



RPAH
Elimination Diet
Handbook

with
food & shopping guide

Published in 2009
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Allergy Unit, Royal Prince Alfred Hospital.

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National Library of Australia Cataloguing-in-Publication entry
Swain, A. R. (Anne Ruth)

RPAH elimination diet handbook : with food & shopping guide
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ISBN: 9780980616408 (pbk)

Includes index. Cookery (Natural foods). Food allergy – Diet therapy.
Food allergy – Diet therapy – Recipes.

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641.56318

Designed by Suzy King
Printed in Australia using soy based inks and green methods

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www.allergy.net.au

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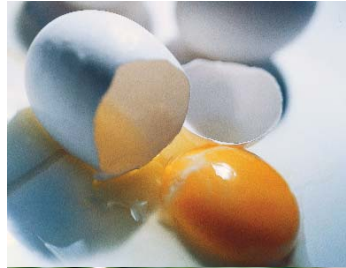
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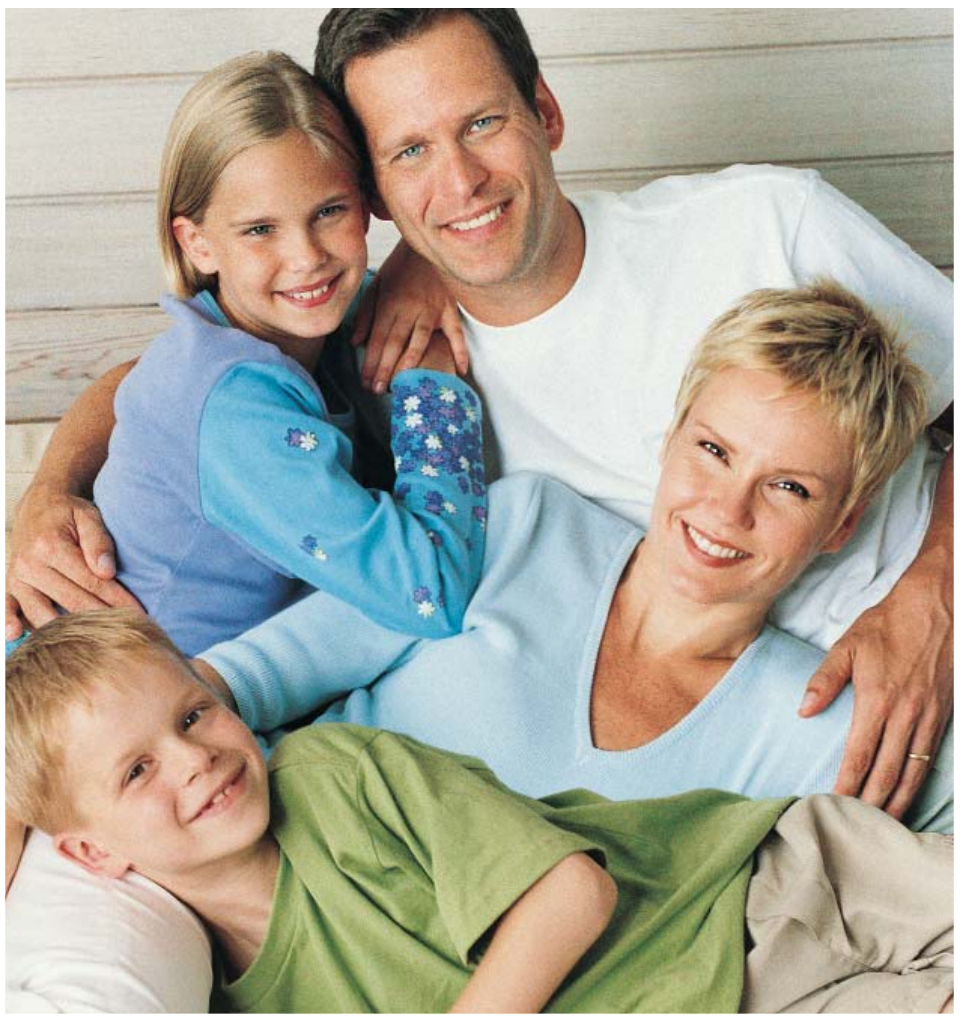
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Introduction

*Before making any major changes to your diet,
go and see your doctor.*

*Food chemical intolerances can be very unpleasant,
but they don't generally cause permanent damage to the body.*

*If you have persistent symptoms it's wise to first
make sure some serious disease hasn't been overlooked.*

FOOD INTOLERANCE

Before investigating diet as a possible cause of your symptoms, it's important to understand the difference between food intolerance and food allergies.

Allergies are immune reactions to unique protein components of a specific food. By contrast, intolerances don't involve the immune system at all. They are triggered by various natural food chemicals and/or additives which cause reactions by irritating nerve endings in different parts of the body, rather like the way certain drugs cause side-effects.

As with drugs, people with a sensitive constitution react more readily than others to food chemicals. If you're susceptible to food intolerances, your reactions will depend on a number of **FACTORS**:

What symptoms you're prone to

Symptoms vary from person to person. The commonest ones are recurrent hives and swellings, stomach & bowel irritation, and headaches. Some people can feel vaguely unwell with flu-like aches & pains, or get unusually tired, run-down or moody. Children can be irritable and restless, with aggravation of behaviour problems such as ADHD. Babies can develop colicky irritable behaviour, reflux, loose stools, eczema and/or nappy rashes.



What chemicals you're sensitive to



This is very individual. Most people with food intolerance are sensitive to more than one substance. This can include natural food chemicals (eg. salicylates, amines, glutamate) as well as one or more of the common food additives (page 25).

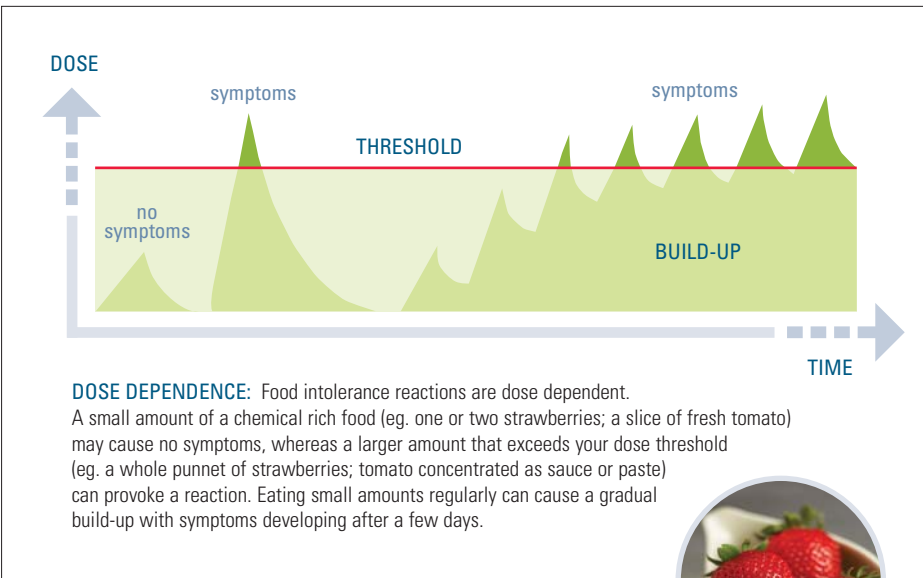
How sensitive you are

The more sensitive you are, the less you will be able to tolerate of the chemical-rich foods. Speed of onset and severity of reactions can vary too. Symptoms can begin within an hour or two, but more often take several hours to develop. Typical reactions last a few hours, but more severe ones can sometimes go on for several days.



