Innovative GI

The 4-Food & 6-Food Elimination Diet

A Practical Guide for Eosinophilic Esophagitis

What This Diet Is For

In eosinophilic esophagitis (EoE), inflammation is usually driven by an immune reaction to specific food proteins. This diet works by removing the food groups most commonly responsible, then systematically reintroducing them one at a time to find your personal trigger(s) — rather than guessing, or restricting foods indefinitely without knowing which ones actually matter. This guide is a practical companion to our main EoE guide; use it alongside your care team and, ideally, a registered dietitian experienced in EoE.

Two Versions of This Diet

Both versions remove whole food groups for a defined trial period, then use endoscopy with biopsies — not just how you feel — to check whether the eosinophil count has come down.

Food Group Removed	4-Food Diet	6-Food Diet
• Milk & dairy	✓	✓
• Wheat & gluten-containing grains	✓	✓
• Egg	✓	✓
• Soy & other legumes	✓	✓
• Tree nuts & peanuts	—	✓
• Fish & shellfish	—	✓

- **4-food elimination diet:** removes milk, wheat, egg, and soy/legumes only. In studies, this brought about histologic remission in roughly 54% of adults and 64% of children — a smaller burden with a somewhat lower success rate.
- **6-food elimination diet:** removes all six groups above. This has the highest reported success of the empiric elimination diets, with remission in roughly 71% of adults and 73% of children, at the cost of being the most restrictive option.
- Some patients and providers prefer to start with a smaller elimination (4 foods, or even just dairy alone) and step up only if needed, since dairy and wheat together account for the large majority of identified triggers. Which approach makes sense for you is worth discussing directly with us.

How the Process Works

- **Elimination phase (about 6 weeks):** the chosen food groups are removed completely from your diet, including hidden sources (see below).
- **Follow-up endoscopy with biopsies:** after about 6 weeks, an upper endoscopy checks whether the eosinophil count has returned to normal. This step can't be skipped or replaced with a symptom check — how you feel doesn't reliably predict what's happening at the tissue level.
- **If in remission, foods are reintroduced one at a time**, typically one new food group per week (or longer if needed), each followed by its own endoscopy to see whether that specific food brings the eosinophil count back up.
- **If not in remission**, options include stepping up to a broader elimination (4 to 6 foods), adding a medication, or reassessing whether hidden exposure to an eliminated food occurred without your knowledge.
- The full process, including reintroduction, commonly takes several months from start to finish — plan for more than one endoscopy along the way.

Avoiding Each Food Group

- **Milk & dairy:** milk, cheese, yogurt, butter, cream, and ice cream, plus hidden dairy in baked goods, sauces, and processed foods listing whey, casein, or milk solids.
- **Wheat & gluten-containing grains:** wheat, barley, and rye, including bread, pasta, cereal, and baked goods, plus hidden sources like soy sauce, malt, and some sauces or gravies thickened with flour.
- **Egg:** eggs in any form, plus hidden egg in baked goods, mayonnaise, some pastas, and products listing albumin, lysozyme, or ovalbumin.
- **Soy & other legumes:** soybeans, tofu, edamame, soy milk, and soy sauce (unless the diet's definition is limited to soy specifically — confirm with your dietitian), plus soy lecithin, which is common in packaged foods but generally allowed since it contains negligible soy protein — ask your dietitian if unsure.
- **Tree nuts & peanuts** (6-food diet only): all tree nuts (almonds, walnuts, cashews, and similar) and peanuts, plus nut-based flours, milks, and butters, and foods processed in facilities with cross-contact if you have a true allergy alongside EoE.
- **Fish & shellfish** (6-food diet only): all finfish and shellfish, plus hidden fish-derived ingredients like Worcestershire sauce (often contains anchovy) and some Asian sauces and broths.

A Few More Practical Tips

- **Work with a registered dietitian** experienced in EoE elimination diets from the start — this is one of the most effective ways to keep the diet nutritionally complete and avoid accidental exposures, especially with the 6-food version.
- **Read every label, every time**, even for products you've used safely before — manufacturers can change formulations without notice.
- **Plan meals and shop ahead.** Having safe staples and a few go-to recipes on hand makes the elimination phase far more sustainable than improvising meal to meal.
- **Keep a food and symptom log** throughout, especially during reintroduction, to help connect any returning symptoms with the food just added back.
- **Don't reintroduce foods faster than planned**, even if you're feeling well — each food needs its own dedicated trial period and, ultimately, its own endoscopy to be confidently cleared or identified as a trigger.

When to Contact Our Office

- You're having trouble maintaining the diet, or would like a referral to a dietitian experienced in EoE
- New or worsening difficulty swallowing, or a suspected food impaction
- Symptoms return during the reintroduction phase
- You're unsure whether a specific product or ingredient is safe on your current elimination phase
- Before making any changes to the sequence or pace of this diet

This guide supports your personalized plan and isn’t a substitute for individualized medical or nutritional advice. Check with your provider or dietitian before starting, stopping, or modifying this diet.

Innovative GI • Cameron Sikavi, MD • 8631 W 3rd St, Suite 1015-E, Los Angeles, CA 90048 • (310) 652-4472 • innovativegi.com