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—HEALING ARTS—



## THE ORIGINAL ELIMINATION DIET

*Essential information for anyone with an  
autoimmune or inflammatory condition*

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# **The Original Elimination Diet**

*dedicated with the fondest memory of my mentor and dear friend  
Robert McFerran*

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## Chapter 1 Introduction

Thank you for your interest in this ebook! I believe this information is essential for anyone with an autoimmune or inflammatory condition.

You may have read about ways to figure out your food intolerances from other sources. This book is unique because I write about the original, “old-school,” tried-and-true method of identifying food sensitivities by systemically self-testing through an elimination-provocation diet. This original elimination diet was developed by the pioneers of food allergy medicine in the United States, Canada, and Europe.

I include background about myself in Chapter 2, and how I met my mentor Bob McFerran, who first introduced me to this work. I summarize most food intolerance mechanisms and food reaction symptoms in Chapters 3 - 5. There's a special explanation of how food intolerances are related to, and contribute to, autoimmunity in Chapter 6.

In Chapter 7, I write about anti-inflammatory diets, exposing the problems behind them. Chapter 8 follows up with how to accurately discover the foods that you are sensitive to as an individual. The history behind self-testing for food intolerances by accurate elimination and provocation is detailed in Chapters 9 and 10. This history is well worth learning if you want a thorough understanding of how this approach developed and how it works. As a clinician and an educator, I think it's important to carry on the groundbreaking work of these food allergy pioneers.

**The nitty-gritty INSTRUCTIONS are in Chapter 11,  
if you can't wait and want to cut to the chase!**

You'll have some questions, and hopefully they will be answered in Chapter 12 under FAQs. Since the original “old-school” method is not for the faint of heart, in Chapter 13 I'll also include alternate methods, and information on laboratory food intolerance testing.

My conclusion, in Chapter 14, gives some insight for life, healing, and pleasure beyond food intolerances. Your path to breaking free from inflammation and autoimmunity goes beyond identifying your trigger foods. This is the first step, the biggest and most important one, for quelling inflammation and autoimmunity.

## Chapter 2

### My Story

As a young adult in my twenties, I almost never felt well. I had migrating muscle and joint pain, fatigue, energy and mood swings, massive brain fog, sinus infections, and migraine headaches. I felt somehow that it had something to do with food and I delved into exploring a variety of therapeutic diets. I experimented with most approaches: vegan, vegetarian, raw foods, macrobiotic, low carbohydrate, and many more. I read every nutrition book I could get my hands on. I was aware that I was very sensitive to the effect food had on me, but it was overwhelming to sort out all the contradictory food philosophies, and figure out what was right for *me*. I did eventually figure out that ice cream caused severe sinus headaches, but that's as far as I got with determining what foods were right for me.

**Does this story sound familiar to any of you? I'm guessing that it does.**

Then at age 33 my joints blew up with redness and swelling. I was diagnosed with Rheumatoid Arthritis (RA) in 1999. I was following a low-carbohydrate diet at the time. I thought that low-carbohydrate diets, such as Atkins and Protein Power, were the approaches that worked the best for me. They gave me the best energy and kept weight off. They made sense to me because I have a strong family history of diabetes. Little did I know that within my low carbohydrate approach, I was eating foods that irritated my immune system. I later found out that I had sensitivities, or intolerances, to foods I was eating daily. I also didn't realize that with my low-carb diet, I was starving the beneficial bacteria in my digestive tract, which is one of the biggest downfalls of low-carbohydrate approaches.

#### **Robert (Bob) McFerran**

I knew that my diet had something to do with my RA symptoms. I just knew it, deep inside. When I first searched for help with my RA, I started searching within my low carbohydrate diet forums. With great luck, I discovered a webpage on diet and RA. On that page I found a link to a [book draft](#) written by Robert McFerran, titled *Arthritis: Searching for the Truth, Searching for the Cure*. I devoured the information in this fascinating book draft. I was compelled to contact Robert (Bob) McFerran, and he became my first teacher that actually "got it" as far as food and immunity are concerned, and he really helped me.

Bob, a biochemist, suffered from RA himself. He was born in 1957, and was diagnosed with RA at a young age, around 30. He had an aggressive type of RA that progressed

rapidly. The medications at the time were not that great, but he obediently took all of the steroids and disease modifying drugs that his rheumatologist prescribed. Unfortunately the medication didn't stop his rapid joint destruction, and when I met him he was about 12 years past the initial onset, with six joints that were replaced or on the way to being replaced.

By that time Bob had abandoned conventional care and was applying his knowledge as a biochemist to search for alternative solutions to his raging autoimmunity as well as to stop further joint destruction. He believed that the medications he took not only didn't work, they took a big toll on his core health. He was an intelligent and creative thinker, and was familiar with scientific methods and research. When he applied himself to searching outside the box, he found useful multidisciplinary information, from evolution, science, medicine, and nutrition. He had a knack for connecting the dots in a novel way, and came up with ideas and inventions that were ahead of his time.

In Chapter 4 of his book draft, Bob writes:

*When I was first diagnosed with arthritis I thought that it was an 'off and on' thing. My onset was rather sudden and I thought that I was in fairly good health before the event. My assumption was that something had suddenly gone wrong. I incorrectly assumed that the drugs that were prescribed by my rheumatologist were there to stop the inflammation that seemed to be overwhelming my body.*

*Upon closer observation I realized that the inflammatory process was really a cascade of events, somewhat like a river being fed by a number of streams. The disease modifying anti-rheumatic drugs (DMARDs) were responsible for working further upstream in trying to numb my body's overactive immune response. The non-steroidal anti-inflammatory drugs (NSAIDs) worked downstream, limiting the snowball effect of inflammatory biochemicals that had already been produced by antigen-antibody reactions. **Trying to stop most of the process upstream seemed to make sense.** I realized that the further downstream that the inflammatory process was allowed to go unabated, the more massive and uncontrollable the inflammation would be.*

Bob was astoundingly successful in trying to stop the process upstream, his RA was in remission when I met him, and he wasn't taking any medication at all. He was a very generous teacher and we developed a close friendship as he helped me "swim my way upstream," out of one of the worst times of my life.

