

A Diet for Treating Food Allergies, Sensitivities, and Detoxification

An Interview with Jeffrey A. Morrison, M.D., C.N.S.

Russ Mason, M.S.

Jeffrey A. Morrison, M.D., C.N.S., completed his undergraduate training at the University of Rochester (Rochester, New York) and received his M.D. from Jefferson Medical College (Philadelphia, Pennsylvania). He is board-certified in family medicine and has completed additional training in environmental medicine. In 2001, Dr. Morrison joined the staff at the Atkins Center for Complementary and Alternative Medicine (New York, New York), where he worked with Robert Atkins, M.D., the well-known proponent of a low-carbohydrate diet. Following that, Dr. Morrison became the medical director of the Wellness Medical Center of Integrative Medicine (New York, New York). In 2002, Dr. Morrison opened The Morrison Center (New York, New York).

Dr. Morrison promotes a nutritional approach to health care, and believes that nutrition can play a role in preventing and reversing degenerative diseases. His treatments are designed to enhance the body's ability to heal and detoxify itself. He has found that these nontoxic and noninvasive therapies are powerful interventions without the side effects of drugs and surgery.

Dr. Morrison is a member of the American Academy of Environmental Medicine (AAEM) as well as a lecturer and board member for the American College for Advancement in Medicine (ACAM).

Russ Mason: Your training as a physician was conventional, so what sparked your interest in environmental medicine?

Jeffrey A. Morrison: I met John Sullivan [M.D.], from just outside of Harrisburg, Pennsylvania, who practiced environmental medicine, while I was still in my family practice residency, and, after graduation, I went into practice with him. I learned about allergies, chemical sensitivities, heavy-metal toxicity, and the broad range of food allergies. I continued my training at the American Academy of Environmental Medicine, which has a four-part program.* It is a wonderful resource for health care providers to learn about heavy-metal toxicities, chemical sensitivities, and food allergies. That is where I continued to learn about environmental medicine. Dr. Sullivan and I coauthored an article about a novel approach to treating endometriosis published in *Alternative and Complementary Therapies*.† We suggested diet modification and detoxification for women with endometriosis in that article.

After 2 years of practicing outside of Harrisburg, I came to New York City to practice with Robert C. Atkins.‡ It was an opportunity I could not pass up, as he was well known for the Atkins Diet. He was interested in having someone on board who had a concentration in environmental medicine. While I was there I had a great opportunity to learn how Dr. Atkins took care of patients in New York City.

RM: I was unaware that Dr. Atkins actually saw patients.

JAM: Yes he did, and he did a great deal of heavy metal detoxification. He took care of patients with many different types of health care problems; it was not all about weight loss. Working with Dr. Atkins paved the way for me to open my own practice, which I did in 2002. People came to see me for ailments that conventional medicine was not able to help.

RM: What were some of the conditions you treated?

JAM: Chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, memory changes, irritability, difficulty in focusing—things that are common to many of us. But, with these patients, their lives were significantly impacted. So I became known as one of the M.D.s in New York City that took care of people with environmental medicine problems. And, during the course of our treatments,

*The American Academy of Environmental Medicine, Wichita, Kansas, (www.aem.com), founded in 1965, is an international association of physicians and other professionals interested in the clinical aspects of human beings and the environment.

†Morrison JA, Sullivan J. A novel approach to treating endometriosis: A report on two cases. *Altern Complement Ther* 1999;5:225–229.

‡Robert C. Atkins, M.D. (1930–2003), an internist and cardiologist, created the Atkins Diet in the early 1970s. The diet consists, essentially, of high protein, high fat, and very-low carbohydrates. In the 1980s, he founded The Atkins Center for Complementary Medicine, New York, New York (for more information visit: www.answers.com/topic/robert-atkins?cat=health).

one of the first things we do is an elimination diet, which I call “Dr. Morrison’s Urban Detox Diet.”TM

RM: Please explain about that.

JAM: What we do is to eliminate all of the foods that might be causing health problems. That would generally include wheat, dairy, sugar, possibly eggs, definitely soy; and things like alcohol and coffee. In the beginning we would ask the patients to stay off all grains for about 4 weeks. We often found there were significant changes in how the patients felt, improved energy, and mental clarity—merely by eliminating grains from the diet. In addition to feeling better, the patients would often lose weight.

