Specialized Diets for GI Healing 1: Choosing the Right Diet Liz Lipski, PhD, CCN, CHN / Institute for Functional Medicine 2012

Comprehensive Elimination Diet:

Inflammation/Leaky Gut/Food Sensitivities/Autoimmune

- Attention deficit disorder[1, 2]
- Celiac disease
- Crohn's disease[3]
- Down's syndrome [4]
- Eosinophilic esophagitis or gastritis[5-8]
- Fibromyalgia[9]
- Food allergy in children and infant[10]
- Hypersensitivity vasculitis[11]
- Irritable bowel syndrome[12, 13], and in small children [14]
- Migraine headaches[15]
- Multiple sclerosis[16, 17]
- Non-celiac gluten intolerance
- Rheumatoid arthritis[18]
- Sjögren's syndrome[19]
- Ulcerative colitis[20]

Gluten-Free/Casein Free:

Suspected or diagnosed celiac disease, non-gluten celiac disease, lactose intolerance, casein allergy

- Celiac disease & non-celiac gluten intolerance
- Autism[21-24]
- Pediatric GERD[25]

Anti-Fungal Diet

Chronic fungal infections.

- No published clinical studies at this time.
- Clinically useful.

FODMAP Diet

Irritable bowel syndrome, inflammatory bowel disease, post-colectomy, carbohydrate intolerance.

- Irritable bowel syndrome[26-33]
- Inflammatory bowel syndrome, pilot study [34]
- Reduced bowel frequency post-colectomy[35]

Specific Carbohydrate Diet

Carbohydrate intolerance, grain intolerance. Used empirically in Crohn's disease, ulcerative colitis, irritable bowel syndrome.

- No published clinical studies at this time.
- Clinically useful.

Gut and Psychology Syndrome Diet

Carbohydrate intolerance, grain intolerance. Used empirically in Crohn's disease, ulcerative colitis, irritable bowel syndrome.

- No published clinical studies at this time.
- Clinically useful.

Restoration Diet

Severe GI issues, post-surgery, illness recovery.

- No published clinical studies at this time.
- Clinically useful.

References

- 1. Pelsser, L.M., et al., *Effects of a restricted elimination diet on the behaviour of children with attention-deficit hyperactivity disorder (INCA study): a randomised controlled trial.* Lancet, 2011. **377**(9764): p. 494-503.
- 2. Pelsser, L.M. and J.K. Buitelaar, [Favourable effect of a standard elimination diet on the behavior of young children with attention deficit hyperactivity disorder (ADHD): a pilot study]. Ned Tijdschr Geneeskd, 2002. **146**(52): p. 2543-7.
- 3. Brown, A.C. and M. Roy, *Does evidence exist to include dietary therapy in the treatment of Crohn's disease?* Expert Rev Gastroenterol Hepatol, 2010. **4**(2): p. 191-215.

- 4. Bade, M.A., et al., [Symptoms of disease and food allergy in children with Down syndrome]. Ned Tijdschr Geneeskd, 1995. **139**(33): p. 1680-4.
- 5. Gonsalves, N., et al., *Elimination diet effectively treats eosinophilic esophagitis in adults; food reintroduction identifies causative factors.* Gastroenterology, 2012. **142**(7): p. 1451-1459 e1.
- 6. Kagalwalla, A.F., et al., *Identification of specific foods responsible for inflammation in children with eosinophilic esophagitis successfully treated with empiric elimination diet.* J Pediatr Gastroenterol Nutr, 2011. **53**(2): p. 145-9.
- 7. Kagalwalla, A.F., et al., *Effect of six-food elimination diet on clinical and histologic outcomes in eosinophilic esophagitis*. Clin Gastroenterol Hepatol, 2006. **4**(9): p. 1097-102.
- 8. Spergel, J.M., et al., *Identification of causative foods in children with eosinophilic esophagitis treated with an elimination diet.* J Allergy Clin Immunol, 2012. **130**(2): p. 461-467 e5.
- 9. Lamb, J.J., et al., *A program consisting of a phytonutrient-rich medical food and an elimination diet ameliorated fibromyalgia symptoms and promoted toxic-element detoxification in a pilot trial.* Altern Ther Health Med, 2011. **17**(2): p. 36-44.
- 10. Tuokkola, J., et al., Agreement between parental reports and patient records in food allergies among infants and young children in Finland. J Eval Clin Pract, 2008. **14**(6): p. 984-9.
- 11. Lunardi, C., et al., *Elimination diet in the treatment of selected patients with hypersensitivity vasculitis*. Clin Exp Rheumatol, 1992. **10**(2): p. 131-5.
- 12. Drisko J, B.B., Hall M, McCallum R., *Treating Irritable Bowel Syndrome with a Food Elimination Diet Followed by Food Challenge and Probiotics*. J Amer. College of Nutr 2006. **25**(6): p. 514-522.
- 13. Atkinson, W., Food elimination based on IgG antibodies in irritable bowel syndrome: a randomised controlled trial. Gut, 2004. 53(10): p. 1459-1464.
- 14. Grazioli, I., et al., [Food intolerance and irritable bowel syndrome of childhood: clinical efficacy of oral sodium cromoglycate and elimination diet]. Minerva Pediatr, 1993. **45**(6): p. 253-8.
- 15. Mitchell, N., et al., Randomised controlled trial of food elimination diet based on IgG antibodies for the prevention of migraine like headaches. Nutr J, 2011. **10**: p. 85.
- 16. Wahls, T.L., et al., *Rehabilitation with neuromuscular electrical stimulation leads to functional gains in ambulation in patients with secondary progressive and primary progressive multiple sclerosis: a case series report.* J Altern Complement Med, 2010. **16**(12): p. 1343-9.
- 17. Wahls, T.L., *Telling the world*. Ann Intern Med, 2008. **149**(1): p. 61-2.
- 18. Stamp, L.K., James M.J., and Cleland L.G., *Diet and rheumatoid arthritis: a review of the literature.* Semin Arthritis Rheum, 2005. **35**(2): p. 77-94.
- 19. Feuerstein, J., *Reversal of premature ovarian failure in a patient with Sjögren syndrome using an elimination diet protocol.* J Altern Complement Med., 2010. **16**(7): p. 807-809.
- 20. Candy, S., et al., The value of an elimination diet in the management of patients with ulcerative colitis. S Afr Med J, 1995. **85**(11): p. 1176-9.
- 21. Autism-Research-Institute, *Parent ratings of behavioral effects of biomedical interventions*, 2009, Autism Research Institute: San Diego, CA.
- 22. Pennesi, C.M. and Klein. L.C., *Effectiveness of the gluten-free, casein-free diet for children diagnosed with autism spectrum disorder: based on parental report.* Nutr Neurosci, 2012. **15**(2): p. 85-91.
- 23. Whiteley, P., et al., *The ScanBrit randomised, controlled, single-blind study of a gluten- and casein-free dietary intervention for children with autism spectrum disorders.* Nutr Neurosci, 2010. **13**(2): p. 87-100.

