

From the Author of Nourishing Hope™ and Cooking to Heal™

10 *PIVOTAL NUTRITION QUESTIONS Practitioners Must Ask to Improve Their Clinical Results* by *JULIE MATTHEWS*



 **BioIndividual Nutrition**[®]
Institute

10 Pivotal Nutrition Questions Practitioners Must Ask to Improve Their Clinical Results

Welcome! You are about to read some thought provoking and mindset shifting questions that I believe will spark powerful and “game changing” concepts that advance your clinical practice.

These clinical pearls stem from my 15 years as a Nutrition Consultant working with autism, one of the most complex disorders because it includes underlying **immune/autoimmune, digestive, neurological, and metabolic dysfunction** (as other chronic disease do). No matter what condition or disorder that you’re addressing with your client, autism provides us an insightful model on chronic disease. The learning from working with this complex disorder teaches us how to apply special therapeutic diets to the unique needs of the individual for *any* chronic disease.

The lens I’ve been looking through helps others see hidden connections between symptoms, circumstances, and effective dietary strategies. My intent is to help you broaden your perception of certain biochemical nutrition principles and employ ideas that can result in radically improved client outcomes. With a more thorough understanding of the science behind therapeutic diets and how they affect an individual’s biochemistry, you can take a struggling client from 20% to 80% improvement!

By incorporating the methodologies from the **BioIndividual Nutrition®** training into your current practice, you can customize diets with precision and get remarkable results.

While my published [books](#) and [advanced practitioner training](#) provide great detail on each topic and how to implement them in your clinical practice, this short guide is meant to stimulate your curiosity and engage your intrigue about pivotal biochemical nutrition concepts - some of which may be new to you (i.e. salicylates, oxalates, amines, FODMAPs, etc).

Practitioners that implement these “new” bioindividual nutrition principles discover that their practice becomes forever transformed. As their eyes open to new ways of seeing symptoms, underlying factors, food reactions, diet, and chronic disease, potential avenues of support begin to flourish.

It is one of my highest goals to make a difference in the practice of integrative, functional, holistic and nutrition practitioners who want to help radically improve the lives of their clients. I hope you'll find these questions and answers thought provoking and insightful!

BioIndividual Nutrition Principles

As you know, foods can be healing and supply essential nutrients for cellular function, brain and nervous system function, hormonal balance, growth, repair, and healing.

However, in practice it can be much more complicated than simply knowing your patient needs a unique diet. Sure, gluten-free and dairy-free, even grain-free and starch-free can be good starting points for some diet recommendations.

But not every practitioner realizes that these seemingly healthy changes and focus on nutrient dense foods can actually cause or exacerbate underlying biochemical issues. For example, by excluding grains or dairy and focusing on nutrient rich produce and nuts, some patients actually feel worse because they cannot break down the specific food chemicals (salicylates or oxalates) in the fruits, vegetables, or nuts. The symptoms that result can be debilitating and very challenging to recognize by a practitioner who has not had extensive training in BioIndividual Nutrition.

A food that is **healthy for one person is not healthy for another**, including foods like:

Phytonutrient-rich herbs

Antioxidant fruits

Anti-inflammatory spices

High fiber vegetables

Foods such as:

Berries

Spinach

Garlic

Grapes

Swiss chard

Almonds

Turmeric

Beets

Onions

Tomatoes

Cauliflower

Cocoa

Identifying the underlying issues for an individual takes knowledge of their biochemistry, genetics, health history, environmental factors, toxin exposures, nutrient deficiencies, and food reactions. These can be determined by lab testing, symptoms, food diary, clinical intake and observation.

Once you understand what foods may be causing the problem, only then can you start to decipher between which diet is best for that individual:

Low phenol
 Low oxalate
 Low glutamate
 Low amine
 Low histamine

Low salicylate
 Low FODMAPS
 Gluten-free and Casein-free
 Allergen-free

Paleo
 Specific Carbohydrate
 GAPS Diet
 Anti-yeast
 Ketogenic

The 10 Pivotal Nutrition Questions

1. Do you have pediatric patients that have hyperactivity, red cheeks or ear, irritability, aggression, or challenges falling asleep?

