

## Original Submission (Slightly Revised)

It was Natalie's first birthday. The lights dimmed, a hush fell over the room, and cameras popped up to catch the drum-roll moment. Her father and I led our princess through a crush of guests to her picture-perfect cake: a multi-tiered chocolate confection slathered with butter-cream frosting; mint green leaves and pastel flowers crisscrossing its crystal white surface. Hidden inside was a little something extra, the "piece de resistance" as the lady at the bakery put it. Hazelnut cream filling. One year after the birth of our daughter, that cake summed up all my feelings: love, joy, pride and accomplishment.

Dressed in a summer pinafore the color of daffodils, wispy black hair slowly pulling loose from what had been a flawless ponytail, Natalie stared sideways over the sugary monument and blinked her gooey brown eyes at the beaming faces. Natalie's proud father took her hand in his and together they glided the knife through the soft layers of cake. The crowd cheered. "Give the birthday girl the first piece!"

Father raised a pinch of the brown and white goodness to Natalie's lips, and she took a shy nibble but nothing more. Her eyes widened into a doubtful stare, and she refused to eat another bite, even as children all around her buried their faces in cake and icing, the kind of sugar-fueled feeding frenzy you would expect at a birthday party. Puzzled by the look on her face, but not alarmed, I brushed it aside with the only logical explanation that came to mind: "maybe it's just too sugary for Natalie." I then wrestled with a sudden feeling of defeat. I had really longed for that moment to be perfect – splendidly perfect.

By the growing look of anxiety on Natalie's face, a little icing still smeared in the corners of her mouth, it soon became clear that splendidly perfect was not going to be my fate that day. Within minutes, my baby girl's complexion morphed from a smooth alabaster to a grotesque swelling of splotchy, red hives. "What is happening to Natalie's face?" I asked myself. My mind turned on itself, a form of mommy interrogation I had gotten used to after a challenging year of baby mysteries. "Exhaustion? Heat rash? It was June after all. Or could something have spilled on Natalie?" The detective dug deeper. "Maybe it will go away," I reasoned, or hoped rather, as I turned my attention back to the room full of guests. "Who would like some cake? Can I get you more cake?" I looked for some way, however small, to make myself useful.

There I was, caught between my daughter's needs and my own limitations. I call it the mommy trap - the avalanche moment when you realize that your child is not a mini version of yourself but a unique being with unique needs, and your job is to try to understand and meet those needs however confusing and confounding they may be.

Denial works for only so long. "I'm sure it's nothing," you say at first. You turn away from signs that something might not be right; you bury them under housework and bill paying and laundry. That works for only so long. Then one night, you are woken by a nagging little voice challenging you to look deeper, listen more closely, even questions conventional wisdom if need be.

However, on that day, Natalie's first birthday, I was still in denial. The voice of motherly wisdom – the one we naively assume gets downloaded from the universe as soon as the umbilical cord is cut – was still relatively weak. Perhaps it tried to speak, but it was no match for the other distractions at the party. Instead, it was Natalie's small voice of wisdom that spoke up and followed me through the crowd as I tried to escape, filling the room with a nagging cry – not too high or too loud, but persistent and insistent. Her cry didn't carry the message, "I'm tired" or "I'm hungry" or "Someone took my toy away." It said, "Help me."

Until that moment, Natalie – a people person from day one – had been the perfect birthday girl, bouncing from guest to guest, flattering her admirers with high-voltage smiles, laughter, hugs and kisses. She was not one to whine or blubber on over nonsense, especially in the presence of a captive and generous audience. I had never witnessed a more sudden mood swing in that child. It was sunshine to thunderstorms in a matter of minutes, no warning and no explanation.

“Please stop crying, Natalie.” I knelt down on the tile floor and begged her compliance just as I was feeling a headache coming on and began fearing the guests were about to leave. “Don’t you want some cake? Maybe that will make you feel better.” Natalie’s wailing spiked a pitch. “Okay, no cake,” I said, backing off.

Finally, I heard someone call out from the crowd. It was another mother – one with older children and more experience than I had.

“Looks like Natalie is having an allergic reaction,” she said.

“An allergic reaction? To what?” I challenged the suggestion.

“The birthday cake, I imagine,” came the answer.

“The birthday cake? That’s strange?” I thought. I had never heard of such a thing.

