Breathing Easy: Empowering Your Kids to Triumph Over Allergies And Asthma Transcript

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Introduction and rising allergy rates

Welcome back to ADHD, Autism and Chronic Disease Parenting Summit. I'm here with an amazing practitioner. I always love talking with Doctor Darren Ingles, who is an amazing naturopathy doctor and also the author of a fantastic book, The Lyme Solution.

So if you have any concerns about Lyme disease or most other things, he's a great resource for you. But today we're going to talk about allergies and asthma.

So thank you so much for for being here. Oh my absolute pleasure. Thank you for having me. So let's just start with these two. Look let's go back a little bit.

So allergies and asthma I think they've always been around right. We've seen it. You know when we were growing up kids had it around us. But I don't think that it was very common.

I don't remember a lot of people having peanut allergies. I don't remember a lot of asthma. I mean, it was certainly around, but it seems like it's a lot more common. So.

So what's going on? What have you been seeing? What does the data show? And and, let's start there. Sure. Well, the rates of asthma and allergies and really all allergic diseases, asthma, allergies, asthma, they've all continued to go up over the past several decades.

And I'm sure, you know, there's a lot of reasons why I think we could argue that, you know, our environment is certainly not cleaner today than it was when you and I were kids growing up.

Our food supply is contaminated with all sorts of things. So I think we've got to, you know, kids today are getting exposed to so many more things than we did that become sensitizing events.

And then once you get sensitized, you know, your disposition towards having some sort of allergic reaction, you know, goes way up. You know, we know that part of this is genetic, you know, if one family member has allergies.

So if mom has allergies, then there's about a 25% chance the child will have allergies. If both parents have allergies, that gets goes up over 80%. So there's a strong familial disposition as well.

But you know, again, you know, I don't think that genetics has changed a whole lot over the last several decades. Yet we've had this huge environmental shift that's probably a big, you know, underlying cause of why we see so many kids struggling with, you know, allergies, asthma and eczema.

And so, you know, I always think about, you know, how do we go for the low hanging fruit and, you know, start with the things that, you know, really help reduce that child's sensitivities.

Gut health, inflammation, and allergy triggers

I think one of the most fascinating studies I've read recently was showing that, you know, mom during pregnancy, especially that month before delivery, if she starts taking probiotics that month before and the month after, particularly if she's breastfeeding, significantly reduces the child's risk of developing eczema and allergies.

So, you know, even something as simple as that. So, you know, again, it seems to kind of show that, you know, this whole allergic disposition starts really even in utero.

Yeah, I agree. And I think that it's it's such an interesting topic to step back and kind of look at things, you know, more globally and holistically since the range, the rate of, of these diseases are going up so quickly.

Right. And so just like you mentioned, you know, people want to say, oh, you know, it's just genetics. But that can't be true. I mean, we know that genetics plays a part.

It plays a part in most diseases. You know, and things like that. But it's not that it can't be like we see these things skyrocketing. And, you know, every other kid has a peanut allergy, every other kid has eczema, every other kid has some sort of seasonal allergies.

And it seems like it's getting worse and worse. And this is such a huge problem. I've seen numbers as high as like 7 to 10% of kids have have eczema, 7 to 10% of kids have, you know, outlook.

It's the numbers are staggering to the point where almost every kid has a chronic disease or, you know, half the kids have a chronic disease. And these numbers are are shocking.

And they should be shocking to us and we should be doing something about it. But it just doesn't seem like we are. And that's at least where, you know, great natural practitioners come in because we're hopefully starting to think a little bit more about this and trying to push it into mainstream.

You know, I know that's that's one of the things that you're doing. You try to help a lot of families with this because. Yeah, exactly. Except there aren't things that we can do.

We're not magicians. Right. So this many times we're not we can't get rid of all allergies, but we can help with the underlying root causes of things that are causing inflammation for you and hopefully get you to a place that is better.

