

Food Allergy Cases: Global Problem under Diagnosed, Awareness is Required

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Abbreviations: GER: Gastro Esophageal Reflux; GERD: Gastro Esophageal Reflux Disease; AEE: Allergic Eosinophilic Esophagitis; AEG: Allergic Eosinophilic Gastroenteritis; FPIES: Food Protein-Induced Enterocolitis Syndrome

Opinion

Swayam Waghm is aged 1 and ½ years brought with vomiting, irritability suddenly from ½ hour. He had severe breathlessness, dehydration. Houseman called considering bronchitis with some viral infection, X ray chest did not show any significant abnormality. Child was immediately given Iv Fluids, Oxygen, IV antibiotics, Nebulization with proper medicines but was deteriorating.

Then considering allergic anaphylactic reaction treated with steroids, adrenaline, antihistaminics child immediately improved and was saved. On allergic testing he was allergic to maize. On history in details ½ hr before he had corn eating.

Food allergy, anaphylactic reactions are common, now we have to keep high suspicion otherwise we may miss it and again child or adult will have the problems repeatedly and it can be life threatening. In USA Peanut allergy is very common. In school bags children are allowed epipen injections as (Epinephrine as to prevent anaphylactic reactions.) Even in delhi 5 years back one 14 years girl died with severe asthma before reaching to hospital, in pune last year 11 year from Millenium school had sudden collapse on ground (may be because of dust while playing.)

As food allergy may start with eczema, repeated colicky spasms in children to urticaria, hives, sinusitis, rhinitis, asthma, and repeated gastrointestinal disturbances. Atopic dermatitis is a very common condition with food allergy playing a big role even gut inflammation has effects on psychology behavioural disorders, Gut leaky syndrome, ulcerative colitis, irritable bowel syndrome, autoimmune disorders; all these disorders food plays a big role with causing inflammation in different body parts.

Proper food allergy tests can identify exactly which foods are causing intolerance or allergy as nuts, fish, chicken, eggs, mutton, Bengal gram, Cinnamon, banana, wheat and milk etc. If we can avoid some of the important significant foods for these patients which are having inflammation at that place, symptoms can be improved and long term tolerance to those foods can be achieved by gradually de-sensitizing (by Introduction very slowly increasing) over a period of 3-4 yrs.

Even ADHD, autism childrens some food avoidance as chocolates, milk, wheat (Gluten sensitive) caffeine containing beverages; it have positive effects in their behavior. Nutrition

Opinion

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Vijay Warad* and Vrushali Warad

Mumbai University, India

***Corresponding author:** Vijay Warad, Mumbai University, 102, Sai Allergy Asthma Hospital, Araneshwar Park Phase 2, Sakharnagar, Pune, India, Pin code: 411009, Tel: +912024221184; Email: vijaypwarad@gmail.com

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along with regular motor development, stamina, as well muscular, bony growth, height; other effects as negative on body and mind has to understood. Because of food allergy severe admissions have gone up by 7 times within last decade, more research is ongoing.

Food allergy has a significant socio-economic impact. Prevalence peaks in childhood and the highest incidence occurs during the first year of life, but self-reports of food allergy are also frequent in adulthood. The disease results in exclusion of children from school canteens and prevents their full participation in school life and society.

Patients presenting with symptoms linked to food should undergo a diagnostic work-up to identify the offending food and clarify a complex spectrum of disease, in the gastrointestinal tract IgE-mediated manifestations include mouth and lip pruritus, abdominal pain, vomiting and diarrhea shortly after ingestion of culprit foods. In non-IgE-mediated manifestations the causal relationship to foods is more difficult to detect.

Symptoms in gastroesophageal reflux (GER) associated with food allergy are the same as those observed in primary gastroesophageal reflux disease (GERD). Eosinophilic esophagitis is characterized by eosinophilic inflammation of the esophagus. Foods have a role in allergic eosinophilic esophagitis (AEE) and in allergic eosinophilic gastroenteritis (AEG). Food protein-induced enterocolitis syndrome (FPIES) typically presents with profuse vomiting and diarrhea within 2-3 hours after ingestion of the offending allergen, causing profound dehydration and lethargy in a formula-fed infant. Allergic proctitis usually presents by 6 months of life in breastfed or occasionally formula-fed infants.

Studies have shown an improvement in colic symptoms after milk elimination or change of formula, but the pathological mechanisms of this disease are still unclear. Food allergy has also been suggested as a cause of constipation in infants and children.

Apart from mortality, food allergy heavily impinges on the life of sufferers. Food allergy reduces self-esteem, influences

the perception of social/emotional roles, influences behavior of children, inhibits family activities, and reduces family cohesion.

Food allergy sufferers must use the drugs related to their specific symptoms (asthma, rhinitis, atopic eczema), but the essential drug for treating anaphylaxis symptoms is epinephrine. The main therapeutic challenge for food allergic patients is dietary management. Avoidance is not an easy measure to observe. Teenagers and young adults meet obstacles unshared by their non-allergic peers, thereby curtailing their quality of life. Individuals with food allergy and their families have to be

concerned about potential exposures to relevant food allergens in a variety of settings, including restaurants, the work and/or school environment, picnics and parties, and during travel.

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Conflict of Interest

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