

# Method of Deliberate Food Testing For Emotional Reactions

W.H. Philpott, M.D.<sup>1</sup>

## INTRODUCTION

From the inception of allergy as a specialty, allergic food reactions have been treated with relative indifference. Scattered through the allergy literature is the evidence of those doctors who recognize the importance of maladaptive reactions to foods. Those doctors who recognize the importance of food reactions are the same ones who recognize that central nervous system maladaptive reactions were occurring in relationship to foods. Albert Rowe introduced the useful elimination diet. Herbert Rinkel refined the food testing technique by avoidance for four days of foods to be tested. Theron Randolph further refined the food testing technique by a four-day fast before the individualized food exposure. The fast is continued until the patient is symptom free (including pulse), or as nearly so as possible. A four-day fast is usually adequate, occasionally up to six days is needed, and rarely up to 10 days is required. Comprehensive environmental control in which not only foods but food and chemical odors are avoided is needed for the best preparation for testing.

Sanitarium, South Attleboro, Massachusetts.

## DIAGNOSIS AND TREATMENT OF FOOD ADDICTION

This statement is made for: 1. those who have undergone an ecological diagnosis in an environmental control unit by a physician and who are ready to continue the process of diagnosis and treatment at home, 2. those who, under the supervision of a physician, will do the ecological diagnosis and treatment in the home environment, 3. those who wish to make a self-diagnosis and treatment in the home environment.

Diagnosing and treating food addiction is not always an easy job. Some lose their motivation to try or to stay by the task until the job is satisfactorily completed. Some are discouraged or lose their judgment with the emergence of symptoms during the first two days of the fast. Others have such severe reactions during the testing as to have an interference with judgment, and therefore abandon the program. After the diagnosis of food addiction has been made, there still is the tendency to return to the addictive substance, since it has been used for so long as a favorite reliever of symptoms. **Sources of Food Addiction**

Rinkel, Randolph, and Zeller (1951)  
observed what they called "masked food

<sup>1</sup> Assistant Medical Director, Fuller Memorial

## METHOD OF DELIBERATE FOOD TESTING FOR EMOTIONAL REACTIONS

reactions." The various stages of sensitization and tolerance of foods to which the subject was allergic was worked out. The value of a four-day fast with food testing starting on the fifth day was described. Later Randolph (1953, 1956), observing the relieving aspect of frequently-eaten foods to which maladaptive reactions were made, called this "food addiction." Addiction has been defined as relating to substances frequently used for relief (or partial relief) of symptoms, while the same substance produces symptoms on withdrawal of the substance. Many food reactions clearly fit this definition of addiction, the same as tobacco, alcohol, or narcotic addiction do.

Maladaptive reactions to foods can be caused by: 1. Addiction caused by (a) food and chemical allergies with typical antibody reaction, and (b) nutritional deficiencies. 2. Metabolic errors such as phenylketonuria (Perry et al., 1973), galactosemia, lactase deficiency, and vitamin-dependent states. A few metabolic errors have been clearly understood, but it is suspected there are many yet to be discovered. In the metabolic error reactions there is lacking the addictive quality of relief when the substance is contacted, but rather there is an immediate production of symptoms. 3. Idiosyncratic toxic reactions such as reactions to chlorine, fluorine, food additives, food coloring, insecticide residues, all of these occurring at levels below that which causes reactions in the majority of people. In any event there is a common denominator in all of these reactions (allergic, deficiency, metabolic error, and toxic), and that is that symptoms are reduced by avoidance of these specific incriminated substances.

### **Reverting Addictions to Immediate Maladaptive Reactions**

A four-day (or sometimes up to six) abstinence from food to which a person is addicted reverts the addictive state to that of immediate symptom production rather than the delayed addictive withdrawal symptoms. This is best achieved by a four-day fast. It can also be achieved if foods to which the person is not maladaptively reacting are

used during this four-day pretest period. When the testing produces symptoms, then all possible causes for symptoms must be considered, such as: 1. allergic, 2. nutritional deficiency, 3. metabolic error, or, 4. idiosyncratic toxic reaction. The reaction on a test does not in itself tell us the cause of the reaction.