**The things I now know about anti-inflammatory eating  
can be applied to anyone with autoimmune disease or inflammation.**

## Chapter 3

### Lowdown on Food Intolerances

Food intolerances or sensitivities are different than food allergies. Food allergies are mediated by an aspect of the immune system called IgE. These are true allergies that cause noticeable and immediate reactions, such as difficulty breathing, hives, throat swelling, and at worst, anaphylactic shock. People discover these allergies because it's very obvious when they have a reaction. Food allergies can be serious and people who have them often carry EpiPens in case of a reaction. Reactions can be life-threatening.

I'm distinguishing food sensitivities or intolerances as an entirely different phenomenon. These sensitivities are not considered true allergies; however, that doesn't mean they aren't capable of wreaking havoc on your digestive tract and immune system. Most food intolerances do involve the immune system, but not with the classic IgE response that true allergies have. Food sensitivities can cause an immediate or delayed reaction. Sometimes the reaction occurs one to two days after the exposure. Food intolerances can be mediated by the immune system in a variety of ways: IgA, IgM or IgG immune responses, cytokine, and mast cell histamine responses are the most common.

Food sensitivity symptoms can take place in the gastrointestinal tract or in other parts of the body. Reactions can include, but are not limited to:

1. Hives, eczema, psoriasis, and acne
2. Wheezing, sinus congestion, runny nose
3. Bloating, indigestion, abdominal pain and cramping, acid reflux, belching, nausea, constipation and diarrhea
4. Muscle and joint aches and pains, weakness and swelling
5. Heart palpitations, rapid heartbeat, headaches and migraines
6. Irritability, fatigue, energy swings, brain fog, anxiety, insomnia

## Chapter 4

### Microbial-Related Intolerances: FODMAPS and SIBO

#### FODMAPS

There are food intolerances that aren't necessarily immune mediated. One very common example is intolerance to a whole variety of carbohydrate foods called FODMAPS (Fermentable Oligo-Di-Monosaccharides and Polyols). These are carbohydrates that are PRE-biotics, meaning food for bacteria. Examples include asparagus, artichokes, onions(all), garlic, beans, celery, apples, pears, wheat, cow's milk, and rye.

By definition, FODMAP foods are fermentable carbohydrates, and it is bacteria that does the fermentation. These foods are not a problem if they are providing food for beneficial bacteria in the large intestine. The large intestine hosts trillions of beneficial bacteria that do all sorts of good things for us.

There is a correlation between FODMAP intolerance and Irritable Bowel Syndrome (IBS). Many gastroenterologists are prescribing low FODMAP diets for IBS. This tells us that IBS could be a bacteria-related issue.

A comprehensive list of high FODMAP foods can be found [here](#). There are a lot of them, with onions and garlic high on the list. If you have IBS, you may find that going on a low FODMAP diet will help you a great deal. The [low FODMAP diet](#), put out by Stanford University, can be found here. It is commonly recommended by gastroenterologists. However, the list of foods to avoid is frankly overwhelming. Every patient I've seen who is prescribed this diet has a very difficult time figuring out what to eat and how to eat with these restrictive lists. Their quality of life diminishes.

Intolerance to FODMAP foods often means that there is an overgrowth of bacteria in your small intestine, or a translocation of bacteria from your large intestine. Your small intestine, which is where you absorb most of your food, is not supposed to harbor large bacterial colonies. However, due to factors such as diet and antibiotics, many people have an overgrowth of bacteria there. This means that too many carbohydrates are fermenting in the wrong place. This condition is called Small Intestine Bacterial Overgrowth, or [SIBO](#).



SIBO can create all sorts of problems with malabsorption of nutrients, as well as a whole host of digestive [symptoms](#) such as:

- Bloating and distension
- Abdominal pain
- Belching and gas
- Diarrhea and/or constipation
- Nutrient deficiencies

Besides SIBO, a root cause of FODMAP intolerance can be microbial dysbiosis in the large intestine. This can mean an overgrowth of undesirable bacteria, an overgrowth of yeast or parasites, or a deficiency of beneficial bacteria. These can take place in various combinations simultaneously. It's common to have both small intestine bacterial overgrowth and dysbiosis in the large intestine.

From a Functional Medicine viewpoint, I find that getting to the root cause of FODMAP intolerance will often reduce or clear up FODMAP resistance, and patients can tolerate more or all of these foods. If you have FODMAP intolerances, it is greatly beneficial to find a Functional Medicine clinician who can test for root causes and treat them. It's very likely you can expand your FODMAP repertoire of foods.

**In this case, FODMAP foods can be considered a temporary food intolerance, one that can be fixed.**

## Chapter 5

### Histamine and More

People can have problems with too much histamine. Histamine is produced primarily by mast cells in the body, as a natural allergic response to a bee sting, or seasonal allergies. When people have too much histamine, they can have sensitivities to foods that are high in histamine. This includes fermented food like wine, cheese, vinegar, and yogurt. You can find a more extensive list [here](#). For more information please see [this paper](#).

There are also probiotics that produce histamine. In fact, the majority of probiotic blends on the market are histamine producing. If you have found yourself intolerant to probiotics, this is probably why. What are the symptoms of histamine intolerance? Here's a pretty conclusive [list](#):

- Pruritus (itching especially of the skin, eyes, ears, and nose)
- Urticaria (hives) (sometimes diagnosed as “idiopathic urticaria”)
- Tissue swelling (angioedema) especially of facial and oral tissues and sometimes the throat, the latter causing the feeling of “throat tightening” (sometimes diagnosed as “idiopathic angioedema”)
- Hypotension (drop in blood pressure)
- Tachycardia (increased pulse rate, “heart racing”)
- Symptoms resembling an anxiety or panic attack
- Chest pain
- Nasal congestion and runny nose
- Conjunctivitis (irritated, watery, reddened eyes)
- Some types of headaches that differ from those of migraine
- Fatigue, confusion, irritability
- Very occasionally loss of consciousness usually lasting for only one or two seconds
- Digestive tract upset, especially heartburn, “indigestion,” and reflux

Not all of these symptoms occur in any single individual, and the severity of symptoms varies, but the pattern of symptoms seems to be consistent for each person.