At that point, I was willing to consider anything. I followed this mother’s advice and gave Natalie some Benadryl. I never considered calling a doctor or an ambulance. My awareness of the danger of food allergies was utterly non-existent, because my awareness of food allergies was non-existent. Natalie’s crying stopped after I gave her the Benadryl, and with that victory, my concern faded. Oblivious to the potentially dire nature of Natalie’s reaction, my husband and I cheerfully carried on with picture taking despite our daughter’s disfigured face.

“Smile, Natalie!” we both sang out, hoping to recover the party spirit.

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A few months and a number of blood tests later, I received the official verdict on Natalie's monumental birthday cake.

"Your daughter is severely allergic to nuts, Mrs. Patnaik. What kind of cream did you say was in the filling? Hazelnut?" asked the doctor as he frowned over a page full of statistics.

"Yes - that's right," I admitted.

We had sought out a well-respected pediatric allergist widely known from New York City to New Haven, an expert the major networks turned to when their morning talk shows wanted to shed light on the growing problem of food allergies among young children.

By this time, Natalie had grown into a 15-month-old bundle of spunk, who did not take kindly to her full-time mommy sharing even a smidgeon of attention with some strange man in a lab coat.

Clever girl that she was, she could think of a number of ways to neutralize the threat: a few cotton balls in her mouth, a quick yank on the stethoscope, vigorous free-style kicking of the examination table, and -when all that failed - a quick dash out the door and down the hallway.

"I'm looking here at the lab report," the doctor continued, fully composed and obviously accustomed to the volatile antics of his younger patients. "Natalie's IgE test result for hazelnut was 1.50. That means her immune reaction to hazelnuts falls within "Class 3" or the "Moderate Positive" range.

"Let's see now," I thought to myself. "IgE . . . 1.50 . . . Class 3 . . . okay, how am I going to remember all this?" I stuck my hands in my purse searching for pen and paper while nervously checking around for Natalie. I felt a sweat coming on. It was chemistry class all over again. My only C in high school! I wasn't prepared for all these terms.

The doctor continued on in lecture mode. “A ‘Class 3’ result alone does not necessarily indicate a severe allergy. It’s actually a somewhat mid-range test result with ‘Class 1’ being ‘Very Low Positive’ and ‘Class 6’ – the highest class – being ‘Extremely High Positive.’ But when you take into account the reaction your daughter experienced, a ‘Class 3’ result is significant in that it contributes to our conclusion: Natalie is not only allergic to hazelnuts – she is severely allergic.”

“Got it. Don’t feed Natalie hazelnuts again!” I said, nodding my head with a hearty resolve. I was ready to grab Natalie and call time on this doctor visit. “I can manage that.”

“Now let’s look at the other test results, Mrs. Patnaik. There are a few other foods Natalie should avoid. She’s a ‘Class 4’ – ‘High Positive’ – for almonds, peanuts and egg whites. Has she ever been exposed to those foods?” I could feel the doctor sucking me back into his web with his statistics.

“No almonds and no peanuts,” I said confidently, “but eggs? Sure. She loves them scrambled.” I looked over at Natalie and got smacked with one of her I-love-you-Mommy smiles. “She doesn’t eat them all the time, but she’s definitely eaten eggs and had no reaction to speak of – nothing to warrant a ‘High Positive’ score on eggs,” I tried to reason with the doctor, feeling myself sinking into intellectual quicksand.

“Well, given your child’s test results and the family history from her father’s side,” he pushed back on my pushback. He scanned Natalie’s chart for support for his argument. “Natalie’s father is allergic to eggs. I believe you indicated that in the family history,” the doctor said, looking to me for confirmation.

“Well, yes,” I squeaked. This doctor had me nailed to the wall and was showing no sign of letting me go.

“That confirms it. Let’s take her off eggs for now. And limit milk and soy products.” The doctor checked the report again. “She’s a ‘Class 2’ on those allergens. At her age, a child like Natalie, one who is showing allergic sensitivities, should avoid common food allergens. Strict avoidance is the best way to give her immune system a chance to develop and strengthen. The last thing you want is as ‘Class 2’ result to develop into a ‘Class 3’ or ‘Class 4.’ Which brings me to Natalie’s ‘Class 4’ result for peanuts and almonds.”

By this point, my mind was spinning. “Lord help me! When is this going to be over? No nuts, no eggs, no milk products? That means cheese, yogurt and butter too? No soy products? Actually, we don’t eat any soy products. I can live with that one. But what if the bread we eat is made with eggs? Guess I’ll have to check that. Wait, where’s Natalie? Oh, there she is.”

