

OUR SPECIAL CHILDREN  
PART 4.  
By Sarina Kier

Allergies are complex and multi-faceted. There have been volumes of books written about them. In this fourth article of my series, I will try, in a generic manner, to make sense of this topic.

There are two primary types of allergies. IgE or immediate reaction, and IgG or delayed reaction. It is the IgG mediated allergies that cause these sensitive children the most harm. After getting a delayed allergic reaction to a food these children will actually crave the food again to relieve the symptoms. This sets up an allergy/addiction pattern. Many parents tell me that their children will only eat the same thing for lunch every day. You can be sure that what the child is choosing is very likely the absolute worst thing for them to be eating.

Allergies affect a child's digestion, behaviour, sensitivity, attention, brain activity, immune function, emotional stability, and developmental growth.

There are many ways to test and treat allergies. For testing, I use the Vega machine, a non invasive method utilizing a highly sensitive galvanometer. With it you can test individual substances and foods. You can test cross reactivity ( this is when a food such as a cucumber cross reacts with ragweed creating heightened symptoms), synergistic foods (this is when two foods eaten together produce a reaction like corn and bananas but not when eaten separately), or concomitant foods (this is when a person reacts to a food only when another allergen is present for example mold). You can also test for phenolics which are naturally occurring compounds that colour, flavour, perfume, or preserve foods, animals, supplements, drugs, chemicals perfumes, pesticides etc. When testing for allergies it is necessary to consider other sources of allergens besides just foods.

With Tali I had to use a systematic approach. I began with some primary foods and then proceeded with phenolics in the categories of foods, chemicals, molds, amino acids, inhalants, neurotransmitters, and environmentals. An oral non invasive desensitization program was set up for him. When this was complete I went back to individual foods and combinations of allergens. This is not a quick process but it is a simple one. In Tali's case after desensitization was complete there were just a few foods that had to be eliminated for an extended period of time.

It is at this point where diet can play an important role. Commitment to an elimination and rotation diet for four weeks is usually all it takes to sort out the final pieces of the puzzle. This can be a challenging time for families because it is the most rigid part of the program. Some pre planning, family meetings, and pre-emptive strategies will help before beginning this phase.

Our children are dynamic beings. Sometimes we produce stability for a number of years and then they reach puberty. With all their hormones in flux we will need to shift the program to create balance and stasis again. These children are truly special because they have the ability to lead us to places of growth, compassion, and development we never imagined for ourselves. As we embrace this gift of theirs we truly embrace humanity.

In my final article of the series I will discuss both diet and nutrition as well as itemize a basic supplement program.

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