

Designing an Elimination – Reintroduction/Rotation Diet

Based on a Genova IgG Food Antibody Panel

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I use the IgG Food Antibody Panel to tell me three things:

1. Is the immunological function of the gut mucosa normal? It has intricate checks and balances that are supposed to allow your body to maintain “tolerance” of foods – that means to recognize foods as “friendly” and “not worthy of mounting an immune response.” An IgG Food Allergy is an immune response to a food.

2. What foods should be removed and for how long?

I consider the food elimination diet to be 1 of the “4 R Program”:

- a) Remove – food allergies and intestinal pathogens (bacterial, yeast, or parasite overgrowth as found on Stool Microbiology or Stool Parasitology)
- b) Reinoculate – with probiotics either based on testing or by empiric guesswork.
- c) Repair – the presumably inflamed gut mucosal lining with glutamine (intestines) and aloe and DGL/deglycyrrhinated licorice (stomach)
- d) Replace – with digestive enzymes if bloating or other symptoms suggest the need

How to use the test:

Zero or No Response: Ignore and eat ad lib

1+ IgG Response: Remove from diet for 3 months

2+ and 3+ IgG Response: Remove from diet for 6 months

How to reintroduce:

Prioritize the list of removed food by your preference. Add in 1 food at a time on Day 1 of a 4 day cycle. Watch for any reaction. Repeat for 2-3 cycles total (8-12 days). If reaction occurs, then remove that food for 3 or 6 months (whichever was the original removal time). If no reaction, then add that food to your usual mix and proceed to reintroduce the next food on your list as above.

Caveats:

1. The Gold Standard is the elimination and reintroduction of foods while watching for adverse symptoms.
2. There are false negatives and false positives – however, I have found great use for this test in creating the Elimination Diet.
3. If you have not eaten a food in the preceding 2-3 months, the IgG levels for that food will likely be quite low or normal.
4. The medical literature includes almost no reference to the clinical use of IgG food antibody panels. The exception is that, in cat models of research on asthma, elevated IgG antibody subclass 4 levels increase the intensity of IgE-mediated (immediate hypersensitivity) reactions. There is literature on the use of elimination diets. I use IgG antibody titres to guide food selection for elimination diets and have done so with many successes since 2002 (especially in skin, pulmonary, and gastrointestinal problems with a smaller number of experiences in cases of ADHD). It is my opinion that the medical literature lags behind clinical experience in this area.