

# Negotiating Food Allergies

What's food to some may be poison to others. Public health expert and author Terry Traub serves up tips on creating an at-home eating lifestyle for families with food allergies.

February 27, 2009 By [Gerrie E. Summers](#)

---

Catherine F., a health writer based in New York City, will never forget a childhood school field trip during which her class ate lunch at a Chinese restaurant. On the bus ride back to school, her face began to itch. Her mouth and throat began to swell. Suddenly she couldn't breathe. She was rushed to the emergency room.

At the time, she had no known food allergies. As it turned out, she had developed sensitivity to a food additive. The culprit? Mono-sodium glutamate (MSG).

Terry Traub, a registered dental hygienist with a degree in public health, can relate. Today, Traub knows her two sons have celiac disease, or gluten intolerance (the youngest son is also lactose intolerant). But for years she searched for diagnoses to their illnesses. She remembers the aggravation of trying to discover exactly what caused their health problems, which she would later discover were triggered by allergic reactions to foods. She began doing research and developed an elimination diet to isolate the allergens. Her first book, *The Food Allergy Detection Program*, was written to help other parents faced with this same dilemma.

According to the Food Allergy & Anaphylaxis Network, an estimated 12 million people in the United States suffer from food allergies. That's a relatively small percentage (only 4 percent) of the population. Estimates indicate that only 2 percent of adults and between 4 and 8 percent of children are truly allergic to certain foods. Although it is possible to be allergic to any food, eight foods account for 90 percent of all reactions—milk, eggs, fish, shellfish, soy, wheat, peanuts and tree nuts (such as cashews and almonds).

Under normal circumstances, when the body identifies infections or toxins, its immune system instructs white blood cells to fight them. In a true food allergy emergency, an individual's immune system overreacts to an ordinarily harmless food (usually a protein). In other words, the body identifies a nontoxic substance as a toxin, which results in an immediate and abnormal physical reaction. "The worst result is anaphylactic shock," Traub explains. "Generally this happens with foods such as nuts, fish and some medications. The tongue becomes thick, and breathing is difficult. Less immediate reactions are asthma, coughing, stomach distress, eczema, vomiting and migraines."

Food intolerance is more common than food allergies. Traub defines it as “a non-immediate reaction to more than one dose of the offending food.” It could be a reaction to certain chemicals in the food, such as histamines, or food additives, such as MSG. In fact, MSG is a common source of food intolerance. MSG triggers nerve cells, overstimulating the nervous system. This can cause the body’s immune system to overreact, leading to the non-immediate abnormal response to a particular food.

But MSG isn’t the only culprit that can set off the body’s allergic response. Similar reactions may also occur due to food poisoning, gastrointestinal disease, psychological symptoms and lactose intolerance (which affects 80 percent of African Americans). To confuse matters, adverse reactions associated with these sources can be confused with sensitivity to an allergen. “The symptoms, except for anaphylactic shock, can be identical to food allergy symptoms,” Traub states. “These symptoms may come on slowly, making it difficult to identify. This is why food allergy and food intolerance are used interchangeably.”

Traub has republished her book (now titled *Food to Some, Poison to Others*) to also address adult-onset food allergies (her husband has shown symptoms of celiac disease in the past two years) and other abnormal food reactions, such as gastroesophageal reflux disease (GERD) and irritable bowel syndrome (IBS).

Several methods can test for food allergies and intolerance. Three involve exposing the skin to allergens and observing the body’s reaction; two are blood tests; and two others focus on foods that trigger allergic reactions in certain people. Of these methods, the food elimination diet is the most convenient for people to do at home. In a food elimination diet, the number and types of food eaten are limited until the symptoms of distress are gone. Suspect foods are individually added, and a strict diary is kept of the reactions and times of the allergic episodes. (Anyone about to try a food elimination test and diet should consult a physician.)

Foods known to cause problems are eliminated during the diet. These include: milk and dairy products (except goat and sheep milk and cheese); wheat, gluten and flour (such as barley, rye and spelt); eggs and egg yolks; corn (especially cornstarch); chocolate (usually the problem is with the milk or its fat); and pork.

The diet allows only safe foods, such as rice and other hypo-allergenic foods. All suspected allergy foods are eliminated for 12 days to give the body almost two weeks to heal itself before introducing any possible allergens. During this period, safe foods are divided into four groups—poultry, fish, vegetarian and red meat. Only one of these food groups is eaten each day, and the groups are rotated in the same order (the order listed here) to make diary recording easier. Strict adherence to the sequence is important to eliminate and identify offending foods. After 12 days, the first suspected food is added to each day’s meals—for three days—to see whether any symptoms appear.

