

GAS AND BLOATING 101 –

5 REASONS FOR YOUR TUMMY TROUBLES

Adapted from Abbey's Kitchen - abbeyskitchen.com

You've heard it time and time again: everybody farts. Part of the body's makeup includes production of gases in the digestive tract. But how do you know when your gas is just gas, or when it's something more? According to the [Canadian Digestive Health Foundation](#), 5 million Canadians suffer from some form of Irritable Bowel Syndrome, or IBS, which basically means they have some form of digestive discomfort that can't otherwise be explained. Other than IBS, there are some other things that can cause you gas and bloating, including certain intolerances and allergies. Let's look at some of the most common causes of mild to medium GI distress (anything higher than medium and you should be seeking medical attention STAT).

GAS AND BLOATING PRODUCING

FOODS

“Beans, beans the musical fruit. The more you eat...” There's a reason that song sticks, because it's true. Beans contain raffinose, which is a sugar that's not digested in the small intestine (hooray for human DNA), which then moves to the large intestine to be fermented. In other words, cause gas and bloating. Raffinose is also present in foods like cabbage, brussels sprouts and broccoli. Eating these foods raw will provide the most lethal dose of gas, so for your sake (and the sake of those people around you), cook these veggies first to help breakdown some of the gas-causing culprits. For beans, it's best to soak them in water for an hour (up to overnight) to reduce these gas-causing sugars, just make sure you discard the soaking water and start fresh when you cook them.



FODMAPS

FODMAPS – what? FODMAPs, or *Fermentable Oligosaccharides, Disaccharides, Monosaccharides AND Polyols*, (woah, that’s a mouthful), are a set of carbohydrates that some people may not digest well. I love talking about FODMAPs so much I did a whole Youtube video on them.

Research has found some evidence that people who are experiencing symptoms of IBS like gas and bloating found relief in a low FODMAP diet (note: not all types of IBS have been successfully managed by this diet). Without getting into the minute details of FODMAPs, here are some examples of these carbohydrates (warning: there are a lot of foods on this diet’s naughty list):

Veggies: asparagus, avocados, mushrooms, garlic and onion.

Fruits: apples, cherries, peaches, pears, prunes and mangoes.

Dairy: virtually all cow’s milk products contain disaccharides.

Grains: Barley, wheat, semolina, spelt and rye.

Meats and Alternatives: Sausages, beans, split peas.

Other foods: corn syrup, honey, rum, beer, juice, tea, artificial sweeteners, certain nuts and some beans.



While it may sound like a lot of foods are off limits on this diet (and this is just a cross-section of high FODMAP foods –[here’s a more comprehensive list](#)), there is light at the end of the tunnel. With proper supervision from a registered dietitian, it may be possible to determine the trigger of a patient’s IBS symptoms using a low FODMAP diet. Similar to an elimination diet, a dietitian will monitor the low FODMAP diet and re-introduction of foods to find the likely offender.

The good news is a low FODMAP has been **shown to** successfully reduce certain symptoms (cramping, gas and bloating). The not so good news is that it's not a foolproof method for relief. You may take on this diet, painfully cut out a variety of otherwise nutritious (and delicious) foods and still come up empty (such is the mystery of GI distress).

LACTOSE INTOLERANCE

I'm sorry for all you ice cream lovers out there, but it's true: lactose intolerance is the most common food intolerance, affecting more than **7 million Canadians**. Lactose intolerance is different from an allergy (this is important to know!). An allergy is caused by your immune



reaction to a certain allergen: an allergy means symptoms worsen as you continue to expose yourself to the allergen in question, sometimes leading to dangerous outcomes. An intolerance, on the other hand, is caused by the digestive system's inability to digest a food or food component.

Many people lack an enzyme in their gut called lactase, which is used to break down the lactose in many dairy products. Without this enzyme, lactose enters the large intestine and causes typical GI distress symptoms (diarrhea, gas and bloating).

Unlike some of the other distress causing products, lactose intolerance can be diagnosed through a relatively simple elimination diet with the help of a Registered Dietitian. Also, in some cases it can be managed using enzyme pills (lactase) to help the body breakdown the lactose.

GLUTEN

Gluten allergy, otherwise known as celiac disease, is a tumultuous subject that I have written about **extensively**. This disease is painful and can be dangerous if not properly treated. Celiac disease manifests differently in everyone, but there are some characteristics of the disease that

are common throughout. Along with general GI distress mentioned above, people with a gluten allergy may also experience extreme fatigue and lethargy, anemia, migraines, depression (and other mental health symptoms), unexplained weight loss or gain and many other seemingly non-related symptoms.

Celiac disease is not something to be taken lightly. Speak with your doctor and/or a registered dietitian if you think you may be experiencing some of the symptoms [described here](#). If you want to know for sure if you have celiac, it is imperative that you seek help before you cut out gluten on your own. The celiac diagnostic test requires that you are regularly consuming gluten for at least 12 weeks before the test is taken. If you go in for blood work having been totally gluten-free, it's very possible the test will read a false negative. The sooner you can get a definitive answer, the better.

If it's not celiac disease, can gluten still be an issue? Recently, [some new research](#) has suggested that people who test negative for celiac disease might suffer from “[non-celiac gluten sensitivity](#).” This condition is being described as causing similar symptoms as IBS and celiac disease (both physical and psychosocial symptoms) even when the celiac diagnostic test comes back negative.

The evidence relating to the existence of non-celiac gluten sensitivity is very controversial. In [some cases](#), we've seen significant benefits of gluten free diets and in [other cases](#) we have seen absolutely no improvements to symptoms. The other issue is that there is currently no way to conclusively diagnose this intolerance. If you feel you may be having some GI distress when eating gluten, I highly suggest you speak to a Registered Dietitian before you make any significant changes to your diet. A lot of people just cut gluten out to relieve their symptoms unknowingly sabotaging their ability to take the test that could deliver some closure to their symptoms. If you are the type of person who would like to know definitively what's going on down there, and want to be tested for celiac, you need to have been eating gluten regularly (and quite a bit of it) for about 12 weeks before the test for the results to be reliable. If you don't, it's very common for the test to deliver a false negative where you'll never know the truth about your GI distress.

OTHER CAUSES OF GI DISTRESS

It seems like the list of gas-causing foods never ends and it doesn't have to mean something is necessarily going *wrong* in your body. Some foods just put more air (aka. gas) in our bodies than others.

For example, remember that kid in grade school who could burp the alphabet after a can of coke? Well, carbonated beverages can increase the amount of air that gets into the digestive tract so stick to the water fountain if gas is a concern.

Candies and gum work similarly to carbonated beverages by increasing the amount of air you swallow. They also tend to use some gas-causing sweeteners mentioned in the FOPMAP section.

Want to hear the good news? There are steps you can take to determine the likely cause of your increased flatulence. If you aren't able to easily identify the culprit yourself, speak to a dietitian about going on a monitored elimination diet. Book an appointment with your doctor to get the proper testing and rule out any potentially more serious conditions (such as crohns, colitis or celiac disease).