

- *Are you depressed soon after breakfast?*
- *Does your temper flare unexpectedly?*
- *Is it hard to pinpoint the last time you felt really well?*

*Here are some surprising facts to consider the next time your family asks,*

# "WHAT'S EATING YOU?"

BY NICK GONZALEZ

Irene S. is typical of the patients who flock to the office of Connecticut allergist Dr. Marshall Mandell. For four years, this 25-year-old woman continually suffered from a bizarre array of physical and mental symptoms including tension, fainting spells, extreme fatigue, anxiety, panic, even daily periods when her eyes would fail and the whole world would go black. She was also a victim of colitis, a serious and irritating colon disease often associated with emotional problems.

Before consulting Dr. Mandell, Irene had been through the medical mill, but not one specialist was able to offer a conclusive diagnosis or relief from the symptoms making her life so dismal. Finally, she ended up in the care of a clinical psychologist, who treated her for "emotional immaturity" for a year and a half.

Mandell, once a professor at New York Medical College and now director of his own allergy clinic in Norwalk, didn't spend any time investigating the psychological stresses in Irene's life. Instead, he put her through a series of provocative allergy tests, to study

her responses to a variety of foods and environmental chemicals. Results weren't long in coming: Tests for wheat, corn and rye produced the visual blurring that had plagued Irene for so long. House dust and certain common molds brought on a vast spectrum of mental and physical reactions, and other foods provoked all the symptoms formerly diagnosed as emotional in nature.

Aware that certain foods and chemicals could produce her long-standing problems, Irene soon became her own detective and began searching out other things in her life that might be troublesome. She didn't have to look very far; a single puff on a cigarette made her restless and lightheaded, and threw her into what she called "a state of anger." Exposure to the wax she used on the kitchen floor led to a near rage. Yet, by simply avoiding the offensive substances, Irene reversed the problems that had upset her life so totally.

Even with all her debilitating symptoms, Irene had been luckier than Dorothy B., a patient of Dr. H. L. New-

bold, a New York psychiatrist and a leader in the search for a relationship between allergies and mental illness. When Dr. Newbold first examined Dorothy, the situation looked hopeless. For nearly five years, she had been wasting away in a psychiatric hospital, a victim of severe, paralyzing schizophrenia. She was so far removed from reality, Newbold notes, that she didn't even remember how to use money.

Newbold put Dorothy on a five-day fast, during which time she consumed only pure spring water. There was nothing mystical in this treatment; physicians working in the new field of "cerebral allergy" have discovered that a fast cleanses the body of those offending allergens that can be the root of psychiatric disorders. And the results in Dorothy's case were remarkable.

"Abruptly and dramatically," reports Newbold, "her emotional fog cleared . . . She spoke her first complete sentence, showed an interest in her surroundings and smiled for the first time in years." With the allergens cleared from her system, her worst symptoms simply disappeared. Subsequent testing showed

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that Dorothy was indeed seriously allergic to certain foods. Sugar, for example, could rapidly bring back her former illness. To remain well, Dorothy must avoid the offending substances, perhaps for the rest of her life.

These two case histories are not unique. Allergy specialists, such as Mandell and Newbold, successfully treat hundreds of patients with psychiatric symptoms by pinpointing the foods and chemicals in the environment at the root of the illness. The idea that some forms of schizophrenia, manic depression or chronic fatigue can result from eating a common food or inhaling an ordinary substance, like dust, might seem revolutionary, but growing evidence indicates that this new breed of allergists may be uncovering a long-sought biochemical key to psychiatric disorders. (Even most orthodox allergists recognize the notion of cerebral allergy, although they are reluctant to link emotional reactions as closely to allergens.)

"Cerebral allergy is a very real entity, and it is extremely common," says Mandell. "I would say that at least half the patients in mental hospitals have cerebral allergies, and perhaps an even larger percentage. If we could only get to them and approach their disease as an allergic problem, I strongly believe we could help clean out the mental hospitals."