### **Comprehensive Environmental Control (Randolph 1964)**

The purpose of environmental control is to isolate the person from all substances to which he may be reacting. These will include feeding of foods, fumes, animals, cosmetics, hair conditioners, and so forth. Homes are notoriously filled with fumes from such as gas stoves, hot air oil- or gas-fired furnaces, spray fresheners, moth balls, and so forth. It is easier to arrange for an adequate environmental control in a hospital setting where such a unit has been especially set up, and in some cases this is an absolute necessity. If during the fourth or fifth day of the fast the pulse still remains high or there still remains ongoing common symptoms, then it is likely due to a lack of proper environmental control, and in this case the environment must be re-examined to see if there is some agent to which the person is reacting, and the fast continues for another two or three days until the major symptoms have subsided. Especially the pulse should be normal; that is, below 84, before testing begins.

### **Considerations During a Four-Day Fast**

The first two to three days of fast, symptoms often emerge due to the fact of passing through the addictive withdrawal phase of symptom production. This emergence of symptoms is not due to a starving need for nutrients, but due to the withdrawal phase symptoms of an addiction. A person without food addictions will not have an emergency of symptoms on a fast. Usually by the fourth day of the fast symptoms have materially subsided, or even disappeared. If

symptoms have not subsided by the fourth day of the fast, then the fast should be extended one, two, or three more days to see if symptoms will further subside. If there is not adequate environmental control, symptoms may continue because of the exposure to a substance to which the person is reacting. In some cases, such as a chronic paranoid state, symptoms may not subside while on a brief fast. This appears to be due to the severity of the chronic reaction to foods. Some severe and long depressive states also will not clear on a fast, which again is apparently an indication of the severity of the reaction that has been occurring to foods. The following should be considered:

1. Asthmatics. On withdrawal of food, as well as re-entry of foods as test meals, asthmatic attacks can be evoked in susceptible persons.
2. Epileptics. On withdrawal of foods, as well as test meals of foods, seizures may occur.
3. Diabetics on insulin.
4. A markedly debilitated state.

The cases of asthmatics, epileptics, diabetics on insulin, and markedly debilitated cases should be tested and treated under direct medical supervision. Emotional reactions in food-sensitive persons during the fast and also during the food testing can range from mild reactions such as tension, fatigue, headache, dizziness, and so forth, to marked psychotic and insightful states involving depression with a wish to die, hallucinations, delusions, and illogical aggression. When fasting and testing an emotionally disturbed person, an objective observer needs to be available so that medical emergency help can be obtained if indicated. It helps to realize that the symptoms occurring during the food testing are likely to subside in one, two, or three hours, although in some cases it may be as much as five hours. In rare instances severe reactions may last up to three days. In these more severe, prolonged reactions medical assistance is indicated to stop the reaction. However, this can be done by simply waiting until the symptoms subside before proceeding with further testing. Characteristically symptoms will subside, and three to four test meals a day can be used.

#### **Method of Four- (to Six) Day Fast**

Water not chemically treated, such as spring, well, or filtered water is used since some people are known to react to chlorine and/or fluorine. There is to be no smoking during the fast days or the subsequent test days. If symptom-free by the fourth day of the fast, tobacco can be tested if desired. This is achieved by chain smoking as fast as possible a maximum of six cigarettes. The test ends as soon as symptoms develop. Dizziness, nausea, and weakness are common minor symptoms of tobacco allergy, but in a few (about 10 percent of schizophrenics) frank psychosis develops, especially of a paranoid type, including delusions and hallucinations. After the tobacco test it may be necessary in severely reacting cases to continue the fast another day or two or three for symptoms to clear. There is the danger during the tobacco test of judgment being affected and therefore the program being abandoned. If the person will agree to stop smoking without such a test, this is the better plan. But if he has to be convinced that he is tobacco-allergic, then do the test. Many people will remember the symptoms that developed when they smoked their first cigarette. When they are informed that this is evidence of allergy to tobacco, it is sufficiently convincing for many people to stop smoking.

Four days on a fast is not enough for symptoms to clear in some cases. In these cases the fast can be extended up to seven days. In some chronically depressed and some severely paranoid patients symptoms will not clear even on a seven-day fast. If this occurs, it is an indication that they need special help from a psychiatrist to receive treatment which will stimulate a return of function. This may need to occur even before definitive food testing can be done or completed. These are characteristically found to be highly reactive to a number of substances. The evidence would indicate that the reaction has been so severe and so prolonged that the fast

alone does not produce a chemical rebound to normal and that this reinstatement of normal chemical function can only occur due to stimulation of the brain.

