

FOOD REINTRODUCTIONS

DIRECTIONS:

1. Select a food to reintroduce out of the list provided. There is no particular order you must follow when reintroducing foods back into your diet. Typically it is recommended to add back foods that were common in your diet to see if you were having a reaction and to add back as much variety to your diet as possible. Depending on the individual, certain things, like coffee, may be recommended to hold off on while underlying issues (for example adrenal fatigue) is being addressed.
2. Consume that food 2-3 times throughout Day 1 (use attached Reintroduction Journal), then wait a full 48hrs without eating the food (to allow for the common delayed reaction of food sensitivities). Assess tolerance and record any symptoms.
3. At the end of the 48hr waiting period, ask yourself "did I have a reaction"? If the answer is yes, keep that food out for an additional 3-6 months, and dig deeper into WHY. Wait until the symptoms subside before reintroducing the next food. If the answer is no, keep the food in your diet and consume as you normally would.
4. Repeat, working your way through the list provided.

Make sure to continue to avoid any known food allergies or foods you know are not well- tolerated for now. Food sensitivities and or intolerances may be able to be added back at a later time once underlying imbalances are healed.

And remember: It is important to make sure you are trying ONE new thing at a time.

Happy Reintroductions! 😊

FOODS TO REINTRODUCE:

- eggs
- beef
- pork
- shellfish (eg. shrimp, clams, lobster, etc; one at a time)

- nightshades (peppers, tomatoes, potatoes, eggplant; one at a time)
- gluten free grains (eg. oats, rice, quinoa, etc; one at a time)

Hold off on: *gluten, dairy and corn. These are found to be the most inflammatory, and many individuals do best without these items. If desired, they may be revisited after the initial list is reintroduced.*

REINTRODUCTION JOURNAL

Eat the food 2-3 times throughout day 1 then wait a full 48 hours (day 2 and day 3) while assessing and journaling your response.

FOOD:	DAY 1	DAY 2	DAY 3
	DATE:	DATE:	DATE:
Digestion/Bowel Function			
Joint/Muscle Aches			
Headaches/Pressure			
Nasal or Chest Congestion			
Kidney/Bladder Function			
Skin			
Energy Level			
Sleep			
Other Symptoms			

Copy this tracking chart for each food you reintroduce.