And I know it's for sure possible because I've seen it with my own patients where you do a few things and then some of the symptoms resolve or go away totally.

So I guess we can go there next. In terms of what are the things that that you recommend for families to think about, or what are some of the the remedies that that you use to help and move things in a different direction when it comes to allergies or asthma?

Well, I think it always starts with the gut, right? You know, we know that up to 80% of your immune function stems from the gut. So leaky gut, you know, some sort of dysbiosis I think, again, can be an event that leads towards other types of allergic illness.

You know, this this idea of what we call mast cell activations become really prevalent in the last, certainly last decade. And, you know, you've got Marcel scattered throughout your body.

So when these mast cells get activated, they can release chemicals like histamine. But you know, there's over 200 chemicals in mast cells, all of which can cause various symptoms.

So if you've got mast cells in your gut, you can have gastrointestinal issues. If it's in the skin, it can manifest as eczema. If it's in the brain, it can be, you know, neuropsychiatric.

So you know, this this idea that, you know, we've got these things tipping the scales, setting these mast cells off, again certainly starts with the gut.

So if you've got a child who's chronically constipated, chronic abdominal pain, diarrhea, you know, we always worry about what kind of changes going on in the gut.

Again, that may be leading to other types of immune dysfunction. And, you know, if we can clean up the gut first, you know, that reduces a lot of allergic symptoms.

I'm always amazed the number of kids I see with the chronic snotty nose right now. They got the allergic salud. The big increase across the bridge because they're constantly pushing up their nose.

I got the dark circles under their eyes. You know, these are all physical signs of allergy. And sometimes as simple as removing gluten and dairy from the diet.

Well, that nasal congestion clears up. You know, the eyes look better. So, you know, that can be so many different factors that that that lead to these different allergic responses.

And I always think about this too, is load, you know, think about that. You know, it's not really often one thing. It could be, you know, a food sensitivity.

You could have a child that sensitive to mold or pollen or cat or dust or dog or it could be even chemicals. And as that load keeps increasing, you know, the child's again, allergic responses are going to be more severe.

So as we get a toehold on each piece of that, you know, we get a better clinical response. You know, in the conventional allergy world, avoidance is always the first thing.

If you know there's something that bothers you, try and stay away from it. And if it's a food allergy, that's easy enough, right? If you know your child's allergic to peanuts, you do everything you can to stay away from peanuts.

But what if your child's allergic to mold? I mean, you know, we live here in California where we don't get as much mold as places like Texas or the East Coast.

But you know, when mold is present, you know, you can see a lot of, you know, symptomatic response. So for things that we can control, you know, we do the best we can to control the environment, you know, use clean, you know, cleaning products at home, don't use chemicals, don't use perfumes and detergents and strongly scented things.

All of these things again can sensitize children. Feed your kids good, clean, healthy food, right? It's not filled with a bunch of toxic chemicals that again can become sensitizing events.

You can start with the easy stuff, but beyond that, once you have a child that's already sensitized, you know, there's sort of I think this reaction in our world where, you know, we want to give kids different things to try and help stabilize themselves, help control the allergy.

And, you know, my feeling is, with kids, less is more if we can get away not, you know, loading them up with tons of supplements and a lot of other things that make it difficult for parents.

That's a win. And so we do a lot of immunotherapy in our practice. And, you know, immunotherapy, immune therapy, the idea behind it is kind of like conventional allergy shots, right?

You know, if you're allergic to dust or ragweed or dog, we can give you that substance at a very specific concentration over the course of time. It really rebuilds immune tolerance to that allergen.

You know, think about allergies as being overreactions. Your immune system's reacting to something it shouldn't be reacting to. Your body should know that dust and ragweed, these things are part of your world.

But something's changed and your immune system doesn't look at it that way. So again, we can start, you know, using different types of immunotherapy to change the way the child's immune system responds and ultimately, hopefully desensitize them to the point where they can have exposure to that allergen and there's no reaction anymore.