Suspect **salicylates**, a natural (and artificial) food compound. Despite Dr. Ben Feingold's important discovery of salicylates on behavior and physiology back in the 1970's, this problematic group of food chemicals has gotten relatively little attention, yet continue to cause a specific set of pronounced symptoms.



Salicylates are naturally-occurring food chemicals in common fruits, vegetables, and other plant foods like herbs, spices, nuts, etc. They are also found in processed foods, preservatives, and aromatic compounds such as air fresheners and perfumes.

Dr. Ben Feingold observed that artificial additives and high salicylate foods caused hyperactivity and other behavioral and physiological symptoms in some children. Biochemically, salicylates are a type of "phenolic acid" or "phenol." Phenols need to be broken down in the body, detoxified, which occurs through a process called sulfation.

While first identified in children and very common in ADHD and autism, food reactions, symptoms and conditions resulting from poor sulfation and phenol sensitivity do not only happen in children. Faulty sulfation has been found in adults with inflammatory bowel disorders, depression, migraines, chronic fatigue syndrome, lupus, Parkinson's and many other conditions.

Being aware of the common symptoms of salicylate intolerance can: help you determine the proper diet for your patient, what their underlying biochemistry challenges may be, and allow you to recommend a customized list of medium to low salicylate foods,

supplements, and lifestyle strategies which support their sulfation. This will not only help prevent reactions in your patient, but also address the underlying causes and help them heal from their health challenges.

2. Does your patient eat an extremely “healthy” diet including large amounts of: juiced spinach, swiss chard, leafy greens, peanut butter, nuts, beets, chia seeds, and sesame seeds?

Consider high oxalate levels. Many “health food diets” today include lots of these “healthy” foods. Indeed, they contain lots of nutrients. Spinach and swiss chard have high amounts of calcium and folate. Peanut butter is loaded with protein for kids that are picky eaters. Chia seeds are full of beneficial fiber and fatty acids.

Nutrients in these foods are high, particularly calcium, and today when dairy-free diets are more commonplace people are often looking for high sources of calcium. The problem is that while on paper the levels of calcium are high, the body is not able to absorb and utilize this calcium as it is bound to oxalate. Studies show individuals can become more depleted in calcium from eating these foods than not, as the oxalate value is so high in some of them like spinach that the oxalate actually binds to the calcium in the spinach but also the calcium in the rest of the meal rendering it all unavailable. So high oxalate foods deplete us of minerals--and not only calcium, but magnesium, zinc and iron too. And oxalates can cause inflammation, pain, oxidative stress, mitochondrial dysfunction and more.



3. Is your patient still struggling with inflammation even after they've implemented a gluten-free and casein-free diet?

Consider grains, oxalates and phenols. Certainly gluten and casein are two of the most problematic and inflammatory foods in our diet. I find that almost all of my nutrition clients are intolerant to gluten and/or casein. Many of us, recommend a gluten-free and casein-free diet, as well as often a full elimination diet of soy-free, corn-free, and possibly

egg-free and others and it can be very helpful. Sometimes, it's all our clients or patients need and it's so refreshing to help someone so quickly and thoroughly.

However, I've found that grains, oxalates, and phenols can be very inflammatory as well. By considering symptoms, health conditions, past food reactions, and laboratory testing we can begin to determine the unique foods an individual is intolerant to and remove them by implementing the right therapeutic diet.

4. Does your patient have laboratory markers of dysbiosis?

Consider either grain-free/starch-free/low FODMAPS, or low phenol or low oxalate. Here's a complex scenario which requires a very in depth evaluation of what is causing the dysbiosis. Intestinal pathogens such as yeast and bacteria, an overgrowth of beneficial bacteria such as in SIBO, and not enough beneficial bacteria can affect the diet we recommend. Both organic acid tests and stool tests can provide valuable data in determining what is going on in the gut.

A grain- and starch-free diet and low FODMAPS (FODMAPS are fermentable carbohydrates that bacteria feed on) diet can be quite helpful with SIBO and dysbiosis for some patients. However, for other individuals, completely different diet principles are necessary. For example, pathogens can affect our ability to tolerate phenols, and a decrease in certain beneficial bacteria can negatively impact our ability to handle oxalates. At the same time, intolerance to certain herbs and other antimicrobials due to reactions to natural plant chemicals can inhibit our ability to address the dysbiosis.

A combination of addressing the microbiome and pathogens along with the correct dietary strategy at the right time is very important to your patient seeing results.