Histamine intolerance is usually caused by a problem with breaking down histamine, or a problem with too much histamine. Problems with breaking down histamine are often due to deficient production of enzymes that do this job. Making too much histamine can

be from too much exposure or ingestion and is often due to having an overgrowth of bacteria that produce histamine.

**Histamine intolerance can also be addressed through Functional Medicine clinicians by finding the root cause, and addressing it. Usually patients can expand histamine foods once they figure out what is causing this intolerance.**

### **A Few More**

There are more intolerances similar to histamine, such as tyramine. It's another "amine" found in foods that can present problems. Tyramine is commonly associated with migraines. Histamine and tyramine are examples of foods that can be problems, but are not classic food allergies or intolerances that would show up on a blood test.

There is a food family called the nightshade vegetables, which all contain an alkaloid chemical called solanine. Many people react to solanine; it often causes joint pain for these people. There is more about this food family in Chapter 7.

Lastly, there are chemicals and ingredients in processed foods that aren't necessarily food per se, but are used as additives for coloring, flavor, sweetening, and preserving. This list includes nitrates, sulfites, dyes, aspartame, sugar alcohols, and MSG, among many more. For some people these foods cause reactions.

**There are many ways that foods can irritate your immune system and intestinal lining**

## Chapter 6 Food Intolerances and Autoimmunity

We often think that autoimmune disease is inevitable, genetic. There is a genetic component to autoimmune disease, that's true. But what causes the gene to turn on? This is under the scope of what we call **epigenetics**.

The word epigenetic means any process that alters gene activity without changing the DNA sequence. It's a mechanism by which environmental factors affect gene expression without changing the underlying genetic sequence. Epigenetics includes the silencing of genes and the activation of genes. In simple terms, it means the processes by which genes are turned on and turned off.

**It's estimated that 90% of disease is caused by epigenetic factors.  
These factors can be called the "exposome."**

In a nutshell, the exposome is everything that happens in your environment and your lifestyle from conception to where you are today. This includes air, food, stress, emotions, experiences, memories, relationships, and environmental toxins. It's big. There are scientific projects studying the exposome, such as [The Human Exposome Project](#), but currently it's impossible to measure all of it.

**To read more about this please see my post  
[The Amazing Exposome and Autoimmune Disease.](#)**

Why am I talking about epigenetics and the exposome? Simply carrying the genetics for an autoimmune disease doesn't mean it's inevitable that the genes will be expressed. As my teacher Chris Kresser says, "the genes load the gun, and the exposome pulls the trigger." Our exposome has a lot to do with how genes are expressed and silenced. In regard to food intolerances, if you consume foods that are irritants to your immune system, over time, this irritation can be a factor in flipping on the switch to a genetic autoimmune reaction.

One scientific theory for this occurrence is that irritating foods damage the intestinal lining and cause intestinal permeability. If you're reading this book you've probably heard of intestinal permeability or "leaky gut syndrome," because it's been in popular and scientific literature for at least a decade. The theory is that larger protein structures from foods, as well as bacteria and their byproducts, can leak through a permeable

small intestine lining, and trigger an immune, or antigen reaction. Antigens cause the immune system to produce [antibodies](#). This is a natural process.

**When an antigen protein structure is similar to the protein structure of our body's tissues or organs, our vigilant immune system can make antibodies against these very tissues, thereby instigating an autoimmune reaction.**

This process is called molecular mimicry, written about extensively in scientific papers, [here](#), [here](#) and [here](#). This is a logical explanation for why and how food intolerances can cause autoimmunity.

Sometimes it may be one or two dominant foods that are antigenic, but they can cause enough damage to the intestinal lining that our immune system starts reacting to more foods. This is usually the case when someone shows up intolerant to a lot of foods. Some allergy specialists might recommend that once you show a reaction to a food, you should avoid it forever. If the intolerance list is long, Functional Medicine clinicians often take a different approach. We figure out the most dominant antigens that set the process off, eliminate those, heal the intestinal tract, and then see if you can tolerate some of the foods you reacted to previously.

**Doesn't that sound like a better option?**

## Chapter 7 Anti-inflammatory Diets: The Truth

Inflammation has become a buzzword in the media. We know that inflammation occurs in all autoimmune diseases, such as Celiac, Hashimoto's, Graves, Multiple Sclerosis, Rheumatoid Arthritis, and Lupus. Consumers are now aware that chronic inflammation is involved in **other** types of diseases such as Cancer, Type II Diabetes, Heart Disease, Alzheimer's, and Obesity. Inflammation is involved in a myriad of disease processes. There's even evidence that brain inflammation occurs in neurological diseases.

**The concept of eating an anti-inflammatory diet makes good sense  
for anyone with autoimmunity or inflammation.**

With the knowledge of widespread inflammation and its relation to so many different diseases in this century, anti-inflammatory diet books and cookbooks have sprung up. If you go online and search "anti-inflammatory diet" or "autoimmune diet," you'll find a plethora of books and resources, compared to 1999 when I was first doing this research.

Some of these books are good, some are mediocre, and some are wrong – in my opinion. The majority of them are problematic. The reason why they are problematic is because there is an assumption that certain foods are inflammatory for all people.

**There is absolutely no scientific evidence that any single food  
is inflammatory for every single person.**

That's the good news and the bad news. The bad news is that there is no definitive list of anti-inflammatory foods to avoid. That would make it easy. The good news is that there may be foods that are just fine for you that are listed in books as anti-inflammatory foods to avoid.

One example is the nightshade vegetable family. Nightshade vegetables are part of the family called Solanaceae, and they all produce, to differing degrees, an alkaloid compound called solanine. Most plants in the Solanaceae family are actually poisonous. However, there are a small group of them that are considered edible; this includes eggplants, potatoes, tomatoes, and peppers. It also includes tobacco. For many people, solanine causes an inflammatory response, often in the joints. You may have heard of the idea of avoiding nightshade vegetables if you have osteoarthritis.

It's true that for many people nightshades do aggravate arthritis or other symptoms. However, for many people with arthritis, nightshades are fine. Or perhaps one of the nightshade vegetables is inflammatory, and the other ones aren't.