- 24. Hsu, C.L., et al., *The effects of a gluten and casein-free diet in children with autism: a case report.* Chang Gung Med J, 2009. **32**(4): p. 459-65.
- 25. Nielsen, R.G., et al., Severe Gastroesophageal Reflux Disease and Cow Milk Hypersensitivity in Infants and Children: Disease Association and Evaluation of a New Challenge Procedure. J Pediatr Gastroenterol Nutr, 2004. **39**(4): p. 383-391.
- 26. Barrett, J.S. and Gibson, P.R., Fermentable oligosaccharides, disaccharides, monosaccharides and polyols (FODMAPs) and nonallergic food intolerance: FODMAPs or food chemicals? Therap Adv Gastroenterol, 2012. 5(4): p. 261-8.
- 27. Gibson, P.R. and Shepherd, S.J., *Food choice as a key management strategy for functional gastrointestinal symptoms*. Am J Gastroenterol, 2012. **107**(5): p. 657-66; quiz 667.
- 28. Staudacher, H.M., et al., Comparison of symptom response following advice for a diet low in fermentable carbohydrates (FODMAPs) versus standard dietary advice in patients with irritable bowel syndrome. J Hum Nutr Diet, 2011. **24**(5): p. 487-95.
- 29. Gibson, P.R., *Food intolerance in functional bowel disorders*. J Gastroenterol Hepatol, 2011. **26 Suppl 3**: p. 128-31.
- 30. Ong, D.K., et al., Manipulation of dietary short chain carbohydrates alters the pattern of gas production and genesis of symptoms in irritable bowel syndrome. J Gastroenterol Hepatol, 2010. **25**(8): p. 1366-73.
- 31. Halmos, E.P., et al., *Diarrhoea during enteral nutrition is predicted by the poorly absorbed short-chain carbohydrate (FODMAP) content of the formula*. Aliment Pharmacol Ther, 2010. **32**(7): p. 925-33.
- 32. Gibson, P.R. and Shepherd, S.J., Evidence-based dietary management of functional gastrointestinal symptoms: The FODMAP approach. J Gastroenterol Hepatol, 2010. **25**(2): p. 252-8.
- 33. Barrett, J.S., et al., *Dietary poorly absorbed, short-chain carbohydrates increase delivery of water and fermentable substrates to the proximal colon.* Aliment Pharmacol Ther, 2010. **31**(8): p. 874-82.
- 34. Gearry, R.B., et al., Reduction of dietary poorly absorbed short-chain carbohydrates (FODMAPs) improves abdominal symptoms in patients with inflammatory bowel disease-a pilot study. J Crohns Colitis, 2009. **3**(1): p. 8-14.
- 35. Croagh, C., et al., *Pilot study on the effect of reducing dietary FODMAP intake on bowel function in patients without a colon.* Inflamm Bowel Dis, 2007. **13**(12): p. 1522-8.