Allergy-Induced Perceptual Dysfunction, its Management in General Practice

R. Glen Green, M.D.[1]

Estimates of patients with allergies vary from 60 to 80 percent in the general population. Of this number, 10 percent will seek medical help. Often as not the aid given may cause more trouble by allergic reaction to the medications ordered. The more chemicals and drugs we use to control symptoms, the greater is the chance of iatrogenic disease.

We tend to ignore the brain when allergy is discussed mainly because human nature, being so contrary, suggests nothing can be wrong with the brain in a normal individual. We can't see the forest for the trees. All reactions, allergic or otherwise, are potentiated by and through the brain. There can be no action or reaction without the brain's involvement. Many asthmatics are nervous and tense, and the more tense they become, the more difficult is their asthmatic control. We know that .05 ml of a specific allergy vaccine can keep this asthmatic patient from having attacks of asthma while at the same time keep him from being tense and nervous. This minuscule amount of a specific vaccine given intradermally can, through a local reaction, send a message to the brain that everything is under control. The brain must then sound an "all clear" even though immune globulins may be floating around; there is no allergic reaction, therefore no asthma, no nervousness, no fears.

It is important to remember when discussing allergy from a psychiatric point of view there are several ways of reacting allergically. There is the classic allergic reaction with immune response and there are the idiosyncratic toxic reactions. There are deficiency reactions and metabolic errors. All these must be considered in the diagnosis and treatment as there can be interactions between them to compound the problem.

Brain allergy is characterized by the multiplicity of complaints and the paucity of physical findings. Central nervous system (C.N.S.) allergy should be considered in every patient seen by a physician. Questions regarding

301 Medical Building, Prince Albert, Saskatchewan S6V 3K8. Read for the Academy of Orthomolecular Psychiatry, Florida, April 17, 1975.

perceptual dysfunction, the sign of C.N.S. allergy, should be posed as part of the history taking in each patient. It is done in the same way we ask about bodily functions or any symptom or complaint. Indeed, we should suspect C.N.S. allergy in every patient until proven otherwise. If 80 percent of the population have allergies, the odds are in favor, about four to one, there is some manifestation.

Perceptual dysfunction may take many forms ranging from visual and auditory illusions to the vague joint or muscle discomfort. The pains of migrainous headache, a duodenal ulcer, or degenerative disc disease may be due almost entirely to perceptual dysfunction and not to the so-called disease entity at all. The common denominator in all these conditions is likely food allergy. Dietary habits should be questioned in every case.

One patient of mine has severe migraine. She is allergic to cats, coffee, chocolates, cigarettes, and gin. This lady has had every medication known to man, and she is finally starting to agree that these allergens trigger her headaches and is learning avoidance to be the best policy. Another much younger lady of 17 hallucinates for three days after eating chocolate, in spite of diet, vitamins, vaccines, and exercise. Abstinence makes the heart grow fonder. These people, like the rest of us, learn the hard way.

Once your allergic tolerance is used up, it is very easy to become sensitized to new things and even more difficult to get rid of the old allergies.

It is surprising how often the patient suspects foods cause his trouble and the doctor ignores the clue. A simple diagnostic procedure is avoidance of the suspected food after eating it at least three times in the week previous. The food is then omitted in all its forms for a period of four days, during which time the symptom(s) should disappear. The food is again eaten on the fifth day one or more times. If the symptom is reproduced, the patient is allergic. Unfortunately, most patients are sensitive to more than one food, or they may be allergic to a certain combination of foods. For example, milk and cornflakes may cause visual dysperceptions, when neither did separately.

It is impossible to discover special sense dysperception unless specific questions are asked. Visual disturbances are the most common and are easily elicited. Ask if words move, up or down, or sideways, back or forth. Do letters go double? Do people seem to get bigger or smaller as you watch them? Do numbers reverse or move around? The Perceptual Dysfunction Test was devised to ascertain special sense dysperception plus the somatic complaint which brings the patient to the doctor in the first place. The Hoffer-Osmond or HOD test is a broader test, covering not only perceptual changes, but paranoia, depression, and thought. It is my practice to use both tests, unless the patient is under 10.

