

# DIGESTIVE PROBLEM GUIDE

In my practice, I work with clients with digestive diseases every day, ranging from irritable bowel syndrome (IBS) and gastroesophageal reflux disease (GERD) to ulcerative colitis and diverticulosis. Some conditions—such as constipation—are relatively benign (although very uncomfortable), while others—such as inflammatory bowel disease—can be life threatening. Like most chronic diseases, digestive disorders are complex and have multiple causes that may vary from person to person.

**Almost all digestive disorders share one or more of the following underlying mechanisms:**

- An overgrowth of bacteria in the small intestine
- An imbalance between “good” and “bad” microbes in the gut
- A permeable gut barrier (leaky gut)
- Chronic bacterial, parasitic, or fungal infections (such as *H. pylori*, *Blastocystis hominis*, *Candida albicans*)
- Low stomach acid or digestive enzyme production
- Sensitivity, allergy, or intolerance to certain foods
- Impaired communication between the gut and the brain

In this guide, I will review essential dietary, lifestyles, and supplements recommendations that target the underlying mechanisms of digestive disorders. While each individual will require a personalized approach to fully heal gut issues, many of the following steps have helped my patients to make tremendous improvements and gain relief.

## DIET

**There are several different diets that can be helpful for people with digestive symptoms. I will start with the most general to the most specific, here:**

### PALEO DIET

The first thing I do with all of my patients, at a minimum, is to start them on a customized Paleo diet. It begins with a 30-day Reset Diet that allows high-quality, natural animal meats, bone broths, eggs, starchy and non-starchy vegetables, fermented vegetables, traditional fats, sea salt, and spices. During this reset period, the following foods are completely off-limits: dairy, grains, sweeteners, sodas, legumes, processed foods, alcohol, and industrial seed and vegetable oils.

In Step 2, Rebuild, I have the you reintroduce foods that were eliminated in Step 1. By testing gray-area foods one by one, you can see which foods are safe to incorporate into your diet and which ones need to be removed for the foreseeable future.

Step 3, or Revive, is when we fine tune your diet to figure out what is the best balance of proteins, carbohydrates, and fats for you.

After adopting a customized Paleo diet, most of my patients experience dramatic improvement. However, if you are still struggling with stubborn gut symptoms after working on the diet in these ways, there may be an underlying gut infection or unchecked chronic stress playing a role.

If you have an irritated, inflamed gut, certain non-starchy vegetables may be aggravating the situation.

## NON-STARCHY VEGETABLES

Vegetables are one of the few foods that every diet philosophy agrees are healthy. That said, vegetables (particularly non-starchy vegetables) tend to be high in insoluble fiber, which can irritate an inflamed gut. Patients with irritable bowel syndrome (IBS), inflammatory bowel disease (IBD), or other digestive disorders may benefit from reducing their intake of vegetables that are high in insoluble fiber.

These include:

- Leafy Greens (spinach, lettuce, kale, mesclun, collards, arugula, watercress, and so on)
- Whole peas, snow peas, snap peas, pea pods
- Green beans
- Kernel corns
- Bell peppers
- Egg plant
- Celery
- Onions, shallots, leeks, scallions, garlic
- Cabbage, bok choy, Brussels sprouts
- Broccoli
- Cauliflower

Note that I'm not suggesting complete avoidance of vegetables that are high in insoluble fiber; I'm just suggesting that they should be limited in certain patients. Moreover, preparation, cooking, or fermentation can make these foods more digestible and less likely to irritate the gut.

These food preparation steps can make non-starchy vegetables easier on the digestive system:

1. Always eat insoluble-fiber foods with other foods that contain soluble fiber. Never eat insoluble-fiber foods on an empty stomach.
2. Remove the stems and peels (i.e., from broccoli, cauliflower, and winter greens) from veggies (and fruits) high in insoluble fiber.
3. Dice, mash, chop, grate, or blend high-insoluble-fiber foods to make them easier to break down.
4. Eat well-cooked insoluble-fiber foods: steamed thoroughly, boiled in soup, braised, etc.; avoid consuming them in stir-fries, and if you do eat them raw, prepare them as described in #3 above.

