

# Oral Allergy Syndrome

Why seasonal allergies often trigger food reactions

**A**llergy season not only affects my sinuses, but also my choice of fruit. Up to one third of seasonal allergy sufferers experience oral allergy syndrome (OAS). This condition is triggered when the body recognizes a similarity between proteins in particular foods and those in offending pollens. When I had hay fever in my youth, I often got an itchy mouth and throat when I ate cherries and peaches. Yet, unlike true food allergies, an OAS reaction is usually mild and limited to itchy lips, mouth, and throat.

Though OAS does not affect everyone with seasonal allergies, the problem generally occurs when bothersome pollens are present. For some, this itchy, irritated feeling can truly hamper the enjoyment of eating fresh fruits. The most effective way to sidestep these symptoms is to avoid the suspect foods during allergy season. Clifford W. Bassett, MD, a New York-based allergist, recommends peeling or cooking offending foods before eating, which can help to remove some proteins. Taking an over-the-counter antihistamine may help to reduce sensitivity, and Randy Horwitz, MD, from the Arizona Center for Integrative Medicine, also recommends drinking soy milk while eating trigger foods to “flood the mouth with competing proteins.”



If symptoms persist, or if you experience any tightness in the throat, swelling of lips or tongue, or loss of taste, Dr. Bassett advises seeing an allergist to rule out the possibility of a true food allergy, which can sometimes be quite serious.

Here is a list of common allergens and the foods that often trigger a cross-reaction.

Sensitivity varies, so some people may be more tolerant of the potential food triggers, though one study found that among those with OAS, 70 percent reacted to more than two foods.

**Ragweed** According to Dr. Horwitz, the most common ragweed cross-reactions are with melons and other tropical fruits such as bananas. Other triggers include cucumber, zucchini, and rarely chamomile tea and Echinacea.

**Trees** Commonly triggered by birch tree pollen, tree allergies most often cause sensitivity to apples. Reactions may also be caused by peaches, pears, kiwifruits, plums, parsley, celery, cherries, carrots, and even hazelnuts and almonds.

**Grass** In spring and summer, those allergic to grasses may need to avoid peaches, celery, tomatoes, melons, and oranges.

If you are unsure what is triggering your allergies, you may want to see a specialist. To find an allergist near you, visit the American Academy of Allergy, Asthma & Immunology at [aaaai.org](http://aaaai.org).

## Dr. Weil Explains...

### ...proton pump inhibitors

Millions of Americans take over-the-counter and prescription proton pump inhibitors (PPIs) like Nexium, Prevacid, and Prilosec to block the secretion of stomach acid. These drugs can work well temporarily for ulcers and gastroesophageal reflux disease (GERD), but I urge you to avoid long-term use. A large 2008 study found that men and women over age 50 who took PPIs for five years or more had an increased risk of bone fracture from osteoporosis. A lack of stomach acid appears to alter bone metabolism, perhaps by inhibiting absorption of nutrients such as calcium. And despite the widespread use of acid-blockers to treat asthma (on the assumption that acid damages the esophagus and triggers attacks), a 2009 study found that these drugs provide no benefit to asthma patients without gastric symptoms. In addition, stomach acid is the body's main defense against infection entering through the mouth; suppressing it gives germs a great advantage.

But stopping PPIs may be difficult, as symptoms can worsen temporarily. The body's response to blocked acid is to produce gastrin, a hormone that makes more acid. When you stop taking PPIs, your body responds to gastrin and makes tons of acid, says GI specialist Gerard Mullin, MD. He prefers first using non-drug GERD treatments (see page 5 for more).

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