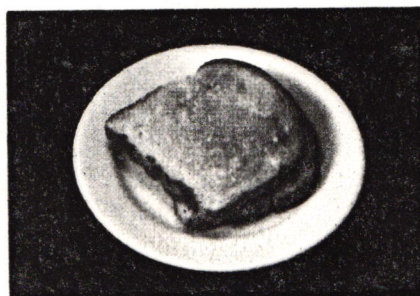
**T**his is a strong statement, but some experts in the field ascribe an even higher percentage of mental illness to allergies. One innovative practitioner, Dr. William Philpott, formerly assistant director of the Fuller Memorial Hospital in Massachusetts and currently director of an Oklahoma clinic, studied cerebral allergies in schizophrenic patients and got startling results: Fully 92 percent of one group of 53 patients suffered psychiatric symptoms after eating certain foods. Sixty-four percent reacted to wheat, 52 percent to corn and 50 percent were allergic to milk—interesting findings since these three foodstuffs are mainstays in the American diet. Three-quarters of all these patients also responded badly to cigarette smoke, and 30 percent developed symptoms when exposed to petrochemical hydrocarbons—the chemicals found in everything from oven cleaners to automobile exhaust to the gas from the kitchen stove.

The emotional responses uncovered

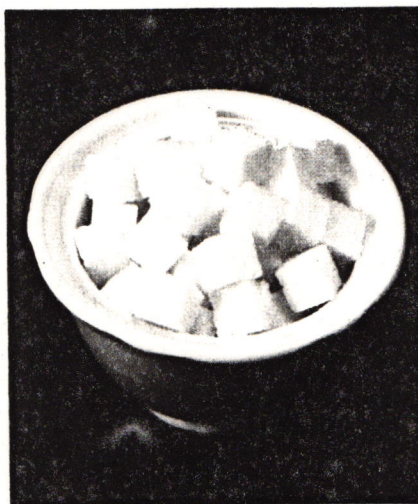
by this study ranged over the entire spectrum of mental disorders—from fatigue and dizziness to catatonia (a complete loss of voluntary motion) and hallucinations. "Almost every schizophrenic symptom that has ever been described," reports Dr. Philpott, "turned up when we tested one hundred fifty patients. Wheat," he adds, "was the commonest evoker of paranoid reactions."

What actually are these cerebral reactions? How do they develop? Why should wheat, long considered a pillar of our agriculture, produce paranoid behavior? And why should any food, or the gas from the oven, produce no reaction in Tom but severe symptoms of schizophrenia in Bob? Though these are complex questions, the answers are beginning to come in, and they indicate that we may be living in a Pandora's box of allergic mental disorders.

It's essential to understand, as a start, that cerebral reactions are much more complex than the traditional



***Why should any food, or the gas from the oven, produce no reaction in Tom but severe symptoms of schizophrenia in Bob?***



symptoms of allergy. They aren't like the sniffles of hay fever or the hives produced by an expensive lobster dinner. Doctors believe these kinds of immediate reactions occur when a foreign substance, such as a food protein, a drug or even a cosmetic, makes its way into the body. If you happen to breathe the offending chemical, then your nasal passages may respond. Or, you might have a runny nose or some other cold-like symptom. If the allergen is absorbed through your digestive tract, then—traditional theory claims—the end product might be hives, eczema or some other skin or digestive disorder.

"Most allergists have focused on these reactions," explains Mandell, "but they haven't often considered the brain as a target organ. When allergens get into the bloodstream or circulatory system, however, they travel throughout the entire system and reach the brain because it has a rich blood supply. The brain is exposed to anything carried in the blood, and the same things can happen there that we normally associate with the skin. As one investigator claims, hives may actually form on the brain."