## FERMENTED VEGETABLES

Fermented vegetables like sauerkraut, kimchi, sauerruben, and cortido are excellent alternatives for people who don't do well with certain vegetables. First, the fermentation process "pre-digests" the vegetables and makes them easier to absorb. Second, fermented veggies contain probiotic microorganisms that help heal the gut.

Although sauerkraut and kimchi contain cabbage, which is high in insoluble fiber, I've found that many patients with gut problems can tolerate it quite well. Fermenting vegetables can also make FODMAPs easier to digest (coming up in the next section).

You can make fermented vegetables at home. Take a look at this page for a great primer. It's really quite easy—and inexpensive. You can also buy fermented vegetables at a health food store. Fermented vegetables should say "raw" on the jar, and they should be in the refrigerated section. The sauerkraut in the condiments section has been pasteurized and won't have the same beneficial effect.

## LOW-FODMAP DIET

If you still have digestive symptoms after making the above dietary changes, you may benefit from the low-FODMAP diet. The acronym FODMAP stands for fermentable oligosaccharides, disaccharides, monosaccharides, and polyols, all of which are particular types of carbohydrate. This method has been shown to reduce symptoms in approximately 75 percent of patients with "functional gut disorders," i.e., digestive

conditions (like IBS or GERD) that don't involve a structural abnormality. However, I've also found it to be useful in patients with structural gut disorders like Crohn's disease, ulcerative colitis, and diverticulosis.

FODMAPs are specific types of carbohydrates that are not well absorbed and can be easily fermented by gut bacteria. They also have an osmotic effect, which means they draw water into the large intestine. The fermentation and osmosis caused by these undigested sugars are a major cause of IBS symptoms such as gas, pain, and diarrhea. There are many common foods that are high in FODMAPs that can potentially contribute to IBS symptoms, even if they are considered healthy by most standards. Lactose from dairy products, fructose from certain fruits, coconut products and sweeteners, fructans from fibrous vegetables, and polyols from fruit and sugar alcohols are all rich in FODMAPs and can be difficult to digest for people with gut disorders. These foods can cause serious and painful symptoms in those with IBS and Crohn's disease.

While most IBS patients are FODMAP intolerant, consuming FODMAPs does not actually cause IBS; it simply exacerbates symptoms. Instead, it's likely that FODMAP intolerance is caused by small intestine bacterial overgrowth (SIBO). This is good news, because it suggests that reducing SIBO may improve tolerance of FODMAPs in those with digestive problems. And a low-FODMAP diet is one of the best ways of reducing SIBO, because without the FODMAP sugars to feed on, the bacteria in the small intestine will be deprived of a significant food source.

The "Paleo Low-FODMAP Diet Food List" is available as a handout to help you know which foods to limit.

- Excess fructose: honey, apple, mango, pear, watermelon, high-fructose corn syrup, agave syrup, dried fruit, fruit juice.
- Fructans: artichokes (globe), artichokes (Jerusalem), asparagus, beetroot, broccoli, Brussels sprouts, cabbage, eggplant, fennel, okra, chicory, dandelion leaves, garlic (in large amounts), leek, onion (brown, white, Spanish, onion powder), radicchio, lettuce, spring onion (white part), wheat, rye, pistachio, inulin, fructo-oligosaccharides.
- Lactose: milk, ice cream, custard, dairy desserts, condensed and evaporated milk, milk powder, yogurt, soft unripened cheeses (such as ricotta, cottage, cream, and mascarpone cheese).
- Galactans: legumes (such as baked beans, kidney beans, soybeans, lentils, chickpeas).
- Polyols: apple, apricot, avocado, blackberry, cherry, longan, lychee, nectarine, pear, plum, prune, mushroom, sorbitol, mannitol, xylitol, maltitol, and isomalt.