How much you eat

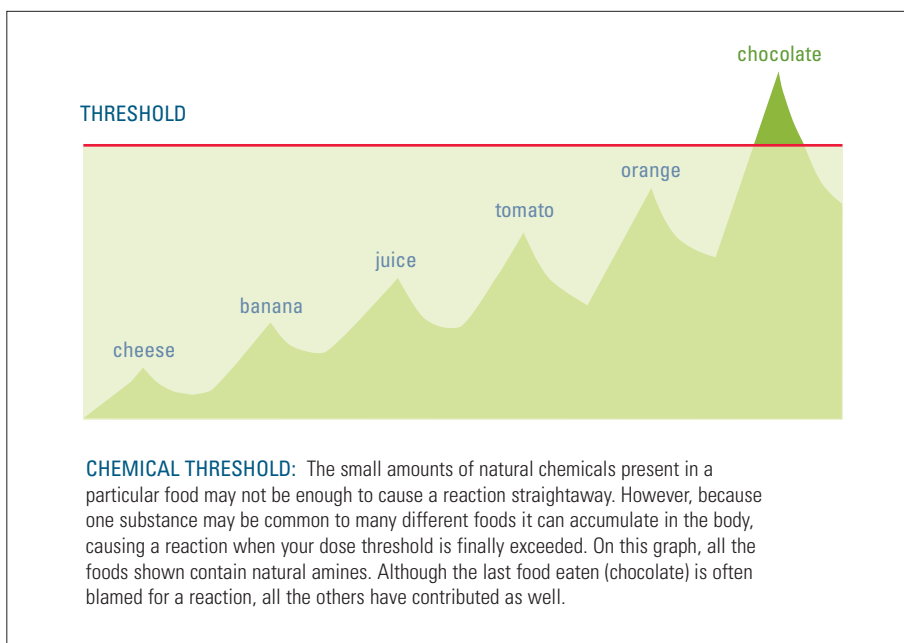
Depending on your 'threshold' for reacting, large doses may upset you whereas smaller amounts may have no immediate effect. However, small amounts of salicylates and/or amines from many different foods eaten regularly can build up in your system gradually. Chronic or recurrent symptoms can then develop without the cause being obvious.



NATURAL FOOD CHEMICALS

Natural chemicals present in many 'healthy' foods can be just as much of a problem for sensitive people as the 'artificial' ones used as food additives.

Foods vary greatly in natural chemical composition. The substances most likely to upset sensitive individuals – salicylates, amines and glutamate – are the ones common to many different foods and are therefore consumed in greatest quantity in the daily diet.



Salicylates

Salicylates are a family of plant chemicals (2-hydroxybenzoates) found naturally in many fruits, vegetables, nuts, herbs and spices, jams, honey, yeast extracts, tea, coffee, juices, beer and wine. They are present in natural flavourings (eg. mint, fruit flavours) used in foods, drinks and liquid medications, and also as scents in perfumes, toiletries, cleaning products, washing powders, and botanical oils (eg. lavender, eucalyptus, tea-tree).

ASPIRIN (acetyl salicylic acid) is a member of this chemical family. Natural salicylates are active ingredients of many herbal medications because of their pain-killing and anti-inflammatory properties.

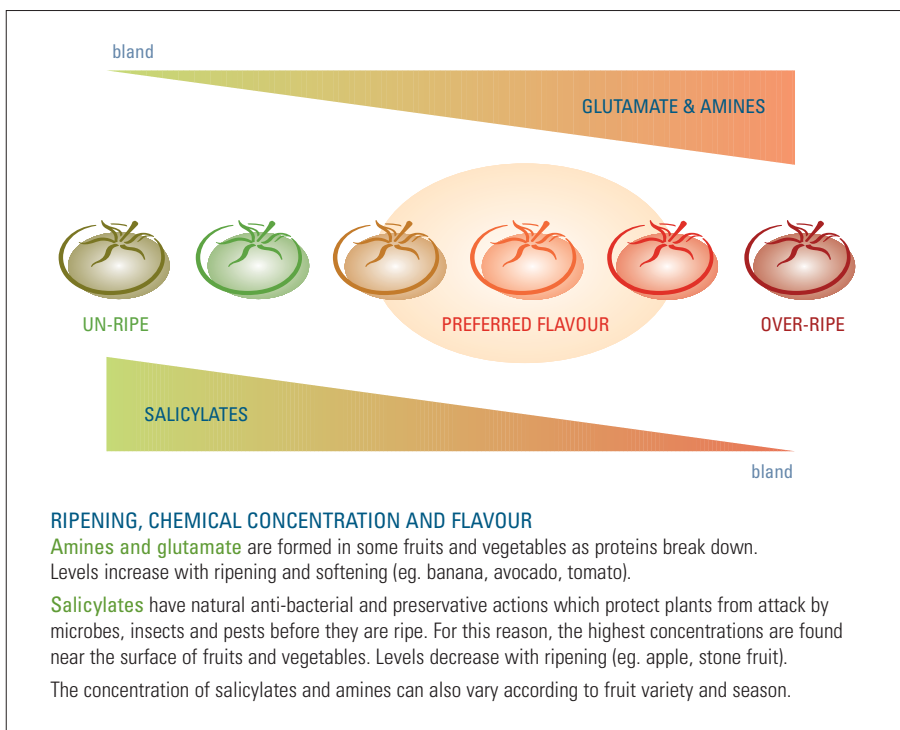
Amines

Dietary amines come from protein breakdown. Levels increase in protein foods (meats, fish, cheese) as they age or “mature”, and in fruits as they ripen (eg. bananas, tomato, avocado, pawpaw, olives). High levels are present in sauces, fruit juices, chocolate, flavoured spreads, nut and seed pastes & jams, and in fermented products (eg. beer, wines, yeast extracts).

Glutamate

Glutamate is an amino acid building block of all proteins and is found naturally in most foods. In its free form (not linked to protein) it enhances the flavour of food. This is why foods rich in natural glutamate (eg. cheese, tomato, mushrooms, stock cubes, soy sauce, meat extracts, yeast extracts) are used to add flavour to meals. For the same reason, MSG (pure monosodium glutamate) is used as an additive in savoury snack foods, soups, sauces and Asian cooking.