Interestingly, I would have people without chemical sensitivities come to see me about weight loss. That is how I began this diet. It grew because of continued success within a small population,

“There was an article in The New York Times that stated that 25% of New Yorkers have elevated blood mercury.”

and the good news is that people that come to see me for weight loss often come for health optimization. Maybe they want to get their body fat percentages down; or they are out with their clients several nights a week and are eating the wrong foods. This often results in feeling achy, or slowing down, or fluid retention, or getting a little weight in the midline or hips. So these people come to me for something that is simple, something they can stick with in their fast-paced world.

So what I did was to repackage the elimination diet into the diet for people that are even healthy! It is not just for people with medical problems.

RM: In thinking about urban areas, it seems there would be a fair amount of pollution—car exhausts and so forth. Is this something you check?

JAM: What we are most concerned about, that we can easily check, are heavy metals such as mercury, lead, and arsenic. The

most common heavy metal we find in individuals under the age of 65 is mercury. There was an article in *The New York Times*[§] that stated that 25% of New Yorkers have elevated blood mercury.

RM: Did the article say what the source of the mercury was?

JAM: Generally, we believe it comes from eating big fish, such as tuna, swordfish, shark, and Chilean sea bass. Now, with patients above the age of 65, the problem generally is lead, from old exposures. What this means, as these patients get older and their bones start to become thinner, the lead that had accumulated in these people’s bones over their lifetimes is now rereleased into the circulation. This is one of the causes for high blood pressure and can increase the risk for heart disease.[¶] Another heavy metal, especially common in urban areas, is arsenic. There was recently an article by the National Resources Defense Council^{||} that showed that the current acceptable levels of arsenic in our drinking water may have been set too high. Even low levels can cause hormone disruption; arsenic affects estrogen receptors. This is another reason people may have hormonal issues. This includes problems such as breast cancer, ovarian cancer, prostate cancer, and these problems can negatively impact the libido since they affect the hormone receptors.

RM: In addition to heavy metals, are there other toxins you test for?

JAM: There are toxins I am concerned that we are getting exposed to, but, because of New York State law, we are unable to test for them. These include chemicals that are typically produced by an industrialized society. These are organic compounds such as dioxins, polychlorinated biphenyls, and others.

RM: Why does New York State prohibit testing for these toxins?

JAM: The laboratory we used to use for checking chemicals was in Texas. New York State is unique, because the state has a completely separate laboratory credentialing agency. No other state does this; all the others follow federal guidelines, called CLIA [Clinical Laboratory Improvement Amendments], for their laboratory credentialing, whereas New York State uses CLIA, and its own, additional, laboratory credentialing agency. So there are a number of labs outside of New York that offer unique tests we would love to give, but we don’t because New York State has not certified these laboratories. If a New York doctor orders one of those tests, he or she runs the risk of having his or her license revoked.

RM: Significant environmental toxins appear in the form of organophosphates, carbamates, and phthalates. Are you able to test for these substances?

JAM: Again, there are tests for those—especially if a person has an acute exposure, which is 1–2 weeks—but we see that these substances are either eliminated, metabolized, or stored in the fat tissue. If they are stored in the fat tissue, that can cause problems, because the people develop an accumulation of trash in their bodies. This is not unlike what happens when a person’s home sewer system backs up. If it backs up enough it will contaminate the

[§]Chan S. Time to Go Easy on the Sushi? Study Finds High Mercury Levels Among New Yorkers. Online document at: <http://cityroom.blogs.nytimes.com/2007/07/23/time-to-go-easy-on-the-sushi-study-finds-high-mercury-levels-among-new-yorkers/> Accessed March 28, 2008.

[¶]Nash D, Magder L, Lustberg M. Blood lead, blood pressure, and hypertension in perimenopausal and postmenopausal women. *JAMA* 2003; 289:1523–1532.

^{||}National Resources Defense Council. Arsenic and Old Laws: A Scientific and Public Health Analysis of Arsenic Occurrence in Drinking Water, Its Health Effects, and EPA’s Outdated Arsenic Tap Water Standard. Online document at: www.nrdc.org/water/drinking/arsenic/aolinx.asp Accessed March 28, 2008.

house. So, to compare this process to what happens in a human body, if the liver and kidneys are not eliminating the toxins, then the body will swell up in an attempt at self-protection.

RM: So, if an individual has an accumulation of toxins in the body, how does he or she get rid of them?

JAM: The best way is a combination of the dietary suggestions we discussed previously and sweating them out. This is just my opinion, but I recommend saunas for people with various toxic issues. And yet we need a variety of supportive cofactors that are necessary to allow our bodies to improve detoxification—enzyme systems like certain B vitamins, alpha-ketoglutarate, and other agents can be helpful. But I have found that, for many people, simply sitting in a sauna on a regular basis is the best remedy for detoxification. I am speaking about infrared saunas, and not the Swedish saunas. Some people may have to do it 5 days a week for a whole year.

