

FOOD INTOLERANCE NETWORK FACTSHEET

Women's health and diet

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Introduction

Over the last 15 years, I have talked and emailed to many thousands of people – approximately 95% female – about what I call failsafe eating (additive free, low in salicylates, amines and flavour enhancers). Most of these women have changed their eating habits for their children and are then surprised at the improvement in themselves. Women are more susceptible to food intolerance because of their hormones.

This factsheet is based on questions and reports that I have received from failsafers over the years plus the latest scientific evidence. – Sue Dengate

Premenstrual symptoms (PMS/PMT)

Can failsafe eating help with premenstrual symptoms?

In my experience, most failsafers - and I was one of them - find that premenstrual symptoms such as irritability, insomnia, temper outbursts, foggy brain and food cravings disappear completely with failsafe eating. Failsafe women often joke that a disadvantage of the diet – with no premenstrual signs at all - is the lack of warning about when your period will start.

Research shows that an additive-free, low salicylate, low amine diet can help with symptoms such as irritability, mood swings, temper outbursts, foggy brain, insomnia, anxiety and bloating, see references below.

Reader reports

[120] PMT has completely gone (August 2001)

The biggest thing in my life is that my PMT has gone. I am amazed. I have had this problem for so many years. It was ruling my life and threatening my marriage to the point where earlier this year I started taking Lovan (another name for Prozac) to help me with it. I know you said that PMT disappears on the diet but I must admit mine was so bad I really didn't believe you. Anyway, my PMT has completely gone. I am convinced about this diet now! - NT, by email

[376] No more pre-menstrual migraines

We have been on the failsafe diet for nearly three and have had excellent results for the whole family - I have had no pre-menstrual migraines, my 18 month old's eczema all but disappeared and my three year old's behaviour has changed dramatically. – by email

[536] PMS, period pain and diet 1 (January 2007)

I too have had lots of success in regards to the diet with my whole family but the main improvement for me was dealing with PMS. I am a 28 year old woman and have had two children. As a teen I had very irregular periods and would sometimes not have a period for 3 or 4 months, quite often becoming physically sick when the period did come, not to mention the cramps and mood swings, and I always had PMS symptoms when I was due, whether the period came or not. Having children actually seemed to help my symptoms, but without realising, I was eating differently through my pregnancy and then afterwards because I was breast feeding.

Two years ago all my symptoms started again and six months ago I figured out why. I had gone back to work and was relying on prepackaged food a lot more where I always used make my own, and as a result my whole family suffered. My then six year old had all sorts of trouble emotionally and my then two year old turned into a monster. My husband was diagnosed with irritable bowel and I had all my former problems including depression. Now thanks to a friend who recommended failsafe I am pleased to say we are now back on track and I can safely say that it is all down to food. We tried, through trial and error, all different sorts of treatments to help all our ailments, but simply changing our diet has helped us all. - by email

[535] PMS, period pain and diet 2 (January 2007)

Prior to failsafe I was having irregular cycles, really really bad irritability for almost two weeks prior to my period and bleeding which sometimes lasted for three weeks for each cycle. I had sore breasts from about day 17 of each cycle, sometimes they were so bad I couldn't hug my little boy without being in pain. Since being on the diet I no longer have sore breasts prior to my period. I only have very mild irritability about a day or two prior to my period and I am

having 27 day cycles every month with bleeding only lasting about 5 or 6 days and no clotting. Also, my period pain has lessened a great deal too. – by email

Scientific references

Rowe KS and Rowe KL Synthetic food colouring and behaviour: a dose response effect in a double-blind, placebo-controlled, repeated-measures study. *Journal of Pediatrics* 1994;125:691-8. This study showed that the main effects of artificial colours are irritability, restlessness, inattention and sleep disturbance; that these effects can occur in normal children; and that the symptoms change with age, from young children who are tearful, grizzly and unhappy to older children who are 'like a bear with a sore head' – sound like PMS?

Clarke and others. The dietary management of food allergy and food intolerance in children and adults. *Australian Journal of Nutrition and Dietetics* 1996 (53:3),89-94 and Loblay RH and Swain AR. Food intolerance. In: Wahlqvist ML, Truswell AS, editors. *Recent Advances in Clinical Nutrition*. 1986 London: John Libbey, 169-177. These articles are about the Simplified Elimination Diet developed at the RPAH Allergy Clinic in Sydney for treatment of a wide range of food intolerance symptoms including behaviour, depression and fatigue.

Period pain (dysmenorrhea), absence of periods (amenorrhea), painful or heavy periods

Can failsafe eating help with menstrual pain (period pain, dysmenorrhea) and clotting?

It is thought that approximately ten percent of all women suffer from menstrual pain severe enough to miss work and other activities. For some women, pain and clotting also goes away completely on failsafe eating. However, others - including me - have found that they need to reduce the fat in their diet as well.

Research confirms that circulating oestrogen is reduced by a high fibre, low fat diet. Note that by low fat these researchers mean really low fat not the 30% of calories from fat recommended by the American Heart Association. See more about the definition of a very low fat (VLF) diet at the bottom of this factsheet.

In 2000, a carefully designed study with 33 women in Washington DC showed that a very low fat vegetarian diet (defined as less than 10% of calories as fat) followed for two menstrual cycles was associated with reduction of menstrual pain and reduced duration of premenstrual symptoms. The dietary effect of low fat high fibre diets were thought to be due to two factors:

- reducing fat intake reduces the amount of circulating oestrogen in the blood
- dietary fibre absorbs oestrogens, enabling them to be excreted from the body.

The researchers led by Dr Neal Barnard found that it was important to follow the diet strictly throughout the entire cycle and to avoid animal foods completely including skim milk and eggs. While we would agree that the diet must be followed throughout the entire cycle, we do not find it necessary to exclude animal foods. (See scientific references at the bottom of this section)

Reader Reports

From **[343] severe cramping with heavy bleeding and frequent clots (Sept 2004)**

I always had horrible periods. I was a chronic bitch for two weeks out of every month and also suffered severe cramping with heavy bleeding and frequent clots. ... [When] I went on the elimination diet for myself, my PMS, other menstrual problems and depression all disappeared. by email - see full story below under postnatal depression

[729] Period pain completely went away (June 2009)

I have always suspected my period pain in the past was due to me eating all sorts of additives and high natural food chemicals. Since eating failsafe with my boys I NEVER get period pain anymore, however still very heavy periods. We need to keep in mind I had three children, which in itself can help, but the pain did return after my third (not as bad as previously) and then completely went away when I went failsafe (haven't had pain for about six years now – no PMT either!!!). - by email

[375] Sick and tired (July 2005)

I purchased your book earlier this year as I was well and truly sick of asthma and many other health problems like period problems, chronic sinus and hayfever, varied stomach problems and lethargy. I found out that I am intolerant to gluten, salicylates, amines, preservatives and some other additives. I want to thank you so much for your book - it has changed my life. I am not fully better but I can now breathe and have so much energy, no stomach troubles, minimal hayfever and I haven't been sick since I started the diet. I just wish doctors would tell their patients about trying different diets to help asthma - I could have done with knowing years ago! – Rosemaree, by email

[780] Amenorrhea (June 2009)

My almost 15 year old daughter who has had monthly cramps but no period for 4 years suddenly got her period. We have been on the elimination diet for 3 weeks. Is this a coincidence?

