

Private Nursing Practice
for
Food Sensitivity Testing

You are what you eat.
You are what you drink.
You are what you think.

How true these words are. What you put into your body determines what comes out; good health and happiness, a vibrant person, or ill health and disease, depression, temper, etc.

Allergy may present itself as a runny nose, hay fever, asthma, hives, eczema, or contact dermatitis, but it can also be digestive disturbances (ie. compulsive eating, compulsive drinking, duodenal ulcers, colitis, diverticulitis, diarrhea, constipation, colic, etc), respiratory disturbances, (ie. asthma, bronchitis, emphysema, etc.), fluid retention, hypertension, rheumatic fever, arthritis, urinary tract symptoms, nephritis, anemia, hyperactivity, learning disabilities, autism, retardation, multiple sclerosis, depression, schizophrenia, epilepsy, obesity, etc.--the list goes on.¹

Personally, I prefer the term "sensitivity" rather than "allergy" mainly because people don't think of the wide range. They think only of stuffy sinuses, runny noses and hives. We ought to think further.

We as nurses, see these symptoms all the time. The hospitals, doctor's offices and clinics are filled with people voicing these complaints. As a nurse, although I efficiently performed the daily tasks of reducing these symptoms, I found that something was missing. I wondered at the answer and realized we were working to help alleviate the symptoms but we were not dealing with the cause. And, until we work on the cause of the problem, the symptoms will keep coming back. We all have seen the "revolving door syndrome."

An Austrian pediatrician, Clemens von Pirquet coined the phrase "allergy" in 1906. It is derived from two Greek words and meant "altered reactivity". An "allergy" was literally a response to a substance which affected one person but not another.²

The first apparant allergy was recorded in the year 3,000 B.C., when the Emperor of China, Shen Nung, ordered pregnant women to refrain from eating fish, chicken and horsemeat. Ulceration of the skin was thought to be due

to eating these foods. Hieroglyphics on Egyptian tablets record the death of King Menes in 2641 B.C. from the sting of a hornet.³ The well-known saying, "one man's meat is another man's poison" (Ut quod ali cibus est abiiis fuat acre venenum) was expressed by Lucretius in the 1st century B.C.⁴

Aretaeus, in 110 A.D., and Galen, in 139-200 A.D., described migraines. The Old Testament speaks about dietary restrictions and Hippocrates wrote about "asthma", stating that it is a bad thing to give milk to persons having headaches.⁵

In the 19th and early 20th century, work was done describing symptoms caused by reactions to grass pollen, plants, trees, etc. In 1905, Francis Hare, an Australian physician wrote, "The Food Factor in Disease", detailing numerous cases in which common ailments, including apparant "mental" problems were caused by eating common foods. In 1912, a New York pediatriician diagnosed an allergy to eggs in a child, the first time in modern medicine that a common food had been linked specifically to allergy. In the 1920's, Albert Rove published his first observations on how to eliminate suspected foods from the diet in order to detect allergies to them.⁶

In the 1930's, Dr. Theron G. Randolph decided he did not favour the conventional skin tests, which are still done by some doctors. He preferred to concentrate on food ingestion tests. However, his hospital privileges were removed and he was deprived of his position at the medical school with which he was affiliated.⁷

Unfortunately, there are some in the medical profession who feel quite threatened personally and professionally because what is being discovered is quite different from what they are being taught in medical school.⁸ "Doctors are a product of what they are taught in school." As Dr. Jean Mayer of Harvard University has explained, nutrition is a nonsubject in most medical curricula."⁹

"Any important 'new idea' has to go through three stages: first ridicule, then discussion, and finally, general acceptance." The idea that a host of physical, mental and emotional problems, are actually rooted in improper diet and nutrition, now appears to hover somewhere between the stages of ridicule and discussion.¹⁰

Dr. Arthur F. Coco, who said "You don't catch colds--you eat them," discovered that the scratch, prick-puncture and intradermal methods are unreliable in the diagnosis of food allergy. Because of this, new methods of testing were necessary. Drs. Lawrence D. Dickey and Guy O. Pfeiffer tried testing people for allergies by placing a tiny drop of extract of various foods, beverages, dusts, molds, pollens, and chemicals, to which the person may be allergic, under their tongue. They found that it worked and within minutes.¹¹

As for myself, I still do some nursing (relief) in the hospital setting, but also I have started the Centre for Wellness in Toronto, Canada. For the last few years I have taken classes in alternative therapies, which include Reflexology, Bioenergy and Nutrition, Diet and Nutrition, Iridology, basic Herbology, Colour Therapy, Touch for Health and Edu-Kinesthetics. My nursing knowledge is an excellent background.

I was fortunate enough to train as a Touch for Health therapist under the instruction of Charles Potter, until he closed his clinic to retire and write a book. I then, as of November 1, 1982, opened the Centre for Wellness. Here, I am able to pull together a lot of my knowledge to help the individual. Since then I have become an instructor of Touch for Health, Basic Edu-Kinesthetics and Reflexology. I also do some Reflexology and Touch for Health in the hospital setting whenever I can.

