

# A complete guide to the elimination diet

This guide was developed and medically reviewed by Fullscript's Integrative Medical Advisory team.



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The elimination diet is a dietary intervention in which common irritating or reactive foods are eliminated from the diet in order to uncover food sensitivities. The diet involves three phases, including:

- 1. Elimination of potential reactive foods
- 2. Re-introduction to test for sensitivities
- 3. Maintenance of an individualized diet

This guide provides a detailed overview of these phases (the elimination protocol), as well as several tips and resources to help you follow the diet successfully.

# What are food sensitivities?

Food sensitivities, also known as food intolerances, are the most common type of adverse response to food. They involve both an immunological and a non-allergic response to food at a normally-tolerated dose. Food intolerance may occur as a result of increased intestinal permeability, enzyme defects, or pharmacological effects of food or components of food.

Food sensitivities can be difficult to pin-point as they can present with a broad range of symptoms, such as:

- · Abdominal pain
- Altered bowel habits
   (e.g., diarrhea, constipation)
- Bloating
- Brain fog or concentration issues
- Fatigue
- Flatulence

- Headache
- Insomnia/disturbed sleep
- Musculoskeletal symptoms
   (e.g., joint/muscle pain, numbness)
- Nausea
- · Sinus congestion or runny nose
- Skin rash or breakouts

# Who would benefit from an elimination diet?

The elimination diet is considered the gold standard for identifying food intolerances and dietary components that may be triggering symptoms related to certain health conditions, including:

- Attention-deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder (ASD)
- Eosinophilic esophagitis (EoE)
- Functional gastrointestinal disorders (FGIDs)
- Irritable bowel syndrome (IBS)

- Migraines
- Non-specific symptoms (e.g., chronic fatigue)
- Skin conditions (e.g., urticaria (hives), psoriasis, atopic dermatitis (eczema))





# The elimination protocol

There are various approaches to the elimination diet, which may differ in duration, foods eliminated, and reintroduction schedule. Based on a review of the available research, this guide provides a general protocol for the elimination and reintroduction of common reactive dietary components.

# **Elimination**

During the elimination phase, potential reactive foods are eliminated entirely from the diet for a minimum of two weeks, during which time individuals typically experience a decrease in symptoms. Note that in some cases, individuals feel worse for a short period before experiencing a decrease in symptoms.

#### The dietary components to be eliminated include:

- Alcohol and alcohol-containing foods
- Caffeine
- Chocolate
- · Citrus fruit
- Corn
- Dairy
- Eggs
- Food additives

- Gluten-containing grains
- Nightshades
- Nuts
- Peanuts
- Sesame
- Soy
- Sugar and sweeteners
- Yeast

Refer to the 'Resources' section of this guide for a detailed list of dietary components to eliminate, their common sources, and alternatives to consume, as well as a diet and symptom diary to help you track your progress and symptoms



# Reintroduction

The reintroduction phase, also known as a "food challenge", involves reintroducing eliminated foods and monitoring for symptoms in order to identify any specific foods or food groups that may be triggering symptoms. As sensitivities often do not produce immediate reactions, foods should be reintroduced individually, a minimum of three days apart. When challenging a food, consume one

portion of the food, two to three times per day, on the challenge day.

A suggested reintroduction schedule is outlined in the calendar below. This schedule may shift due to your individual diet and potential reactions during reintroduction. Refer to the 'Resources' section of this guide for a blank reintroduction schedule.

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	Citrus fruit***				Nightshades***		
2		Sesame				Nuts***	
3			Peanuts				Sugar
4				Chocolate			
5	Corn				Yeast		
6		Soy				Eggs	
7			Fermented dairy*				Non-fermented dairy*
8				Gluten- containing grains**			
9	Wheat**				Caffeine		
10		Alcohol					

<sup>\*</sup>Fermented dairy and non-fermented dairy are reintroduced separately as fermented dairy may be better tolerated by certain individuals who have an intolerance to lactose.

<sup>\*\*\*</sup>Foods from eliminated groups of food, such as nuts, nightshades, and citrus, may be reintroduced individually if the individual has noticed a sensitivity to any of these individual foods in the past.



<sup>\*\*</sup>Gluten-containing grains are reintroduced separately from wheat as some individuals may react to wheat but not to gluten.



Throughout the reintroduction period, you should monitor and record any changes in symptoms. An easy way to accomplish this is by using a diet and symptom diary. Refer to the 'Resources' section of this guide for a diet and symptom diary to help you track your progress and symptoms during the reintroduction phase, as well as a list of diet and symptom tracking apps.

If reintroduction of a particular food results in adverse symptoms, remove the food from your diet and wait until the symptoms subside before moving on to the next food challenge.

If you do not encounter any health symptoms following the reintroduction of a food (within three days), you may incorporate that food back into your diet going forward and proceed to the next food challenge.

# **Maintenance**

The maintenance phase involves following a personalized diet, which omits any food sensitivities uncovered during the reintroduction phase. It is typically recommended to complete three months on your individualized maintenance diet before retesting foods and monitoring for symptoms. At this time, reactive foods can be reintroduced one by one. Reactions that recur with the same food suggest that the food should be avoided entirely.

When planning a long-term sustainable diet, it's also important to ensure you're meeting your nutritional needs. Incorporating alternative sources of nutrients found in eliminated foods will help to prevent nutrient deficiencies long-term. For guidance, refer to the table entitled "Meeting your nutritional needs" found in the 'Resources' section.





# **Helpful tips**

# Choose the right time

Before beginning an elimination diet, ensure that you will be able to dedicate the time it takes to complete the elimination and reintroduction phases. Holidays, trips, and major life events may interfere with your ability to follow the diet successfully. Keep in mind that it's important to strictly adhere to the diet in order to properly identify trigger foods, otherwise, it may be difficult to identify the specific cause of a reaction.

# Planning is key

Meal planning, shopping, and preparation will ensure that you always have food available that complies with the elimination diet. Strategies to save time and make the most of your meals include batch cooking on certain days of the week, cooking extra servings, and reusing leftovers. Meals such as soups, stews, and casseroles can be made in batches ahead of time and frozen or refrigerated for quick, convenient dishes. Ensure you always have a snack on hand in your car, purse, or bag to eat if you get hungry on the go. It's a good idea to decide on three to five meal options you enjoy for breakfast, lunch, and dinner on which you can fall back if you get stuck.

