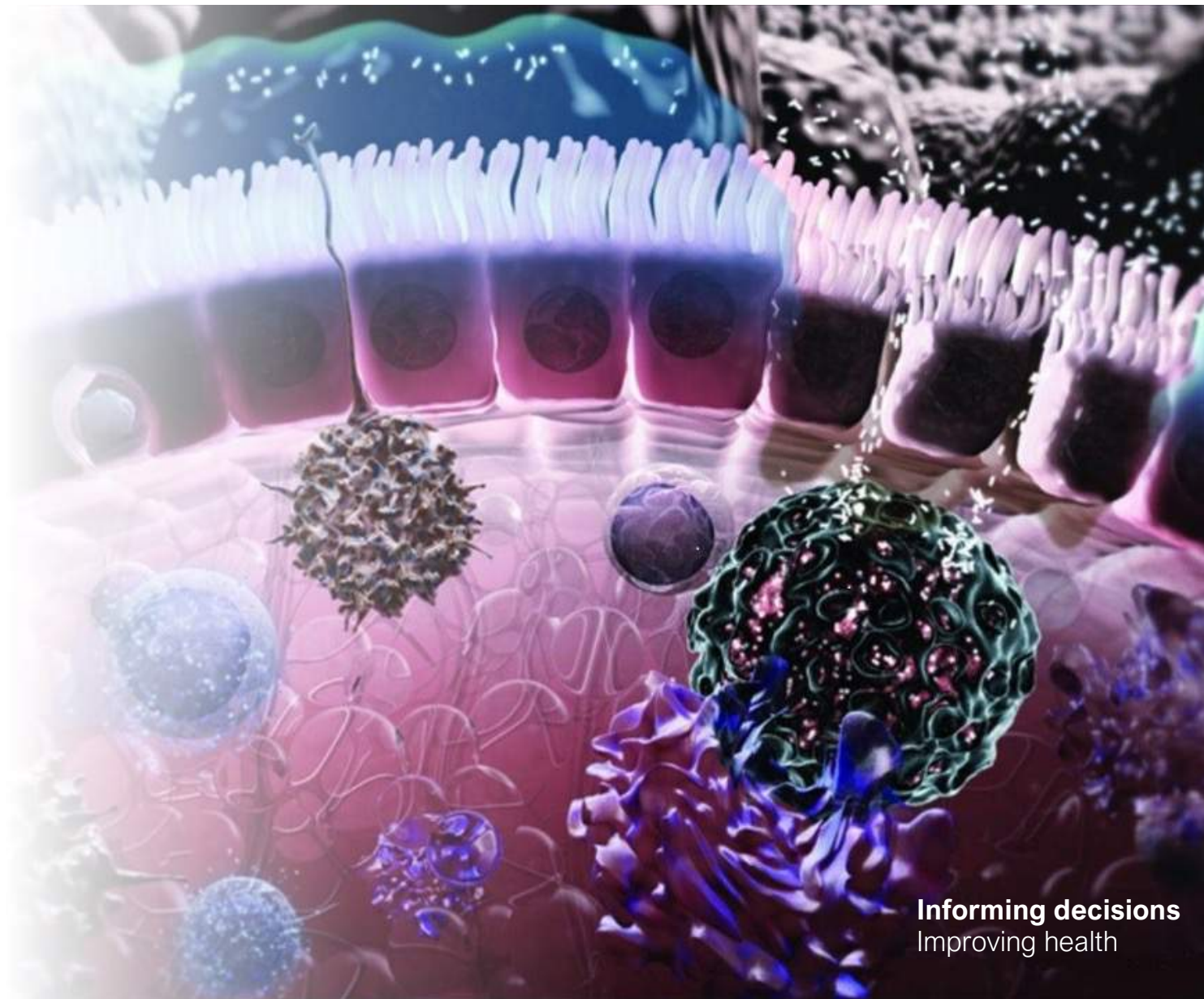


IgG Antibody Testing The Clinical Utility

Dr Nigel Abraham, PhD, FIBMS
Scientific Director



Informing decisions
Improving health

Introduction

- A large body of medical literature has indicated that food sensitivity (food specific IgG antibodies) is a frequent cause of a wide range of physical and mental conditions.
- The evidence strongly suggests that identification and avoidance of reactive foods can relieve a number of common and difficult-to-treat medical problems.
- Yet the concept of food sensitivity remains controversial.

The Role of Hidden Food Allergy/Intolerance in Chronic Disease

by Alan R. Gaby, M.D.

Abstract

A large body of medical literature has indicated that hidden food allergy is a frequent cause of a wide range of physical and mental conditions. Hidden allergies can be "unmasked" by means of an elimination diet, followed by individual food challenges. Although the concept of hidden food allergy remains controversial, the evidence strongly suggests that identification and avoidance of allergenic foods can relieve a number of common and difficult-to-treat medical problems.
(*Alt Med Rev* 1998;3(2):90-100)

Introduction

Food allergy is well recognized in clinical medicine as a cause of acute attacks of asthma, angioedema and urticaria, and as a contributing factor in some cases of eczema and rhinitis. These types of allergic reactions are considered to be mediated by IgE antibodies, and usually can be diagnosed by medical history and skin-prick or IgE-radioallergosorbent (RAST) tests.

Another type of food reaction, often referred to as "hidden" or "masked" food allergy, has been the subject of controversy for many years. Some practitioners have observed that hidden food allergies are a common cause of (or triggering factor for) a wide range of physical and emotional disorders. According to one estimate, as many as 60 percent of the population suffers from undetected food allergies.¹ A wide range of symptoms and disorders are reported to have a significant allergy component. See Table 1. On the other hand, many conventional physicians doubt hidden food allergy is a common problem, and some even deny altogether its existence as a clinical entity.

Skeptics emphasize the fact that many of the conditions said to be related to allergy fluctuate in severity and have a significant psychological component. Consequently, it may be difficult to distinguish between a true food reaction and a conditioned (psychogenic) response or a spontaneous exacerbation of symptoms. It also has been pointed out that food-induced symptoms should not be called allergies unless an immune-mediated mechanism can be demonstrated. While it is true many food reactions would be more appropriately labeled food intolerance, the term "allergy" will be used in this article in reference to adverse reactions to foods.

Proponents of the food allergy-disease connection argue that hidden food allergies are often overlooked because they are difficult to identify. Unlike the more obvious immediate-hypersensitivity reaction that can trigger acute asthma or anaphylaxis, a hidden food reaction frequently can be delayed by many hours or even several days.

Alan R. Gaby, M.D. - Professor, Bastyr University; Past-president, American Holistic Medical Association; Contributing Medical Editor, Townsend Letter for Doctors and Patients; Contributing Editor, Alternative Medicine Review.



Gaby AR. The role of hidden food allergy/intolerance in chronic disease. *Altern Med Rev*. 1998;3(2):90-100.

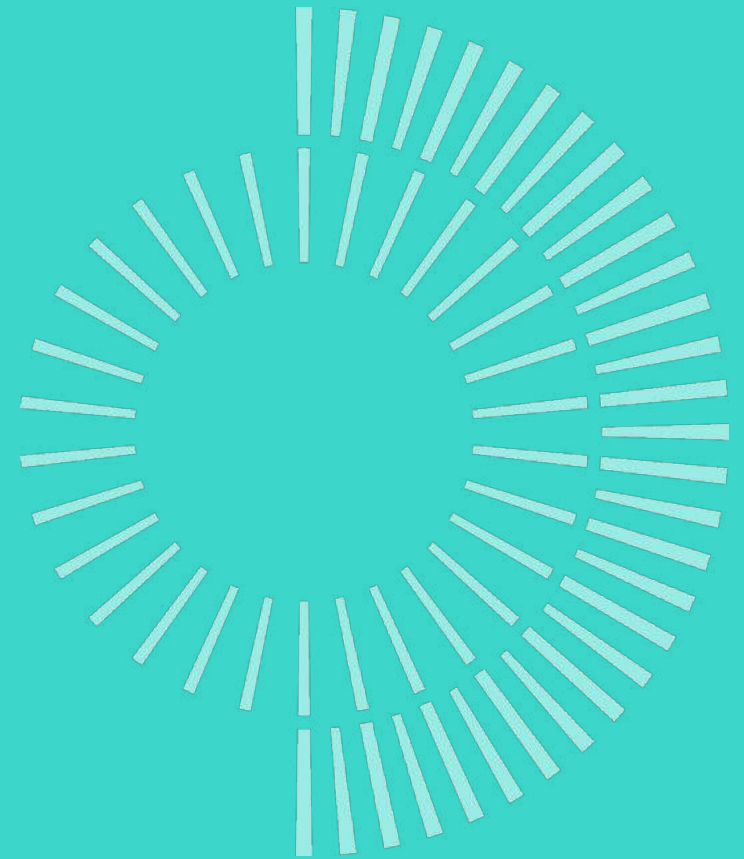
The controversies

- That these measurements are a normal response that simply reflect the diet of an individual.
- That such measurements cannot diagnose food intolerance.
- That the measurement of such antibodies has no role to play in the diagnosis & management of food allergy.
- It is often widely reported that food specific IgG antibody testing 'lacks sufficient validation or backed by research and is therefore not evidence-based medicine'.



