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Elimination Diet

The elimination diet can help you heal as well as determine if you have any sensitivities or intolerances to foods. Combining this with supplements and herbs to help your liver process and eliminate toxins can unmask hidden sensitivities, quiet your immune system, and relieve symptoms that might be caused by foods, additives, preservatives, herbicides, pesticides, and other chemicals.

There are many versions of this diet. I usually recommend the following, which is a modified version. If you don't get relief of symptoms, you might need to eliminate more and follow a stricter version, such as, a yeast-free diet or [FODMAPS diet](#).
http://altmedicine.about.com/od/popularhealthdiets/a/candida_foods1.htm

It is important to **COMPLETELY ELIMINATE** the **TROUBLESOME TEN** foods:

- | | |
|---|---|
| <ul style="list-style-type: none">• Alcohol• Artificial sweeteners• Caffeine• Corn• Dairy | <ul style="list-style-type: none">• Eggs• Peanuts• Soy• Sugar• Wheat & gluten |
|---|---|

If weight loss is a goal, eliminate all grains, beans, starchy vegetables such as sweet potatoes, beets, winter squash (acorn, butternut, etc.) and high glycemic fruit such as bananas, melons and tropical fruit. Stick to cruciferous, green leafy and other non starchy vegetables and berries, apples, pears, peaches and low glycemic fruit. Search Google low glycemic fruit and vegetables to find more. You want a glycemic index of less than 50 for weight loss.

Avoid food that is italicized if on the Shake Bake and Salad Slimdown to lose weight and follow the diet on the website.

Food Group	Allowed	Avoid
Meat, Fish Poultry Legumes	Chicken, turkey, lamb, fish, best to buy organic and wild caught <i>Legumes, dried peas and lentils</i>	Red meats, cold cuts, frankfurters, canned meats, eggs, shellfish, soy products
Dairy	Milk substitutes such as rice, hemp and nut milks	Milk, cheese, ice cream, cream, non-dairy creamers
Starch	<i>Sweet potato, rice, tapioca, buckwheat, and gluten-free products</i>	All gluten-containing products, bread, pasta, corn
Soups	Clear, vegetable-based broth; homemade vegetarian soups	Canned or creamed soups
Vegetables	All vegetables except corn and	Creamed or canned vegetables,

	potato (preferably fresh, frozen, or freshly juiced)	vegetables in casseroles, corn, soy products
Beverages	Water, non-citrus herbal tea, rice, hemp, almond or nut milk	Milk, coffee, tea, cocoa, alcoholic beverages, soy, soda, sweetened beverages, artificial sweeteners except stevia, juice
Bread, Cereals, and Grains	<i>Rice, buckwheat, millet, tapioca, arrowroot, or gluten-free oats</i>	Wheat, oat, spelt, kamut, rye, barley, or other gluten-containing products, and corn (NOTE: Some oats are cross-contaminated with gluten.)
Fruit	Unsweetened fresh or frozen fruits, berries, apples, pears, (for weight loss avoid banana, melons and tropical fruit)	Fruit drinks, citrus if sensitive, strawberries, dried fruit, sweetened canned fruit
Fats, Oil, and Nuts	Cold expeller pressed unrefined oils: canola, flax, olive, or sunflower oil, ghee; Seeds: sesame, flax, pumpkin; nuts: almonds, cashews, pecans, walnuts	Margarine, shortening, unclarified butter, refined oils, peanuts, store-bought salad dressings and spreads, hydrogenated oil, cooking sprays, mayonnaise

The quality of the food is more important than the quantity, however stick to normal serving sizes: 3.5-4 oz of protein (palm of hand or size of checkbook), 5-10 servings of vegetables (size of fist), a thumb-full of fat, tablespoon of oil or a dozen nuts or seeds that fit in the center of a cupped palm.

Eliminate processed foods that have dyes, additives, preservatives, and artificial ingredients. Any meats or poultry must be grass-fed, hormone-free, and organic. Fruits and vegetables from the dirty dozen must be organic. (The “dirty dozen” are foods with the highest amount of pesticide residues: peaches, apples, sweet bell peppers, celery, nectarines, strawberries, cherries, pears, grapes, spinach, lettuce, and potatoes.) Drink filtered or purified water, and use filtered water for coffee and tea.

Try as best you can to eliminate all toxins, such as the following.

Environmental:

- Air pollution
- Auto exhaust
- Solvents (paints, cleaning products, etc.)
- Heavy metals
- Pesticides
- Herbicides
- Insecticides
- Radiation
- Inhalants

Lifestyle:

- Nicotine
- Alcohol
- Caffeine
- Drugs
- Meats that contain hormones and antibiotics

- Artificial food additives, coloring, and preservatives
- Refined foods and sugars
- Fast food
- Fried food

Tracking Progress

- Get your baseline weight and measurements
 - Measure waist at the umbilicus
 - Measure chest at the nipple line
 - Measure hips at top of hip bone
 - Weigh yourself as soon as you get up and after urination or at the same time every day
- Answer the questions in the food questionnaire – you will do this before and after
- Start the Elimination Diet. It is most effective when using a medical food that is chosen for your specific conditions.