### **Four Days Off Food Without a Fast**

This is a less desirable method than a fast, but since some will prefer it, it is described. The foods used during this four days before food testing must of necessity be foods to which the person is not maladaptively reacting. These nonmaladaptive foods will be foods that are rarely eaten by that person. A fruit, vegetable, meat, fish, or nut should all be tested beforehand. Be sure this food has not been eaten for more than a week before using it as a single meal taken between meals, such as 11 a.m., 3 p.m., or 8 p.m. If no symptoms develop within a two-hour period, then you may assume that no maladaptive reaction exists. These foods are tested as single meals. Unfortunately some of these foods turn out to be maladaptive reactors after they have been loaded for the four days. This is why the fast is the best method.

Another method is to drink all you want of Alfalfa or Comfrey Tea during the four-day period, if found not to be maladaptively reacting on the test dose. Vitamin C powder, one to two teaspoons (4 grams per teaspoon), plus baking soda (1/2 baking soda to vitamin C powder) three times per day can be used for symptom reduction. Rarely a patient highly sensitive to corn will react to vitamin C due to a corn residual in the vitamin C, this having been manufactured through enzymatic action on corn sugar.

### **Selection of Foods for Testing**

If a person maladaptively reacts to a food when occasionally eaten he is aware of this and for this reason does not like this food. Such reactions to infrequently eaten foods are rare and obviously are not producing the chronic addictive state. A food has to be eaten two or more times a week to be addicting. The more frequently a food is eaten, the more likely it is to be

incriminated in addiction. Even though a food is infrequently eaten it may belong to a family, a member of which is frequently eaten, such as legumes, squash-melon-cucumber, dairy products, gluten-bearing cereal grains such as wheat-rye-oats-barley-corn, and so forth. One member of a family eaten frequently sometimes predisposes a person to maladaptive reactions to other members of the same family, even if infrequently eaten.

A choice has to be made as to the types of food to be tested: 1. foods grown without insecticides, 2. market-grown foods which will contain insecticide residues, 3. raw foods, 4. cooked foods, 5. foods with preservatives and colors added. Theoretically, each of these categories needs to be tested separately. Sometimes a raw food can be eaten when it cannot be eaten cooked, or vice versa. Sometimes foods without spray residues can be eaten without a reaction. Sometimes there are reactions to food colors and food preservatives. The most practical way is to start with the foods as usually eaten, which are market-grown fruits, vegetables, and meats, and the food eaten in the usual form, such as either cooked or raw. Definitive testing can then be done on those foods in which reactions occur. Colors and preservatives are left out of the initial food testing.

### **Food and Symptom Diary**

Give the day and the exact time of each item listed in the diary.

Describe all symptoms occurring during the night.

Describe any physical or mental symptoms occurring upon arising in the morning.

List each food and approximate amount eaten for breakfast.

Between breakfast and noon list and record the time of appearance of any symptoms that occur and record the time and amounts of any snacks that may be eaten, or drinks, or smokes.

List the noon meal.

List any symptoms or snacks, smokes, etc., between the noon meal and the evening meal

List all foods eaten at the evening meal.

After the evening meal until bedtime list all symptoms, snacks, smokes, and so forth.

Also during the day note any undue exposure to dusts, pets, molds, pollens, chemical fumes, or odors. Also list where you went, what you did, anything that agreed with you, made you feel good or better, anything that upset you or made you ill or worse, etc.

A food-symptom diary is kept a week or two before the fast begins. A symptom diary is kept during the fast days. Symptoms usually emerge during the first three days and subside on the fourth day of the fast. Continue the fast during and after the test meals.

### Methods of Deliberate Food Testing

Foods can be accurately tested for 10 days with a maximum of 12 days after the fast, after which a refractory reactive state may set in for some foods.

Each meal is a single food, raw, boiled, or baked, with nothing other than pure salt (preferably sea salt) added. Any water used in cooking should be the same water that is not chemically treated as used during the fast and as being used during the test days. Usually four test meals a day can be done by arranging an 8:30 p.m. meal (usually fruit). It is best that the first day of food testing be foods not suspected as maladaptive reactors. These are foods that are eaten no more than twice a week. When starting to test one member of the family it is preferable to test all members of that family consecutively, or another possible method is to wait four days between members of the family for testing.