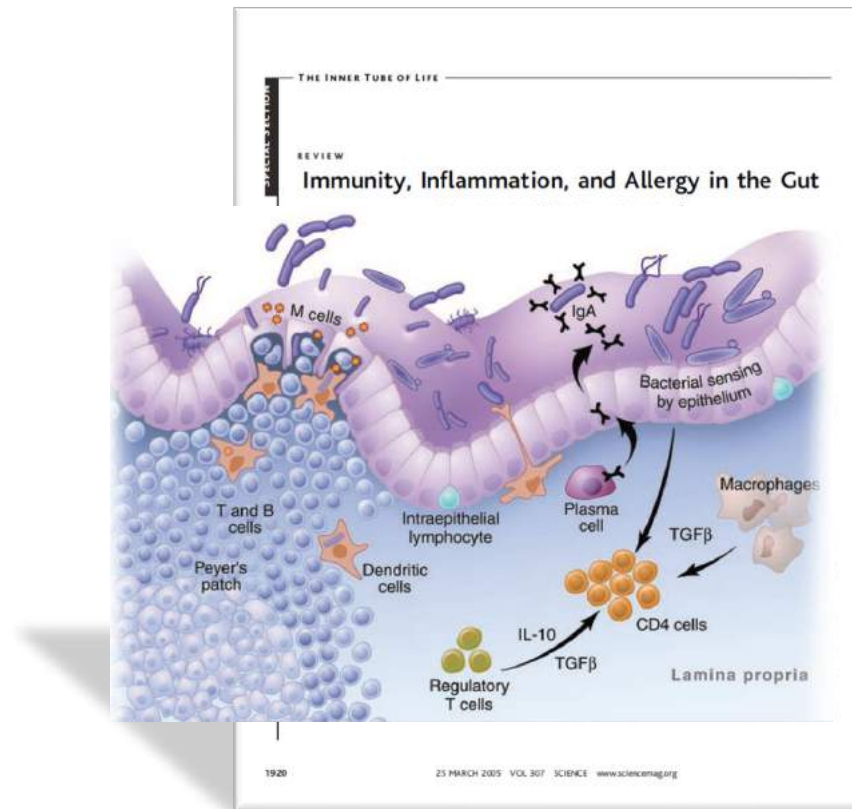
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A normal immune response
that simply reflect the diet of an
individual?



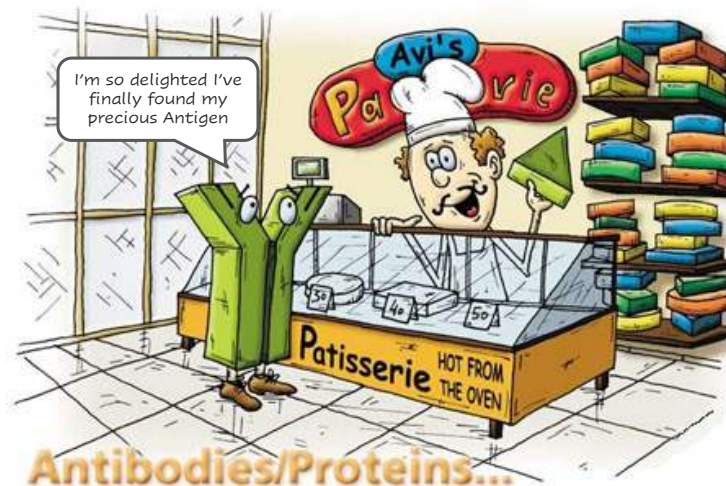
Intestinal Immunity

- The gut immune system has the challenge of responding to pathogens while remaining relatively unresponsive to food antigens and the commensal microflora.
- In the developed world, this ability appears to be breaking down, with chronic inflammatory diseases of the gut commonplace in the apparent absence of overt infections.



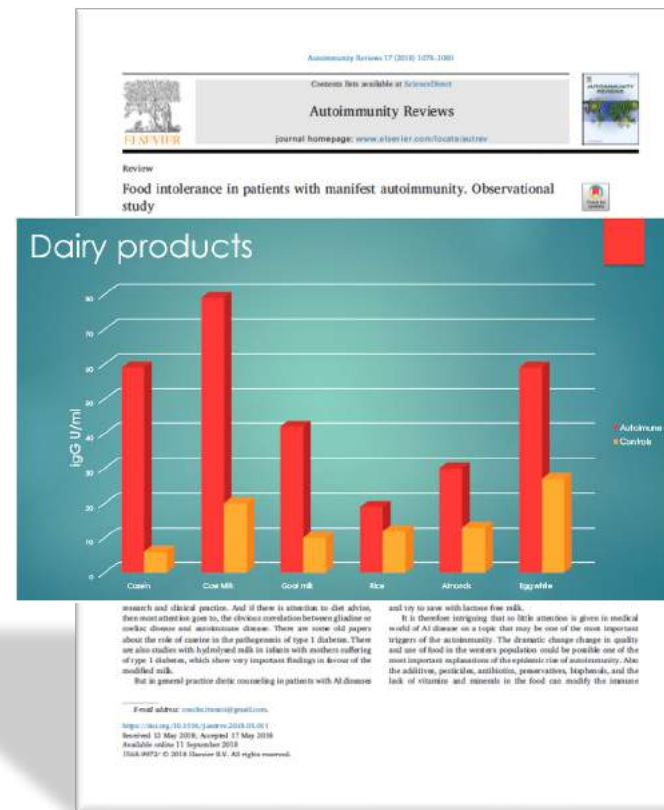
What does the presence of IgG antibodies mean?

- Whilst it is a normal physiological phenomenon to produce IgG antibodies to foods, we have to remember that the presence of such antibodies in the serum constitutes an immunological defence reaction against the food.
- Tolerance is the normal state and it is not a normal reaction to develop high levels of antibodies to foods that are consumed regularly.



Prevalence

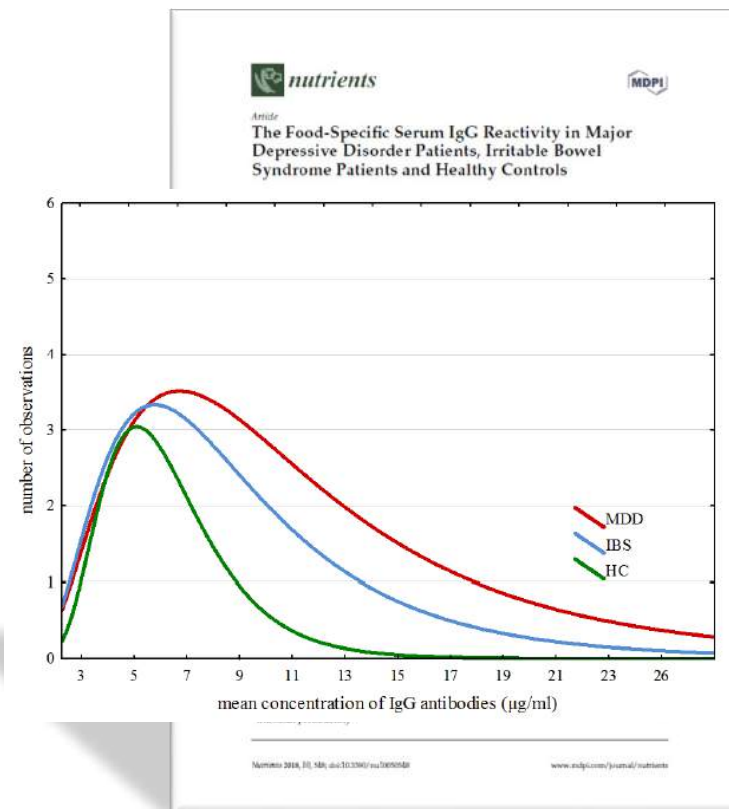
- The prevalence of migraine, irritable bowel syndrome and inflammatory bowel diseases has been continuously increasing.
- Etiological studies suggest that these diseases may be related to adverse food reactions (food sensitivity).
- Numerous studies have found that the levels of food-specific IgG's in serum are significantly higher in individuals with food sensitivity.
- IgG-mediated immunologic responses may play an important role in the pathogenesis of adverse food reactions.



Coucke F. Food intolerance in patients with manifest autoimmunity. Observational study. *Autoimmun Rev.* 2018;17(11):1078-1080. doi:10.1016/j.autrev.2018.05.011

IBS and Depression

- Figure shows specific traits of distribution of averaged results across all three groups.
- Detailed analysis of the distribution of total IgG values suggests a dissimilarity in immune responses between participants from the examined groups.

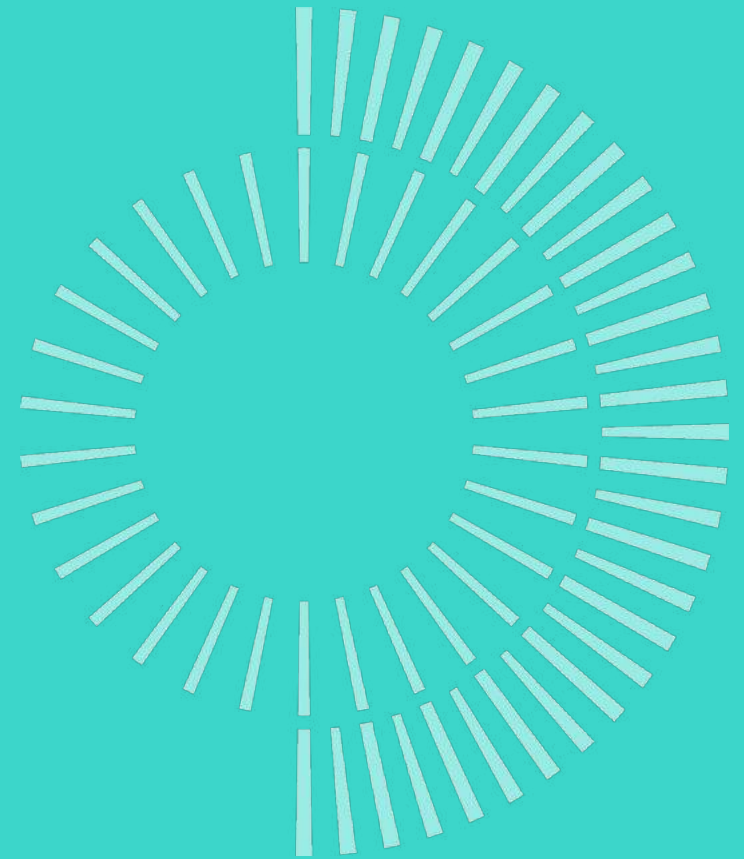




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That such measurements cannot
diagnose food intolerance?

