Food/Chemical Allergies: An Original Discovery
by Alan Hunter, PhD, MBRCMP

The mechanism behind the worldwide phenomenon of food/chemical allergy (or intolerance, or MCS - multiple chemical sensitivity) has remained a mystery since the condition was "popularized" in the 1960s. Certainly no cure has ever been found. I propose to provide within this paper compelling evidence to show not only the cure for the condition, but an explanation of the mechanism involved in this strangest of disorders.

Whilst the current accepted method of treatment for the "food allergy" condition is merely to test for culprit foods and remove them (the identify and avoid technique), we can go much further and actually remove the condition entirely, so that the patient no longer responds adversely to food and/or chemicals.

Since finding out, in Rome over 30 years ago, that virtually everything I ate brought about my symptoms of illness, I have been searching for a solution. The standard treatment then - and still today - was to merely identify the culprit foods and avoid them. To my mind, that did not go nearly far enough. No one seemed to be interested in trying to find the actual cause of the condition; why some people were "allergic" in the first place. Not everyone has the food allergy problem, so what is different about the person who does succumb to this frustrating illness?

My quest meant exploring a huge number of therapies as well as personally taking over 50 fasts (no food, just water) in America, Italy and Britain; some taking over 21 days. I often with great success, in many psychiatrically ill patients.

A fascinating observation
After a year or two of illness, I made an intriguing observation. If I had a fever, my "food allergy" symptoms entirely disappeared. I still had the malaise that accompanies fever, but my most hated symptoms had absolutely vanished! When the temperature dropped, the symptoms returned. This happened over the next 20 or so years, when, during that time I had three more fevers. And on each occasion I was completely free from symptoms, only to witness their return when the fever subsided.

The actual solution to my illness had to lie in the fever process. What was the fever doing that would remove my symptoms? The clue to my illness must surely lie in the fever mechanism. But what was that mechanism? The search was on. Despite many visits to my local medical library, and reading many books on pyrexia, it was clear that even the highly qualified authors devoted to the subject did not know the true mechanism - or reason - behind fever. Whilst my knowledge of the fever process expanded, it was to take me a further 20-odd years to work out why my symptoms vanished when a fever came on.

Since my original observation, I have spoken with many other food allergies who also noticed the same freedom from symptoms during fever. Others could not recall if they were symptom-free when with fever, but as many food allergies have periods of remission anyway, noticing the connection could easily be missed. As my symptoms were with me all the time, the connection was far easier for me to make.

Certainly, I was clear on one thing. There had to be a fault within the body of the food allergic individual. Merely avoiding the culprit food is hardly addressing the problem head on, it is merely skirting round the issue. If one person can be allergic to a tomato, and his friend not, then clearly the fault is not within the tomato; it is within the actual person. There is a fault within the food allergic's body. And as every food allergic's symptoms repeat time and time again at the same site in the body, common sense would dictate that the problem is not systemic, but at the site of the symptom.

A blood flow problem?
Dwelling on what could be causing the problem at the site of the symptom in the food allergic, I pondered the possibility that the blood flow might be compromised. After all, blood serves the entire body and if there was a blockage, say, at any part, then dysfunction would result at that site. I needed to investigate the possibility. Deciding to find out one way or the other if there was compromised blood flow, I approached a vascular surgeon with my theory. I could only test the theory if I enlisted the help of orthodox medicine.

It was no surprise to receive the reaction that he didn't "believe" in the food allergy condition at all, but he listened to what I had to say. I explained how I was convinced there was a blood flow connection and that as I was one such food allergic individual, I wanted to progress matters further, to testing by the most up-todate means available. He admitted he was very interested but didn't think there was the slightest chance of what I was proposing likely to be confirmed.

I suggested I wanted a blood flow test done, twice: The first one to be carried out before consuming an allergenic dietary substance and the second, an hour or so later, after consuming the food. He was intrigued by my request, and, much to his credit, arranged for this to be carried out at the Royal Infirmary of Edinburgh with a colleague of his who was a "highly experienced radiologist."