My eyes flashed her a warning sign, an attempt to slow down whatever mischief she was about to embark upon. She could tell that the man in the white lab coat had me cornered, and she was ready to take full advantage.

“The peanut allergy is the most alarming. Natalie’s antibody level is 4.15 for peanuts. That qualifies as ‘Class 4’ – ‘High Positive.’ With a result like that, she is at risk for anaphylaxis,” the doctor carried on with his lecture.

“Ana-what?” I managed to interject. By this time, Natalie could have wandered off to the nurses’ station and I would not have noticed.

“Ana-phyl-axis,” the doctor continued on with an explanation he obviously could give in his sleep, as I desperately tried to catch every word. “Allergic reactions occur when . . . benign substance like food . . . immune response . . . mild symptoms, sneezing, wheezing, itching . . . anaphylaxis, sudden allergic reaction, whole body . . . cardiovascular system . . . drop in blood pressure . . . loss of consciousness . . . total shock . . . potentially resulting in death.”

“What did he say? Ana-what?” I still couldn’t swallow that word and I never did find a pencil and who knows what hallway Natalie ran down. My heart began to race. My breathing became shallow. Time disappeared for a moment as I tried to remember who I was and reconcile it with what I now needed to become – a food allergy mom. It was as if I was having my own allergic reaction to the concept of anaphylaxis. The rest of the doctor’s explanation, his careful, detailed description, evaporated somewhere between “benign substance” and “loss of consciousness.” I decided I could look it up some other time if it became necessary. All I really wanted at that point was to bust out of that tiny room, grab my baby, go home and take a nap.

Like most first-time mothers, I was still struggling up the steep learning curve of motherhood and honestly did not have room in my brain for a word like “anaphylaxis,” let alone room in my heart for a concept like “sudden allergic reaction potentially resulting in death.”

I only knew what I had witnessed firsthand. After one small bite of hazelnut cream, Natalie’s face had erupted in hives and she had broken out in tears of distress. Then everything settled down after I gave her Benadryl. But her blood pressure? Her heartrate? Her respiratory system? There was no way to assess those vital signs after the fact. Why jump to the conclusion that she had been near death? Besides, it was easier to embrace the positive and believe Natalie’s condition to be on the less severe side. Of course, to be safe, we would certainly follow the doctor’s recommended food restrictions. For the time being. Until Natalie grew out of her sensitivities – which I had to believe she would. At that point, I was incapable of allowing for any other alternative.

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Natalie was a Y2K baby and an NYC baby too. She was born June 12, 2000, in Manhattan on the East Side. Stray confetti from the turn of the millennium celebration six months earlier was likely still blowing around the city on the day she was born. It was a time of optimism: Jubilation rang in the streets as the bull market bolted onward and upward and advancements in technology held out the promise of a future so bright it was hard to ponder without bringing on vertigo. Natalie entered the world with spirits all around her soaring to new heights only to plummet to new depths 15 months later following the 9/11 terror attacks.

It was in this environment – this emotional, political and spiritual whirlwind – that I was trying to find my footing as a new mom. And it was then that I first encountered the concept of life threatening food allergies and the tongue twister of a word, “anaphylaxis.” If I was slow to embrace the cause of the “food allergy mom,” it could be that one’s psyche can digest only so much at one time. Suicide madmen killing our friends and neighbors? That brought us all to our knees.

Deadly proteins hiding in food and capable of stealing my child away from me in as little as one bite? That one knocked me on down to the ground. It would take time and energy and, honestly, an expansion of consciousness to find my way in this new world.

It helped that we no longer lived in Manhattan. A few weeks before Natalie was born, we had nested in a small town in Connecticut, a bedroom community. Ours was a Norman Rockwell town, a vista one could easily imagine on a vintage sampler, embroidered here and there with gently rolling hills, old stone walls, burbling streams and winding roads with names like Deer Run, Canterbury Lane and Cherry Lane. There was even a Lover’s Lane, which twisted and turned through the woods down to a hidden meadow and spring fed pond where the children swam in the summer and the town gathered to celebrate the Fourth of July. Around six every evening, a train pulled into town, stopped at the local station and returned commuters from the city, mostly young fathers being cheered by their children with a squeal: “Daddy’s home!” Natalie and I were often among the mix.



Such cheering and all other expressions of joy came to a full stop on September 11<sup>th</sup>. Several daddies, and I believe one mommy, never came back to town on the train that had carried them to work that morning. Mothers all over the country held their children closer than ever as they pondered the new dangers lurking in the world and the question that left them pacing back and forth at night unable to sleep: what in the world is a mother to do?

