Inconsistency of allergy tests and clinical symptoms comes in both ways. The tests may say that you have an allergy when you do not. Or you are sensitive to many foods but the test doesn’t show. Popular allergy tests include skin test and blood test. In the skin test, a small amount of a suspected allergen is placed on or below the skin to see if a reaction develops. Allergy blood test looks for antibodies (IgE and IgG) in the blood through the enzyme-linked immunosorbent assay (ELISA, EIA). Both tests may have “false positive” and “false negative” when comparing to clinical symptoms. What is the reason that causes allergy tests unreliable? One key factor that we have all missed is the lack of good understanding to allergy and sensitivities.

Medical textbook states that physiological basis for allergy is an allergen-antibody reaction that triggers mast cell degranulation and leads to inflammatory reaction. Modern allergy tests always look for antibodies against certain allergens as an indication of allergies. However, is the allergen-antibody reaction the only reaction that triggers mast cell degranulation? The answer is NO. More and more recent studies suggest that there is another pathway that is able to trigger mast cell degranulation and leads to allergic reaction, the neurogenic inflammation.

Neurogenic inflammation is inflammation arising from the local release from peripheral afferent neurons of inflammatory mediators such as Substance P and Calcitonin Gene-Related Peptide (CGRP), which further trigger mast cell degranulation. Neurogenic inflammation has been link to many allergic conditions such as asthma, dermatitis and urinary tract inflammation. Many allergy and sensitivities can be a result of neurogenic inflammation, not allergen-antibody reaction. Instead of recognition of allergen with antibodies, neurogenic inflammation recognizes allergen through exposure to nervous system. Upon exposure to the allergen, peripheral nervous endings likely sympathetic nerve fibers are activated and release inflammatory mediators to trigger allergic reaction. I call this process Neurogenic Sensitization Reflex (NSR).

Unlike the antibody-antigen reaction, NSR doesn’t involve antibodies. Thus, allergy tests that look for antibodies don’t show positive findings. Moreover, the severity of NSR may change every time exposed to the allergen. It depends on many factors such as exposure frequency and the whole body condition such as overall inflammation level and neuroendocrinological functions. The inconsistent nature of NSR creates even more difficulties in detection of allergy and sensitivities. The differences between NSR and antibody-antigen reaction are listed below.

Electrodermal screening is a computerized technique to detect changes of acupuncture points in skin impedance. This technique measures sympathetic nerve response to stimul loaded exposed to the body because skin electrical activity is controlled by sympathetic functions. Upon exposure to substance that the body sensitive to, sympathetic nerve endings can be activated and a series neurogenic responses follow, including the changes of skin impedance around acupuncture points. Thus, electrodermal screening technique could provide valuable information for peripheral nerve response to surroundings and neurogenic inflammation including NSR. Due to the inconsistency of NSR reaction, results of electrodermal screening alone cannot be used to diagnose allergies. However, together with patient history and symptoms, this technique can still be a viable tool to detect the presence of NSR.

Immune System Reprogramming (ISR) is a technique to reprogram or desensitize NSR. This technique is a variation of the Nambudripad Allergy Elimination Technique (NAET), a special acupressure treatment (a back tapping technique) while a patient holding the substance that the patient is allergic to. The back tapping technique sends signals to the spine and sympathetic ganglions to balance the autonomic function. Upon exposure to an allergen (holding in hand), sympathetic system is likely activated and a change in skin impedance can be detected with electrodermal screening. After the back tapping, sympathetic activation eases and a new memory associated with the allergen is created and stored into the nervous system. Next time when exposed to the substance, sympathetic nerve may not be as aroused as in the past and the sensitization memory is likely to be reprogrammed. NAET and many variations have been used by thousands of practitioners worldwide and received good results.

ISR is an in-home procedure and the patients don’t have to go to doctor’s office all the time. It is non-invasive and works for children as well. However, ISR alone doesn’t address the root issues for allergy and sensitivities, which include toxin accumulation inside the body and the malfunction of the adrenal system due to stress. A comprehensive treatment plan is needed to completely heal various sensitivity-related inflammatory conditions.

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