Ripening, chemical concentration and flavour



As a general rule, the stronger the flavour of a food, the higher its natural chemical content is likely to be. When fresh tomatoes are made into juice, soup, sauce or paste, the concentration of salicylates, amines and glutamate increases in parallel with the flavour.



Ageing and/or cooking of meat and fish (especially browning, grilling or charring) enhances their flavour due to increased amine formation.

FOOD ADDITIVES

Additives are used to enhance the flavour, appearance, freshness, and shelf-life of foods.

Your body can't tell the difference between natural food chemicals and 'artificial' ones in processed foods. In many cases, additives and natural substances are closely related or chemically identical – eg. benzoates and salicylates are related, and are derived naturally from benzoic acid present in all plants.

People who are sensitive to natural food chemicals are usually also sensitive to one or more of the common food additives such as preservatives, artificial colours and flavourings. Reactions to these can be easier to recognise than reactions to natural chemicals because of the higher concentrations added to processed foods. As with the natural chemicals, individuals vary in their sensitivity to particular additives. The ones most likely to be a problem for people with food intolerances are listed here. See page 25 for further details.

In the early 20th century, not long after ASPIRIN (acetyl salicylic acid) was first synthesized, it was widely used as a food preservative. This use was soon abandoned due to the high incidence of adverse reactions; however it remained a popular practice to use aspirin as a preservative to keep cut flowers fresh in the vase. Since the incidence of adverse reactions to benzoates is lower than to salicylates, they are still permitted to be used as preservatives in processed foods.

CODE NUMBERS OF ADDITIVES MOST LIKELY TO CAUSE ADVERSE REACTIONS

COLOURS

ARTIFICIAL 102, 107, 110, 122-129, 132, 133, 142, 151, 155

NATURAL 160B (annatto)

PRESERVATIVES

SORBATES 200-203

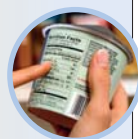
BENZOATES 210-218

SULPHITES 220-228

NITRATES, NITRITES 249-252

PROPIONATES 280-283

ANTIOXIDANTS 310-312, 319-321



FLAVOUR ENHANCERS

GLUTAMATE
(eg. MSG) 621-635

HYDROLYZED VEGETABLE PROTEIN (HVP)

TEXTURED VEGETABLE PROTEIN (TVP)

Most other additives are unlikely to cause adverse reactions. Anti-caking agents, bleaches, emulsifiers, mineral salts, propellants, food acids, thickening agents, sweeteners, vegetable gums and vitamins are generally safe, even for food sensitive people.

ORGANIC FOODS

Growing fruits and vegetables without pesticides and herbicides makes them substantially increase their own production of natural salicylates and other protective chemicals, so 'organic' foods are not necessarily better for people with food intolerance.



Pesticide residues can be avoided and natural chemicals minimised by peeling your fruit & vegetables and discarding the outer leaves of lettuce & cabbage.

INFANTS

Babies are generally more sensitive to food chemicals because their body systems are immature. This is why they can react to foods when first introduced, and why they often prefer bland flavours.

Normally, as children mature their tolerance to food chemicals increases and they can handle more of the rich, spicy and highly flavoured foods.



*Sensitive babies with a susceptibility to food intolerance can have reactions even when exclusively breast fed. This is due to chemicals from the mother's diet getting into the breast milk and causing colicky irritable behaviour, loose stools, eczema and nappy (diaper) rashes. If the **MOTHER** goes onto an elimination diet, baby's symptoms will generally settle rapidly.*

LACTOSE

LACTOSE is the natural sugar present in all mammalian milk, including human breast milk. It is a compound sugar made up of glucose and galactose, and cannot be absorbed until it has been digested by the enzyme LACTASE in the lining of the small bowel.

Almost all infants produce normal amounts of lactase enzyme. Levels are maintained for life in people of Northern European background, but in other ethnic groups (Aboriginal, African, Asian, Mediterranean, Middle Eastern), levels fade during childhood. Temporary lactase deficiency can occur in infants from damage to the small bowel lining due to infection, food protein intolerance or food allergy.

LACTOSE INTOLERANCE is the term used when people develop symptoms due to difficulty digesting lactose. Incompletely digested lactose is fermented by bacteria in the large bowel and can cause abdominal discomfort, bloating, excessive wind and diarrhoea. Symptoms can develop an hour or two after ingesting lactose and are usually mild.

Many people with lactose intolerance can have small amounts of milk or yoghurt, although a sudden illness or change of diet can cause a loss of tolerance.



***NOTE:** If you react to cheese (which contains no lactose) chocolates, biscuits or cake you're likely to have intolerance to food chemicals other than lactose.*

See chart showing the lactose content of some common foods on page 80.

FRUCTOSE

Fructose is the simple sugar present in fruits, some vegetables (eg. corn), honey and table sugar (which is sucrose – a compound sugar made up of glucose and fructose).

Fructose itself does not require digestion by enzymes and is completely absorbed up to quite high levels (25-50 g) in most people. Absorptive capacity varies from person to person, and can be modified by the presence of other sugars such as glucose (increased) and sorbitol (decreased).

INCOMPLETELY ABSORBED FRUCTOSE is fermented in the large bowel by gas producing bacteria. Having excessive amounts of fruit (especially fruit juice, dried fruit) can cause symptoms such as bloating, reflux, abdominal discomfort, wind and diarrhoea.

- *Although incomplete fructose absorption can cause stomach and bowel symptoms, it does not cause other symptoms such as headaches, fatigue or skin rashes. These are more likely to be due to other food chemical intolerances.*
- *Breath hydrogen testing can measure fructose absorptive capacity but is of no value for diagnosis of intolerances.*

If you have an irritable bowel and are experiencing ongoing symptoms on your elimination diet, you may need to limit your intake of pears (which contain sorbitol as well as fructose). Refined sugar (glucose and fructose) is usually well tolerated. Raw sugar should be avoided since it contains salicylates and may be contaminated with pesticide residues.



INTOLERANCES ARE DOSE-DEPENDENT

NOTE: a glass of orange juice is made from at least 4-6 oranges.

In addition to fructose, all fruit contains natural chemicals that can cause reactions in susceptible people. Salicylate levels vary, and are lowest in the flesh of pears. Apples contain moderate to high levels of salicylates, whilst oranges and other citrus fruits contain high levels of both salicylates and amines. Grapes and tomatoes contain high levels of glutamate in addition to salicylates and amines.

Improvement of symptoms after going onto a **LOW FRUCTOSE DIET** is most likely to be due to the simultaneous reduction of intake of natural chemicals in fruits and vegetables.

