

Eczema, Food Allergies and the Nursing Infant[©]

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Allergies vs. Sensitivities

1. Cell mediated vs. Humoral (Innate vs. Adaptive) Poles of the Immune System
 - Cell mediated (T cell) Th1 Acute infections
 - Humoral (B cell) Th2 antibodies (IgE, IgG, etc) recognize and neutralize antigens
2. Vaccinations
 - Th1 vs. Th2 (Non specific vs. specific response) Th1 required to live (SCID)
Th1 for bacteria and viruses. Th2 for allergies and parasites.
 - Japanese vaccination schedule and SIDS rate
 - Child under 1 yo and Th1 response. At birth cannot make IFN γ so no Th1 response
Can make IL-4 so has a Th2 response capability at birth. (IL-4 also blocks Th1)
Live microbe drives Th1 and killed virus a Th2 response
 - IFN γ appears between 6 and 12 mos. No immunological memory until then.
 - Type 1 Diabetes
 - 1998 New Zealand had 60% increase – year Hep B introduced
 - Finland had 64% increase when Hep B introduced
 - English study: vaccinated children 9.4 times more likely to have eczema, 12x asthma
See also Science 1997: Childhood infections protect against asthma
3. Atopic Triad:
 - Asthma
 - Allergic Rhinitis
 - Eczema (one form of Dermatitis- seborrheic, nummular, neurodermatitis, etc)
 - “Allergic March”
4. IgE vs. IgG (hidden, masked, “intolerance”) reactions. IgG can cross the placenta and has a 23 day $\frac{1}{2}$ life. IgE associated with Th1 response and IgG with Th2 response.
Time activation difference
5. Theron Randolph and Dan O’Banion
6. Barrier function Especially “leaky gut” and antibiotics
7. Inflammation excess
8. Immune overload or conversely lack of immune challenge TH1 vs. TH2 imbalance
9. Nutritional deficiencies - especially EFA’s, minerals and vitamins
10. Digestive lack – Achlorhydria and pancreatic enzyme decrease
11. Narrow/restricted diet
12. Glandular function:
 - Thyroid
 - Adrenal
13. GI Tract Bacteria
 - Cesarean
 - Normal birth

Important progressions in an eczematous child

1. Allergic rhinitis 75%
2. Asthma 50% see NEJM Sept 19,2002 for asthma increase graph

Prevention:

Mother's allergies

- Child may have Ab to cow's milk even if solely nursed
- Deficiencies in child (with nursing mother this is a fused unit)
 1. Zn: 39/40 patients cleared eczema in one study
 2. Se
 3. Omega 6 oils (EPO) 12 weeks to respond
 4. Vit A
 5. Vit C
 6. HCl (achlorhydria)
 7. Dietary changes
 8. Abnormal GI absorption

Healing:

1. Occam's razor – solution “simplest solution is the best”
2. Antifungals
3. Probiotics
4. Anti-inflammatories: EFA's, Quercitin, Curcumin, etc.
5. Environmental control
6. Clearance of reactive foods/substances through NEAT (practiced by Healing Pathways)
87% of patients rate NEAT as “good or excellent” in results
7. Restriction of reactive food (food craving) or specific diet, such as Specific Carbohydrate
8. 100% of hives and 66% of eczema responded positively to food restriction in one study
9. Supplementation of deficiencies (see above)
10. Th1 and Th2 rebalancing (NIH 2006 reports abrupt rise in childhood cancers - Th1 lack?)
11. Support Th3 and immunological class shift from IgE to secretory IgA (sigA)