Choosing Therapeutic Diets for GI Health: Thinking Through the Case
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The Core Food Plan, based upon the Mediterranean Diet, is the first step dietary lifestyle for healthy people and a goal for people who eat a Standard Western Diet.

GI Therapeutic Dietary Approaches fall into 3 main categories:

1. **Low-antigenic diet/Anti-Inflammatory diets**
   - Gluten Free and/or Milk Protein Allergy: Suspect celiac disease or non-celiac gluten intolerance. Suspect lactose intolerance or milk protein allergy. Someone who is ready to make a change in diet as a trial, but not ready to make an entire leap.
   - Comprehensive Elimination Diet: Suspect food intolerances, allergies, sensitivities, person who has known food allergies, sensitivities, intolerances. Suspect non-celiac gluten intolerance. Pain/Inflammation. Arthritis. Tolerates most food well: Feels well eating grains, fruits. Someone willing to make a large change in lifestyle as a trial.
   - Renew Food Plan. Strictest of all. Use with people who have more complex health issues: autoimmune, people with several health issues at a time, people who are extremely motivated and have support in making these changes. People who do not tolerate carbohydrates or grains. The Renew Diet also has a low-histamine option which may be useful for people who have atopic conditions. Some of the clinical cues would be people who have allergic reactions to seafood, fermented foods, cultured foods, beer, wine, hard liquor, or other foods.
   - 6-Food Eosinophilic Elimination Diet. People with eosinophilic gastritis or esophagitis.
   - Oligoantigenic diet: This is a few food diet.

2. **Disaccharide Intolerance**
   Many people have difficulty splitting disaccharides due to insufficiencies enzymes, or damage to the brush borders that produce the enzymes. Enzyme insufficiencies are typically diagnosed with breath testing: Fructase, Sucrase & Lactase.

   - Lactose Intolerance: The most common disaccharides is lactose insufficiency. It affects 65-75% of the world’s population and is common in people of Asian, South American and African descent. Common symptoms include: gas, bloating, abdominal pain, diarrhea and intestinal noise (borborygmi). Nausea and vomiting occur with less frequency. Limiting lactose in the diet to less than 12-15 g daily, eliminating dairy products completely, and/or taking enzyme support would be the therapeutic options. The most common of these is lactose intolerance. Many people who are lactose intolerance may also have milk protein allergies.
   - Fructose Intolerance: Fructose absorption is limited. When given a meal with 50 grams of fructose, most people will incompletely absorb 80% of it. Heredity fructose intolerance affects 1 in 20,000-30,000 people. Up to 1/3 of us of are not very tolerant of high dietary fructose. Symptoms look like irritable bowel syndrome, and 83% have been diagnosed with IBS. Most common symptoms: constipation, diarrhea, abdominal pain, gas, nausea. 61% of people with Crohn’s disease have fructose intolerance. Therapeutic plan: limit fructose in the diet to one serving of low fructose containing fruits daily. Avoid high-fructose corn syrup and corn-syrup.
• Sucrase-Isomaltase Deficiency (also called sucrose intolerance): This occurs due to lower activity of glucosidase. Symptoms resemble those of IBS, including diarrhea, bloating and abdominal pain. 2-9% of people with North Americans and European descent have sucrose intolerance. Therapeutics include limiting dietary sugars.

3. Specific Dysbiosis Diets:
• FODMAP: food sensitivities, allergies, IBS, SIBO, IBD., gas, bloating.
• Specific Carbohydrate Diet (SCD): Crohn’s Disease, more specifically pediatric Crohn’s Disease, Adult IBD and Crohn’s disease, possibly IBS, possibly SIBO, gas and bloating
References:

6-Food Elimination Diet for Eosinophilic Esophagitis


Disaccharide Intolerance:


Elemental Diet:


FODMAP:


Specific Carbohydrate Diet


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