5. Does your patient have symptoms or markers of fatigue, inflammation, oxidative stress and poor mitochondrial function?

Consider oxalates, nutrient deficiencies, leaky gut, and dysbiosis. Fatigue, inflammation, oxidative stress and poor mitochondrial function are common conditions in most chronic disease. Any one of these underlying factors, such as inflammation, can be found in most chronic conditions, and the underlying dietary causes can be varied. However, as a practitioner, identifying the combination of these symptoms together along with other factors (a diet high in oxalate foods, nutrient deficiency, leaky gut, and dysbiosis) begins to help pinpoint a possible cause or contributing factor, in this case oxalates.

All of these symptoms are common in people with high oxalates. Oxalates, I have found over the years in nutrition practice are much more of a problem in a variety of chronic conditions than most people realize. Since oxalates can impair mitochondrial function and cause inflammation, they can be factors in many chronic conditions far beyond kidney stones including autism, thyroid conditions, pain-related disorders, digestive conditions, even possibly autoimmune conditions.

If you haven't studied oxalates, check them out. They are a cutting edge area of nutrition practice today. And regulating them involves far more than just a low oxalate diet, so it's critical to identify nutrient deficiencies and ways of using supplementation to support dietary implementation.

6. Have you made healthy changes to your patient's diet, yet they have MORE symptoms now?

Consider corn, salicylates, oxalates, FODMAPS or a detox reaction. There are few things more frustrating to a patient than doing the hard work of making significant food changes to have them feel worse. As a practitioner, this can undermine their confidence in their ability to healing and in us as their health guides.

It is not uncommon for a client to get worse when they implement a new diet--even when it's the "right" diet for them. There are many reasons for this, (from mistakes clinicians make about food recommendations as well as implementation strategies). In other words, when you change a diet you may inadvertently ADD problematic foods to the diet or REMOVE problematic foods too quickly. Either of these opposite circumstances can cause symptoms, so how do you determine if you are on the right track with your dietary recommendations or not?

Understanding why your patient is having a reaction is the key. In some cases, we, as practitioner inadvertently recommend that are also problematic in their diet. To explain further, when we eliminate certain foods we need to add more others foods and those



foods can be problematic as well, a simple one is adding corn on a gluten-free diet where corn is an allergen or source of GMO (if it's not organic) and can cause as big reaction.

On a gluten-free or grain-free diet, or even a "healthier diet," we will often recommend adding more vegetables and fruit, which is wonderful under most circumstances, but some people do not tolerate the salicylates, oxalates, or FODMAPs, so instead of feeling better they continue to have symptoms or their symptoms even increase.

I'm not suggesting not adding healthy vegetables and fruit, but I've come to find after training many practitioners that this awareness of these food substances and the common reactions is what they need to simply recommend specific fruits and vegetables so they get the nutritional benefits without the substances they cannot tolerate.

And the final reason is detox or healing crisis reaction, where you add new healthy foods, and someone has a healing, die-off, or detox reaction. This can happen from removing carbohydrates too quickly causing a yeast die-off reaction or detoxification reaction as it can cause a dumping of toxins that overwhelm the detoxification system when it happens too quickly.

Oxalates are another example--while it's not quite a "detox" reaction it's similar in that when we remove oxalates too quickly and without supporting the body, oxalates "dump" out of the cells in body's attempt to get rid of them. However, when done too quickly, this can cause uncomfortable symptoms, and the patient can feel worse on this new diet.

The correct therapeutic diet recommendation or combination of diets, and well as proper implementation are crucial for seeing the positive benefits from dietary intervention.

7. Does low oxalate (oxalic acid) level on your patient's organic acid test mean that they don't have an issue with oxalates?

No. While a high result marker means that they do likely have an issue with oxalates, if it's not high, it does not mean you can rule out the issue. Oxalic acid is an organic acid marker that can help determine whether oxalate is high in an individual and may be causing a problem with their health. If oxalic acid is high in urine there is a good chance it's high in their body. As we discussed, oxalate can cause a host of problems in the body,

some of them very serious. And they can be the cause of the disease or a contributing factor.