Scientific references

Barnard ND and others, Diet and sex-hormone binding globulin, dysmenorrhea, and premenstrual symptoms. *Obstet Gynecol.* 2000;95(2):245-50. In this crossover design study, 33 women followed a low-fat vegetarian diet for two menstrual cycles. Besides a decrease in the intensity of menstrual pain, the women experienced an average of 1.5 fewer days of pain each month. Researchers found that when women reduced their fat consumption, they also decreased their estrogen levels due to an increase of a protein in the blood called sex-hormone binding globulin, which binds and inactivates estrogen in the bloodstream until it is needed.

"Our goal was to smooth out the hormonal roller coaster many of them experience each month," says Dr. Barnard, who had noticed former patients overcome terrible menstrual pain after changing to a low-fat diet. "Their pain was gone or dramatically reduced, something they had not experienced for years. If they needed any pain medicine at all, they needed much less than before." <http://www.pcrm.org/news/research000131.html>

See also references from the [Breast Cancer section](#) below which show exactly the same phenomenon: that women on high fibre, very low fat diets have lower levels of circulating oestrogen.

Morning sickness

Is morning sickness related to food intolerance?

Morning sickness – nausea and sometimes vomiting in early pregnancy - is considered to affect about 80% of women as estimated in Western medical journals. However, a cross-cultural study of thirty traditional societies found eight societies reported no morning sickness (Minturn and Weiher 1984). Their findings suggested that certain foods seemed to protect against nausea and researchers concluded that morning sickness is not a universal symptom associated with pregnancy but a condition that is influenced by diet.

Reader reports

From [723] Morning sickness related to amines (February 2009)

My partner is pregnant at the moment, and we worked out that what gives her morning sickness is foods high in amines. It's amazing hey, how at important times (or when very little) our bodies are capable of sending us clear signals that say "This is poison. No more please"... it's even more amazing that people seem so unbelievably blind to these signals.- by email

[785] Morning sickness and intolerance to lactose, salicylates and amines (June 2009)

I have been failsafe now for 4 1/2 years and am very sensitive to salicylates, all of the artificial additives I have challenged, lactose, and especially amines. In my first two pregnancies I had strong cravings for cheese, cheese flavoured snacks, and cola soft drinks, I also had horrendous morning sickness (actually all day sickness for the whole pregnancy), and during the second pregnancy I was hospitalised for dehydration due to non-stop vomiting. By my third pregnancy I had become more aware of my lactose intolerance and did not touch any dairy products or cheese flavoured anything (by luck I stuck to failsafe soymilk), thereby unwittingly eliminating almost all amines from my diet and a lot of the additives I normally consumed. I was so well throughout the pregnancy, compared to the first two. I stumbled across the Fed-Up book when my youngest child was 12 months old and as we worked out our intolerances I slowly realised why I had had such terrible 'morning' sickness. Now that I am so much healthier it is almost tempting to conduct a Failsafe experiment and have another baby just to see what a completely Failsafe pregnancy would be like. However three is enough right now. – Jen, NSW

[784] Morning sickness and salicylates (June 2009)

I am 15 weeks pregnant with my fourth child and once again I've had a big problem with toothpaste and morning sickness. It was the worst with the first pregnancy, basically, I would feel a bit queasy before brushing and as soon as I cleaned my teeth I would throw up. As in the other pregnancies I've also gone off a lot of my favourite high salicylate foods and am completely unable to handle caffeine and chocolate (makes me very anxious and heart palpitations). – Julia

[783] Morning sickness and salicylates 2 (June 2009)

I suffered from terrible morning, afternoon and evening sickness when pregnant with my son (now 7). The only foods I could eat that didn't cause problems were cheese on toast, bananas and chocolate milkshakes.[these foods are all low in salicylates although not failsafe due to amines] We also had problems with breastfeeding - he would throw up most of what I fed him. Perhaps he was sensitive to salicylates passing through the breast milk. Needless to say we gave up on that after struggling for two months. (he was far happier on solids at 2 and a half months). Later down the track when trying to solve his behaviour and asthma issues, we tried (as a last resort) failsafe eating, and guess what? we are both sensitive to salicylates but not amines. If I'd known then what I know now... by email

[782] Morning sickness and other symptoms in mother and children due to diet (June 2009)

We only found out about "Fed Up With Food Additives" when Maternal & Child Health nurse suggested we look at a possible problem with food chemicals for our youngest child's (14 months) eating disorder. However, now that I think about it, I was violently ill during my pregnancies after eating high salicylate foods - particularly broccoli, cucumber and citrus fruits – even the smell of these foods would make me queasy.

My IBS symptoms have cleared up since I have reduced the number of high salicylate foods in my diet (I was doing it for the kids so also have adjusted my husband's diet and my own). I used to think I was doing the right thing by eating a huge fruit salad every day, and wondered why my digestive system was so messed up. I have also suffered from a hives-like rash all over my thighs for the past few years and couldn't work it out - I now have long rash free periods after avoiding dried fruit as much as possible, as well as msg, yeast extract, 627, 635 etc. We avoid additives as much as possible but occasionally I slip up and we really notice the effects now.

My 9 year old daughter seems to become very vague and forgetful with amines - especially cheese - and we have found our 3 year old son to react badly to glutamates - he becomes quite aggressive and uncontrollable. The other thing we have noticed is the effect of colours - my daughter becomes very silly and hyperactive - for example, today she had a 'slushie' at the local shops that a family member bought for her - tonight she is jumping all over the house, falling off chairs, making silly noises and facial expressions etc. But I'm sure you've heard all of this before!

I have found the effects on my kids particularly interesting, as when I was a child, I was unable to have food with MSG (I got severe migraines including vomiting) and red-coloured foods/cordial made me vomit badly. Thank you so much for really making a difference to our lives. – Michelle by email

[781] Morning sickness and amine intolerance (June 2009)

It has taken 8 years for me to find out why certain foods made me so sick during my last pregnancy and still do! I had constantly complained to my GP that even the smell of cooking meat made me feel ill during pregnancy. If I touched anything with even a small amount of banana or avocado in it, I would be in bed for 24 hrs feeling like I was going to die. I also found chocolate, ice cream and coffee made me sick. My GP's response: 'that's strange'! It wasn't until last year when my 8 year old daughter became unwell, that it was all figured out. Initially she had a lymph node biopsy for lymphoma and then was tested for lupus and referred to a paediatric rheumatologist. It was through chance that my middle daughter who is lactose intolerant was referred to a dietician due to a flare up of her irritable bowel symptoms. I happened to discuss my eight year olds symptoms with the dietician as I was convinced there was something wrong with her gut that may have been causing all of her other symptoms and sure enough, after 4 weeks on an extremely restricted elimination diet, her symptoms disappeared. The dietician also informed me I have amine intolerance. I find it interesting that with my two other pregnancies I had no issues with foods at all and that the child I had after developing the symptoms myself ended up with such severe chemical intolerances that she was investigated for cancer and lupus. Sondra, by email

Scientific References

Minturn L, Weiher AW. The influence of diet on morning sickness: a cross-cultural study. *Med Anthropol*. 1984;8(1):71-5.

