

## When You Have Allergic Food Reactions, Do You Know Which Kind... Immediate or Delayed?

(c) Immuno Laboratories, Inc.

Different foods break down at different speeds, causing different toxic reactions depending upon the food and your personal body chemistry. Therefore, without scientific testing, it is very difficult to judge which foods cause which reactions and when. The latest trendy diets may be good for general information, but everyone's system is different. Find out which foods are toxic to your particular system, this will help you be healthier and more energetic than ever before.



---

### Immediate Food Allergy (IgE)

**TYPE ONE** toxic reactions (reactions) are obvious. You know when you have one because your body suffers a notable and almost instant reaction (some people can die from strawberries or crab meat).

- Only 1 or 2 foods (rarely more) involved in causing allergic symptoms.
- Small, even trace amounts of food can trigger an intense allergic reaction, including anaphylaxis in which a fatal reaction can occur within minutes.
- Allergic symptoms commonly appear 2 hours or less after consumption of offending foods.
- Primarily affects the skin, airway and digestive tract manifesting in such "classical" allergies as asthma, rhinitis, urticaria, angioedema, eczema, vomiting, diarrhea and anaphylaxis.
- Common in children, rare in adults.
- Addictive cravings, withdrawal symptoms rare to nonexistent.
- With the exception of infants and young children, due to single food and immediate appearance of allergic symptoms, the offending food is commonly self -diagnosed. As a result, many patients never see a physician.
- Allergic food is food that is rarely eaten.
- Commonly a permanent, fixed food allergy.
- Frequently IgE "RAST" positive and skin test positive.
- Although mixed immediate/delayed onset allergic reactions have been reported (e.g., eczema), IgG antibody not characteristically involved.
- Mast cells, basophils, histamine and tryptase release commonly involved.

---

### Delayed Food Allergy (IgG)

**TYPE TWO** reactions are not immediate, making them almost impossible to detect without sophisticated testing.

- 3 to 10 food allergens may be clinically involved (over 20 foods reported in some cases). Rare for only one or two foods to be clinically allergenic.
- Larger amounts of food, often in multiple feedings, commonly needed to provoke allergic symptoms. Reactions may not occur after a single food challenge.

- Allergic symptoms commonly appear 2 to 24 hours after offending foods are eaten. (Symptoms appearing 48 to 72 hours later have been regularly reported).
- Virtually any tissue, organ, or system of the human body can be affected, including the so-called “classical” allergic areas.
- Very common in children and adults (well over 50 medical conditions and 200 symptoms have been reported to be provoked, worsened or caused by allergic reactions to foods).
- Addictive cravings and withdrawal symptoms clinically significant in 20 to 30% of patients.
- Due to multiple foods and delayed onset of symptoms, the offending foods are rarely self-diagnosed. Multiple doctor visits involving different physicians are the rule, not the exception, before proper diagnosis and treatment is provided.
- Allergic foods are commonly favorite foods, frequently eaten, and eaten in larger amounts.
- Allergy to foods is commonly reversible. Symptoms often clear following 3-6 months of avoidance and nutritional therapy.
- Skin test negative, IgE “RAST” negative. This is a non-IgE antibody-mediated allergic reaction to foods.
- IgG ELISA (Type II) positive; IgG food immune complex (Type III) and/or cellular (Type IV) reactions may be involved as well.
- Sensitized lymphocytes, eosinophils, platelets, release of PAF and leukotrienes may be more prevalent.