But also be aware that if oxalic acid is not high, but you suspect oxalate is an issue based on symptoms and for other reasons, high oxalates may still be of concern for this individual. This is because oxalates do not always “dump” consistently into the urine and at different days or times oxalate levels in the urine may not reflect the proper status on a test. And some people, depending on their kidney function and other reasons for the high oxalate, may rarely show high oxalate on an organic acid test (while research has shown these same people have high oxalates in plasma. Unfortunately, plasma oxalate cannot be tested outside of research at this time).

If it shows high on a test, consider high oxalates. If it's not high on a test don't rule out oxalates. Consider their health conditions, symptoms, and diet to determine what you think happening in the body and to determine the best dietary approach.

8. Is your patient worse or not better after implementing a grain-free or GAPS diet when you assumed they should feel better?

Consider amines, glutamates, FODMAPS, and salicylates. A grain-free, Paleo, SCD, or GAPS diet is commonly touted as the way to address digestive related conditions. However, many of these diet protocols are very specific and include high amounts of certain foods that some people do not tolerate. It's one of the biggest mistakes I see people come to me for in my nutrition practice.

Someone begins a GAPS or SCD diet. They add more bone broths, sauerkraut, onions, garlic, avocado, vegetables, and fruit (to replace the grains and starches while adding “healing” foods) and yet they don't get better. In fact, sometimes they feel worse, maybe not right away, but over a little time.

In fact, some of these diets have very strict introductory phases that extremely high in these foods. And since these foods are high in amines, glutamates, FODMAPS, and salicylates, for those that do not tolerate them or whose symptoms become overloaded easily by them based on their biochemistry, they get worse with headaches, irritability, aggression, emotional outbursts and crying, hyperactivity or digestive disturbances (while the diet is supposed help these symptoms).

Sometimes, well-meaning practitioners and individuals even suggest the problem may be that the patient is not doing the diet strictly enough and to “button down” on these

principles even more. Then not only feel worse physically, but they feel they are to blame and are not supported by their community. They can lose faith in their health practitioner.

By understanding these other food and dietary principles, a few strategic changes can make a world of difference and allow the individual to gain the positive results they were originally hoping for in the first place.

9. Has your patient traveled abroad and have had their digestive pain and symptoms go away?

Consider gluten and GMOs. At one point in my nutrition career, I worked in a doctor's office and saw many adult clients who traveled to other countries. And I began to see a pattern develop; in fact it was quite common. Someone would come in with digestive complaints and then would tell me they ate the same way when they were abroad as they did at home but their symptoms of gas, digestive pain, bloating, diarrhea, and constipation went away when they were traveling.

After a short time, I figured it out, it was the gluten that was causing the issue. Different strains of wheat are grown in the United States versus countries Europe and abroad. They would still be consuming pasta and beer but it was not affecting them. We figured it out because I would then recommend a gluten-free diet and the symptoms would disappear again as they had when they were traveling.

Keep in mind, in the U.S. we also use pesticides with glyphosate at harvest, and many other countries do not, so it could be a combination of factors that were causing the issue.

If you have a client or patient with this situation, consider gluten and/or GMOs as the problem and try diets that eliminate these and see what you find.

10. Do you have a patient with hives and yet allergy testing is negative?

Consider Salicylates. Many people have been taught that hives are the result of food allergy or histamine response, and very often they are. However, these are not the only causes.

I have found that the other food chemical that is often associated with hives is salicylates found in grapes, tomatoes, berries, and spices. So if you've exhausted the search for

allergies on an IgE test, explored other food sensitivities and immune responses, tried an elimination diet and still have not found the cause, consider salicylates.

Nutrition and Health Professionals

I hope these questions and answers have intrigued you to learn more about specific biochemical nutrition concepts that may be new to you!

Today, there is more demand than EVER to know the science behind the complex dietary needs of your most challenging patients. It's essential know how to recognize and manage specific symptoms, and properly address their unique biochemistry with customized care and feeding plans.

Are you ready to get remarkable results with your most difficult cases? I encourage you to become an expert in special diets that boost biochemistry, and to use **proprietary tools** to improve patient **compliance**.

You can start making strategic nutrition recommendations using the BioIndividual Nutrition framework built on 15 years' extensive research and clinical results. And, you'll receive targeted guidance from our **private community of expert practitioners**, scientists, and researchers.

Learn more about how [BioIndividual Nutrition Institute](#) can help you in your practice!

