Peanuts treat babies? Using Homeopathic Principles we can treat or prevent Peanut allergies and all allergies

Edited by Professor of Medicine Desire’ Dubounet for IMUNE

Two new studies bolster evidence that feeding babies peanuts or other allergy-inducing foods is more likely to protect them than to cause problems. One study, a follow-up to landmark research published last year, suggests that the early prevention strategy leads to persistent, long-lasting results in children at risk for food allergies. It found that allergy protection lasted at least through age 5 and didn't wane even when kids stopped eating peanut-containing foods for a year. (AP Photo/Patrick Sison, File)

CHICAGO — Two new studies support evidence that serving babies peanuts or other allergy-inducing foods is more likely to protect them than to cause problems. Like Treating Like.

One study, a follow-up to landmark research published last year, proposes that the early prevention scheme leads to persistent, long-lasting results in children at risk for food allergies. It found that allergy protection lasted at least through age 5 and didn’t diminish even when kids stopped eating peanut-containing foods for a year.

That means at-risk kids who don't want to eat peanut butter on a weekly basis can safely take a break, at least for a year.

The second new study proposes that the early strategy could also work with eggs, another food that can cause allergies in young children. It found that allergies to peanuts and eggs were less common in young children who started eating those foods at 3 months of age than in kids who as infants received only breast milk.

The New England Journal of Medicine published both new studies online recently, coinciding with their presentation at a medical meeting in Los Angeles.
Food allergies are common, potentially serious and sometimes deadly. They're becoming more prevalent in children in many countries, affecting up to 8 percent of kids under age 3. About 2 percent of U.S. kids have peanut allergies.

The results from last year's study prompted a sea change in experts' approach to preventing these allergies. It was the first "to show that early introduction of peanut can prevent the development of allergy to it," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said in a statement.

It also led to new draft guidance issued Friday by a panel convened by Fauci's agency. The recommendations include giving at-risk kids peanut-containing food as early as 4- to 6-months of age. Infants at risk are those with severe skin rashes or egg allergies; allergy tests are recommended beforehand.

The agency paid for last year's study and follow-up, and will issue final guidelines after a 45-day comment period. The draft guidance echoes advice issued last year by the American Academy of Pediatrics and other medical groups in response to the ground-breaking study.

That study involved more than 600 at-risk British infants. By age 5, peanut allergies were much less common in children who had started eating peanut-based foods before age 1, usually peanut butter or a peanut-based snack, than among children who'd been told to abstain.

The follow-up involved most of those children. After a year off, an additional three kids in both groups tested positive for peanut allergies. The allergies remained much less common in the early peanut eaters — affecting just under 5 percent of those kids versus almost 19 percent of the others.
HOMEOPATHY TREATMENT IN ALLERGY

HYPERSENSITIVITY of the body to allergens can be altered by Homeopathy Treatment.

Homeopathy Treatment may block the release of CYTOKINES IL4 & IL5 from Th2 or desensitize the cytokines IL4 & IL5 to activate B cell, thus prevent the formation of antibody IgE.

Homeopathy Treatment may desensitize the IgE receptors over Mast cell surface thus prevents the IgE fusion.

Allergic reaction

Histamine and other chemicals

Allergen

Allergen contact with IgE receptor

IgE Antibody

Mast Cell

Subsequent contact with allergen

Granulo

Plasma Cell

Activated T cell

Th-1

Th-2

Activated B cell

Thus prevents the allergic reaction
The new results suggest that early introduction of allergy-inducing foods results in "true tolerance" in at-risk kids, said Dr. Stacy Dorris, an allergist at Vanderbilt University Medical Center. She was not involved in the research.

The second study involved 1,300 study breast-fed British children randomly assigned to get several types of allergy-inducing foods or just breast milk.

The strongest results were with peanut-based food and eggs but there was one hitch. About 60 percent of the early eaters didn't stick to the program. Some may have had immature swallowing skills; some doctors don't recommend starting solid foods until around 4 months of age. But it's possible some parents stopped giving solid foods because they noticed allergy-like symptoms, which may have included false alarms, said Dr. Gideon Lack, a King's College London researcher who led all three studies. The results suggest feeding these foods to at-risk infants is safe, but often not feasible in infants so young, said Dr. Gary Wong, a Hong Kong pediatrician. He wrote an editorial published online with the new studies. Still, Wong said the new studies confirm that the old approach to preventing food allergies — avoiding certain foods early in life — is probably obsolete.

"Evidence is really building up. It appears early introduction would be better off than avoidance," said Wong, who is also an associate editor at the journal.

http://indavideo.hu/video/IMUNE_Allergy_therapy_intro_1
http://www.downloads.imune.net/medicalbooks/Allergy%20Therapy%20for%20Cure.pdf
Oral Rush Desensitization in Peanut Allergy: A Case Report

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KEY WORDS: desensitization; food allergy; therapy; peanut allergy; rush desensitization.

Allergy to peanuts represents one of the most severe food allergies, usually occurring in combination with milk and egg allergy and frequently associated with life-threatening allergic reactions (1,2). Its prevalence in the United States is 1.1% (3). Clinical manifestations range from vomiting, diarrhea, and local or generalized urticaria-angioedema to dyspnea, hypotension, collapse, and anaphylactic shock (4). Ara h 1, Ara h 2, and Ara h 3 have been identified as the major peanut allergens (5).