My only solace at the time was to be found in the daily rituals of mothering – bathing and dressing Natalie, brushing her first few teeth, singing nursery rhymes, strolling around town together and watching the leaves slowly release their hold on life and then eventually fall and gather at our feet. With the arrival of Halloween, we finally saw smiles again. Natalie delighted everyone as Charlie Chaplin, waddling around with her smoky eyes, her black-as-night hair curled in a mop on her head and a stubby mustache penciled in with my eyeliner.

It was the first time I remember thinking about nuts and peanuts again since that visit to the allergist. Of course, I was following the doctor's dietary restrictions when preparing Natalie's meals. So far it had not been too complicated. Thank heavens for avocados, liverwurst, broccoli, fig newtons, rice and crackers. Dairy milk and soy milk were out of the question, so, for the time being, Natalie was drinking rice milk, a bland-but-sugary liquid fermented from brown rice. Go figure. To everyone's relief, Natalie loved it.

Exposure to tree nuts and peanuts, however, seemed remote. We didn't keep them in the house, and we didn't eat out with Natalie often. I hadn't given much thought to tree nuts and peanuts posing a great danger, that is until Halloween came around and peanut M&Ms and chocolate almond kisses came flying through the air at us from one door to the next as we made our way around the small residential community where we were living. "Stop throwing nuts at us," I wanted to cry out. Instead, I politely declined most of the candy we were offered and cut the circuit short.

We found a safe haven that night in the loving home of close friends in the complex, a family of five – mother, father, teenaged daughter, preteen son, and Yorkshire terrier – all of whom loved and doted on Natalie, watching her occasionally if I needed to run errands or take a mommy break. This mother and I had grown into good friends in the last year, bonding over the struggles of motherhood, hers a little different from mine but nonetheless complicated and in need of a sympathetic ear. Having raised two happy, healthy, well-adjusted children, this mother had become a role model and mentor for me, a rare find for a new mother.

She was one of the few people I had told about Natalie’s food allergies. I remember watching her carefully as I told her about the condition to check for her reaction. If I thought the whole idea of a deadly food allergy was a little preposterous and I had a kid with the allergy, then what would she think? Would she write me off as some kind of helicopter mom trying to micromanage my child’s every move? Fearing such judgement, I struggled to explain the situation to her.

My tone was hypothetical and I used lots of air quotes, as if the condition wasn’t definite, just something the doctors feared – and we all know how those doctors like to spread fear, right? Despite my self-deprecation, I did make it clear that, until I knew otherwise, Natalie should never be given any nuts – of any kind. I may not have been totally convinced myself, but I wasn’t going to take any chances.

My friend listened sympathetically. She told her husband and children. A puzzled look crept across their faces, then hardened around the edges into one of concern. It was as if a new disability had been declared – the “I can’t eat peanut butter and jelly sandwiches” disability. I might as well have told them Natalie was allergic to childhood. Poor Natalie! What in the world are you going to eat?

Not long after that night of trick-or-treating, I dropped Natalie off with these friends for a “mommy break.” As soon as they opened the door, Natalie marched in and made herself at home among the family where there was never a dull moment – a welcome contrast to the overly organized and sedate environment of our own apartment

“Bye Natalie!” I must have called out to her. Probably no response. The fun factor was high there with the older kids, and Natalie never wasted a minute getting down to business. It was certainly better than having her cling to my leg and refuse to let me leave, even if I did feel a little forgotten.

No worries. Natalie never failed, upon my return, to make up for her previous dismissal with hugs and kisses and a huge smile. But that day was different. When I returned, I found her a mess, wailing and shrieking as if she were on fire. She looked to me, her mother, the one person who was supposed to speak her language, and she let me have it, flailing her arms around wildly and demanding a solution to her distress. My friend and her children had been taking turns holding Natalie for over an hour, trying to calm her tantrum with no success. They each shrugged, indicating that my daughter’s behavior was all very mysterious. But they also admitted to allowing her to take a bite of a peanut butter cookie. “It was just one bite,” they said. “We realized the mistake just as she put the cookie in her mouth. You don’t think one bite could be dangerous, do you?”

No, I really didn’t. And I could understand their disbelief. But at that point, I had a bigger issue to resolve: Natalie’s non-stop crying. Hmmm? Was this because of the cookie? If so, what was I supposed to do? At this point, she just seemed unhappy. Was that the sign of an allergic reaction? I swept Natalie up in my arms and raced back to our apartment.