Most people do not have the same reaction to each class of FODMAPs listed above. For example, some people seem to have no trouble with lactose but do very poorly with excess fructose.

Others may tolerate polyols but not fructans. I recommend removing all FODMAPs for a period of 30 days and then reintroducing them category by category to see which ones are well tolerated. For example, after the initial 30-day period, you could reintroduce fruits and vegetables in the fructan category. Once you know how fructans affect you, then you could try reintroducing the foods with excess fructose, and so forth.

While a low-FODMAP diet can be somewhat restrictive, especially at first, it's rarely necessary to completely eradicate FODMAPs from the diet. Most people improve significantly simply by greatly reducing their consumption of these foods. FODMAP intolerance is not like other food sensitivities like gluten or casein intolerance. In those cases, the immune system reacts—regardless of how much of that food you eat. With FODMAP intolerance, it's more of a "threshold response": if a person is eating a lot of FODMAPs on a daily basis, the threshold for tolerating FODMAPs will be low. However, if the overall intake of FODMAPs is low, you may be able to tolerate a small amount of them without much problem. This can make things a little easier when people are eating out, traveling, or are in an environment where they don't have as much control over their food choices.

How long do you have to follow the FODMAPs approach? Some of my patients have found that simply removing FODMAPs for a period of time—say three to six months—and then reintroducing them has been enough to reduce their sensitivity to FODMAPs. I suspect this is because the FODMAPs were feeding the bacteria in their small intestine, and without the FODMAPs, their gut flora normalized again. If you reintroduce FODMAPs after three to six months on a low-FODMAP diet and still has symptoms, consider testing for small intestine bacterial overgrowth (SIBO). After treatment of SIBO, patients may be able to tolerate some or all FODMAPs again.

It is best to use the low-FODMAP diet for the short term and then gradually reintroduce some of the well-tolerated FODMAPs into the diet. At least two studies have shown that long-term FODMAP diets reduce the levels of beneficial bacteria in the colon, which is obviously not desirable.

## **REDUCING STARCH INTAKE & THE GAPS DIET**

In general, I've found that starchy vegetables are well tolerated by those with digestive issues. However, a subset of people—especially those with heartburn, GERD, autoimmune, and inflammatory bowel disease—may benefit from reducing their intake of starch. This means avoiding or significantly restricting potatoes, sweet potatoes, plantains, yuca, taro, and all grains, including white rice.

This isn't a permanent dietary change. Most of my patients are able to safely add starchy vegetables back into their diet once their gut health is stabilized and their initial symptoms have decreased significantly.

The GAPS (Gut and Psychology Syndrome) diet and the SCD Diet are specific dietary approaches to healing digestive disorders that is similar to the Paleo diet but forbids starchy plants or limit certain types of starches. The GAPS diet was developed by Dr. Natasha Campbell-McBride, a medical doctor with post-graduate degrees in nutrition and neurology. When her son was diagnosed with autism at age three, Dr. Campbell-McBride set out to learn as much about the condition as possible and was dismayed to learn that her own profession had few answers to offer. After doing her own research, she became convinced that autism, ADD, ADHD, and other brain disorders originate in the gut. She developed a nutritional approach to treating these conditions and experienced dramatic results with her own son and in her clinic in the UK. I have had great success using the both of these diets to treat gut-brain disorders. But they can also help people with inflammatory bowel diseases like Crohn's disease and ulcerative colitis who haven't responded to the Paleo diet or the low-FODMAP diet.

