

foods identified eaten in smaller quantities twice a week.

Red-flagged foods specific to Amy included: egg, all dairy (cow, sheep and goat), gluten-containing grains and gluten-free grains, three fruits, haricot and soya beans, lentil, pea, potato, radish, various nuts (almonds, cashews, peanut pistachio) and sunflower and flaxseeds, brewer's and baker's yeasts and agar agar, the plant-based gelatin derived from seaweed, frequently used as a food additive.

From years of clinical practice I know that elimination diets are difficult for clients to implement, and when the list is as extensive as Amy's list it can even be more problematic. A vital part of helping the client during this phase is to structure a suitable meal plan as a practical guide to implement the elimination effectively. While this is a meticulous process, done well it can be effective for the client.

Outcome

At the first three-month follow-up Amy had significant improvements in her psoriasis. It had calmed down completely, being hardly noticeable, with no more itchy skin. Her energy levels were higher and her immune system functioned well throughout winter with no colds or flu despite her whole family getting sick. Her mood was good and stable.

Supplementation during phase one of the elimination included a digestive enzyme (betaine hcl, amylases, pepsins, lactase, lipase and invertase).

Phase 2; Reinoculate. Based on the success of her symptom improvement Amy decided to extend the elimination to six months, which was in line with recommendations. In phase two we added a multi strain probiotic (*B. bifidum*, *L. acidophilus*, *L. brevis* and *Lc. lactis subsp. lactis* strains, GMO, gluten-wheat and dairy free). As the client was due to retest the initial blood work done

with her GP, I wrote a letter to update the doctor on Amy's progress and request additional tests for calcium, B12, homocysteine and D3. Once these results have been shared with me additional supplementation would be considered.

Progress/future

Amy continues to see me on a monthly basis as she is still in the elimination phase of the IgG protocol. During the first five months of phase one she has lost 11kg and changed her BMI status from 36.5 to 32.5. She wishes to continue working with me in phase two, which will involve challenging and reintroducing foods removed during phase one, with an assessment of further supplementation based on blood work. She also wishes to work with me until she has reached her goal weight and a healthy BMI. For the first time Amy feels that she can reach her goal weight and continue feeling healthy, less anxious and happier with more energy to support her busy life and family.

At her last appointment Amy explained that after feeling so poorly for so many years, after numerous doctors' appointments and tests, she finally felt that the cycle of chronic ill-health had been broken and she was excited that she had the energy to play with her two small children and generally just feel well and energised. She was looking forward to her doctor's review for the first time.

Review/conclusion/learnings

As much of a person's overall health is determined by the health of their gut, over the years I have seen how food reactions that are frequently overlooked may cause or contributor to chronic health issues. The gastrointestinal tract is a dynamic system, where I see gut dysbiosis continually in practice, and I agree with Pasteur who stated in his last hours that "the pathogen is nothing, the terrain is everything".

Reflecting on this case study I am happy we are

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on the right route and will be interested to see what transpires in the challenge phase, where I suspect we may identify foods that need to be removed for much longer, which may impact nutrient deficiencies, needing further consideration.

Encouraging and supporting the client on an ongoing basis is a vital part of a complex case and I feel privileged to do what I love in helping others achieve health.

References and resources

My intervention for Amy was based on having worked successfully with similar cases using food sensitivity testing. I can only offer comprehensive stool testing when a client travels overseas, and this was not a consideration for Amy. Furthermore, I believe client interventions should be evidence-informed where possible, and felt going the route of a FST was a good initial first step based on previous success and having reviewed newer research in this area.

I wrote an expert review on a study using an IgG-guided rotation/elimination diet for *Nutrition Evidence*: <https://www.nutrition-evidence.com/article/34640335>.

