

The human cost

In the long-standing medical controversies over what role food sensitivity might play in common illnesses, the human cost is often forgotten. This cost was evident in a letter we received in 1992 from the mother of a little girl.

"It's hard to believe," she wrote, "after 6½ years of hell, it took something so simple to make her well." Reading her letter, it was clear that she was not using the word 'hell' lightly.

As a result of reading an earlier edition of this book, the mother had finally found the answer to her daughter's severe constipation. This had lasted for most of her life, and caused the girl intense abdominal pain. There was also (as there often is with severe constipation in children) leakage of smelly liquid, because the anus was pushed partly open by the pressure from the large stool that had built up in the bowel. She soiled herself several times a day and was teased and bullied at school as a result.

Her health problems had begun at an early age. "From the moment she was born, she was never hungry," her mother wrote. "It took all day to force an ounce of milk down her. She opened her bowels once every 4 weeks...At 6 months old she was admitted to hospital after countless trips to the doctors...The doctors said she was so independent that she wouldn't eat until she could feed herself. This was about a 6 month old baby!"

"When she started school, she was at home more than at school. The other children used to tease her, saying she smelled. She had such awful stomach pains that she couldn't bend down to tie her shoelaces. She soiled her pants up to 8 times every day."

"At 6 she was admitted to hospital again. I was told there was nothing physically wrong with her, and she was holding it in. They said it was because something had happened at home, and it was all in her head. They wanted us to take her to see a psychiatrist." The parents were, in fact, being accused of child abuse, and there was talk of taking the girl into the care of Social Services.

Removing cow's milk from her diet - which the mother did on her own initiative after reading our book - cured the constipation within days. She went from having a bowel movement only once every four weeks to having one every day. She remained well, and became a very much happier child.

Some reactions to food that were formerly classified as food intolerance - or even dismissed as being totally fictitious - are now in the process of being re-evaluated. Researchers have shown that they are genuine reactions, and have, in some instances, found evidence of an immune reaction too, which means that they should be understood as a form of food allergy, rather than intolerance.

Chronic (long-term) constipation is just one example, among many that could be quoted, but its history is worth looking at in some detail because it shows how much delay there can be in implementing new findings in this controversial field of medicine. Twenty years ago, when we wrote the first edition of this book, there were three isolated reports in the medical literature of constipation due to food sensitivity. The first dated from 1978, but these three medical papers were not well known, except to doctors with a special interest in food intolerance. No mainstream doctor would have dreamed of looking into the possibility of food intolerance playing a part in any patient with constipation.

Only in the mid-1990s did doctors at the University Hospital of Palermo in Italy undertake a systematic study of constipated children and begin publishing their findings. It began when they noticed that some of the children who had shown typical allergic responses to cow's milk as babies (diarrhoea, wheezing or atopic eczema), but who then seemed to grow out of it and were eating a normal diet, later reappeared at their hospital with chronic constipation. Laxatives had no effect on them. Noticing their early history of problems with cow's milk, the doctors tried removing dairy products from their diets, just as an experiment. The constipation promptly disappeared.

When they looked at the lining of the large intestine in these children, they found abnormally high numbers of a kind of immune cell called an eosinophil. These particular cells are known to cause a severe inflammation. Looking again, after milk had been eliminated, showed that the eosinophils were back to normal numbers. (It is now known that, if eosinophils build up in the lining of the digestive tract they can also gather in the muscles around the digestive tract, which are responsible for the natural movements that propel food and faeces along. One effect of these masses of eosinophils is to immobilize those muscles.)

The researchers then tried looking at 52 children in their clinic with chronic constipation who hadn't benefited from laxative treatment. (This was coming at the question from a different angle because they were no longer just investigating children with an earlier history of food sensitivity.) Taking them off cow's milk cleared their constipation in 24 of these children. The rest were put on a simple diagnostic elimination diet. This cured the constipation in another six children, who all had multiple food sensitivities. In total, 30 children out of the original 52 children were completely free of constipation as a result of avoiding one or more foods.

Further studies by the same research team, involving adults with chronic constipation, found that a few of them also improved when certain foods were avoided. Often there were multiple sensitivities, and the foods had to be identified by means of a diagnostic elimination diet. Endoscopy and biopsy in these adult patients showed that half of them had increased numbers of eosinophils in the gut lining, plus signs of enteropathy (damage to the gut lining) similar to that seen in coeliac disease.

Opinion change can be a remarkably slow process in medicine. Although the Italian findings were soon confirmed by other research teams, in 2001 the American Gastroenterology Association only felt able to say that there was a 'possible' link between food allergy and chronic constipation, which needed to be demonstrated by more research. Come 2008, nothing has really changed in many countries. In the US (and, therefore, on the most prominent websites offering orthodox medical advice) standard lists of possible causes of chronic constipation don't mention food sensitivity at all.

In Britain, the picture is a little brighter - the British Society for Gastroenterology states that allergy to cow's milk may be a factor in some children, but believes this is unlikely if the child is otherwise well. In fact, many of the children with chronic constipation due to food sensitivity don't have other allergic symptoms. (The possibility of sensitivity to more than one food, and the need for a diagnostic diet to investigate this, which the Palermo research team has now firmly established, is not mentioned at all.)

The standard treatments offered for constipation are unchanged - more fibre in the diet, more to drink, laxatives, and treatments directed at presumed emotional or 'toilet training' problems. While this may be right for many children with chronic constipation, it leaves those children whose constipation is due to food sensitivity without appropriate treatment for the underlying cause. Orthodox medical investigations of constipation, however extensive, don't generally include diagnostic elimination diets, or enquiries about earlier food reactions in infancy.

Doctors are often uneasy about popular medical books such as this, because they fear that patients with psychological problems may put themselves on unsuitable and nutritionally inadequate diets as a result of reading them. This is an understandable fear, although in the twenty years since this book first came out, no doctor has ever written to us saying that this has actually happened. We have, on the other hand, received a great many letters such as the one quoted above, from patients (or their parents) who have suffered various troubling symptoms for years, often very severe ones that made normal life impossible. They were back to enjoying really good health as a result of reading this book and identifying food sensitivities that were at the root of their problems. Many of the adults wrote to say that they were now able to go back to work, and were going out and enjoying themselves again, after years of debilitating illness (often compounded by being told that it was all psychosomatic).

We have also, occasionally, had letters from GPs who were interested in learning more about food intolerance, as they wondered if it might help some of their patients. If this kind of open-mindedness could become more common, in another twenty years there might be no further need for this book, because food intolerance would be effectively diagnosed and treated by doctors. That would be our hope for the future - to make this book unnecessary.