FOOD ALLERGY

Allergies occur in **ATOPIC** people – those born with an overactive immune system that produces **IgE antibodies** to substances in their environment or diet that are otherwise harmless.

ALLERGENS include inhalants (pollens, house dust mites, moulds etc.) and in some cases specific food proteins. Allergic **SENSITISATION** depends on prior exposure in a genetically predisposed (atopic) person.



ALLERGY TESTING: IgE antibodies to specific allergens can be detected by skin prick tests or blood tests (RAST).

Prevalence of food allergy varies with age and is most common in infants and children. The clinical onset is usually in the first 12 months and is strongly associated with **ATOPIC ECZEMA** – an intensely itchy chronic skin rash.

The foods most commonly involved are egg, milk, peanut, tree nuts, and seafoods. Wheat and soy can cause allergies but they tend to be mild and transient. Fortunately most children eventually grow out of their egg and milk allergies, but allergies to nuts and seafoods often persist into adult life.



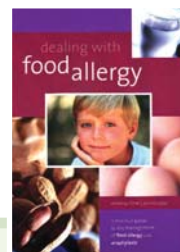
Reactions to fruits, vegetables, herbs and spices are usually due to chemical intolerances rather than allergies.



Acute reactions begin soon after ingestion and can vary in severity. Mild/moderate reactions (hives, stomach cramps, nausea) can be transient, but may progress to life-threatening

ANAPHYLAXIS with rapidly spreading hives, tissue swelling, breathing difficulty and/or collapse. Emergency treatment with injected adrenaline may be required.

People with a documented food allergy who are considered to be at risk of anaphylaxis should be provided with an adrenaline auto-injector (**EPIPEN®**) to have on hand at all times. It can be self-administered or given by a bystander as first aid treatment of anaphylaxis in the event of accidental exposure.



FURTHER INFORMATION:

- A standard **ACTION PLAN FOR ANAPHYLAXIS** can be downloaded from the website of ASCIA (Australasian Society of Clinical Immunology & Allergy): www.allergy.org.au
- Anaphylaxis guidelines for Children's Services in NSW can be found at: www.community.nsw.gov.au/docswr/_assets/main/documents/anaphylaxis_guidelines.pdf
- Anaphylaxis guidelines for NSW schools are at: <http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/anaphylaxis/index.php>
- The national patient support group Anaphylaxis Australia Inc (AAI) is at: www.allergyfacts.org.au
- Dealing with Food Allergy booklets and video/DVD can be ordered from: www.allergy.net.au

COELIAC DISEASE

Coeliac disease is caused by an immune reaction to gluten, a protein found in wheat, barley and rye. The reaction causes inflammation and damage to the lining of the small bowel which impairs its ability to absorb nutrients.

Typical symptoms include mouth ulcers, fatigue, bloating, cramps and diarrhoea, but some people have no symptoms at all, and in others the only clue may be anaemia, osteoporosis or an unusual skin rash (**dermatitis herpetiformis**).

Screening blood tests to detect antibodies to **TISSUE TRANSGLUTAMINASE** are available, but definite diagnosis requires an endoscopy and **SMALL BOWEL BIOPSY**.

For these tests to be reliable you must be having gluten in your diet regularly. Tests can become negative within a few weeks or months with gluten avoidance, so it's important to have them checked before going onto a gluten-free diet if you suspect coeliac disease.


Currently, a life-long gluten-free diet is the only effective treatment. Untreated coeliac disease carries a long-term risk of nutritional deficiency, osteoporosis and/or bowel malignancy.

Coeliac disease should not be confused with wheat allergy (which occurs mainly in infants) or with the bowel irritation that gluten can sometimes cause in people with food chemical intolerances.



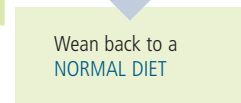
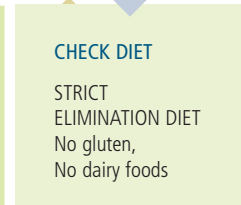
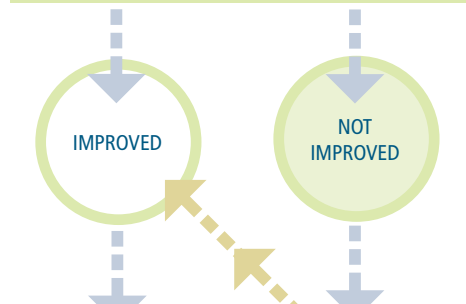
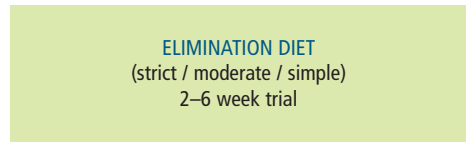
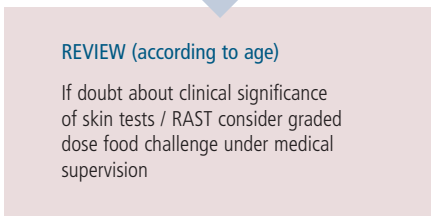
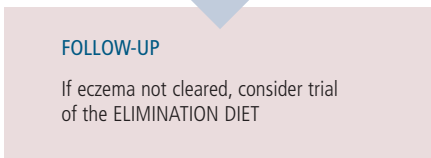
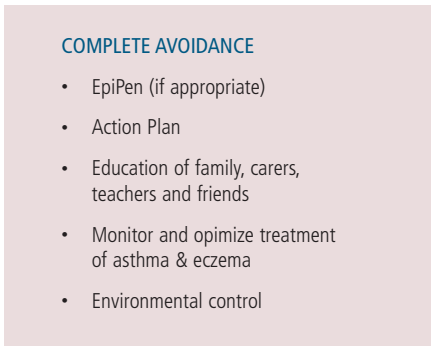
- *Coeliac disease runs in families and there is an association with diabetes and thyroid disease.*
- *If you or another family member has coeliac disease, a genetic test (HLA DQ2/DQ8 tissue typing) can be done to determine who else in the family is at risk.*