# Make your own meals

Cooking your own meals is the best way to ensure you're aware of all the ingredients

present in your meal. Eating out at restaurants or purchasing prepared foods from the store may unknowingly expose you to foods that can interfere with your reintroduction schedule.

## Choose quality foods

Packaged and refined foods often contain food additives, such as colors, preservatives, or commonly irritating ingredients listed under different names, which may be related to your symptoms. Choosing organic foods can minimize your exposure to additives, herbicides, and pesticides and associated adverse effects. Look for cold-water or wild-caught fish and seafood, as well as free range or grass-fed meat and eggs.

## Read ingredient labels

Be sure to always read ingredient labels on any packaged foods. Keep in mind that some ingredients may be listed under various names or may be derived from a reactive food. Refer to the "Hidden ingredients" list in the 'Resources' section to help you identify potential reactive ingredients and be sure to follow this simple rule: "When in doubt, leave it out".

In addition to food sources, potential triggers may also be present in dietary supplements. Look for third-party certifications, such as gluten-free certifications, which can help you identify common reactive ingredients excluded from the food or product.

## Focus on what you CAN eat

As the name implies, the elimination diet can feel restrictive or limiting at times. Try to focus instead on the abundance of foods included instead of the diet. It may help to reframe the elimination diet as a chance to reset your dietary and lifestyle habits. Keep in mind, the diet is temporary, and soon you will be able to enjoy more foods while remaining symptom-free!

# Eat enough food

The elimination diet doesn't limit calories or the quantity of foods consumed. Ensure you are

eating enough food to feel satiated. Including a variety of the permitted vegetables and fruit will help to meet your nutrient requirements while complying with the diet.

# Drink enough water

Water is essential for maintaining hydration and supporting digestion and regular elimination. Ensure you drink the recommended six to eight 8-oz glasses of water per day. If you have a hard time remembering, consider trying a water tracking app, setting reminders for yourself on your phone, using check marks on a paper calendar, or using a water bottle that tracks water intake



# Frequently asked questions

# What's the difference between a food allergy and a food sensitivity?

Food allergies are an abnormal immune response to food which affect less than 10% of children and approximately one to two percent of adults. An allergic response is considered immediate, as the symptoms are present within several minutes to hours after consuming the food. On the other hand, a food sensitivity, also known an intolerance, is a non-allergic response to food at a normally-tolerated dose. Food intolerances may affect up to 20% of individuals.

# Why do I react to certain foods at some times but not others?

Some individuals have a threshold for certain foods before a reaction occurs. This means that smaller quantities or distributing intake over the day may help to minimize or prevent symptoms.

## Is the elimination diet safe?

Elimination diets are generally considered to be safe, however, individuals may experience the return of food intolerance-related symptoms during the reintroduction phase. While nutrient deficiencies are uncommon with a well-planned diet, the long-term exclusion of certain foods without the replacement of missing nutrients may result in deficiencies over time. For example, long-term dairy exclusion may increase the risk of calcium and vitamin D deficiency. For guidance on replacing missing nutrients when eliminating foods long-term, see the

table entitled "Meeting your nutritional needs" in the 'Resources' section.

# Is the elimination diet the same as the low FODMAP diet?

The low FODMAP (Fermentable Oligo-, Di- and Monosaccharides and Polyols) diet is a specific type of elimination diet. FODMAP dietary components are generally poorly absorbed in the small intestine and rapidly fermented by bacteria, which may contribute to gastrointestinal disorders and symptoms. The diet eliminates foods containing shortchain carbohydrates, such as wheat, rye, garlic, legumes, and dairy, as well as sugar alcohols found in foods such as apples, stone fruit, mushrooms, and cauliflower.

# What can I use to flavor my food?

If you typically consume condiments, such as soy sauce, ketchup, or hot sauce, you may be wondering how to season your food while following an elimination protocol. The elimination diet permits an abundance of fresh or dried herbs and moderate amounts of salt and freshly ground black pepper. Permitted ingredients that can be used for sauces, dressings, and spreads include olive oil, coconut aminos (a soy sauce substitute), and filtered and pasteurized vinegars. Depending on the ingredients, look for recipes for homemade relish, chutney, barbeque sauce, and other sauces or spreads that do not contain sugar, soy, and other eliminated ingredients. Check the ingredient labels of storebought versions of any condiments.

# Can I eat out on the elimination diet?

Navigating restaurant menus can be challenging when eliminating multiple foods. Fortunately, many restaurants today cater to allergies and dietary restrictions. If you're able to select the restaurant at which you eat, look for restaurants that label gluten-free and vegan dishes on their menu as these businesses tend to be more conscious of special dietary needs. Call ahead to notify the restaurant of your dietary restrictions, which can help ensure there are options available to you and can minimize any discomfort around ordering. Keep in mind that the strict elimination phase is only a short-term inconvenience for long-term avoidance of your symptoms.

# Will I need to avoid reactive foods forever?

foods without their typical symptoms reappearing. This will vary depending on the individual, their dose tolerance, digestive health, and other factors. It is typically recommended to complete three months on your individualized maintenance diet before retesting foods and monitoring for symptoms.

# What do I do if my symptoms persist after completing the elimination phase?

Some individuals find that their symptoms persist after eliminating the top trigger foods. You may be experiencing sensitivities to other foods not included in the list or you may be suffering from a different digestive condition. Your health symptoms may also be unrelated to dietary factors. We recommend working with your integrative healthcare provider for further support.





# Phase 1 to 3: Foods to include

The following list includes foods and beverages that may be consumed as a baseline throughout the elimination diet (phases 1 to 3). During phases 2 and 3, the dietary components that are reintroduced may be consumed in addition to this baseline diet.

Dietary components to include	Examples	
Gluten-free grains and flours	Amaranth Buckwheat Millet Oats (gluten-free only)	Quinoa Rice Sorghum Teff
Legumes	Adzuki beans Black beans Chickpeas Lentils	Lima beans Pinto beans White beans
Meats and fish	Beef Chicken Duck Lamb	Pork Turkey Venison Wild fish
Fruits	Apples Apricots Avocado Bananas Berries Figs Grapes Mango	Melons Papaya Pears Pineapple Plantains Plums Pomegranates
Vegetables	Artichoke Asparagus Beets Broccoli Brussels sprouts Cabbage Carrots	Cauliflower Celery Cucumbers Endives Fennel Garlic Green beans

These lists of food and beverages were developed by Fullscript's Integrative Medical Advisory team. Eliminated components were selected from a review of elimination diet trials. For a list of sources used, please refer to the 'References' section.