Flaxman SM and Sherman PW. Morning sickness: a mechanism for protecting mother and embryo *Quart Rev Biol* 2000;75(2):113-148

<http://www.colorado.edu/eeb/facultysites/flaxman/pubs/FlaxmanSherman00.pdf>

Pregnancy, breastfeeding and young babies

Is it possible to follow a low salicylate, low amine diet during pregnancy and breastfeeding?

Yes, some women do, either for themselves, their babies or other children - see reports below. Many women find that their tolerance improves during pregnancy (after morning sickness), see research in the next paragraph. If following the strict low salicylate elimination diet during pregnancy, breastfeeding or with a young baby, we strongly recommend

supervision by an experienced dietitian. A nutrition check is also available on-line from www.optimumintake.com.au. RPAH-trained dietitians generally recommend Elevit pregnancy supplements during pregnancy and breastfeeding.

Research suggests that during pregnancy there is a marked increase in the production of diamine oxidase - the enzyme that detoxifies histamine - which may be the reason why, in women with food intolerance due to low diamine oxidase levels, remissions @ @in what? frequently occur during pregnancy.

Reader reports

See some reader reports related to failsafe eating during pregnancy/breastfeeding below. There are more in Your Stories on the website and under postnatal depression (next topic below).

[068] "I am a 20 year old mother pregnant with our second child ..." (September 2000)

I am a 20-year-old mother with a very restless, hard to manage 18-month-old son. He has been hard to manage from the start with colic, chronic wind, constipation, reflux and eczema. He would have us up usually every 2 hours just screaming the house down for no apparent reason and my doctor stressed NOT to put him on soy products as "in his opinion, they were of no help", so my son remained on an AR formula to help his reflux. As he gets older, he is very active, running every where, bouncing off walls and furniture, falling over all the time ... more trips to the doctor, nothing mentioned about diet.

It wasn't until my parents saw the article on A Current Affair that I even thought about diet other than lactose intolerance and they both encouraged us to try it. I was sceptical at first and then one night he had me in tears and, being pregnant with our second child, decided to give it a go anyway.

It has been 8 days now and there has been a noted change in his attitude. He is slowing down enough to smell the roses and his attention span has lengthened a little. Although he is still waking up at night, I am a lot more rested from not chasing him around all day! – by email

[602] Diet helps aching joints that began during pregnancy (February 2008)

I began the elimination diet after reading Fed Up with Asthma. I was pregnant with our second child. My first pregnancy was fraught with pain from aching joints, hips especially, from which I'd never suffered before. The pain was very great and continued after childbirth, though not troubling me much, just now and then. My joint movement continued to be impaired. In this pregnancy the pain began in the first trimester, whereas it had begun late in the previous pregnancy. I suffered much sleeplessness and worried how I would last 9 months like this. After 2-3 weeks on the diet (dairy and gluten-free as well) I no longer needed ventolin at all, just one puff daily of my preventer (I'd been using ventolin up to 8 times daily with little effect and 4 puffs of the preventer). Also, no joint pain at all, and the return of a normal range of joint motion. - Elizabeth, by email

[321] 635: Life-threatening reaction to flavoured chips during pregnancy (April 2004)

I believe I had a very real dangerous reaction last year to chips whilst I was in early stages of pregnancy. I was admitted to emergency and due to difficulty breathing a nurse had to stay in with me. They asked me had I taken any unusual drugs etc and were baffled when the only different thing I had eaten was flavoured chips. I even took the packet with me, the reaction started almost immediately. Previously I had only ever eaten plain, but due to a craving I got a flavoured variety. I thought I was going to die. By the time I got to hospital (luckily it wasn't far from home) my mouth and throat was so swollen I couldn't talk or breath properly, of course because of this I was treated as high priority and treated straight away. Thank God I had realised straight away when I got a tingling burning sensation and felt like I had been to the

dentist and had a local anaesthetic. My mother had said something about these chemicals recently in our diets (I had actually dismissed this at the time) but thank goodness she did. I think I am lucky to still be here. [Flavoured chips often contain flavour enhancer 635 which can be associated with Ribo Rash and/or swelling of the throat] - reader, SA

[496] Ribo rash during pregnancy – could it be associated with food allergies in my child? (January 2006)

Here is another story that is now "making sense" given the many I've read on your webpage.

During the final week of my first pregnancy I developed a rash that looked precisely like the ones in the photos on your webpage. It was on both my legs and similar to the other stories, the itch was maddening and sleep was impossible (given that I was at term this didn't bother the doctors). My GP sent me to a dermatologist who prescribed oral steroids and colloidal creams, which had no effect. I was told it was probably just pregnancy, and as with another of your stories, the rash cleared up after the baby was born. As this was five years ago you would think I'd have trouble remembering a specific food cause, but funnily enough one of the things I've always remembered fondly about this period was the lack of guilt I felt for eating takeaway chicken 3-4 nights a week.[takeaway chicken usually contains flavour enhancer 635, often responsible for "Ribo Rash"] It was 35 degrees outside and I didn't feel like cooking. When I came home from hospital my Mum was there and helped with the cooking. We ate no more take away from that shop.

What I am now thinking about is the fact that my son was diagnosed with anaphylaxis related to extreme food allergies at age 5 months. His main problems are dairy, egg and peanut, but even with a total avoidance of these triggers, he usually has a blocked nose and dry, itchy skin. My second son has asthma and to date, touch wood, my daughter has excellent health. I have been told by doctors that the milk I drank whilst breastfeeding probably exacerbated my eldest's food allergies, but I am now wondering about the food additive issue in late pregnancy. I realise that until we get the issue of food additives on the agenda for primary sufferers, there is no chance of research into the effect on unborn babies, but I am voicing my concern on both issues nonetheless. I came to your site after an article in the paper about food additives and behaviour issues, I am now thinking about the ramifications for our family's overall health. I will now start looking at additives in our diet and take note of any changes – Jane, NSW

From [655] The best baby (September 2008)

My daughter now has a 5-week-old baby boy - she stuck to failsafe while she was pregnant and she is still on it now while she is breast feeding and her little boy is the best baby, feeds and sleeps. - by email

[146] Restless babies from tartrazine (yellow #5, colour 102) (February 2002)

Thank you so much for the "Restless Babies" article (www.fedupwithfoodadditives.info/information/presentations.htm). I recommended it to a distraught mum in the USA via a breastfeeding support bulletin board. She was shocked to discover that the artificial yellow colour tartrazine (102) was hiding in many 'healthy' foods. Within just two days of changing her diet, her baby had a normal sleeping pattern. Not only that, but her two-year-old 'spirited kid' is much calmer, and has stopped throwing incessant tantrums. Other board members have benefited from the article, including one mum who recognised the frothy 'cappacino' poops mentioned. She had asked her pediatrician about it, but he had no idea what caused it. Changing her diet to exclude tartrazine cured both the frothy poops and the night waking.