ADVERSE FOOD REACTIONS

	FOOD ALLERGY	COELIAC DISEASE	FOOD INTOLERANCE
PRESENTATION	<p>Infantile eczema (particularly facial)</p> <p>Acute reactions:</p> <ul style="list-style-type: none"> • Rash around mouth • Hives / swelling • Vomiting • Breathing difficulty • Anaphylaxis 	<p>Fatigue</p> <p>Gastrointestinal:</p> <ul style="list-style-type: none"> • Bloating • Cramps • Diarrhoea <p>Anaemia</p> <p>Osteoporosis</p> <p>NB: <i>May have no symptoms</i></p>	<p>Episodic / recurrent:</p> <ul style="list-style-type: none"> • Hives / swellings • Stomach / bowel irritation • Headaches / migraine • Fatigue / aches / pains • Mouth ulcers • Sinus congestion/polyps <p>Children:</p> <ul style="list-style-type: none"> • Irritable behaviour ('colic / screaming', disturbed sleep, leg aches & pains, ADHD) • Reflux (from birth) • Eczema / itchy rashes • Nappy rash
AGE OF ONSET	Infants & toddlers (mostly)	Any age	Any age
FAMILY HISTORY	Atopic (asthma, eczema, hay fever)	HLA GENE ASSOCIATION: coeliac disease, diabetes, thyroid disease	COMMONLY: irritable bowel, hives, headaches, mouth ulcers
REACTIONS	Immediate (minutes → 1–2 hrs) Reproducible	Chronic Reproducible	Hours → days Variable
MECHANISM	Immune (IgE antibodies)	Immune (inflammatory T cells)	Non-immune (irritation of nerve endings)
FOOD TRIGGERS	Specific food proteins: (egg, milk, peanut, tree nuts, sesame, fish, crustaceans)	Gluten (wheat, barley, rye)	Natural food chemicals: (salicylates, amines, MSG) Additives
TESTS	Skin prick tests, blood tests (RAST) – measure IgE to specific allergens	Must be eating gluten: <ul style="list-style-type: none"> • Antibodies to tissue transglutaminase • Small bowel biopsy to confirm diagnosis 	Elimination diet Food chemical challenges
DIETARY MANAGEMENT	Complete avoidance of single food(s)	Gluten-free diet (strict)	Comprehensive dietary modification: Maintain overall chemical intake below reaction threshold
OUTCOME	Egg, milk: usually outgrown Peanut, tree nuts, seafood: often persist (70-80%)	Life-long immune reactivity Bowel pathology & antibodies usually return to normal on gluten-free diet	Life-long susceptibility Variable tolerance Symptoms can come and go

FOOD REACTION DIAGNOSIS

Is it allergy or intolerance?



WHY DO AN ELIMINATION DIET?



*ALLERGIES involve reactions to:
the unique protein components of a specific food.*

*INTOLERANCES involve reactions to:
specific chemicals common to many different foods.*

- Unlike allergies, there are no skin tests or blood tests that can help diagnose intolerances.
- It is not possible to predict from a person's symptoms which particular food chemical(s) they might be sensitive to.
- The history is often unreliable. Although people are usually correct if they think their symptoms are diet-related, they often incriminate the wrong components.
- Most people with food intolerance are sensitive to more than one substance.
- Attempting to eliminate foods or food chemicals one at a time often produces misleading results.

The only reliable way of finding out which food chemicals may be contributing to your symptoms is to **ELIMINATE** all possible trigger substances at the same time, wait for symptoms to subside, and then reintroduce them one-by-one according to a systematic **CHALLENGE** protocol.



UNORTHODOX TESTING FOR ALLERGY / INTOLERANCE:

For information on inappropriate diagnostic tests and treatments for food intolerance visit ASCIA: www.allergy.org.au and navigate to [Position Papers-Guidelines/Recommendations-Advice/Unorthodox Techniques for the Diagnosis and Treatment of Allergy, Asthma and Immune Disorders](#)

notes



GETTING STARTED

People with food intolerances vary:

- in their reactions to different foods and food chemicals;
- in their degree of sensitivity;
- in the frequency and severity of their symptoms;
- in their personal dietary preferences and lifestyle.

For these reasons *there is no single diet that suits everybody.*

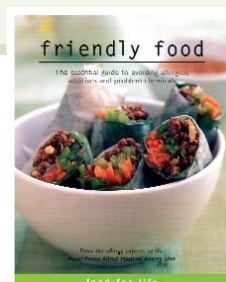
CHOOSING THE APPROACH THAT SUITS YOU BEST

You will be able to choose from 3 optional elimination diet approaches indicated at the foot of each chart (see opposite):

- **STRICT elimination diet**
For those with distressing symptoms that interfere with day-to-day life or work. **EAT FROM THE LOW COLUMNS ONLY.**
- **MODERATE approach**
For those with less severe symptoms, and those who find the strict elimination diet approach too restrictive.
EAT FROM THE LOW AND MODERATE COLUMNS ONLY.
- **SIMPLE approach**
For those with infrequent or mild symptoms, where simple dietary changes are often sufficient to prevent symptom recurrences.
AVOID FOODS IN THE VERY HIGH COLUMNS AND CUT OUT ADDITIVES MOST LIKELY TO CAUSE REACTIONS (page 25).

Before starting:

- Check the relevant columns in the **FOOD CHEMICAL CHARTS** and the **SHOPPING GUIDE** when doing your shopping to make sure you've got a supply of suitable foods in the house.
- **KEEP A DAILY RECORD** of everything you eat and drink, what symptoms you've had and any medications you've taken. Use the **FOOD & SYMPTOM DAIRY** template opposite page 30.
- If you haven't already been given one, obtain a copy of the low-chemical recipe book, **FRIENDLY FOOD** (Murdoch Books) which can be ordered online from www.allergy.net.au





THE FOOD CHEMICAL CHARTS

These charts at the top of each double page list foods according to their overall natural chemical content. This scheme provides the basic structure for your Elimination Diet.

LOW
foods are almost never a problem

MODERATE and **HIGH**
foods may upset you, depending on how sensitive you are and how much you eat

