

FOOD INTOLERANCE NETWORK FACTSHEET

Hayfever and allergic rhinitis

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Symptoms

Hayfever – technically called rhinitis - can be associated with either allergy or intolerance. Allergy to pollen is particularly common, seasonal and tends to be characterised by sneezing, runny nose, watery itchy eyes, nose and palate. Persistent rhinitis occurs year round and can sometimes be mistaken as a long-lasting cold, with symptoms such as blocked or runny nose, snoring, loss of sense of smell and possible sneezing. There can also be an associated cough or constant throat-clearing, glue ear or sinus headaches.

Both kinds of rhinitis can be managed by diet, however, the foods to be avoided depend on your individual sensitivities.

Foods to avoid - allergy

If you had food allergies as a child, consider those foods suspect, especially milk or egg, since children are likely to grow out of food allergy and into airborne allergies. Avoiding milk may also mean having to avoid other dairy foods including yoghurt, icecream, commercial products such as bread or biscuits that contain milk powder, cream and butter.

Some people whose rhinitis is related to cows' milk have reported that they can tolerate the new A2 milk from special Jersey cows. It doesn't help everyone but could be worth a try, see www.A2australia.com.au.

Foods to avoid - intolerance

For rhinitis due to food intolerance, additives and natural chemicals such as salicylates in foods and medications could be to blame. Benzoate preservatives have been most reported in the medical literature but any of the known nasty additives can also be a problem, see additives to avoid <http://www.fedupwithfoodadditives.info/information/additives.htm>.

Nasal polyps are a warning of salicylate sensitivity, however those without can also be sensitive to salicylates in foods and medications, see salicylate factsheet <http://www.fedupwithfoodadditives.info/factsheets/Factsalicylates2.htm>.

It is possible for rhinitis to be aggravated by both allergy and intolerance. Depending on the severity of your symptoms, you could try avoiding dairy products and/or additives for three weeks. However, the most effective way to find out exactly what is affecting you is to try the RPAH elimination diet with systematic challenges, supervised by a dietitian. Ask for our list of supportive dietitians (confoodnet@ozemail.com.au)

Reader reports

[832] Rhinitis due to dairy foods (July 2009)

A nine-year-old was taking medication for rhinitis that was so bad that he couldn't breathe or talk properly. When this boy eliminated milk as the last stage of going failsafe, both his behaviour and rhinitis improved dramatically. His mother explained: 'Our paediatrician was really surprised. He said he could tell the rhinitis was better, because the hairs in his nose have grown back.' - from Fed Up

[831] 282: Runny nose due to bread preservative calcium propionate (July 2009)

My fourth baby had the same terrible broken night sleep pattern as the other three. After struggling for eight months, she did start to settle down, waking perhaps once a night. This was great until I started her, at 10 months on bread. She immediately returned to night waking - for no apparent reason- and also had a clear runny nose. I found that the bread had preservative 282 in it so we stopped feeding it to her. Within a couple of nights (I guess it had accumulated in her system) she again settled down to a peaceful nights' sleep! AND her nose cleared up! I can't believe that it could have been that simple!

[830] Runny nose due to salicylates including mint flavoured toothpaste (July 2009)

Three years ago I started the RPAH elimination diet and discovered I was suffering intolerance [to dairy as well as other food chemicals. Although other symptoms cleared up] there were a few niggling things, particularly the blocked and running nose, always having my sleeve or back pocket loaded with tissues, ready for the inevitable moment. I had always suffered this morning and evening ritual of a running nose so 'just lived with it'.

(Trying the diet again 3 years later) After a week of full elimination, the runny nose persisted. I read and re-read through your checklist of common mistakes and decided to try plain toothpaste which I never did 3 years ago as my dietitian at the time said, 'oh you don't have to give up toothpaste if you don't want to - everything else though' and I never really considered it could cause me such suffering. Well well well. A truly amazing change has occurred for me. No more nose blowing at breakfast time or when I'm settling into bed at night. The tap has officially been turned off!

[829] Rhinitis - brief reader comments (July 2009)

- Some of the things that have improved on diet: morning cough and rhinitis virtually gone.
- I can't believe the improvement I've had over the last few years since starting the diet – especially getting away from the constant runny nose.
- Our two year old reacts to milk with night cough, dribbling, restless nights and runny nose +++ - it is hard to avoid milk but is easier than always being at the hospital or the doctors and having a sick child!

- I went through 3 courses of antibiotics for sinus problems before I realised they weren't helping. When I read your book, I started the elimination diet the next day. Within three days the sinus problem completely disappeared - I had had a runny nose, and headache for seven weeks prior to that! It was clear proof to myself and my mum that something pretty big was happening when I ate certain foods.
- My son had an allergic rhinitis type of reaction with red swollen eyes and nose and really bad sneezing attacks to some fenugreek capsules I gave him once because it was suggested that they would help with his allergies. Talk about irony. He also reacted similarly to a chickpea falafel from the kebab shop. This was before I knew anything about salicylates.