Dietary components to include	Examples	
Vegetables	Leafy greens (e.g.,arugula, chard, collards, kale, lettuce, spinach) Mushrooms Onions Peas Parsnips Pumpkin Radishes	Sea vegetables (e.g. dulse, kombu, nori, wakame) Squashes (e.g., acorn squash, butternut squash, summer squash) Sweet potatoes Turnips Yams Zucchini
Seeds and seed butters	Sunflower Flax Chia	Hemp Pine nuts Pumpkin
Oils	Extra virgin avocado oil Extra virgin olive oil	Virgin coconut oil
Sweeteners	Coconut sugar Honey (raw/ unpasteurized) Monk fruit (lakanto)	Pure maple syrup Purified stevia extract Stevia
Herbs and spices (fresh or dried)	Anise Basil Bay leaves Black pepper (fresh ground) Cilantro (coriander) Cumin Cinnamon	Dill Ginger Nutmeg Oregano Parsley Thyme Turmeric
Herbal teas	Chamomile Dandelion root Ginger Lavender	Nettle Peppermint Rooibos Turmeric
Other	Apple cider vinegar (filtered and pasteurized) Balsamic vinegar (filtered and pasteurized) Carob powder Coconut aminos Coconut milk	Coconut vinegar (filtered and pasteurized) Coconut water Red wine vinegar (filtered and pasteurized) White wine vinegar (filtered and pasteurized)

These lists of food and beverages were developed by Fullscript's Integrative Medical Advisory team. Eliminated components were selected from a review of elimination diet trials. For a list of sources used, please refer to the 'References' section.

# Dietary components to eliminate

The following table outlines the potential reactive dietary components to eliminate, common sources, and alternatives to enjoy instead.

If there are any foods to which you have a known allergy or intolerance, they should be avoided in addition to the foods listed in the table below.

Dietary components to eliminate	Common sources	Alternatives
Alcohol and alcohol- containing foods	Beer Cider Cooking wines Flavor extracts (e.g., vanilla extract, almond extract) Sauces (e.g., béarnaise, bordelaise) Spirits (e.g., bourbon, gin, tequila, vodka) Wine	Non-alcoholic beverages and ingredients, such as: Water Coconut water Herbal teas (unsweetened) Alcohol-free flavors Alcohol-free sauces Vanilla from vanilla beans
Caffeine	Black and Green teas Coffee Energy drinks Soft drinks	Non-caffeinated beverages, such as: Water Coconut water Herbal teas
Chocolate Cacao powder Cocoa powder Cocoa nibs	Baking chocolate Chocolate bars Chocolate candy Desserts Hot chocolate Ice cream	Carob chips Carob powder
Citrus fruit Grapefruit Lemons Limes Oranges Pomelo Satsumas Tangerines	Desserts Fruit juices Jams and jellies Lemonade Marinades Salad dressings Sauces Sorbet Yogurt	All other fruit and unsweetened fruit juices

Dietary components to eliminate	Common sources	Alternatives
Corn	Canned corn Corn chips Corn on the cob Corn tortillas Cornmeal Corn in all forms (e.g., corn oil, corn starch, corn syrup, hydrolysed corn) Grits High-fructose corn syrup Salad dressings Sauces, seasonings Soup mixes	Other grains, such as: Amaranth Buckwheat Millet Oats (gluten-free only) Quinoa Rice Sorghum Teff
Dairy Dairy sourced from cow, sheep, buffalo, or goat	Baked goods (e.g., cake, cookies, croissants) Butter Cheese Cottage cheese Cream, buttermilk Cream cheese Creamed soups Ghee Ice cream Kefir Mashed potatoes Milk in all forms (e.g., condensed, dry, evaporated, lactose-free, low-fat, milkfat, non-fat, powder, protein, skimmed, solids, whole) Sour cream Whipped cream Yogurt	Coconut-based milk, cream, and yogurt



Dietary components to eliminate	Common sources	Alternatives
Eggs from hens, turkey, duck, or quail	Baked goods (e.g., challah bread, egg buns, souffles) Breaded foods Dressings Egg in all forms (e.g., dried, powdered, solids, white, yolk) Egg noodles Hollandaise sauce Icing/frosting Mayonnaise Meat loaf Meringue Pudding Sausages	Other sources of protein, such as: Beef Chicken Duck Flax eggs (used for baking) Lamb Pork Turkey Venison Wild fish
Food additives Artificial colors Artificial flavors Emulsifiers Preservatives Thickeners	Baked goods Candy Cereals Condiments (e.g., dressings, sauces, spice mixes) Cured meats (e.g., bacon, hot dogs, salami, sausages) Dried fruit Fast food Frozen desserts (e.g., ice cream, popsicles) Packaged snack foods (e.g., chips, crackers) Processed meats (e.g., bacon, deli meats, beef jerky, sausages) Soft drinks	Homemade and minimally- processed foods and beverages



Dietary components to eliminate	Common sources	Alternatives
Gluten-containing grains Barley Bulgur Durum Farro Kamut Rye Spelt, Dinkel Triticale Wheat	Baked goods (e.g., bread, buns, cake, pastries) Barley malt Beer Breaded/battered foods Couscous Crackers Dumplings Flour Gravy Matza/matzah/matzo Orzo Packaged mixes (e.g., muffin mix, pancake mix) Pasta Pastries Seitan Semolina Soy sauce Tabouli	Gluten-free grains, including: Amaranth Buckwheat Millet Oats (gluten-free only) Quinoa Rice Sorghum Teff
Nightshades Cayenne pepper and powder Chili pepper and powder Eggplant Sweet and hot peppers Potatoes (except sweet potatoes) Tomatoes Tomatillos	Condiments (e.g., antipasto spreads, babaganoush, hot sauce, ketchup) Curry dishes Dressings Pasta dishes Soups Spice mixes Stir-fry dishes Tomato-based sauces (e.g., salsa, spaghetti sauce)	All other vegetables Seaweeds Herbs