**The bottom line is there is no definitive list of anti-inflammatory foods.  
It's not a one-size-fits-all approach.**

Anyone who writes that a single food is inflammatory for all people is incorrect. This is not backed up in any way by any evidence. That's the good news.

This doesn't mean that the various anti-inflammatory books out there are not healthy diets; however, they aren't going to spell out what foods are inflammatory for **you personally as an individual**. You could certainly follow them and feel better to some degree, but you may be avoiding the pleasure and the nutrition from foods that are fine for **you**. You also will not discover what foods **you** react to.

Lastly, I have seen anti-inflammatory diet books that I believe take the wrong track entirely, and do not promote healthy diets. These tend to be books that promote non-evolutionary approaches, such as high grain, low-fat, vegetarian diets. There is no good science backing up these types of non-evolutionary approaches as anti-inflammatory.

## Chapter 8

### How To Determine YOUR Inflammatory Foods

Fortunately there is more than one way to discover your anti-inflammatory foods. There are essentially two methods:

1. Trial and error elimination diets
2. Lab testing

I recommend that people do a combination of both. However, if lab testing is not feasible, then an elimination diet done right can get great results. The next few chapters will focus on elimination diets and Chapter 13 discusses lab testing.

#### **Elimination Diets**

There's a variety of elimination diets that are published in books, on the internet, and in other resources. They all use the same approach: eliminating a bunch of foods for a period of time and then testing them by trial and error.

Most elimination diets I've seen published are problematic because the base list of foods that are included contain foods that you could be sensitive to. This makes it much more difficult, if not impossible, to get a clear reading on what foods are actually bothering you.

For example, if you eliminate wheat and dairy only, but include rice, and rice is your biggest problem food, you might not feel that much better, and when you go to test wheat and dairy, you won't notice much. These types of elimination diets are making guesses based on common food intolerances.

**The five most common food intolerances are wheat (and gluten),  
cow's milk products, soy, corn, and eggs.**

If you eliminate foods based on what is most common, you may hit the nail on the head and actually get it right, by luck and educated guesswork. You should then follow through with testing, because let's say if you eliminate the above list, you might only have a problem with one or two of the foods.

I see countless elimination diets that eliminate the above foods, with additions. I have also seen elimination diets that include one or more of the above foods.



There is a strong likelihood that you won't identify all the foods you are intolerant of based on these limited elimination diets; however, they certainly are easier than the original, "old school" method I'm going to describe in the next chapter.

## Chapter 9

### Original Elimination Diet

This is the classic elimination diet used by the original food allergy doctors in the 20th century. This is the elimination diet that I learned from Bob McFerran, whose lifework included researching the history and the means to this approach. There's several things you need to know about it:

1. It is not for the faint of heart.
2. It takes time and commitment.
3. It involves preparing your own food.
4. You should expect clear and noticeable results.
5. It only needs to be done once.

First, some history: I'd like to introduce some of most important pioneers in the food intolerance field, who discovered and developed the first forms of elimination and provocation. I'm including the following three pioneers because the elimination diet I am presenting in this ebook comes from this line of researchers.

**Dr. Herbert Rinkel** did food intolerance work beginning in the 1930's. His book *Food Allergy*, published in 1951, coauthored with **Dr. Theron Randolph**, was a comprehensive book covering the nature and cyclic concept of food allergy, the elimination and provocation test, and the rotation diet.

**Dr. Theron Randolph** began food sensitivity work in 1936. He founded the American Academy of Environmental Medicine in 1965. He is considered to be the "Father of Clinical Ecology." He first coined the term "elimination diet." His elimination diet consisted of a spring water fast for 5 days, followed by testing foods and chemicals for reactions. He authored *An Alternative Approach To Allergies* in 1980.

**Dr. John Mansfield**, another food sensitivity pioneer, has been working in the field of food sensitivity since 1976. In 1978 he was a founding member of the British Society for Allergy and Environmental Medicine and became its President from 1992 to 1995. He has written a number of best-selling health books, including *The Migraine Revolution*, *Arthritis: Allergy, Nutrition and the Environment*, and *The Asthma Epidemic*. His most recent book, published in 2012, is titled *The Six Secrets of Successful Weight Loss*.

Dr. Randolph used a 5-day spring water fast, and Dr. Mansfield adapted it to what he called a "low risk" food fast. This low risk food fast was used clinically for 20 years on

over 10,000 patients. For about 6 days, you eat only the following foods: cod, mackerel, trout, white fish, pears, parsnips, turnips, rutabaga, sweet potatoes, yams, celery, zucchini, carrots and peaches. The reason why these particular foods are chosen is because they have a low risk for reactions.

If you have food intolerances, you can expect to go through a few rough days of withdrawal, and then after 4 to 7 days you experience what is called a “clearing” of symptoms. Robert McFerran [wrote](#):

*Most experience flu-like withdrawal symptoms within the first 48 hours after embarking on the low risk diet. This is a good sign that hidden foods allergies are involved. Usually these symptoms (headaches, depression, joint and muscle pains) will lift over the next 48 to 96 hours. . . Many lose as much as five to eight pounds during the “clearing” period. Most of this is water weight is from decreased edema and inflammatory activity throughout your body. Less fatigue is the next unexpected benefit. A myriad of other ailments including depression, mental fog/inability to concentrate, anxiety, insomnia, racing heart, fibromyalgia (aching muscles), red/dry eyes, migraine/severe headaches, irritable bowel, constipation, eczema, sinusitis and asthma often show immediate and substantial improvement.*

*People describe a sensation of complete wellness, relaxation, clarity, as well as a total lack of craving once they've cleared their symptoms in the elimination diet. Several find that they have over-eaten in the past simply because they were faced with a constant hunger. The reason for their constant hunger and craving was due to an addiction – an addiction to particular foods. Once food allergens are eliminated they are finally satiated. A welcome experience to those who have struggled with their weight most of their lives.*

### **The conceptual relationship between food allergies and food addictions is fairly well known.**

Some clinicians, when determining food intolerances, will ask “What foods do you feel like you cannot live without on a daily basis? Those are the ones to eliminate and test.” This phenomenon is not scientifically proven, yet it commonly observed, clinically and anecdotally. Dr. Randolph gives a comprehensive [description](#) of the addictive nature of food allergies.

