



NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (w)Holistic Healthcare

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More About Allergy and Addiction

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ADDICTION AND ITS MANIFESTATIONS

The relationship between addictions (including addictions to foods, chemicals in the air, and drugs) and allergies has just recently come into focus. Major contributions in this area have been made by Randolph^{1,2,3}, Newbold⁴, Mandel⁵, Philpott⁶, and recently summarized by O'Banion⁷. The relationship between addiction and allergy and its behavioral consequences will be the discussion of this essay.

It is probably best to start off noting that physical addictive cravings are some of the most powerful forces that exist. For example, we are all familiar with the powerful motivation of the alcoholic, the drug addict, or the cigarette smoker. Newbold discusses the addictive effect of foods and addictive hunger, "when the desire to spree-eat, (hunger due to allergy or addiction) hits, it's like being struck by a freight train. You know you've been hit by a compelling force that's bigger than you are."

Some individuals seem to be much more susceptible to "allergy-addiction," you might call them addiction prone. The addictive prone person turns out to have an allergic history. Alcoholics are found to be allergic to either the grains or the yeast from which their favorite whisky is brewed. The most dedicated coffee drinkers are found to be allergic to the coffee bean, or man-made chemicals used in its production. Smokers, who are clearly addicted, are therefore always allergic to one or more components of cigarette smoke.

Food allergy-addiction is the most insidious type of allergy. It is rarely suspected by the victims because instead of causing an adverse reaction to the food, the person experiences a positive effect, a "pick up". This is considered to be the "up" side of the phenomenon, the addictive aspect. Just as coffee drinkers may need a lift in the morning, those allergic to wheat or orange juice or sugar will get the same kind of allergic-addictive "pick-me-up" from their addictive foods. On the "downside", the person has no idea that his craving for certain foods is based on a physiological need to stop the withdrawal symptoms caused by food addiction.

ALLERGY ALWAYS ACCOMPANIES ADDICTION

A second essential concept is that allergy or allergic-like sensitivities nearly always accompany addiction. Allergy may occur without addiction but generally addiction is always accompanied by allergy. Therefore, alcoholics, drug addicts, coffee drinkers, these addicted individuals, are concomitantly [*along with addiction*] allergic to the very substances which they crave. In fact it is probably easier, when talking about addiction, to include allergy. The phrase ALLERGY-ADDICTION SYNDROME has been used to describe this phenomenon.



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The relationship between addiction and allergy has been missed, only because, most often, the allergic side of addiction (the allergy symptoms) are frequently masked or delayed, and so physicians and patients have not been able to find an association between addiction to coffee and migraine headaches, for example. Through the use of ecologic techniques originally designed by Randolph this relationship comes into clear focus.

This bizarre relationship may become more understandable, if one considers the cigarette smoker. At the outset, when the individual decides to try the first cigarette, generally he or she will find it disagreeable and clinical symptoms may even manifest. Tobacco can probably be considered a universal allergen. Since tobacco smoke contains carbon monoxide, hydrocyanic acid, nitric oxide, sulfur dioxide, acetonitrile, carcinogenic tars, nicotine, and other harmful ingredients, one would not be surprised that the first cigarette smoked would produce such symptoms as sore throat, dizziness, nausea, etc. The symptoms would clearly be due to an allergic reaction to these noxious ingredients.

However, the determined individual continues to smoke and, lo-and-behold, the symptoms reduce and finally disappear. What a marvelous mechanism this body is, in that it can learn to adjust itself to an obvious poison. However, there is a toll in overall stress. The symptoms are masked or delayed and rather than reacting to the poisonous smoke, the body learns to live with it. In a confused effort to deal with this poison, the body now mistakes it for a non-toxic substance, and in the adaption process the body actually becomes used to, and dependent on, this poisonous material.

At this point, one is addicted in the truest sense of the word. The allergy part of this phenomenon is masked and not yet evident. The body has been able to absorb the shock caused by the cigarette smoke, and adapt so that clinical symptoms are not readily observed. It is during this adaption, or masking phase, that the addiction has developed. The body has become so accustomed to adapting that it becomes dependent on that same very substance. The physiological compensation for allergy results in addiction.

After years of smoking, the body's ability to mask symptoms eventually breaks down. Like any biological system, our bodies can only take so much, and then there is decompensation. Frank allergic symptoms will result. The confusing thing, however, is that allergic reactions can influence any organ system of the body including the brain. The smoker may develop migraine headaches, backache, nervous irritability, or a vasculitis, and may have no idea that these symptoms are an allergic manifestation related to his cigarette addiction. At this point, symptoms of addiction and its allergic manifestations are presenting themselves simultaneously.

AN ADDICTED CULTURE

Addiction prone individuals, because of their basic physiological makeup, are more likely to have the tendency to increase the use of cigarettes, coffee, milk, wheat, or common foods, and derive a stimulatory effect. Any subtle signaling of withdrawal symptoms triggers the individual to eat the necessary food or have a cigarette, and therefore the increasing addictive nature of these substances continues in a vicious cycle. At some point in this cycle, subtle behavioral changes may be observed that can clue the physician that an addictive cycle has been established.



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Our whole culture is encouraging us towards addictive behavior. Consider the easy accessibility of coffee or cigarettes, and the amount of money involved in advertising these items. They are constantly forced into our perception and have become synonymous with relaxation. Our work culture has even incorporated the “coffee break” so that cigarettes and coffee may be used frequently during the day. Here is a time set aside for leisure, coffee cigarettes, and donuts. Herein are some of the most addictive substances, caffeine, cigarette smoke, sugar, and wheat. When any signaling of withdrawal symptoms appears, one has simply to “get away for a cup of coffee or a smoke.”

These examples of coffee and cigarettes make addictive behavior easy to comprehend; however, this phenomenon is also happening without everyday foods. Children are cranky unless they have their daily candy bar. Mothers quickly recognize that some foods will quiet down their restless infant, and from the very start, foods are used to control behavior.

The issue becomes more complicated when one starts to consider food allergy addictants because people will use a variety of substances or the same substance in different forms. When an individual forces himself to give up one substance, alcohol for example, they may dramatically increase their consumption of coffee, cigarettes, and addictive foods in compensation. In this manner, the stimulated state is maintained and withdrawal symptoms are avoided. Only when the regular consumption of addictants is stopped can a symptom-free state be established.

The best testing procedure involves a single food rotation diet where the same food is not eaten again until a full four day period has elapsed. During the avoidance period, withdrawal and addictive cravings will be experienced. The withdrawal symptoms can be reduced and eliminated with the proper nutritional therapy (vitamin C mineral carbonated-bicarbonate combination). After this four day avoidance period, the body will regain its normal ability to discriminate an allergen from an addictant and an acute allergic reaction will ensure convincing the most critical patient that he was allergic to his favorite food or drug. The four day clearing period has been sufficient for the body to regain its unmasked state. Hereafter, the patient should be more aware of the addictive potential of foods or drugs consumed on a daily basis.

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