



DETECTION OF FOOD ALLERGIES IN AURICULOMEDICINE

R. NOGIER

One of the most useful applications of auriculomedecine is the food test. How do we determine whether a given food is acceptable by a person and to what extent is this food more beneficial or adverse to the same person? These questions, which are often asked by doctors about their patients, cannot be answered clearly in practical terms by university hospital medicine.

Auriculomedicine techniques allow us to gain a fairly reliable “idea” on this question.

We should not forget that :

- Allergy only involves proteins.
- Intolerances involve proteins, sugars and even some metals.
- Allergic reactions are produced by the immune system.
- Intolerance reactions are produced by systems other than the immune system (enzyme deficiencies, blockade of certain chemical reactions etc.).
- It is above all women and children who develop food allergies.
- Normally any person develops allergic reactions w confronted with foreign proteins.
- Intolerance to proteins is an active (extremely complex) and not passive process.
- Allergy , whether respiratory or food, is above all an absence of tolerance.
- A person becomes allergic to a food because the body does not put in place an active tolerance process.

Different sorts of food allergies can occur :

- * **Immediate allergy** : IgE dependent. Type I Gell and Coombs.
- * **Semi-delayed allergy** : based on the formation of antigen-antibody complexes. Type III Gell and Coombs.
- * **Delayed allergy** : based on the activation of specific T-lymphocytes. Type IV: Gell and Coombs.



Review of the clinical signs of different allergies:

Immediate allergy. Type I

Onset of signs : from a few minutes to a few hours :

- Rhinitis, conjunctivitis
- Feeling of intestinal discomfort: warmth, diarrhea, constipation
- Urticaria
- Facial oedema
- Quincke's oedema
- Vasoplegia, Shock etc.
- Diagnosis confirmed by Prick tests

Type III allergy

Onset of signs from a few days after ingesting the food.

Type IV allergy

Onset of signs several days after ingesting the food.
The signs may vary (R.Nogier)

Systemic signs:

- Chronic fatigue
- Hypersomnia
- Insomnia

Gastro-intestinal signs:

- Constipation
- Diarrhea
- Pain
- Nausea - producing wind

Neuro-psychological signs:

- Tendency to sadness or even depression
- Unexplained anxiety or distress
- Spasmophilia
- Difficulties of concentration
- Migraines



Cutaneous signs:

- Fragile, thin, clear, occasionally oedematous skin
- Bags under the eyes
- Eczema
- Urticaria
- Seborrhoeic dermatitis
- Alopecia
- Livedo

Cardiovascular signs :

- Hypertension
- Cardiac hyperexcitability (abnormal cardiac irritability)
- Oedema of the extremities (hypoproteinaemia)

Gynaecological signs:

- Painful breast (mamma pain)
- Premenstrual syndrome
- Menstrual cycle disorders

Rheumatological signs

- Unexplained joint pains
- SJOGREN syndrome

Aetiology of food allergies :

- Lack of breast feeding
- Introduction of certain proteins too early to the child's diet
- Over-consumption of a food
- Viral causes: influenza, cytomegalovirus, influenza
- Alcoholism
- Treatments altering intestinal permeability: anti-inflammatory agents, antibiotics
- Unsuitable hormonal situation: hormone therapy, hyperestrogenism
- Genetic predispositions to certain foods: Geo-nutrition
- Presence of predisposing cofactors: chemical pollution



What are the clinical factors leading to suspicion of a delayed food allergy

- 1) The clinical history.
- 2) The appearance of the skin and hair. In food disorders the skin is fragile with dermatographism. The hair is fragile and breaks. Premature hair whitening in gluten allergy.
- 3) Chvosteck sign.
- 4) Skin fold sign: the integument can be detached from the deeper planes.
- 5) Blood pressure is often very low. The lower limbs are dilated.
- 6) Intestinal meteorism.

Auriculomedecine tests

Equipment used

The ring tests. These are circular devices of a few centimetres in diameter made of polycarbonate and consisting principally of two transparent sheets between which a test substance may be placed.

The test foods are foods in their native form as they are used. For example, wheat flour must be tested in the form of bread or toast. Dairy products must be tested in the form of lyophilised milk, dry or soft cheeses etc., meat in the form of cooked meat and oils in the form of both raw and also cooked oils etc.

- Lighting with a 100 Watt lamp to illuminate the patient.

Foods to test.

– **Animal proteins**

Meat: *beef, lamb, pork, chicken, turkey, duck*

Eggs: *chicken, quail (to test yolk and white)*

Milk

Cheeses: *cow, goat, buffalo, ewe.*



– **Plant proteins**

Cereals: *wheat, barley, oats, rye, spelt, rice*

Grasses: *buckwheat*

Pulses: *lentils, peas, soya*

Starches : *potato, manioc (tapioca)*

Fruits: *citrus fruits, apples, avocados, chestnuts, kiwi, figs*

Vegetables : *celery, fresh peas*

Coffee, tea, chocolate.