I just saw a patient today and she has this same condition: heavy metals and pesticide exposure. She has done it for a year already and said today that because she feels so good after the sauna, she thinks she will have to continue it for the rest of her life.

RM: Please talk a little about saunas.

JAM: What is important to know is there is a difference between infrared saunas and Swedish saunas. Swedish saunas are often found in health clubs and function at a heat level of about 160–200°F. The problem is that a person cannot stand that kind of heat for more than 20 minutes. After that, the core body temperature

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will begin to elevate and the toxins—instead of going out—begin to go back in. So if people use a Swedish sauna incorrectly, they can make themselves sicker!

An infrared sauna runs at a temperature of around 120–140°F and people are able to stay in longer. We recommend anywhere from 20 to 50 minutes.

RM: Where does a patient get an infrared sauna?

JAM: We have some alliances with various spas, so my patients can go to them. Others buy saunas and put them in their homes. Some are the familiar wooden-box type; others are mats. The person lays on one and put the other on top, and those work quite well. In New York City, people love that, because the mats are easy to store.

Dr. Jeffrey A. Morrison's Meal Recommendations

Suggested foods to be eaten in unlimited amounts

- Alfalfa sprouts
- Arame
- Artichokes
- Asparagus
- Bamboo shoots
- Beets or beet greens
- Bok choy
- Broccoli
- Brussels' sprouts
- Cabbage
- Caraway
- Carrots
- Catnip
- Cauliflower
- Celery
- Chard
- Chicory
- Collards
- Dandelions
- Dulse
- Endives
- Fennel
- Green beans
- Green peas
- Hijiki
- Kale
- Kelp

- Kohlrabi
- Laver
- Lettuce
- Leeks
- Mustard greens
- Nori
- Okra
- Onions
- Parsley
- Rhubarb
- Spinach
- String beans
- Swiss chard
- Turnip greens
- Watercress
- Wakame,
- Zucchini

Suggested foods to be eaten in specific amounts

- 1–2 liters of water per day
- Vegetables (steamed, grilled, or raw)
- Olive oil
- Apple-cider vinegar
- Lemon juice
- Spices
- Green tea, yerba mate, or herbal tea
- 4–6 oz of chicken, turkey, or organic eggs (once daily)

- 4–6 oz of fish (red snapper, Alaskan salmon [fresh or canned], sardines, shrimp, catfish, or blue crab)
- Fruit: (in AM only, select one: ½ grapefruit, ½ cup of berries, 1 kiwi, 1 apple, ½ papaya, ½ melon, or 1 pear)

Suggested foods to be avoided

- Tomatoes
- Potatoes
- Eggplants
- Peppers
- Milk/dairy foods
- Soy
- Corn
- Grains
- Raw fish
- Seeds
- Nuts
- Coffee
- Soda
- Alcohol
- Bananas
- Grapes
- Oranges
- Refined sugar
- Most processed foods

RM: In addition to saunas, do you find that certain nutritional supplements are beneficial for detoxification?

JAM: Yes, we have a website [see box entitled To Contact Dr. Jeffrey A. Morrison]. As we put a person through detoxification, one of the ways we can make an elimination diet easier is to use our rice-based protein shake, called Daily Detox Powder.TM This is a meal-replacement for breakfast and lunch. When the patients drink

“When people are off grains for a month or so, they find they like the way they feel and they enjoy the lifestyle.”

the shake they get certain amino acids that improve liver detoxification. These include glycine, glutamine, glutathione, and cysteine. We also add lecithin to the protein shake, and this helps improve the liver function. And we add Daily FiberTM to the mix, to absorb toxins in the digestive tract. Then the person just adds the ingredients to 8 oz of water, shakes it up, and drinks it. It is very healthful and helps to detoxify just about anyone, not just those with specific problems with toxins.

RM: Is this formula something that you created?

JAM: Yes, it is our formula and I created the combination of ingredients. Another benefit is that people feel good using it.

RM: So the shake replaces breakfast and lunch?

JAM: We recommend the shake for breakfast and a shake with a salad for lunch, using olive oil and lemon juice as a dressing. Then for dinner, we suggest a protein such as chicken, fish, turkey, eggs, and lots of vegetables. We have complete meal recommendations [see box entitled Dr. Jeffrey A. Morrison’s Meal Recommendations].