Here are the foods that the USA mother was surprised to find tartrazine in: potato bread, yoghurt, canned soup, margarine and cough syrup. She was also eating, and feeding her two year old, cakes/cake mixes/donuts/muffins/snack cakes, ice-cream, cookies and crackers,

drink mixes, lemonade, pudding mix, boxed meals, rice and pasta dishes, cheesecake, butterscotch candy, jelly and chips all containing this harmful additive.

From **[651] Changed from irritable screaming baby (September 2008)**

We started our 1-year-old on the elimination diet, and it has been an absolute bliss. He changed from being an irritable, screaming baby, to a content playful little boy. - Jeanette, by email

Scientific references

Maintz L and Natalija N, Histamine and histamine intolerance, Am J Clin Nutr 2007; 85 (5):1185-1196. <http://www.ajcn.org/cgi/content/full/85/5/1185>

Postnatal depression

Can failsafe eating help with postnatal depression?

There are numerous reports from women whose food-related depression started after the birth of a child; or women who thought they had postnatal depression only to discover it was one particular food item causing the problem.

Reader reports

[677] 'Postnatal depression' due to diet coke (September 2008)

I noticed that I have a dramatic reaction to diet coke. If I drink it, I get depressed and mood swings within 24 hours. So what we thought was emotion due to having bubs, was really the diet coke I was drinking as a pick-me-up due to lack of sleep. The challenge was eye opening. I did a benzoate challenge and was fine. I did another challenge with Diet Coke and the mood change is profound. The next day I was depressed, despondent and my husband said it was like turning off a light. [Possible culprits in diet coke include benzoate preservatives (211), artificial sweetener aspartame 951, natural salicylates, natural amines and the known effects of caffeine addiction/withdrawal] – by email

[678] 'Postnatal depression' due to fish oil capsules (September 2008)

I've recently noticed that I get really grumpy when taking a certain brand of super strength fish oil capsules. I started thinking I was suffering from post natal depression as I could feel the anger start inside me and build really fast and grow bigger. A bit hard to describe but I had never had this feeling before. I forgot to take them for a while which is what made me realise it was the capsules. - Carole, by email [see our supplements factsheet for similar reports <http://www.fedupwithfoodadditives.info/factsheets/Factsupplements.htm#fishoilsupps>]

[342] Depression: helpless, hopeless depression due to salicylates (Sept 2004)

I have suffered depression since at least age 15 and am 38 now. I self medicated on huge amounts of alcohol over the years, and was always very emotional and explosive. Either very 'up' or totally down and in a complete mess.

When I fell pregnant at age 29, I sank into a deep depression that only worsened with a long labour and breastfeeding difficulties. I was prescribed Prozac and stayed on this medication for seven years during which time I tried to come off twice with very bad results.

I did a lot of counseling and support group work regarding childhood abuse issues, relationship and communication counseling work with my husband, and received the assistance of a social worker with trying to manage mothering my child. My daughter was three before I received this assistance and also started to work through my own emotional issues. It took until she was six before I came across Sue's information about diet. My daughter always had Oppositional Defiant Disorder behaviours and was not interested in learning at school or at home, but it had been presumed that it was I who was not coping. Which I wasn't anyway, to top it off! ODD people can appear so normal to others making me seem quite neurotic.

I came off antidepressants again at the beginning of last year after having felt very level for quite a few months in a row. It was a very rocky 12 months. At times I was OK and at others I thought I would not survive unless I went back on the drugs. At least my husband was far more understanding at this point, but I wouldn't have called it a life.

I know now that we (my daughter and I) had been bouncing off each other for years. Her behaviour and concentration improved enormously on the diet. It has changed our lives. We laugh, play, cuddle and talk together instead of constant aggression and fighting. I cannot remember ever being so level and calm and capable. I cried with joy (or over the loss?) one night when she was just so caring towards me. Of course we still have bad times. Everyone does after all. Now we have good times too.

When we tested salicylates, as soon as I woke the next day I could feel the return of my helpless, hopeless, awful black depression. I wanted to strike out at others in my pain. Once again I couldn't think straight to make even the simplest of decisions. I hated myself and anyone that I loved. It took about five days before I started to come up again. I don't ever want to feel like that again and I know what causes it now. To be able to say that feels so good. I have some form of control over a life that was totally out of control. I find the diet very hard in some ways, but I know which I prefer. To maintain my life in any reasonably happy form, I need to be failsafe. - reader, Vic

See more reader reports on our website at <http://www.fedupwithfoodadditives.info/stories/failsafestories.pdf>

See the [Depression factsheet](#)

Scientific references

Parker G, Watkins T, Treatment-resistant depression: when antidepressant drug intolerance may indicate food intolerance, Aust N Z J Psychiatry 2002;36(2):263-5.

Loblay RH and Swain AR. Food intolerance. In: Wahlqvist ML, Truswell AS, editors. Recent Advances in Clinical Nutrition. 1986 London: John Libbey, 169-177.

Infertility

Can diet help with infertility?

It is well recognised in the medical literature that gluten intolerance can affect both male and female infertility. There has been limited investigation of other dietary changes.

It appears gluten is not the only culprit, see reader stories below. Everyone is different, and the culprits probably vary with the individual. An elimination diet would seem to be worth a try particularly if there is a family history of food intolerance symptoms or if personal symptoms include irritable bowel which can result in nutrient deficiency through malabsorption.

Reader reports

[788] Coeliac diagnosis results in pregnancy (June 2009)

I attended one of your talks 12 months ago where you mentioned a link between coeliac disease and infertility. Since we have been trying unsuccessfully to get pregnant, I had a test for coeliacs and it was positive so I went gluten free and am now the very proud mother of a new baby. I just wanted to say thank you! – by email, Vic

[787] Unexpectedly pregnant after starting failsafe (June 2009)

Is pregnancy a side effect of going failsafe ? because that's what happened to me. We had been trying for a while and had sort of given up. I never thought that changing my diet would help but I fell pregnant within a few months of going failsafe. – by email (failsafe but not gluten-free)

[786] Unexpected pregnancy when food issues sorted out (June 2009)

I have become pregnant unexpectedly. At 41 too, yikes! I think once I sorted out all my food issues somewhat, my fertility increased, whoops! Jane, by email [failsafe, gluten free, dairy free, and most recently reduced fructose]

Scientific references

Pellicano R et al. Women and celiac disease: association with unexplained infertility *Minerva Med.* 2007;98(3):217-9. This article describes how unexplained infertility has been reported since the 70s as a complication of coeliac disease. It is widely accepted that untreated coeliac disease represents a risk for miscarriage, low birth weight babies and short breastfeeding period and that these problems can be corrected by a gluten free diet. The authors suggest that since coeliac disease causes malabsorption of folic acid and other nutrients, this may explain why coeliacs sometimes suffer unfavourable outcomes of pregnancy. They conclude that women with unexplained infertility should be screened for coeliac disease.