VERY HIGH
foods often cause symptoms in sensitive people

FOOD CHEMICAL CHART			
VEGETABLES			
LOW	MODERATE	HIGH	VERY HIGH
<p>Potato brushed white, peeled</p> <p>Lettuce iceberg</p> <p>Bamboo shoots tinned and fresh</p> <p>Beans butter, French, string or snake</p> <p>Bean shoots</p> <p>Brussels sprouts</p> <p>Cabbage red, green (drumhead), savoy, wombok (Chinese cabbage)</p> <p>Celery</p> <p>Chives</p> <p>Choko</p> <p>Garlic very small amounts only</p> <p>Leek</p> <p>Mungbean sprouts</p> <p>Shallot</p> <p>Swede</p> 	<p>S Asparagus</p> <p>S Beetroot</p> <p>S Bok choy pak choy</p> <p>S Carrot</p> <p>S Cucumber fresh, peeled</p> <p>S Kumara</p> <p>S Lettuce cos, red & green coral, red & green oak, mignonette</p> <p>S Marrow</p> <p>S Parsnip</p> <p>S Peas green, snow peas, sugar snap peas</p> <p>S Potato blue, new, pink, purple, red, yellow</p> <p>S Pumpkin butternut, squash</p> <p>S Sweet potato</p> <p>S Turnip</p> <p>S Zucchini peeled</p> 	<p>S Alfalfa</p> <p>S Artichoke</p> <p>SA Avocado just ripe</p> <p>SAG Broccoli, broccolini</p> <p>SA Cauliflower</p> <p>SG Corn</p> <p>S Cucumber with peel</p> <p>S Endive</p> <p>S Fennel</p> <p>SAG Gai lan Chinese broccoli</p> <p>S Parsley</p> <p>S Pumpkin grey, kent, JAP</p> <p>SA Radicchio</p> <p>S Radish</p> <p>SA Rocket</p> <p>S Snow pea sprouts</p> <p>S Spring onion</p> <p>SAG Tomato fresh, peeled, sliced</p> <p>S Water chestnut</p> <p>S Watercress</p> <p>S Zucchini with peel</p>	<p>SA Avocado soft, mashable</p> <p>S Basil</p> <p>SA Broadbeans fava beans</p> <p>S Capsicum green, red, yellow</p> <p>S Chicory</p> <p>S Chilli</p> <p>SA Choy sum</p> <p>SA Eggplant, eggfruit</p> <p>S Gai choy mustard greens</p> <p>S Herbs & spices dried or fresh</p> <p>SAG Kang kong Chinese spinach</p> <p>SA Olives</p> <p>S Onion</p> <p>SAG Pickled vegetables cucumber, gherkin, olive, pickled onions, pickles</p> <p>S Mint</p> <p>SAG Mushroom all types</p> <p>SAG Sauerkraut fermented cabbage</p> <p>SAG Seaweed</p> <p>SAG Spinach English, silver beet</p> <p>SAG Tomato dried, sun-dried, juice, puree, paste, sauce</p> <p>SAG Truffles</p> <p>SAG Vegetable juice, soups, stock cubes, liquid, powder</p>
STRICT elimination diet		AVOID	
MODERATE approach		AVOID	
SIMPLE approach		AVOID	

CHOOSE THE
ELIMINATION DIET APPROACH
THAT SUITS YOU BEST

Symbols

Foods in each column are coded with coloured symbols to indicate which natural chemicals are present.

- S** contains SALICYLATES only
- A** contains AMINES only
- G** contains NATURAL GLUTAMATES (MSG)
- SA** contains SALICYLATES & AMINES
- SAG** contains SALICYLATES, AMINES & GLUTAMATES (MSG)






THE SHOPPING GUIDE

At the bottom of each double page is a Shopping Guide.

The first two columns contain lists of foods and commercial products allowed on the STRICT elimination diet. The third column contains useful hints and guidelines, and the last column contains simple recipes.

SHOPPING GUIDE STRICT elimination diet

ALLOWED VEGETABLES			
FOODS	PRODUCTS	GUIDELINES / HINTS	EASY RECIPES
<p>FRESH VEGETABLES</p> <p>Potatoes brushed, white, peeled</p> <p>Lettuce iceberg</p> <p>Swedes</p> <p>Cabbage red or green</p> <p>Brussels sprouts</p> <p>Celery</p> <p>Choko</p> <p>Butter beans</p> <p>Green beans French, string or snake</p> <p>Mungbean sprouts</p> <p>Bean shoots</p> <p>Bamboo shoots</p> <p>Leeks</p> <p>Shallots or spring onions</p> <p>Chives</p> <p>Garlic</p> 	<p>FROZEN VEGETABLES</p> <p>Brussels sprouts</p> <p>Swede diced</p> <p>Celery cuts</p> <p>Butter beans</p> <p>Green beans</p> <p>Lima beans</p> <p><i>McCain Foods</i></p> <p><i>Healthy Choice Potato Chips</i></p> <p><i>Potato Nuggets</i></p> <p><i>Hash Browns</i></p> <p>NOTE: there are VERY low levels of added antioxidants in the oil in these products (less than 0.1 mg/100g for <i>Healthy Choice</i> fries) – when eaten occasionally as a recommended serving size this should not be a problem BUT more fat in product = more antioxidant. Not suitable for people with coeliac disease.</p> <p>CANNED VEGETABLES</p> <p>Green beans</p> <p>Bean sprouts</p> <p>Bamboo shoots</p> 	<p>Use only fresh, frozen or canned vegetables.</p> <p>Avoid any vegetables not listed.</p> <p>Wash vegetables thoroughly.</p> <p>Cabbage should be eaten raw or cooked for less than 5 minutes to avoid creating the compounds that cause flatulence.</p> <p>If you are highly sensitive, discard outer darker green leaves of lettuce.</p> <p>Choose large white or dirty brown potatoes. Peel thickly (about 2 mm) and do not eat potatoes that have green in the skin.</p> <p>Avoid tasty red and flavoursome varieties while on the strict elimination diet.</p> <p>Avoid potato products with added flavours and preservatives eg. antioxidants (310–312, 319–321) or sulphites (220–228).</p> <p>Some vegetables contain sulphur compounds which double after 5 minutes of cooking, eg. garlic, leeks, shallots, chives, cabbage, Brussels sprouts, onion, cauliflower, broccoli and turnips. Eat raw or quickly steam or stir fry.</p> <p>Always turn on the extractor fan when doing any cooking – this reduces moisture and cooking fumes going back into the household air.</p>	 <p>VEGETABLE STOCK</p> <p>1 tablespoon canola oil; 350 g swede; 3 celery stalks, peeled and chopped; 1 large leek, halved lengthways, washed and chopped; 3 garlic cloves, crushed; 4.5L (18 cups) water; ground sea salt.</p> <p>Heat oil in large saucepan or stockpot over medium heat. Cook, stirring often, for 5–8 mins or until vegetables turn light golden. Pour in the water.</p> <p>Cover with lid and bring to the boil. Simmer partially covered for 1 hour, or until the vegetables are very soft.</p> <p>Strain stock. Season with salt to taste. Set aside to cool and transfer into an airtight container.</p> <p>Use or freeze for up to 4 weeks.</p> <p>FOR VEGETABLE SOUP</p> <p>Add a selection of vegetables in addition to lots of potato. Add a little more salt to taste.</p>

FOODS AND COMMERCIAL PRODUCTS ALLOWED ON THE STRICT ELIMINATION DIET

Useful hints

Easy-to-prepare basic recipes

If foods are listed without brand names, most brands are suitable.

Always double check ingredients in packaged foods, even if they are familiar products, since ingredients may change without it being obvious on the label.