On the morning of the second day of testing, start with the cereal grain family and proceed consecutively with wheat, mature corn, fresh corn, oats, and rice. Wheat is tested as cooked Ralston, salted to taste, with two or more bowls initially and, if no reaction, another bowl at one hour. Wheat continues to be tested until there is evidence of a reaction even if it takes four meals a day for three days. This testing is done this way due to the poor absorption rate of wheat. Sometimes the more severe reactions occur on the second or third day after the

intestinal mucosa has been injured by the initial test meals. If it is necessary to continue the wheat testing more than the one meal, then other forms of wheat could be used for variety, such as puffed wheat, Cream of Wheat, or Shredded Wheat biscuit.

Mature corn is tested as corn meal mush with dark Karo syrup, salted to taste. Two or more bowls of corn meal mush with Karo syrup are given and, if there is no reaction, another bowl in one hour. If there is no reaction, then eat a second test meal of mature corn. Oats is tested as two or more bowls of oatmeal, salted to taste, with another bowl in one hour if no reaction occurs. Only one test meal of oats is necessary. Rice is tested as cooked rice, salted to taste, with two bowls or more as the test meal, and, if no reaction, one bowl in one hour. Rice is tested as one meal. Rye is not tested simply because it is so much like wheat. Also, wheat and rye are always mixed grains as they come from the fields. Wheat is permitted to have 10 percent rye. Rye also contains wheat. These grains grow together and are not entirely separated as they grow in the fields. Therefore, if there is a reaction to wheat it is assumed there is a reaction to rye, and, besides, there is no way for these to be separated in the processing of foods. Barley is a grain very closely related to wheat and rye and is not usually tested unless there is a particular reason that this person has been using the barley, such as an alcoholic drink or food substance containing barley. It is assumed that if wheat and rye are reactive, so is barley. Barley can be tested by cooking the grains into a cereal. Rice is not gluten-bearing, and therefore there are less reactions to rice than gluten-bearing cereal grains. However, there are common molds on all cereal grains, and for this reason there may be a reaction to all of the cereal grains.

Dairy products are then introduced by starting with pasteurized cow's milk. It is preferred to obtain this in glass containers rather than either plastic or wax-corn cartons since there may be a reaction to

## METHOD OF DELIBERATE FOOD TESTING FOR EMOTIONAL REACTIONS

the wax-corn-plastic. However, this is not always possible, and the milk is therefore tested in the container from which it usually comes. Two glasses or more of milk are given at the beginning of the test meal and, if no reaction, another glass at one hour. A second test of dairy products is powdered skim milk. There are two or more glasses of powdered skim milk to begin with and, if no symptoms, another glass or two in one hour. Then cheeses are tested. Usually American cheese and cheddar cheese are given separate test meals. If there are other cheeses that are used commonly, then they also are given a separate test meal. In testing cheese the person eats all he wants. Each dairy product is tested separately simply because the processing makes a difference in whether reactions will occur or not. The molds on the cheese can determine whether there is a reaction to a particular cheese or not. If cottage cheese is tested, it should be tested as dry cottage cheese without cream unless it has already been demonstrated that there was no reaction to pasteurized cow's milk or powdered skim milk. Then it could be tested with the cream present. If buttermilk is used, it should be given a separate test. It is often true that cow's butter can be used when pasteurized cow's milk or powdered skim milk or the cheeses are reactive. This can be determined by a separate test, but often the testing is not done and the butter is introduced into the diet later when the testing is over, and in this way it is determined if there is a reaction to butter.

Dairy products deserve some special mention. There are many people who were known to be reactive to milk as infants and children but who in later years are using milk and assume they have outgrown their allergic reaction to milk. This usually proves to be a mistake, and they are now highly reactive and addicted to dairy products. Dairy products pose three problems: 1. allergic and allergic-like reactions, 2. galactosemic reactions in those in which galactosemia has been demonstrated to be present, which is one out of five of schizophrenics, 3. lactase deficiency, which is reportedly 70 percent in blacks and 10 percent in whites. Those with gastrointestinal cereal grain reactions run very