In my office investigation and treatment of C.N.S. allergy, we must find a balance between the desirable and the possible. Theoretically all patients should do as many psychological tests, should undergo allergy testing, should keep a diet diary, and have as much lab work done as is necessary to arrive at a diagnosis and to plan treatment. Several factors dictate the course to be followed. The history—both family and personal history give an idea of the depth of the problem. If there is schizophrenia and alcoholism in one or both sides of the family and allergies of all types, the patient will need more investigation than someone who has nothing in the family background. A history of eczema, asthma, arthritis, adoption, feeding problems, ulcers, diarrhea, sinusitis, migraine, palpitations, and so on suggest allergy is involved, and whether or not you skin test, which takes three days, depends on the patient, the physical exam, and the history. If there is minimal history of allergy, it is usually better to try other methods first. If there is a strong history of allergy, the Rinkel titration method of skin testing should be used.

The physical and mental state of the

patient has considerable bearing on the management. One patient of mine, whom I had known for 40 years, not as a patient, came to see me for the first time about depression and fatigue. Since he had just been in the psychiatric ward and wanted to go back to work as soon as possible I decided to fast him and make him symptom free and then food test and skin test also at the same time. I might have gotten away with it, but his wife turned out to be almost as sick as he was and would not cooperate after the first week, so they went back to their old ways of eating and drinking and he is still not working. The last I heard, he's in an AA Centre. We must make a careful assessment before undertaking heroic measures, such as a fast. Unfortunately, many patients and parents feel any dietary change is heroic.

Management

The treatment must fit the patient’s short- and long-term needs. It varies too on circumstance. The poor cannot buy meat every day. None of us is taught how to purchase wisely. Ignorance and poor dietary habits contribute to the high incidence of subclinical pellagra, a C.N.S. allergy. Even the poor could eat well if they would accept whole wheat is better for them than white flour, that dried peas and beans are worth the efforts, and that sugar in all its forms is poison and should be used sparingly; if at all. Refined carbohydrate, sugar, flour, and starch seem to use up the body's ability to fight allergy. Once this is gone it can never be replaced. All we can do is decrease the allergy load by a rotation diet and increase the enzyme ability by megadoses of vitamins.

Allergy control is the single most important element in the treatment of perceptual dysfunction, whether it affects the C.N.S. as in subclinical pellagra and schizophrenia, or via the C.N.S. to cause arthritis, asthma, hypoglycemia, obesity, and so on. I believe all our therapies should work towards this end. Whether one does allergy testing depends on the amount of allergy in the family and the type of disease caused by it. Asthmatics seem to respond better to a specific vaccine while arthritics respond to a nonspecific vaccine. The patient's history is helpful; if there is a story of feeding problem as a baby, eczema later, growing pains, behavioral problems, hyperkinesis, then food and other allergies should be checked out. The most convincing method is to fast the patient for four days, then start deliberate food testing by actually eating the foods, one by one, to see what symptoms develop. This is used for patients who have tried everything else and for patients who need to be fasted to allow the brain to become clear enough for them to make a value judgment. A fast clears out the cobwebs, and the patient can then recognize the difference between what he was like prior to the fast and appreciate "the changes and chances of this mortal life."

By using the Rinkel titration technique of skin or sublingual testing, the more common problems can be solved and a vaccine prepared which is specific for that patient's allergies. I prefer to use Glaisher's neutralizing technique in the manufacture of vaccine. In some cases I combine skin testing plus a fast and food testing.

Allergy control is achieved by diet, megavitamins, vaccines', and exercise. Each patient is different, and the emphasis in each is liable to vary. In the main, diet is number one in any treatment regimen. When I first started in 1968, I thought that vitamins were supreme, but no longer. Unless the diet is corrected, you need megavitamins for years instead of months. It is my habit now to give all but the very dull or the very poor the four-day rotary diversified diet. This diet suggests beef, milk, cheese, wheat, some fruits, vegetables, and nuts on Day 1. Day 2 is pork, corn, different vegetables, fruits, and nuts. Day 3 is fowl, eggs, rice, and so on. Day 4 is fish, potatoes, and different vegetables and nuts. Every fifth day the patient starts the rotation over at Day 1. This diet is the most healthy way to eat, no matter

what your ailment may be. If we all started out this way in life this meeting today would not be necessary.

The second half of diet management is avoidance, so far as is possible, of stimulants, coffee, tea, cigarettes, alcohol, and the refined carbohydrates. Using the highly refined carbohydrates in preference to the unrefined has been ingrained since birth in the present generation and is still on the increase. There seems to be a direct correlation between the amount of sugar consumed and the ability of the body to cope. It does not take long in most people to use up all their allergy tolerance and disease develops. It is comparable I believe to racing the motor in a car while standing still. You may think you do no damage, but you soon need a new motor. For some reason, nutritionists fail to make a distinction between refined and unrefined carbohydrate when they design a diet. In allergy patients the results can be disastrous.