“Natalie, calm down. Talk to me. Tell me what hurts. Where? What are you feeling?” I pleaded with her as we walked up the hill and around the corner, back to our apartment. There wasn’t a tummy ache, a diaper rash, or a sore gum I hadn’t been able to soothe with mommy comfort – a special combination of rocking and humming and dim lights and soft blankets and a little whispering. Nothing – so far - had defied my method.

Nothing until that night. Natalie wailed and wailed, blaring incessantly like a fire alarm calling everyone to action. But what action? What was I supposed to do?

I couldn't even see anything physically wrong with her. With the sound she was making, she obviously didn't have any trouble breathing. Then I went to change her diaper. As I pulled her dress up over her head, I saw her belly; it was covered in hives. My mind froze. "What had the doctor told me to do in this case?"

I called her pediatrician's office to discuss the situation, to tell them what she ate and how she's acting and about the hives on her belly. I expected to be told not to worry, just bring Natalie in and the doctor will take a look. Instead, I was cut short the moment I informed them that Natalie, a patient officially diagnosed with a peanut allergy, had eaten a bite of a peanut butter cookie. I was told to hang up and call 911 immediately. Wow! That seemed kind of extreme. But I complied. Within five to ten minutes, Natalie was being rushed in an ambulance to the emergency room.

Natalie's first few strange reactions to food marked the beginning of a journey, one that has shaped my life far more dramatically than I care to reflect upon generally.

But when examined, yes, the impact has been undeniably significant. The word "anaphylaxis" did not exist for me before age 34. Before that word introduced itself to me, allergies – in my mind – made people sneeze, not choke to death. Before that word became a part of my daily life, food could do nothing worse to you than pack on a few pounds. Before that word threatened to steal my child away from me, a cracker was a snack, not a poison in disguise.

Motherhood is a journey, one I had visualized as challenging in a predictable sort of way and one for which I felt pretty well prepared. The presumed inviolability of my well-laid plans made it difficult at first to find any value in the disruption of my romantic fantasy. Although I had never heard of food allergies and the concept of anaphylaxis before I had children, I gradually came to take my role as food allergy mom seriously and accept the challenge it presented. Unexpected or not, it was the journey I was on and still am. And all journeys, if we choose to learn from them, offer us the chance to grow and become stronger.

I am now the mother of two children who suffer from food allergies, my daughter Natalie and my son Harris. Both Natalie and Harris have experienced and survived a number of food-related reactions with symptoms approaching anaphylaxis. Natalie's reactions were linked to peanuts and tree nuts, whereas Harris's reactions were caused mostly by milk proteins – but at least one was related to nuts.

With all due respect to our pediatric allergist and his gentle, painstaking descriptions, no text-book explanation of one of these severe allergic reactions can evoke an understanding which comes anywhere close to the actual experience. If you've ever lived through an earthquake, I imagine you could say the same thing. Definitions and clinical explanations cannot prepare you for an explosive snap from calm, status quo existence to earth-rumbling panic. Words cannot prepare you for the feeling of life suddenly being ripped out from under your feet. Until you've experienced it yourself or witnessed in in another, the words used to explain and describe a severe allergic reaction fall way short of the feelings in the moment.

Knowing how difficult it is to wake someone up to the dangers of food allergies, I attempt each of my own explanations of anaphylaxis with the nagging thought in the back of my mind, “anaphylaxis, now how do I describe this?” Yet try to explain it I must – to family members, friends, neighbors, babysitters, waiters, school teachers, classmates, parents of classmates, bus drivers, after-school activity directors and the list goes on and on and on. Basically, every last person who could potentially bring food into my children's lives gets my speech. And then there's the random person I come across sitting next to me on a bus somewhere who will never come into contact with my children. Sometimes he gets my speech, too. Why? Maybe for practice. Maybe the conversation goes in that direction. Maybe, like all of us, there are times when sharing my struggles with a stranger just helps.

It is every mother's job to project her children from harm, and for me that means giving my speech. And so I start, “This may sound strange to you, but I need you to listen and take what I say very seriously.

My child is severely allergic to food that contains any amount – no matter how small – of nuts of any kind; AND he’s allergic to food that contains any amount – no matter how small – of milk protein; that includes all dairy products like milk, cheese, ice cream, butter.”

“Does that include yogurt?” the person might interrupt with a random thought.