Dietary components to eliminate	Common sources	Alternatives
Nuts Almonds Brazil nuts Hazelnuts Pecans Walnuts Cashews	Baked goods (e.g., cookies, muffins, pastries) Candy Cereals Energy bars Frozen desserts Granola Nut butters Nut milks Nut oil Raw and roasted nuts Trail mix	Seeds, seed butters, seed milks* Chia Flax Hemp Pine nuts Pumpkin Sunflower *Excluding sesame
Peanuts	Baked goods (e.g., cookies, muffins, pastries) Candy Egg rolls Glazes, marinades Nut meat Peanut butter Peanut oil Sauces Vegetarian meat substitutes	Seeds, seed butters, seed milks* Chia Flax Hemp Pine nuts Pumpkin Sunflower *Excluding sesame
Sesame	Bread Cereals Chips (e.g., pita chips, tortilla chips) Dressings Falafel Hummus Sesame oil Tahini	All other seeds, seed butters, seed milks Chia Flax Hemp Pine nuts Pumpkin Sunflower





Dietary components to eliminate	Common sources	Alternatives
Soy	Edamame Fish sauce Gelatin Miso Oyster sauce Soy in all forms (e.g., soy flour, soy milk, soy protein, soy sauce/tamari, soybean curd, soybean oil, soy yogurt) Tempeh Teriyaki sauce Tofu	Adzuki beans Black beans Chickpeas Coconut aminos (an alternative to soy sauce/tamari) Lentils Lima beans Pinto beans White beans
Sugar and sweeteners Agave syrup Brown sugar Cane sugar White sugar Acesulfame–K Aspartame Saccharin Sucralose	Baked goods (e.g., bread, buns, cakes, pastries, pie) Candy Canned foods Cereals Coffee beverages Condiments (e.g., chutney, ketchup, peanut butter) Ice cream Icing/frosting Soft drinks Yogurt	Coconut sugar Honey (raw/unpasteurized) Monk fruit (lakanto) Pure maple syrup Purified stevia extract Stevia
Yeast Active yeast Dry yeast Brewer's yeast	Aged cheese Alcohol Baked goods Dried fruit Gravy Nutritional yeast Soup stock Yeast extract Vinegar (unfiltered and unpasteurized)	Filtered and pasteurized vinegars: Apple cider vinegar Balsamic vinegar Coconut vinegar Red wine vinegar White wine vinegar

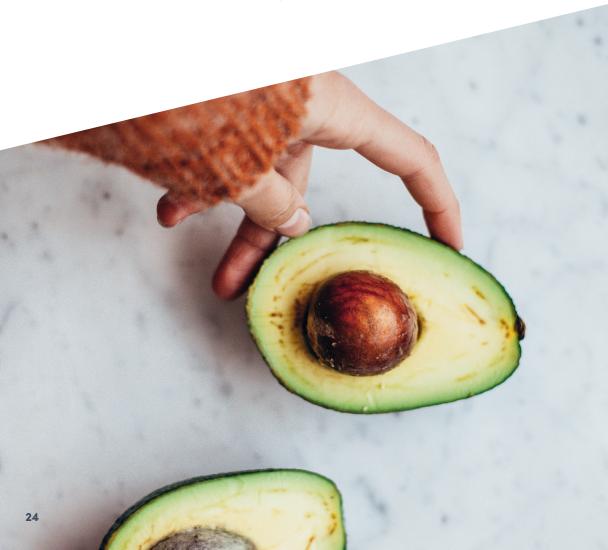


# Hidden ingredient list

Typically, you will be able to recognize if an ingredient is present in a food by referring to the ingredient label. However, certain dietary ingredients may be listed under a different name or may be a derivative of a potential reactive food, making them difficult to recognize.

Did you know that there are over 60 different names for sugar? Additionally, the FDA only requires eight major food allergens to be listed on the food's ingredient list or in a separate "contains" statement immediately after the ingredient list. The major food allergens include: milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, and soybeans.

To help you make sense of ingredient labels, the following "hidden ingredients" list provides other names and derivatives of foods not permitted on the elimination diet.



#### Citrus fruit

□ Citric acid

#### Corn

- Artificial flavorings
- □ Artificial sweeteners
- □ Baking powder
- Caramel
- □ Caramel color
- □ Dextrose
- □ Food starch

- □ Fructose
- □ Glucose
- □ Glucose syrup
- Maltodextrin
- □ Natural flavorings
- □ Xanthan gum

## **Dairy**

- □ Casein
- □ Casein hydrolysate
- Caseinates
- (in all forms)
- □ Diacetyl
- □ Lactalbumin, lactalbumin
  - phosphate

- Lactoferrin
- □ Lactose
- □ Lactulose
- □ Recaldent(R)
- □ Rennet casein
- □ Tagatose
- □ Whey or whey protein

# Eggs

- □ Albumin, albumen
- Ovalbumin
- □ Lysozyme
- □ Surimi

#### **Food additives**

- □ Calcium glutamate
- □ Carrageenan
- □ FD&C Blue No. 1
- □ FD&C Red No. 40
- □ FD&C Yellow No. 5
- □ Glutamic acid
- □ Guar gum

- □ Monosodium glutamate (MSG)
- □ Nitrate
- □ Nitrite □ Sulfite
- □ Yeast extract □ Xanthan gum

#### Gluten

- □ Starch
- □ Caramel coloring □ Alcohols (e.g., beer,

bourbon, whiskey)

- □ Pregelatinized starch
- □ Dextrans
- □ Bran

□ Germ

- □ Dextrose
- Maltodextrin

# **Peanuts**

- □ Arachis oil
- □ Lupin, lupine
- Mandelonas

#### **Potato**

- Ascorbyl palmitate
- □ Dextrose
- □ Glucose
- □ Glucose syrup
- □ Lactic acid
- Modified starch
- □ Starch
- □ Vitamin A palmitate

□ Sesamum indicum

■ Vodka

#### Sesame

- □ Benne
- □ Gingelly
- □ Gingelly oil
- □ Halvah
- □ Sesamol
- □ Sesamolin
- □ Sim sim
- □ Til

## Soy

- ☐ Textured vegetable protein (TVP)
- □ Vegetable gum
- □ Vegetable starch
- □ Monosodium glutamate (MSG)

