

ALLERGY

A food allergy is an exaggerated and inappropriate immune reaction with respect to an external substance, called an allergen. It leads to the production, by the organism of great quantities of antibodies (IgE). Generally, the allergen responsible for these reactions is a protein or a glycoprotein.

True food allergies are rare. The most common clinical signs are gastro-intestinal (diarrhoeas, vomiting, nausea, cramps...), dermatological (eczema, mouth ulcers, urticaria...) or respiratory (rhinitis, asthma...). Anaphylactic shock (acute insufficient blood circulation) and Quincke's oedemas (severe cervico-facial oedemas, sometimes reaching the larynx) are allergic demonstrations that are much more serious but also much less common.

Foods that are generally responsible for allergic reactions are eggs (whites), peanuts (groundnuts), nuts, soya beans, corn, cow's milk, fish (cod) and shellfish (crab, shrimp...). Also allergenic are certain additives (tartrazine), certain spices like mustard or certain vegetables (celery, tomatoes...).

Dairy protein allergies are part of a general class of food allergies. In France for example, 2 to 3 % of children between birth and the age of 2 are affected by it. However, this allergy gradually disappears when the children are between the ages of 2 and 3, an age at which the child develops an intestinal maturity. Such an allergy is much more rare in adulthood since only 1% of adults are affected by it.

Dairy protein allergy is manifested by digestive symptoms (vomiting, stomach aches, gastroesophageal reflux) and more rarely, eczema, asthma or rhinitis and is usually accompanied by a rise in the blood level of anti-milk protein IgE.

As in other allergies, dairy protein allergy is primarily due to a genetic predisposition.

In the case of such an allergy, products containing dairy protein (cows' and other mammals' milk) should be banned from one's diet. Substitution foods are offered to infants, in which case the child must follow a specific nutritional program because a diet without protein from cow's milk may cause nutrient deficiencies. Desensitization in hospital may be considered for children as of age one.

It should be noted that children who are allergic to dairy protein from cow's milk are often allergic to other proteins (soya beans, beef, cereal...)

Again, allergies to dairy protein are quite rare in children over 3 years of age. Adults who experience specific problems after the ingestion of milk are not, for the most part, "allergic". Their symptoms can result from many other causes including lactose intolerance, allergy to another food, cross-allergies, metabolic disorders and psychosomatic reactions. Only a specialist can accurately diagnose a true allergy with appropriate testing.