

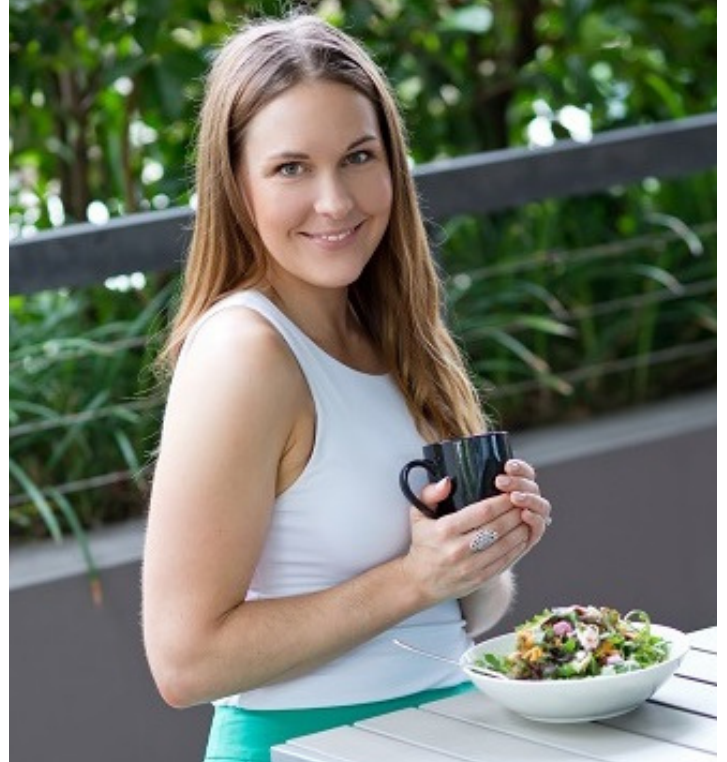
Hi I'm Amanda Moon, Gut Health Dietitian

I've been helping clients for 10+ years to better manage and even resolve Irritable Bowel Syndrome, digestive complaints and food intolerances. I know how frustrating, disrupting and embarrassing these issues can be! I've been there!

In addition to the unique stories I've listened to from 100s of clients, I've personally struggled with Irritable Bowel for most of my life. I've had to learn many long lessons as to how to keep my body feeling good.

I LOVE helping others do the same in a MUCH shorter time frame than what it took me when navigating this alone!

Having an idea for what may have caused or contributed to your IBS is an important part of personalised treatment, recovery and feeling better...



Need some help resolving your IBS?

- I have a comprehensive 7-step Gut Recovery protocol that gives you the diet and lifestyle guidance needed to:
- say goodbye to bloating, reflux and gut pain
 - normalise your bowel movements for ease
 - regain your energy and mental clarity
 - have confidence in what to eat with enjoyment
- WITHOUT restrictive dieting

Possible contributors to your IBS

Which of those below are relevant to you?

- History of, or current high levels of stress, busyness or sense of lifestyle pressure**

Stress hormones negatively impact gut health and function in numerous ways - reduce stomach acid and digestive enzyme production, change the pH of the colon thereby changing the composition of microorganisms such as bacteria, causing inflammation and changes to cellular health. This often leads to IBS symptoms.

- Mental health condition e.g. anxiety, depression, PTSD**

As described above, if stress hormones (adrenaline and cortisol) are often high, your nervous system will spend more time in the sympathetic nervous state (fight or flight) rather than the parasympathetic state (rest and digest)! This then impairs digestion and IBS symptoms are common.

- History of dieting for weight loss or an eating disorder**

In addition to any stress hormones being raised (see above for consequences) related to not feeling happy with your body weight and shape, dietary restrictions and yo-yo dieting can result in dysbiosis (an unfavourable imbalance of microorganisms living in the gut), which can lead to poor gut health and IBS symptoms.

- Fussy eater with low variety of fruits, vegetables, wholegrains**

Eating a wide variety of plant foods has been shown to be one of the best ways to look after your gut health. This is because the microorganisms living throughout your gut rely on a range of plant foods to feed on, and in turn produce a range of beneficial gasses and fatty acids. Without these, inflammation and 'leaky gut' can occur.

- Symptomatic following antibiotics**

Non-selective antibiotics not only kill unwanted bacteria involved in infections and illness, but also kill beneficial bacteria and microorganisms in the gut. If your digestive system is struggling and / or your diet is not supportive enough of helping the beneficial bacteria re-grow, overgrowth of other bacteria, yeasts etc. can take over (aka dysbiosis), leading to disturbances in gut health and IBS symptoms.

Symptomatic following food poisoning or gastroenteritis

Food poisoning can trigger IBS by disrupting the balance of gut bacteria and causing inflammation in the digestive system, leading to long-term alterations in gut motility and sensitivity. Gastroenteritis can lead to the development of IBS due to the inflammatory response and damage to the gastrointestinal tract during the infection, which can result in persistent changes in gut function and sensitivity, manifesting as IBS symptoms even after the initial infection has resolved. Some

Symptomatic since commencing a new medication including the oral contraceptive pill (OCP)

Some medications can cause IBS, or exacerbate existing IBS symptoms through various mechanisms. Some common ways medications can contribute to IBS include disruption to the microbiome and balance of microorganisms; irritation to the gut lining; changes to how the gut moves (speeds it up or slows it down); and have psychological side effects linked to IBS. Some women experience gastrointestinal side effects when using oral contraceptives, such as nausea, bloating, and changes in bowel habits, which can overlap with IBS symptoms.