With my work at the Centre for Wellness, I feel that much of people's problems are food-oriented and when you do further detective work, stress is the underlying factor.

We have observed that when we have some emotional problems, when we are overworked, or when things don't go as we expect, our allergies are worse. If we enjoyed a period of time in which there is little stress or strain, our allergic disorder usually improved.

Often the solution to a difficult problem is right in front of our noses, but we cannot see it. As to food, the source of the problem is literally in front of you, in the form of some commonly eaten substance which is bringing on and perpetuating chronic symptoms.

Some people are aware of certain foods giving them problems, but these foods generally are rarely eaten, eg. seafood, cashews or strawberries.

However, foods that are commonly eaten are not so readily detected or avoided. In the acute stages, the reaction may have been a rash or a cough. In time, if the allergy was not recognized and controlled, the symptoms may have become more generalized and less easily detected. One day's symptoms blur into the next day's as you continue to eat that particular food.¹³

Just like alcoholics we have foodaholics. We abuse food by overeating it. If a food is eaten in any form once in three days or more frequently, it is being abused and may become a problem. Especially because some people have bowel movements only once a day or even once a week, it takes a few days for a meal to make its way through the digestive tract, the person is not free of that food before another dose is added to the system.¹⁴

The chief reason these reactions to commonly eaten foods are not readily recognized is that they are part of a pattern of constant reactions in which periods of heightened stimulation may give way to periods of letdown or "withdrawal" effects. By eating a particular food as often as necessary, this "up" effect may be maintained for a relatively long period of time. It is only when such foods are not eaten regularly, that a kind of "hangover" or withdrawal reaction, occurs.¹⁵

The acute symptoms have been suppressed because of the constant nature of the exposure and the body has reacted by attempting to adapt itself to the problem. You will reach either a period of no symptoms or chronic symptoms, such as headaches, depression, arthritis, etc. The acute symptoms have been suppressed because of the constant nature of the exposure and the body has reacted by attempting to adapt itself to the problem.¹⁶

The food addict may not consciously crave any particular food, but may simply arrange his eating schedule so that it always includes the unknown addicting substance. One has an unconscious need to consume a particular substance in order to feel relatively well. Being deprived of that substance brings on a feeling of illness. As stated by Don Marquis, the American humorist, "ours

is a world where people don't know what they want and are willing to go through hell to get it. The food addict doesn't know the exact nature of the food he craves, but is willing to eat compulsively to the point of addiction in order to get it."¹⁷

As many others do, I find that the main food culprits seem to be: cow's milk, yeast, wheat (rye, oats), sugars (including honey), potatoes and tomatoes (peppers and eggplant), (tobacco), tea, coffee, corn, cocoa, mushrooms, and eggs.

I also find people have problems handling fruit and I feel that it may be because, (1) their pancreas is overworked from too much sugar (hypoglycemia--diabetes problems) or (2) they are growing Candida Albicans somewhere in their body and sugars help yeast to grow.

When you look at an average person's diet, you see these foods eaten daily. North Americans have become largely unaware of what goes into their stomachs. The increased consumption of prepared foods, including restaurant food, often leads us to eat blindly. Many people still do not read labels and labels are often incomplete or inaccurate, eg. ingredient "sugar", but is it cane, beet, or corn sugar.¹⁸

Since the craved food results in pleasure or at least the absence of pain when it is eaten, the confirmed foodaholic may indignantly reject the suggestion that his "favourite" food or drink is bad for him. Why, that's the very food that makes him feel good! One's best friend, foodwise, often turns out to be one's worst enemy.¹⁹

Removal of the food which is giving you problems can bring on withdrawal symptoms and so you unconsciously learn to keep yourself on a maintenance dose. Example: milk; drink of milk, chocolate milk, cheese, ice cream, butter, yogurt, chocolate bar, baking, etc. Or, corn; corn kernels, corn-on-the-cob, corn flakes, corn bread, cornstarch, corn syrup, corn oil, alcohol made from corn, etc.

Some people sleep late Sunday morning and wake with a headache, which usually goes away when they eat or have a cup of coffee. The reason for this is a physical need for some food, eg. coffee, which is normally taken daily early in the morning. Since the delayed withdrawal effects can usually be controlled

by eating some form of the same food, the whole cumulative process of reaction can be called "food addiction."²¹

There may be (1) an immediate improvement of chronic symptoms to illness eg. tiredness, headache, fatigue, or aches and pains, when the food is eaten and then, (2) delayed hangover unless the addicting food or drink is taken on schedule. By taking the addicting food, the addict keeps himself in a relatively "high" state and postpones feelings of letdown, hangover, or pain which follow withdrawal of the addicting food.²²

I find it beneficial to begin with E-K (Edu-Kinesthetics), which was developed by Dr. Paul E. Dennison, PhD, Education. E-K is known as the holistic answer to Dyslexia and learning disabilities. We are all, to some extent, "learning disabled", in that we are not using our full potential. We have two brains, the right hemisphere and the left hemisphere, each having their purpose. They should be integrated, or working together, allowing the energies to flow properly between our brain and body.

