

Resources

The following is a selection of handouts to give some basic health advice, please contact us for further information.

Next is for Links to studies

A small selection of papers to give present some of the evidence that supports the view that functional medicine has a major role to play in the modern medical practice.

Clinical Trials re: Migraine

- [1] **Is Migraine Food Allergy?** Soothil et al. Great Ormond Street. Lancet 1983: 2; pp865-9
93% of 88 children with severe, frequent migraine recovered on oligo-antigenic (low risk) diets. The role of foods provoking migraine was established by double blind controlled trials.
- [2] **Food Allergies and Migraine.** Ellen Grant. Charring Cross Hospital. Lancet 1979: 1; pp966-8
85% of 60 patients became headache free.
- [3] **Food Allergy in Migraine.** Munro J., Brostoff J., National Hospital for Nervous Diseases & Middlesex Hospital. Lancet 1980: 2; pp1-4
- [4] **Migraine is a Food Allergic Disease.** Munro J., Brostoff J., Lancet 1984: Sept. 29th pp719-24

Clinical Trials re: Irritable Bowel Syndrome

- [5] **Food Intolerance: A Major Factor in the Pathogenesis of Irritable Bowel Syndrome.** Hunter J., et al. Lancet 1982: 2; pp1117-1120
Specific foods provoked irritable bowel syndrome in 65% of the patients.
Double blind challenges confirmed results.

Clinical Trials re: Crohn's Disease

- [6] **Crohn's Disease: Maintenance of Remission by Diet.** Hunter et al. Lancet: 1985: 2; pp177-80
51 out of 77 patients remained well on an exclusion diet, for over four years.
- [7] **Treatment of Active Crohn's Disease by Exclusion Diet: East Anglian Multicentre Controlled Trial.** Lancet 1993: 342; pp1131-4
Positive results, as above.

Clinical Trials re: Epilepsy and Migraine

- [8] **Oligo Antigenic Diet Treatment of Children with Epilepsy & Migraine.** Eggar J. et al. Great Ormond Street Hospital. Journal Pediatric 1989: 114; pp52-8
Of 45 children who had epilepsy with recurring headaches 25 children ceased to have seizures and a further 11 had significantly fewer seizures during dietary therapy. Of 18 children who had epilepsy alone, none improved.

Clinical Trials re: Rheumatoid Arthritis

- [9] **Placebo-Controlled Blind Study of Dietary Manipulation Therapy in Rheumatoid Arthritis.** Darlington G., Epsom District Hospital, Mansfield J., The Burghwood Clinic, Banstead. Lancet 1986: Feb 1st; pp236-8.
75% of 44 patients improved substantially or totally on dietary elimination.
- [10] **Controlled Trial of Fasting and One-year Vegetarian Diet in Rheumatoid Arthritis.** Kjeldson-Kragh et al. (Oslo Norway). Lancet 1991: 338; pp899-902
Most patients responded to restricted diet and responded adversely to the reintroduction of specific foods.

Clinical Trials re: Polysymptomatic States

- [11] **Food Allergy in Polysymptomatic Patients.** Radcliffe M. et al. Practitioner 1981: 225; pp1651
Very positive results from Double Blind Feeding Tests.

Clinical Trials re: Asthma and Rhinitis

- [12] **Children with Allergic Rhinitis and/or Bronchial Asthma treated with Elimination Diet.** Ogle K., Annals of Allergy 1980 May: 44; pp273-8.
91% of 322 children showed significant improvement in trial
- [13] **Food Sensitivity and Asthma.** Wraith D.G., Brostoff, and Challacombe. Food Allergy and Intolerance, London Bailliere, Tindall 1987; pp486-97
Study of 265 patients on avoidance of incriminated foods led to a huge reduction in the use of inhalers and steroids
- [14] **Asthma Induced by Sulphur Dioxide, Benzoate and Tartrazine contained in Orange Drinks.** Freedman B.J., Kings College Hospital, Clin. Allergy 1997: 7; pp407-415
18% of 272 patients with asthma reacted to one or more of the constituents of orange drinks

Clinical Trials re: Behavioural Disorders

- [15] **Effects of a Few Food Diet in Attention Deficit Disorder.** Carter C. et al.