- Sugar
- □ Agave nectar
- □ Barbados sugar
- □ Barley malt
- □ Barley malt syrup
- □ Beet sugar
- □ Brown sugar
- Buttered syrup
- □ Cane juice
- □ Cane juice crystals
- □ Cane sugar
- □ Caramel
- □ Carob syrup
- □ Castor sugar
- □ Confectioner's sugar
- □ Corn sweetener
- □ Corn syrup
- □ Corn syrup solids

- □ Date sugar
- Dehydrated cane juice
- □ Demerara sugar
- □ Dextrin
- □ Dextrose
- Evaporated cane juice
- □ Fructose
- □ Fruit juice
- □ Fruit juice concentrate
- □ Glucose
- □ Golden sugar
- □ Golden syrup
- □ Granulated sugar
- □ Grape sugar
- ☐ High-fructose corn syrup (HFCS)

- □ Icing sugar
- □ Invert sugar
- Malt syrup
- Maltodextrin
- Maltol
- Maltose
- □ Mannose
- Molasses
- Muscovado
- □ Panocha
- □ Powdered sugar
- □ Raw sugar

- □ Refiner's syrup
- □ Rice syrup
- □ Saccharose
- □ Sorghum syrup
- □ Sucrose
- □ Sweet sorghum
- □ Syrup
- □ Treacle
- □ Turbinado sugar
- □ Yellow sugar

## **Sweeteners**

- ☐ Acesulfame-K (Sunnett)
- □ Aspartame (Equal, Nutrasweet)
- □ Saccharin (Sweet 'N Low)
- □ Sucralose (Splenda)

#### Yeast

- □ Hydrolyzed protein
- Leavening
- Hydrolyzed vegetable protein



# 14-day meal plan

To help you get started with the elimination phase, we've provided a <u>14-day meal plan</u> which includes grocery shopping lists and recipes.

This 14-day elimination diet meal plan was developed in partnership with **Living Plate Rx**, a digital meal planning company that supports healthcare professionals in creating meal plans for patients. Using evidence-based nutrition protocols, a team of dietitians and chefs translate the science of nutrition into simple, delicious recipes everyone can make.



# Elimination diet and symptom diary

Use one copy of this table to track your food and beverage intake and any symptoms you experience for each week of the elimination phase. Make note of the time foods/beverages are consumed and any associated symptoms (e.g., 10:00 am: two eggs (boiled) with 1 avocado, 11:00 am: bloating).

#### Symptoms may include:

- Abdominal pain
- Altered bowel habits (e.g., diarrhea, constipation)
- Bloating
- Brain fog or concentration issues
- Fatigue
- Flatulence

- Headache
- Insomnia/disturbed sleep
- Musculoskeletal symptoms

   (e.g., joint/muscle pain, numbness)
- Nausea
- · Sinus congestion or runny nose
- Skin rash or breakouts



Day	Morning intake	Afternoon intake	Evening intake	Symptoms
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



# Suggested reintroduction of eliminated foods

Eliminated food	Challenge frequency	Challenge food	Portion size	Suggested way to incorporate
	1 portion, 1 time/day	Wine	5 oz. glass	Enjoy on its own
Alcohol		Spirit (e.g., gin, tequila, vodka)	1 oz.	Mix with soda water
Caffeine	1 portion, 2–3 times/day	Coffee, green tea, or black tea	8 oz. cup	Serve plain, with dairy/ dairy alternative, and/or naturally-sweetened
Chocolate	1 portion, 2–3 times/day	Raw cacao or cocoa powder	1 tbsp	Mix into steamed coconut milk to make hot chocolate (unsweetened or with approved sweeteners)
Chocoldie		Dark chocolate (minimum 70%, dairy-free)	1.5 oz. (approx. 45 g)	As a snack or dessert
Citrus fruit	1 portion, 2–3 times/day	Navel orange	1 medium fruit	Eat fresh, consume as fresh-squeezed juice
Cirus Iruii		Lemon	1 medium fruit	Use fresh juice in homemade salad dressing
Corn	1 portion, 2–3 times/day	Corn on the cob	1 cob	Boil or grill, season with sea salt
Com		100% corn flour tortilla	1 large or 2 small tortillas	Top with protein of choice, sauteed vegetables, and guacamole
Dairy:	1 portion, 2–3 times/day	Plain, unsweetened yogurt	½ cup	Serve with fresh fruit
fermented		Plain, unsweetened kefir	1 cup	Enjoy as a beverage on its own, add to smoothie or porridge

Eliminated food	Challenge frequency	Challenge food	Portion size	Suggested way to incorporate
Dairy:	1 portion, 2–3 times/day	Milk	1 cup	Enjoy as a beverage on its own, add to smoothie or porridge
non-fermented		Cheese	1 ounce	Enjoy as a snack, served with sliced vegetables and/or fruit
Eggs	1 portion, 2–3 times/day	Eggs from hens, turkey, duck, or quail	2 eggs	Enjoy poached, scrambled, or hard-boiled eggs as a snack or as part of a meal
Gluten-	1 portion,	Pearled barley	½ cup	Cook and season, enjoy as a side dish with meat and/or vegetables
containing grains	2–3 times/day	100% rye sourdough bread	1 slice	Enjoy with seed butter of choice
	1 portion, 2–3 times/day	Tomato marinara sauce	½ cup	Serve over gluten-free pasta
		Mashed potato	Approx. ½ cup mashed	Enjoy as a side to meat and/or other vegetable dishes
Nightshades		Baked potato	1 medium potato	Enjoy topped with sea salt, chives, and extra-virgin olive oil
		Eggplant	½ medium eggplant; approx. 1 cup	Enjoy sliced and grilled in a salad or as a side to your meal
		Sliced fresh bell pepper	1 cup	Eat fresh with guacamole
	1 portion, 2–3 times/day	Raw or roasted, unsalted nuts	1/4 cup	Enjoy as a snack on their own or in homemade gluten-free trail mix
Nuts		Nut butter (unsweetened, without added ingredients)	2 tbsp	Top apple or banana slices