Classification & Terminology

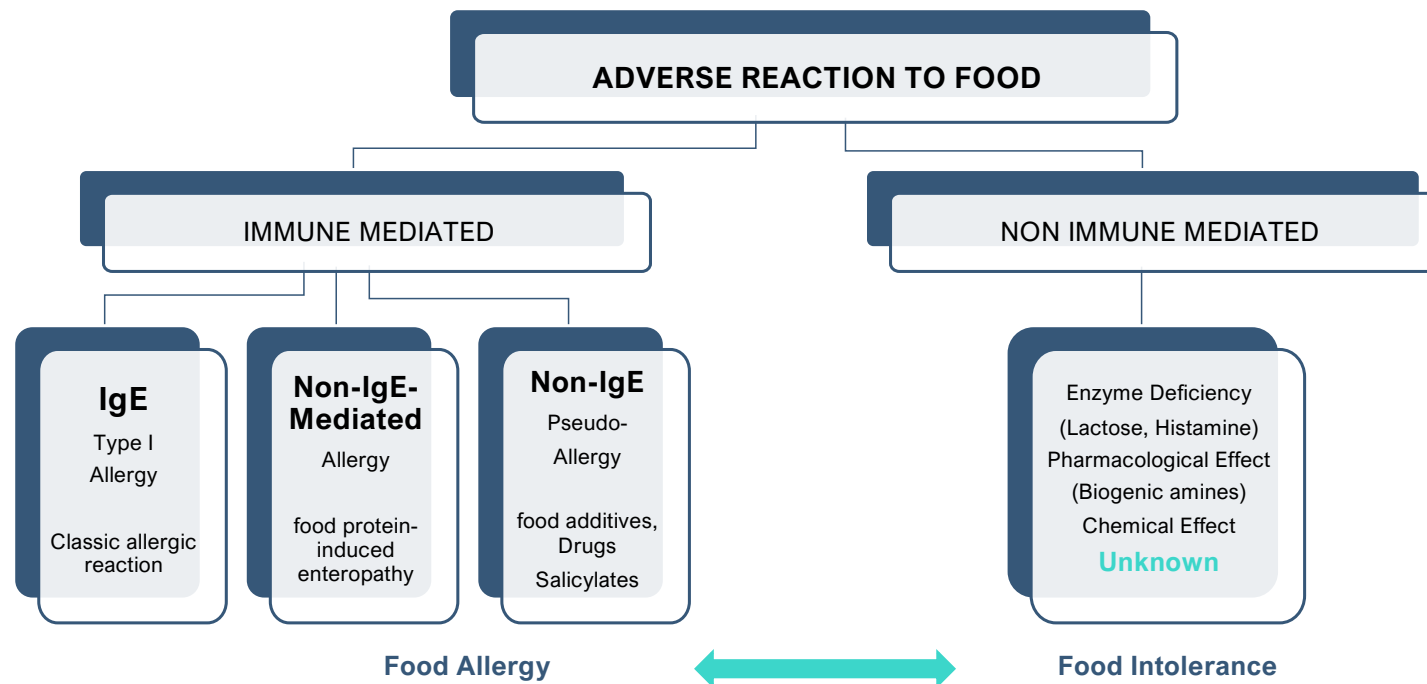


Terminology

IgG-Mediated Food Reactions / Food Specific IgG Antibodies also called:

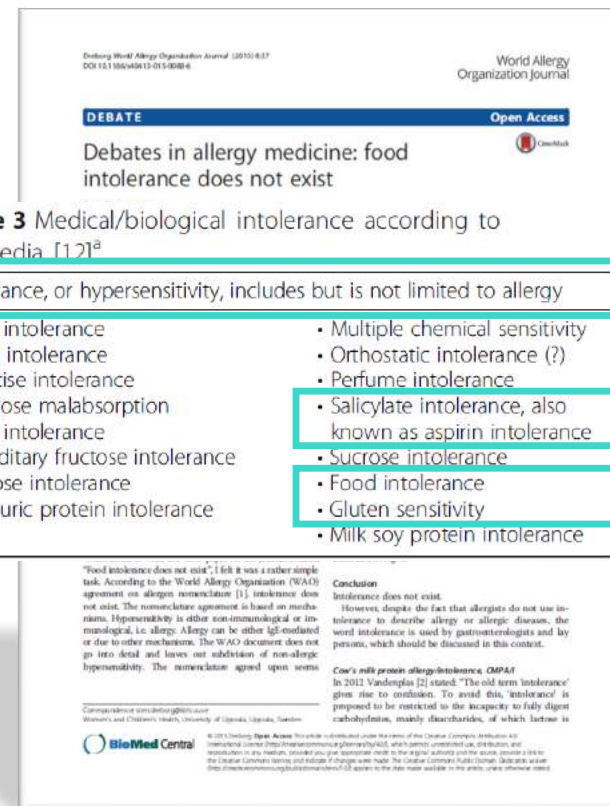
- IgG-Mediated Food Hypersensitivity
- IgG-Mediated Allergy
- IgG Food Sensitivity
- IgG-Mediated Reactions
- IgG-Mediated Food Reactions
- IgG Food Intolerance
- IgG-Mediated Food Intolerance
- IgG-Dependent Hypersensitivity
- Food Intolerance
- Food Sensitivity
- Food-Specific IgG Antibody Testing
- Food Hypersensitivity
- Food IgG Antibody
- Food Sensitivity Reactions
- Chronic Food Sensitivity
- Chronic IgG-Mediated Reactions
- Type III Allergy
- Type III Hypersensitivity
- Specific IgG Antibody Testing
- Non-Immediate (Delayed) IgG Responses
- Delayed Reactions
- Classic Food Intolerance

Standard Classification



Intolerance in media

- The use of “intolerance” in lay media is often confusing.
- As an example, Wikipedia, Medical/biological intolerance.
- The introduction, “Intolerance, or hypersensitivity, includes but is not limited to allergy” is highly confusing.
- Several of the intolerances mentioned have immune mechanisms i.e. Salicylate intolerance is a form of pseudo-allergy.



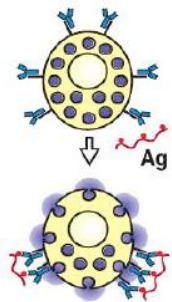
Debore S. Debates in allergy medicine: food intolerance does not exist. World Allergy Organ J. 2015;8:37. Published 2015 Dec 14. doi:10.1186/s40413-015-0088-6

Classification of Hypersensitivity

Uzzaman A, Cho SH. Chapter 28:
Classification of hypersensitivity reactions.
Allergy Asthma Proc. 2012;33 Suppl 1:96-99.
doi:10.2500/aap.2012.33.3561