The SCD diet is similar to the customized Paleo diet that I use with my patients, with the following distinctions:

- It forbids all sources of starch (e.g., sweet potatoes, potatoes, plantains, etc.) in the initial phases, and reintroduces squashes as tolerated.
- It emphasizes the use of fermented foods and bone broths to restore healthy gut microbiota and gut barrier integrity.
- It permits dairy products that contain little or no lactose, such as butter, ghee, homemade kefir and yogurt, hard cheeses, and fermented cream, as tolerated. Fluid milk, soft cheese, and unfermented cream are not permitted.
- The GAPS diet begins with an introductory period that allows only meat, fish, bone broth, ginger tea, and small amounts of fermented foods and progresses through several stages, concluding with the "full GAPS diet," which is much less restrictive. The SCD intro diet is similar, but specifies exact vegetables that tend to be the best tolerated, and introduces foods one by one into the diet, to allow you to evaluate which foods tend to contribute to a flare in your symptoms.

These diets requires a significant investment of time and energy, but the results are often well worth the effort. They are also meant to be relatively short term diets, used therapeutically to help resolve digestive problems. Since the introduction phase is very low in fermentable fiber, it can starve the gut flora. This is helpful when you have pathogenic gut bacteria, but it also starves the beneficial gut bacteria, which is not desirable. I've seen many patients who benefitted from these approaches early on but experienced a decline in health over time—which improved when they added more

fermentable fiber back into their diet. My recommendation is to use GAPS or SCD during the initial stages of recovery and then start adding some starchy plants and other fermentable fibers back into the diet.

See [this website](#) for an outline of the various stages of the GAPS diet, along with recommendations for books and internet resources. See [this website](#) for an overview and guide to starting the SCD diet, as well as the additional stages of the diet.

## LIFESTYLE: MANAGING YOUR STRESS LEVEL

I have a lot of patients that are following a “perfect” diet, and yet they are still sick. Stress is often the cause. Yet as pervasive as stress is, many clinicians don’t directly address its harmful effects on their patients. It’s a lot easier to suggest dietary changes and prescribe drugs or supplements than it is to help patients manage stress.

Stress management forces us to face core patterns of belief and behaviors that are difficult to change. It also forces us to slow down, to step back, to disengage—if only for a brief time—from the electric current of modern life and to prioritize self-care in a culture that does not value it. Not surprisingly, those who are the most stressed out and in the greatest need of stress management are also the least likely to carve out the time for it. While it isn’t an easy task, stress management is critical for the healing process. If you are not doing some form of regular stress management, you will sabotage all of your best efforts get better with diet, exercise, and supplements alone.

Studies consistently show that people with anxiety, depression, and other mood disorders are far more likely to have digestive problems, and vice versa. Stress affects the gut in several different ways. It increases motility (meaning that it speeds up the passage of food and stool through the intestine, which can lead to diarrhea), makes the gut “leaky,” promotes an overgrowth of bacteria in the small intestine, causes undesirable changes in the gut microbiota, and triggers both local and systemic inflammation.

In plain language, stress wreaks havoc on the gut. It follows, then, that managing stress is one of the most important things you can do to restore proper digestive function. I’ve listed two particular stress management strategies I’ve found to be especially helpful for digestive problems below.

## THE BODY SCAN (MINDFULNESS-BASED STRESS REDUCTION)

The Body Scan involves tuning into sensation in a narrow, horizontal band that you visualize and bring slowly up throughout the entire body as if you were giving yourself a CAT scan. It is done lying down, starting at the toes and moving up through different

regions of the body. The Body Scan takes the body out of the “fight or flight” stress response, and puts it into the “rest and digest” relaxation response, which supports healthy gut function in several different ways. You can learn the Body Scan by downloading a [free instructional recording](#) or by looking for a Mindfulness-Based Stress Reduction course in their area.

## GUT-DIRECTED HYPNOTHERAPY

Gut-directed hypnotherapy is a form of self-hypnosis specifically designed to alleviate the symptoms of IBS and other functional gut disorders. It is extremely effective; in fact, gut-directed hypnotherapy may be the single most effective treatment for IBS available. One study showed that it reduced pain and bowel dysfunction by an average of 85 percent. Another study showed that gut-directed hypnotherapy was superior to medical treatment and supportive talks—even in patients with persistent and difficult to treat IBS. In children, the beneficial effects of gut-directed hypnotherapy are particularly long lasting: two-thirds were still in remission almost five years after initial treatment. The particular hypnosis technique used in the clinical studies is called “gut directed hypnosis.” You can purchase an audio instructional program that will teach them this technique [here](#) (please disregard the dietary advice for IBS at that website!).