*He [Randolph] explains that food sensitivities ultimately result in addictive behavior that is very similar to drug addiction. When a food allergen is eaten there is a short term rise in endorphins which initially leads to a feeling of satisfaction. However, within 4 hours subtle withdrawal symptoms begin and feelings of hunger, anxiety or depression begin to take over. You don't know what your body wants so you just start to eat (or over-eat) until you luck onto a 'hit' of the offending food. It isn't hard to see why the major food sensitivities are foods that are really enjoyed and are frequently eaten by the individual.*

Dr. Vodjani, another food allergy pioneer, writes that [certain foods such as wheat](#), have been demonstrated to have an opiate like effect in the brain and nervous system. This certainly explains why some people feel “addicted” to wheat. Other foods are found to have an opiate like effect, including milk and rice proteins.

## Chapter 10

### Old School Provocation Diet

After the period of elimination and clearing, you begin to test foods one a time. This is called provocation, because in essence you are provoking your immune system. When you test foods, you wait for an acute, noticeable reaction. Often the reaction is not something you are used to – it could be stomach cramps, instant fatigue, a blinding headache, or stiff joints, among other symptoms.

The theory is that once you clear your habitual responses or **adaptations** to food intolerances, and then expose yourself to those foods, your immune system experiences a shock. Prior to the elimination diet, you may have adjusted to the food intolerance. This is actually known as “maladjustment,” because the exposure is a stress to your immune system even though you’ve adapted to the stress. The concept of a food intolerance acting as a stressor, and creating a chronic maladaptive response, comes directly from the work of Hans Selye, the famous Austrian-Canadian researcher who published the well-known book *The Stress of Life* in 1956.

This phenomenon of chronic maladaptation to a food is known as a “masked food intolerance.” Dr. Herbert Rinkel has an [interesting story](#) about how he discovered masked food intolerances:

*After he graduated from medical school, Dr. Herbert Rinkel developed a severe nasal allergy (allergic rhinitis), which was characterized by severe, persistent nasal discharge. His medical colleagues skin-tested him for all the well-known inhalant allergies and all these tests proved negative. **Dr. Rinkel was aware that diagnosing delayed food intolerances via ordinary skin prick tests was next to useless.** He had studied the work of Dr. Albert Rowe, author of the 1931 book “Food Allergy,” and learned that food intolerances are at the root of many illnesses, and reactions can be delayed (as in IgG mediated).*

*Rinkel was very poor as a medical student, and his father, who was an egg farmer, helped support his son by sending him a gross of eggs (144) each week. This was the main source of protein for Rinkel and his family.*

*This high ingestion of eggs continued after he graduated so he suspected eggs as a cause of his problems. One afternoon, in an attempt to produce an adverse reaction, he consumed a large quantity of eggs, but to his surprise his nasal symptoms actually improved. He abandoned the idea that foods were connected*

*to his sinus problems until some years later when he did just the opposite. He abstained from eggs for about five days and discovered that his nasal discharge improved considerably. He then inadvertently ate some angel food cake (which happens to contain eggs) at a birthday party. He suddenly collapsed unconscious and his rhinitis symptoms returned worse than ever.*

*Dr Rinkel realized that he might have stumbled on something fundamental regarding the basic nature of food allergy. He repeated the experiment by re-establishing his consumption of eggs, omitting them again for five days and then repeating the egg ingestion, which caused a recurrence of the symptoms of unconsciousness and severe nasal discharge. He then extended his observations with a number of his patients. Rinkel found a similar, shared phenomenon occurring with different foods and medical conditions. His observations were first published in 1944.*

I included this story because it's a good example of what happens when you clear your food intolerance and then reintroduce the food. Don't be alarmed though, loss of consciousness is not something to expect. His case was very severe. Loss of consciousness is extremely rare when reintroducing a food.

**When you clear your intolerance and then test it,  
you may have a surprise reaction that you never had before. This is because  
instead of your typical maladapted response to the stressor,  
you may have an immediate reaction that is not masked.**

## Chapter 11

### Nitty-Gritty Instructions

You may have skipped right to this chapter, and this is fine. Everything up to now has been useful background information about food intolerances as well as the history of this method of testing. This chapter details the nitty-gritty steps to doing this approach.

You are welcome to do this on your own or with a family member. However, I do recommend being under the guidance of a clinician who is experienced in this process, as you are probably going to have lots of questions as well as needing support. In addition, this classic elimination diet can be modified if needed. Some foods can be removed and others can be added, and by working with an experienced clinician, you know how to make modifications. I could not have done this alone, without Robert McFerran's guidance and care.

**If you are not under the guidance of a clinician specifically guiding you through this elimination diet, please consult your doctor to ensure this is safe and appropriate for you.**

#### THE ELIMINATION DIET

**The following instructions are a blend of Robert McFerran's directions, and my own edits and additions:**

These "low risk" foods were determined by Dr. Mansfield over 20 clinical years and with 10,000 patients. These will be your "safe" foods for four to seven days. These foods are not completely hypo-allergenic but they do have a **low allergenic potential**. In other words they are rarely found to induce a reaction.

**Safe foods include cod, trout, mackerel, pears, parsnips, turnips, rutabaga, sweet potatoes, yams, celery, zucchini, carrots and peaches.**

Any foods routinely eaten more than two or three times a week should be removed from the list. If you have a fish allergy or a known intolerance to any of these foods, obviously don't include them. All the foods must be fresh and in their whole or natural form. No canned food, but frozen is acceptable. Your only beverage will be filtered water or sparkling water, and your only condiment is sea salt or mineral salt. Steaming and baking are excellent methods of preparing foods during your elimination diet.

NSAIDs (non-steroidal anti-inflammatory drugs) such as naprosyn, ibuprofen, aspirin, etc. should be stopped when starting the diet. Steroid anti-inflammatories, such as prednisone, definitely need to be stopped, but under your doctor's guidance. All other prescription drugs can and should be continued. You won't be able to smoke because that will interfere, and you won't be able to eat at restaurants because you can't control the ingredients.