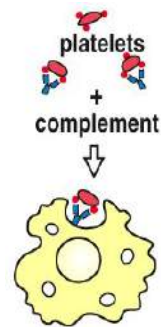
TYPE I - IgE

Immediate type
allergy
Mast Cell activation



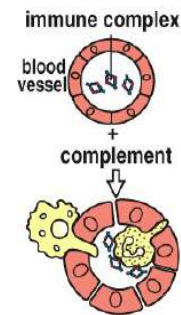
TYPE II – IgG/IgM

IIa Cytotoxic
IIb Antibody-mediated



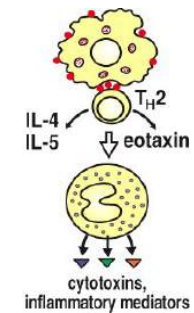
TYPE III - IgG

Immune complex
mediated



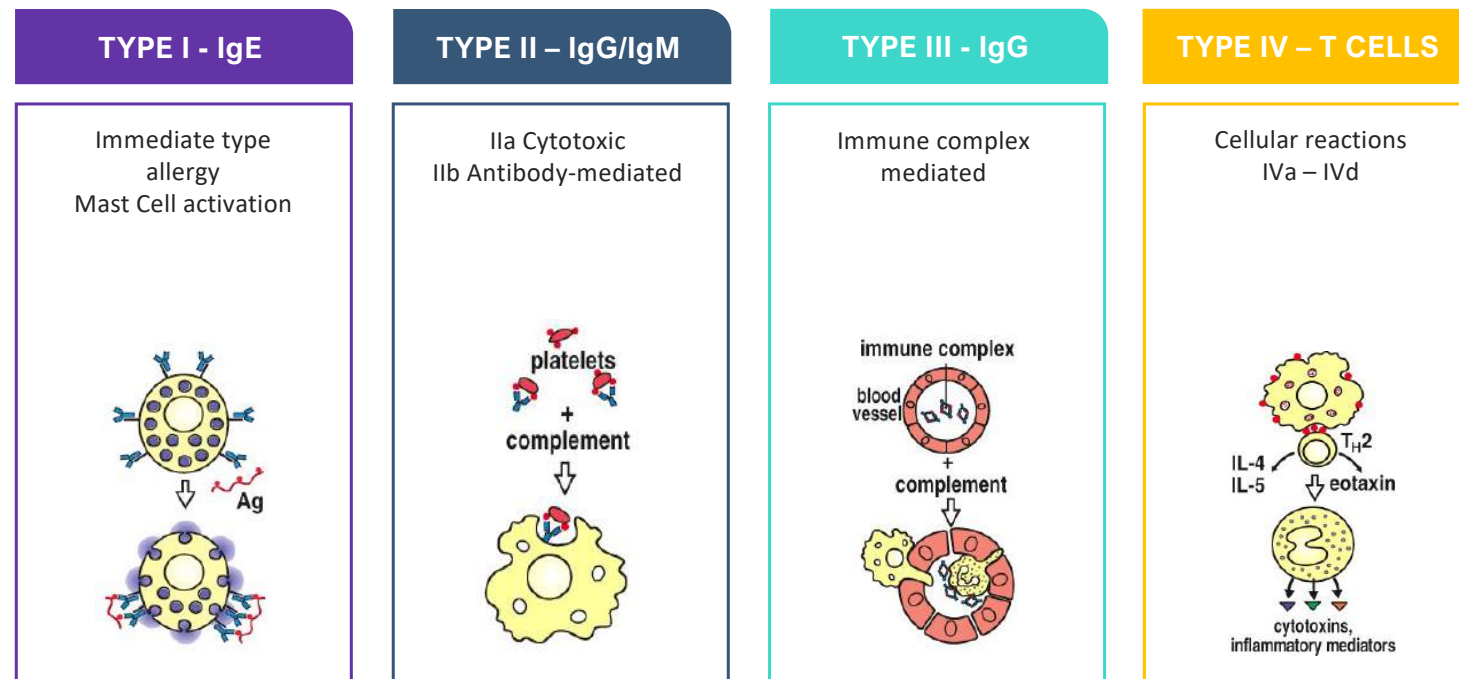
TYPE IV – T CELLS

Cellular reactions
IVa – IVd

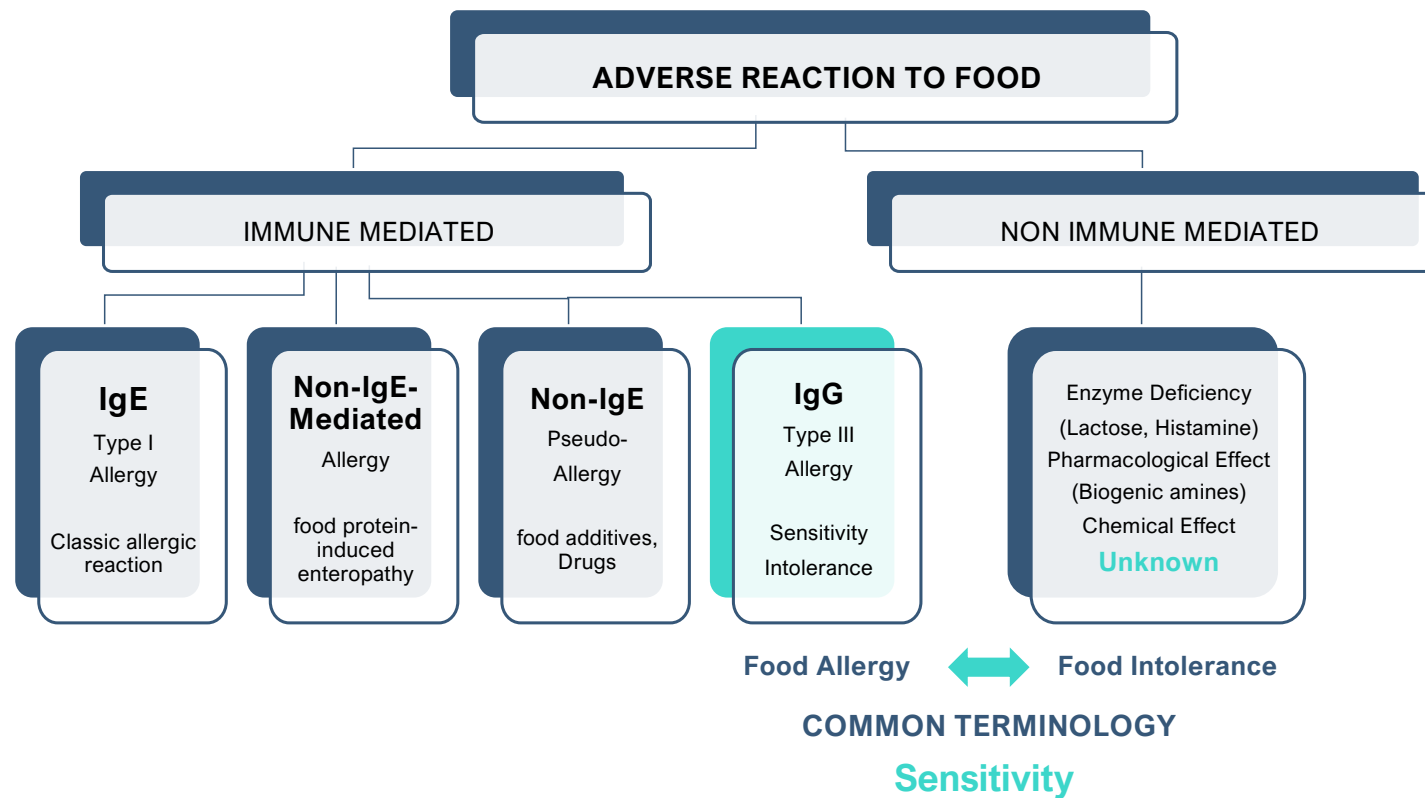


Classification of Hypersensitivity

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Classification of hypersensitivity reactions.
Allergy Asthma Proc. 2012;33 Suppl 1:96-99.
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Standard Classification

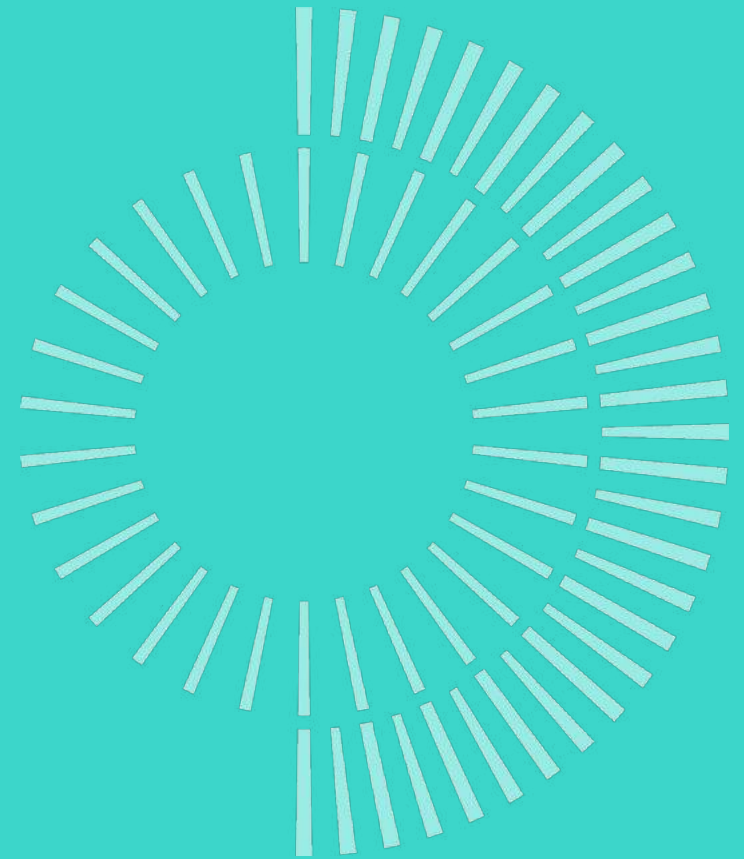




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Have no role to play in the
diagnosis & management of
food allergy?

IgG vs IgG4



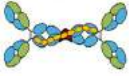
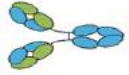
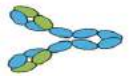

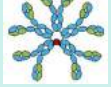
Antibody Classification

Heavy chain domain

Light chain domain

J chain

Secretory component

Name	Types	%	Description	Structure
IgA	2	5-15	Found in gut, respiratory tract, urogenital tract, saliva, tears and breast milk. First line immune defense system against invading pathogens	
IgD	1	<1	Antigen receptor on B cells that haven't been exposed to antigens. Can produce immune response via mast cells and basophils	
IgE	1	Scarce	Binds antigens and triggers histamine response from mast cells and basophils. A role in immunity to parasites but is more commonly associated with type I immediate hypersensitivity.	
IgG	4	70-85	The most abundant antibody in normal human serum. The major antibody of the secondary immune response and has the longest half-life (20-24 days). Can cross placenta to give passive immunity.	
IgM	1	5-10	Predominant antibody in the primary immune response. Used in early stages of B cell immunity before there is sufficient IgG.	