## SLEEP MORE DEEPLY

In addition to managing stress, improving sleep quality and making sure you get enough sleep are also important. Disturbed sleep interferes with gut functions in several ways, and many IBS patients notice an increase in their symptoms when they don’t sleep well. Ask me for my sleep support handouts, or ask me to discuss this with you at an appointment if it is an issue for you.

## SUPPLEMENTS

### HYDROCHLORIC ACID (HCL)

The stomach produces hydrochloric acid as part of the normal digestive process. The breakdown and absorption of nutrients occurs at an optimum rate only within a narrow range of acidity in the stomach. If there isn’t enough acid, the normal chemical reactions required to absorb nutrients are impaired. Hydrochloric acid is required for proper digestion of protein, carbohydrates, and fat, as well as efficient absorption of vitamins and minerals. Low stomach acid production can be caused by H. pylori infection (the bacterium that causes ulcers), stress, acid-suppressing drugs, a vegetarian or vegan diet, and advancing age.

While many people assume that GERD and heartburn are caused by too much stomach acid, research suggests that's not the case. In fact, in my clinical experience, I've found that low stomach acid is a far more likely cause of these conditions.

How do you know if you have low stomach acid? If you have these symptoms, you may have low stomach acid:

- **GI tract:** feeling of fullness after meals (especially high-protein meals), gas and belching one to three hours after meals, acid reflux or burning sensation in the throat, nausea, constipation, undigested food in the stool, bad breath, food sensitivities.
- **Skin, nails, and hair:** acne vulgaris, acne rosacea, eczema, dry skin, dry/brittle nails, hair loss in women.
- **Systemic (from malabsorption of micronutrients):** chronic fatigue, anemia, hypoglycemia, neuropathy, difficulty concentrating, poor memory.

When people have low stomach acid, hydrochloric acid (HCl) helps to improve their digestion and absorption of nutrients. HCl should always be taken with either pepsin or acid-stable protease—ask my office for recommendations on brands to use. Average dose is 2-4 caps per meal. HCl is contraindicated in patients with an ulcer or who are taking NSAIDs.

## DIGESTIVE ENZYMES AND LIVER/GALLBLADDER SUPPORT

Digestive enzymes break down larger food molecules into smaller molecules that can be absorbed across the gut lumen into our bloodstream. They're found primarily in the mouth (saliva), stomach, and small intestine, and are categorized according to the foods they break down:

- Proteases and peptidases break down proteins
- Lipases break down fats
- Carbohydrases break down carbohydrates

If you don't produce enough digestive enzymes, you can't break down or absorb protein, fat, or carbohydrates properly. It's not hard to imagine that this could lead to digestive problems. Poor enzyme production is caused by low stomach acid, stress, micronutrient deficiency, advancing age, and the Standard American Diet (characterized by high intake of processed and refined foods). The gallbladder also plays an important role in digestion. It stores bile, a fluid produced by the liver that helps to break down fat. The same factors that impair enzyme production can also reduce the synthesis of bile in the liver or the release of bile from the gallbladder. This will lead to problems digesting fat.

The symptoms of poor enzyme and bile production are very similar to the symptoms of low stomach acid I listed above. In addition to those symptoms, trouble digesting high-fat meals or burping after taking fish oil can signal a problem with bile production or release, and gas, bloating, or other symptoms after high-carbohydrate meals may signal a problem with enzyme production.

Ultimately, healing the underlying causes of digestive problems (i.e., low stomach acid, small intestine bacterial overgrowth, leaky gut, etc.) will restore proper production of enzymes and bile.