Eliminated food	Challenge frequency	Challenge food	Portion size	Suggested way to incorporate
Peanuts	1 portion,	Raw or roasted, unsalted peanuts	1/4 cup	Enjoy as a snack on their own or in homemade gluten-free trail mix
	2–3 times/day	Peanut butter (unsweetened, without added ingredients)	2 tbsp	Top apple or banana slices
Sesame	1 portion,	Tahini (i.e., sesame seed butter)	2 tbsp	Use in homemade hummus or salad dressing
Sesume	2-3 times/day	Sesame seeds	1 tbsp	Sprinkle over salad or steamed vegetables
Soy		Soy milk	1 cup	Add to a smoothie or morning porridge
	1 portion, 2–3 times/day	Edamame	amame ½ cup Season cooked sea salt and enj	
		Tofu or tempeh	½ cup	Season and pan fry, enjoy in a wrap or topped on a salad
Sugar and sweeteners	1 portion, 2-3 times/day	White or brown sugar	1 tsp	Add to herbal tea
		Baker's yeast	As indicated in recipe	Make gluten-free rice flour bread
Yeast	1 portion, 2–3 times/day	Balsamic vinegar (unfiltered and unpasteurized)	2 tbsp	Use in a salad dressing or marinade
Wheat		Whole wheat berries	½ cup	Cook and season, enjoy as a side dish with meat and/or vegetables
	1 portion, 2–3 times/day	100% whole wheat pasta	1 cup	Serve with extra-virgin olive oil and fresh herbs
		100% whole wheat sourdough bread	1 slice	Enjoy with seed butter of choice

**Note:** Challenge foods that did not result in adverse symptoms may be incorporated into the diet for the remainder of the reintroduction period. Foods that result in adverse reactions should be eliminated from the diet for a minimum of three months.

# Blank reintroduction schedule

Use the following table to create a custom reintroduction schedule. A new food or dietary component that has been eliminated should be reintroduced a minimum of three days apart. For example, write "sesame" for Sunday, week 1, followed by "peanuts" for Thursday, week 1, followed by "corn" for Monday, week 2.

- Fermented dairy and non-fermented dairy are reintroduced separately as fermented dairy may be better tolerated by certain individuals who have an intolerance to lactose.
- Gluten-containing grains are reintroduced separately from wheat as some individuals may react to wheat but not to gluten.
- Foods from eliminated groups of food, such as nuts, nightshades, and citrus, may be
  reintroduced individually if the individual has noticed a sensitivity to any of these individual
  foods in the past.

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

# Reintroduction diet and symptom diary

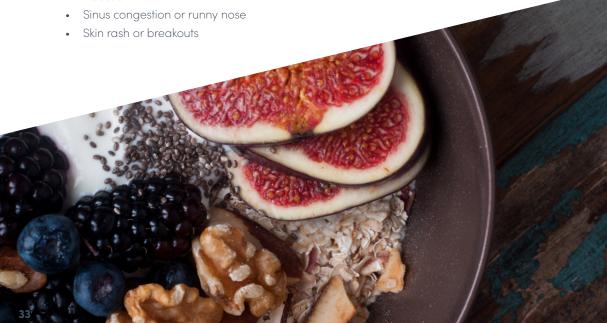
Date range:							
Dietary component reintroduced:							
Hours of sleep (previous night):							
Stress rating: 1 2 3 4 5 6 7 8 9 10							
Stool description, timing, and frequency:							

#### Exercise:

Use this table to track your food and beverage intake and any symptoms you experience for the duration of the reintroduction phase. Make note of the time foods/beverages are consumed and any associated symptoms (e.g., 10:00 am: two eggs (boiled) with 1 avocado, 11:00 am: bloating).

#### Symptoms may include:

- Abdominal pain
- Altered bowel habits (e.g., diarrhea, constipation)
- Bloating
- Brain fog or concentration issues
- Fatigue
- Flatulence
- Headache
- Insomnia/disturbed sleep
- Musculoskeletal symptoms (e.g., joint/muscle pain, numbness)
- Nausea



	Morning	Afternoon	Evening				
Day 1							
Food and beverage intake							
Symptoms							
Day 2							
Food and beverage intake							
Symptoms							
Day 3							
Food and beverage intake							
Symptoms							
Day 4							
Food and beverage intake							
Symptoms							



# Meeting your nutritional needs

Based on the results on the reintroduction phase, your individualized maintenance diet may exclude certain reactive foods for an extended time. In some cases, eliminating certain foods or food groups may increase the risk of specific nutrient deficiencies if those nutrients are not obtained from other dietary sources. As reference when planning your maintenance diet, the table below outlines the common nutrients for each eliminated food and provides suggestions for alternate sources of those nutrients.

Eliminated food	Nutrient	Alternate dietary sources			
	Iron	Oysters, white beans, lentils, spinach, kidney beans, beef liver, sardines, chickpeas			
Chocolate	iron	*Cooking foods in cast-iron cookware may increase iron content			
	Magnesium	Almonds, spinach, black beans, avocado, brown rice, oats, peanuts, kidney beans			
Citrus fruit	Vitamin C	Broccoli, Brussels sprouts, cantaloupe, cauliflower, kiwifruit, papayas, strawberries			
Corn	Vitamin B5 (pantothenic acid)	Avocado, beef, beef liver, black beans, chicken breast, mushrooms, tuna, sunflower seeds			
Dairy	Calcium	Canned fish (e.g., sardines, salmon), kale, turnip greens, chia seeds, Chinese cabbage (bok choy)			
	Vitamin D	Beef liver, cod liver, mushrooms, rainbow trout, salmon, sardines, tuna			
	Choline	Beef, beef liver, chicken breast, cod, dairy, kidney beans, mushrooms, potatoes, quinoa			
Eggs	Protein	Animal proteins (e.g., beef, fish, game meats, pork, poultry), plant-based proteins (e.g., beans, hemp seeds, lentils, peas, quinoa)			
	Selenium	Beef, Brazil nuts, fish (e.g., halibut, sardines, tuna), poultry (e.g., chicken, turkey), shrimp			
	Vitamin A	Glandular meats (e.g., kidney, liver, sweetbreads), fish liver oil, whole milk			

