

Bloating and Burping: Common Symptoms You Don't Want to Live With But Don't Know How to Fix



Dr. Kate Thomsen and Silky

Many people suffer with uncomfortable abdominal symptoms today: frequent cramping, pain, diarrhea, constipation, bloating and gas. We are told we eat too fast (many do) and don't chew enough (true as well). We are told that our colonoscopy and upper endoscopy results are normal. There's nothing "wrong" with us. We are told we have "Irritable Bowel Syndrome" and that we are too stressed (the stress part is probably true). But there is a mysterious place where the scopes can't get to – the small intestine. And most of our tests look at anatomy and not function. We need to look at the function of the small intestine to figure this out.

The small intestine is 23 feet of rope-like narrow tube that lies between the stomach and the large intestine (the colon). During a meal, swallowing moves our food down the esophagus. Food hits the pit of acid and enzymes in the stomach which turns it into a gruel-like material called chyme. The chyme is dumped into the small intestines where more enzymes will further break down the food. Small food molecules can then travel or be transported into the blood as nutrients. Once we've (hopefully) extracted the good stuff, the remaining undigested starches and residue are used as nutrients for bacteria that live in our intestines. "Waste" material is processed in the large intestines. There, water is removed to dehydrate the waste and stool is formed, ready to be eliminated.

In previous articles I have written extensively about the many roles of the bacteria in our intestines. There is beneficial and harmful bacteria in our digestive tract that outnumber our own cells by a factor of 10!!! In a healthy person, the beneficial bacteria are diverse and plenti-

ful. They are called commensals because we feed them and they provide services for us – making vitamins, communicating with our immune system, and supplying our intestinal cells with fats for energy. We feed these bacteria our undigested fiber/carbohydrates which they use as their energy source. Bacteria ferment these carbohydrates into gas – hydrogen gas, hydrogen sulfide gas (rotten egg smell) and methane gas. (hint hint: the source of the symptoms of bloating and gas...)

The stomach and most of the small intestine contain bacteria derived from the mouth and throat which pass through into the stomach and beyond with each meal. Bacteria may be plentiful in the small intestine but the amounts pale in comparison to the enormous quantities of bacteria that are found in the large intestine and make up the bulk of our stool. What keeps the quantity of bacteria in the small intestine so much lower? For one, residual acid from the stomach and bile squirted into the small intestine from the liver and gall bladder are toxic to many bacteria that try to live in the small intestine. Also the forward propulsive motility called peristalsis keeps the contents of the small intestine moving. This action of sweeping the bacteria and debris down into the large intestine occurs during fasting at night and between meals. A sluggish and still small intestine will allow bacteria time to adhere to the intestinal walls and not be washed through the tube. (There's a few hints in here).

The relatively new diagnosis that explains this Irritable Bowel Syndrome (IBS) with bloating and gas (belching or flatulence), diarrhea, constipation, abdominal pain and cramping is called SIBO. This stands for Small Intestinal Bacterial Overgrowth. It is estimated that more than 50% of people diagnosed with IBS have SIBO. Too many bacteria growing in the small intestine where they don't belong produce too much gas which causes the symptoms. Excess small intestinal hydrogen gas can cause diarrhea type IBS. Too much methane gas producing organisms has been associated with constipation and obesity. Methane can slow

the intestinal motility down by almost 60%. Excess hydrogen sulfide gas has been associated with ulcerative colitis and colon cancer. So it is important to test for excess gas and to know which kind of gas it is.

There is a breath test that measures the amount of hydrogen and methane gas one produces after drinking a small amount of lactulose sugar to feed the bacteria. Breath samples are taken every 20 minutes after drinking the lactulose. The samples are analyzed to see if the excess gas is coming from the small intestine (abnormal) or the large intestine (normal). The test is not yet able to check for hydrogen sulfide gas but people can often report the rotten egg smell to their flatulence which gives us a clue. There are some pre-test dietary requirements (no fermentable foods), and there should be no recent antibiotic use (for the prior 2 – 4 weeks) and no acid blocker medications (for the prior 7 days if possible) and an overnight fast the night before the test. This will help get a more accurate test result. So this is good news!!! We can figure out why people have these uncomfortable symptoms – but what can we do about it????


Treatment for SIBO is a bit complicated and requires careful dietary interventions which many people are willing to do as the symptom relief can be dramatic. However, it is not a short term dietary intervention and many people will relapse due to inadequate or incorrect treatment and due to dietary indiscretions. The goal of dietary intervention is to starve these small intestinal bacteria by withholding the carbohydrates they love. Diets typically recommended include: the Specific Carbohydrate Diet or the SIBO Specific Diet or the low FodMap diet (the latter may not be exclusive enough as it allows for grains and starchy vegetables).

In addition to the diet, the treatment includes antibiotics, prescriptive or herbal. These are given for 10 to 30 days. The "antibiotic" should be chosen based on the type of gas found in the test. Since methane producing organisms can hide with bacteria in gooey biofilms, a bio-film disrupting treatment would also be needed when they are

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present. When the treatment is completed and the symptoms are improved, the breath test is repeated as a test of cure. If the gases are cleared then the diet is continued for several months with additional treatments. The goal of these treatments is to prevent the return of the bacteria to the upper small intestine. The flushing action of intestinal motility is supported by specific supplements and by creating fasting times - spacing meals 4 – 5 hours apart with nothing else ingested except water. Supplements are used to increase stomach acid. Obviously the resumption of acid blocking medications is counter-productive. Since a heavy load of bacteria will injure the delicate cell walls of the small intestine, we expect that intestinal perme-

ability (leaky gut) has occurred. This would explain why we see nutrient deficiencies (Iron, Vitamin D, Vitamin K, Vitamin B12) and systemic symptoms (headache, muscle and joint symptoms, fatigue, skin conditions) in people with SIBO. The depleted nutrients need to be replaced and the intestinal permeability repaired. Behavioral techniques for stress reduction encourages intestinal motility, prevents leaky gut and gently nudges all systems back into balance.

Suffice it to say, there are many nuances to the treatment of SIBO. But there is relief in sight for those diligent souls who want to regain gastrointestinal health and wellness.

Dr. Kate Thomsen's office for holistic health care is located in Pennington, NJ. She is board certified in Family Medicine, certified in Integrative/Holistic Medicine, and an Institute for Functional Medicine Certified Practitioner. She has been practicing Functional Medicine for over 15 years. For more information visit www.drkatethomsen.com or call the office at 609-818-9700.