ADDITIVES TO BE AVOIDED on the elimination diet

ARTIFICIAL COLOURS		
YELLOWS	102, 107, 110	<p>ADDED to a wide variety of foods including lollies and sweets, cakes and cake icing, buns and biscuits, custard mixes, sauces, commercial mint jelly, jellies, savoury snacks, cordials and ice cream to enhance the colour to make pale products look richer and creamier.</p> <p>These colour additives are banned in some countries.</p>
REDS	122–129	
BLUES	131, 132	
GREEN	142	
BLACK	151	
BROWNS	154, 155	
NATURAL COLOURS		
COCHINEAL	120	<p>NATURAL red dye from a female Mexican scale insect that lives on a cactus plant – true allergy reactions (even anaphylaxis) can occur.</p>
ANNATTO	160B	<p>NATURAL reddish yellow dye from seeds of a Central American native plant.</p> <p>ADDED to colour cereals, snack foods, dairy foods including yoghurts, ice creams and cheeses.</p>
PRESERVATIVES		
SORBATES	200–203	<p>ADDED to preserve cheese spreads, cottage cheese and sliced cheese, dried fruits, fruit drinks, fruit juices, yoghurts with fruit or nuts, licorice, low sugar jams, soft drinks and some juices.</p>
BENZOATES PABA	210–218	<p>ADDED to preserve cordials, fruit flavoured drinks and juices, soft drinks and marinades.</p> <p>ADDED to preserve cosmetics, skin creams and sunscreens.</p> <p>NATURALLY present in berries and other fruits but low compared to added amounts.</p>
SULPHITES (labelling mandatory)	220–228	<p>ADDED to dried fruits (eg. apricots, pears, peaches and apples), potato products, dried coconut, sausages, all crustaceans (prawns, lobsters and crab) dessert toppings, cordials.</p> <p>Produced NATURALLY in fermented grape products (wine and vinegar).</p> <p>Found in all foods containing wine, wine products and vinegar.</p> <p>May be ADDED to wines, particularly cask wine, to ensure appropriate fermentation.</p>
NITRATES, NITRITES	249–252	<p>ADDED as a colour fixative (pink colour) for cured meats (ham, salamis and corned beef) and to inhibit dangerous germs growing in these meats. Also used in cheeses in low levels.</p>
PROPIONATES	280-283	<p>ADDED to preserve breads, bread crumbs, dressings, fruit and vegetable juices to stop fungal/mould growth.</p> <p>NATURALLY produced in the large intestine as a by-product of digestion of dietary fibre.</p>
ANTIOXIDANTS		
GALLATES TBHQ BHA BHT	310–312 319 320 321	<p>ADDED to preserve chewing gum, butter blends, cereal deserts such as rice pudding, soft sweets, dried vegetables, nuts and seeds, seasoning for instant noodles, powdered soup mixes, flaked cereals, grains, meats, baked goods that contain fat, snack foods, dehydrated potatoes & oils used for deep fried foods (chips, battered fish and donuts).</p> <p>ADDED to preserve animal feeds (even those labelled hypoallergenic), cosmetics, rubber products, and petroleum products. Many plastic packaging materials incorporate BHT.</p> <p>NATURAL antioxidants are now being used more widely to preserve foods eg. rosemary is added to baby rice cereals. These can be just as irritant as the synthetic additives.</p>
FLAVOUR ENHANCERS		
MONOSODIUM GLUTAMATE (MSG) AND RELATED FLAVOUR COMPOUNDS	621 620, 622, 623, 627, 635	<p>ADDED to enhance flavour of bland foods. These salts are added to nearly all savoury snack foods such as flavoured crisps, biscuits and two-minute noodles.</p> <p>NATURAL glutamates occur in high levels in strong cheeses (Parmesan, Camembert, Brie & Gruyere), soy sauce, oyster sauce, black bean sauce, tomato sauce, miso, TVP, HVP, Vegemite, mushrooms, plums and spinach.</p>



READING FOOD LABELS

When you're shopping for food, whether you have intolerances, allergies or coeliac disease, you should get into the habit of always checking the label before buying any product. The critical information may be buried in a long list of ingredients where you may miss it if you don't look carefully.

NAME, DESCRIPTION AND PICTURE OF FOOD

Labels must tell the truth, but the name may not indicate the components you are most interested in.



NUTRITION INFORMATION

provides the content of energy, protein, fat, carbohydrate, sodium (salt), and calcium.

Products labelled **gluten-free** will list gluten content as "nil" or "0.0g"

INGREDIENT LIST

this is where you will find information about **ADDITIVES** (with code numbers) and **ALLERGENS**.

ALLERGEN ALERT

used when allergens are present as an ingredient, eg. **crackers contain soy**. It's mandatory for the following to be declared on the label when present in any amount: **Peanuts, tree nuts, seafood, fish, milk, eggs, soy, sesame, gluten, and sulphites (SO₂)**

ADVISORY STATEMENTS

(eg. **may contain...**) used when there is a possibility of unintentional contamination with one or more of the allergens in the mandatory labelling list.

CONSUMER ALERT

Free from statements may be helpful to identify suitable products, but do not rely on these alone.

They are not mandatory, and may not include the critical information you need.

ELIMINATION DIET INSTRUCTIONS

- If you're doing the **STRICT ELIMINATION DIET**, eat only from the LOW columns of the food chemical charts.
- If you've chosen the **MODERATE** approach you can have LOW foods *plus* up to 2 serves/day of fruit and 3–4 serves per day of vegetables from the MODERATE columns.
- If you are taking the **SIMPLE** approach, choose foods and drinks from the LOW, MODERATE and HIGH columns according to the healthy eating guidelines (pages 91-98). Avoid foods in the VERY HIGH columns.

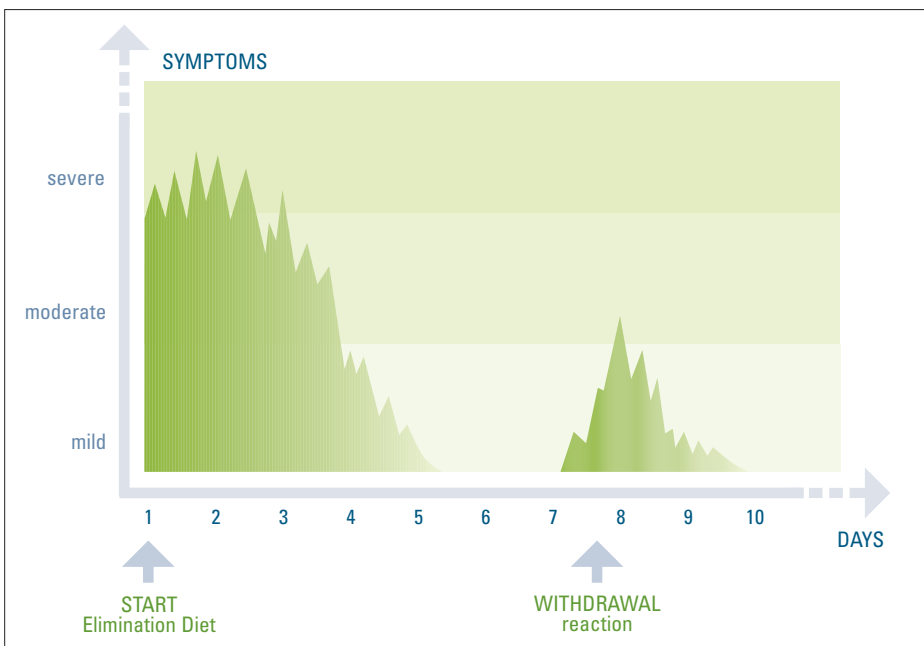
AVOID non-essential medications (pages 115-119)

Don't take anything containing **ASPIRIN**. Wash the colour off tablets, or open capsules and take the powder. Use only recommended vitamin and mineral preparations (pages 107-110).