**Remember, this is for a limited experiment,  
done once in your life, for a very important reason:  
to significantly reduce your inflammation and halt your autoimmunity**

**Preparation:**

1. Wean off your supplements.
2. Wean off caffeine to make it easier.
3. Stock up on several days of the low risk foods, or
4. Get seven days of the low risk foods and prepare and freeze in advance.  
*Examples are: stewed fruit, pureed root vegetables, and fish head broth. To make the broth, simmer some non-oily fish heads and carcasses in water for 4 to 24 hours. You can add some carrot or celery. At the end, strain, and season with sea salt.*
5. Make sure you have access to plenty of good quality water.
6. Quit smoking or get off nicotine if you use it.
7. Buy a box of Alka Seltzer Gold (must be the gold box, with no added aspirin or other ingredients). This is optional.
8. Buy a bottle of magnesium citrate from the drugstore, in the laxative section, or a small carton of Epsom salts (pure magnesium sulfate only). This is optional. It's used as a laxative the first night to help speed up your clearing of symptoms.

Friday is a good day to start. If you are using one of the forms of magnesium as a laxative, two hours after dinner, follow the instructions on the container. Remember, this part is optional. The purpose of it is to clear your gastrointestinal tract so that the whole process of elimination and clearing goes faster. However, if you have any reason to skip this part, that is fine.

Starting Saturday, all meals for the next approximately 6 days should consist exclusively of the safe foods. Eat them in any combination, in any amount, as often as you want. For best results balance your meals by eating some fish and a generous amount of the vegetables. Use fruit as a dessert to finish your meal. Depending on your type of metabolism, you'll range between 3 daily meals to 7.



By Saturday evening you should start feeling your first “withdrawal” symptoms. You won’t be getting the temporary lift provided by your allergenic food(s). Withdrawal symptoms can take many forms. Headaches, muscle and joint aches, fatigue and other flu-like symptoms are very common. You may feel hungry or have cravings. Even though you may feel miserable experiencing these symptoms, they are proof that one or more foods you were consuming are problematic!

I prefer that people wean off caffeine in advance because caffeine withdrawal alone can be severe, and people may blame all their withdrawal symptoms on caffeine, and not recognize the food withdrawal effects. It’s very enlightening to experience food withdrawal effects. It will make you a believer, so to speak.

If withdrawal symptoms are really significant, you can always take one tablet of Alka Seltzer Gold (the gold version only, not mixed with aspirin or other medications) in a large glass of water. This can be repeated every four hours if needed. Drink plenty of water. It will help speed the elimination and the clearing of symptoms.

By Tuesday (day 4) some of you will feel significantly better as your withdrawal symptoms begin to clear. This clearing continues on Wednesday and Thursday (days 5 and 6). About 85% of people with inflammation will clear their symptoms by day 6. After clearing, most report that they feel better than they have in years.

About 25% of individuals will experience a short term worsening of symptoms on day seven or shortly thereafter. Dr. Mansfield described this as an “echo effect.” You will be surprised when your symptoms (which have been improving day by day) suddenly come back full force. Fortunately these symptoms will completely clear within 36 hours.

It takes 4 to 10 days for symptoms to clear. It takes less time for younger people. It’s longer for more acute inflammation and intolerances, or slower clearers. The average range, 5 to 7 days, is most common. You will know once you’ve cleared. There will not be a doubt.

### **Provocation or Testing**

At this time new foods can be tested, **one by one**, to the base diet of safe foods. The new foods must be in their whole, unprocessed form. When testing, allow 4 hours before testing another new food. Up to three foods can be tested each day if there is no reaction. To be clear, if there is no reaction, you add the food you tested to your repertoire of safe foods.

I recommend that you first test foods that you think will be safe, so that you can test three per day and quickly expand your safe foods. Everything must be tested by itself, along with your already determined safe foods. Don't test two new foods at the same time.

**FIRST TEST FOODS FROM THIS GROUP, IN ANY ORDER, ONE BY ONE:**

Vegetables, meats, seafood, seaweeds, eggs, fruits, nuts (not cashews or peanuts, which are legumes), spices, oils, vinegars.

**THEN TEST FOODS FROM THIS GROUP, IN ANY ORDER, ONE BY ONE:**

Brewer's yeast, baker's yeast, beans (dried and cooked, not canned, with the exception of soy), cashews, peanuts, fermented vegetables like plain sauerkraut or pickles (I mean the vegetables that have active bacterial cultures, such as homemade ferments, or Bubbies brand. Not the vegetables preserved in vinegar).

Test foods you want to commonly include in your diet and don't worry about obscure foods that you rarely come into contact with.

Keep a food diary of exactly what you ate and when. While the great majority of reactions to foods occur within 4 hours, there are some that are delayed. You'll find yourself referring back to your food diary as you sort out your reactions to foods.

Reactions to foods come in different shapes and sizes. They include joint and muscle pain, stiffness, swelling, headaches, mental fog, anxiety, intestinal distress, sleepiness and fatigue. Hyper-acute reactions can be lessened similarly to how withdrawal symptoms are lessened: by taking one tablet of Alka Seltzer Gold in a large glass of water (no more than every 4 hours). Drink plenty of water to help clear reactions.

**If you do react, wait until the reaction clears and then continue.**

After a week of expanding your safe foods (roughly 2 weeks into the elimination diet), you will probably experience many desirable changes. There will probably be a reduction in your general levels of inflammation, pain, fatigue, edema, swelling, and other symptoms you used to experience. Weight loss of 5-10 pounds is common. Many people report a complete remission of hunger and food cravings between meals. Anxiety, depression, and problems with concentration often lift and are replaced by a sense of clarity and well being. You will be amazed at how changes in diet can affect you in such a short time, so dramatically.

In your second week of testing, begin testing the foods that are more likely to cause a reaction. These include soy, dairy (milk, cheese and butter, from cows and goats), and all grains you want to test. With dairy and grains, you must wait 3 days to test any new food because the reaction can be delayed. So for example, if you are testing milk, drink milk three times in a day, then wait for 2 days to be certain you are clear. If you get a reaction sooner, stop testing it and wait until the reaction clears. Milk often causes respiratory, nasal, sinus, digestive, and skin reactions.