Symptom Questionnaire

Name _____

Date _____

Rate each of the following symptoms based upon your typical health profile for:

Past 30 days

Past 48 hours

Pont Scale

- 0 – Never or *almost never* have the symptom
- 1 – *Occasionally* have it, effect is *not severe*
- 2 – *Occasionally* have it, effect is *severe*
- 3 – *Frequently* have it, effect is *not severe*
- 4 – *Frequently* have it, effect is *severe*

HEAD

- _____ Headaches
 _____ Faintness
 _____ Dizziness
 _____ Insomnia

Total _____

EYES

- _____ Watery or itchy eyes
 _____ Swollen, reddened or sticky eyelids
 _____ Bags or dark circles under eyes
 _____ Blurred or tunnel vision
 (does not include near or far-sightedness)

Total _____

EARS

- _____ Itchy ears
 _____ Earaches, ear infections

Total _____ Drainage from ear
Ringing in ears, hearing loss

NOSE _____ Stuffy nose
_____ Sinus problems
_____ Hay fever
_____ Sneezing attacks
_____ Excessive mucus formation

Total _____

MOUTH/THROAT _____ Chronic coughing
_____ Gagging, frequent need to clear throat
_____ Sore throat, hoarseness, loss of voice
_____ Swollen or discolored tongue, gums, lips
_____ Canker sores

Total _____

SKIN _____ Acne
_____ Hives, rashes, dry skin
_____ Hair loss
_____ Flushing, hot flashes
_____ Excessive sweating

Total _____

HEART _____ Irregular or skipped heartbeat
_____ Rapid or pounding heartbeat
_____ Chest pain

Total _____

LUNGS _____ Chest congestion
_____ Asthma, bronchitis
_____ Shortness of breath
_____ Difficulty breathing

Total _____

DIGESTIVE TRACT _____ Nausea, vomiting
_____ Diarrhea
_____ Constipation
_____ Bloated feeling
_____ Belching, passing gas
_____ Heartburn
_____ Intestinal/stomach pain

Total _____

JOINTS/MUSCLE	_____	Pain or aches in joints
	_____	Arthritis
	_____	Stiffness or limitation of movement
	_____	Pain or aches in muscles
	_____	Feeling of weakness or tiredness
Total	_____	
WEIGHT	_____	Binge eating/drinking
	_____	Craving certain foods
	_____	Excessive weight
	_____	Compulsive eating
	_____	Water retention
	_____	Underweight
Total	_____	
ENERGY/ACTIVITY	_____	Fatigue, sluggishness
	_____	Apathy, lethargy
	_____	Hyperactivity
	_____	Restlessness
Total	_____	
MIND	_____	Poor memory
	_____	Confusion, poor comprehension
	_____	Poor concentration
	_____	Poor physical coordination
	_____	Difficulty in making decisions
	_____	Stuttering or stammering
	_____	Slurred speech
	_____	Learning disabilities
Total	_____	
EMOTIONS	_____	Mood swings
	_____	Anxiety, fear, nervousness
	_____	Anger, irritability, aggressiveness
	_____	Depression
Total	_____	
OTHER	_____	Frequent illness
	_____	Frequent or urgent urination
	_____	Genital itch or discharge
Total	_____	
GRAND TOTAL		TOTAL _____

This form was created by The Institute for Functional Medicine. www.functionalmedicine.org .

Track your weight and pulse when you reintroduce foods: a weight gain of over a pound or a rise in pulse greater than 10 points is a sign of intolerance or inflammation.

Reintroduction

Always stick to the allowed foods on the list and test only 1 food at a time. If symptoms occur on the first or second day of the food test, you do not have to continue eat it any more. Wait for symptoms to resolve and move on to the next food. Make sure the food is not mixed with any other forbidden foods.

For most people it will not take the full three days to test the food. Some people will get symptoms on the first or second day. You can accelerate this plan and this is just a guideline. Add any food on the allowed list to the reintroduction suggestions. You can test foods in any order. Always read labels to assure there are no additives and the food is in its pure form.

After two to four weeks of eating food on the “**allowed**” list, or when you feel good, introduce foods one at a time every three days. Eat the foods you are introducing two or three times in the same day for 2 days and wait a day to see if symptoms occur. Do not introduce any other new foods during those two days. Always go back to the baseline diet. For example when adding eggs, eat 2- 3 meals a day with some egg for 2 days, write down your symptoms. If you get any symptoms you can stop the food and don’t have to continue eating it. Wait until symptoms resolve before adding in any new foods. Stop eating eggs after the third day and introduce the next food. Whenever you add a new food, don’t mix with any other foods that are not on the elimination diet. Just add one food at a time in its pure form as some foods may interact with each other and contain other ingredients. For example, cookies have dairy, sugar and wheat flour so this is not a good food to test.