Yeah, I love that you mentioned all the stuff that I say, which is great. It's always great when you when you chat with other practitioners and you work on the same stuff and you kind of take the same route because, you know,

sometimes people come to me, you know, for allergies, like you said, they have all those symptoms and they want to do a ton of testing.

They want to do a ton of supplements. And you can I mean, you can you can do as many tests as you want to. But I think for kids, just like you said, less is more.

And especially when you're talking about blood work, you know, it's not fun to do it on kids. And a lot of the tests are not great for kids anyways.

Testing limits and clinical detective work

They're certainly not you know, tested originally in kids, you can do them, but they're more and more for adults when you're talking about functional medicine testing.

And and I also find, you know, with food sensitivity testing, again, you can do it. But the relevance, the the help, you know, is really pretty minimal.

As opposed to being a more of a detective and trying to figure out some of the things that are the triggers for your own kid, and then and then trying to just remove those.

And it's not it's not always easy. And sometimes it takes parents a few months or a year or two. But oftentimes when you set people in the right mindset of, all right, B detective, think about what you're doing, write everything down if you can.

You know all the foods that you're eating, where are you going? And try to find a pattern. Right. And a lot of times I'm sure you see a two parents find a pattern.

They'll come back later and say, oh, every time we go to the playground it seems to get worse. Or oh, every time they eat tomatoes, it seems to get worse.

And it's not always something that you you believe. Or they say, oh yeah, we found mold in the house when we did an inspection and we moved out and it got much better.

Or every time we go on vacation, it gets so much better. Okay, well, then what are you doing at home that that might be the trigger. So all these are the things that really end up helping parents figure out what is the main triggers for their kids and know that's that's what I do.

So I agree, yeah, you can do testing, but I'm not a big fan of it. So I think it's important for listeners to understand when you go to an allergist and they do conventional testing, whether it's skin prick testing or blood testing, you know, they're primarily looking at what's called IgG or immunoglobulin E, and that's the antibody that we associate with, you know, like conventional allergy.

And it's interesting when you read European journals on allergy in American journals, they're very different. You know, in the United States, allergy has this very strict definition.

So like a food allergy. And if it's not anaphylactic it's not a food allergy. So if your child doesn't have, you know, the swelling difficulty breathing hives then it's not an allergy yet.

You know, parents will tell about the experience of feeding their kids foods and getting abdominal pain and getting skin rashes and other things. That's not, you know, anaphylactic.

Therefore I said, well, it's not a food allergy. Okay. Well now we're splitting hairs with semantics. Is that food allergies that are food sensitivities a food intolerance.

It is a reaction to the food. So if we kind of broaden our definition of allergy saying look it's a reaction to something.

And although there might be different mechanisms involved again maybe it's IgG, maybe it's T-cell mediated, maybe there's some other mechanism we haven't quite discovered.

But I think this is some of the pitfalls of testing though, because if you're only looking at it, you know, potentially you're going to miss a lot of these other type of reactions.

And I think, you know, food is probably the worst problem with that, that, you know, again, kids go to the allergies, they get food allergy testing. And we don't have any food allergies.

Okay. You don't have anaphylactic food allergies, but that doesn't mean you're not reacting to food. So that's where, you know, we do elimination diets.

We might have some other methods that we can help determine what's going on. And same thing with environmental allergies. I've had, you know, kids for years ago, they would just get skin prick testing for mold and everything comes back normal.

Yet every time it rains, every time they go in a damp environment, every time they get around mold, we see the physical reaction. So there's, you know, a lot of other mechanisms that are involved at mold allergy that's not necessarily IgG.

So again, you know we've got to use our detective hats like you said. And the clinical history actually tells us a lot about what your child's reacting to when it happens, what time of year or what time of day.

You know, we know like with pollen allergy, pollen pollinates in the morning, mold spores late in the evening. So for people who get worse late in the afternoon, that can be mold.

If it's early in the day, that's often pollen. Is it worse outdoors? That's often pollen. If it's worse indoors, it might be dust. So, you know, all these give us clues on what those triggers might be.