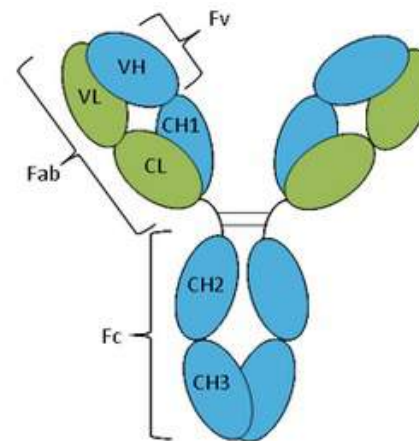
IgG Subclass Properties

PROPERTY	IgG1	IgG2	IgG3	IgG4
Relative abundance %	60%	32%	4%	4%
Neutralisation	++	++	++	++
Activation of complement pathway	++	+	+++	
Opsonisation	+++	+	++	
Binding to macrophages	++	+	+++	++
Binding to neutrophils	+		+	

- IgG1 and IgG3 have strong pro-inflammatory properties
- IgG4 has protective, anti-inflammatory properties
- IgG4 deficiency seen in 10 to 15% of healthy patients

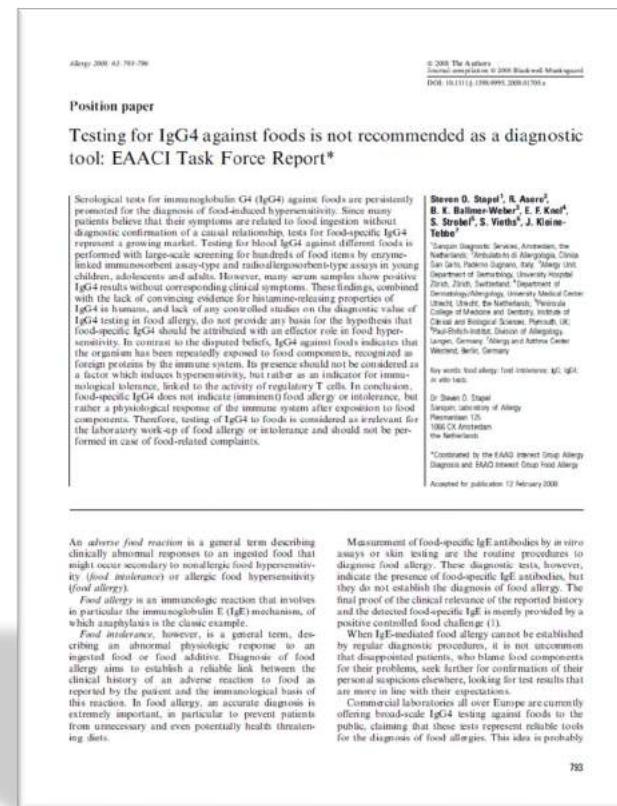
IgG4 Function

- Acts as a 'blocking agent' against the actions of IgE.
- IgG4 acts to prevent acute allergic reactions (Type I allergy) from occurring.
- No complement activation and no opsonising capacities.
- No involvement with Type III (IgG-mediated) food sensitivity.
- Invalid measurement, to detect 'delayed-onset' food sensitivity reactions.



IgG4 as a Diagnostic Tool

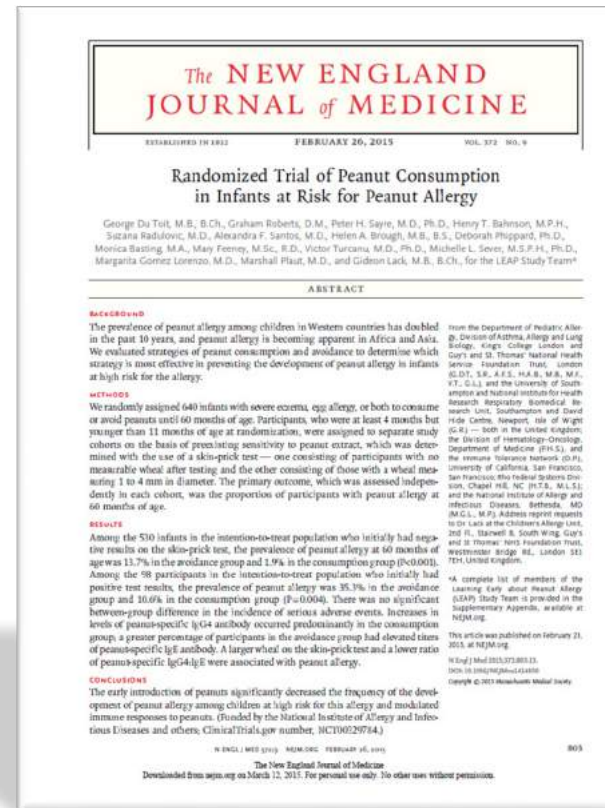
- Testing of IgG4 to foods is considered irrelevant for the laboratory work-up of food allergy or intolerance.
- Testing for IgG4 against foods is not recommended as a diagnostic tool.
- However recent studies have shown that the measurement of IgG4 is of significant value in determining the likelihood of children developing peanut allergy.



Stapel SO, Asero R, Ballmer-Weber BK, et al.
 Testing for IgG4 against foods is not recommended as a diagnostic tool: EAACI Task Force Report. Allergy. 2008;63(7):793-796. doi:10.1111/j.1398-9995.2008.01705.x

IgG4 & Peanut Allergy

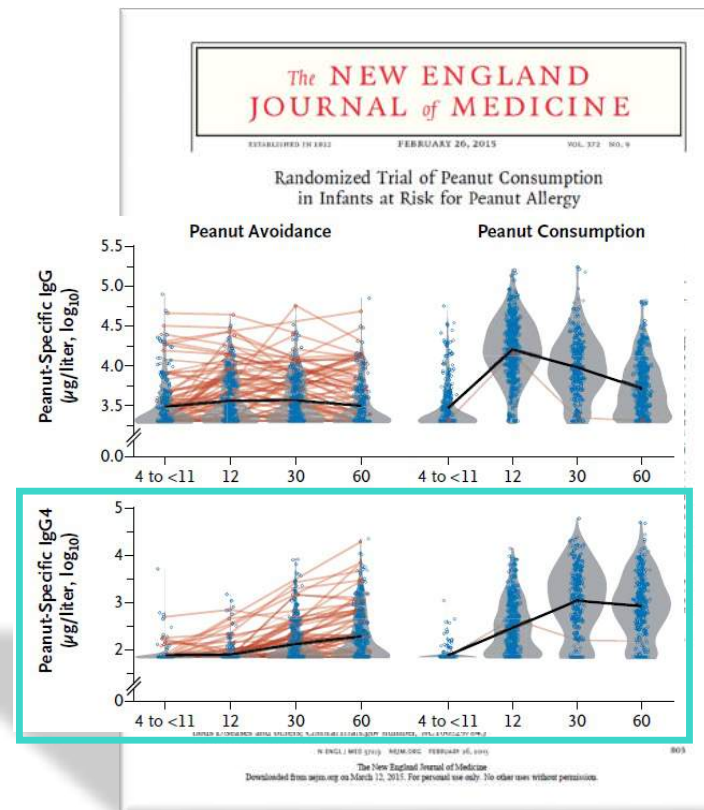
- Among infants with high-risk atopic disease, sustained peanut consumption beginning in the first 11 months of life, as compared with peanut avoidance, resulted in a 86% reduction in peanut allergy at 60 months of age.



Du Toit G, Roberts G, Sayre PH, et al. Randomized trial of peanut consumption in infants at risk for peanut allergy [published correction appears in N Engl J Med. 2016 Jul 28;375(4):398]. N Engl J Med. 2015;372(9):803-813. doi:10.1056/NEJMoa1414850

IgG4 & Peanut Allergy

- In the avoidance group, unless peanut-specific IgE levels were very high, elevated IgG4 levels were associated with the absence of an allergic reaction to peanuts.
- These observations indicate that IgG4 is associated with a protective role against the development of allergy.

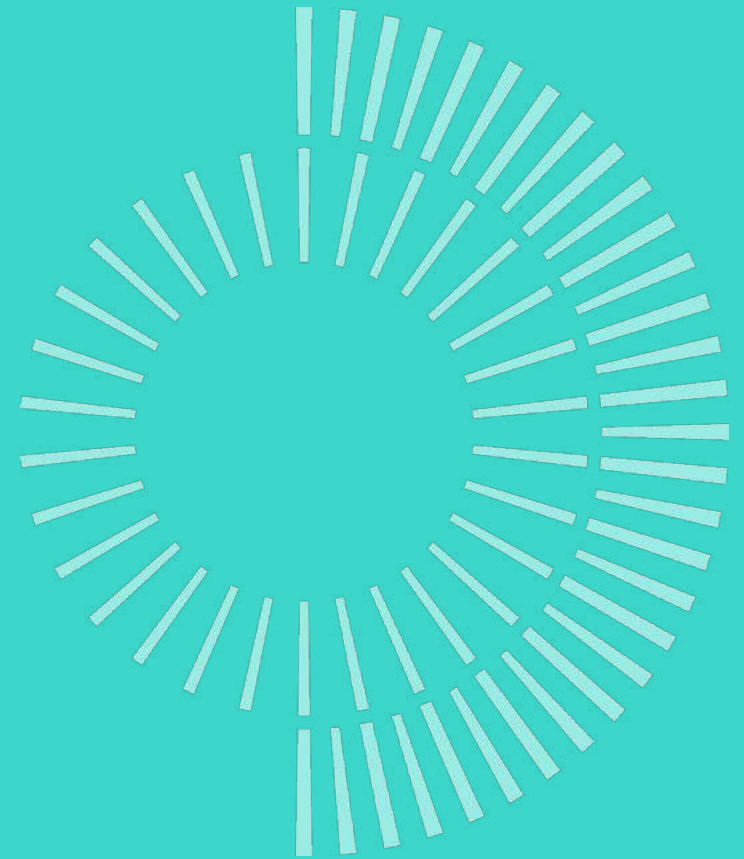


Du Toit G, Roberts G, Sayre PH, et al.
Randomized trial of peanut consumption in
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correction appears in N Engl J Med. 2016 Jul
28;375(4):398]. N Engl J Med.
2015;372(9):803-813.
doi:10.1056/NEJMoa1414850



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Outdated and inaccurate
statements?



Balanced Medical Reviews?

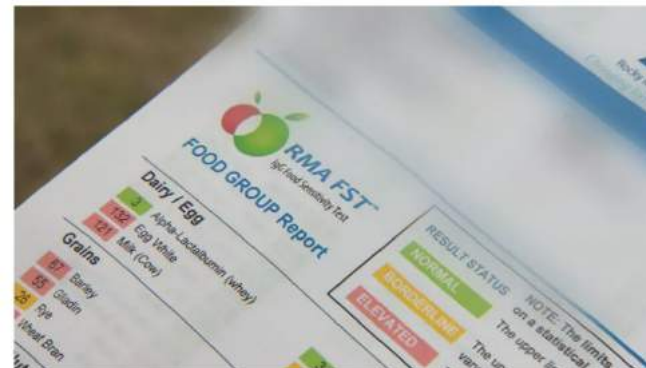
- A new review aims to help physicians diagnose and manage food allergies in children and adults. The article, published in CMAJ (Canadian Medical Association Journal 2016) looks at recent evidence from guidelines, randomized controlled trials and other research.
- "Food-specific [IgG] testing is being increasingly used to identify food "sensitivities," they state. "This testing has not been validated nor supported by research."