Chavarro JE et al, Diet and lifestyle in the prevention of ovulatory disorder infertility. *Obstet Gynecol.* 2007;110(5):1050-8. Conducted by the Department of Nutrition at the Harvard School of Public Health, this study followed 18,000 women without a history of infertility for eight years. Researchers concluded a diet may favourably influence fertility in otherwise healthy women. Their recommendations:

- get into the "fertility zones" for weight and physical activity (don't be overweight or underweight; don't over or under-exercise)
- avoid trans-fats, the artery-clogging fats found in many commercial products and fast foods (from the food intolerance point of view, any dietary intervention that limits commercial products and fast foods is helpful because it reduces additive consumption)
- eat more vegetable protein, like beans and nuts, and less animal protein (all beans except broad beans are failsafe, however, the only nuts that are failsafe are cashews. This observation could be because commercial meat and chicken dishes such as pies, sausages, burgers, hot dogs and BBQ chicken usually contain additives. We recommend fresh additive free meats and chicken.)
- drink a glass of whole milk or having a small dish of ice cream or full-fat yogurt every day -temporarily trading in low-fat dairy products for their full-fat versions (we are happy with this recommendation because many low fat dairy products such as spreads, icecream, yoghurts and desserts contain extra additives but this recommendation would only apply to women who can tolerate dairy foods).

Symptoms of menopause

Can failsafe eating help with menopausal symptoms such as hot flushes/flushes, insomnia, restless legs, irritability etc?

For me, menopause was brief and relatively trouble free. I had already been failsafe for about ten years when my symptoms started - about six months of fluctuating breast tenderness followed by a few months of hot flushes and restless legs. By the time I realised I was getting regular hot flushes - about 4 per day - and had worked out that a low fat diet helped, it was all over.

What worked best for me was to be strictly failsafe plus very low fat. As a result of doing the elimination diet with challenges I already knew that I was sensitive to salicylates, amines, additives, and A1 dairy foods. As well, I had already noticed that I needed to go relatively low fat to abolish period pain, so the same diet that worked for period pain for me also worked for menopausal symptoms. Dietary fat is known to increase circulating oestrogen levels - which is the last thing you want – so a low fat diet makes sense, see scientific evidence below.

[679] Menopausal symptoms and hot flushes from salicylates (September 2008)

I put myself on the diet five years ago as I was suffering severe hot flushes, was continually tired, felt sick most times after I ate, felt fuzzy in the head, got cranky for no reason and did not sleep well at all. My life changed - I now sleep well, I am not tired all the time, the hot flushes stopped, my head is clear and I very rarely get sick. If I have a lousy day or night I can always trace it back to something I have eaten the day before or two or three days before. The worst offenders are additives and salicylates. I have always been a big fruit eater especially watermelon, and it has been one of the hardest things to give up, however if I do binge on fruits high in salicylates especially watermelon I pay for it with hot flushes and a sleepless night. I also get hot flushes if I eat chicken that is not organic which I avoid at all costs now.

I see a lot of women I work with suffering with menopausal symptoms and I think myself extremely lucky that I found and was prepared to give failsafe eating a try. Unfortunately you can take a horse to water but you can't make it drink. These women as many other people I talk to don't believe it could be that simple and are not prepared to give it a go, silly them. - by email

[789] Failsafe plus low fat for peri-menopausal symptoms (June 2009)

I am a woman in my mid 40s and have been failsafe for 5 years or more. I notice I am starting to have a little more insomnia, and irritability, and some other symptoms which I attribute to peri-menopause. Thank you so much for your extra information about low fat diets for menopausal symptoms. It really makes sense. I know when I indulge in a big steak with potatoes, lots of butter and whole milk I get extreme breast tenderness the next day and feel warm all over. I will keep you posted, but I really think this could greatly help some of my symptoms. 6 months later: Thank you for your information regarding menopause, it seems to be working - Dawn, U.S.

Scientific references

Clarke and others. The dietary management of food allergy and food intolerance in children and adults. Australian Journal of Nutrition and Dietetics 1996 (53:3),89-94 This reference is about the RPAH elimination diet for management of symptoms such as insomnia, restless legs irritability, headaches, anxiety and foggy brain.

These two studies show that a low fat diet reduces circulating estrogen:

Barnard ND and others, Diet and sex-hormone binding globulin, dysmenorrhea, and premenstrual symptoms. *Obstet Gynecol.* 2000;95(2):245-50. In this crossover design study, 33 women followed a low-fat vegetarian diet for two menstrual cycles. Researchers found that when women reduced their fat consumption, they also decreased their estrogen levels due to an increase of a protein in the blood called sex-hormone binding globulin, which binds and inactivates estrogen in the bloodstream until it is needed.

Bagga D and others Effects of a very low fat, high fiber diet on serum hormones and menstrual function. Implications for breast cancer prevention. *Cancer.* 1995 15;76(12):2491-6. This controlled feeding study from the UCLA School of Medicine followed 12 healthy premenopausal women for 3 months. In the first month, subjects consumed a typical Western diet providing 30% of their energy from fat and 15-25 g of dietary fiber per day. For the next two months they consumed a very low fat, high fiber ad libitum diet providing 10% of their energy from fat and 25-35 g of dietary fiber per day. By the end of the second month of the very low fat, high fiber diet, there was a significant reduction in serum estrone and estradiol levels without affecting ovulation.

Urinary Tract Infections (UTIs), Cystitis, Painful Bladder Syndrome (PBS)

UTIs are one of the most prevalent infections for humans, with almost half of all women experiencing at least one UTI in their lifetime. More worrying is the high frequency of acute UTIs which turn into chronic infections, with symptoms recurring several times or more within months of a primary infection. Since antibiotic resistance appears to be increasing, and overuse of antibiotics has been linked to irritable bowel syndrome, researchers have been looking for alternatives, see last reader report and below

Reader reports

[792] Cystitis and diet (June 2009)

I had suffered repeated attacks of cystitis and infections which damaged my kidneys. 'If you don't take these antibiotics, you won't live to be forty,' my doctor had warned me, and talked about kidney transplants. The antibiotics made me feel sick all the time, didn't prevent the attacks and probably set me up for irritable bowel symptoms later on. I stopped taking the medication, changed my diet and never had another attack. I had noticed that red wine and citrus seemed to cause my attacks although my doctors ignored this observation. 'Your condition resembles analgesic abuse,' commented one specialist. I had rarely taken painkillers but I had eaten a diet very high in salicylates which are part of the same family as aspirin. – from Fed Up by Sue Dengate

[791] UTIs, cystitis, interstitial cystitis (IC) and painful bladder syndrome (PBS) (June 2009)

I have had painful bladder syndrome for over four years now. I have no damage to my bladder lining so in Australia it is not called Interstitial Cystitis but I have hypersensitivity of the bladder nerves which gives me constant bladder discomfort. Diet could not control completely so now I take Lyrica and Endep to calm the nerve pain. In the US this would fall under the general umbrella of Interstitial Cystitis (IC)

My symptoms presented after a series of bad UTI's. I started to get burning after wine and coffee: well known bladder irritants. But as time went on I started to react to many foods and my bladder became more and more hypersensitive. In the US a million people have IC and one of the methods of self management is diet. Many people control it this way without medication. Generally people eliminate coffee, wine, vitamins, spices and a lot of fruits and tomato. The clue for me was the awful reaction I had to blood thinners after surgery. Thinking I had another UTI. No it was a reaction to a huge dose of salicylates. It is interesting that common bladder irritants are all high in natural and in wine artificial chemicals especially salicylates. I am still struggling to fine tune the RPAH diet as the bladder reacts to many other

things like hormones, sex, stress but generally the diet suggested as the 'rescue diet' for IC is pears, rice, chicken, milk and green beans all low chemical has always helped settle my symptoms. - by email

[790] A case of cystitis – “OUCH” (June 2009)

I recently had a case of cystitis (or urinary tract infection) - fairly mild but still uncomfortable.