Eliminated food	Nutrient	Alternate dietary sources			
	Folate	Beef liver, spinach, cowpeas (blakeye peas), Brussels sprouts, asparagus, avocado			
	Vitamin B12	Clams, beef liver, trout, salmon, tuna, nutritional yeast			
	Vitamin D	Beef liver, cod liver, mushrooms, rainbow trout, salmon, sardines, tuna			
Gluten-containing grains	Fiber	Gluten-free grains, chia, flax, hemp, vegetables, fruit, beans and legumes			
		Oysters, white beans, lentils, spinach, kidney beans, beef liver, sardines, chickpeas			
	Iron	*Cooking foods in cast-iron cookware may increase iron content			
	Magnesium	Almonds, spinach, black beans, avocado, brown rice, oats, kidney beans			
Nightshades	Various macronutrients and micronutrients	Including a variety of other vegetables and fruit will provide various nutrients also found in nightshades			
	Fiber	Beans (e.g., adzuki beans, black beans, lima beans), fruit, seeds (e.g., chia, flax, sunflower seeds), vegetables			
Nuts	Monounsaturated fats	Animal fats (e.g., chicken, beef, wild game), avocado, nuts, olive oil, peanuts, sunflower seeds oil			
Nuis	Polyunsaturated fats	Pine nuts, seafood (e.g., herring, mackerel, salmon, trout, tuna), seeds (e.g., flax, pumpkin, sesame), walnuts			
	Vitamin E	Broccoli, butternut squash, kiwifruit, peanuts, spinach, sunflower seeds			
Degravite	Copper	Beef liver, cashews, chickpeas, mushrooms, oysters, potatoes, sesame seeds, sunflower seeds			
Peanuts	Vitamin B3 (niacin)	Beef liver, brown rice, chicken breast, pork, salmon, sunflower seeds, tuna, turkey breast			

Eliminated food	Nutrient	Alternate dietary sources			
	Copper	Beef liver, cashews, chickpeas, mushrooms, oysters, potatoes, sesame seeds, sunflower seeds			
	Manganese	Brown rice, chickpeas, clams, hazelnuts, mussels, oysters, pecans, pineapple, spinach			
Soy	Phosphorus	Dairy, cashews, chicken breast, lentils, potatoes, salmon, scallops			
	Protein	Animal proteins (e.g., beef, fish, game meats, pork, poultry), plant-based proteins (e.g., beans, hemp seeds, lentils, peas, quinoa)			

**Note:** Alcohol, caffeine, food additives, sugar, sweeteners, and yeast have been excluded from this table as they do not contain a significant source of nutrients.

The alternative dietary sources of nutrients listed in this table may include foods that are restricted during the elimination phase (phase 1). These foods should only be included in your maintenance diet (phase 3) if they were successfully reintroduced without associated symptoms during reintroduction (phase 2).

# Diet and symptom tracking apps

To track your dietary intake and symptoms electronically, consider using a tracking app or a spreadsheet. **Examples of highly rated tracking apps include:** 

- <u>Cara Care</u> (App Store, Google Play)
- <u>Care Clinic</u> (App Store, Google Play, web app)
- MyFitnessPal (App Store, Google Play)
  mySymptoms (App Store, Google Play)
  Symple Symptom Tracker (App Store)

  Symple Symptom Tracker (App Store)

# References

- Allergen Bureau. (2011). Unexpected allergens in Food. Retrieved from http://www. allergenbureau.net/
- Alpay, K., Ertaş, M., Orhan, E. K., Üstay, D. K., Lieners, C., & Baykan, B. (2010). Diet restriction in migraine, based on IgG against foods: A clinical double-blind, randomised, cross-over trial. Cephalalgia, 30(7), 829–837.
- Aydinlar, E. I., Dikmen, P. Y., Tiffikci, A., Saruc, M., Aksu, M., Gunsoy, H. G., & Tozun, N. (2012). IgGbased elimination diet in migraine plus irritable bowel syndrome. Headache: The Journal of Head and Face Pain, 53(3), 514–525.
- Barilo, A. A., & Smirnova, S. V. (2020). [The role of nutritional factors and food allergy in the development of psoriasis]. Vopr Pitan, 89(1), 19–27.
- Borthakur, A., Bhattacharyya, S., Anbazhagan, A. N., Kumar, A., Dudeja, P. K., & Tobacman, J. K. (2012). Prolongation of carrageenaninduced inflammation in human colonic epithelial cells by activation of an NFkB-BCL10 loop. Biochimica et Biophysica Acta (BBA) – Molecular Basis of Disease, 1822(8), 1300–1307.
- Catassi, C., Elli, L., Bonaz, B., Bouma, G., Carroccio, A., Castillejo, G., ... Fasano, A. (2015). Diagnosis of non-celiac gluten sensitivity (NCGS): The Salerno Experts' Criteria. Nutrients, 7(6), 4966–4977.
- CHENG, Y. J., & BRITTIN, H. C. (1991). Iron in food: Effect of continued use of iron cookware. Journal of Food Science, 56(2), 584–585.
- Cinquanta, L., Di Cesare, C., Manoni, R., Piano, A., Roberti, P., & Salvatori, G. (2016). Mineral essential elements for nutrition in different chocolate products. International Journal of Food Sciences and Nutrition, 67(7), 773–778.
- Daly, J., Tomlin, J., & Read, N. W. (1993). The effect of feeding xanthan gum on colonic function in man: correlation with in vitro determinants of bacterial breakdown. British Journal of Nutrition, 69(3), 897–902.
- Food Allergy Research & Education. (n.d.).
   Common allergens Peanut, egg, and sesame allergies. Retrieved from https://www. foodallergy.org/living-food-allergies/foodallergy-essentials/common-allergens