high in lactase deficiency because of the damage that has occurred to the upper intestinal tract. The classic reaction occurring on a deliberate food test of dairy products due to lactase deficiency is gastrointestinal pain, diarrhea, and anxiety attacks occurring at about one to two hours. The anxiety attack occurs because, in the face of low lactase, lactose ferments, producing lactic acid which is absorbed into the blood, the flood of lactic acid tying up calcium and magnesium. All dairy products other than cheddar cheese contain lactose. The amount of galactose in butter is negligible. In cheeses and yogurt it is concentrated. Galactosemia is a condition in which the liver, sometimes on an inherited basis, at other times on a developmental basis, is unable to adequately change galactose (a relatively nonuseable and, if in high enough amount, toxic sugar) into glucose. The first step in the metabolism of lactose is to split lactose into glucose and galactose. The second step must change the galactose into glucose. Therefore, galactosemic subjects should not use milk as a beverage, or cheeses other than cheddar cheese. If the subject is not otherwise reactive to cheddar cheese, it is a suitable food for the galactosemic.

Meats, fish, vegetables, and fruits can usually be adequately determined on a one-test meal basis. Fruits are usually placed in the 8:00 to 8:30 evening meal.

If, on introducing a supposedly test-compatible food into the diet, there is a suspicion of a reaction, then this food should be submitted to a retest. The second test should follow this sequence: While using test-compatible foods, introduce into this diet a food to be tested or a suspected reactive food, taking this food three times a day. If within the three days or less there is a reaction, then it is known that this food is maladaptive. However, if there is no reaction, then this food can continue to be eaten a minimum of once a day along with the other test-compatible foods, and another food introduced on a three-times-a-day basis. Do this until all of the foods have been

added into the diet and eaten for at least a week before going on a fast, and then retesting by single meals all the foods that have not been known to be producing a reaction.

### **Adaptive Food Schedule**

The goal is to avoid maladaptive food reactions and avoid the development of food addictions. The principle is to avoid the demonstrated maladaptive foods until the refractory phase develops after a few days, weeks, or months. The refractory phase begins at about three weeks and is usually well-established in three months of complete avoidance. These maladaptive reactive foods can then be introduced on a once-in-four-day basis. If this is satisfactory over a period of time, then try on a twice-in-four-day basis, always eating the two meals consecutively, such as twice on the fourth day of a four-day rotation. Some can do this without symptoms occurring and others cannot, or it may apply to one food and not another. A food-symptom diary should be kept at all times so that maladaptive reactions can be spotted and related to the foods being eaten.

A problem of addiction sometimes develops in frequently eaten foods, even though these foods were test-normal on the original testing. The stress of frequently eating the food creates this addictive state. If and when this happens, then these foods are removed for a period of time before again reintroducing them, this time once or twice on a four-day rotation basis.

The most reliable method is a diversified rotation diet, eating the food once or twice on the fourth day of a four-day rotation of foods. This involves all foods eaten in family groups in which there has been a reaction. The entire family of foods is kept on the four-day rotation basis. One member of the family is eaten on the fourth day of the rotation; that is, other members of the family cannot be eaten on other days of the rotation than on the fourth day. If one chooses, several members of the same family can be eaten at the same meal, or, if on the two-meal rotation, twice on the fourth day of the rotation, if eaten consecutively.

No food addictions will develop on a four-day

rotation basis. On this program of necessity there will be a wide assortment of foods eaten. This is useful because this wide assortment of foods provides a more adequate intake of nutrients than a smaller number of foods would provide.

### **Provocative Food Testing**

This can only be performed under medical supervision. Two methods are: 1. Injecting an aqueous extract of a food sufficiently deep into the skin so as to be circulated by blood to all tissues of the body. 2. Drops of varied dilutions of aqueous food extracts placed under the tongue for quick absorption by the mucous membrane of the mouth provides for quick absorption, with the blood stream carrying the extract to all tissues of the body. These extracts are in serial dilution, and the person need not be exposed to any greater amount than causes the minimal evidence of reaction. These food extracts have the disadvantage of being aqueous in source and therefore not carrying all of the qualities of reaction of a complete test food. There is an estimated 80 percent value of comparison between deliberate food tests and provocative food tests.

### **Provocative Testing of Chemicals**

Extracts of chemicals are prepared for sublingual testing the same as in provocative food testing. Also cat, dog, dust, molds, pollens, trees, and so forth, can be tested by this method.