"There is no validity': Unproven blood tests for food sensitivity widely offered in Canada



More than 2 dozen health groups have warned about misuse, misinterpretation of IgG tests for food intolerance

Charlsie Agro, Tyana Grundig - CBC News - Posted: Nov 02, 2018 4:00 AM ET | Last Updated: November 2, 2018



Two of Canada's biggest labs, Dynacare and LifeLabs, promote and offer something known as IgG food tests at their labs, marketed as a way to test for food sensitivities. (John Lesavage/CBC)



Abrams EM, Sicherer SH. Diagnosis and management of food allergy. CMAJ. 2016;188(15):1087-1093. doi:10.1503/cmaj.160124

Balanced Medical Reviews?

- In this review, we focus on immunoglobulin E (IgE)-mediated food allergy and address key issues in its diagnosis and management.
- The Canadian Society of Allergy and Clinical Immunology had **previously** released a position statement discouraging the use of **IgG testing** to identify an adverse food reaction, **echoing a similar sentiment** expressed by the American Academy of Allergy, Asthma and Immunology



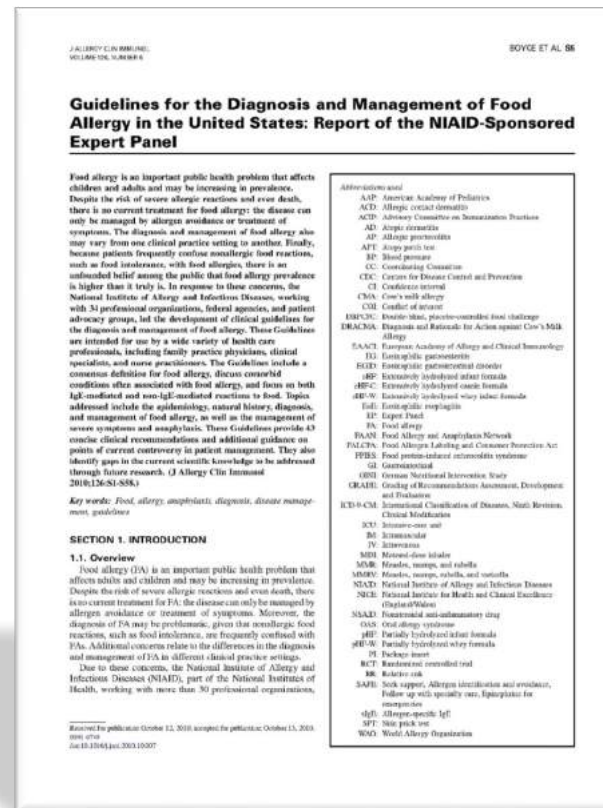
Abrams EM, Sicherer SH. Diagnosis and management of food allergy. CMAJ. 2016;188(15):1087-1093. doi:10.1503/cmaj.160124

Balanced Medical Reviews?

4.2.2.9. Nonstandardized and unproven procedures.

Guideline 12: The EP recommends *not* using any of the following nonstandardized tests for the routine evaluation of IgE-mediated FA:

- Basophil histamine release/activation^{138,139}
- Lymphocyte stimulation^{140,141}
- Facial thermography¹⁴²
- Gastric juice analysis¹⁴³
- Endoscopic allergen provocation¹⁴⁴⁻¹⁴⁶
- Hair analysis
- Applied kinesiology
- Provocation-neutralization
- Allergen-specific IgG₄
- Cytotoxicity assays
- Electrodermal test (Vega)
- Mediator release assay (LEAP diet)



NIAID-Sponsored Expert Panel, Boyce JA, Assa'ad A, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol*. 2010;126(6 Suppl):S1-S58. doi:10.1016/j.jaci.2010.10.007

Balanced Medical Reviews?

- 347 papers cited
- Not one single reference for IgG mediated conditions.
- This is because IgG-mediated sensitivity does not form any part of the current guidelines for allergy.



NIAID-Sponsored Expert Panel, Boyce JA, Assa'ad A, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. J Allergy Clin Immunol. 2010;126(6 Suppl):S1-S58. doi:10.1016/j.jaci.2010.10.007

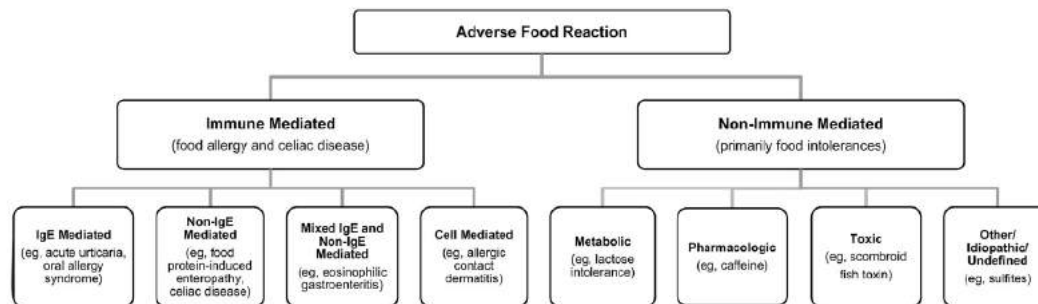
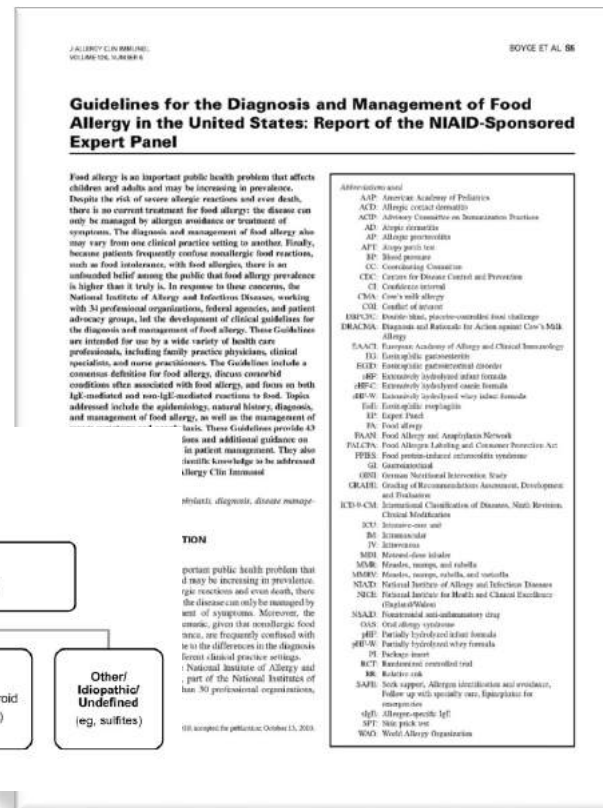
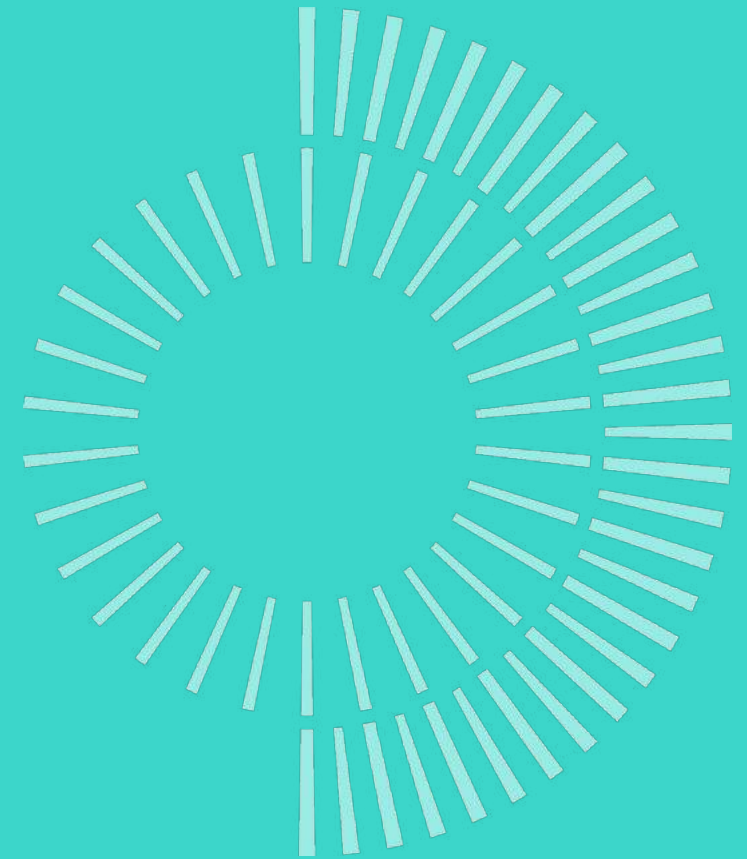


