

Leaky Gut, Food Allergen Elimination Diet

“Food sensitivities cause disruption of mucosal barriers in the gut, in what we call leaky gut, but a leaky gut can cause food sensitivities.”

Have you ever had this experience? A patient is tested for food sensitivities, and the offending foods are eliminated. Then after six months, when repeat testing is performed, even more foods show up as sensitive, further restricting food choices. Food sensitivities cause disruption of mucosal barriers in the gut, ultimately resulting in what we call leaky gut.

Leaky gut, also called toll receptor dysfunction, gives access to substances normally foreign to the blood stream. They can be proteins from undigested food, toxins from the environment, food additives, residues from bacterial byproducts particularly lipopolysaccharide or (LPS). The list is extensive. Regardless of the source, the presence of these foreign agents in the blood creates a heightened immune response. If the presence of these agents is prolonged, auto-immunity ensues. Here's the dilemma – food sensitivities cause leaky gut, but a leaky gut can cause food sensitivities due to an over stimulation of the immune system.



I mentioned several, but there's an extensive list of foreign substances that can cause over stimulation of the immune system if a leaky gut is present. So, we have to provide the nutrients to heal the gut as well as avoid inflammatory foods. My strategy is to avoid the major food allergens while healing the gut, then adding each of the foods back into the diet, one at a time.

Let me share a study to prove how powerful food sensitivities can be. This study was published in the Lancet, 1979 and was titled “Food Allergies and Migraine.” Sixty patients were given two low risk foods per day for 5 days and then

1-3 common foods were added each day and assessed by looking for physical symptom reactions. The average number of foods causing symptoms was 10 for each participant. By staying away from these foods, the total number of headaches was reduced from 402 per month to 6. Eighty-five percent of the patients become headache free.

There is no drug that has ever been able to match that kind of result. Why don't more people do it? Because it takes time to explain, and quite frankly, it's a major change in lifestyle, and people are creatures of habit and don't like change. This study

involves headaches, but you will see the same results with any chronic condition that involves pain, inflammation, or fatigue.

We know many laboratories offer food sensitivity testing, but they can be expensive, and not all patients can afford them right off the bat. And even the best of labs have false positives and negatives. So, I give patients an option, explaining that elimination diets are actually more effective but are more difficult to follow. In addition to some core supplements, I ask patients to follow an anti-inflammatory diet that eliminates the major allergens. If I can get them to do the “3-Step Detox” at the same time all the better, but some people aren’t ready for a detox program.

In terms of supplements, I always deal with optimizing digestion first, based on their symptoms, tender Chapman, Bennett, or Ritler reflexes or blood tests. If I don’t have a clear cut direction, I start with the supplements in Step One of the “3-Step Detox” program, which consists of Beta-TCP 4 tid to increase liver function. Bromelain Plus CLA, 4 tid to improve digestion and reduce gut inflammation. I also use IPS, short for “Intestinal Permeability Support,” 2 tid to heal the gut.

I ask the patient to follow the anti-inflammatory diet as closely as possible. Knowing that they will fail, I also ask them to keep a food journal and pay attention to symptom flare ups and

foods they have eaten in the last 24 hours. Once they have completed 20 days of the modified hypoallergenic/anti-inflammatory diet, I ask them to add one of the foods avoided every 3 days. I call them food holidays. Have a dairy holiday. Eat it generously and see how you feel. Wait 3 days later and have a soy day, then wait 3 days and have a gluten day.

Now, I know you are saying to yourself, I don’t want my patients to eat soy, wheat, or dairy ever, especially the real chronic cases. But let’s face it, until they experience a return of symptoms that they can tie directly to those foods, good luck. Pain is a powerful motivator. If the symptoms return, stay off that food for 3 months, and try another food holiday.

If after implementing core supplements and the elimination diet, the patient is still not profoundly better, use the Modified Coca Pulse Test to further screen foods or do lab testing to look for other hidden sensitivities.

Due to the extreme processing of foods, food additives, and genetic modifications, food sensitivities will continue to be an underlying factor in our patients’ gut health. The more options we are equipped with, the easier it is to help patients make the transition to a healthy gut and healthy life style.

Thanks for reading this week’s edition. I will see you next Tuesday.