I didn't want to try herbal remedies because I knew they weren't failsafe but in the end I did because I was so desperate!! "OUCH" is all I can say about the whole experience. None of the herbs or naturopathic remedies I tried did anything at all to help relieve the infection and as expected, a fresh herbal mixture from a naturopath made me feel terrible - fuzzy head and a terrible night's sleep with lots of weird dreams!

Luckily, after some frantic research, I found info on d-mannose and it was the only thing that finally worked for me. Once I got some of the powder, I started taking a dose every two hours for a few days and it gave me relief very quickly and cleared the problem within days. Having been an IBS sufferer (pre-Failsafe) I was worried I might get some adverse reactions from it but it didn't seem to bother my tummy.

I'm also staying well clear of the salicylates too. I definitely agree that they are a contributing factor (they really do cause their fair share of problems don't they!) – Jodie, by email **Failsafe cystitis treatments**

- Recurrent UTIs are often related to salicylates and similar food chemicals and respond well to failsafe eating.
- Traditional urinary alkylizers such as baking soda and Citravescent from pharmacies are failsafe:
(http://www.homepharmacy.com.au/products/products_view.cfm?ProductID=1612)
- D-mannose is a simple sugar that works the same way as cranberry juice which is a well known remedy for cystitis. They both prevent the 'bad' bacteria from sticking to the bladder wall so they are flushed out on urination. D-mannose appears to be even more effective than cranberry juice (which is high in salicylates and therefore not failsafe). Urologist Dr Michael Blue from Norman Oklahoma has been using d-mannose in the treatment of cystitis and painful bladder syndrome. In a clinical trial, he reported that 71% of 24 patients with cystitis experienced improvement on d-mannose and 80% of patients with PBS became totally symptom free. As a simple sugar, d-mannose could be failsafe, and one failsafer has tolerated it. Most people report improvement within hours or days. However, as far as we know d-mannose has not been recommended by RPA. You may need to check with your dietitian. You can buy d-mannose from www.waterfall-d-mannose.com.

Scientific references

Blue M, D-Mannose and urinary tract infections, 2005. In this study, 17 of 24 (71%) females with confirmed-culture cystitis reported symptom improvement. Patients who were not confirmed by culture to have bacterial UTI but had UTI-associated symptoms were classified into a painful-bladder-syndrome (PBS) group. Of the 18 PBS females who were treated daily with two scoops of D-Mannose, 17 (94%) reported symptom improvement, the lone exception being a subject unable to be contacted, but also not returning for treatment. Eighty percent became totally symptom free. Abstract from a report submitted to Progressive Laboratories <http://www.healingtherapies.info/D-Mannose.htm>

Wellens A and others, Intervening with urinary tract infections using anti-adhesives based on the crystal structure of the FimH-oligomannose-3 complex. PLoS ONE. 2008 3(4):e2040 This very recent study reported in Medline showed that d-mannose effectively blocked bacterial adhesion on the bladder lining and also antagonised invasion and biofilm formation.

Urinary urgency, incontinence, bedwetting, bladder problems

Everyone is different, but salicylates and preservatives are the commonest causes of bedwetting, urinary urgency and daytime incontinence. Milk can contribute too, as well as the usual culprits including colours and amines.

Reader reports

[793] Urinary urgency in a nine-year-old (June 2009)

I have a nine-and-half-year-old daughter who has a day and night time bladder problem (urinary urgency) since the age of 3. I have seen all the specialists, psychologists, and natural helpers available. By the age of 8 she was, as it seemed, growing out of it. But after reading your book, Fed up, I linked it to preservatives, flavours and colours. Coincidentally I was cutting down after our son had behavioural problems, and I heard you speak around that time. I took your advice and cut out the bread preservative first and then other things, but I didn't take salicylates seriously yet, especially with our daughter because she is so thin and a fussy eater. Her bladder problem seemed to creep back when Grandma was buying strawberries for her alone, as she knows our son could not have them.

Then when her brother was doing the salicylate challenge she was indulging in all these foods too, and of course her bladder problem is so evident now. – by email.

From [338] Urinary incontinence in a 50 something reader (July 2004)

We gave up 282 preservatives in bread after reading your book 'Fed up' about two years ago – within a week my wife was free of urinary incontinence and over a period of about three months I was able to give up all asthma medications. – readers aged 60 and 56

Thrush, candida

Many failsafers assume that if they get thrush (candida) they have to do the candida diet. This is not true: the candida diet (yeast free, sugar free) is difficult to do and is not scientifically proven. We find failsafe eating gets better results. It is counterproductive to try to combine failsafe eating with a candida diet.

People who are failsafe 'but not 100%' and swear they are affected by sugar or yeast have almost certainly failed to reduce their salicylate level enough.

Usually when failsafers get thrush it is because they have allowed too many salicylates to creep back into their diet, through foods, supplements and/or fragrances, and they just need to go back to the low column for salicylates. A number of failsafers have reported that they find the failsafe diet much easier to stick to than the candida diet and their lifelong thrush problems have cleared up.

Reader reports

[796] Kids get thrush from salicylates (June 2009)

My kids (3-year-old and 15-month-old) get thrush as a sals reaction ... Many thanks for all of your work. I just can't thank you enough for the difference in my kids – M from NZ

[795] Thrush from a supplement (June 2009)

I have been wondering why I was regularly getting thrush despite being on a low salicylate diet. Then I challenged with a multivitamin I had been using until recently (not one recommended by RPA) and it gave me thrush immediately. – Lea, NSW

[794] Thrush and a preserved herbal drink (June 2009)

I am interested in the possible effects of sodium benzoate. I note that this preservative is used in an aloe vera drink. When I increased my dose of the aloe vera drink, it was around the same time that I developed a case of candida. [Aloe vera contain salicylates, so it could be a combination of the salicylates in the drink as well as sodium benzoate preservative which is chemically very similar to salicylates.] - by email

[148] For the first time in 31 years I feel normal (February 2002)

After ten years of trying different diets - elimination, candida, vegetarian, allergy testing, you name it - I tried your diet after buying your book and the results were amazing. Convinced I was a chronic fatigue sufferer, I used to take more and more vitamins and health foods, only to find I was sicker and sicker.