Be sure to test fermented dairy separately (cheeses, yogurt, kefir) so that you get a good read on dairy PLUS the bacterial or mold (cheese) cultures.

Try to get through this testing process as speedily and efficiently as you can. You don't want to drag it out, so be persistent and committed and don't make any exceptions. To test wheat alone, a plain shredded wheat cereal can be used.

Usually this testing process can be completed in 3 to 5 weeks, so the whole elimination diet takes about a month to 6 weeks. You'll need to find the right time in your life to commit to this. I guarantee that you won't regret it, because the information you will uncover is invaluable. It will be clear. It may surprise you. For example, rice is commonly thought of as hypoallergenic, and one of my patients with horrible tinnitus discovered that rice was her problem. Who would've thought? It's not on the list of common allergens.

In the next chapter, I'll cover common questions you may have.

## Chapter 12 Frequently Asked Questions (FAQ)

### **What if I'm not sure that I'm having a reaction?**

Ask the clinician that's helping you. Otherwise, pull the food out of your diet for 5 days and retest it.

### **What if I interpreted a food as safe, but I was wrong?**

If this happens, it could be because you extended the testing period too long. It's common to develop a degree of "maladapted" tolerance to an antigenic food over time. This increased tolerance will lessen your reaction and with it your ability to perceive it as a problem. If you perceive it as safe and include it with your safe foods, you may gradually feel worse over time. If you ever suspect this has happened, it's an easy fix: eliminate the suspect food for 5 days. You may experience withdrawal symptoms for a couple of days, followed by a clearing of symptoms and a return to prior wellbeing. If this happens, it's very likely that you are sensitive to that food. It may still be worth testing it after the 5 days.

### **What about sweeteners?**

Go ahead and test sweeteners individually. Just as with foods, test the ones that you plan to include in your diet.

### **What about alcohol?**

Test alcohols individually. It's a tricky one because alcohol tends to be a mixed substance, containing yeast, bacteria, and other fermentation ingredients. Some of the hard alcohols tend to be tolerated better. Vodka tends to be the most well-tolerated, and you can get vodka that is potato-based instead of grain. Gin and tequila follow. The whiskeys and brandies and cognacs are more complex. Beer and wine can be the most complex.

Different wines and beers will have different fermentation components. Beer is not free of gluten. Some people find that certain wines are okay, such as organic wines without sulfites, or white wines as opposed to red, or red wines as opposed to white. Some people will do better with older more expensive wines, and some people do better with cheap ones! Just test these things one by one and observe your reaction. You won't always know what you are reacting to within an alcoholic beverage, but you can make your best guess. As far as mixers, fresh and simple ingredients are easier to test and better tolerated than mixers from a bottle with additives.

### **Speaking of additives, how do I test for them?**

This is a great question! Additives can include preservatives like citric acid, thickeners like guar gum, flavoring agent such as MSG, and dyes. If you've gotten this far in reading this e-book, you are probably not the type of person who eats a lot of processed foods, and this is great. I recommend not consuming processed foods to the best of your ability. That being said, if there is a common additive such as guar gum, citric acid, or carrageenan, that you really want to test, you'll probably have to test a safe food that contains that ingredient. For example, if you want to test guar gum, and coconut is safe, then test canned coconut with guar gum.

Additives can really be a problem for certain people or certain conditions. I am not dismissing the importance of examining this. However, it's not the focus of this ebook, we are focused on food. For more information about additives, I recommend Chris Kresser's [Food Additive E-book](#).

### **What if I never "clear" my symptoms?**

If you never experience a clearing of your symptoms, you will have to abandon the elimination diet, address the reasons for this phenomenon with your clinician, and then try the elimination diet later, or move to laboratory testing. Some people do not experience a clearing. Reasons for this include:

1. There's underlying small intestine or large intestine bacterial or yeast overgrowth or dysbiosis, or a parasite, and this is clouding the results of the test. This is the most common reason.
2. There could be a chronic infection elsewhere, or a problem with metals, mold, or environmental toxins that is clouding the results of the test.
3. Very rarely, you may be allergic to one of the foods on the list of safe foods.

## Chapter 13

### Other Testing Methods

I described the original “old-school” elimination diet as not for the faint of heart. If you’ve gotten this far, you can see why! It is not for everyone. If it feels like too much or too overwhelming, there are two modified elimination diets that I recommend:

1. A customized elimination diet created with your clinician or nutritionist (my first choice).
2. My version of the Autoimmune Paleo Diet (AIP) for testing purposes.

If you do choose AIP, you run the risk of not identifying foods that you are intolerant of that are included on AIP. I’ve seen this happen. However, the AIP diet that I’ve created below does a fairly good job of eliminating foods that could be a problem.

I recommend following AIP exactly like you would the elimination diet described in Chapter 11 in this e-book. The primary difference between the two is that the list of “safe” or “low risk” foods is expanded.

It’s highly likely that you will experience withdrawal symptoms and then clearing on AIP after 6 to 10 days, as described in Chapter 11. If you experience a clearing after 6 to 10 days, you begin testing foods that are not on AIP. You can test foods in the same order as Chapter 11.

**THESE ARE YOUR ‘SAFE’ AUTOIMMUNE PALEO FOODS TO EAT (eliminate any of these if you know you have a problem with them, or if you eat them daily)**

- All vegetables except nightshades (tomatoes, potatoes, all peppers except black pepper, eggplant, tobacco)
- Fruits
- Fats: olive oil
- Bone broth (homemade only, from lamb, fish, or turkey bones)
- Grass fed lamb, turkey and seafood
- Green tea (limit to 1-2 per day)
- Green herbs and spices such as basil, tarragon, mint, thyme, oregano, and rosemary

There are many other AIP approaches that exist. However, every single AIP approach I’ve seen includes “safe” foods that I have found to be common food sensitivities based

on my clinical experience with hundreds of autoimmune patients. Examples include coconut, avocado, beef, and fermented foods. Although a broader approach is easier to follow, it just makes sense to do it right, considering this is probably a once in a life endeavor and you want to get the most accurate results.

