



IMAGE AWARENESS WELLNESS INSTITUTE

FOOD INTOLERANCE

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INTRODUCTION

Intolerance to foods is becoming a common factor contributing to a wide variety of chronic degenerative diseases. This paper is designed to address some of the issues involved with food intolerance.

ARTHUR KASLOW

Arthur Kaslow and his work have been all but forgotten. He was a physician in Solvang, California who developed an innovative approach to dealing with food intolerance. I had an opportunity to study Kaslow's approach to food intolerance and feel that it is well worth passing on.

Kaslow referred to food intolerance as a "Metabolic Rejection Syndrome (MRS). Kaslow developed his understanding of food intolerance as a result of attempting to help patients with chronic degenerative diseases. He came to believe that this metabolic rejection syndrome was the underlying cause of a wide variety of chronic degenerative diseases.

Kaslow's approach to "metabolic rejection" or food intolerance offers a different perspective and approach to dealing with these issues. The approach is summarized here in its entirety in the hope that some who have not benefited from traditional approaches to allergy will find the information helpful.

Kaslow's work helps explain why

food intolerance can be so difficult to identify and work with. Rejection can come and go based upon digestive capacity, quantity of food consumed, and the manner in which a food is prepared.

Kaslow identified three factors which contributed to metabolic rejection. These were impaired digestion, too much food of the same kind, and processed food which is not digested. Recent work suggests that vitamin D and other nutrients regulate the tight junction in the gut and deficiencies may contribute to the development of allergies.

IMPAIRED DIGESTION

In situations where this syndrome was active Kaslow found that an examination of the stool would reveal a large quantity of undigested food particles. This was accompanied by leakage of digestive enzymes and an overgrowth of gas forming bacteria.



Kaslow noted that many of these patients were consuming large quantities of what is called a balanced diet. A breakdown in the digestive process resulted in "secondary malnutrition."

A failure of the digestive process is often associated with deficient production of hydrochloric acid in the stomach or failure of the pancreas to produce digestive enzymes and bicarbonates to neutralize stomach acid.

Failure in production of digestive substances often accompanies aging and nutrient deficiencies. This problem can often be dealt with by supplementation with digestive aids such as the NeoLife Betagest (hydrochloric acid from beets) and Enzyme Digestive Aid (pancreatic digestive enzymes). If malnutrition is a contributing factor to digestive failure, nutrient supplementation should be considered. This should include both a multiple vitamin and easily digested protein.

Failure to produce hydrochloric acid and pancreatic enzymes often leads to overgrowth of harmful bacteria in the digestive tract. Probiotic supplementation such as NeoLife Acidophilus Complex is worth a try.

TOO MUCH FOOD OF THE SAME KIND

Kaslow found that a single food per day resulted in metabolic rejection after consuming the same food

for the third time in the same day. The syndrome was also activated when too much of a single food was consumed at one time.

A couple of problems are associated with a diet of a single food or a limited number of foods. Firstly, excessive consumption of a food increases the likelihood that some of that food will be absorbed in a form that can trigger an immune response. Secondly, limiting the diet to a single food tends to put excessive demand on the digestive enzymes necessary for the breakdown of that food. Lack of digestive enzymes for a food leads to incomplete breakdown and absorption of what are called “macromolecules” larger food particles that can trigger immune activity.

REFERENCES:

Coca, Arthur F., *The Pulse Test*, New York: St. Martin's Press, 1994.

PROCESSED FOOD NOT DIGESTED

Kaslow found that highly processed food undergoes changes which impair the ability of the stomach and intestines to extract nutrients from the foods. Overheating, contamination with pesticides, herbicides, and food additives all impair the digestive process.

Heavily processed foods experience alterations in the nature of proteins, fats and carbohydrates. The body can have a difficult time knowing what to do with these unnatural molecules.

For example, when breakfast cereals, crackers, and chips are heated to a high temperature the amino acid lysine combines with carbohydrates forming what are called Maillard molecules. These are responsible for the browning effect in many cooked foods. The body has no enzyme to digest these Maillard molecules.

Paul Stitt in his book *Fighting the Food Giants* tells the story of how rats

fed whole wheat lived a year, while rats feeding on Puffed Wheat died in two weeks despite the fact that they were supplemented with vitamins. He commented, “results like these suggested that there was something actually toxic about the Puffed Wheat itself.” Stitt goes on to comment that rats consuming Puffed Wheat do worse than animals eating nothing at all. The highly altered food created the same kind of problem as that observed by Arthur Kaslow.

REFERENCE:

Stitt, Paul A., *Fighting the Food Giants*, Manitowoc, WI: Natural Press, 1981, 63-65.

8 MINI FOOD MEAL

Kaslow eventually developed the 8 Mini-Food Meal Program. This program required consuming at least 8 different foods per meal. This eating plan effectively eliminated or reduced metabolic reactivity in most people.

Kaslow noted that many cultural traditions focus on preparing meals with a wide variety of seasonal foods. He noted that the Chinese meal often consists of 8 to 10 small bowls of different foods eaten at one meal.

The meals on this diet plan consist of 6 or 7 vegetables, a complex carbohydrate, and a source of protein. The protein could be from plant or animal sources such as meat, fish, poultry, tofu, eggs, or beans. Small quantities of protein at a single time are much better tolerated than large quantities of protein at a single sitting. Complex carbohydrates could be foods like potato, rice, millet, or quinoa.

The small meal can be consumed as often as every 2 1/2 to 3 1/2 hours if necessary. Kaslow found that people often felt much better doing this can consuming the traditional three meals a day.