### **Sniff Test**

Some items are best tested by a sniff test, such as a magic marker. Many items can be tested this way, such as cats, dogs, dust, pollens, and so forth.

### **Home Testing of Chemicals**

Food colors can be tested by placing

## METHOD OF DELIBERATE FOOD TESTING FOR EMOTIONAL REACTIONS

certified food coloring in a glass of water and taking this as a test meal. The following colors should be tested: red, yellow, blue. Green need not be tested because it is a combination of yellow and blue, and if the person reacts to either yellow or blue, he will react to green. Pets such as cats, dogs, and so forth, can be held close to the nose for sniff testing for three to five minutes. Dust can be determined by vacuuming the house and seeing if there is a reaction during the process. A gas stove can be tested by lighting the burners and being near the stove for five or more minutes. This often is determined by the fact that symptoms develop during the preparation of a meal while cooking over a gas stove. It must also be considered that fumes from the food being cooked is also a possible cause of symptoms, and these must be differentiated. Another way to test for petrochemical hydrocarbons is to stand behind a running automobile for three to five minutes to see if symptoms develop. Candles can be sniffed, waxes sniffed, decorative kerosene lamps can be sniffed, magic markers can be sniffed. There are numerous items in any home that are manufactured from petroleum products. All these are potential hazards for the petrochemical hydrocarbon reactor. Plastics are made from hydrocarbons, and some people are known to react to foods stored in plastic containers or in plastic bags. Cosmetics and hair conditioners should be sniff tested. Clothes could be sniff tested after being bleached or the subject exposed to the laundry room during the bleaching process to determine a possible reaction to chlorine. Food preservatives and additives can be tested by introducing these foods in prepared forms after having demonstrated that the foods were test normal without the preservatives.

As near as possible all chemicals should be tested after a four-day abstinence from these contacts, the same as the foods, although these do not always carry the same addictive quality as foods because some of these are idiosyncratic toxic reactions. However, the reaction to petrochemical hydrocarbons carries the same quality of addiction as that of foods, and therefore a period of abstinence of four days should be occurring before exposure. Reactions to

petrochemical hydrocarbons can be just as serious as reactions to foods. Likely the most dangerous instrument in the home is the gas kitchen stove. Many people are chronically sick, either mentally or physically, due to exposure to fumes from a gas stove or a gas- or oil-fired hot air heating system. Some have been known to react seriously to fumes from a newspaper or recently printed book. This is due to the hydrocarbons in the ink. Fumes of magic markers are particularly prone to give petrochemical hydrocarbon reactions. Chap sticks have petrochemical hydrocarbon petroleum bases, as do many hair conditioners, and so forth.

The entire home should be surveyed for possible chemical contacts. After demonstrating a reaction to petrochemical hydrocarbons such as a gas stove or magic marker, waxes, or paints, there is no particular reason to continue the search for reactions. It is best to remove as near as possible the petrochemical hydrocarbon contacts and keep these as minimal in amount and frequency as possible. Plastics do need to be tested separately from other petrochemical hydrocarbons simply because the more flexible plastics diffuse more easily than the hard plastics and there is not a complete carry-over between plastics and other petrochemical hydrocarbon sources. Pine and cedar also relate to the petrochemical hydrocarbons, but should be tested separately as there may not be a complete crossover between a gas stove and a pine panel door, or a Christmas tree. Pine-scented cleaners are particularly known for their production of serious reactions in susceptible persons.

## CONSIDERATIONS OF COMPLETENESS

Though it is beyond the scope of this presentation, it should be clearly understood that these maladaptive reactions (allergic and otherwise) relate in a large way to the general physical homeostasis of the person and in a smaller



way to his psychological homeostasis (Philpott, 1971, 1973). The stress of every metabolic error diagnosed should be honored (especially note galactosemia and lactase deficiency as mentioned earlier). The stress of every demonstrated nutritional deficiency and imbalance should be corrected (consider results of laboratory tests for folic acid, B12, B3, B6, thiamine, vitamin A, essential amino acids, and essential minerals). The stress of every demonstrated infection should be corrected. In the psychological realm phobias, obsessions, and compulsions are trained out, and new adaptive responses trained in by behavioral techniques.