I'm aware that both the **Original Elimination Diet** and the **AIP Elimination Diet** are hard to do. However, food allergy literature informs us that the full elimination needs to take place only for 6 to 10 days, and for most people it's 6 to 7 days. Then you can rapidly start testing foods.

**So the whole process should not take very long,  
and you shouldn't need to repeat it in the same way ever again.**

If doing an elimination diet of any type is completely unappealing, or impossible, there is the option of laboratory testing. At this time there is no lab test in existence that is 100% accurate. No test can measure all the different ways you can react to foods. All lab tests will give false positives and false negatives. But it's not like elimination diets are perfect either, as sometimes reactions are unclear, and they are difficult to do.

Of all the lab tests that exist, the one that I recommend currently is [Cyrex](#). This lab does a good job of testing different types of antibodies, to both cooked and raw foods. Cyrex also has tests for antibodies against most types of body tissue and organs. You will have to go through a clinician to get Cyrex tests ordered.

**Ideally, you run Cyrex testing first, and then do a tailored elimination diet. The results from the Cyrex testing can inform what foods to include on your safe list, and what foods to eliminate. Combining both methods gives the best results.**

To learn more about laboratory testing for food sensitivities, please listen to or read Chris Kresser's podcast on [Food Intolerance Testing](#).

## Chapter 14 Beyond Testing

### **Paleo-Based Food is the Best Food**

For all people with autoimmunity and inflammation, as well as those who want to **prevent** inflammatory, autoimmune, and degenerative diseases, I do recommend a Paleo-based way of eating. If you follow this way of eating, AND eliminate foods you have sensitivities to, you are on the road to halting your inflammation and disease progression.

At first, once you've discovered your food intolerances, it's a nice idea to avoid all of them completely for at least three months, to give your gastrointestinal (GI) tract time to heal, and your immune system time to settle down. Then if you have food intolerances that are Paleo friendly foods, and you're interested in bringing them back, it's completely worth retesting after three to 6 months of safe foods.

**Whether or not food and tolerances are permanent is a controversial topic. I believe that there are cases in which food intolerances do pass.**

You see, in many cases multiple food intolerances occur because there are one or two or several primary culprits that have done some damage to your GI tract. Once your GI tract is damaged, intestinal permeability occurs, as you learned about in Chapter 6. At this point your immune system can react to a lot of different food proteins. If you show a large number of food intolerances through an elimination diet or Cyrex testing, we can assume that you have intestinal permeability and that your immune system is overactive.

When you eliminate the primary culprits, and give time for your immune system to calm down and your GI tract to heal, usually your safe list can expand. How can you tell?

You can find out simply by retesting single foods that you reacted to previously. If you are on safe or low risk foods, you should get clear results from testing a single food. Add it back to your diet and examine how you feel over the next few days. If previous inflammatory symptoms return, you know you're not ready for that food. It's also a good idea to redo the Cyrex testing after eating safe foods for six months.

Wheat and gluten are exceptions. If you react to wheat or gluten on your elimination diet or on a Cyrex test, you should avoid it permanently. Gluten is a component of wheat, barley, rye, spelt, kamut, and some oats.



Gluten is very hard to digest, and causes a more permeable intestine for everyone who consumes it, because when you consume it, your body releases a chemical called zonulin, which opens up the intestinal cell junctions. With the exposure we have to chemicals, additives, and various antigens in our food and water, it's not a good idea to encourage intestinal permeability.

**I recommend that anyone who eats wheat and gluten,  
or plans to, run a Cyrex Array 3 test.**

This test is comprehensive for all the known ways your immune system can create antibodies to wheat and gluten. If you are positive for wheat and/or gluten, it would also be a really good idea to do the Cyrex Array 4, because it specifically tests all the foods that cross-react with wheat. Dairy is one of them.

### **What About Non-Paleo (Agriculturist) Foods?**

I use the term "Paleo" broadly. There is not a strict Paleo list of foods that works for all people. Some people are more tolerant of non-gluten grains, beans, and dairy – which are generally the foods to watch out for when following a Paleo-based diet, especially for autoimmunity! These are foods that you will need to test for yourself. I recommend testing them during your elimination diet and through Cyrex if possible.

You may find out that some foods in these categories are okay while others are not. For example, homogenized and pasteurized milk may not be okay, but organic clarified butter (ghee) may be fine.

If you have any doubt or nervousness about the general Agriculturist food categories, you can certainly stay on the safe side and avoid them. Grains and beans, besides having high inflammatory potential, are also fairly low in nutrient density. You may choose to stay away from them, regardless of test results. Dairy products are higher in terms of nutrition, especially butter, and probiotic-rich dairy such as homemade kefir and yogurt.

**Please don't become obsessive about your diet once  
you've completed the elimination diet.**

There is a tendency for people to do that, especially if they've gotten results from the elimination diet. If you have a bad day, and feel inflammatory or autoimmune symptoms, it is easy to focus on your diet, and how you can control it, or try to figure out what you

did wrong. I beg you to avoid this dangerous way of thinking. Please remember that food sensitivities are one component of inflammation and autoimmunity. It's a place to start.

We are complicated creatures and a lot happened in our exposome (remember the exposome from Chapter 6?) to get where we are today. Figuring out your food intolerances to quell inflammation and autoimmunity is one component, one step.

**I believe it's the first step and most important one.**

Then you need to move on with other aspects of healing. You can follow the next steps to healing, such as fixing your microbiome, improving your sleep, stress management, or movement; all depending on what *your* second step should be.

Lastly, I know that this ebook is a lot about restriction and control. That may be important for a limited amount of time in order to identify your food intolerances and reduce your inflammation.

**These elimination and provocation diets are not meant to be permanent.**

Once significant healing has occurred, you *will* be able to be looser about your food exceptions. Depending on the severity of your inflammation and autoimmunity, you may need to stick to 98% safe foods. Some people can do 90%. Some people can go down to 80%. Above all, don't let your special way of eating get in the way of pleasure.

**Please read my article [10 Tips For Eating Well With Pleasure](#).**

Thank you for allowing me to share this information with you and to continue the legacy of the food intolerance pioneers, and Robert McFerran