RM: I note the influence of Dr. Atkins, since there are no carbohydrates in your recommendations.

JAM: I have to say that, studying with Dr. Atkins, I came to recognize how “carbs” can adversely affect a person’s health, but he and I differ on other things. For example, I do not advocate lots of red meat, but I do recommend lots of vegetables—even starchy vegetables. This means that people can snack on carrots, beets, celery, or cucumbers. Some people use avocados in their salads, and squash and zucchini are acceptable. So when we avoid carbs, the ones we are avoiding are primarily grains.

RM: Does that include avoiding brown rice? It has been such a staple for so many people.

JAM: Even though I feel that brown rice, millet, and quinoa are great carbohydrates from grains—once a person gets to a goal weight—in the beginning we eliminate the carbs for a minimum of 1 month. Then we can possibly start reintroducing them. But what I have found is that, when people are off grains for a month or so, they find they like the way they feel and they enjoy the lifestyle.

Interestingly, the idea of eating grains is relatively new to the human species. This only occurred once people began an agricultural society. But before that, when humans were hunter-gatherers, grains were not something humans knew how to process or even eat.

But grains are acceptable, and so are beans after the initial month. In our program, beans are not counted as a protein, but rather as a carbohydrate. This is because there is a greater percentage of calories from carbohydrates in beans than from protein. So, if people are sensitive to carbs, we do not want beans in the diet initially. However, it is possible to reintroduce them after a period of time, usually a month.

RM: Let me ask you about your practice. Are you the primary physician? Or do you have other associates that help you?

JAM: Our practice is growing at the moment. I have a physician-assistant and a nurse-practitioner that work with me on a part-time basis. I am here 5, sometimes 6, days a week.

RM: So, when you put someone on a detox diet, apart from steering the person away from carbohydrates, are there other foods or things you tell the patient to avoid?

JAM: We also recommend avoiding nightshade vegetables. These include tomatoes, white potatoes, eggplants, peppers, and tobacco. All of these have certain chemicals that some people cannot metabolize properly. The typical symptom of a nightshade allergy is arthritis. And, then there are other patients who do not develop arthritis, but do gain weight, because the nightshade vegetables can cause inflammation. This is where The Elimination Challenge diet gets its name.

So, with nightshades—or with any other food we have eliminated—at some point we reintroduce them one at a time and see how the patient feels. So this is the best way to determine if a person has a food allergy—it is considered to be the “gold standard” for food allergy testing. There is no blood test or skin test that works as well. The only drawback is that this method is time-consuming.

So that is why we eliminate all of the foods at once and then, one at a time, after a month of elimination, we add one food back at a time and have the patients record how they feel. So if they add back the nightshade vegetables, such as tomatoes, and feel no different, and there is no fluid retention, then they probably can tolerate tomatoes just fine.

However, if they add foods back and begin to notice symptoms, such as fatigue or fluid retention, then that means that food will have to be eliminated for at least 3 months, if not longer.

RM: I think you mentioned sugar previously. Of all the doctors I have talked with over the years, if there was one dietary culprit that contributed to various diseases and inflammation, it was refined sugar. And yet, we have a society that loves sugar and seems unaware of its health risks. Now we are seeing a diabetes epidemic.

JAM: I am glad that many people are now recognizing that sugar can be a problem. It is good to remember that sugars themselves are not the problem, it is refined sugars in refined grains and refined milk.

Our society—in order to make foods have a longer shelf life, and thus ensuring the constancy of the food supply—has put the emphasis on longevity and not nutritional value. Therefore, bacteria and mold do not grow on most refined foods, because they are no longer healthy. As a result, most people are eating foods that even bacteria and mold do not want to eat!

Interestingly, honey is the only nonperishable food. That is because the bees have added certain waxy components that are natural preservatives.

RM: Let's return to refined sugar and diabetes. Do you see patients who have diabetes? And is someone likely to develop the disease by eating refined sugar?

JAM: Yes, this is so with type 2 diabetes, especially if a person is eating a lot of sugar and processed foods, he or she is more susceptible to developing diabetes. However, genetics also has a role.

RM: Is there a way that you treat this condition, apart from getting the patients off processed food?

JAM: The big problem with type 2 diabetes is that when people consume processed foods, their bodies can develop insulin resistance. This is because when a person eats a processed carbohydrate, it breaks down quickly in the body and is absorbed too quickly, causing a spike in the blood sugar. The body responds by spiking the insulin levels, and, over time, every cell in the body develops a resistance. This is comparable to a manual laborer who, over time, will develop calluses on his or her hands. This provides a resistance to the pain caused by doing the manual labor. But now it happens on a cellular level.