Have a history of using anti-reflux medications consistently

While antacids and Proton Pump Inhibitors (PPIs) offer relief from reflux, they have numerous consequences to the digestive system and gut when taken long-term. Antacids can reduce the efficiency of protein digestion, potentially leading to incomplete protein breakdown and digestion. Some antacids can slow down the rate at which the stomach empties its contents into the small intestine, which can lead to prolonged feelings of fullness and bloating. Stomach acid serves as a defence mechanism against ingested pathogens by killing many harmful bacteria. Reducing stomach acid can potentially alter the gut microbiome, allowing some pathogens to survive and possibly leading to dysbiosis (imbalance of gut bacteria). Changes in intestinal pH from PPI use are thought to promote the movement and colonisation of colonic bacteria into the small intestine, leading to Small Intestinal Bacterial Overgrowth and IBS type symptoms.

Family history of lactose intolerance of other food intolerances

Lactose intolerance is one of the most well-known genetic food intolerances. It is caused by a deficiency of lactase, the enzyme responsible for breaking down lactose, the sugar found in milk and dairy products. There are some other rare genetic intolerance conditions. Speaking to your family members about what troubles them may give you clues for yourself. There may be key nutrients required in higher doses than usual to manage this.

Inflammatory conditions including autoimmune, Diabetes, Metabolic Syndrome and obesity

Inflammatory conditions can influence gut inflammation, thereby influencing 'leaky gut' and contributing to food intolerances and gut symptoms.

You have Endometriosis

Endometriosis and IBS share some common symptoms, such as abdominal pain, bloating, and gastrointestinal disturbances. This overlap in symptoms can sometimes make it challenging to differentiate between the two conditions. While endometriosis primarily affects the reproductive organs, it can also involve nearby structures and tissues, including the intestines and gastrointestinal tract.

You have fibromyalgia or chronic fatigue

These two conditions coexist with IBS for some people. While the relationships are not well understood, several factors may influence their co-occurrence and interactions. For Fibromyalgia, there is a general heightened sensitivity to pain, and dysfunction of the gut-brain axis. For chronic fatigue, dysfunction of the nervous and immune systems and the gut-brain axis; and changes to lifestyle and activity levels can also influence IBS.

You have Hashimoto's or an underactive or overactive thyroid

The relationship between thyroid conditions and IBS can be complex depending on your condition. An underactive thyroid can slow the gastrointestinal system, causing constipation, bloating, and abdominal discomfort. Hashimoto's thyroiditis has also been associated with alterations in the communication system between the gut and the brain, leading to changes in gut motility, visceral hypersensitivity, and alterations in the types of microorganisms in the intestines. Underactive thyroid and a sluggish digestive system is a risk factor for Small Intestinal bacterial Overgrowth (SIBO).

Symptomatic following gallbladder removal

Gastrointestinal symptoms are common following cholecystectomy. Without a gallbladder, the continuous flow of bile can sometimes lead to irritation of the intestine, causing symptoms such as diarrhoea, bloating, and abdominal discomfort. The absence of a gallbladder can lead to bile acid malabsorption. Bile acids are essential for fat digestion, but when not properly absorbed in the intestine, they can lead to increased water secretion into the bowel, resulting in diarrhoea and other gastrointestinal symptoms. Some bacteria love to eat bile and with it being on continuous drip, imbalances in the microbiome can occur, leading to IBS symptoms. A high fat diet or eating high-fat meals can also cause digestive complaints due to there not being a gallbladder to store and supply bile to digest fat on demand.

Symptomatic following bowel or abdominal surgery including caesarean section

Abdominal adhesions are fibrous bands of scar tissue that form between abdominal tissues and organs, often as a result of previous abdominal surgery. Sometimes they can contribute to the development or exacerbation of IBS through several mechanisms. These can include interfering with how the intestines can move (ideally freely, not restricted); the intestines can become more sensitive to normal stimuli such as gas or stool passing through; changes in gut motility, visceral sensitivity, and inflammation associated with adhesions can affect signals sent between the gut and the central nervous system, leading to IBS; adhesions are a risk factor for the development of Small Intestinal Bacteria Overgrowth (SIBO).

Symptomatic since childbirth

Pregnancy and childbirth involve significant hormonal fluctuations, including changes in estrogen and progesterone levels. These hormonal changes can influence gastrointestinal motility and sensitivity, potentially exacerbating IBS symptoms. Pregnancy and childbirth can be emotionally and psychologically stressful experiences for some individuals. Stress is a known trigger for IBS symptoms, as it can disrupt gut function and exacerbate gastrointestinal symptoms.

You've had a spinal injury / whiplash/ concussion

Brain and spinal cord injuries are a risk factor for Small Intestinal Bacterial Overgrowth (SIBO). The vagus nerve is the major nerve connecting the brain to the gastrointestinal tract. The vagus nerve carries an extensive range of signals from the digestive system and organs to the brain and vice versa. Impaired vagal nerve function can lead to impaired intestinal function and the movement of bacteria from the large bowel up into the small bowel. IBS symptoms then occur.

Your IBS is worse leading up to your your menstruation and / or during ovulation

Hormonal changes that occur during the menstrual cycle, particularly fluctuations in estrogen and progesterone levels, can influence gastrointestinal motility and sensitivity. During menstruation, levels of prostaglandins increase (hormone-like substances), which can lead to heightened sensitivity to pain and discomfort in the abdominal region. People with IBS may be more sensitive to these effects, leading to worsening of abdominal pain and cramping.

Your IBS has been worse since perimenopause

The combination of hormonal changes (oestrogen and progesterone) and associated alterations in gut microbiota; psychological and emotional changes, including increased stress, anxiety, and mood disturbances; lifestyle changes and other age-related factors such as changes to gut motility, digestive enzyme production, and intestinal absorption, can exacerbate symptoms of IBS during perimenopause and after menopause.