In the meantime, supplemental nutrients that support these processes can be very helpful.

These include:

- **Ox bile.** While not technically an enzyme, ox bile is one of the most effective supplements for improving fat absorption.
- **Acid-stable protease.** Improves protein digestion; acid-stable protease is able to survive the low pH of gastric juices to further aid in protein assimilation.
- **Pancreatin.** A mixture of enzymes produced by the pancreas, including lipase (fat digesting), protease (protein digesting) and amylase (carbohydrate digesting).
- **Bromelain.** An enzyme found in pineapple that helps with protein digestion and that may have systemic anti-inflammatory effects.
- **Ginger.** A time-tested digestive remedy.

Ask me for suitable product recommendations and dosages for your needs.

The gut is first and foremost a barrier designed to keep certain things (like pathogens and toxins) out and let other things (like beneficial nutrients) in. When the intestinal barrier becomes permeable (leaky), substances that should not escape the gut—such as large, undigested protein molecules and bacterial toxins—pass into the bloodstream, where they trigger an immune reaction and provoke inflammation. Since a leaky gut is a common finding in many digestive disorders, it's a good idea to take steps to restore healthy gut barrier function.

These supplemental nutrients can be helpful:

- **L-glutamine:** glutamine is an important nutritional substance for healthy intestinal cells, particularly in the gut, and it's essential in maintaining proper intestinal barrier function.
- **MSM and quercetin:** these anti-inflammatory substances can reduce chronic inflammation, which is a major cause of leaky gut.
- **N-acetyl glucosamine:** N-acetyl glucosamine helps support proper health of the gut mucosa and reduces intestinal permeability.
- **Mucin:** mucin is a particular kind of protein (glycoprotein) that is normally produced by the intestinal cells. It protects the intestinal lining and reduces inflammation.
- **DGL, slippery elm, marshmallow, chamomile, and cat's claw:** these botanicals produce a soothing, gel-like substance that coats the digestive tract, which can help heal ulcers and inflamed tissue.

Once again, the most efficient way to take these nutrients is as part of a blend. One good option to support the gut barrier is [GI-Revive](#). GI Revive provides therapeutic levels of L-glutamine, N-acetylglucosamine, MSM, DGL, slippery elm, marshmallow, chamomile, okra, TOA-free cat's claw, quercetin, and mucin for comprehensive support of optimal gastrointestinal health. The dosage is seven capsules a day in divided doses or 2 scoops of powder. I also recommend vitamins A and D, high-dose zinc for eight weeks (or less), sodium-potassium butyrate.

## PROBIOTICS

Probiotics (“pro” = for, “biotic” = life) are live microorganisms that are beneficial to humans. Studies suggest that consuming probiotic organisms has a wide range of positive effects, including reducing inflammation, treating diarrhea and constipation, improving the immune system, minimizing or reversing lactose intolerance, and even reducing anxiety and improving cognitive function.

For some people, consuming fermented foods (which are rich in probiotic bacteria) on a daily basis will be enough to restore and maintain healthy gut flora. However, for those who have significantly compromised gut microbiota due to a history of antibiotic use, poor diet, intestinal infections, or conditions like IBS or inflammatory bowel disease, supplementing with additional probiotics may be necessary.

There are many choices when it comes to probiotics. However, research suggests that in order for a probiotic to be effective, it must meet three criteria:

- It must contain strains that are normally found in the human gut.
- It must be able to survive the acidic environment of the stomach and capable of colonizing (i.e., establishing permanent residence in) the G.I. tract.
- It must be supplemented in concentrations higher than what is found in the gut.

