



500 Million People have a Food Allergy

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Our metabolism, lifestyle, new nutritional habits or other environmental factors affect our body by producing changes that cause us to react with an allergy or intolerance when consuming certain foods.

In this first article I will talk only about food allergies that cause serious and even fatal reactions and consequences if not acted on time. I will specify the most common foods that cause it, the reactions they produce and where, who is most affected by them and what products. I will describe the different ways of diagnosing them and I will give you the simple solution that I have come after my extensive experience as a nutritionist and corroborated with several colleagues and specialist doctors.

The foods that most often produce allergies are milk, eggs, fish, seafood, nuts, legumes, cereals, some vegetables and fruits. In children it is more common to have an allergy to egg, milk, fish and some nuts, and in adults they are mostly allergic to nuts, peanuts, fish and shellfish.

The immediate common reactions to food allergies are itching or tingling in the mouth, inflammation of the lips, face, tongue or other parts of the body, in some cases the immune responses are manifested later, which are usually cutaneous, such as hives or mucous reactions such as rhinitis or digestive such as abdominal pain, nausea, vomiting, etc., but in certain cases they are aggravated and can lead to death from anaphylactic shock because it can cause choking due to inflammation in the throat or respiratory difficulty, etc.

Received: April 11, 2020

Published: June 04, 2020

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As estimated by the FSA Food Security and Allergy Prevention Foundation over the past decade, existing cases of food allergies have doubled, with more than 500 million people worldwide suffering from it, but mainly affecting children and young adults.

By geographical areas we find that the Anglo-Saxon countries, peanuts are the most common as an allergic food, instead we have seafood in Latin America or the skin of peach or fruits, legumes or other vegetables in Mediterranean countries.

Currently, to diagnose food sensitization, the medical history must be completed with a physical examination, especially observing the skin and airway manifestations and to perform specific complementary tests, which the specialist thinks appropriate for each case.

Commonly used tests are:

- **Exposure tests or oral provocation:** It involves making exposure (provocation) with suspicious food, in a hospital environment and in a controlled manner.
- **Skin tests:** It consists in placing a drop of the allergen extract that we want to test on the front of the forearm and puncture with a lancet on the skin through the applied drop. There is a variant that is the "prick-prick" in which extracts are replaced by natural food (raw or cooked).
- **Test Patch test:** It is based on the application on the skin of the back small patches for 48h, the patches are impregnated with different substances to which we want to know if the person is allergic. But it's not a very reliable test.

- **Challenge test:** It is a simple test that is to remove suspicious food from the diet for a while and reintroduce it carefully.
- **“In vitro” laboratory tests:** A blood test to diagnose IgE-mediated allergy reactions (Allergic reaction triggering immunoglobulins) which is the antibody present mostly in the lungs, skin and mucous membranes that cause mast cells to release chemicals, including histamine, in the bloodstream triggering many of the symptoms to people with allergies affecting the eyes, nose, throat, lungs, skin and gastrointestinal tract. Because there is an IgE antibody specific to each allergen, testing specific variants in the blood often helps determine if you suffer from a particular allergy.

Currently, IgE determination techniques have been improved for each allergen, and therefore the allergens we can diagnose have increased by increasing reliability and accuracy. Microarrays “Molecular diagnostics” is the most important advance today, which only needs two simple droplets of blood and are made with biochips or microarrays, which will analyse several specific IgE molecules against a high number of allergens simultaneously and can detect the allergic reactivity of more than 85 molecular components present in food and numerous pollens.

Conclusion

To conclude the article on food allergies, I use the words of Dr. Alessandro Fiocchi, Director of Allergies at the Bambino Gese Pediatric Hospital (Vatican City), “that the key and the best cure is to detect the foods that make you allergy and thus avoid consuming those products that cause allergies, always taking great caution in buying food and of course be very careful when eating out of the house , in social relations, travel, schools and holidays”.

Review:

- FSA Food Security and Allergy Prevention Foundation
- Spanish Association of People with Food Allergy and Latex
- Spanish Agency for Food Safety and Nutrition (AESAN).

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