And then once we can kind of figure that out again, then there, you know, we have these methods in place again that we can start desensitizing, against these different allergens.

You know, we do two different things in our practice. And if it's okay, I'll just kind of talk about them briefly. One's called LDA. That stands for low Dose Allergy therapy.

LDA was developed by an ENT surgeon back in the 1960s. Doctor Len McEwen, where he took allergy extracts, and he diluted them way beyond what conventional allergies were using at the time.

And then he mix it with an enzyme called beta glucan. And this is a normal enzyme that's found in your white blood cells. So it's part of us. But he found that that enzyme has this immune modulating effect to whatever you mix it with.

So basically these days, you know, we have a pharmacy in Georgia that makes these extracts. We have food mix, we have an inhalant mix that has mold and pollen and cat and doesn't dog and feather and pretty much anything you breathe in.

And then there's a chemical mix for people who are chemically sensitive. So with LDA there's really no testing involved. So this is great for kids who don't want to get tortured with, you know, skin prick testing or even blood testing.

It's really just based on clinical history. So we think that foods are bothering you or if molds bothering you, we can just. You use the LDA. And the way they typically teach us is to do it as an intradermal injection.

So it's a little injection between the layers of the skin. It really stings. I find kids hate it. So we found that if you just squirt it underneath their tongue, it works just as well.

The way that all immunotherapy works is through what we're called dendritic cells, which are part of your immune system, and they're really part of the immune system that help teach the rest of your immune system what's normal.

It's so happens that both your skin and the inside of your mouth are rich in these dendritic cells. So we get the same benefit by doing it under the tongue.

And it just it doesn't sting like doing the injection. So it's really a great therapy. And with LDA you only get a dose every seven weeks. So it's really easy for parents.

It's not something they have to do every single day. So every seven weeks they squirt the dose under their child's tongue. And hopefully over the course of time we start to see, you know, less reactive to the different allergens.

The other thing we do in our practice is called sublingual immunotherapy and sublingual. Fantastic question. I just want to clarify. So for this would be more for kids that have sensitivities.

If it's like an NFL lactic reaction, you'd probably be having them do these kind of things in an allergist office with EpiPens on it. Absolutely. If someone's got a true legitimate anaphylactic tick reaction, there is a different type of immunotherapy called oral immunotherapy where you actually go to the allergies office.

And if you're allergic to peanuts, they're going to start giving you a little bit of peanut. And they keep building it up over time. But that has to be done in a very controlled environment in the event that there is an anaphylactic reaction.

So for those kind of reactions, yeah, we don't we don't really dress those using this method. So this is really better indicated for all the non anaphylactic reactions.

Yeah. And I just want to clarify that because it is very similar in terms of the kind of thinking behind the way that you're doing it. But but it's more when you have the NF lactic throw closing up.

That's something that you're going to be doing with an allergist because that's against IgG reaction. This is more for your everyday, you know, issues, which is what we mostly see for kids that are having sensitivity, you know, gut issues, whatever it may be from the foods or the environmental toxins.

And this is, you know, similar method, but but with a lot less risk because the child doesn't have, you know, anaphylaxis, throat closing up, you're just trying to get them more, I guess tolerant to these things.

So that way their body doesn't react to it. Right. And I should mention that, you know, immunotherapy doesn't fix food intolerance. So if you have lactose intolerance or gluten intolerance, these are enzyme problems.

This is a lack of certain enzymes that break down these proteins. That's often genetic. You know, there's nothing we can do to change your immune system in that way.

That's going to fix that problem. So it doesn't fix that either. But again, for all these other like sensitivities, it works incredibly well. So so yeah.

So the sublingual immunotherapy, again has been around for over 100 years. And it is more akin to allergy shots. Just imagine you know you're getting the similar extract the dilutions not as concentrated as what they do with allergy shots.

