LEAP-MRT is the gold standard for the clinical management of food sensitivity related illness. LEAP-MRT is a unique approach developed and refined for over a decade on thousands of IBS, migraine, fibromyalgia and other food sensitive patients. It is without exception the most practical, complete, and effective approach to food sensitivity related health problems available today.

LEAP-MRT has been designed in such a way that enhances adherence and clinical effectiveness by combining 3 key components:

1. The patented MRT blood test
2. The proprietary LEAP dietary protocols
3. Industry leading patient support
4. Industry leading results turnaround time

This combination routinely yields the maximum outcomes in the shortest period of time.

Isn’t this our goal?

“"The reason MRT has the greatest clinically utility for food sensitivities is because it most closely approximates the actual picture of what is happening in vivo. This has great clinical value.”

W. Ted Kniker, M.D.
Past Chairperson
Adverse Food Reactions Committee
American College of Allergy, Asthma & Immunology

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Food and food-chemical sensitivities are highly complex non-allergic, non-celiac inflammatory reactions. They are one of the most important sources of inflammation and symptoms across a wide range of chronic inflammatory conditions.

Due to their inherent clinical and immunologic complexities, as well as the limitations of various blood tests and dietary approaches geared towards solving the problem, food and food-chemical sensitivities remain one of the most under addressed areas of medicine.

**Top 3 Reasons for Fully Addressing Food Sensitivities in Your Practice**

1. It will significantly and quickly improve clinical outcomes in even your most challenging patients because an important source of inflammation has been removed

2. It will enhance the effectiveness of every other therapy you use because an important source of inflammation has been removed

3. It will transfer responsibility for treatment success away from the exam room and onto your patients where it belongs

**LEAP-MRT Addresses Food Sensitivities More Completely Than Any Other Approach**

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Gastrointestinal
- Irritable Bowel Syndrome
- Functional Diarrhea
- GERD
- Crohn’s Disease
- Ulcerative Colitis
- Microscopic Colitis
- Lymphocytic Colitis
- Cyclic Vomiting Syndrome

Neurological
- Migraine
- ADD/ADHD
- Autism Spectrum Disorders
- Epilepsy
- Depression
- Insomnia
- Restless Leg Syndrome

Endocrine
- Type II Diabetes
- Metabolic Syndrome
- Obesity

Musculoskeletal
- Fibromyalgia
- Inflammatory Arthritis
- Chronic Fatigue Syndrome

Dermatological
- Atopic Dermatitis
- Urticaria
- Psoriasis

Gynecological
- Polycystic Ovary Syndrome

Urological
- Interstitial Cystitis

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How Food Sensitivities Cause Inflammation

Sensitivities can involve both innate and adaptive immune pathways, multiple triggering mechanisms and multiple classes of white blood cells. Pathogenic reactions ultimately lead to the release of proinflammatory and proalgesic mediators from associated white cells with resulting subclinical and clinical inflammatory effects.

**Triggering Mechanisms**
- Food antigens
- Food chemicals
  - Haptens
  - Pharmacologic
- Immune Complexes
  - IgG
  - IgM
  - Lectins

**Cellular Activation**
- Lymphocytes
- Sensitized T-cells
- T-Cells
- NK Cells
- K Cells
- Eosinophils
- Basophils
- Monocytes
- Neutrophils

**Mediator Release**
- Cytokines
- Interleukins
- Chemokines
- TNFs
- Interferons
- Leukotrienes
- Histamine
- ECP, MPE, Amines
- Prostaglandins
- Others

**Pathophysiologic Effects**
- Inflammation
- Subclinical
- Clinical
- Tissue damage
- Pain receptor activation
- Smooth muscle contraction
- Edema
- Excess mucous
- Neurological
- Endocrine
- Increased gut permeability

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Despite all of the mechanistic and cellular complexities associated with food sensitivities, the simple truth is that the endpoint of all diet-induced inflammatory reactions is pro-inflammatory and pro-algesic mediator release from white blood cells. Mediator release corresponds to measurable volumetric changes from “reacting” white cells. Conversely, a large body of research has shown that elevated mechanisms in food sensitivity, such as food-specific IgG or immune complexes, do not reliably correlate with inflammation or symptoms. Mediator release is the key event that leads to every negative effect your patients suffer. What matters clinically is that mediator release, and thus an inflammatory response has occurred - not that a potential mechanism is elevated.

This is the beauty of MRT. MRT is a functional measurement of diet-induced sensitivity pathways. MRT simplifies a highly complex reaction and translates that into the most useable clinical information you can get - quantifying the inflammatory response to foods and food-chemicals.

Not only does MRT give insight into inflammation provoking foods and food-chemicals, but more importantly MRT identifies your patient's BEST foods – the foods that form the basis of their LEAP Eating Plan.

Simply put, MRT gives you information you can't get any other way, and that information directly translates into targeted therapy that matters.

MRT is the foundation of fully addressing food sensitivities and achieving the maximum outcomes in the shortest period of time.

Isn’t that our goal?
The Mediator Release Test Quantifies Diet-Induced Inflammation

**MRT uses a patented combination of flow cytometry and proprietary impedance technology to measure subtle volumetric changes in lymphocytes, neutrophils, monocytes, and eosinophils.**

Volumetric changes after food or food-chemical challenge are quantified and reported as either ‘Non-Reactive,’ ‘Moderately Reactive,’ or ‘Reactive’ and form the basis for the LEAP Eating Plan.

MRT Predicted Diets are Anti-Inflammatory & Anti-Symptom Provoking

A 2004 study presented at the American College of Gastroenterology Annual Scientific & Educational Meeting showed the Mediator Release Test (MRT) was able to predict a diet that markedly decreased both symptoms and circulating levels of 14 different human cytokines in IBS.

**Reference:** Williams F., Use of the LEAP Mediator Release Test to identify non-IgE mediated immunologic reactions that trigger diarrhea predominant IBS symptoms results in marked improvement of symptoms through the use of an elimination diet., American College of Gastroenterology Annual Scientific & Educational Meeting, September 2004

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Why LEAP is Different and Better than Other Food Sensitivity Eating Plans

Perhaps the biggest difference between LEAP and other blood test based diets is that LEAP considers every important parameter when designing the patient’s eating plan. LEAP is so much more than just a computer generated rotation diet based on the results of a single parameter blood test.

For example, each plan is individualized based on the patient's history, diagnosis or symptoms, known problematic foods, MRT results, food reactions, chemical reactions, eating habits, and food preferences.

Our goals are to achieve maximum clinical benefits in the shortest time frame possible, to establish the degree that diet plays a role in our patient’s pathology and wellness, and to implement and develop eating habits that will benefit our patients throughout their entire lives.

The careful and thorough approach of LEAP-MRT is the quickest and easiest way to routinely realize our goals and to most fully help our patients achieve long-term optimal health.