- Guida, B., De Martino, C., De Martino, S., Tritto, G., Patella, V., Trio, R., ... D'Agostino, L. (2000). Histamine plasma levels and elimination diet in chronic idiopathic urticaria. European Journal of Clinical Nutrition, 54(2), 155–158.
- Hertzler, S. R., & Clancy, S. M. (2003). Kefir improves lactose digestion and tolerance in adults with lactose maldigestion. Journal of the American Dietetic Association, 103(5), 582–587.
- Jaros, J., Shi, V. Y., & Katta, R. (2019). Diet and chronic urticaria: Dietary modification as a treatment strategy. Dermatology Practical & Conceptual, 10(1), e2020004.
- Johnston, C. S., & Gaas, C. A. (2006). Vinegar: Medicinal uses and antiglycemic effect. Medscape General Medicine, 8(2), 61.
- Kagalwalla, A. F., Shah, A., Li, B. U. K., Sentongo, T. A., Ritz, S., Manuel-Rubio, M., ... Nelson, S. P. (2011). Identification of specific foods responsible for inflammation in children with eosinophilic esophagitis successfully treated with empiric elimination diet. Journal of Pediatric Gastroenterology and Nutrition, 53(2), 145–149.
- Lim, N. R., Lohman, M. E., & Lio, P. A. (2017). The role of elimination diets in atopic dermatitis-A comprehensive review. Pediatric Dermatology, 34(5), 516–527.
- Lomer, M. C. E. (2014a). Review article: The aetiology, diagnosis, mechanisms and clinical evidence for food intolerance. Alimentary Pharmacology & Therapeutics, 41(3), 262–275.
- Lomer, M. C. E. (2014b). Review article: The aetiology, diagnosis, mechanisms and clinical evidence for food intolerance. Alimentary Pharmacology & Therapeutics, 41(3), 262–275.
- Ly, V., Bottelier, M., Hoekstra, P. J., Arias Vasquez, A., Buitelaar, J. K., & Rommelse, N. N. (2017). Elimination diets' efficacy and mechanisms in attention deficit hyperactivity disorder and autism spectrum disorder. European Child & Adolescent Psychiatry, 26(9), 1067–1079.
- Madzhidova, S., & Sedrakyan, L. (2019).
   The use of dietary interventions in pediatric patients. Pharmacy, 7(1), 10.
- Mahan, L. K., & Raymond, J. L. (2017). Krause's Food & the Nutrition Care Process (14th ed.). St. Louis, Missouri: Elsevier Inc.

- Mattar, R., Mazo, & Carrilho. (2012). Lactose intolerance: Diagnosis, genetic, and clinical factors. Clinical and Experimental Gastroenterology, 5, 113–121.
- Mie, A., Andersen, H. R., Gunnarsson, S., Kahl, J., Kesse-Guyot, E., Rembiałkowska, E., ... Grandjean, P. (2017). Human health implications of organic food and organic agriculture: A comprehensive review. Environmental Health, 16(1), 111.
- National Institutes of Health Office of Dietary Supplements. (n.d.). Vitamin and mineral supplement fact sheets. Retrieved from https://ods.od.nih.gov/factsheets/list-VitaminsMinerals/
- Nigg, J. T., Lewis, K., Edinger, T., & Falk, M. (2012). Meta-analysis of attention-deficit/hyperactivity disorder or attention-deficit/hyperactivity disorder symptoms, restriction diet, and synthetic food color additives. Journal of the American Academy of Child & Adolescent Psychiatry, 51(1), 86-97.e8.
- 26. Pelsser, L. M., Frankena, K., Toorman, J., & Rodrigues Pereira, R. (2017). Diet and ADHD, reviewing the evidence: A systematic review of meta-analyses of double-blind placebocontrolled trials evaluating the efficacy of diet interventions on the behavior of children with ADHD. PLoS One, 12(1), e0169277.
- Priyanka, P., Gayam, S., & Kupec, J. T. (2018). The role of a low fermentable oligosaccharides, disaccharides, monosaccharides, and polyol diet in nonceliac gluten sensitivity. Gastroenterology Research and Practice, 2018, 1561476.
- Scarpato, E., Auricchio, R., Penagini, F.,
  Campanozzi, A., Zuccotti, G. V., & Troncone, R.
  (2019). Efficacy of the gluten free diet in the
  management of functional gastrointestinal
  disorders: A systematic review on behalf of the
  Italian Society of Paediatrics. Italian Journal of
  Pediatrics, 45(1), 9.
- Schab, D. W., & Trinh, N.-H. T. (2004). Do artificial food colors promote hyperactivity in children with hyperactive syndromes? A metaanalysis of double-blind placebo-controlled trials. Journal of Developmental & Behavioral Pediatrics, 25(6), 423–434.
- Shakoor, Z., Al Faifi, A., Al Amro, B., Al Tawil, L. N., & Al Ohaly, R. Y. (2016). Prevalence of IgGmediated food intolerance among patients

- with allergic symptoms. Annals of Saudi Medicine, 36(6), 386–390.
- Todd, P. A., Benfield, P., & Goa, K. L. (1990).
   Guar gum. A review of its pharmacological properties, and use as a dietary adjunct in hypercholesterolaemia. Drugs, 39(6), 917–928.
- 32. Tuck, C. J., Biesiekierski, J. R., Schmid-Grendelmeier, P., & Pohl, D. (2019). Food intolerances. Nutrients, 11(7), 1684.
- University of California San Francisco SugarScience. (2018, December 7). Hidden in plain sight. Retrieved from https://sugarscience. ucsf.edu/hidden-in-plain-sight/#. XtBDzVNKg\_V
- 34. U.S. Department of Agriculture. (2019). FoodData Central. Retrieved from fdc.nal.usda.gov
- U.S. Department of Health and Human Services, & U.S. Department of Agriculture. (2015). 2015–2020 Dietary guidelines for Americans. Retrieved from https://health.gov/ our-work/food-nutrition/2015-2020-dietaryguidelines/guidelines/
- U.S. Food and Drug Administration. (2011, May 11). Have food allergies? Read the label. Retrieved from https://www.fda.gov/ consumers/consumer-updates/have-foodallergies-read-label
- U.S. National Library of Medicine. (2020, May 7). Food additives. Retrieved from https:// medlineplus.gov/ency/article/002435.htm
- Ventura, M. T., Polimeno, L., Amoruso, A.
   C., Gatti, F., Annoscia, E., Marinaro, M., ...
   Francavilla, A. (2006). Intestinal permeability in patients with adverse reactions to food.
   Digestive and Liver Disease, 38(10), 732–736.
- Vici, G., Belli, L., Biondi, M., & Polzonetti, V. (2016).
   Gluten free diet and nutrient deficiencies: A review. Clinical Nutrition, 35(6), 1236–1241.
- World Health Organization, & Food and Agricultural Organization of the United Nations. (2005). Vitamin and mineral requirements in human nutrition (2nd ed.). Retrieved from https://www.who.int/nutrition/publications/ micronutrients/9241546123/en/
- Zanfirescu, A., Ungurianu, A., Tsatsakis, A. M., Niţulescu, G. M., Kouretas, D., Veskoukis, A., ... Margină, D. (2019). A review of the alleged health hazards of monosodium glutamate. Comprehensive Reviews in Food Science and Food Safety, 18(4), 1111–1134.