But the concept is the same as it gets a little bit closer to that than the LDA, which is much more diluted. What's cool about sublingual immunotherapy is that there's hundreds and hundreds of studies.

Immunotherapy options for allergies and asthma

A lot of the studies have been done on children and by and large, what we find is that there's a significant reduction in both allergies and asthma symptoms and a significant reduction in use of medication.

So we can get kids off their inhalers, we can get them off the steroids, we can get them off the Zyrtec and the Claritin. So over the course of time, again, as we're building immune tolerance, not only improving the health of your child, you know, we're also greatly reducing their need for medication.

And I think about, you know, especially with the young children, you know, often the early sign of allergy, it's the ear infections. It's the strep throat. It's the bronchitis.

If you think about it, you know, what is it that allows a bug to grow? You know, if you have a dry cavity, a dry environment, bugs don't thrive well in that environment.

But allergy creates that clear fluid that once that flu is there, it's really easy for a bacteria or a virus to take root and really start to create, you know, some sort of infection.

So the kids and I'm sure you see the same thing that again, the recurrent ear infections again, often it's a food related issue. Sometimes it's environmental.

But we start, you know, identifying the exposure, either eliminating it or treating it. Now the ear infection stop and the strep throat song and the tonsillitis stops and all the like the normal childhood things that that go on and on just tend to, you know, halt in their tracks because we've stopped that fluid accumulation and therefore, you know, that doesn't have the right breeding ground when they do get exposed.

Now, look, kids are supposed to get sick. You know, that's normal, right? They should get sick occasionally and it should be fairly short lived. And relatively uneventful.

But when you've got the child that every two, three, four weeks is coming down with something else, I always think that allergy might be underlying that root.

Yeah. No, I definitely agree. And so to finish off I want to talk, you know, get a little bit more practical for a second with with the final question.

And so for me, especially with allergies, I've found that we in the office with younger kids don't necessarily find the root cause for them. It's usually the parents I found that do the detective work that come to me.

And our, our job oftentimes is directing the parents mindset to start thinking about what are the things that it could be, and then starting to figure out and think through all the stuff that their children are doing during the day.

So that way they can kind of pinpoint, what are those things? Because they're there. It could be anything, right? Anything could be causing the sensitivity.

And so just trying to, guide parents to like these are the most common things. These are the things to look for. That can be really helpful for them to ultimately figure out what it is.

I mean, yes, again, we can do testing, but a lot of times it's not super helpful. And oftentimes I've seen it's the parent that comes back after like, oh, they had an moment and they figured it out.

So if you were speaking to a patient in your office who were saying them home to try to figure out, you know, what kind of, triggers might be the big ones for their kids, how would you approach that?

Or what would you tell the parents in terms of a process for them to say like, okay, you know, how am I going to look at these things? Here's what you should be thinking about.

Here are the most common things. And then let's me back in a couple weeks and let's chat about what you found.

Yeah. So again, I think keeping a good log of your child's symptoms when they occur, how long they occur or how severe they are, all that information are clues.

Again, are the symptoms worse when they go to bed at night? Is it worse when they get up in the morning and they happen throughout the course of the day?

The age of the child also matters to, you know, I find especially the young children, really probably under the age of three, you know, it takes a while to walk the planet before you start becoming more environmentally sensitized.

So when I've got, you know, 18 month olds, two year olds that are having all these issues, it's less likely it's going to be an environmental trigger.

It's more likely going to be a food trigger because that's something you started doing from day one where, you know, we don't typically see mold and pollen allergy until kids get a little bit older.

So age of the child matters. Again, the timing of when the symptoms tend to get worse makes a difference is a better a certain time of year. We know with pollen, you know, no matter where you live, pollen has a season.

So if you're one of these springtime time every April May, my child gets congested and sick. Okay, that's a pretty good clue that pollen is the trigger if it's happening later in the fall.

Well, that's usually when you know ragweed comes out. Or maybe that's when mold comes out, depending on where you live. So the time of day, the time of year where you look at, do you get better when you leave your environment?