In addition to these immediate reactions that can affect the brain, there is another response doctors consider more important in chronic mental illness. Called "masked food allergy," this reaction produces no immediate negative symptoms anywhere. In fact, the individual may experience a feeling of *well-being*, an actual improvement in mood and feeling at first. If you are chronically allergic to wheat, for example, a sandwich for lunch might give you a noticeable lift. Hours later, however, as the effect of the food wears off, a type of "hangover" develops that can produce depression, fatigue, headaches—or, in a more serious case, the stupor of catatonia. But these negative reactions are actually stopped temporarily by consuming more of the same food, much as a drug addict fights off the symptoms of withdrawal by taking more of his own poison.

**W**hat develops here," says Mandell, "is an actual delayed withdrawal syndrome, often as powerful as any drug addiction. The 'hangover' is eliminated by taking another dose of the same food, and the withdrawal is delayed for another few hours—until the process starts again. Increased exposure to the food, unknowingly taken to ward off the symptoms, only prolongs the



illness and eventually begins to wear the body down."

This claim that common foods, ranging from corn to chopped liver, can become addictive is extraordinary, but the doctors are saying just that. They believe that this addiction only occurs when foods are frequently eaten. What's even more important is that these cerebral allergists feel that by eating certain foods too often, you can actually bring on the addiction, with all its inherent problems. And don't think the addictions are confined to the mentally ill; they can be a problem for all of us. If you can't get through the day without coffee, suspect an addiction; if you need a drink in the evening to relax, suspect addiction. And, if your one joy is a daily chocolate bar, then the doctors say again, beware of addiction.

"The great difficulty with cerebral allergies," says Philpott, "is that the patient is often unaware of the addiction because there are no flareups immediately after the food is eaten. When the individual does have delayed symptoms, he may not realize a food he consumed hours earlier is the culprit."

"One symptom occurs in people who wake during the night with monotonous regularity," explains Mandell. "Some of these people have learned that, if they eat a certain food at that time, they feel a lot better and can go back to sleep. I have one patient who used to wake up every night at four in the morning with a craving for orange juice. What happened was that he was withdrawing from a dose of orange juice taken twenty hours earlier, at breakfast."

Chemicals can produce addictions, too, and cigarette smoke is an obvious example. Any heavy smoker who has tried to give it up knows full well how difficult it can be to break the habit. But Mandell and other cerebral allergists know patients who have become dependent on things like hydrocarbons or, in the case of one hapless house painter, the fumes from paint.

Actually, the belief that chronic allergy to foods is an addictive state has been developing for years. During the 1920's, a famed California allergist, Dr. Albert Rowe, discovered that there were actually two kinds of allergic reactions: One is an immediate physical symptom, such as hives; the other is a more subtle, chronic response that can cause mental illness.

Dr. Rowe's work was later taken up by a Midwestern physician, Dr. Herbert Rinkel, who became intrigued while searching for a solution to his

own allergies. Quite by accident, Dr. Rinkel discovered a basic fact about these masked allergies that proved to be invaluable to the whole field of cerebral allergy. He learned that a chronic, masked food allergy with no apparent symptoms would turn into an allergy with spectacular symptoms when the offending food was omitted from the diet for at least five days and then reintroduced.

Rinkel's experiences and theories caught the attention, during the 1940's, of a professor of allergy at Northwestern University, Dr. Theron Randolph, who today ranks as one of the most highly respected allergists in the country. In 1955, it was Dr. Randolph who introduced the four-day fast as the technique for detoxifying a patient with a masked allergy—and creating a responsive state for testing. This method of diagnosing allergies is still used today. Not only do the patient's symptoms clear up on the elimination fast but when the offending foods are reintroduced, dramatic proof of the allergy can be observed.

**R**andolph's work has served as a model for other physicians. For the past three years, he has been in charge of a 21-bed "ecological" unit located in Zion Benton Hospital near Chicago, where his patients undergo rigorous testing to sort out their problems. The unit is designed to keep exposure to foods and environmental chemicals at an absolute minimum, because any extraneous substances could easily throw off the testing. All drugs, perfumes, cosmetics, deodorants, toothpastes and scented soaps are banned. In fact, any odorous item, from flowers to cigarettes, is strictly forbidden. An elaborate filtering system insures that air pollution and dust exposure will be minimal; even the bedding and pillows have been selected to prevent additional allergic reactions.