“Yes, yogurt is made from milk and does contain milk protein,” I respond as I wonder if this is too much information at one time.

“How about soy milk?” they then ask, and I know for sure it’s too much information at one time. But, I have to keep trying.

“No, actually soy milk is fine. We’re just talking about the milk which comes from a cow,” I say, trying to corral their thoughts and recapture their attention. Sometimes I just give up. “You know what? Let’s start over. I’m not asking you to figure out what to feed my child. I actually am asking you NOT to feed my child anything other than food I provide for him.

However, I do need you to know what a severe allergic reaction looks like and how to respond in case my child accidentally eats something containing milk or nuts.”

“Oh, okay.” The listener draws closer. “What happens?”

“Well, in my experience, the reactions have been instantaneous. My child seems to know within seconds of eating food containing nuts or milk that he is in serious trouble. You’ve seen a person in a movie hooked up to a life support system that gets unplugged? And a look of doom flashes across his face?”

“Yeah.”

“That’s the kind of look I see in my child’s eyes when he’s having a reaction. Extreme anxiety. He could start gasping for air or coughing a little with each attempt to draw breath. In the past, he has grabbed or scratched at his throat and indicated he could not swallow well.

Sometimes his lips and tongue swell up and he may start to drool. Sometimes he breaks out in hives on his face or body. Here's the bottom line: there will be an undeniable look of fear in his eyes, like the look in the eyes of a child about to drown. He will be pleading with you to help him – verbally if he can talk, with his eyes if he cannot. And this is what you'll need to do . . .”

I stop and reflect on my simplified explanation of this complicated physiological reaction. Did any of that make sense? How many times must I have tried to explain my children's allergic reactions? And yet my explanations somehow always seem flat. My explanation never comes close to capturing the ultimate danger. Just as I once choked on the word “anaphylaxis,” I now almost always choke when I explain it to others. At least the emotions that seep out of my words do come close to the truth about allergic reactions. They are emotionally disturbing.

I've spent eight years growing into the role of food allergy mom, all the while trying to understand the actual nature of the threat myself. The what-is-this? and the why-is-this? and the what-do-we-do-now? nature of the threat. As many parents of children with food allergies will tell you, answers to these questions usually raise more questions.

Depending upon the source, somewhere between 7 and 12 million Americans suffer from food allergies with the most common food allergens being milk, eggs, peanuts, tree nuts (almonds, hazelnuts, cashews, walnuts, etc.), fish, shellfish, soy and wheat. Each year, food induced anaphylaxis is linked to 30,000 emergency room visits and between 150 and 200 deaths. Food allergies appear to be more common among children than adults. The medical community estimates that six to eight percent of children under the age of two suffer from food allergies with milk, eggs and peanuts accounting for 85%, whereas only 1.5% of adults are believed to have food allergies. For adults, the most troublesome foods are tree nuts, peanuts, shellfish and fish.

Beyond this broad overview of the afflicted population, there are few clear answers from pediatricians to the most burning questions regarding food allergies such as:

- How and why do some people develop allergies and others do not?
- Why do allergic reactions differ in nature and severity from one episode to the next?
- How can one prevent an allergy from developing in the first place?
- How can one overcome a food allergy?
- When a person is said to have “grown out of his allergy,” how did this happen – what physiological shift has taken place and how can we make that shift happen for others?

To ask these questions is to invite an imperious frown from the doctors. I’m told it’s not helpful to ask “why” or to think that it might be possible to alter my child’s condition for the better. My job is to submit to the awesome responsibility of avoiding the worst case scenario – anaphylaxis.

With that one word, I was ushered into a fierce sisterhood of mothers who’d all been warned that their children literally live one bad food-choice away from a potentially near-death experience. The Food Allergy Moms. With stakes that high, the question isn’t “how does one get out of this predicament?” It is “how does one get through the day without her child becoming one of the 150 to 200 people who die each year from a food-induced allergic reaction?”

“Stop with your silly questions, sister. You are one of us now.”

So, with nowhere else to turn, I joined the club and attacked my responsibilities with diligence. Read the medical literature! Check. Safeguard the living environment! Check. Learn to read food labels and prepare safe food for the children to eat! Check. Check. Place Epipens and Benadryl strategically throughout the house and in the car. Check. Practice administering the Epipen on a piece of fruit, and when possible, call friends and caretakers over for a demonstration. Check. Check. Watch videos and read books and buy medical alert bracelets for the children. Check. Check. Check.