Management

Hints for pollen avoidance

- stay indoors as much as possible on windy days
- avoid grass mowing
- keep windows closed in the home and car (use recirculated air) when pollen levels are high
- avoid hanging washing outside on windy days especially towels and pillow cases
- do not bring cut flower arrangements indoors
- if you have a garden especially with bottle-brush flowers, visit this site - <http://www.allergyfree-gardening.com/>

If you are allergic to cats, dogs, birds etc it's best to avoid them and keep your house animal-free, but if you are not prepared to remove an existing pet, here are some hints.

- keep pets out of bedrooms
- have someone else bath the pet once a week
- remove carpets if possible (use wood, tiles, concrete or lino instead)
- wet mop floors frequently
- if a pet has ever lived in your house, all carpets, soft furnishings and bedding should be steam cleaned or washed as animal hair and dander can still be around months or years later.

If your child has been diagnosed with dust mite allergy, some ways you can control dustmites include:

- wash sheets and pillow cases in hot water once a week
- wash blankets and other bedding at least once a month
- keep stuffed animals and decorative pillows out of the bedroom, machine wash frequently or leave in the freezer for 24 hours then hand wash in soapy water.
- use dustmite allergen covers available from bedding retailers on pillows, mattresses and quilts, check occasionally for tears in the covers.

For further information see

http://www.medeserv.com.au/ascia/aer/infobulletins/allergen_avoidance.htm

Scientific references

Clinically important pollens of NSW and the ACT by Bass DJ, Medical Journal of Australia, 1984, 141(5):S13-14) - 'It is possible to satisfactorily manage pollen allergies by giving attention to diet during the pollen season'.

Allergy to cows' milk with non-seasonal rhinitis as the only symptom by Fuglsang G, Ugeskr Laeger. 1984 12;146(46):3546-7.

Rhinitis in a child induced by aspirin and by cow's milk by Drouet M, Allerg Immunol (Paris). 1990;22(7):289.

Occupational asthma and rhinitis caused by milk proteins by Toskala E and others, J Occup Environ Med. 2004 ;46(11):1100-1.

Follow-up of children with rhinitis and cough associated with milk allergy by Huang SW, Pediatr Allergy Immunol. 2007;18(1):81-5. The majority of young children with allergies to milk or egg whose sensitivity to foods was decreasing with age simultaneously developed a sensitivity to airborne allergens. Exposure to cigarette smoke increased the risk

Monosodium benzoate hypersensitivity in subjects with persistent rhinitis by Pacor and others, Allergy, 2004;59(2):192-7 DBPC challenges with monosodium benzoate induced both objective (i.e. sneezing and rhinorrhoea) and subjective symptoms (nasal blockage and nasal itching) of rhinitis; with artificial colours, benzoates, sulphites and MSG subjective symptoms of rhinitis (i.e. nasal blockage and nasal itching) in some patients. "The observation that nonatopic persistent rhinitis may be caused by the frequent, probably daily, ingestion of small doses of a nontolerated substance is intriguing and suggests that at least some patients with 'chronic vasomotor rhinitis' may be intolerant to a particular food additive."

Perennial rhinitis induced by benzoate intolerance by Asero R, J Allergy Clin Immunol. 2001 Jan;107(1):197.

A Randomized Prospective Double Blind Controlled Trial on **Effects of Long-Term Consumption of Fermented Milk Containing Lactobacillus casei** in Pre-School Children With Allergic Asthma and/or Rhinitis by Giovannini M and others, Pediatr Res. 2007. Long term consumption of probiotic Lactobacillus casei may reduce the severity of rhinitis in young children.

Food sensitivity reported by patients with asthma and hay fever: A relationship between food sensitivity and birch pollen-allergy and between food sensitivity and acetylsalicylic acid intolerance by Eriksson N, Allergy. 1978 Aug;33(4):189-96. A correlation was found between birch pollen allergy and food sensitivity - the higher the degree of birch pollen allergy, the higher the frequency of food sensitivity.

Acetylsalicylic acid and food additive intolerance in urticaria, bronchial asthma and rhinopathy by Wüthrich B and Fabro L, Schweiz Med Wochenschr. 1981 26;111(39):1445-50. From the abstract: Among 620 patients with urticaria, bronchial asthma or chronic rhinitis, oral provocation tests with salicylates, tartrazine or benzoic acid revealed in 165 (26.6%) intolerance to salicylates or additives. Frequency of intolerance to tartrazine varied between 6.1% in urticaria (n=308), 7.3% in asthma (n=96) and 14.5% in urticaria and asthma patients, while intolerance to benzoate varied from 2.5% in rhinitis (n=40) to 11.5% in asthma. More than two thirds of the intolerant patients were improved by an elimination diet and by the avoidance of "aspirin-like" drugs.

Optimising the management of allergic rhinitis: an Australian perspective by Walls RS and others, Med J Aust. 2005 3;182(1):28-33, In tropical and warmer areas of Australia pollen allergy is not necessarily seasonal but can occur all year round in some locations such as north Queensland; free full text at http://www.mja.com.au/public/issues/182_01_030105/wal10248_fm.html

www.fedup.com.au

The information given is not intended as medical advice. Always consult with your doctor for underlying illness. Before beginning dietary investigation, consult a dietician with an interest in food intolerance. You can find a supportive dietitian through the Dietitians Association of Australia www.daa.asn.au or write for our list of supportive dietitians (confodnet@ozemail.com.au)

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