

Food Allergy Elimination Provocation Process: Testing



Dr. Ritamarie Loscalzo

Medical Disclaimer: The information in this presentation is not intended to replace a one-on-one relationship with a qualified health care professional, and is not intended as medical advice. It is intended as a sharing of knowledge and information from the research and experience of Dr. Ritamarie Loscalzo, drritamarie.com, and the experts who have contributed. We encourage you to make your own health care decisions based upon your research and in partnership with a qualified health care professional.



Diet Testing and Allergy Detecting

3 Methods of Food Elimination

1. Water Fasting



2. Juice Cleanse



3. Rare Foods Diet



Food Frequency Assessment

<http://www.drritamarie.com/FoodFrequencyChecklist>

VLM Assessment: Food Frequency Checklist

Please complete the form below as thoroughly as possible. You will receive a copy of your completed results by e-mail.

Page 1 of 10 - Habits



Date *

/ / 
MM DD YYYY

Name *

First Last


Email *

List the 3 worst foods you eat during the average week. *

Beverages

For each of the following foods and beverages, please indicate how often you eat the food. NOTE: Some foods may be seasonal (i.e. you eat more of them in season). In this case, please indicate the frequency that you are eating such foods NOW at the time of this program.

Coffee - Regular



Coffee - DeCaf



Tea - Green



Tea - Herbal



- ✓ Circle your favorite foods
- ✓ Put a square around the ones you eat most frequently

Identifying Your Trigger Foods

(No, Go, Maybe Protocol)

<http://www.drmarie.com/FoodTriggerIdentification>

Learning to Spot Potential Trigger Foods (No, Go, Maybe Protocol)

This is the first step in identifying trigger foods that will be included in the elimination phase of your Food Elimination Provocation Protocol (FEPP).

Getting Ready:

If you haven't already completed the *Food Frequency Checklist Assessment*, be sure to do so now. You'll need the e-mail receipt copy you received with the results of the assessment. Print the e-mail receipt copy results.

Gather or purchase highlighters, markers, or pens in three colors. I personally prefer highlighters so you can highlight over the words and still read them. If you use markers or pens, you'll underline per the directions below. Preferred colors are red, green, and yellow. If you use highlighters, pink or orange can be used instead of red (I've never seen a red highlighter).



Step 1: Highlight "No Foods" - Known and Suspected Allergens

With your **RED** (or pink or orange) highlighter or marker in hand, go through the list of foods you established frequencies for in the *Food Frequency Checklist Assessment* and underline or highlight all of the following:

Designing Your Elimination Diet

<http://www.drritamarie.com/FoodAllergyGrid>

Elimination Diet Menu Plan

Rare Foods Diet Grid and Food Plan

Food Category	Day 1	Day 2	Day 3	Day 4
Green Leafy Vegetables				
Salad Vegetables				
Rainbow Vegetables				
Herbs and Spices				
Fruit				
Starchy Vegetables				

Tracking Foods and Symptoms

<http://www.drritamarie.com/SymptomTracker>

OR

<http://www.drritamarie.com/DietandSymptomTracker>



Diet and Symptom Tracker

Date	Time	Energy	Stress Level	Pulse Before	Glucose Before	Foods and Beverages (note food qty & preparation method)	Water (oz.)	Pulse After	Glucose After	Energy After	Bowel Mvmt	Emotional State	Exercise (Type and Time)	Pain (Location)	Digestion	Other Symptoms (List & Rate 1-10)

Suspicious Foods Tracking Form

Foods That Make Me Feel Great	Foods I'm Suspicious About	Foods That Cause Me Problems

Provocation Resources

- ★ <http://www.drritamarie.com/FoodReintroductionGuidelines>
- ★ <http://www.drritamarie.com/ProvocationPhaseInstructions>
- ★ <http://www.drritamarie.com/ReintroductionMistakes>



Food Re-Introduction Guidelines

GO	SLOW	NO
Rare Foods: List all foods consumed less than once a month in general.	Frequent Foods: List all foods you consume 4 - 6 times a week.	Top Allergens: List all foods on the top allergen food list. Eliminate these for at least a month before retesting. **
Infrequent Foods: List all foods consumed between once a week and once a month.	Daily Foods: List all foods you consume daily or multiple times a day.	Digestive Irritants: All foods listed in the "Foods that Hurt Your Gut" page in the <i>Foods that Hurt and Foods that Heal</i> your digestion pdf.
Moderate Frequency Foods: List all foods consumed 1 to 3 times a week.	Suspects Noted During Elimination Phase: List all foods you suspect you might have had a reaction to during the elimination diet but are not sure about.	Known and Suspected Problematic Foods: List all foods to which you've ever tested allergic, to which you suspect intolerance, or have read or heard might be problematic and all foods you know that leave you feeling badly.
Well Tolerated Supplements: List all supplements you continued to take during the elimination diet and appear to respond really well to.	Supplements You Stopped During Elimination Diet: List all supplements you had been taking before elimination diet but stopped just in case.	Foods You Deliberately Avoid: List all foods you'd never eat no matter the health benefit or deliberately avoid for health or spiritual reasons.