Now, whilst I knew that the testing would be by use of Doppler equipment - used in hospitals throughout the world - I was fearful that any hypoperfusion, if it existed, might be in the smaller arterioles and not able to be picked up by Doppler equipment. Only by the SPECT (single photon emission tomographic) method could any interference in blood flow in the microcirculation be picked up and I didn't particularly want to go down that road as it was invasive whereas the Doppler was not.

When the day came to be tested at the Royal Infirmary, I was thankfully pretty symptom-free. The entire exercise would have been futile if I had been feeling unwell to begin with, as any reduced blood flow would exist from the very outset if my theory was correct. I went, however, fully prepared for the test not...
Food & Chemical Allergies

not think that the Doppler would be precise enough to give me the result I considered likely: It would almost certainly take the fine tuning of the SPECT to identify any likely changes.

I put on my shirt whilst he went off to attend to other duties. He said he would be back in about “half an hour” after I had taken my juices.

I lay on the examination table whilst he greased my carotid artery prior to the test. We freely talked as he was using the ultrasound equipment whilst watching the results on the monitor in front of him. All looked well and he pronounced that the carotids were showing good elasticity and that I had nothing to worry about.

I had told him what I was going to do – drink my allergenic drink – and that he was to test me again in about an hour. I am also sure that he thought he was simply humoring me at such a seemingly bizarre request, but he agreed to do it.

Now, at this stage, I wish to point out that I am not the sort of person who can simply, by mere mental suggestion, influence my blood flow! I am not the susceptible person who, expecting something to happen, will “suggest” it to happen. If anything, I am so stubborn in my nature that I would probably induce the opposite result! Besides, I truly did not think that the Doppler would be precise enough to give me the result I considered likely: It would almost certainly take the fine tuning of the SPECT to identify any likely changes.

I put on my shirt whilst he went off to attend to other duties. He said he would be back in about “half an hour” after I had taken my juices.

I lay on the examination table whilst he greased my carotid artery prior to the test. We freely talked as he was using the ultrasound equipment whilst watching the results on the monitor in front of him. All looked well and he pronounced that the carotids were showing good elasticity and that I had nothing to worry about.

I had told him what I was going to do – drink my allergenic drink – and that he was to test me again in about an hour. I am also sure that he thought he was simply humoring me at such a seemingly bizarre request, but he agreed to do it.

Now, at this stage, I wish to point out that I am not the sort of person who can simply, by mere mental suggestion, influence my blood flow! I am not the susceptible person who, expecting something to happen, will “suggest” it to happen. If anything, I am so stubborn in my nature that I would probably induce the opposite result! Besides, I truly did not think that the Doppler would be precise enough to give me the result I considered likely: It would almost certainly take the fine tuning of the SPECT to identify any likely changes.

I put on my shirt whilst he went off to attend to other duties. He said he would be back in about “half an hour” after I had taken my juices.

After about half an hour, the doctor returned. I told him that I wasn’t fully reacting, but that I did feel “something”: hopefully enough to register something on his equipment. It was clear that he had used the Doppler equipment many, many, times before and was thoroughly familiar with the readings produced. The combination of my not getting the full hour that I wanted and the manner in which he showed total confidence that there would be no change in the readings, both served to somewhat demoralize me.
I was now convinced that, after several years of harboring this theory, now, when I finally had the equipment at my disposal, it was going to give no meaningful result at all. My theory, however plausible it might have been, was now going to die an ignominious death. However, if I was feeling even a mere “something” of a reaction, perhaps that in itself was sufficient to alter the reading? Only the test would tell.

The conversation picked up once more and animated chit-chat took over as he confidently applied the probe to my carotids again whilst watching the pulsating images on the screen in front of him. All of a sudden he stopped the conversation in its tracks, and, quickly putting his finger to his lips, said “Shhh.” He was anxiously studying the screen and obviously trying to make sense of what he was seeing. Much to his horror, the Doppler ultrasound was registering a significant change in blood flow perfusion!