I favor probiotics that are based on soil-based organisms (SBOs). These are particular species of microflora found in the soil that humans have been exposed to throughout the vast majority of our evolutionary history. Unfortunately, changes in the soil after the industrialization of agriculture and differences in food handling have decreased our exposure to these important symbiotic organisms. SBOs are typically strains found in the human gut (such as *Bacillus* species), they survive the passage through the gastrointestinal tract and are adapted for colonization of the gut (because they are normal residents), and they exist in lower concentrations than lactobacilli and bifidobacteria (and are thus easier to influence via supplementation). Soil-based organisms have been shown to be effective for IBS, diarrhea, constipation, and other digestive conditions in randomized, placebo-controlled trials—including one trial that lasted for a year, an exceptionally long period for a probiotic study.

Another reason I prefer soil-based organisms is that they are safer and more effective for patients with small intestinal bacterial overgrowth (SIBO)—a condition that many people with gut issues have. SIBO often involves an overgrowth of bacteria that produce D-lactic acid, such as *Lactobacillus acidophilus*. If your patient has SIBO, a probiotic with *L. acidophilus* in it (which the majority of commercial probiotics do contain) could worsen the condition. Many of my patients with gut issues are surprised when they have adverse reactions to probiotics, since they are so universally regarded as helpful. This is often the explanation for their reaction.

Finally, I've found that soil-based organisms tend to work well for people with both constipation and diarrhea, whereas many typical commercial probiotics can make constipation worse. The best approach with probiotics is to take a "broad spectrum" blend that contains species from all four of the phyla found in the human digestive tract, including Firmicutes, Bacteroidetes, Actinobacteria and Proteobacteria. As a result of the Human Microbiome Project, we now know that the gut contains thousands—rather than hundreds—of microbial species. This underlines the importance of a multi-strain product that contains many different genera of bacteria that are capable of colonizing the human gut. Among other products, I use Prescript-Assist. It contains soil-based organisms combined with a fulvic acid-based prebiotic. Dosage is 1 capsule a day for the first seven days, followed by two capsules a day for 30 to 90 days (until desired results are obtained), and then one capsule a day thereafter.

## PREBIOTICS

Prebiotics are food ingredients that cannot be digested by humans but can be digested by the bacteria in our gut. In fact, most prebiotics selectively stimulate the growth of “good” bacteria without increasing levels of “bad” bacteria. Put another way, while probiotics are the good bacteria themselves, prebiotics are “food” for those good bacteria. Studies have also shown that, unlike most probiotics, prebiotics are capable of increasing the quantity of beneficial bacteria in the gut over time. In my work with patients, I’ve found that prebiotics and probiotics work synergistically, and outcomes are often best when both are used together.

Prebiotics are FODMAPs. It may seem strange that I’m recommending FODMAPs after I just finished telling you that reducing FODMAP intake is an effective strategy for reducing digestive symptoms. However, while all prebiotics are FODMAPs, not all FODMAPs are prebiotics. Many commonly eaten FODMAPs do not feed the gut microbiota in beneficial ways. Restoring healthy gut microbiota is so important to gut health that I think a very small intake of supplemental prebiotics—in the context of a diet that is low in FODMAPs overall—has a net positive effect. This is particularly true for my patients with constipation; I’ve often found that prebiotics are more helpful in this situation than probiotics.

When taking probiotics and/or prebiotics, it’s essential to start at a very low dose and build up slowly over time. Why? Because introducing a large number even of good bacteria into your gut (with probiotics) or strongly stimulating the growth of beneficial bacteria (with prebiotics) produces profound changes in the gut ecology. The good bacteria kill the bad bacteria, and as the bad bacteria die, they release toxins that can cause gas, bloating, changes in stool frequency, skin rashes, etc. In order to minimize or avoid such reactions, it’s best to begin with about one-eighth to one-fourth of the recommended dose, and then increase incrementally each week until you get the desired effect. Also note that some people with SIBO are not able to tolerate prebiotics, no matter how low a dose they take. I use Biotagen by Klaire Labs. I recommend that patients take one capsule a day. If you experience gas or bloating at that dose, start with one-fourth to one-half a capsule per day and increase slowly to one capsule a day.