

Global Treatment of Food Allergy and its Effective Therapies

Honggang Zheng*

Department of Nursing, Physiotherapy and Medicine, University of Almería, Almería, Spain

DESCRIPTION

Until recently, analysis of food allergy was limited to rigorous avoidance and preparation for rapid treatment of severe allergic reactions in the event of accidental ingestion. 20% of children visit the emergency room each year, and 40% of children with food allergies report at least one severe allergic reaction that resulted in an emergency room visit in their lifetime. Additionally, avoidance can lead to significant childhood anxiety and social isolation at family gatherings, camps, celebrations, and sleepovers. For these reasons, current management options are suboptimal for many. Several approaches to the treatment of food allergy have recently been investigated and may soon lead to a paradigm shift in the management of this chronic non communicable disease. This report reviews historical attempts at food allergy treatment, discusses emerging food allergy treatment goals, and describes current and innovative food allergy treatment approaches under development.

Developing therapeutics to effectively treat food allergies is not a new concept. The first known report of an attempt to treat food allergies was published in *The Lancet* in 1908. In this report, an adolescent boy with egg "poisoning" who had more than 150 anaphylactic reactions to minimal boiled and baked eggs continued to eat 1 egg daily for 9 months. Calcium lactate was co-administered with increasing amounts of As a result of this procedure; the boy was able to eat "everything". Dr. Alfred Schofield, the physician who oversaw this initial desensitization, concluded: Considering that the article is about almost everything a schoolboy eats, and that his life has been in danger

many times for such food, the troubles expended are well justified. Of course, the difference with boys is immense..." The quest for a cure for food allergies was largely ignored until the early 1990s, when the concept of using immunotherapy was revisited. Early desensitization attempts to subcutaneously administered peanuts resulted in a high rate of systemic allergic reactions, including one death due to an incorrect dose. This form of immunotherapy raises the reactivity threshold. But failed to meet an adequate risk/benefit ratio, once again stalling the search for a food allergy treatment.

In 2020, nearly 30 years after the first clinical trials of peanut immunotherapy began; the FDA announced standardized peanut powder for use in OIT as the first and only approved treatment for food allergies. This method of treating peanut allergy has proven to be highly effective, with nearly 70% of patients on active treatment being able to consume 600 mg of peanuts (or about 2 peanuts) without dose-limiting symptoms.

Unfortunately, as reported, the side effect profile of this therapy is far from ideal, with over 85% of subjects experiencing gastrointestinal side effects and 81% of subjects experiencing gastrointestinal side effects. Have experienced respiratory side effects. Systemic allergic reactions occurred in 14% of subjects. As a result of this pioneering work, interest in advancing the field of food allergy treatment has increased and is likely to accelerate over the next decade. A number of Phase 2 and 3 clinical trials are currently underway, potentially leading to FDA approval of analysis shown to have promising efficacy and side effect profiles in small Phase 1 trials.

Correspondence to: Honggang Zheng, Department of Nursing, Physiotherapy and Medicine, University of Almería, 04120 Almería, Spain, E-mail: zhenghonggang16@gmail.com

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