He was moving the probe over and over the carotids again to see if the reading would alter. But it wouldn’t. There was no disputing that this second reading showed a significant change in blood flow over the earlier test. According to John Buckley, Director of the Arterial Disease Clinic in Leigh, Manchester, Doppler ultrasound equipment is accurate to plus or minus 5%. My reading at the Royal Infirmary of Edinburgh showed a 30% change on the second reading which was indicative of a considerably reduced blood flow!

Somewhat irritated that someone not in his “field” of expertise could forecast such an unlikely result right in front of him, he spun round on his chair and angrily exclaimed “but it’s not scientific!”

Yes, I agreed with him. It wasn’t scientific. But it was half way there. All it needed was more tests on more people. Just because this test does not have the luxury of other tests to compare it with, does not mean to say it won’t be the same in every future case. The first discovery of a kind must always be without previous evidence – it can only ever be that way if it is a new discovery!

But the fact that I had predicted such a result in advance, surely suggested that the “scientific” approach should have been to further investigate this phenomenon rather that just dismiss it, because it meant that someone not in his field of expertise had discovered something that he had never considered.

Analyzing the “allergic” condition

Now that I knew blood flow integrity was involved at the site of the symptom in the food allergic, I then had to consider what likely factor could be involved in such hypoperfusion.

The options, I considered, could only be;
1. That there was damage at the site of the symptom – in other words something damaged. Or;
2. That there was something that should be there but wasn’t there – in other words something missing. Or;
3. That there was something there that shouldn’t be there, in other words – something added.

Something damaged seemed a good candidate. But when I recalled my own dietary experiments, I had to discount it. My month-long fasts, which are noted for their acceleration of healing due to the considerable physiological rest permitted the system, would surely have repaired any such damage. Besides, many food

---

**Phospholipids, Nature’s Building Blocks for Life!**

Because they are ortho-nutraceuticals (orthodox, familiar, part of the body’s biochemistry) the phospholipids have numerous health applications. They support our metabolism and other life processes, from the most simple to the most sophisticated. Their diverse benefits are proven through more than 60 double-blind trials, hundreds of other human studies and thousands of experimental studies.

- **Focus PS™** PhosphatidylSerine for memory improvement
- **Alert GPC™** GlycerophosphoCholine for healthy aging
- **CellBuild PC™** PhosphatidylCholine for liver health and circulation
- **Omega MPL™** Marine Phospholipids cardiovascular support and anti-inflammation

Science&Ingredients, Inc.
622 Compass Court
Carlsbad CA, 92009
Phone: 760-268-0613
Fax: 760-476-9467

www.ScienceandIngredients.com
www.PhospholipidsOnline.com
Email: SI@onemain.com
Food & Chemical Allergies

Allergies can experience a severe reaction for an hour or so, then feel well after that. If there truly was damage, it wouldn't last simply an hour. Also, my 7 months on a Nature Cure diet, such diets having a long history of successful health restorations, would surely have achieved repair. But it didn't. No, I had to dismiss something damaged for the moment.

I considered something missing. But as I had persevered with the fruit and vegetable diet for seven months, any nutrient deficiencies would surely have been satisfied in that time. Besides, why should something be "missing" for the duration of the allergic reaction yet not be, an hour or so later? So something missing was shelved for the moment.

Something added looked the likeliest culprit. Space does not permit all the considerations I dwelt on, but I initially favored old drug or chemical residues in the system. But my fasting and natural-food attempts, both famous for the elimination of toxins, had failed to remove same. And, if an old drug residue was responsible, why should the problem only occur for an hour or so then vanish? How could it change shape or form to create a blood flow blockage in that hour and then settle down? Furthermore, as old drugs and chemicals become adipose-bound, how could they create an interference with the blood flow?