But now, for the first time in 31 year, I feel normal. I have energy and have lost my coated tongue, mouth ulcers, acne and negative attitude. I am actually a nice person! I can't believe how even tempered and smiley I am when I stick to this diet. And my 9 year old daughter and 11 year old son are actually best mates. Before the diet, at times my daughter used to be IMPOSSIBLE, no matter what.

I can't thank you enough for having the insight, intelligence and love to dedicate so much time to this insane practice of adding chemicals and preservatives to food - and then trying (as the medical system does) to fix the resulting disorders with medication. - reader, Vic

Sore vagina, Vulvodynia

Everyone is different, but salicylates seem to be the most commonly reported cause of sore vagina. Any of the other usual culprits could also be to blame: additives, amines, dairy foods. The only way to find out for sure what affects you is to do a trial of the RPAH elimination diet & challenges.

Reader Reports

[982] Sore vagina due to salicylates (February 2011)

I react to salicylates with pain in my joints, also I get very tender, raw skin in my genital area and intercourse becomes very painful. I saw you mention sore vagina in children - makes me happy to know I'm not the only one - I have always felt like a freak - so thank you for your books - they have helped me tremendously! - by email

from [860] Very sore and red vagina due to high salicylate lip-balm

We are currently in the midst of an incredible food reaction, brought about by less than a week's worth of lip-balm! Our daughter developed a cold-sore about a month ago as a part of the withdrawals associated with going back onto the very basic elimination diet after we'd let a few too many fruits and veges creep back into our diet. Once it healed I decided to get her some lip-balm, as cracked lips had proceeded the cold-sore. Her behaviour started deteriorating after about three days, culminating on day six (yesterday) in difficulty following instructions, defiance, extreme sensitivity (tears, screaming, sulking), kicking and attempting to isolate herself when upset. Also, a very sore and red vagina (poor little thing). The only thing I had changed was the lip-balm, minute amounts, twice a day (I'd kept hold of it so I knew she wasn't slathering it on). The ingredient list - Coconut oil, beeswax, sweet almond

oil, peppermint oil, Vitamin A, lanolin, comfrey root extract, rosemary extract. I had realised that all bar the Vitamin A and lanolin weren't Failsafe, but made the mistake of thinking it was such a small amount it wouldn't matter. Luckily, oncemy daughter and I had figured out what was making her feel bad (I always get her to work it out with me, even at four) she decided that she'd give the lip-balm away (literally - "but I love it! I want someone in my family to have it, I'll give it to Uncle Ian..."). I'm going to try pure lanolin, and hopefully that will work out better. It really high-lights that one small mistake can make all the difference!

from [596] Vaginal irritation clears up on diet

In 2006 my quiet 7 year old daughter was diagnosed by her paediatrician as having severe inattentive ADD. He offered Ritalin to help the symptoms. I was not comfortable giving her this as a first step because in the 2 weeks since our last appointment I had read 10 books and scanned the net. A common theme kept coming up. If your child has an intolerance to a food group there is a likelihood of more than one intolerance which can lead to behavioural issues. I felt I had to investigate this before trying medication because we already knew she had a dairy intolerance as a baby.

I chose to follow the Fed Up elimination diet by Sue Dengate. Following are the results when food groups or additives were re introduced.

Colours - anger followed by tears, inattention, lack of concentration, memory loss, head banging and rocking

MSG/635/Glutamates - nausea and stomach cramps

Benzoates - aggression

Antioxidants (310-312, 319-320) - nightmares and trouble going to sleep and staying asleep

Propionates 282 - bedwetting and daytime bladder control issues

Dairy - nausea, stomach cramping, diarrhea, inattention, fatigue

Soy - stomach aches

It has been 14 months since adapting to my daughter's dietary needs. She has been reassessed for ADD with a normal out come. Her school work has progressed. She is able to concentrate. She can tie her shoes, hold a knife and fork, remember her phone number, ride a bike, and skip a rope. She is able to follow multiple directions and hold attention to the task at hand. She has friends. We have also discovered she is a budding artist.

Through dietary changes we helped many of our daughter's physical and behavioral issues including fatigue, tearfulness, emotional outbursts, inattention, lack of short term memory, lack of application at school, bedwetting, vaginal irritation, rash, insatiable appetite, imbalance and clumsiness (she could not ride a bike, skip, hop), nausea and stomach cramps.

My daughter did not need medication. She has food intolerances. As grandma said 'Whatever you are doing keep doing it. She is a different child' - Trudi, NSW

... and see another story about sore vagina due to salicylates on our DVD ...

Scientific references

Costello C, Smith JR. Vulvodynia associated with coeliac disease. Br J Obstet Gynaecol. 1996 Nov;103(11):1162-3. This study found that women with vulvodynia had a higher than normal number of voidings but

Baggish MS and others. Urinary oxalate excretion and its role in vulvar pain syndrome. J Obstet Gynecol. 1997 Sep;177(3):507-11. A group of 59 women with vulvodynia and elevated oxalate concentrations were treated with an antioxalate regimen. Fourteen (24%) demonstrated an objective response, but only 6 (10%) could have pain-free sexual intercourse - the researchers concluded 'the role of oxalates as instigators is doubtful'. Unfortunately we couldn't find any published studies on salicylates and vulvodynia.

Breast cancer

My doctor told me I should eat broccoli to prevent cancer. But broccoli isn't failsafe. Is there anything else I can eat?

Diet and breast cancer

Breast cancer rates have risen in the last thirty years to become the most common cancer among women in the EU and the US. In the UK, one woman in nine develops the disease during her lifetime. However, Asian women who consume their traditional low fat, high fibre diet have lower rates of breast cancer compared with Western women as well as measurably lower blood oestrogen levels - both before and after menopause.

Very recent diet studies suggest that a high fibre diet can reduce the levels of circulating oestrogen which in turn reduces the risk of breast cancer. A low fat diet also seems to be helpful. There are also certain vegetables that can protect against cancers, including but not limited to broccoli, see more below.

Effects of high fibre and low fat

In 2004, a Swedish study reported that postmenopausal women with the highest fibre intake had a 40 per cent lower risk of breast cancer than those with the lowest and in 2007 an international study of Mexican American women showed that women with a higher intake of dietary fibre have lower circulating oestrogen levels, a factor associated with lower risk of breast cancer.

For failsafers who want to increase the fibre in their diet, a high fibre diet doesn't have to mean lots of wholegrain wheat and bran – just as well, since many failsafers are sensitive to a natural chemical in wholegrains such as bran, wholemeal bread, weetbix and brown rice. The most effective form of soluble fibre is psyllium, recommended by RPA, with a fibre content of 70% compared to 5% in oat bran [see Psyllium factsheet](#) and the [Failsafe and Low Fat topic](#) at the end of this factsheet.

Fruit and vegetables not what they seem

At first, many researchers assumed a diet high in fruit and vegetables must be beneficial due to natural antioxidants but that's not what they've found so far. High fibre followed by low fat seem to be the most important factors and some vegetables have been found to be beneficial but there is little evidence for the benefits of fruit in the diet regarding breast cancer.

