A200

Analysis of food intolerance

Abnormal reactions to food are classified as toxic or nontoxic. The non-toxic reactions are divided into immune allergic reactions and non-immune non-allergic reactions. These last ones are known as food intolerance, and may be the outcome of enzymatic deficits (for instance, lactase deficits), presence of chemical substances or additives in food.

Immune allergic reactions are complex immunological processes that can be mediated either by immunoglobulin E (IgE) antibodies or by non-IgE antibodies, which are specific for food antigens (proteins). The IgE mediated reactions are food allergies themselves, and non-IgE mediated (i.e. IgG mediated) are known as food hypersensitivity (popularly known as food intolerance).

Around 20 to 35% of the population suffers from the effects of food hypersensitivity.

Food allergy and food hypersensitivity

The characteristics and differences between these two kinds of immune allergic reactions to food are:

Food allergy

Fast, acute immune reaction, mediated by IgE antibodies and with a clear cause-effect relationship. The clinical process may be general and/or local, and may be very serious (for example, anaphylactic shock).

Food hypersensitivity

Delayed immune reaction, mediated by IgG antibodies and without a clear causeeffect relationship. The clinical process is highly diverse, moderate and chronic, which makes diagnosis a very difficult task.



The gastrointestinal tract contains the largest surface area of immune tissue in our body. Therefore, an immune reaction of hypersensitivity to the food most commonly eaten is feasible, depending on the health of the gastrointestinal tract and the immune system.

The A200 analysis

The **A200** analysis consists in determining IgG antibodies in serum, against more than 200 food proteins of the



Mediterranean diet. The analysis is performed by ELISA *microarray* technology, which enables duplicate determinations of each food, which makes the analysis more reproducible. It is also a direct test of specific IgG detection, and therefore more objective than other tests that assess the modification of the form of the leukocytes or make the analysis by bio-resonance.

Indications

The **A200** analysis is specially recommended in patients presenting some of the following symptoms without an aetiological diagnosis and/or without improvement with habitual medical treatments:

- **Gastrointestinal disorders:** abdominal pain, constipation, diarrhoea, abdominal swelling, nausea, acidity, ulcer and aphthae, gastritis, colitis.
- **Dermatological processes:** acne, eczema, psoriasis, urticaria.
- **Neurological discomfort:** cephalalgia, migraine, light-headedness, vertigo.
- **Respiratory disorders:** cough, bronchitis, asthma, rhinitis.
- **Psychological problems:** anxiety, depression, fatigue, hyperactivity.
- **Muscle-skeletal disorders:** pain, rigidity, arthritis, fibromyalgia.
- **Others:** fluid retention.

Elimination of offending food (causing hypersensitivity; abnormal IgG levels) from the diet, leads to considerable improvement in a large proportion of patients. Therefore, the **A200** analysis is an important option to consider in the occurrence of any of these undiagnosed clinical manifestations.

Requirements

6 hours of fasting. The test is not indicated in patients with immunosuppressive treatment.

Sample: 1 mL of serum, or total blood in EDTA. Send refrigerated.

<u>Documentation</u>: General Test Requisition Form, indicate reason for requesting.