But the work doesn’t end after the offending foods have been identified. To maintain a food allergy-free lifestyle, Traub recommends the following:

- Learn everything you can about your family members' food allergies. Do extensive research on their symptoms, causes and treatments and stay on top of the latest medical news.
- Set aside a time to teach the allergic child and other family members about the situation; explain that it affects the entire family.
- Update your grocery shopping list as you think of ingredients you need. That way, you won't forget them later.
- Stock the pantry with items from health and organic food stores. Yes, they cost more, but as Traub indicates, they're cheaper than a trip to the hospital.
- Involve your children in the process: Take them shopping, teach them how to read labels and let them help prepare meals.
- Emphasize the long-term benefits of good health. Explain that eating "special foods" is not just to feel better today, but to be healthier and happier for a lifetime.
- Prepare lunches the night before.
- Make sure the whole family usually eats the same foods. Preparing two separate meals—one for the allergic child and one for everyone else—makes your child feel that the allergy-free diet is a punishment and unfair. Choose tasty recipes, and no one will feel deprived. "When I cook for people, they do not know they are eating allergy-free," Traub says. "They just know they are eating delicious food."

The Tarragon Oven-Fried Fish was a favorite of my boys because of the crispy crust and tarragon taste. The Apple Crisp was a comfort food for the whole family. I prepared only allergy-free foods at home. I know my husband and children were healthier because of it."

- Don't ban problematic foods from the diet of non-allergic siblings. But don't let them flaunt the foods either. Traub says it's surprising how supportive children are with their siblings. "[Kids] want their brothers and sisters to stay healthy and not go to the hospital. I also found most of the problems happen outside the house at homes of individuals that do not understand food allergies and the results. The only time I needed to take my children out for special treats was after they were at a friend's house."
- Talk to your children's school and caregivers about keeping foods from them, and be sure they

know what to do if the child eats one of the allergy-causing foods by mistake.

- Eating outside the home can be a frustrating experience for food allergy sufferers, so try to carry your own food with you. And keep a list of some safe chain restaurants and fast food restaurants for times when that is your only choice. Traub's book includes details on both.
- For more about allergy-free dining, read *Let's Eat Out! Your Passport to Living Gluten and Allergy Free* by Kim Koeller and Robert La France.

Visit [eattobeallergyfree.com](http://eattobeallergyfree.com) for more allergy testing information.

## **YUMMY RECIPES TO TRY**

Who says allergy-free eating has to be boring? Terry Traub created these flavorful dishes.

### **Tarragon Oven-Fried Fish**

2 pounds fish fillets (sole, snapper or tilapia)

½ teaspoon salt

1 cup rice thins, crumbled

1½ teaspoon tarragon

½ cup milk substitute (soy, almond or rice milk)

3 tablespoons margarine, melted, milk-free, corn-free

Wash and dry fish. Remove bones. Cut into serving pieces. In small mixing bowl, combine rice crumbs, tarragon and salt. In separate small bowl, place milk. Dip fish into milk, then into crumb mixture. Place fish into greased 13 by 9 inch baking pan. Cover with remaining crumb mixture. Top with melted margarine. Place in preheated 425° oven. Bake for 15 minutes or until the fish flakes easily with fork.

Serves 6 to 8.

### **Apple Crisp**

(For breakfast or dessert)

4 apples, cored, peeled and sliced

2 tablespoons margarine, milk-free, corn-free

1 teaspoon cinnamon

Dash of salt

½ cup brown sugar

1 cup oats, rolled and uncooked

1 tablespoon sorghum flour

1 teaspoon lemon juice

Place sliced apples in greased 8 by 8 inch baking dish. Sprinkle with lemon juice. Mix rest of ingredients in small mixing bowl and sprinkle over apples. Bake in preheated 350° oven for 20

minutes or until just golden brown.

Variations: To use fresh peaches or cherries, increase the brown sugar to  $\mu$  cup.

Serves 6

*\*Both recipes are dairy-free, egg-free, corn-free and gluten-free.*

---

© 2026 Smart + Strong All Rights Reserved.

<http://beta.docker.realhealthmag.com/article/food-allergies-tips-16188-1315>