'Withdrawal' reactions

- Some people can develop a temporary flare-up in their symptoms during the first week or two after starting a strict or moderate elimination diet.
- 'Withdrawal' reactions of this kind can be brief – a day or two – or they may last for up to a week or more – after which symptoms generally settle.
- If your symptoms have recurred or worsened during the first week or two on your elimination diet – **DON'T GIVE UP!** A withdrawal reaction usually indicates that you *do* have underlying intolerances, and symptoms should improve if you persist.



Challenges

- Follow your elimination diet for at least 2 weeks.
- Symptoms can take up to 6-8 weeks to settle. Once you've had at least 5 good days in a row, you are ready to begin taking challenges.
- Challenges can be done 'double-blind' (with purified food chemicals in capsules) and/or with selected foods grouped according to chemical content.
- Contact your doctor or dietitian for instructions.

Your individually modified diet

- Once your problem substances have been pinpointed by systematic challenges, your dietitian can advise you how to modify your diet to avoid a recurrence of symptoms.
- After a month or two on your individually modified diet – provided you remain well – you can begin gradually re-introducing foods to establish your threshold for each food chemical.
- Use the **FOOD CHEMICAL CHARTS** in this handbook as a guide to liberalization.



What to do if you're not improving

If you've had no improvement in symptoms after 4 weeks, check with your doctor or dietitian.

- First review your diet to make sure you haven't made any inadvertent mistakes.
- If you've been following the **STRICT** elimination diet it may be worth eliminating gluten and dairy products for another 2-3 weeks if you haven't already done so.
- If you've been following the **MODERATE** or **SIMPLE** approach, switch to the **STRICT** elimination diet for a further 3-4 weeks.
- If you've had no significant improvement after 6-8 weeks on the strict elimination diet (with no gluten or dairy products), chances are you *don't* have food intolerances and can go back to your normal diet.

Going back to a normal diet

- Even if you didn't improve on the **STRICT** elimination diet, some foods may still cause reactions when you first re-introduce them.
- If this happens, don't be discouraged – intolerances needn't be permanent. You'll probably find that your threshold will fluctuate over time, and you may eventually be able to return to a more normal diet.
- By systematically re-introducing foods in groups, according to their chemical content, you'll find out what you can comfortably tolerate. Use the food chemical charts in this handbook as a guide.

DIETITIAN RECOMMENDATIONS

YOUR ELIMINATION DIET

STRICT ELIMINATION DIET

Additive free
eat from **LOW** columns only

Include [✓] or exclude [X]

Gluten containing foods	
Legumes/lentils	
Soy	
Milk	

MODERATE APPROACH

Additive free
avoid **HIGH** and **VERY HIGH** columns

SIMPLE APPROACH

Additive free
avoid **VERY HIGH** columns



FOOD ALLERGENS

	ALLOWED	AVOID
Egg		
Uncooked egg		
Egg traces		
Nuts		
Peanuts		
Dairy foods		
Dairy traces		
Tahini (sesame)		
Sesame seeds		
Fish		
Crustaceans		
Kiwi fruit		
Wheat		
Soy		
Lupin		

MILK/DAIRY REPLACEMENT

	INCLUDE	AMOUNT
SOY		
RICE MILK		
Protein "extras"		
Energy/Calories		
BABY FORMULA		

NUTRITIONAL SUPPLEMENTS

MULTI VITAMINS	AMOUNT
INFANTS & CHILDREN	
Paediatric Seravit	
Orthoplex Children's Formula	
CHILDREN & ADULTS	
Amcal One-a-Day	
Genovis Multivitamin and Minerals	
Natures Own Multivitamin and Minerals	
Amcal Multi Vitamins and Minerals	
Vitaminorum	
Herron Multi Vitamin	
Myadec Capsules	
Blackmores Multivitamin sustained release	
PREGNANCY & LACTATION	
Elevit	
FABFOL plus	
CALCIUM	
Caltrate (600mg)	
Herron (600mg)	
FABCAL 1-2-3 (400mg)	
Golden Glow (250mg)	
OsteVit-D & Calcium (600mg)	
Other:	
VITAMIN D	
Kirkmans Hypoallergenic Powder	
OsteVit-D	
Other:	
IRON	
FAB Iron & vitamin B complex (5mg iron)	
FGF (80mg iron)	
Other:	
FOLIC ACID	
Alphapharm Megafol	
Golden Glow Folic acid	
I-Folic	
Other:	
VITAMIN C	

FOOD AND SYMPTOM DIARY

Instructions

Use the diary template opposite to record your food intake and symptoms each day while you are undergoing dietary testing. At the top of the page, **NUMBER EACH DAY** consecutively, starting from **WHEN YOU BEGAN THE DIET**. Alongside, record the day of the week and the date.

In the **INTAKE** column, record:

- the time of your meals and snacks
- which foods and drinks you had
- vitamin & mineral supplements
- regular medication



In the **SYMPTOMS** column, record:

- **ANY SYMPTOMS** whether or not you think they're food related
- **TIME** symptoms began and how long they lasted
- **SEVERITY** graded as:
 - 1: **Mild**
aware of the symptom, but easily tolerated without medication
 - 2: **Moderate**
bad enough to interfere with what you're doing, or to require medication
 - 3: **Severe**
incapacitating, with inability to work or carry on with normal activities
- **ANY MEDICATIONS** taken for symptoms

Record any **REMARKS**, for example:

- social events, dining out, travel, etc.
- stressful events at home or work, accidents etc.
- infections, dental work, operations etc.
- menstrual periods
- exposure to strong smells or fumes, chemicals etc.



Photocopy as many pages as you need of the **DIARY TEMPLATE** opposite

Later, when you start taking **CHALLENGES**, you can also record at the top of the page:

- the challenge code number and time taken (capsule challenges)
- the food substance being tested, eg. salicylates, amines, nitrates etc (food challenges)

DAY:

DATE:

CHALLENGE:

INTAKE foods, drinks, vitamins, medicines	SYMPTOMS include severity* & other remarks**
BREAKFAST:	
Morning snack:	
LUNCH:	
Afternoon snack:	
EVENING MEAL:	
Evening snack:	

* SEVERITY: mild = 1, moderate = 2, severe = 3

** OTHER REMARKS: eg. infections, social occasions, stressful events etc

notes





Food chemical charts & shopping guide

These charts are designed to help you choose foods and products suitable for use while you are following your elimination diet.