Why also should my symptoms disappear only when I had a fever, if old drugs or chemicals were the reason? But the best reason for dismissing old drugs and chemicals was when I realised that arthritis, a well-established food allergy symptom, has failed to remove same. And, if an old drug residue was responsible, why should the problem only occur for an hour or so then vanish? How could it change shape or form to create a blood flow blockage in that hour and then settle down? Furthermore, as old drugs and chemicals become adipose-bound, how could they create an interference with the blood flow?

After dispensing drugs and other toxins, I gradually arrived at the astonishing consideration, that the something added might be living! In other words, a parasite. A common habitat of parasites in the body is the lumen of blood vessels. If that were the case, it could account for the interference in blood flow during the allergic "reaction."

I propose here to suggest that the popular "leaky gut" theory of food/chemical allergy is highly unlikely as an answer. A permeable gut wall cannot be the cause of food allergy symptoms when the same symptoms can be brought on by an aerallergen which doesn't even involve the gut wall. The fact that one merely has to inhale a chemical in order to achieve a full-blown reaction has always puzzled investigators. However if parasites are involved in the food allergy problem, perhaps the picture becomes somewhat clearer.

There is much that science doesn't know about the highly advanced methods of food detection displayed by animals. Such "super senses" prevail throughout the animal kingdom. The amazing eyesight of the hawk; the extraordinary sense of smell of "sniffer" dogs, are just two of the fascinating abilities beyond our comprehension. Others undoubtedly await our discovery.

If micro-organisms were involved in the food/chemical allergic reaction, the mechanism involved could be a form of positive chemotaxis whereby the parasite recognises by mere chemical "taint" of the bloodstream, a substance and responds accordingly. Such responses by parasites to chemical stimuli are known in parasite physiology and can play an essential part in their method of locating an appropriate host and/or food.

For example, a monogenean parasite of European marine flatfish, Entobdella soleae, is able to locate its preferred host (sole) by chemical recognition of the fish skin. [Cox, Prof. F.E.G.: Modern Parasitology: Blackwell Science, Oxford, England, 1993] Perhaps this unique sensory skill plays a large part in the aerallergen reaction when a chemical inhalant hits the bloodstream and the micro-organisms burst into a feeding frenzy.

We know that micro-organisms in the ocean depths feed off gases from the earth's centre that emanate through miniature volcanic-like structures on the ocean floor. Perhaps therein lies the key to how micro-organisms feed within the body of the food allergic: the food that they eat will create gases within the blood. Perhaps they feed off these chemical gases. That certainly would explain why the food/chemical allergic patient can become ill on inhaling perfumes. These "gases" go directly into the blood. Such parasites would then feed on our blood, which would result in their increasing in size (bloating). I have seen pictures of parasites bloated to twice their size after a blood-meal. Perhaps simple bloating by hordes of these animals in the lumen of a blood vessel is all it takes for the blood flow to be impeded. Such "simple blockage" of the blood flow would be all that would be required to produce symptoms beyond that area.

And in case the reader thinks that "simple blockage" by parasites may be too lowly an explanation for the host of conditions linked to food allergy, let me quote from the 1999 edition of Modern Parasitology (p209: Blackwell Science, Oxford): "Both lymphatic and ocular filariasis are accompanied by gross pathological changes, elephantiasis and blindness, but it is not clear if these have any immunological basis and current opinion favours simple obstruction." Here therefore is a fine example of how parasitologists - specialists in parasites I should remind you - have only very recently connected the possibility of - "simple blockage" as playing a part in illnesses they have been investigating for over a century.

If parasitologists can be so remiss in their consideration of cause of an illness they have been studying for decades, what chance would an ordinary doctor have in even considering parasites as being behind food allergies - which many don't even accept exist?

I Travel to California

I found someone else who was homing in on the parasite connection to illness, but not specifically food allergies. Dr. Hulda Clark of California had left government-funded research to go independent. She considered parasites were implicated in a huge number of illnesses, including cancers.