And guess what! Despite all the diligence – all the literature I read, all the checklists I followed and all the explanations I forced on people – allergic reactions still happened.

“But that’s the unfortunate nature of food allergies, the unfortunate nature of the struggle,” say the medical doctors and experts in the food allergy community as they empathize with my feelings of being doomed to perpetual vulnerability as a mother of food allergy children. Then they pat me on the back and remind me what a good job I’ve done the other 99.99% of the time.

Then somewhere along the way, a corner was turned and the nature of the struggle changed – not my children’s struggle but my own. Episode by episode by episode and close call by close call by close call, I began to sense the presence of an unidentified newcomer to the caldron of emotions. After each panic had passed, after the tears of helplessness had been wiped away, and after yet another reaction had been survived, there lingered the outline of a stranger which, with time, came into full view: anger.

For years, the nature of the struggle had been defined by submission and fear and compliance and meekness, all in the name of some abstract, clinical condition, which had been proclaimed incurable by the medical establishment. But over time, the nature of the struggle became personal. Anaphylaxis became a bully on the playground waiting to terrorize my child. And I became one fed-up mother.

It’s been quite some time since I was told to make room for anaphylaxis in my life. And in that time, a whole lot of room has been made - including room in my schedule and creative thinking for the daily task of keeping my children safe; room in my reasoning abilities for blood tests and skin tests and baffling and sometimes contradictory test results; room in my ego for the humility it takes to request special treatment for my children; and above all, room in my heart for the look of horror in my children’s eyes when an allergic reaction has them by the throat. With all the room I had made in my life for this baffling condition, it was not hard to find just one inch more for an alternative theory about allergies – NAET – especially when that theory offers a possible solution to the problem, not only on the surface but deep to the core. A full resolution.

*Note: There is a lapse in time in Susan's Story between diagnosis and the beginning of NAET treatments for her and her children.*

*She had been so generous with sharing her memories in her very intimate writing style that I asked about the lapse in history, which involved several anaphylactic episodes. She responded that she did not want to revisit that time, that it was too painful.*

*I heartily concurred. She has done a beautiful service in sharing this story with us. Thanks again, Susan. IWP*

I first read about NAET in Dr. Nambudripad's book "Say Goodbye to Illness." It was January 2006, and I was taking my first step toward my New Year's resolution: investigate alternative solutions to food allergies. It was a new year and time for a new approach to an old problem. Natalie and Harris were both in school by then and outside the safety of our home for most of the day.

I remember inching out of the school parking lot every day with a lump in my throat and a prayer in my heart. Would they be safe out there in a world of unfiltered food choices and a lack of appreciation among the general population for the dangers of food allergies? Of course, I always made sure they wore their medical alert bracelets, had their emergency kits close by, and that the teachers and parents were constantly reminded of their condition. But I could not find meaningful and lasting peace in that routine forever, I thought. I wanted out and so I went looking for an exit. If anyone anywhere could tell me they had found a way out, I wanted to hear about it.

Imagine my surprise to find Dr. Prince, one of the premier NAET practitioners in the country, less than ten miles from our house. To me that was more than a coincidence. I wasted no time making an appointment to meet face to face with someone who could explain how NAET works.

Although I had read the book, I would not say that I understood it all that well. It was only after experiencing the treatment myself, receiving a personal explanation and rereading the book several times that I began to appreciate the science behind the process of “eliminating” allergies. NAET is – in the truest and most profound sense – an integrative approach to healing, an approach that is derived from a combination of sciences including anatomy and physiology, neurology, physics, and acupuncture. Therein lies the genius of NAET, however, therein also lies the reason a person might dismiss this technique as “too obscure” to merit any consideration. Science has many camps, each surrounded by formidable fortresses protecting its own particular explanation of how the world works. NAET bridges the gap between these camps.

After meeting with Dr. Prince, I realized I could benefit from the treatments myself, so Natalie and I began treatment together. It quickly became a bonding experience, as we found we both had to have the exact same blockages addressed. We laughed and talked about the strange sensations we felt in our bodies after each treatment, and we kept each other company during the 25-hour avoidance periods. Sometimes we would lie awake together late at night marveling at our overly charged mental alertness. It can be hard sometimes to get a good night sleep after treatment, but the second night after a treatment has always made up for everything.

Natalie and I started our sessions in March 2006, with treatments for BBF and then for eggs. By May we had completed at least ten treatments and were amazed by some of the changes in health we were experiencing – Natalie’s being the most rewarding.