Symptoms You Might Experience

Write down the food you introduced and any reactions. Examples of symptoms are on the symptom questionnaire. If you experience the symptoms on the questionnaire, digestive or bowel issues, such as bloating, gas, constipation, abdominal pain or diarrhea, headache, nasal congestion or mucous, skin reactions such as redness or itching, changes in energy, mood, or mental clarity, joint or muscle aches or pains, and any other symptoms, these are most likely a food intolerance. If any reactions occur, eliminate the food for three months before re-introducing it. Oftentimes, a temporary break from a food will allow you to tolerate it in moderation. Rotate foods every four days to avoid intolerances.

Some good websites for further information:

<http://www.whfoods.com/genpage.php?tname=diet&dbid=7>

Day	Example of Food Testing Schedule Elimination phase is day 1-14 and reintroduction starts on day 15	Notes on Reactions
Day 15-17 Egg	Day 15: scrambled eggs for breakfast, hardboiled egg for lunch with salad, omelet with vegetables at dinner. Day 16: poached egg breakfast, add crumbled hard boiled egg to salad for lunch, scramble eggs with vegetables with dinner. Day 17: Go back to the baseline diet. Wait and record symptoms.	
Day 18-20 Peanut	Day 18: Fresh Peanut butter on rice crackers for breakfast, peanuts in salad for lunch, peanuts in vegetable stir fry for dinner Day 19: Same as day 18 Day 20: Go back to the baseline diet. Wait and record symptoms.	
Days 21-23 Dairy	Day 21: Plain Cottage cheese for breakfast, a glass of milk at lunch or dinner, whipped cream on fruit for snack Day 22: Plain yogurt for breakfast (add fresh fruit and nuts or seeds), milk at lunch and whipped cream on fruit for a snack. Day 23: Go back to the baseline diet. Wait and record symptoms.	
Day 24-26 Wheat	Day 24: Whole wheat toast with almond butter for breakfast, Original Triscuits for snack, bread at dinner (read label and be sure there are no additives). Day 25: Shredded wheat cereal with almond milk for breakfast, sandwich for lunch, bread at dinner. Day 26: Go back to the baseline diet. Wait and record symptoms.	
Day 27-29 Corn	Day 27: Corn meal or polenta for breakfast, plain popcorn as a snack, plain fresh or frozen corn for dinner. (Read labels on corn meal or polenta and be sure there are no additives) Day 28: Same as day 27 Day 29: Go back to the baseline diet. Wait and record symptoms.	
Day 30-32 Soy	Day 30: Soy milk shake for breakfast, fresh edamame for lunch, soy nuts for snack or stir fry tofu with vegetables for dinner. Day 31: Same as day 31 Day 32: Go back to the baseline diet. Wait and record symptoms.	
Day 33-35 Sugar	Day 33: Add sugar to your tea for breakfast, add sugar to fresh lemonade for lunch, add honey to herb tea for dinner. Day 34: Same as day 33 Day 35: Go back to the baseline diet. Wait and record symptoms.	
Day 36-38 Caffeine	Day 36: Caffeinated coffee, or tea Day 37: Same as day 36 Day 38: Go back to the baseline diet. Wait and record symptoms.	

Now that you completed the basic foods, you may want to test foods that have additives, coloring, preservatives, gluten or those that may have been fed hormones or antibiotics. While it is recommended to avoid these things, I don't want you to be taken by surprise if you suddenly have a reaction. Keep your guard up. Read labels. Buy as fresh and pure as possible to relieve the toxic burden on your liver and inflammation that causes weight gain as well as many chronic illnesses or symptoms.

Test these the same way as you did the others if you want to uncover hidden sensitivities. Here are other ideas:

- **Cocoa** Eat dark chocolate with water, cocoa (pure Hershey's cocoa powder) and honey or pure maple syrup. No candy bars are allowed because most contain milk and corn. Remember, no milk, wheat, sugar, dyes or eggs are allowed if any of these caused symptoms. Remember to make sure any and all symptoms provoked by cocoa are totally resolved before proceeding to the next food.
- **Food Coloring** The day you add **Food Coloring**: Give Jell-O, jelly or artificially colored fruit beverage (soda pop, Kool-Aid), popsicles or cereal. Try to give lots of yellow, purple and red items because you might react to only one of these colors. Remember to avoid milk, wheat, cola or sugar in all forms if any of these were a problem. If sugar caused symptoms, use honey or pure maple syrup, as a sweetener or add food coloring to plain pure gelatin. Remember to make sure any and all symptoms provoked by food coloring are totally resolved before proceeding to the next food
- **Preservatives** The day you add **Preservatives**: Give foods, which contain preservatives or food additives. Read every label. In particular, eat luncheon meat, bologna, hot dogs, bread, baked goods, or soups, which contain many preservatives and additives. Remember to make sure any and all symptoms provoked by preservatives are totally resolved before proceeding to the next food
- **Poultry or meat fed antibiotics**
- **Dairy or poultry fed hormones**
- **Products containing gluten**

More information:

Go to the following website and download the protocol from Jefferson University or put Elimination Diet Jefferson University in the search box

http://jdc.jefferson.edu/jmbcim_protocols/2/

For Recipes download this e book from the Institute of Functional Medicine

<http://ebookbrowse.com/comprehensive-elimination-diet-pdf-d22138136>