

Nutrition: GERD, IBS, and Other Digestive Disorders - Part 4

Hey, everyone, we're going to cover a case study, this one on digestive problems.

So K.R. is a 52-year-old female who's 5'4" tall and 110 pounds with GERD and fibromyalgia. She had a history of bulimia and irritable bowel syndrome. She went gluten-free about 10 years ago and had stayed gluten-free since then, but had more recently implemented a Paleo type of diet that included rice and dairy within the last few months. This had helped considerably with her symptoms, but she was still experiencing issues when she came to see me.

Her goals were to reduce the severity and frequency of the reflux episodes, which were daily when we first started working together to maintain her weight. She'd never been tested for SIBO before, so of course that's something we did right off the bat, along with some stool testing and urine organic acids testing for GI function. But she was pretty desperate for relief, so in the meantime I recommended she try a low-FODMAP diet to see if it could help her reflux symptoms until we got the SIBO breath test results back, and the rest of the digestive test results back. I also recommended she eat smaller, more frequent meals, as she complained of being overly full quickly during meals, which contributed to her symptoms, and I suggested that she reduce her insoluble fiber intake, at least temporarily. She noticed that when she ate foods like celery or dark leafy greens, her symptoms were worse. These are of course really nutrient-dense nutritious foods, so I didn't suggest that she eliminate them altogether, but I suggested she change how she prepares and consumes those foods. So for example, with dark leafy greens, I had her remove the stems and just eat the leaves, and make sure that they were very well steamed or pressure-cooked before she ate them, so they were soft. I also suggested that she add them to soup or chop them very finely, and just to break down those tough, insoluble fibers and make them easier to digest. And then in general, she had to stick with simpler foods overall.

While we were waiting for her test results to come back, I also suggested a probiotic, Prescript-Assist, soil-based organisms, vitamin D at 4,000 IU daily, because she'd brought in a lab result suggesting she had low vitamin D levels. Now Super Enzymes, one to two capsules with each meal, just to help with her digestion, and betaine HCl, one to three capsules before each meal also. There is some hydrochloric acid in Super Enzymes, but I've found that patients with GERD need a little bit more. You can refer to my free e-book on GERD for more of an explanation on HCl and how to use it. We're also discussing it of course elsewhere in the program.

The low-FODMAP diet did keep her symptoms at bay until we could treat her, if she tested positive for SIBO, which she actually did, and she elected to be treated with rifaximin rather than a botanical protocol, and as we've discussed elsewhere, I encouraged her to loosen up on her FODMAP restriction while on the antimicrobial protocol, and after finishing she noted that she felt about 80 percent better in terms of her symptoms. Once she'd been off of the treatment, she

continued on the supplements that I originally prescribed for a couple more months, and everything seemed to settle down, and her symptoms were almost entirely gone. There were still some foods that she noticed provoked issues, but if she avoided those foods, she had no symptoms at all, so she was pretty happy about that after experiencing GERD for many years. If any of you have had GERD yourself, you'll know it can be an extremely challenging symptom to deal with. My patients who experience it say it's extremely disruptive and can really interfere with their lives, so this was a positive result. See you next time.