Although she was nearly six years old and the beneficiary of excellent education and tutoring, Natalie had been struggling for over a year with little success to fuse the sounds of individual letters into a single, distinct word. She could not read, and no one seemed to know why. Within two months of NAET treatments, this struggle was over. Natalie picked up her books and started sounding out the words as if she had been reading for years.

As rewarding as it was to see her reading, it was possibly even more gratifying to see an end to her lifelong battle with eczema. Natalie had suffered from eczema as a baby so badly that we had to put socks on her hands at night to prevent her from scratching herself bloody. To keep her scratching to a minimum during the day, Natalie had taken a daily dose of Zyrtec and had to be covered in Aquaphor – a greasy, Vaseline-like topical cream – for many years. Even to this day, she still has scars on her body as a testament to her discomfort during those early years. After several NAET treatments, Natalie’s skin healed up beautifully and we threw away her Zyrtec.

I, too, experienced my own personal rejuvenation in health after just a few months of NAET treatments. Although I had not sought NAET treatments to address any one particular complaint, I did have general health issues common among the broader population of stressed-out mothers in their late thirties and early forties: low stamina, poor digestion and circulation, headaches, chronic back pain, itchy and red eyes, frequent nasal congestion and difficulty sleeping through the night. As I am writing this – a little over two years after my first NAET treatment – I have to stop and think hard to remember how lousy I used to feel on a daily basis. I certainly still do experience moments of stress and fatigue today, but on a daily basis, a level of health has been restored that I never would have dreamed possible before NAET.

By the summer of 2006, Natalie and I were thrilled with the progress we had made through NAET and I was eager to start treatments for Harris, only we had to spend most of June and July that year in New York City. Fortunately, we found another fabulous NAET practitioner there: Dr. John Crandall. He knew Dr. Prince personally and welcomed Natalie, Harris and me as his patients for the six weeks we were in New York.

We were fortunate to have found Dr. Crandall as quickly as we did, because Natalie did not adjust well to all the pollutants in the big city. Dr. Crandall's treatments eliminated Natalie's symptoms and allowed us to enjoy a fun-filled summer in New York.

Dr. Crandall's treatments also launched Harris's journey toward eliminating his severe dairy allergy. Harris required fewer basic treatments than Natalie and I had, therefore, he was able to move along rather quickly with his treatments. Of the top thirty food items on the treatment chart, Harris required only ten eliminations. By the time we left New York and returned to Charlotte, Harris had been cleared all the way up to amino acids.

Dr. Prince was then able to pick up where Dr. Crandall left off and address Harris's severe allergy to anything with milk protein in it. Harris's reactions to milk protein in the past had ranged from violent vomiting to hideous swelling of his face, lips and tongue to difficulty breathing. Needless to say, I was terrified of any dairy products getting anywhere close to Harris.

There are no words to describe how I felt in the fall of 2006 when Harris was given his first glass of milk in Dr. Prince's office and no reaction occurred. I felt like Harris had made some kind of quantum leap to a new dimension, an alternate reality where dreams come true. The struggle had been so long and emotional, yet the resolution was achieved so effortlessly and without drama. Milk never harmed Harris again.

We continue to this day to rely on NAET treatments and testing to help us overcome health issues. After approximately 20 treatments for peanuts and peanuts in combination with other allergens, Harris (a Class 6 for peanuts) was able to hold a peanut in his mouth with no reaction. Although I am relieved to have achieved this level of desensitization for Harris, we realize that "eating peanuts" is not the goal for him. Rather, our hope is to lessen the severity of any potential reaction, while continuing to avoid peanuts and other tree nuts for Harris as long as his test results come back positive.

By the time we reached these milestones, nothing shocked me anymore with NAET. I have witnessed so many personal mini-miracles over the past two-plus years that I have almost become nonchalant about the results. Natalie continues to make progress with her environmental allergies. She

By the time we reached these milestones, nothing shocked me anymore with NAET. I have witnessed so many personal mini-miracles over the past two-plus years that I have almost become nonchalant about the results. Natalie continues to make progress with her environmental allergies. She also turned to NAET to get rid of an ugly wart on her finger. And she looks forward to getting her own treatment for nuts and peanuts as her immune system strengthens.

The world had become a much less frightening and baffling place now that I am aware of NAET. It is there for anyone who can open themselves to the healing possibilities of the human body. As complicated and confusing as sickness can be, sometimes the greatest hurdle to getting better lies in our ability to accept a simple solution.