FIG 1. Types of adverse reactions to food



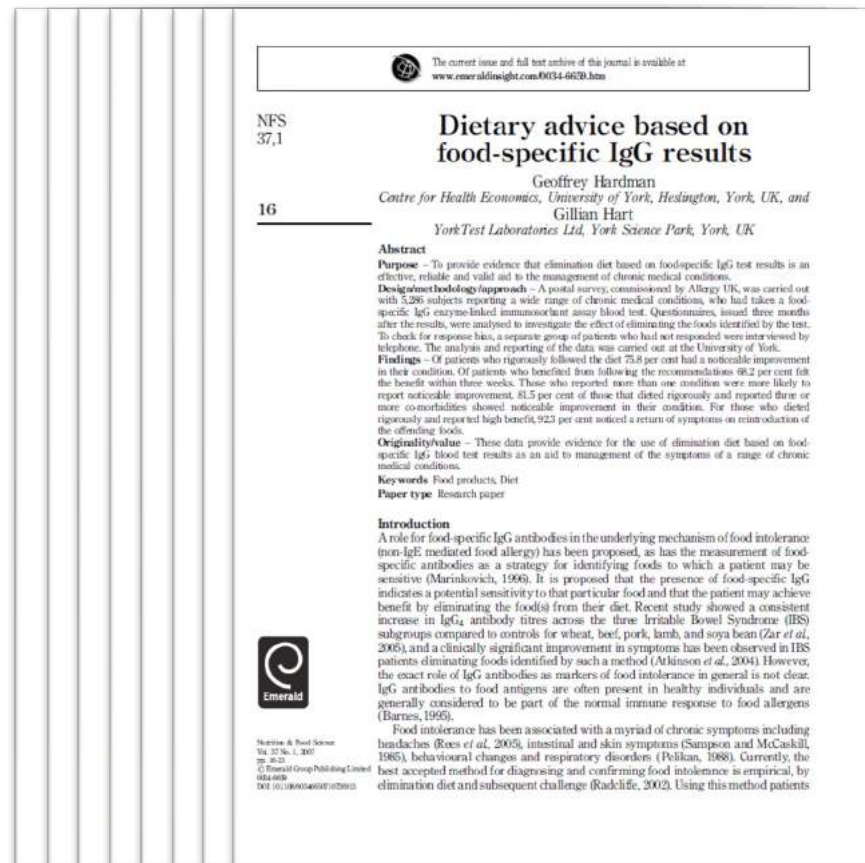
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‘lacks sufficient validation or backed by research and is therefore not evidence-based medicine’?



Research Papers

- General IgG-mediated reactions
- Irritable Bowel Syndrome (IBS)
- Migraine
- Inflammation, obesity & arthritis
- Asthma / respiratory diseases
- IBD: Crohn's disease, Ulcerative Colitis
- Neurological
 - Schizophrenia
 - Depression
 - Autism



IBS: A Role For IgG

- Irritable bowel syndrome (IBS) is one of the most common GI disorders, having a prevalence of 12%-30%.
- Most patients with IBS attribute their symptoms to adverse food reactions.
- Review of publications (1966 to 2015)



Mansueto P, D'Alcamo A, Seidita A, Carroccio A. Food allergy in irritable bowel syndrome: The case of non-celiac wheat sensitivity. World J Gastroenterol. 2015;21(23):7089-7109. doi:10.3748/wjg.v21.i23.7089

IBS: A Role For IgG

Reported that:

- Serum IgG levels are higher in patients with IBS related to an inflamed or “leaky” gut.
- Selective gut permeability to food allergens.
- The increase of food-specific IgG could be a specific reaction, rather than a non-specific response to increased gut mucosal permeability.

Pending further scientific evidence the concept of food sensitivity should be included as a possible cause of IBS, and a dietary approach may have a place in the routine clinical management of IBS



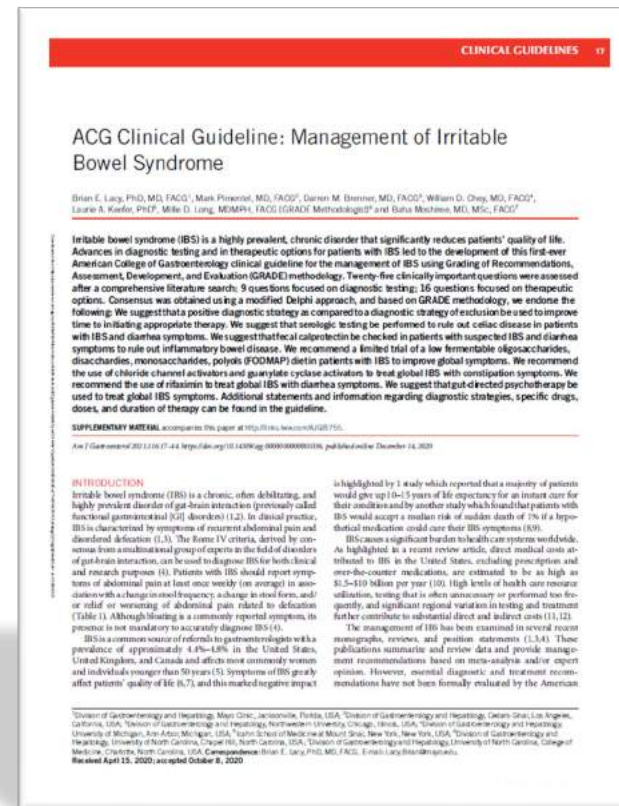
Mansueto P, D'Alcamo A, Seidita A, Carroccio A. Food allergy in irritable bowel syndrome: The case of non-celiac wheat sensitivity. World J Gastroenterol. 2015;21(23):7089-7109. doi:10.3748/wjg.v21.i23.7089

Irritable Bowel Syndrome -ACG Guidelines

- We recommend a limited trial of a low fermentable oligosaccharides, disaccharides, monosaccharides, polyols (FODMAP) diet in patients with IBS to improve global symptoms.
- Multiple tests are marketed to diagnose food sensitivities; however, none have been validated, and most have not been subjected to rigorous, blinded trials.
- Serum IgG panels have not been validated and cannot be recommended at present.



Lacy BE, Pimentel M, Brenner DM, et al. ACG Clinical Guideline: Management of Irritable Bowel Syndrome. *Am J Gastroenterol*. 2021;116(1):17-44.
doi:10.14309/ajg.0000000000001036



Food Specific IgG Vs FODMAP

- The aim of the study was to compare the effectiveness of three different diet plans in treating patients with mixed IBS:
- G1-FM-low-FODMAP diet
- G2-IP-IgG-based elimination-rotation-diet
- G3-K - Control group, classic diet recommended by an attending gastroenterologist
- Significant differences in reduction of IBS symptoms were found between groups



Ostrowska L, Wasiluk D, Lienes CFJ, Gałęcka M, Bartnicka A, Tveiten D. IgG Food Antibody Guided Elimination-Rotation Diet Was More Effective than FODMAP Diet and Control Diet in the Treatment of Women with Mixed IBS—Results from an Open Label Study. *J Clin Med*. 2021;10(19):4317. Published 2021 Sep 23. doi:10.3390/jcm10194317

Food Specific IgG Vs FODMAP

- All IBS symptoms as well as comorbid symptoms like headache, skin conditions, constant tiredness/weakness significantly improved or disappeared completely in the G2-IP group ($p < 0.008$).
- While in G1-FM group only some IBS symptoms like bloating, gastric fullness significantly improved.
- In group G3-K no significant improvement was seen.
- **Conclusion:** The most effective diet in the treatment of patients with mixed IBS was the elimination-rotation diet based on IgG-dependent food hypersensitivity test.

Journal of Clinical Medicine

Article

IgG Food Antibody Guided Elimination-Rotation Diet Was More Effective than FODMAP Diet and Control Diet in the Treatment of Women with Mixed IBS—Results from an Open Label Study

Lucyna Ostrowska ¹, Diana Wasiluk ^{1,2}, Camille E. J. Lienen ³, Miroslawa Gałęcka ², Anna Bartnicka ²

Table 3. Frequency of IBS symptoms in studied patients before and after dietary treatment.

Symptoms	G1-FM			G2-IP			G3-K		
	1 st examination	2 nd examination	P	1 st examination	2 nd examination	P	1 st examination	2 nd examination	P
Idiopathic abdominal pain	N 15 % 57.7	N 11 % 42.3	0.125	N 16 % 76.2	N 2 % 9.5	0.000	N 16 % 61.5	N 14 % 53.8	0.500
Abdominal pain after a meal	N 11 % 42.3	N 6 % 23.1	0.063	N 14 % 66.7	N 2 % 9.5	0.000	N 14 % 53.8	N 12 % 46.2	0.625
Abdominal pain during defecation	N 5 % 19.2	N 2 % 7.7	0.250	N 9 % 42.9	N 1 % 4.8	0.008	N 6 % 23.1	N 6 % 23.1	1.000
Sensation of incomplete defecation	N 13 % 50.0	N 10 % 38.5	0.250	N 13 % 61.9	N 2 % 9.5	0.001	N 14 % 53.8	N 15 % 57.7	1.000
Mucus in stool	N 8 % 30.8	N 2 % 7.7	0.031	N 6 % 28.6	N 0 % 0.0	*	N 5 % 19.2	N 6 % 23.1	1.000
Blood in stool	N 3 % 11.5	N 0 % 0.0	*	N 2 % 9.5	N 0 % 0.0	*	N 2 % 7.7	N 2 % 7.7	1.000
Difficulty to defecate (constipations)	N 11 % 42.3	N 7 % 26.9	0.219	N 14 % 66.7	N 4 % 19.0	0.002	N 19 % 73.1	N 17 % 65.4	0.500
Bloating	N 22 % 84.6	N 7 % 26.9	0.000	N 19 % 90.5	N 2 % 9.5	0.000	N 24 % 92.3	N 22 % 84.6	0.500
Gurgling sensation	N 17 % 65.4	N 4 % 15.4	0.000	N 18 % 85.7	N 2 % 9.5	0.000	N 21 % 80.8	N 19 % 73.1	0.500
Gastric fullness	N 15 % 57.7	N 3 % 11.5	0.000	N 19 % 90.5	N 2 % 9.5	0.000	N 22 % 84.6	N 19 % 73.1	0.250

* p < 0.05 by chi-square test; * p < 0.05 by Fisher's exact test; * p < 0.05 by McNemar's test; * p < 0.05 by Wilcoxon signed-rank test; * p < 0.05 by Mann-Whitney U-test; * p < 0.05 by Kruskal-Wallis test; * p < 0.05 by Friedman's test; * p < 0.05 by Cochran's Q-test; * p < 0.05 by McNemar's test; * p < 0.05 by Wilcoxon signed-rank test; * p < 0.05 by Mann-Whitney U-test; * p < 0.05 by Kruskal-Wallis test; * p < 0.05 by Friedman's test; * p < 0.05 by Cochran's Q-test.