Currently, prolonged strict avoidance represents the only effective measures to prevent allergic symptoms, but this is hardly feasible. Peanut allergic patients are particularly vulnerable to accidental exposure because small traces (doses as low as 100 μg of protein) may provoke severe symptoms (6,7). Results of peanut allergen monitoring showed a remarkable quantity of products (such as snacks, cereal bars, and potato snacks) with hidden allergens (8). Another study has shown how simple tasks such as shopping and eating in restaurants can be extremely frightening, even perceived as life-threatening (9).

We report the case of a woman with peanut allergy who successfully underwent specific rush desensitization by the oral route (10–14).

CASE REPORT

We present the case of a 38-year-old woman with a 10-year history of abdominal pain, diarrhea, and bloating a few minutes after the ingestion of peanuts and peanut-containing foods. She underwent an accurate allergological evaluation. Skin tests were positive to peanut commercial extract and roasted food (prick-by-prick method), and peanut-specific IgE were 2.13 kU/L, class 2 (UniCAP System; Pharmacia, Upplands, Sweden) (Figure 1). Serum levels of total IgE (105 kU/L; UniCAP System), specific IgE (≤150 μg/L; Pharmacia, CAP- FEIA), and ECP (484 μg/L; UniCAP System) were normal.

A food challenge was performed, according to the protocol we usually employ, by administering, every 30 min, increasing doses of roasted peanut (0.05, 0.5, 1.5, 10, and 20 g), in 2 days, with a 3-day interval. Provocation was stopped when adverse reactions were observed or the highest dose was reached. The food challenge was considered positive if adverse symptoms, such as urticaria-angioedema or itching, erythema, rhinitis, rhinorrhea or nasal obstruction, or bronchial asthma; vomiting and/or diarrhea with abdominal pain; or general malaise, collapse, or loss of consciousness. Our patient manifested abdominal pain, diarrhea, bloating, and headache at the threshold dose of 5 g (five nuts).

When the diagnosis of IgE-mediated allergy to peanut was confirmed, our patient underwent a specific oral desensitization to peanut (Table 1): 50 g of roasted peanut was administered, and water was added to a final volume of 180 mL (final solution: 330 mg/mL).

After obtaining approval from the hospital’s Ethic Review Board and patient informed consent, the desensitization treatment started. A 7-day hospitalization was required during the rush phase. Desensitization was performed with increasing doses of peanuts every 20 min, starting with an initial dose of 1 mL of the pure solution diluted 1:10 and reaching the maximum dose of 2.5 mL of the pure solution (825 mg of peanuts) on day 4. Then the desensitization continued with peanuts, starting with the ingestion of one nut (1 g) on day 4 and reaching a final dose of 40 g on day 7 (Table 1).

When the desensitization was completed, maintenance therapy (40 peanuts three times a week) was recommended. Our patient took antihistamine medication (loratadine, 10 mg/day, and ramipril, 500 mg/day) during the rush phase and for 2 weeks during the maintenance phase. She did not manifest side effects.
Real-life effect of classical homeopathy in the treatment of allergies: A multicenter prospective observational study

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Received April 6, 2011, accepted after revision October 28, 2011, published online December 8, 2011

Real-Life Effect der klassischen Homöopathie in der Allergiebehandlung: eine multizentrische, prospektive Anwendungsbeobachtung


Ergebnisse: Von den 44 ursprünglich aufgenommenen Patienten erfüllten 40 die Studienbedingungen. Sämtliche Beschwerden besserten sich deutlich, zumeist sogar sehr stark (p<0,001). Von 21 Patienten, welche zu Studienbeginn unter konventioneller Medikation standen, war es bei 13 (62%) möglich, zumindest ein Medikament abzusetzen, der Rest (38%) gab eine Reduktion bei zumindest einer Arzneimittelklasse an. Nebenwirkungen der Behandlung wurden nicht festgestellt.


Summary. Objective: The prevalence of allergic disorders in western industrialized countries has steadily increased during the last three decades. Public acceptance of complementary treatment methods is high. The aim of this study was to assess the real-life efficacy of classical homoeopathic treatment and the potential to reduce conventional medication dosage.

Methods: A prospective multicenter observational study was conducted by general practitioners specializing in homeopathy in nine Austrian test centers. Personal data and symptoms of allergic patients diagnosed with allergic conjunctivitis, allergic rhinitis, bronchial asthma and neurodermatitis before and after homoeopathic treatment were assessed by means of questionnaires (classification of patients’ condition by using visual analog scales/VAS).

Results: 40 out of 44 patients originally recruited for the trial were found to meet the eligibility criteria. All clinical symptoms were shown to improve substantially, in most cases quite markedly (p<0.001). 21 patients undergoing conventional medication therapy at baseline (62%) were able to discontinue at least one medication, while the remaining patients (38%) reported a dose reduction in at least one medication. No side effects were reported during treatment.

Conclusion: The symptoms of patients undergoing homeopathic treatment were shown to improve substantially and conventional medication dosage could be substantially reduced. While the real-life effect assessed indicates that there is a potential for enhancing therapeutic measures and reducing healthcare cost, it does not allow to draw conclusions as to the efficacy of homeopathic treatment per se.

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