If we see people say, you know, we were on vacation for a week at Disneyworld in Florida and we live in California and gosh, we felt so much better. Well, that communication, that indoor mold is what's triggering you because you just got out of that environment.

So again, keeping good notes on your child, you know, when you see them experiencing symptoms, how long they last? Again, we get so much great information from parents history that it can really be as simple as that.

Yeah for sure. And I get a you know, it's always a funny question times when parents of younger kids try to, you know, pin the allergies on something like an environmental allergy, you know, it's like a one and a half year old like, oh, does they have seasonal allergies.

And it's mostly because they have it themselves. And they're like, you know, how do you know? And I'm like, well, we don't know. It's something that you would know over time if you see it every year.

I mean, certainly it could be a trigger, but it's just something to remember with a younger kid, just like you mentioned, that that's the less likely trigger.

But even if it is the trigger, it might be hard to pinpoint that, you know, when they're one.

Practical advice for identifying triggers

Because if it's seasonal, then usually you'll you'll notice it over a few seasons that it gets worse every September or whatever it is. So, you know, that might might be something to think about and keeping your list, but maybe not the first thing, you know, the first route to go, because there's not going to be a ton you can do with a one year old for that, as opposed to, you know, when they're five or 6 or 7 and then you're like, you know, every September they have this issue that's much more helpful for us.

Yeah. And of course, if you've got pets at home, you have a cat, you have a dog, you have a bird. You notice when they're around the pad, do the symptoms get worse?

You know, again, we know that early exposure to pets actually helps again, reduce the risk of having pet allergy. So you know, infants, when they're exposed to cats and dogs are less likely to become allergic.

And I think we kind of see that across the board. You know, even with food, I don't know, I was when you were in school, but I was taught that, you know, we really want, you know, kids in the first year to avoid a lot of these common food allergies because it's going to make an allergic we've now, but it's the absolute opposite of that.

That's not true at all, that we want that early introduction. We want mom during pregnancy eating some of these foods so that the child becomes less sensitive.

You know, we talk about peanut allergy being so prevalent to us. It's fascinating when you look at Thailand where peanut oil is used in everything. And yet their rate of peanut allergy is almost nonexistent because they all get exposed to it all the time.

You know, moms have it when they're pregnant. Kids get it early in life. So I think we've got more compelling evidence that getting that early exposure is probably better suited so that someone doesn't develop an allergy to it later in life.

Yeah, that's what I tell parents. And I think it, at least to me, makes common sense that if your body doesn't know what something is, then at some point they're going to be more it's going to be more likely to have a reaction to it because it thinks that's something foreign or different, versus if it's something that you're exposed to all the time, then you gain that tolerance to it.

So that that makes comments that common, logical sense to me. And that's what the research shows. So that's what I tell people. Perfect. Yeah. I think, you know, it's it's still in a lot of people's minds.

I think they want to particularly the parents had the personal experience of being sensitive to a food. You know, obviously they're going to stay away from it for their benefit.

But just because you're sensitive as a parent doesn't necessarily mean your child's going to be sensitive. So again, I wouldn't specifically withhold that food when, you know, after birth to give them that exposure to hopefully build their immune tolerance so they don't have the same experience that you might have had as a parent.

Beautiful. Well, well, thank you for all these amazing tips. And I think that's very practical and useful information for those that have, you know, allergies, eczema, asthma, those, those type of syndromes and symptoms, which seems to be almost everybody these days.

So I think this is really helpful for a lot of parents.

Where to learn more and closing remarks

Before we finish up, can you tell people where to find you, how to check out your book or anything else that you want to mention? For people to learn more.

The easiest place is just to go to my website. It's just Darren Ingles Indeed.com, and all of our information is there. Awesome. Well, thank you again for for joining us.

Always a pleasure to chat with you. You're a wealth of knowledge and, have a wonderful rest of the day. All right. Thanks. So.