Feingold-Style Elimination Diet

Remove synthetic dyes, three preservatives, and — in stage one — salicylates.

MAINLY USED FOR
ADHD symptoms, hyperactivity, behaviour

CORE RESTRICTION
Artificial colours, artificial flavours, BHA/BHT/TBHQ, and salicylates in stage one

EFFORT
4 of 5

01 How it works

Dr Ben Feingold, a paediatric allergist, proposed in the 1970s that synthetic food additives and naturally occurring salicylates provoke hyperactivity in susceptible children. The Feingold Association of the United States runs the formal programme; what follows is a Feingold-style elimination, not the official trademarked programme, which sells its own vetted food lists.

The strongest evidence is narrower than the original claim but real: the Southampton studies led the European Food Safety Authority to require a warning label on six azo dyes stating they 'may have an adverse effect on activity and attention in children'. Effects are modest on average and much larger in a responsive subgroup.

The salicylate half of the theory is far weaker. Stage one removes salicylate-rich fruits for four to six weeks, then reintroduces them one at a time; most families find only the additive restriction matters.

02 Nutrition at a glance

A structured elimination and challenge, not a permanent diet — the point is to find out whether additives matter for this child.

Stage one	4–6 weeks	Additives plus salicylate foods removed
Stage two	One food every 3–7 days	Salicylate foods reintroduced singly
Additives removed	Colours, flavours, BHA/BHT/TBHQ	Plus benzoates in most versions
Expected effect	Modest, in a subset	Roughly a third of children show a clear response

Fruit and veg	Keep 5 a day	Low-salicylate choices, not fewer plants

Nutrients that often run short: Vitamin C · Fibre · Plant variety · Calcium if dairy is also cut.

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 replacement for ADHD treatment

Where medication or behavioural therapy is indicated, diet sits alongside it. Stopping treatment to try an elimination diet is not a fair trade.

TALK TO A CLINICIAN

Children need supervision on elimination diets

Growth, iron and calcium should be tracked by a paediatric dietitian, especially if the food list narrows further.

KEEP AN EYE ON

Keep a proper diary and blind the challenges if you can

Expectation shapes what parents and teachers notice. Written daily ratings and challenges the child cannot spot make the answer far more trustworthy.

KEEP AN EYE ON

Stop if there is no signal

If six weeks of careful stage one changes nothing, additives are not the driver. Return to normal eating rather than restricting further.

04 Conditions it is used for

- ADHD and hyperactivity where an additive trigger is suspected
- Children with unexplained irritability, sleep disruption or aggression tied to specific foods
- Suspected salicylate sensitivity
- Chronic urticaria and some asthma linked to benzoates and tartrazine

05 Your food lists

Eat freely

Whole unprocessed food

- Fresh meat, poultry and fish without marinade
- Eggs
- Plain milk, butter and natural cheese
- Plain rice, oats and unbleached flour
- Dried beans and lentils

Stage-one safe produce

- Banana
- Pear (peeled)
- Papaya
- Cantaloupe
- Cabbage
- Celery
- Lettuce
- Potato (peeled)
- Green beans
- Peas
- Cauliflower
- Bamboo shoots

Eat with care

Reintroduce one at a time after stage one

- Salicylate-rich fruit — apples, berries, grapes, oranges, stone fruit
- Tomato, cucumber and pepper
- Almonds and other nuts
- Honey, tea, mint and spices
- Aspirin and salicylate-containing medicines and toothpaste, which count towards the same load

Best to skip

Synthetic dyes

- Red 40 (Allura Red)
- Yellow 5 (Tartrazine)
- Yellow 6 (Sunset Yellow)
- Blue 1 and 2
- Green 3
- Red 3
- Any 'artificial colour' on a label

Preservatives

- BHA
- BHT
- TBHQ
- Sodium benzoate in stage one
- Nitrites in processed meat, often included by families

Artificial flavour and sweetener

- 'Artificial flavour' of any kind
- Vanillin
- Aspartame, which the programme also excludes

Non-food sources

- Coloured toothpaste and mouthwash
- Coloured chewable vitamins and medicines
- Scented, dyed craft supplies

06 Three days of meals

Day 1

Breakfast: Scrambled eggs, plain oatmeal with a sliced banana and maple-free brown sugar.

Lunch: Roast chicken, peeled potato wedges, buttered peas.

Dinner: Grilled fish, white rice, cabbage slaw with plain oil and salt.

Snack: Pear slices and plain cheese.

Day 2

Breakfast: Homemade pancakes from unbleached flour, milk and eggs, with banana.

Lunch: Turkey and cheese on plain white bread with lettuce.

Dinner: Beef and cabbage stew with celery and potato.

Snack: Plain popcorn with butter.

Day 3

Breakfast: Plain yoghurt with papaya and a spoon of uncoloured cereal.

Lunch: Rice bowl with plain grilled chicken, peas and cauliflower.

Dinner: Pork loin, mashed potato, green beans.

Snack: Cantaloupe.

07 Getting started

- Set a baseline. Two weeks of daily behaviour ratings before you change anything, ideally including a teacher rating, or you will never know whether it worked.
- Do stage one for four to six weeks — additives plus salicylates — as a single clean trial.
- Read every label including toothpaste, vitamins, medicines and playdough. Dye exposure is not only food.
- Reintroduce in single steps, three days apart, and record the response.
- Involve a paediatric dietitian if the diet is narrowing. Growth and nutrient intake in children matter more than any behavioural gain.

08 Common mistakes

- Skipping the baseline and then arguing about whether it helped.
- Changing five things at once — diet, screen time, bedtime — during the trial.
- Assuming 'natural colour' is safe when annatto is a common trigger in the same children.
- Keeping salicylate restriction permanently. It is a diagnostic phase, not a lifestyle.
- Presenting the diet as punishment. Children who feel singled out sabotage the trial.

09 Questions people ask

Is this evidence based?

Partly. Meta-analyses show a small but real average effect of artificial food colours on hyperactivity, with a larger effect in a responsive subgroup. The salicylate component has much weaker support. It is not a replacement for ADHD treatment.

Is 'Feingold' a trademark?

Yes. The Feingold Association of the United States runs the official programme and publishes member food lists. This page describes a general additive-and-salicylate elimination in that style and is not affiliated with or endorsed by them.

How fast would we see a change?

Families who respond usually report a difference within one to three weeks of a clean stage one. No change after six weeks means it is not the mechanism.

10 How it overlaps with other diets

- Feingold-style eating is naturally close to a whole-food diet, so it stacks easily with gluten-free or dairy-free trials — but change one variable at a time.
- Stage-one salicylate restriction conflicts sharply with low histamine and low FODMAP, since the safe lists barely intersect. Sequence them rather than stacking.
- Salicylate restriction also overlaps with aspirin-exacerbated respiratory disease management, which is a separate medical protocol.

> 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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