Oils: *olive, sunflower, corn, grape seed*

White and red wines

Sugars: *sucrose, fructose, honey, jams*

Tests in auriculomedicine are varied and sometimes contradictory.
Food tests may be used to answer several questions.

- 1) Does the body react after being presented with the food?
- 2) Does the body reject the food?
- 3) Does the body need the food?

The three main tests

- 1) Does the body react after being presented with the food?

This is a fundamental question as, depending on the answer, we will or will not exclude the food from the diet proposed to the patient.

Approach test, also called the recognition test.

Taking the patient's pulse from his/her left hand the doctor approaches a ring test in his/her right hand to the patient starting from approximately 50 cm away and bringing the ring test slowly towards the patient's face. The aim of this manoeuvre is to test for a VAS reaction.

This reaction takes place physiologically between 8 and 12 cm. The body reacts with a positive VAS. The reaction appears to reflect adaptation of the body and shows a triggering of biological mechanism designed to tolerate the food in immune terms.



Absence of this VAS reaction is a sign of “non-recognition” and therefore a sign of allergy, as the body reacts against foods which it does not recognise.

Sometimes the approach reaction is seen at 40 or 50 cm. Paul Nogier interpreted this as an allergic reaction. In the case, it seems that the recognition process is also disturbed and this causes hostile reactions.

2) Does the body reject food?

If the test is continued and the test ring is brought in contact with the skin, a continuation of VAS reactions may be seen, which produces a sensation of a more abrupt, stronger pulse. This should be interpreted as a sign of rejection from the body. This does not mean that the food is toxic but that the body does not want the food. For example : sugar after a meal.

3) Does the body need the food? This is the removal test

Normally, a food does not create a sudden responsive pulse following contact with the skin. If a continuation of the VAS reactions is seen when the test ring is removed rapidly, this should be interpreted as the body's appetite for the test substance. This also does not mean that the substance is non-toxic. Such an appetite may be seen with toxic substances, for example alcohol.

Other tests

1) Testing for food allergies (R.Nogier)

In general this involves placing the ring test on the patient's shoulder and observing the VAS reactions for approximately 5 heart beats. Normally there is a “jump” in the VAS in the first 2 pulses after the test is positioned, following which the pulse returns to normal.

In the case of allergy, after the first 2 pulse beats, the pulse collapses and becomes flat. This collapse in pulse may last for several seconds even after the test is removed. It is not unusual to see several hostile reactions to different types of foods during the first session. For this reason the patient needs to be reviewed one month later to repeat the test, after removing the foods found in the first session.



Diagnostic plan for food allergy screening

- 1) First session: Auriculomedicine session to stabilise the VAS reactions and then to detect allergies with the tests. Removal of foods which cause abnormal reactions from the diet.
- 2) Second session at 30 days: repetition of tests allowing the primary and secondary allergies to be distinguished. During the second session only reactions associated with the primary allergies remain.
- 3) Third session at 4 month to assess the results of the diet and to encourage the patient to continue with the diet, if the results are not conclusive. At this stage the VAS reactions disappear even when the allergieeee is still present.
- 4) Fourth and fifth sessions at 8 and 12 months.

Blue 44 test (Paul Nogier)

This involves coupling the test ring with a 44 filter placed against the skin. The reactions seen in the pulse will detect any biotic nature of the food.

Orange 22 test (Paul Nogier)

Same test as above but with an orange filter. The reactions seen, demonstrate the atibiotic nature of the food.

Food allergies, intolerances and B frequencies

Paul Nogier discovered the theory of frequencies in the 1970s.

Frequency A is the cell stimulation frequency.

Frequency B is the intercellular exchange stimulation frequency, in other words, cell coherence and cohesion. B is the frequency to be used in food allergies and intolerances.

In general, the theralign is used to project the frequency onto the anterior surface of the abdomen.



Fibromyalgia is an interesting example. This is a disorder seen principally in women.

In auriculomedicine examination, the pulse is spontaneously flat and the VAS does not exist.

Treatment with needles must be avoided in these patients, as this increases the signs. Treatment involves using the theralight, projecting a red 25 coloured light (Wratten Kodak) for 10 minutes each week onto the abdomen.

Conclusion

Detection of hostile reactions to foods by the pulse signal has opened an enormous field of investigation for our patients. Reintroduction of food is the most difficult point, as when a food is removed for two months there is no test in order to reliably determine whether the body will then tolerate it again.

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23, rue des Aqueducs 69005 France