Food Re-Introduction Guidelines 2

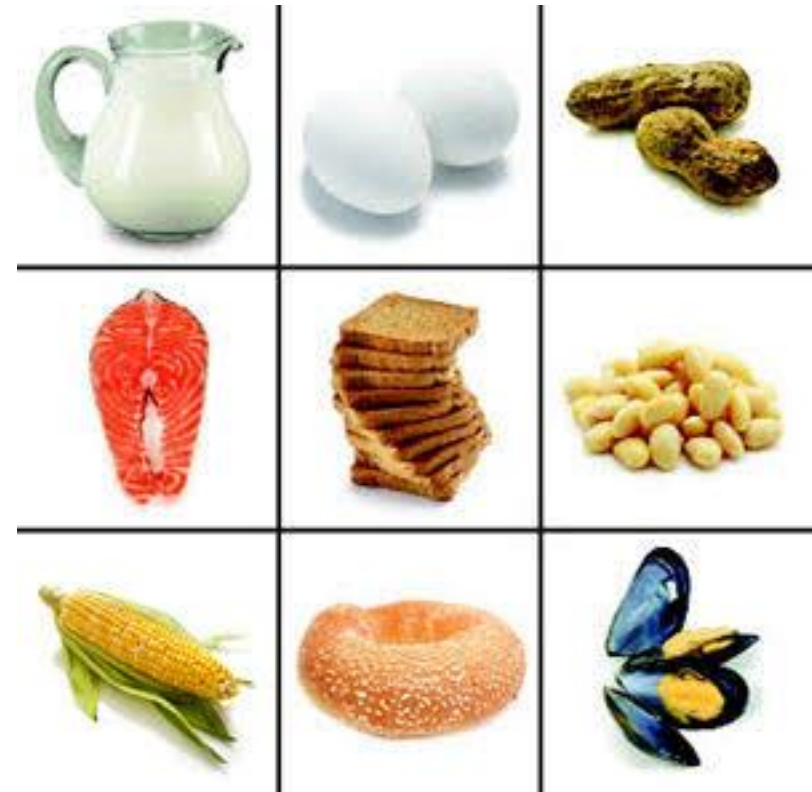
GO	SLOW	NO
	New Supplements: List supplements mentioned during the Module 2 class that you would like to add. (i.e. Glutamine, Arabinogalactans, NAC, zinc and other nutrients, Probiotics, Enzymes etc.)	Binge Foods and Those You Crave: List all foods you crave, binge on, or would continue to eat even if no longer hungry.
	Foods on the “Healing for Gut” List: List foods and herbs you'd like to try from the “Foods that Heal Your Gut” page of the Module 2 <i>Foods that Heal Foods that Hurt</i> pdf.	Energy Zapping Foods: List processed foods, caffeinated beverages and decaffeinated versions of them (coffee, tea, soft drinks), alcoholic beverages (beer, wine, liquor).
	Sugar Substitutes: List all sugar substitutes you'd like to try: i.e. stevia, xylitol, erythritol, etc.	Foods Containing Oxidized Fats: List margarine, heated oils, shortening, mayonnaise, etc.
		Sweeteners: List sugar, agave, maple syrup, rice syrup, etc.

**** IMPORTANT NOTE:** *If you have chronic health challenges, including fatigue, hormone imbalance, thyroid issues, autoimmune condition(s), chronic inflammation or digestive problems, gluten should be eliminated for 6 months before retesting for optimum results.*

Gut Damaging Foods and Common Allergens

Avoid:

- Alcohol
- All allergens: gluten, corn, soy, dairy, eggs, peanuts and anything to which you have a sensitivity
- Caffeine
- Certain medications, like NSAIDS
- Dairy
- Gluten
- Nightshades
- Sugar and sugar alcohol
- Trans Fats: margarine, mayonnaise, baked goods
- Vegetable oils like corn, soybean, safflower, and sunflower, especially when heated



Blank Food Re-Introduction Grid

GO	SLOW	NO
		Gluten** Dairy Corn Soy Eggs Peanuts Strawberries Citrus Shellfish Chocolate Alcohol Coffee Tea Soft drinks Sugar Margarine Mayonnaise Shortening Heated Vegetable Oils <i>(except olive and coconut)</i>

Suspicious Foods Tracking List

Foods That Make Me Feel Great	Foods I'm Suspicious About	Foods That Cause Me Problems