Archives of Disease in Childhood 1993; 69; pp564-8

- [16] **Controlled Trial of Oligoantigenic Treatment in the Hyperlinetic Syndrome.** Soothill et al. Great Ormond Street. Lancet 1985; March 9th; pp540-5
Of 76 selected overactive children treated with Oligoantigenic diet, 62 improved, 21 of which becoming totally normal.
- [17] **Controlled Trial of Hyposensitisation in Children with Food-Induced Hyperkinetic Syndrome.** Egger J., Lancet 1992: 339; pp1150-53
Results showed that enzyme potentiated desensitization permitted children to eat foods previously identified as responsible for their symptoms.

Clinical Trials re: Eczema

- [18] **Double Blind Controlled Cross-Over Trial of an Antigen-Avoidance Diet in Atopic Eczema.** Atherton D.J. at al., Great Ormond Street. Lancet: Feb 1978; pp401-3
With the avoidance of just two foods (milk and eggs), 14 out of 20 children improved.

Clinical Trials re: Genitourinary Problems

- [19] **Food Sensitivity. The Kidney and Bladder.** Sandberg D., Brostoff J. & Challacombe S. Food Allergy & Intolerance, London Bailliere, Tindall 1987; pp755-76
Recurrent cystitis and bladder pain respond frequently to elimination diets. Food sensitivity also a possible cause of nephrotic syndrome.

Clinical Trials re: Chronic Fatigue

- [20] **The Role of Food Intolerance in Chronic Fatigue Syndrome in Hyde B.M. Ed.**
Lobley R.
- [21] **The Clinical and Scientific Basis of Myalgic Encephalomyelitis / Chronic Fatigue Syndrome**
Ottawa. The Nightingale Research Foundation 1992; pp521-38

Clinical Trials supporting the Value of Neutralization / Desensitization to Food and Inhalant Sensitivities

- [22] **Double-Blind Study of Food Extract Injection Therapy.** Miller J.B. Annals of Allergy March 1977: 38; pp185-192

A double-blind cross-over study. In most cases the response if lifelong severe intractable symptoms was rapid and dramatic (within 3-4) days. Symptoms returned within 3 of the 4 days on placebo injections

- [23] **Elimination of Oral Challenge Reaction with Patients by Injection of Food Extracts. A Double-Blind Evaluation.** Rea W.J. et al. Archives of Otolaryngology April 1984: Vol 110; pp248-252
The phenomenon of Subcutaneous Food Neutralization can be scientifically endorsed for clinical treatment of food reactions.
- [24] **Low Dosage Sublingual Therapy in Patients with Allergic Rhinitis due to House dust Mite.** Scadding G. & Brostoff J. Department of immunology, Middlesex Hospital. Clinical Allergy 1986: Vol 16; pp483-491
- [25] **Provocation - Neutralization: A Two Part Study. Part I - The Intracutaneous Provocative Food Test : A Multi-Center Comparison Study.** King W. et al. Otolaryngology - Head and Neck Surgery Sept. 1988: Vol 99 no.3; pp263-71
- [26] **Provocation - Neutralization: A Two Part Study. Part II - The Subcutaneous Neutralization Therapy : A Multi-Center Comparison Study.** King W. et al. Otolaryngology - Head and Neck Surgery Sept. 1988: Vol 99 no.3; pp263-71
- Triple Blind Studies provide evidence that subcutaneous neutralization treatment is an effective form of food hypersensitivity therapy. These two studies led by the American Academy of Otolaryngic Allergy to recommend neutralization as the treatment of choice to Ear, Nose and Throat Specialists treating Rhinitis. Most ENT specialists in the USA now use neutralization as the preferred choice for perennial rhinitis.
- [27] **Treatment of Equine Allergic Disease with Allergy neutralization: A Field Study.** Mansfield J., Valler B., Burrell M. & Curl V. The Burghwood Clinic, Banstead. Journal of Nutritional & Environmental Medicine 1998: 8; pp329-334
The first study worldwide of neutralization on an animal model. 87% of horses with COPD (equine asthma) responded well after neutralization. 92% of horses with urticaria responded well.