Knowledge of parasitology is in its infancy. And the fact that parasites have no skeletal structure, therefore don't show up in X-rays, makes connecting them to many illnesses extremely difficult. I flew over to Dr. Clark's clinic and was taught the rudiments of her electronic method of testing for parasites. I took the opportunity to have my sputum tested for their presence. It was positive for several parasite species!

Since then I have learned how to microscopically examine my own blood, sputum, urine and faeces for parasite presence.

I can assure you, being told you have parasites is one thing, actually seeing them for yourself coming out of your body is quite another! I took photographs using a photomicrographic camera, at 100x magnification, Lugol stained, showing parasite eggs I had unwittingly been host to (these are available separately upon request).

How best to eliminate parasites?

Parasites are all around us. A newspaper of November 29, 1998 stated that one baby cereal tested contained over 20,000 mites per kilo!
In separate research, a sample of 6 types of vegetables in an American study, carried out between 1979-1981 showed that parasite eggs are virtually everywhere. It showed that over 50% of all vegetables tested had some parasites. Carrots had the highest percentage at 91.7%. The other parasites and eggs found were 3 Ascaris eggs, 1,767 larval nematodes (the majority being rhabditiform), 175 unidentified eggs and 44 amoebic cysts!

Nematodes are human parasites that are extremely abundant in nature. A single spadeful of garden soil may contain a million or more and a bucket of water from a pond usually contains a similar number. Dr. Clark was attempting to eliminate parasites by using herbs and instructing her patients to avoid all contact with parasite eggs, by scrupulously removing all dirt from fruits and vegetables. She recommends boiling milk in order to kill all bacteria. She suggests you should wash vegetables in an iodine solution in order to kill Ascaris eggs. She further suggests sterilising your toothbrush with grain alcohol each time you use it, and you should avoid licking your fingers when turning over pages in a book. Despite these, and many more measures, many patients would still harbour parasites. I concluded however that she was overlooking something very elementary.

Watch any Nature program and you will see tigers and other wild animals tearing open their prey and invariably consuming dirt. It seems to be perfectly natural. Yet animals in the wild are not beset with food allergies or cancers. And besides, what about those people who do not wash their fruits and vegetables before eating? Not all of them become ill. What about those people who do not boil their milk before drinking? Not all of them become ill either. And what about those people who do not sterilise their toothbrush? Not all of them suffer as a consequence. And those people who do lick their fingers turning over pages? Not all of those people become ill either.

No, simply trying to avoid every single parasite and every single egg for the rest of your life cannot be the entire answer; they are so prevalent in Nature it would be impossible to do so. There had to be another way.

Your “internal environment”

It seemed logical to consider that the person’s health, his “internal environment” if you will, had to play a part in the equation. After all, is it not well known that plant parasites do not attack healthy plants? If that be the case, the only way to improve the health of a patient is to raise his nutritional status; to improve his diet dramatically. As anyone in nutritional medicine knows, drugs may give temporary relief from a symptom but they cannot restore health to someone chronically ill.

The Discovery

Unbeknownst, thankfully, to most visitors to my house, I had, sitting in my fridge, unashamedly beside the food, a pack of 50 million insect parasitic nematodes Steinernema feltiae, which I had obtained in order to study their behaviour. I noted that they would respond whenever the microscope’s substage illuminator was switched on.
But other than that, I was floundering to capture any other significant aspect of their behaviour.

One day, whilst reading a book on biological science, I came across the observation that when amoebas are studied on a slide, if one end is cooled and the other end of the slide is warmed, these parasites will migrate to the warm end.⁴

**Amoebas** are parasites capable of producing much illness in humans.⁵ Amoebic dysentery is an illness caused by the organism Entamoeba histolytica and spread by contaminated food, water, or flies. If the organism enters the portal circulation, Amoebic abscesses can result. These abscesses can also invade the lung, brain or spleen.⁶ I read on for a while, then stopped dead in my tracks. It struck me like a thunderbolt! I had just read something that appeared insignificant initially but suddenly hit me like a sledgehammer. If the parasitic amoebas on the microscope slide responded to temperature change, here, was an absolutely vital clue to their behaviour: **Parasites are temperature-sensitive!!**

Therefore, if my personal food allergy condition was linked to parasites, and if parasites are influenced by temperature, that then explains why my food allergy symptoms disappeared when I had a fever! The low body temperature that I knew I had, but paid no real attention to, must have been ideal for the parasites and they were only overcome when my body temperature increased!