So what we do, in our office, is try to improve insulin resistance by reversing that process. The way we do that is to put people on our diet, and this works very well for insulin resistance and diabetes. And there are also certain nutrients we use that can improve insulin sensitivity. These nutrients include chromium, alpha-lipoic acid, cinnamon extract and an herb named *Gymnema sylvestre*. There are other things, too, but those are the typical nutrients we use, along with diet modification, which is the foundation.

RM: What are the foods you do tell people to avoid?

JAM: Again, I would tell patients to avoid most processed foods, such as refined sugar, bread, pasta, cookies, candies, cakes, dairy products—ice cream is a big problem.

RM: Why are dairy products to be avoided?

JAM: Because homogenization and pasteurization renders the milk into another processed food, and the net result is that milk becomes a simple sugar, whereas, whole milk, prior to processing, is very nutritious. But, after it has been exposed to high heat and passed through filters, the product becomes totally different and, consequently, more allergenic.

Also, any refined grain is to be avoided.

RM: So, what can people eat?

JAM: Fresh vegetables are always healthy, especially if they are organic. Whole-grains, such as brown rice, quinoa, millet, and beans; and low glycemic-index fruits are O.K. The best fruits are berries and melons.

At certain times of the year, it is better to eat fruits than at other times. For example, I do not recommend that people eat fruits during the winter because whatever fruits are coming into the North are usually sprayed with something as a preservative. So the preservative is not going to be very good for the body.

RM: What about breads that are labeled "7 grain" or "whole wheat?" Are they O.K. to eat?

JAM: I do not recommend whole-wheat bread. This is generally white bread with a caramel color. The whole-grain breads are definitely a better choice; and sprouted grain breads are even better. There is a brand, often found in a supermarket refrigerator, called Ezekiel bread. This bread is quite good.

RM: Is juicing something you recommend?

JAM: Juicing is definitely worthwhile. We do not focus on juicing in our diet because this is just not practical for most New Yorkers. But if a person has a specific illness or a health care prob-

"Most people are eating foods that even bacteria and mold do not want to eat!"

lem that requires a higher level of nutrition, then juicing has a great purpose. What juicing does is to extract the most nutritious part of the vegetable and put it into a more easily absorbable form—a liquid.

RM: Are there certain vegetables that have more desirable nutritional properties?

JAM: Celery is one. Even though it has a lot of salt, this vegetable also has a lot of potassium, and we have found that this tends to lower blood pressure, not increase it. Carrots are known to have a lot of sugar, but they also have a lot of fiber. Beets are another vegetable that is good to juice, because they contain trimethylglycine, which is good for liver detoxification.

And, when people juice vegetables I prefer that they use a Vita-Mix juicer, since it preserves much of the fiber.

RM: There are many health care practitioners who will read this and wonder, what are some things they might do to help their patients.

JAM: The first thing I would suggest is that when patients come to any doctor or practitioner, these patients are coming because they have real problems. So it is important to not be judgmental about what these patients are talking about. It is easy to dismiss certain symptoms, but if a practitioner really listens to what a patient says, then he or she is saying—in his or her way—what is going on. Many times, the patient knows what the problem is, and we have to be perceptive to realize what he or she is really saying.

The second is that the majority of patients' problems can be significantly improved by diet modification alone. And I know that may seem arrogant and a reader may wonder, "how is that possi-

ble?" But, if you think about it, the most common killers in the United States are heart disease, high blood pressure, and diabetes; and if a person eats a healthy diet it significantly lowers the risk of developing further problems.

The first question that conventional medicine asks of a person with high blood pressure, or high cholesterol, or diabetes, is: "What is in the diet?" So we have to be extremely vigilant and partner with the patient to clean up the patient's act. On our website we are establishing a database of various foods and are encouraging patients to share recipes they have found to be successful.

It is also important for the physician to put himself or herself in the patient's shoes. Any diet that I recommend, including supplements, I have tried myself to see how it affected me. While it is true that I may not experience the diet or the supplement the same way

patients do, it is important for me to have confidence in the diet, or that the supplement is not going to trigger an adverse reaction. So we should be role models for our patients; we must practice what we preach. That said, we need to be mindful of our own limitations. Doctors and health care practitioners can be their own worst patients, because sometimes we work more than our bodies can tolerate. This means finding balance in our lives, in our diets, making time for our loved ones, and for exercise; and, by following the principles ourselves, it makes it easier to convey that information to the patients. □

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