Megavitamin Therapy

The vitamins used depends on the symptoms and their severity. I shall give only a very short discussion on some of the major ones that I use.

B3—niacin or its amide is used for the relief of special sense dysperception. I often use it intravenously in the office; 1 to 1.5 grams of the amide daily for a few days will give the patient marked relief, and he will consider the therapy worthwhile. The patient is given .5 to 2 grams t.i.d. by mouth for some weeks or months as required.

B6—Pyridoxine, 250 mg t.i.d. to aid in allergy control. I often give this intravenously. In fact, the patient receives 1,200 mg of B3, 200 mg each B1 and B6 and 2 mg of B12. This fits into a 10 cc disposable syringe, is tolerated well by the patient, and is very effective. B6 is involved in five out of six genetic vitamin-dependency disorders.

B1 — thiamine, is useful in the treatment of depression. It is used i.v. as noted, or half gram twice a day by mouth.

B5—pantothenic acid is useful in some patients. Often they try it on themselves. I have not had much experience in its use.

B complex—often I will give the patient one tablet three times per day to supply the B1, B2, B5, liver, folic acid, all of which seem to help.

Most of these compounds are made up from yeast. Some physicians feel the patient will become allergic to yeast and therefore they should not be taken regularly. I tend to disagree with this view.

B-12 — I use a milligram or two intravenously, routinely, in those patients who have special sense dysperception. In alcoholics with delirium tremens I have given 10 milligrams, or 20 in a day.

Vitamin C—ascorbic acid—is very important in carbohydrate metabolism and in the treatment of allergy. I nearly always start patients on 3 g a day and tell them to increase the dose to toxic levels in times of stress, infection, or psychosis. Diarrhea is a sign of toxicity.

Due to the shortage of time I can do little but list the others:

A and D-30,000 of A; 2,400 of D. In eczema, asthma, and the like, plus bone meal 3 g a day.

Vitamin E—600 to 2,400 international units is helpful.

Folic acid and L-glutamine are helpful at times.

Vaccine Therapy

Allergy vaccines may be specific or nonspecific. The specific vaccines are more rapid in their action, but may be more limited in their scope. I use the Rinkel titration method of testing and Glaisher neutralization technique in preparing the vaccine and in the dose schedule. Specific vaccines are to aid the patient overcome traces of dust, mold, danders, and foods. They will not control massive exposures, nor are they expected to. Bacterial vaccine concentrate is **a** vaccine containing some of the common organisms —haemophiIus influenzae, staph, aureus, albus, streptococcus, to name a few, in a concentration of 8,000

million organisms per ml. It was used by Baird for 50 years in the relief of allergy symptoms. His theory is to stimulate the immune mechanism by large doses, up to 6 cc a month. He immunizes against allergy, and the method appears to be effective in my hands. It is useful and simple because we cannot skin test everyone, and a nonspecific vaccine, if it works, can be a boon to the patient and the doctor.

Trace Minerals and Other Elements

Carl J. Pfeiffer has done extensive work in this field using hair analysis and other methods. His work with zinc, magnesium, manganese, and B6 shows great promise. He is also studying the effect of heavy metals like lead, mercury, copper, and iron on metabolism. It has been clearly shown that zinc is a very important factor in carbohydrate metabolism, especially among diabetics.

Exercise

Whether the last shall be first or the first shall be last has no importance here except exercise is an exceedingly important factor in the promotion of health and the prevention of disease. Exercise before meals stimulates enzyme action, aids digestion, and make one feel good. Exercise after meals, of a less strenuous variety, continues this process. In this enlightened age, we forget that muscles are to be used, or they deteriorate. This holds true for the brain or any other organ. Exercise aids the sick to become well, and its importance cannot be overstated. Hard physical labor is good for the body and the soul. Doctors need convincing about the value of exercise before they can be convincing to the patient. Exercise speeds recovery through improved enzyme activity, improved respiration —heart action, muscle action, and better oxygenation of the brain. Tranquilizers, antidepressants, barbiturates, various pain killers, and other medications may be used in the early stages of therapy. It is not unusual to wean the patient off all medication within a few months, if he is convinced about his diet and exercise.