

EXCLUSION, ROTATION AND HYPOALLERGENIC DIETS FOR FOOD ALLERGY AND INTOLERANCE PROBLEMS ©2008

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There are some relatively simple strategies that can help to identify what are known as 'masked allergies' – items in the diet that are so frequently consumed that they don't produce obvious, strong, reactions, - but rather contribute to a background of general 'unwellness' – with symptoms such as fatigue, muscle pain, blotchy/itchy skin, 'brain-fog', rhinitis (runny nose), palpitation (racing heart-beat), and digestive distress being amongst the commonest.

By identifying such foods, and eliminating them for a few weeks – and then reintroducing them, it's reasonably easy to show that a/ you're better without, and b/ you're worse with, the particular food.

- If a food or food family is responsible for symptoms, these should start to ease after 4 or 5 days without eating or drinking it.
- When you recommence it, after a few weeks, if it's responsible, symptoms will usually start up again after the 2nd or 3rd time you eat or drink it.

The EXCLUSION AND ROTATION DIET (Randolph 1976, Drisko et al 2006)
Make notes of the answers to the following questions:

1. List any foods or drinks that you know disagree with you, or which produce allergic reactions (skin blotches, palpitations, feelings of exhaustion, agitation, or other symptoms)

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2. List any foods or drink that if you were unable to obtain, would make you feel really deprived

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3. List any food that you sometimes have a definite craving for

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4. What sort of food or drink is it that you use for snacks? List these

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5 Are there foods which you have begun to eat (or drink) more frequently/more of, recently?

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6. Read the following list of foods and underline any that are eaten

at least every day:

bread (and other wheat or grain products); milk; potato; tomato; fish;
cane sugar or its products; breakfast food; sausages or preserved meat;
cheese; coffee; rice; pork; peanuts; corn or its products; margarine;
beetroot or beet sugar; tea; yogurt; soya products; beef; chicken;
alcohol; cake; biscuits; oranges or other citrus fruits; eggs; chocolate;
lamb; artificial sweeteners; soft drinks; pasta.

Exclusion diet methods

- Exclude from your diet the foods that appear most often on the list (in questions 1 to 5, and the ones being eaten daily)
- These are the foods to test (by exclusion) - first – one by one.
- Decide which foods on the list are the ones eaten most often and which also appear in the answers to questions 1-5. Say this is bread. If so test wheat and other grains by excluding these from the diet for at least 3 weeks (wheat, barley, rye, oats and millet).
- No benefit may be noted from this exclusion (if wheat or other grains have been causing allergic reactions) for 5 days or so, and you may even feel worse for that first week (caused by what are virtually withdrawal symptoms).
- If after a week symptoms (fatigue, palpitations, skin reactions, breathing difficulty, muscle or joint ache, feelings of agitation – or whatever) are improving, the exclusion should be maintained for several weeks, before reintroducing the excluded foods – the challenge – to see whether symptoms return.

- If after eating the previously excluded foods symptoms return, this suggests that it would be better, for the time being at least, to avoid this food for a period (see next bullet point).
- Remove this food from the diet (in this case grains – or wheat if that is the only grain tested) for at least 6 months before testing it again. By then the system may have become desensitized to it and be able to tolerate it again.
- If nothing was proved by the wheat/grain exclusion, similar elimination periods on a diet free of – say - dairy produce, or fish, or citrus, or soya products, etc. should be attempted – using your questionnaire results as a guide – always choosing the next most frequently listed food (or food family).

This method is often effective.

Dairy products, for example, are among the commonest allergens in asthma and hay fever problems. And wheat (and other grains) commonly provoke muscle and joint pain.

A range of gluten-free and dairy-free foods are now available from health stores and some supermarkets, making such elimination far easier.

The ROTATION DIET (Carroccio A et al 2005)

In the rotation diet, foods from any particular family of suspect foods (identified by the questionnaire above) are eaten only once in 5 days or so.

This system is effective, especially if a detailed ‘food and symptom’ diary is kept, in which all deviations from your normal state of health are noted down, as are all foods eaten.

- Symptoms such as feelings of unusual fatigue, or irritability, or difficulty in concentrating, or muscular pains, or breathing difficulties - should be listed and given a daily score out of 10, where 0 = no problems and 10 = the worst it has ever been.
- Make sure each symptom is scored each day, to see how it varies, and to link this to when suspect foods are eaten (sometimes reaction to foods takes up to 12 hours to be noticed).
- If such a score sheet is kept and a note is made of suspect foods, a link may be uncovered.

- By comparing the two lists (suspect foods and symptoms) it is often possible to note a pattern connecting particular foods and symptoms, at which time the exclusion diet (see above) can be started.

The OLIGOANTIGENIC DIET (Heine 2006)

To try a modified oligoantigenic exclusion diet, evaluate the effect of following a pattern of eating in which the foods as listed below are excluded for 3 weeks. This approach was developed at Great Ormond St Hospital for treatment of children with severe allergic migraine headaches, but can be very useful in helping adults as well, with multiple allergic associations.

Fish

Allowed: white fish, oily fish

Forbidden: all smoked fish

Vegetables

None are forbidden but people with bowel problems are asked to avoid beans, lentils, Brussels sprouts and cabbage

Fruit

Allowed: bananas, passion fruit, peeled pears, pomegranates, paw-paw, mango

Forbidden: all fruits except the six allowed ones

Cereals

Allowed: rice, sago, millet, buckwheat, quinoa

Forbidden: wheat, oats, rye, barley, corn

Oils

Allowed: sunflower, safflower, linseed, olive

Forbidden: corn, soya, 'vegetable', nut (especially peanut)

Dairy

Allowed: none

Forbidden: cow's milk and all its products including yogurt, butter, most margarine, all goat, sheep and soya milk products, eggs

Drinks

Allowed: herbal teas such as camomile and peppermint

Forbidden: tea, coffee, fruit squashes, citrus drinks, apple juice, alcohol, tapwater, carbonated drinks

Miscellaneous

Allowed: sea salt

Forbidden: all yeast products, chocolate, preservatives, all food additives, herbs, spices, honey, sugar of any sort

- If benefits are felt after this exclusion, a gradual introduction of one food at a time, leaving at least 4 days between each reintroduction, will allow you to identify those foods which should be left out altogether – if symptoms reappear when they are reintroduced.
- If a reaction occurs (symptoms return having eased or vanished during the 3-week exclusion trial), the offending food is eliminated for at least 6 months and a 5-day period of no further experimentation follows (to clear the body of all traces of the offending food), after which testing (challenge) can start again, one food at a time, involving anything you have previously been eating which was eliminated by the oligoantigenic diet.

CAUTION: When a food to which there is a strong allergic reaction occurs, especially one which has been consumed regularly in the past, is stopped, the individual may experience ‘withdrawal’ symptoms for a week or so, including flu-like symptoms and marked mood swings, anxiety, restlessness, etc.

This will usually pass after a few days, and can be interpreted as a strong indication that whatever has been eliminated from the diet is responsible for a ‘masked’ allergy, which may be producing many of your symptoms. See notes on this in chapter (Randolph 1976)

References

- Carroccio A Scalici C Maresi E et al 2005 Chronic constipation & food intolerance: A model of proctitis causing constipation *Scandinavian Journal of Gastroenterology* 40(1):33-42
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- Randolph T 1976 Stimulatory and withdrawal & the alternations of allergic manifestations. In: Dickey L (ed) *Clinical ecology*. Charles C Thomas, Springfield, Illinois, ch 12