

# GUEST EDITORIAL

## MYTHS AND MIMICS OF ALLERGY



A recent cohort study from the UK reported that over 33% of parents believed their child to have a symptom related to food hypersensitivity by the age of 3.<sup>1</sup> While only a small proportion of the children were shown to have reproducible food-related symptoms, these data confirm that even if the rates of true food hypersensitivity (estimated at 5-6% in the study) are not considered epidemic, then parental concern related to it surely is. This rise in parental perception of allergy as a cause of a wide variety of different symptoms is reported by colleagues around the world.

Unfortunately, even the best resourced health services would struggle to keep up with not only the real rise in allergic disease, but also the dramatic increase in the 'worried well' although perhaps this group would be better termed the 'worried non-allergic'. With inadequate provision of specialists for provision of care<sup>2</sup> (and the lack of educational opportunities for non-specialists that result from this<sup>3</sup>), it should be no surprise that we find our patients troubled by conflicting advice. Among this conflicting advice we find a number of commonly held myths and misconceptions. As a practising paediatric allergist, I encounter many, often deeply held, beliefs that influence the way parents perceive and manage their child's disease, yet have no clear scientific rationale. These beliefs may have been passed on by relatives or be influenced by the popular media. Some are specific to certain cultures while some seem to be universal. Unfortunately, many of these myths may be shared and indeed propagated by health professionals. The article by De Boer *et al.* reports on some of the most commonly raised myths from the Children's Allergy Clinic with a brief summary of the evidence that counters them.

However, before we dismiss beliefs that may well reflect an accumulation of ancient wisdom, it is worth remembering that while our knowledge and understanding of allergology has progressed hugely over the last few years, our speciality is still in its infancy. New data still challenge our assumptions about the very basics of the natural history of common allergies.<sup>4</sup> Furthermore, data implicating the role of food in an

increasingly broad range of symptoms from classic IgE-mediated reactions to reflux, diarrhoea, constipation, eczema and even nephrotic syndrome<sup>5</sup> continues to emerge. It therefore makes the physician's role even more challenging, to tease out the cases where true allergy underlies symptoms which more often than not are unrelated; yet parents may be convinced they play a role. In this issue of the journal, Levin and Steinman consider some of the conditions that may mimic what appears to be a case of food allergy but may have an altogether different underlying mechanism.

One area of allergy that receives relatively little attention is local anaesthetic allergy. Lukawska *et al.* articulately challenge some of the many myths that have developed in this area of practice while Van der Pohl *et al.* consider a widely held myth that food allergy is a problem almost exclusive to the western world.

In closing, I would like to take this opportunity to reflect on the strength of the diaspora of South African allergologists, particularly in the UK, which I deliberately drew very heavily from when commissioning articles for this issue of the journal. Children around the world continue to benefit from the quality of care that South African doctors are delivering.

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