It would be well if general practitioners, internists, and pediatricians would employ behavior therapists such as psychologists, sociologists, psychiatric nurses, psychiatric social workers, and medical assistants to work with the corrective behavioral training of their patients. The doctor has the role of diagnostician and medical therapist for organic factors underlying the illness, and the behavior therapist has the role under the doctor's supervision of training out the complications of overly learned unadaptive responses resulting from the illness. Fortunately for some, life's circumstances are sufficiently favorable so as to train out the unadaptive responses without professional help. After the correction of the biological driving effect, the symptoms are more easily trained out by behavioral treatment. The maximum therapeutic value is to be found in the combined biobehavioral therapy.

## CONCLUSIONS

A high percentage of chronic fluctuating physical and central nervous system reactions relate to states of food and chemical allergy-addictions and can be observed to disappear or materially improve on a

four-day fast, with six days occasionally being needed and rarely up to 10 days needed. Exposure to selected individual items then precipitates an acute reaction which is consistently reproduce-able and therefore convincing as to cause and effect relationships. With each case studied, one is impressed with the evidence of having performed a truly scientific experiment of turning off an illness and knowing why, and turning on the illness again and knowing why. These tests tell us much good will come from avoidance of these incriminated substances. The values of avoidance of incriminated substances are superior to pain-relieving pills, tranquilizers, antidepressants, adrenal cortical supportive or replacing hormones, nutritional supplementation alone, and many commonly-used anthropocentric remedies.

The best results are obtained by a holistic program of: 1. First avoidance for six weeks to three months of incriminated foods and chemicals associated with a diversified rotation diet of non-incriminated foods. After three months, 95 percent of incriminated foods can be reintroduced into the diversified rotating diet without symptom formation occurring. 2. Appropriate treatment of all metabolic errors, nutritional-dependent states, and nutritional deficiencies, with the goal being an antistress protective supernutrition. 3. Behavioral corrective training. Repeatedly evoked symptoms, no matter what its initiating source (including allergy and addiction), become capable by learning of being evoked by environmental cues. It is important to train out these environmentally cued responses, as well as stop the stronger biological force of symptom formation caused by allergy addiction.

## METHOD OF DELIBERATE FOOD TESTING FOR EMOTIONAL REACTIONS

### REFERENCES

- PERRY, Thomas L., M.D., HANSEN, Shirley, B.A., TISCHLER, Bluma, M.D., RICHARDS, Frances M., M.D., and SOKOL, Marlene, B.Sc: "Unrecognized Adult Phenylketonuria: Implications for Obstetrics and Psychiatry" *The New England Journal of Medicine*, Vol. 289, No. 8, August 23, 1973.
- PHILPOTT, William H., M.D.: "Biobehavioral Psychiatry and Learning Disabilities." *The Child with Learning Disabilities: His Right to Learn*. Academic Therapy Publications, 1539 Fourth Street, San Rafael, Ca. 94901. 1971.
- PHILPOTT, W.H., M.D.: "Chemical Defects, Allergic and Toxic States as Causes and/or Facilitating Factors of Emotional Reactions, Dyslexia, Hyperkinesia, and Learning Problems." *Journal Internat. Academy Metabology*, Vol. II, No. 1, 58-69, March, 1973.
- PHILPOTT, William H., M.D., MANDELL, Marshall, M.D., SHAMMAS, Elia, M.D.: "The Significance of the Chemical/Allergic-Ecologic Survey in Schizophrenia, Emotional Disorders, and Alcoholism, in *Journal International Academy Metabology, Inc.*, Volume II, No. 1, 17-28, March, 1973.
- RANDOLPH, Theron G., M.D.: "Food Allergy and Food Addiction." 9th Ann. Congress, Amer. College of Allergists, Chicago, Illinois, April, 1953 (exhibit).
- RANDOLPH, Theron G., M.D.: "Descriptive Features of Food Addiction: Addictive Eating and Drinking," *Quart J. Stud. Alcohol*, 17:198-224, June, 1956.
- RANDOLPH, T.G., M.D.: "The Ecologic Unit, Part I and Part II." *Hospital Management*, March and April, 1964.
- RINKEL, Herbert J., M.D., RANDOLPH, Theron G., M.D., ZELLER, Michael, M.D.: *Food Allergy*. Charles C. Thomas, Springfield, Illinois, 58-102, 130, 1951.