

Case study: food sensitivities

Amy, female, 37-year-old mum of two young children, had gained 30kg during pregnancy with her last child. She was referred to me by her GP, who was aware of my work with food sensitivities from a presentation I did at a doctor's conference in 2020.

Primary symptoms

Amy felt tired and run down, psoriasis covered both arms and legs and was worse than ever despite cutting out most gluten-containing products. Even gluten-free products made her itchy. She was depressed, her BMI was 36.5 and she wanted to get healthy and lose weight.

At 33 years of age Amy had been prescribed an antidepressant. At 34 she had been diagnosed with an under-active thyroid and prescribed a high dose of Eltroxin and Stellara, an injectable biologic used for psoriasis. Before the referral the GP had run blood tests and sent me the results: they indicated high C-reactive protein, the non-specific marker of inflammation; a full blood count that was normal; glucose metabolism in reference range; an unremarkable hormone panel; and urine showing no pathogenic bacteria. *Helicobacter pylori* had been ruled out. Limited parasite stool testing exists in Zimbabwe, and functional tests are limited and not used due to government imposed cross-border restrictions.

Assessment

As an integrative practitioner, in a case like this assessing the gut and the liver were two key areas of focus. Dysregulation of the gastrointestinal tract or intestinal permeability can have a profound impact on health. Optimisation of gut function was step one, with liver health to be supported during the gut re-inoculation phase.

I considered important aspects impacting her health:

Antecedents: history of being overweight with a dairy issue as a child.

Triggers: multiple antibiotics as a child, poor diet high in refined starches and not enough green veg, for years she had suffered with gastrointestinal issues of bloating and gas and postpartum depression.

Mediators: obesity/adiposity, depression, poor sleep with getting up in the night for her two-year-old child, possible nutrient deficiencies

The gastrointestinal tract is a dynamic system influenced by genetics, diet and several other environmental factors, where the associations between skin and gut microbiota and dermatologic conditions such as psoriasis have been documented. Even though the mechanism of psoriasis is unclear and believed to be multifactorial, it includes genetics, immune



Stock photo.

system disruption and environmental triggers.

Intestinal permeability (IP) may be triggered by food antigens, stress, dysbiosis, nutritional insufficiencies, medications and malabsorption. Being overweight increases systemic inflammation. Gastrointestinal laboratory evaluations can help guide a personalised approach, even when using the 5-R functional medicine conceptual framework of remove, replace, reinoculate, repair and rebalance. I considered IP as contributing towards food sensitivity reactions (IgG responses) to foods repeatedly eaten.

I have routinely used forms of elimination diets in clinical practice with positive responses to challenging conditions such as IBS and hives. Research (Ostrowska et al., 2021) has highlighted that food sensitivity testing is an important and frequently overlooked cause of or triggering factor for adverse food reactions, and may be more effective in resolving symptoms of IP than generalised dietary recommendations such as a low FODMAP and rotation diets. When the immune system is overwhelmed or overworked, protein-food complexes can accumulate to produce symptoms of food sensitivity.

Laboratory testing

Stool testing in Zimbabwe is very limited with no functional testing available and samples are restricted from being sent cross-border. For over three years I have worked successfully with the food sensitivity functional test (FST) via a laboratory in South Africa (SA), sent with an import permit I acquire annually. Because I suspected IP, I first wanted to focus on the gut to build a targeted, individualised approach using the 5-R framework as a way to normalise critical gastrointestinal functions by identifying if any foods might be triggering or mediating her gut issues. So we carried out a food sensitivity test, as it has proved to be a valuable client-specific guide to help determine which foods to eliminate or rotate out of the diet before re-introducing them at a later date.

Intervention

The initial strategy was in the form of an IgG personalised elimination diet, to repair the tummy lining and reduce symptoms.

Phase 1: Remove and replace. Primarily foods identified in the elevated red list were removed for an initial phase of three months, with borderline