After 30 years of searching for an explanation as to why my food allergy symptoms disappeared whenever I had a high temperature, here surely was the answer: The high temperature had defeated the parasites.

I was almost in a state of shock. This surely was the answer. It is already well established in medicine that a subnormal body temperature can produce many symptoms. But I had never related my own low body temperature to my food allergy condition.

It was clear I could not go through life constantly in a state of fever in order to get well. But the high temperature meant I had reached, and passed, 98.6 degrees, which is normal. If my temperature were to merely reach that figure, and sustain it through life, that would surely have the same effect as a quick burst of a much higher temperature (fever)!

**Low body temperature**

But what can we do to raise our core body temperature? The solution came to me quickly. It was only a relatively recent discovery that I had a chronic low body temperature, generally in the high 96's or low 97's, when a perfect temperature would be 98.6, which equates with health.

I recalled how, in Cures That Work⁸ by Janet Fleshtette, a founding member of Tymingham Health Clinic was diagnosed hypothyroid and, rather than take the drug Thyroxine for the rest of her life, went on a fruit and vegetable diet and recovered her health fully. Hypothyroidism would certainly have involved low body temperature. By dietary means she had managed to raise her body temperature, although she had never recorded it. I also recalled that when I was on my 7-month diet of fruits and vegetables, my body temperature was erratically, but inexorably, improving.

I decided to check back in my diary and record my temperatures on a graph. The overall climb in temperature was there for all to see, despite stopping the diet prematurely and not sustaining it for 3 full 18 months to 2 years. The number of days on the higher level of 97.8° and above, was increasing as the diet progressed, and the number of days on the far lower level of 97.5 and below, had all but disappeared. (The graph is available separately upon request.)

**But is one degree enough?**

Even a single degree below normal body temperature, can produce a host of well-documented symptoms, both physical and mental. Researchers Emanuel Donchin and Noel Marshall, from the University of Chicago, discovered that very slight daily changes in body temperature - one or two degrees below normal - were enough to reduce certain brain responses in test subjects.⁹

Dr. Stephen Langer in his book Solved: The Riddle of Illness⁸ states that even a single degree below the desired 98.6° F. can display all manner of health problems such as dry, coarse skin, lethargy, depression, mental symptoms, hair loss, weight problems, nervousness, irritability, headaches, palpitations, painful menstruation, difficult breathing, poor memory and a host of others. He estimates that over 40% of the American population has a subnormal temperature - a massive number of well over 100 million people.

Remember that a mere “one” degree might not seem much to us. But it is only we humans who have decided that that measurement of heat equates to a single “one” degree. To an organism one-thousand times smaller than us, a “mere” one degree of our measuring might be a thousand degrees by their measurement!

And remember, when we have a bacterial or viral infection, what does Nature do? She develops fever in the body in order to combat them. She has long, long ago, worked out that parasites are temperature-sensitive. Furthermore, fever starts at 100 degrees. If our “normal” temperature is 98.6, then 100 degrees is only just one degree above normal. So Nature herself recognises it only takes a mere one degree to do the business.

Here finally, was an explanation why recoveries occur on diets like the Gerson therapy: If many illnesses, including cancers, have a micro-organism implication, the diet would lift the body temperature sufficiently to defeat such organisms, resulting in removal of symptoms.

**Confirmation from the world of science**

I came across confirmation of my theory, from an orthodox scientific source, in Pyretics and Antipyretics.¹⁰ “It has been recognised that syphillis (caused by the parasite Treponema pallidum) and gonorrhea (caused by the parasite Neisseria gonorrhoea) are heat sensitive and are killed directly by increasing the temperature of the victim. Indeed, before the advent of antibiotics, treatment used to consist of using injections in order to bring about artificial fevers!”