Foods found to inhibit (or increase) breast cancer cell growth: of the top six breast cancer fighting vegetables - found in laboratories to inhibit breast cancer cell growth by 100% - five are failsafe:

- garlic
- leeks
- scallions (also called shallots or spring onions see Wikipedia scallion photo)
- Brussels sprouts
- cabbage.

The other one was cauliflower (not failsafe). Other failsafe vegetables that inhibited breast cancer cell growth were green beans, red cabbage, beets (moderate in salicylates), potatoes, celery and lettuce. Effects are similar for other cancers. In laboratory studies, some fruits and vegetables such as grapefruit, avocado and tomatoes (not failsafe due to high salicylate and amine levels) have been found to actually increase cancer cell growth. Further reading: Anti-Cancer by Dr David Servan-Schreiber.

Scientific references and further reading

Mattisson I and others, Intakes of plant foods, fibre and fat and risk of breast cancer--a prospective study in the Malmö Diet and Cancer cohort. *Swedish Br J Cancer*. 2004 12;90(1):122-7. This study investigated prospectively the associations between intakes of plant foods, fibre and relative fat and risk of breast cancer in 11 726 postmenopausal women in the Malmö Diet and Cancer cohort. High fibre intakes were associated with a lower risk of postmenopausal breast cancer. The combination high fibre-low fat had the lowest risk. There was no significant association between breast cancer risk and intakes of any of the plant food subgroups. <http://www.nature.com/bjc/journal/v90/n1/full/6601516a.html>

Monroe KR and others. Dietary fiber intake and endogenous serum hormone levels in naturally postmenopausal Mexican American women: the Multiethnic Cohort Study *Nutr Cancer*. 2007;58(2):127-35.

This international study demonstrated that women with a higher intake of dietary fibre have lower circulating oestrogen levels, a factor associated with lower risk of breast cancer. In addition, as dietary fat intake increased in the women studied, so did the hormone levels Researchers say that their findings, which offer direct evidence of the association between fibre and the hormone, could lead to a dietary strategy for lowering a woman's risk of breast cancer ... <http://www.scienceblog.com/community/older/2004/1/2004036.shtml>

Bagga D and others Effects of a very low fat, high fiber diet on serum hormones and menstrual function. Implications for breast cancer prevention. *Cancer*. 1995 15;76(12):2491-6.

This controlled feeding study from the UCLA School of Medicine followed 12 healthy premenopausal women for 3 months. In the first month, subjects consumed a typical Western diet providing 30% of their energy from fat and 15-25 g of dietary fiber per day. For the next two months they consumed a very low fat, high fiber ad libitum diet providing 10% of their energy from fat and 25-35 g of dietary fiber per day. By the end of the second month of the very low fat, high fiber diet, there was a significant reduction in serum estrone and estradiol levels without affecting ovulation. Researchers concluded that their findings provided a rationale for the prevention of breast cancer through a very low fat, high fiber diet.

Dr David Servan Shreiber Anti-cancer: a new way of life
<http://www.standup2cancer.org/node/1682>

Combining failsafe eating with a very low fat diet

Like most people, I used to think low fat meant avoiding fried food and trimming fat off meat but I learned what low fat really means from the Pritikin diet. Technically, a diet that provides about 10 per cent of calories from fat is called a VLF or Very Low Fat diet, compared to the American Heart Association recommendation of 30 per cent of calories from fat. Women in developing countries naturally eat a VLF diet. They don't experience PMS, menstrual pain or menopausal symptoms and have much lower rates of breast cancer.

The Pritikin diet is where we started our dietary voyage twenty years ago and while it resulted in easy weight loss and ultra low cholesterol levels, unfortunately, the Pritikin diet as practised in the West is full of natural salicylates so it led to an increase in salicylate-related symptoms for us. Eventually I found a way to combine the most important Pritikin principles with failsafe eating:

- use only skim dairy products – I admit I use reduced fat milk and it still works; cheese, cream, cream cheese, butter are not permitted on a VLF diet except as a cheating factor (options include other foods on toast: eggs (limited), leftover main meals, mashed bananas if amines are tolerated, mashed butternut pumpkin if moderate salicylates are tolerated)
- meat is limited to small quantities of lean meats - e.g. chicken breast or trimmed lean beef and lamb in stir fries and stews served over rice, pasta or noodles – basically, use the meat for flavouring
- margarine or butter is not used – this means few bakery products, other than bread
- eggs used to be limited to whites only but are now permitted in small quantities, find your own limit
- oil - use only limited quantities of vegetable oil e.g. for stir-frying - we use canola because it has the best omega ratio
- fruit and vegetables – Pritikin recommends eat lots but obviously this is restricted for people on a low salicylate diet. I eat low salicylate vegetables especially dried beans and lentils; as many moderate salicylate vegetables as I can tolerate (not many) and not much fruit (mainly pears with mango, tamarillo and rhubarb as tolerated).
- grain – Pritikin guidelines say eat whole grains such as rolled oats, real wholemeal bread and brown rice. For people with food intolerance, this can be counterproductive because many people with IBS and other symptoms of food intolerance (including behaviour) have problems with a chemical in the whole grain of wheat and even in brown rice. An alternative is to add extra fibre e.g. for those with intolerances to wholegrains, psyllium is the safest and most effective high fibre supplement of all. (See the psyllium factsheet)
- salt - Pritikin guidelines say don't cook with or add salt. Failsafers generally eat little salt because they don't eat much processed food so it is OK to add salt for flavour.
- sugar – I avoid sugar when I want to lose weight, but didn't find that white sugar in moderation (sugar is low in salicylates and fat) had anything to do with pre-menstrual or menopausal symptom for me. It is best to eat sugar as part of a balanced meal (e.g. in a dessert) rather than in drinks or treats on an empty stomach when it can affect blood sugar levels. Apple juice concentrate is sometimes used as a sugar substitute by Pritikin chefs – obviously this is not suitable for salicylate-sensitive women.

Further reading: any book by Robert or Nathan Pritikin

Women and fragrance

It is worth remembering that salicylates can be inhaled as smells as well as ingested in food and drinks. As perfumed toiletries, cosmetics, airfresheners, scent sprayers and household cleaners mostly used by women have become increasingly pervasive and over-fragranced, they can push you over your salicylate limit. Would you rather smell your salicylates or eat them? See [factsheet on inhaled salicylates](#).

More information

We recommend a trial of the RPAH elimination diet - free of additives, low in salicylates, amines and flavour enhancers, and with optional removal of dairy foods and wheat or gluten, depending on severity of symptoms - preferably supervised by a dietitian. Write to confoodnet@ozemail.com.au for our list of supportive dietitians, and see [Failsafe Eating](#).

www.fedup.com.au

The information given is not intended as medical advice. Always consult with your doctor for underlying illness. Before beginning dietary investigation, consult a dietician with an interest in food intolerance. You can find a supportive dietitian by writing write for our list (confoodnet@ozemail.com.au)

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