J. Clin. Med. 2021, 10, 4317. <https://doi.org/10.3390/jcm10194317>

<https://www.mdpi.com/journal/jcm>



Ostrowska L, Wasiluk D, Lienen CE, Gałęcka M, Bartnicka A, Tveiten D. IgG Food Antibody Guided Elimination-Rotation Diet Was More Effective than FODMAP Diet and Control Diet in the Treatment of Women with Mixed IBS—Results from an Open Label Study. J Clin Med. 2021;10(19):4317. Published 2021 Sep 23. [10.3390/jcm10194317](https://doi.org/10.3390/jcm10194317)

IgG vs FODMAP Diet

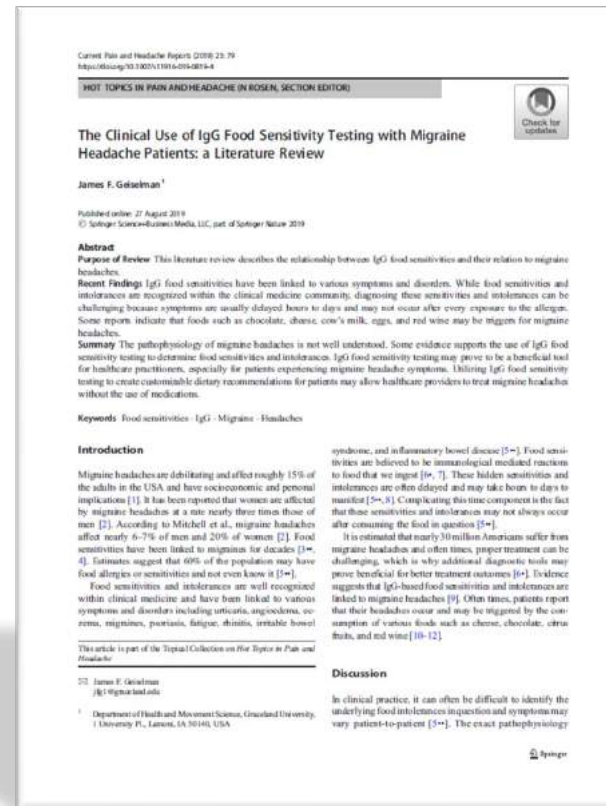
- This study shows that a personalised dietary approach is more effective in treating IBS-M than generalised diet recommendations.
- Only the IgG elimination-rotation diet could demonstrate significant improvements in all of the monitored IBS-M symptoms as well as extra-intestinal symptoms.
- One possible strategy could be to start with the elimination-rotation diet, as it was proven to be the more effective diet in this open study, and in cases of persistent symptoms, it could be combined with a low-FODMAP diet.



Ostrowska L, Wasiluk D, Lieners CFJ, Gałęcka M, Bartnicka A, Tveiten D. IgG Food Antibody Guided Elimination-Rotation Diet Was More Effective than FODMAP Diet and Control Diet in the Treatment of Women with Mixed IBS—Results from an Open Label Study. *J Clin Med*. 2021;10(19):4317. Published 2021 Sep 23. doi:10.3390/jcm10194317

IgG & Migraine - Review

- **Utilising IgG food sensitivity testing to create customisable dietary recommendations for patients may allow healthcare providers to treat migraine headaches without the use of medications as cost-effective alternative.**
- While elimination diets without the use of IgG serum testing may be utilised by practitioners, the time-consuming nature of this process may prove challenging for both patients and practitioners.

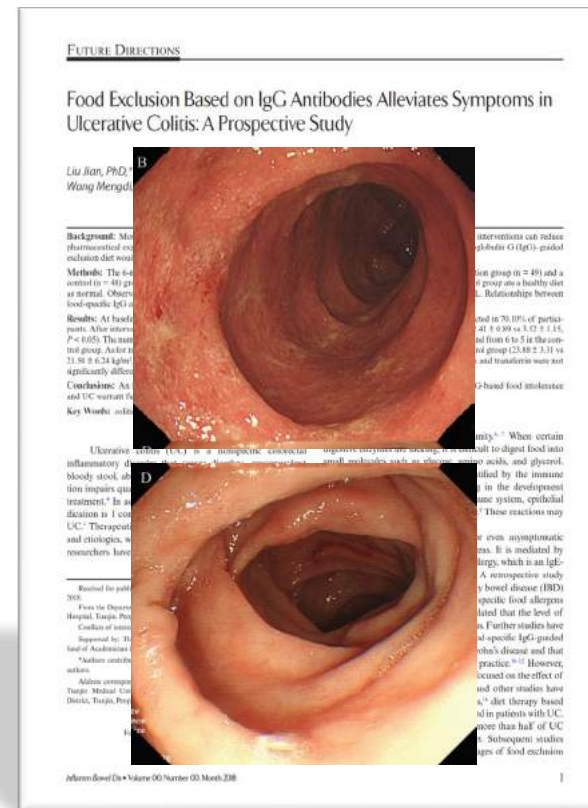


Geiselman JF. The Clinical Use of IgG Food Sensitivity Testing with Migraine Headache Patients: a Literature Review. Curr Pain Headache Rep. 2019;23(11):79. Published 2019 Aug 27. doi:10.1007/s11916-019-0819-4

4

Food IgG & Ulcerative Colitis

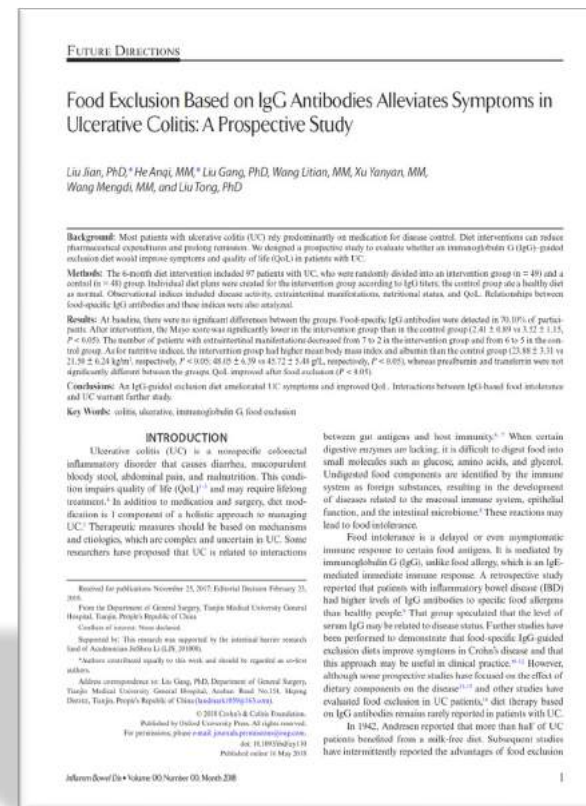
- Most patients with ulcerative colitis (UC) rely predominantly on medication for disease control.
- Diet interventions can reduce pharmaceutical expenditures and prolong remission.
- **Typical endoscopic findings.**
- Food exclusion group before intervention.
- Food exclusion group after intervention.



Jian L, Anqi H, Gang L, et al. Food Exclusion Based on IgG Antibodies Alleviates Symptoms in Ulcerative Colitis: A Prospective Study. *Inflamm Bowel Dis*. 2018;24(9):1918-1925. doi:10.1093/ibd/izy110

Food IgG & Ulcerative Colitis

- **In conclusion**, sticking to an IgG-based exclusion diet effectively improved symptoms and health-related QoL in patients with UC.
- In the future, dietary interventions will play an increasingly important role in UC management, acting as a viable option to reduce symptoms, shorten the course of disease, and speed up recovery.
- An IgG-based exclusion diet may ultimately reduce the economic burden of this disease



Jian L, Anqi H, Gang L, et al. Food Exclusion Based on IgG Antibodies Alleviates Symptoms in Ulcerative Colitis: A Prospective Study. *Inflamm Bowel Dis*. 2018;24(9):1918-1925. doi:10.1093/ibd/izy110

IgG Evaluation

- Literature review (2010) evaluating the validity of tests used to assess food reactions
- Food hypersensitivity, food allergy, food sensitivity, food intolerance testing and adverse food reactions
- IgG-based testing showed promise, with clinically meaningful results
- Proven useful as a guide for elimination diets
- Further investigation into the clinical application is required



Mullin GE, Swift KM, Lipski L, Turnbull LK, Rampertab SD. Testing for food reactions: the good, the bad, and the ugly. *Nutr Clin Pract*. 2010;25(2):192-198.
doi:10.1177/0884533610362696

Conclusion

- Much of the confusion surrounding the efficacy of food reaction testing, and non-IgE tests in particular, has arisen from indiscriminate use of the terms food allergy, and food intolerance and food sensitivity.
- Use of the term 'food allergy' to describe IgG food reactions has created the impression that functional and integrative physicians are equating IgE food allergies with IgG food reactions.
- This has led critics to dismiss IgG testing as lacking clinical utility because its results do not correlate with IgE tests.
- Unfortunately, this runs the very real risk of ignoring the relevance of IgG food reactions as a separate clinical condition.
- It discounts the progress that can be achieved through properly designed elimination diets for a variety of challenging health conditions.



Informing decisions
Improving health

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