All patients are put on a spring-water fast, lasting at least four days and often up to several weeks, depending on the time it takes for symptoms to go away. Withdrawal effects—which can be very serious—usually appear by the end of the first day, and last up until the fifth day. Only when the body has been cleared of all allergens will the symptoms disappear.

As soon as the patient is well, Randolph begins serving test meals composed of one food. The foods are organically produced, to prevent ad-

ditional reactions to additives, hormones or other chemicals. Pure food is needed to observe a pure reaction. After several weeks of testing, Randolph and his patient have a pretty good idea of just what foods need to be avoided.

But that's only part of the battle. Environmental chemicals are waiting to assault cured patients the moment they step from the hospital.

What kinds of chemicals can cause problems? Any kind—the additives, preservatives and pesticide residuals on food; the "air pollution" both outside and inside our homes; our dogs, cats, parakeets; and even our window-cleaning solutions. Randolph has found that our own homes are nightmares of potential trouble. Some of Randolph's patients have been thrown back into illness by the smoke of a cigarette, the fumes from dry-cleaning solutions and the insecticides in ordinary paint. Because of its chlorine and fluorine, even drinking water can send a cured individual reeling back into the depths of depression.

For a chronically ill patient, good health often requires avoiding all drugs, drinking distilled water, eating organic food, changing the house from gas to electric heating and cooking—and, in general, keeping all exposure to chemicals to a minimum. (Some of Randolph's patients have had to move to the country, to avoid the pollution of city living.)

But can these measures really prevent allergies from recurring? Yes. Randolph has treated thousands of patients suffering from many serious disorders and he has cured the majority of them. There have been failures, of course, and some tragedies, too. One woman, for example, left the hospital cured of her emotional illness. Later, on the terrible advice of a friend who found the regimen too restricting and urged her to stop being so careful and resume her "normal" life, the woman went off her prescribed diet. Within a week, she had committed suicide.

But the question remains, why should these devastating allergies develop in the first place? If you only consider synthetic chemicals, the answer might seem obvious. After all, most of the pesticides, food additives and other synthetic products in our everyday world have been developed since World War II. They are basically new substances and cerebral allergists say that there is no way our bodies can adapt to such an onslaught.

What is even more frightening is  
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that most synthetics have been released into the marketplace and the environment with little thought about possible toxicity. Although Government regulations do require testing, a substance is only deemed harmful if it produces cancer or some serious genetic change in laboratory animals. The regulations just don't cover the possibility that a new substance might inflict enormous mental anguish. As one allergist pointed out, we may go through our days and never develop cancer, but a gas stove or chlorinated drinking water—which cause symptoms in one out of ten Americans—may mean the difference between a contented life, or a life spent battling the misery of chronic mental illness.

The problems with food are a bit more complex than the ones caused by chemicals, since even the most organically nurtured meat or fruit can spell disaster for a susceptible patient. Scientists like Randolph admit that they really don't know why foods cause so many problems in certain people, but several important theories have been proposed. Some doctors feel that our bodies are still only adapted to the primitive diet of our ancestors, when food was unrefined, untouched by synthetics, and above all, varied. Unfortunately we have no way of determining just how many of our ancestors suffered unknowingly from digestive and psychological problems, so no theory is ever likely to be proved.

**P**hysicians like Newbold and Philpott point out that what we eat regularly today simply wasn't part of our diet for hundreds of thousands of years. Agriculture is only 8,000 to 10,000 years old, and mankind has been around for a good million years. "When man became a farmer," says Mandell, "he concentrated on a few new foods, which he raised intensively. It's possible that when our diet became monotonous, the trouble began. Yet who can explain the primitive tribes that seem to thrive on limited diets? Perhaps they're eating all 'natural' foods, and nature is protecting them that way. I just don't know."

