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YOU CAN COME TO THE FOOD ALLERGY AND YOU CAN NOT - Review article

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A food allergy is an immune system reaction that occurs after consuming a specific food. In individuals with food allergies, the immune system mistakenly identifies certain proteins in food as harmful, triggering an allergic response. This response can range from mild symptoms, such as hives, itching, or gastrointestinal discomfort, to severe and potentially life-threatening reactions, like anaphylaxis. Food allergies affect people of all ages, though they are more common in children. Some of the most prevalent food allergens include peanuts, tree nuts, milk, eggs, wheat, soy, fish, and shellfish. Unlike food intolerances, which involve the digestive system, food allergies engage the immune system, making their effects more immediate and potentially dangerous. Management typically involves strict avoidance of allergenic foods, careful reading of food labels, and carrying emergency medications, such as epinephrine auto-injectors, for severe reactions. Education and awareness play a crucial role in minimizing the risks associated with food allergies and improving quality of life for those affected.

Key words: food allergy, food labels, anaphylaxis, emergency medications

Introduction:

A food allergy is an adverse immune response to certain foods. It occurs when the immune system mistakenly identifies a specific protein in food as harmful, triggering a reaction. Prevalence, Affects approximately 4–8% of children and 2–3% of adults globally. Common Allergens, Known as the "Big 9" includes Milk, Eggs, Peanuts, Tree nuts (e.g., almonds, walnuts), Fish, Shellfish, Wheat, Soy and Sesame (1,2,3,4,5,6 and 7).

Mechanisms of Food Allergy

Immune Response, IgE-Mediated Allergies, Most common type. Involves Immunoglobulin E (IgE) antibodies binding to allergens, triggering histamine release. Symptoms occur within minutes to hours. **Non-IgE-Mediated Allergies,** Involves other immune cells (e.g., T-cells) (142,143,144,145,146,147 and 148). Symptoms often delayed (hours to days) (135,136,137,138,139,140 and 141). **Role of Genetics,** Family history of allergies increases risk. Genes such as HLA-DQ and HLA-DR influence susceptibility. **Environmental Factors,** Hygiene hypothesis suggests reduced microbial exposure may increase allergy risk. Early introduction of allergenic foods may lower risk (e.g., peanuts) (8,9,10,11,12,13 and 14). **Symptoms of Food Allergies,** Symptoms vary by individual and severity. They can affect multiple organ systems as Mild to Moderate. Skin, Hives, eczema, itching. Gastrointestinal, Nausea, vomiting, diarrhea. Respiratory, Nasal congestion, sneezing, coughing. Severe (Anaphylaxis), Rapid onset, potentially fatal (128,129,130,131,132,133 and

134). Symptoms include Difficulty breathing, throat swelling, drop in blood pressure, dizziness. **Treatment,** Immediate administration of epinephrine (EpiPen) (15,16,17,18,19,20 and 21). **Diagnosis of Food Allergies** by aid of Medical History, Detailed dietary and symptom history. **Skin Prick Test (SPT),** Small allergen amounts are pricked into the skin. **Serum IgE Testing,** Measures allergen-specific IgE levels (149,150,151,152,153,154 and 155). **Oral Food Challenge,** Gold standard, conducted under medical supervision. **Elimination Diets,** Identifies triggers by systematically removing and reintroducing foods (22,23,24,25,26,27 and 28). **Management** by Strict avoidance of allergenic foods is the primary strategy. **Reading labels** for allergen warnings is essential. **Emergency Response.** **Desensitization Therapies,** **Oral Immunotherapy (OIT),** Gradual exposure to increasing allergen doses under supervision (156,157,158,159,160,161 and 162). **Epicutaneous Immunotherapy,** Allergen patches to desensitize the immune system. **Dietary Strategies,** Early allergen introduction (e.g., peanuts by 6 months) may reduce allergy risk. Use of hypoallergenic formulas in infants with milk allergies (29,30,31,32,33,34 and 35). **Food Industry and Food Allergy, Labeling Laws,** Allergen Labeling Requirements, Most countries mandate clear labeling of the "Big 9" allergens. **Cross-Contamination,** Separate production lines and cleaning protocols are critical. Allergen control plans are mandatory in manufacturing (163,164,165,166,167,168 and 169). **Allergen-Free Foods,** Growing

demand for allergen-free and alternative products (e.g., oat milk, nut-free spreads) (36,37,38,39,40,42 and 43).Recent Advances in Food Allergy Research, Biologic Therapies, Monoclonal antibodies (e.g., omalizumab) for severe allergies.Microbiome Research, Exploring the role of gut bacteria in allergy development and prevention.Precision Medicine, Genetic and molecular diagnostics for personalized treatments.Edible Vaccines, Experimental approaches to build tolerance via genetically modified foods (44,45,46,47,48,49 and 50).Global Food Allergy Statistics,Developed Countries, Higher prevalence due to Westernized diets and environmental factors.Developing Countries, Rising rates with urbanization and dietary shifts (121,122,123,124,125,126 and 127).Top Allergens by Region, U.S., Peanuts, tree nuts.Europe, Celery, mustard, sesame.Asia, Shellfish, fish.Public Health Impact, Economic Burden, Healthcare costs, productivity loss, and food substitution expenses.Quality of Life, Fear of accidental exposure impacts mental health.Education, Importance of awareness campaigns in schools and workplaces (51,52,53,54,55,56 and 57).Key Challenges, Lack of cures; reliance on avoidance and emergency management.Mislabeling or hidden allergens in food.Global inconsistencies in allergen labeling and management practices.all aspects of food allergies, specific allergens to management strategies, diagnosis, industry practices, and emerging research (58,59,60,61,62,63 and 64).Specific Allergens, The "Big 9"

