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Pseudoallergen-free Diet in the Treatment of Chronic Urticaria

Sir,

In addition to the article by Zuberbier et al. on *pseudoallergen-free diet in the treatment of chronic urticaria* (1), we want to report our own experience. Since 1979 we have studied patients suffering from chronic urticaria for the relevance of pseudoallergic intolerance due to food additives and aspirin by oral provocation tests, and in case of positivity we treated them with pseudoallergen-free diet and followed them up for 6 months. In 1982 we published our first results (2). Thirty-nine out of 100 patients exhibited intolerance phenomena to one or more substances. They had avoided drugs strictly and were on additive-free diet during the oral provocation. Twenty-three per cent of patients reacted with intolerance to aspirin, 15% to tartrazine, 13% to patent blue and indigotin, 10% to choline yellow and yellow orange, 8% to sodium benzoate and 8% to potassium sorbate. Forty-four per cent of the previously positively reacting patients, having been on an additive-free diet and avoiding aspirin, did not reveal any urticaria in a 6-month follow-up. There was a statistically significant difference between these patients and those without intolerance phenomena and without an appropriate diet, only 24% of whom cleared spontaneously after 6 months.

Since 1982 we have applied this diagnostic and therapeutic regimen continuously. Details are given in Table I. We completed the food dyes (e.g. erythrosin E 127) and added sodium metabisulfite, sodium glutamate, propylgallate and butylhydroxyanisol to our test battery and interposed placebo gelatine capsules on two or three occasions of testing. Again, several patients reacted to more than one test substance. On the other hand, we may have obtained falsely negative tests due to the dose-dependency of the additives or even the great number of additives (2,000–20,000 estimated) (3), which cannot be tested in detail. In addition, the combined or synergistic effect of additives may be required or several pseudoallergens are still undetected. This may explain the different results reported by several authors (4–6).

For the last 14 years we have put altogether 412 patients on

pseudoallergen-free diet, and symptoms ceased or were greatly reduced within 2 to 4 weeks in 73% of them. In 52% of patients this effect lasted while they were on the diet. Even patients in whom we could not find any cause or hint for eliciting factors of the urticaria we applied this diet, and 28% of them benefitted from this regimen. IgE-mediated allergy had been excluded by a specific RAST test and prick tests as well. Also chronic infections, e.g. by *Helicobacter pylori* and *Candida albicans* had been looked for (1, 7) and treated adequately.

However, the same patients admitted that they had not always followed our recommendations strictly, e.g. when taking part in social events or parties. It is well known that the concentration of salicylates changes in plants, fruits or vegetables according to their growth conditions (8). On the other hand, it seems clear that such a strict diet requires reliable compliance by the patient. As shown by our controls, without intolerance, without diet and without an evident alternate cause of the urticaria the self-limiting effect in chronic urticaria is about 24%.

Finally, we want to emphasize that food dyes are also incorporated in the cover of dragees, even in antihistaminics. The declaration of food for additives and preservatives would be very helpful for the patients, the more so as the composition changes in dependency on the dye required.

By all means, even when pseudoallergic intolerance or other eliciting factors for chronic urticaria cannot be identified, the use of a pseudoallergen-free diet for about 4 weeks is recommended as a diagnosis *ex iuvantibus*.

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Table I. Six-month follow-up of patients with chronic urticaria while on a pseudo-allergen-free diet

Patients	Number	Free of skin lesions		Improvement		No improvement	
		Number	Percent	Number	Percent	Number	Percent
Patients with positive oral provocation, on the diet	98	43	44%	29	29%	26	27%
Patients without positive oral provocation, without diet	143	34	24%	47	33%	62	43%

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