Mandell is not alone when he places the blame on our evolutionary past. Many allergists feel that the typical "civilized" diet—high in non-nutritive sugar and refined packaged items—doesn't provide optimal nutrition for the human body. And this kind of "subnutrition," they feel, can lower our

resistance to allergies. Newbold says: "People are reluctant to believe that we are biological creatures—we like to think we are beyond biology. But we're not. And every creature on earth has its own kind of food that it needs to thrive on. For instance, a horse needs oats, not meat. Why is it not possible that we have foods natural to us, just like the horse? And perhaps the foods we eat today just aren't right."

In the past year, evidence has accumulated that may explain just how addictive foods do their damage. In fact, Philpott has pinned down some of the actual physiological reactions that accompany these allergies. He has found that repeated exposure to a food wears out the enzyme systems needed to digest that very food. The main organ involved is the pancreas, which secretes digestive enzymes. According to Philpott, different enzymes break down each kind of food, and when the enzyme-secreting cells are overworked by the cumulative effects of an allergen, they just stop functioning properly. "The pancreas becomes overstressed," he explains, "to the point of inhibition. When that happens, digestive function cannot be completely effective." The result? Poisonous by-products enter the bloodstream and often, the doctor believes, end up at the brain.

Philpott has also discovered that one of the first signs of this pancreatic breakdown is over-acidity in the digestive organs. While digestion within the stomach does require an acid environment, after food leaves the stomach, it should proceed into an alkaline medium. The pancreas usually insures this by producing neutralizing doses of bicarbonate, similar to common baking soda. These doses are released into the duodenum—the passageway between the stomach and the small intestine. But when the pancreas is tired, bicarbonate just isn't manufactured in sufficient quantities. That's when allergic symptoms can develop.

Using this information in his treatment programs, Philpott has achieved some startling results. For example, with large doses of certain pancreatic enzymes and bicarbonate, he can block serious allergic reactions in patients who have been given hefty helpings of normally damaging food. Philpott has also demonstrated that even reactions to chemicals, such as car exhaust, can be prevented by doses of enzymes, bicarbonate and other supports. This work is still in its preliminary stage, and he points out that many reactions

can't be eliminated completely. Thus, the best way to treat an allergy is to avoid the offending substance.

To prevent new food allergies from developing, doctors have created a special rotation diet. It's as simple as it sounds. You rotate the foods you eat—over a period of four days, the cycle that's most frequently used. On this plan, no food is eaten more than once every four days (if you eat chicken on Monday, you can't have it again until the following Friday). The diet prevents new allergies from forming, and some doctors, like Philpott, believe it's the best eating program for everyone, allergies or no. Not only does it force us to consume a variety of nutrient sources, it also limits stress on our digestive-enzyme systems.

**B**ut in addition to the rotation diet, many of these doctors prescribe a comprehensive program of nutritional supplementation. High levels of certain vitamins, such as C, E, A and B<sub>6</sub>, have been found useful in lessening or even blocking allergic reactions. And since these allergies may in part result from inadequate nutrition, the doctors find that a carefully supervised supplemental program can build resistance to allergies.

How widespread is cerebral allergy? No one really knows for sure. And wide-scale statistical studies have never been made. But all the doctors involved in this exciting new research area feel that funds are desperately needed to find out just how much damage results from our diet and chemical environment. Only then can we begin to mobilize our resources against this insidious and ever-present danger to our health. ■

*Author's Note: Are you interested in working out a program on your own that will limit your chances of getting addictive allergies? It's possible but it would be difficult to do. Only an expert understands all the intricacies—and certainly only an expert should supervise something as drastic as a four-day fast. But if you want to pursue this subject further, certain books might be helpful, particularly Eating Dangerously (Harcourt Brace Jovanovich), by an English psychiatrist, Dr. Richard MacKarness, who studied under Dr. Theron Randolph. Dr. H. L. Newbold has also written several books that outline the dangers in our life-style—and explain how to deal with them.*