allergens account for the majority of food allergies. Below are detailed insights including Milk, Allergic Protein, Casein and whey proteins.Common in Dairy products, processed foods, baked goods.Symptoms as Rashes, vomiting, diarrhea; severe cases may cause anaphylaxis.Substitutes, Soy, almond, oat, or rice milk.Challenges, Baked milk tolerance—some individuals tolerate milk in baked goods due to protein denaturation.Eggs, Allergic Protein as Ovalbumin (egg white).Common in Baked goods, sauces, vaccines (e.g., flu vaccine).Symptoms as Skin reactions, respiratory issues.Substitutes, Flaxseed meal, applesauce, or commercial egg replacers in cooking.Research, Oral immunotherapy is promising for egg allergy desensitization.Peanuts, Allergic Protein(170,171,172,173,174 and 175).Common in Peanut butter, confectionery, cross-contact in food processing.Symptoms Ranging from mild to severe (anaphylaxis).Management, Early introduction in infants reduces risk (e.g., LEAP study).Emerging Therapies, FDA-approved oral immunotherapy (Palforzia) (65,66,67,68,69,70 and 71).Tree Nuts, Common Nuts, Almonds, cashews, walnuts, hazelnuts.Symptoms Often severe, including anaphylaxis.Cross-Reactivity, Allergic individuals may react to multiple tree nuts.Substitutes, Sunflower seed butter, pumpkin seeds.Fish, Allergic Protein,Parvalbumin.Common in Seafood, fish sauces, supplements.Symptoms as Vomiting, anaphylaxis; airborne particles during cooking can cause reactions.Cross-Reactivity, High across fish species.Challenges, Hidden fish in

processed foods (e.g., Worcestershire sauce) (72,73,74,75,76,77 and 78). Shellfish, Types as Crustaceans (shrimp, crab) and mollusks (clams, oysters). Allergic Protein as Tropomyosin. Symptoms including Gastrointestinal and respiratory reactions. Cross-Reactivity are Common within crustaceans but less with mollusks. Substitutes as Plant-based seafood alternatives. Wheat, Allergic Protein as Gluten, gliadin, albumin. Symptoms as Skin rash, gastrointestinal issues. Different from Celiac Disease, Non-IgE-mediated autoimmune disorder. Substitutes as Gluten-free grains (e.g., rice, quinoa, buckwheat) (79,80,81,82,83,84 and 85). Soy, Allergic Protein as Gly m5, Gly m6. Common in Processed foods, soy milk, tofu. Symptoms as Skin, respiratory, and gastrointestinal reactions. Substitutes as Coconut milk, almond milk. Sesame, Allergic Protein Common in Sesame oil, tahini, baked goods. Symptoms as Hives, respiratory issues, anaphylaxis. Labeling Challenges, Not mandatory in all countries until recently (86,87,88,89,90,91 and 92). Management Strategies, Read labels carefully for allergens and cross-contact warnings. Train individuals to recognize allergens and avoid risky foods. Action Plan, Develop a personalized emergency plan for at-risk individuals. Elimination Diets, Temporarily removing suspected allergens, then reintroducing to observe reactions (93,94,95,96,97,98 and 99).

Food Industry Practices, Labeling, Labels must highlight the Big 9 allergens in bold or as a separate statement. Cross-Contamination Prevention, Separate production lines for

allergen-containing foods. Rigorous cleaning protocols, Allergen control plans and regular audits. Allergen-Free Products. Growing market for allergen-free alternatives (e.g., nut-free spreads, plant-based milks) (100,101,102,103,104,105 and 106). Certification programs like "Free From Allergen" labels. Emerging Research. Gut Microbiome. Studies suggest that gut bacteria diversity influences allergy development. Probiotics and prebiotics may offer potential in reducing allergy severity (107,108,109,110,111,112 and 113). Global Food Allergy Landscape. Rising Prevalence, Urbanization and Western diets linked to increased allergies worldwide. Economic Burden Estimated billions in healthcare and productivity costs annually. Educational Campaigns, Focused on awareness (114,115,116,117,118,119 and 120).

Conclusion:

Food allergies pose a significant challenge to individuals, families, and healthcare systems due to their potentially severe health implications and increasing prevalence. Effective management requires a multifaceted approach, including accurate diagnosis, strict allergen avoidance, emergency preparedness, and patient education. While there is currently no cure for food allergies, advancements in research, such as immunotherapy and biologic treatments, offer hope for more effective solutions in the near future. Raising awareness, promoting early interventions, and fostering collaboration among healthcare providers, researchers, and policymakers are crucial to improving outcomes for those affected.

With continued efforts, it is possible to mitigate the burden of food allergies, enhance patient safety, and improve the overall quality of life for those living with this condition.

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Conflicts of Interest

The author declare no conflicts of interest.

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