**Symptoms linked to parasites**

During my search of the microbiology literature, I came across many symptoms caused by parasites which are also to be found in the conditions linked to food allergies and low body temperature: including, amongst a host of others, arthritis, depression, epilepsy, asthma, mental confusion, Alzheimer’s, eczema and other skin infections. One notable observation was that laboratory workers, whilst studying the Ascaris micro-organism, developed asthma.¹¹

Recently, a Californian teacher had a parasitic worm removed from her brain at the Mayo Clinic at Scottsdale, Arizona, by an epilepsy specialist, Joseph Sirven. After the parasite was removed, her epilepsy disappeared. Further evidence that ill-considered factors such as parasites, may play a greater part in chronic illness than we ever previously considered.
Parasites – the hidden epidemic?
Could unsuspected parasitism be responsible for more common illnesses than we have thus far considered?
It was only in 1983 that an Australian scientist implicated the parasite – *Helicobacter Pylorus* – in duodenal ulcers. His findings were disregarded for over a decade but his work is now validated. Only recently, the human papilloma virus has been linked to virtually all cases of cervical cancer. And micro-organisms have even been found in the brains of Alzheimer’s patients.

Parasites are classified as either **commensal, symbiotic** or **pathogenic**.

A **commensal** parasite is thought to live off the host’s own diet and give nothing in return, and is harmless. A **symbiotic** parasite is thought to live in “partnership” with the host, receiving nourishment but returning a service. Examples of symbionts are the cellulolytic bacteria that digest plant food in the intestine of herbivores, and the vitamin-synthesizing bacteria of the human intestine.

A **pathogen** causes harm to its host. However, there is considerable confusion as to what are actual harmful pathogens and what are harmless commensal parasites. Parasites previously considered commensal are now viewed as being pathogenic – and vice versa.

It is my view that it is not the pathogenicity of the micro-organism that should be focussed on, but the **state of health of the host**. After all, someone can be HIV positive and be entirely asymptomatic whilst his friend can be at death’s door with the full-blown condition. Perhaps mere body temperature is all the difference between a carrier and a full-blown sufferer.

**Hereditary illness**
If we accept the parasite/food allergy theory, then the well-known tendency for allergies to “run in the family” is now capable of being explained. As micro-organisms can be passed from the father to the mother, and then to the foetus, here we have a fine explanation for so-called “allergic” conditions being passed down through the family line.

**The Answer to AIDS?**
In light of this research, could the explanation as to why some people who are infected with HIV and present no symptoms whilst others develop full-blown AIDS now be explained? Could it be that those who are asymptomatic have a body temperature just that critical bit higher than those who succumb? It is eminently possible and makes perfect sense, but only fuller investigation will provide the answer. However if I am correct – and the answer is simply eating as Nature insisted we should – then the will to research this further will not exist. There is no profit to the drug companies in eating fruits and vegetables. So the “answer” to AIDS may forever remain a mystery.

I came across this little gem, which is as fine an example as you can get, of a condition that has all the hallmarks of food allergy, and which was resolved when a parasite was eliminated: *Human Parasitology* states: *Toxocara spp.*: A case was reported by Rodan and Buckley (1969) of a child, aged 4, who suffered...
Food & Chemical Allergies

from frequent epigastric pains, lasting half to one hour, often connected with meals, prior to vomiting a T. cati worm.

Natural diet can raise your body temperature!

Now, with the ammunition to raise my body temperature - natural diet - I went on a 14 month diet of (mostly) organic fruits and vegetables, with some 100% whole wheat bread, organic soups, organic oatmeal and organic fruit and vegetable juices several times a day. The progress of my body temperature is shown. The inevitable rise is remarkable and must surely be the way all human bodies respond to proper nutrition. If correct, that natural diet can raise a low body temperature, then it stands to reason that it must have been the previous (unnatural, processed) diet that was responsible for the low body temperature in the first place. This speaks volumes for the fight against GM technology, as clearly Nature knows far better than any scientist of the effects on the human body of poor diet. The inevitable rise in body temperature - albeit erratic - is clearly shown from the tables. As the temperatures rose, the symptoms subsided.