LOW RISK CONDIMENTS

Raw unsalted butter
Sea salt

Rice vinegar
Herbs and spices (simple single ingredient)

Kelp granules

Avoid bottled salad dressings and condiments like ketchup which are processed foods.

LOW RISK COMPLEX CARBOHYDRATES

Grains

Buckwheat (raw or roasted groats)
Cornmeal (tortilla made from pure cornmeal)
Popcorn (air pop and test)

Millet

Brown rice

Basmati rice

Roots & Tubers

Arrowroot

Beets

Carrots

Daikon

Jicama

Kohlrabi

Parsnip

Rutabaga

Radish

Tapioca

Water chestnut

Turnip

Potato, sweet potato, yam

Squashes

Acorn, butternut, hubbard, winter

Peas

Snow peas, sugar snap peas

LOW RISK PROTEINS

Nuts

Almonds

Brazil nuts

Cashews

Filberts

Peanuts

Pecans

Sesame seeds
Sunflower seeds
Pumpkin seeds
Walnuts

Note: Kaslow found nuts often poorly digested. He suggested consuming them as a powder or nut butter in very small amounts (1 teaspoon to 1 tablespoon)

Beans

Adzuki
Black eyed peas
Garbanzo beans (chick peas)
Kidney beans
Lentils
Lima beans
Navy beans
Soy beans
Tofu
Split peas
Mung beans

Note: Kaslow suggested consuming with a whole grain for greater protein availability.

Raw unsalted butter
Sea salt

Poultry

Chicken (organs and eggs)
Cornish hens
Turkey
Pheasant
Squab

Quail

Fish

Bass
Butterfish
Cod
Halibut
Herring
Mackerel
Mahi-Mahi
Salmon
Shark
Sturgeon

Trout
Tuna
Meats
Beef--all cuts and organ meats
Lamb
Venison
Rabbit

LOW RISK VEGETABLES

Artichoke
Asparagus
Bamboo shoots
Beans
Bok choy
Broccoli
Brussel sprouts
Cabbage
Cactus
Cauliflower
Celery
Swiss Chard
Chili
Cucumber
Eggplant
Greens (Beet, turnip, dandelion, mustard)
Kale
Lettuce
Mushroom
Okra
Onions
Parsley
Peppers
Rhubarb
Spinach
Squash
Sun Chokes (Jerusalem artichoke, yacon)
Tomato
Watercress
Sprouts
Adzuki
Alfalfa

Buckwheat
Cress
Dill
Flax
Garbanzo
Lentil
Mung
Peas
Radish
Soybean
Sunflower

HIGH RISK FOODS

All processed foods
All gluten products (Wheat, rye, oats, barley)
All dairy products except raw, unsalted butter
Chocolate
Caffeine
Tobacco
Alcohol
Sugar, molasses, honey, sugar substitutes
Pork
Shell fish
All fruits & melons
Avocado

Kaslow had his patients avoid simple carbohydrates for 6 weeks. They were then tested beginning firstly with ground fruits (melons), secondly with bush fruits (berries), and lastly with tree fruits.

REFERENCE:

Kaslow, Arthur L., and Miles, Richard B., *Freedom From Chronic Disease*, Los Angeles: J.P. Tarcher, Inc., 1979.

FORMAL ALLERGY TESTING

The nice thing about Kaslow's approach to treating allergy is that it is fairly simple and inexpensive. Food intolerances are of two types: immediate and delayed. Classic allergy recognized by medical professionals consists of immediate reactivity and can be tested by looking at IgE anti-



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bodies or by the familiar scratch testing.

Delayed reactivity is much more difficult to identify. Two good tests in this area are the Elisa/ACT (www.elisaact.com) and the Alcat (www.cellsciencesystems.com). Both of these allergy tests can be ordered through Direct Laboratory Services (www.directlabs.com). These tests can be expensive. A comprehensive ELISA/Act (over 300 items) at this time costs about \$800. A comprehensive Alcat (over 200 items) costs about \$600.

Other approaches to allergy testing include pulse testing developed by Dr. Arthur Coca. A summary of his classic book on allergy testing will be found under "Tools" tab, Item #5, at the Image Awareness web site (www.imageawareness.com.)

Another approach to allergy testing is the Elimination Diet. This involves restricting the diet to a handful of foods which are known to be safe or fasting for 5 days. Foods are then added back, one at a time to see if they trigger problems. Foods will often trigger a much stronger allergic response after they have been avoided for four or five days. Elimination

diets are discussed in the paper on Coca's work at the web site already described.

FINAL WORD

None of the medical testing described will examine all of the substances to which an individual can potentially react. There are literally thousands of chemicals in our environment. The intent of any approach to allergy is to decrease the exposure of the immune system to substances which trigger activity. By decreasing the total load we make it easier for the immune system to cope with what remains. The illustration of a barrel is often used. Decreasing the amount of water in a barrel increases its holding capacity.

Dr. John Tintera believed that proper adrenal function was essential for the body to cope with any kind of allergy. He wrote, "I'm an endocrinologist. In more than twenty-years of a busy practice with thousands of patients, I've yet to work with an allergic person whose troubles weren't basically due to his poorly functioning adrenals, or who wasn't relieved of all his allergic woes when his adrenals were put into proper working order."

REFERENCES:

Tintera, John, What you should know about your glands and allergies, *Woman's Day*, Feb. 1959.

Coca, Arthur F., *The Pulse Test*, New York: St. Martin's Press, 1994.

WEB RESOURCES

www.imageawareness.com

www.yourbodyssignlanguage.com

www.jimmcafee.com

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