Autoimmune Protocol (AIP)

A strict paleo elimination aimed at calming autoimmune flares, then rebuilt through reintroduction.

MAINLY USED FOR	CORE RESTRICTION	EFFORT
Autoimmune disease, IBD, Hashimoto's	Grains, legumes, dairy, eggs, nuts, seeds, nightshades, alcohol, additives	5 of 5

01 How it works

AIP starts from the hypothesis that certain foods increase intestinal permeability or provoke immune reactivity in people who already have autoimmune disease. It removes the suspected categories completely, then rebuilds the diet through structured reintroduction.

Evidence is early but not nothing: small trials in inflammatory bowel disease and Hashimoto's thyroiditis show meaningful symptom and quality-of-life improvements, though the studies were small, unblinded and included coaching support.

The elimination phase is 30-90 days. The reintroduction phase is the actual point, and the phase most people skip.

02 Nutrition at a glance

AIP is the strictest common elimination protocol, and it is explicitly designed to be temporary.

Elimination phase	30–90 days	Most people see any effect by week six
Foods removed	8 groups	Grains, legumes, dairy, eggs, nuts, seeds, nightshades, alcohol
Reintroduction	One food over 5–7 days	Staged from least to most reactive
Vegetables	8–9 servings/day	The protocol is high in plants, not just low in foods
Evidence base	Small studies, IBD and thyroid	Promising, not definitive

Nutrients that often run short: Calcium · Vitamin D · Fibre · Iodine · Vitamin E · B vitamins.

ELECTROLYTES

A word on electrolytes

Any change in how you eat changes how much sodium, potassium and magnesium you take in — usually downwards, because cooking from scratch removes the packaged foods that supplied most of it. Headaches, cramps, lightheadedness on standing and that flat, foggy feeling in the first fortnight are far more often an electrolyte dip than the diet failing. Drink to thirst rather than to a rule, salt your food unless you have been told not to, and lean on potassium- and magnesium-rich whole foods. If you have kidney disease, heart failure or high blood pressure, or you take a diuretic, ACE inhibitor or ARB, set your targets with your clinician — and avoid potassium-based salt substitutes unless told they are safe for you.

03 Key cautions

The things that most often catch people out — worth raising at your next appointment.

TALK TO A CLINICIAN

Not a substitute for immunosuppressive therapy

In IBD, rheumatoid arthritis or lupus, stopping prescribed medication to trial AIP risks a flare that diet cannot rescue.

TALK TO A CLINICIAN

Skip it if you have a history of disordered eating

Removing eight food groups at once is a strong trigger for restriction, and the reintroduction phase is often the hardest part.

WORTH TESTING

Calcium and vitamin D need a plan

With dairy, nuts and seeds all out, most people need supplementation for the elimination phase.

KEEP AN EYE ON

The reintroduction phase is the whole point

Staying in elimination indefinitely gives you no information and a narrow diet. Most people tolerate far more than they expect.

04 Conditions it is used for

- Inflammatory bowel disease — Crohn's and ulcerative colitis
- Hashimoto's thyroiditis
- Rheumatoid arthritis and psoriatic arthritis
- Lupus and other connective tissue disease, as an adjunct
- Psoriasis and other autoimmune skin conditions

05 Your food lists

Eat freely

Protein

- Grass-fed beef and lamb
- Poultry
- Wild fish and shellfish
- Organ meats
- Bone broth

Vegetables (non-nightshade)

- Leafy greens
- Broccoli and cauliflower
- Carrot
- Sweet potato
- Squash
- Beetroot
- Asparagus
- Onion and garlic

Fruit

- Berries
- Apple
- Citrus
- Banana
- Melon — two to three servings a day

Fats

- Olive oil
- Avocado and avocado oil
- Coconut oil and coconut milk
- Animal fats

Eat with care

Reintroduce in stages, one every 5–7 days

- Stage 1: egg yolks, ghee, seed-based spices, legumes with pods
- Stage 2: seeds, nuts, egg whites, cocoa
- Stage 3: dairy, white rice, gluten-free grains
- Stage 4: nightshades, alcohol, other grains

Best to skip

Grains and legumes

- All grains including rice and corn
- Beans
- Lentils
- Peanuts
- Soy

Animal and plant proteins

- Eggs
- All dairy
- Nuts and seeds
- Coffee (seed-derived)

Nightshades

- Tomato
- Potato
- Peppers and chilli
- Eggplant
- Paprika and cayenne
- Goji berry

Other

- Alcohol
- Refined sugar
- Seed oils
- NSAIDs where your doctor agrees
- Food additives and emulsifiers

06 Three days of meals

Day 1

Breakfast: Salmon patties with sauteed kale and half an avocado.

Lunch: Big salad with roast chicken, carrot, cucumber, olive oil and lemon.

Dinner: Beef and vegetable stew in bone broth with sweet potato and celery.

Snack: Apple slices and coconut butter.

Day 2

Breakfast: Leftover stew — AIP breakfasts do not need to be breakfast food.

Lunch: Tuna-free salmon salad with avocado mayo over greens.

Dinner: Roast chicken thighs, roasted squash, broccoli in olive oil.

Snack: Blueberries.

Day 3

Breakfast: Sweet potato hash with ground pork and spinach.

Lunch: Prawn and mango salad with coriander and lime.

Dinner: Lamb shoulder, cauliflower mash, roasted beetroot.

Snack: Cup of bone broth.

07 Getting started

- Batch cook. AIP fails on logistics far more often than on willpower.
- Set an end date for the elimination — 30 days minimum, 90 days maximum — before you start.
- Track symptoms weekly with the same measure you would report to your specialist.
- Keep taking prescribed immunosuppressants and thyroid medication. AIP is an adjunct, never a substitute.
- Plan the reintroduction ladder in advance so you are not improvising at the end.

08 Common mistakes

- Never reintroducing, and ending up with a permanently narrow diet and unnecessary anxiety around food.
- Under-eating carbohydrate and calories, which is common and leaves people exhausted.
- Reintroducing three foods in a weekend and learning nothing.
- Using AIP during an acute severe flare instead of getting medical treatment.
- Assuming a food that failed once fails forever. Retest later.

09 Questions people ask

Is AIP proven?

Not in the way a drug is proven. Small studies in IBD and Hashimoto's show benefit, and the coaching component makes effects hard to isolate. It is reasonable to trial with support, not reasonable to treat as established therapy.

How long until I know?

Most responders notice change within three to six weeks. If 90 days changes nothing, stop and rebuild your diet.

Do I have to avoid nightshades forever?

No. Nightshades are the last reintroduction stage precisely because most people tolerate them fine.

10 How it overlaps with other diets

- AIP is already grain-free and dairy-free, so it subsumes gluten-free and low-lactose diets.
- AIP plus low FODMAP is extremely restrictive; use it only short term with a dietitian.
- AIP's coconut, sweet potato and berry emphasis conflicts with low oxalate and low histamine.

> This guide is educational and is not medical advice. Therapeutic diets can change how medication works and can leave gaps in nutrition, so please plan any of this with your doctor or a registered dietitian.

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