Author's Update

I recently went to London to buy a car. Whilst there I treated myself to a day off my diet. It was my first break from the diet in six months - although I had been on it 14 months. I knew a day or so off it would not be critical, so long as it didn't extend far beyond that.

I went to a favorite restaurant that I had visited many, many times before. The same meal that I always seemed to choose, same owners were there and I chose the same meal that I always seemed to choose when I visited this place. Nothing exotic, just plain shepherd's pie, roast potatoes and vegetables.

I loved this particular meal but always paid for it with a real flattener of a reaction. As sure as night would follow day I would, within half an hour of starting the meal, feel the familiar fatigue-like reaction wash over me. I could set my watch by it and the massive reaction never varied.

This time I noticed that, half an hour or so later, no reaction had taken place. I was still feeling a bit of a light reaction from the small hotel breakfast I had a couple of hours before, but it was only mild. I presumed the big reaction was running late, so to speak, perhaps as a consequence of my body chemistry being changed due to the length of time I had been on the natural diet. That surely was it, I considered.

After three quarters of an hour, with no reaction, I began to ponder the impossible. Might it be the case that I could get away with eating this meal with no reaction at all? That would be a dream come true but it surely couldn't possibly happen. I wanted to phone my daughter to tell her, but thought I had better hold on just in case the reaction was "running late."

I was browsing around an antique shop, more excited about the prospect of having eaten such a meal and possibly getting away with it for the first time, than what was on offer in the shop. I was clock-watching every minute. As every few minutes passed I wondered if I should phone my daughter. But I had to be sure.

After an hour and a half, when all possibility of a reaction would have been well under way, if not even wearing off, no reaction had occurred as a consequence of eating that meal. In fact the only thing that was happening was that the mild reaction from the breakfast was now no longer evident. This astonishing event was very, very special to me. It was a massive discovery and surely, at last, reward for following to the letter, such a rigid dietary regimen.

When I did phone my daughter, I didn't stop there. I phoned many people, absolutely thrilled to have had such an unexpected - and it truly was unexpected - response to eating a well-established allergenic meal that was always capable of provoking a massive response in me. All the more surprising that two meals within a few hours should go virtually "unnoticed" by my system when it should be remembered that I was someone who reacted to every meal I had ever eaten over the last 30 years!

I am still continuing my diet, as my temperature is still showing signs of climbing and I have to continue until it has reached, and more importantly, stabilised at 98.6 degrees. It should be expected then that the mild reactions I now sometimes experience will become a thing of the past.

Below are my up-to-date temperature readings. As you will see, the temperature pattern is climbing all the time, albeit erratically. This erratic nature of dietary recovery is to be expected, but the reward for complying with Nature's laws is that recovery, when it comes, will be lasting.

<table>
<thead>
<tr>
<th>Days</th>
<th>First 3 Months</th>
<th>Second 3 Months</th>
<th>Third 3 Months</th>
<th>Fourth 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.3 and above</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>98.0 and above</td>
<td>18</td>
<td>18</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>97.8 and above</td>
<td>34</td>
<td>48</td>
<td>71</td>
<td>82</td>
</tr>
<tr>
<td>97.5 and below</td>
<td>25</td>
<td>7</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

The full 14-month period broken down month by month:

<table>
<thead>
<tr>
<th>Months</th>
<th>Days 98.3 or higher</th>
<th>Days 98.0 or higher</th>
<th>Days 97.8 or higher</th>
<th>Days 97.5 or lower</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>6</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>7</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>9</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>11</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>11</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>12</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>12</td>
<td>12</td>
<td>0</td>
</tr>
</tbody>
</table>

References

12. BBC Television News; 6pm, 14 August 1998.