Through Touch for Health muscle testing, we can measure if the energy between the eyes and brain and the ears and brain is "switched on", the energy is flowing properly to help us perceive what we see or hear, or if we are "switched off", often our body's response to stress. I feel that E-K helps the person become more aware of their body. After all, when we know ourselves, we are able to know what food, supplement, etc. is beneficial for our body at that time.

E-K helps us determine the person's dominant eye, ear, and brain and thus see the dominance pattern formed. It helps me understand why the student is excelling at sports, while failing academic subjects, or why the executive hates his (her) job and their work performance is poor.

I feel that because we are all energy-beings and we are working with energy (chi: the primary or universal energy which is the origin of all things and of life itself)²³ we are measuring if the energy of the food, or whatever is being tested, is in harmony with the body: whether it helps the energy stay "on" in the meridian or whether it shortcircuits that energy flow, thus causing the muscle to test weak.

The food samples are placed on the alarm points so any overenergy, as well as underenergy, can be detected. Listen to the person's complaints for example, they state they have problems handling sugars, therefore, I use the spleen alarm point. If they tell you of problems involving their lungs, test on the lung alarm points; or if they tend to have constipation, use the large intestine alarm points. Listen and determine which alarm points best to use, using three or four.

Often, I use the latissimus dorsi, supraspinalis, or pectoralis major clavicular muscle for muscle testing.

When testing sugar or sweetener, I would first place the food sample on the spleen alarm point, or when testing a salty food, first place it on the kidney alarm point. This is because it is most likely to test "weak" on this point and it saves extra pulling on the muscle, thus saving their energy as well as yours. As soon as the muscle tests "weak", no further testing for that food is necessary. Obviously, that food helps block the energy in that part of the body and we want the energy flowing through the meridian uninterrupted.

Sometimes, people come suffering from adrenal exhaustion. Test their Sartorius, Gracilis, Soleus, and Gastrocnemius muscles and strengthen as needed.

The adrenal glands, one perched on top of each kidney, secrete at least 32 chemicals (hormones), mainly adrenalin and cortisone. They maintain life; without them we could not live, for they are the prime regulators of the chemical processes which convert what we eat and drink from chemical substances into useful materials for the functioning, repairing, and rebuilding of our bodies.²⁴

Proteins, fats, carbohydrates and minerals which we ingest are converted into energy and body tissues. The involuntary (automatic) nervous system and the endocrine system work together most intimately.²⁵

When the body is under stress, the nerves send a message to the adrenal cores, which then secrete adrenalin into the bloodstream. This steps up the heart action and narrows the blood vessels so that the blood can be pushed through them with more force; simultaneously, relaxing and opening the air passageways to the lungs so that more air can reach the lungs quickly. Adrenalin also stimulates the pituitary, master gland, to send out hormones which cause the adrenal cortex and thyroid to secrete chemicals. Instantly this process prepares both body and mind to deal with the stress. It accounts for somewhat superhuman feats of strength and quick thinking and acting in an emergency. Soon we see how weak

and damaged adrenals are responsible for tired, worn-out, irritable and depressed feelings.²⁶

There is now a new breed of doctor, clinical ecologists, who are saying that viruses and bacteria are around us but whether the person succumbs to them will depend upon his overall health and resistance.²⁷

We live in a very stressful world, much of which we are not aware. It is no wonder people are having great problems with their adrenals. When people present themselves and their adrenals are functioning poorly, I would start the treatment by balancing their energies (start with ESR-Emotional Stress Release, if the person needs to be calmed) and then, instead of testing them on the main foods, I suggest they remove certain foods from their diet. These foods are mainly breads, milk, sugars, potatoes-tomatoes, and whichever ones they are overeating. Ask questions as to what they usually eat, what foods they have noticed give them problems, and what foods they love or can't do without. You get ideas from their answers.

Within a couple of weeks I have noticed great changes in the person and we are able to test them on foods, getting a more proper test.

Proper food combining and rotation diet of once every four or five days is also taught. I feel the whole goal is to get the person to know their body and its needs.

E-K is used on subsequent visits to help the person overcome the food sensitivities. There are many realms to choose from, but I find a lot of work is done with the individual in the emotional realm. With my nursing background in psychiatry, I find I communicate with the person to help them reach their own conclusions as to the underlying factor. Once this level is reached and the emotion appropriately released, the person's health greatly improves.

As to the number of visits needed, it depends on the individual; how well they follow the suggestions made (some people remove the culprit foods from their diet at once, and others do so gradually, and still others, don't change their lifestyle yet expect to have improved health). It can also depend on how deep-seated their problems are. I find it interesting that most of the people coming for treatments are women. Very few men come and I feel it's mainly due to their ego, that they refuse to admit there may be a health problem.

As nurses, we have the professionalism and sound medical knowledge, the desire to help and the ability to have empathy and show we care. We can use Touch for Health muscle testing and techniques in our work, whatever the setting, even if it's a few moments of ESR. There's a whole world open to us and we can share our knowledge with other health professionals, so we can all work together.

FOOTNOTES

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