Introduction to Doctor Talks and Gut-Brain Disorders

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

30 to 40% of the general population may have a disorder of the gut brain interaction. We're going to talk about these today. What to disorders of the gut brain interaction even.

As well as treatment modalities that we suggest for our patients that have them. I'm joined today by Doctor Sarah Williams, one of the doctors at Modern Med.

Hi, Sarah. Hi. It's great to be here. Great to have you. And I'm excited for today's topic. We just talked to a psychologist about this recently. And so we're kind of doing a different spin on it from you as a practitioners standpoint.

And what this looks like. I want to first talk about what our disorders of the gut brain interaction, just so people understand how common they actually are.

So can you just give a quick overview of what we're even talking about here with disorders that the gut brain interaction. So disorders of the gut brain axis are a group of disorders characterized by chronic GI symptoms.

But there's no evidence of pathology that we find on testing. So we're not seeing any inflammatory diseases, any structural issues. And what we're really seeing now is that they arise from changes in the gut brain connection.

Yeah. So our central nervous system, trying to talk to our enteric nervous system and that communication between the gut in the brain, I always when I describe it to people, I usually say like there's a link in communication between those two highways.

And that's where we get these symptoms. What are the most common disorders of the gut brain interaction that we actually see in practice? Yeah, the most common are IBS, irritable bowel syndrome, which is where we have abdominal discomfort accompanied by bowel changes, whether that's constipation or diarrhea and bloating.

What Gut-Brain Interaction Disorders Are

So that accounts for about 6 to 10% of these disorders. And the other most common one is functional dyspepsia, which is where we have more upper abdominal discomfort, maybe early satiety.

Feeling full really easily. Yeah. So super, super common. Burping, belching after meals can be functional dyspepsia as well. We in order to like, really start to understand this topic, we have to talk about the gut brain axis, which I feel like has been such a buzzword over the last probably ten years, and now people are using it to sell supplements and like it's getting a little bit, shady.

But it is a real concept. It really exists and it's super important, especially when we talk about these disorders, the gut brain interaction. So tell us a little bit about this gut brain access.

How are they connected and why it's important. Yes. So the gut brain axis is referring to the bidirectional communication between our gut and our brain.

So it's a two way street, which is really important to emphasize. That means that our gut talks to our brain, and our brain talks to our gut, and they're connected in a lot of different ways.

So one main ways, through the autonomic nervous system, which can be divided into our sympathetic, which is more of our fight or flight, and then our parasympathetic, which is rest and digest, which is controlled by our vagus nerve.

And then we also have our enteric nervous system, which is referring to the neural network that we have. So that's over 500 million neurons that we have in our gut that can actually, function without the brain itself, which is so fascinating.

That's why you might have referred or heard of the gut being referred to as our second brain. So it has like the same amount or more something neurons as a cat's brain.

But the other fact that I really like, oh wow, I didn't know that. Yeah. Fascinating. And then some other ways that our brain are connected are actually through the bacteria and microbes in our gut themselves that can actually interact with our brain.

And then we have our HPA axis which is our hypothalamus pituitary axis, which is really that stress response that can cause changes in our fight or flight hormones that are being released.

So our cortisol and epinephrine, and that can also impact our gut function. Yeah. And we're going to kind of tease apart all of these as we go. But that's like general how they're connected and how they communicate with each other.

And we talked about what these disorders of the gut brain interaction actually are. But what are the facets that kind of make up these, these disorders in terms of the different areas that they affect, like motility, for instance, is one of them.

Can we go through kind of the other things that make these, symptoms. Yeah. So it's characterized by, like you said, any changes in motility. Also changes with our gut bacteria and also changes with our mucosal gut lining, our immune function, and then also our central nervous system brain processing and thoughts.

And then also visceral hypersensitivity, which we'll be talking a lot about. But essentially that's referring to us really sensing more pain and intensity with our symptoms than normal.

Yeah. And so this is what we think make up and cause the symptoms and these disorders of the gut brain interaction is miscommunication between the central nervous system and the GI tract, and the visceral hypersensitivity and the motility issues and potentially the gut microbiome and the mucosal immune function.

We don't know enough about some of these buckets to like, for instance, people are always saying like, why don't you look at my my microbiome them to figure out what's going on and why we think it's involved in these disorders of the gut brain interaction.

We don't yet have the measurement tools to be able to test the stool and make a clinical decision about how to treat, to get somebody to be asymptomatic.

Understanding the Gut-Brain Axis

And there is tests out there that claim to do that, and they just don't have the technology. Yeah, yeah, yeah. I think we're really just scratching the surface with that.

Who knows what the future holds. But yeah, I totally agree with you right now. How common are these disorders of the gut brain interaction? I already kind of gave it away, but we can go into, how often you see them in clinical practice.

And yeah, anything else you have to say about it? Yeah. So, like you said, it's 30 to 40% of the population. And also we see that it's more prevalent in women.

And it also tends to decrease as we age. But in practice, I see it all the time. So obviously the most common thing that I see is IBS in general. So it's extremely common.

Yeah. It's the number one thing that we treat modern men for sure, as well as functional dyspepsia. We see a ton of too. And they can overlap a lot of the times too.

You can have IBS or you can have a small intestinal bacterial overgrowth and functional dyspepsia or a combination of of things. How are these different from psychosomatic conditions?

So, you know, a lot of people will come in and say, you know, and I feel so dismissed or I feel like I was gaslit by my doctor. They say everything is in my head.

And that's really kind of what we used to think about some of these things a while ago. Yeah, such an important question. So we used to see these as disorders of exclusion.

And so we used to see them more as like, okay, this is a psychological condition that led to physical symptoms. And there's no really cause or explanation.

But now we actually know, okay, it is due to this gut and brain disconnect that is happening. And so we have more, you know, cause and more ways that we can treat it than we used to.

Yeah. And this is so important I want to emphasize why it's really important because I think people say, well you're just calling it something different.

Like is that all it is is a title change. And it's really so much more than that. We have people that come in and we want to be able to tell them really what what is actually going on here.

And it's not due to the fact that it's in your head. Can you talk a little bit more about that while it's, you know, what would you tell somebody when they say so?

Are you telling me it's all in my head. Yeah. So I'd say it's absolutely not all in your head. But like you mentioned before, there's that kink that happened after a triggering event that we'll dive more into this.

But essentially there the brain and gut get confused. And we just need to work on developing that connection again and, you know, finding ways to kind of change those processes.

And there is ways that we can do that, but it doesn't mean that it's all in your head. Yeah. Yeah. Such a big important distinction there. And there is an overlap with mental health conditions.

And so how common are mental health conditions and people who have disorders of the gut brain interaction. Yeah. So what we see about 35% of people have anxiety.

And then there's another 10% that have other mood disorders like panic PTSD. So all in all, that's about 45% of people that have gut brain disorders will have an actual underlying psychological condition.

But it's really important to stress that. That means that like about 55%. So over half of those that have got brain disorders do not actually have a psychological disorder.

And so this is really important to stress because, well get into some of the treatments. But we're often referring to mental health providers to help with their gut symptoms.

And people get a little confused, like, oh, well, I don't have actual anxiety. Why are you referring me for anxiety or to a mental health provider? And it's like, no, we're actually referring you for your GI condition specifically.

So it's important to distinguish those two. Yeah, really really great. Great point.

Common Symptoms and How These Disorders Are Defined

But I think this is the major shift we've made over the last, you know, ten, 20 years is this realization that IBS it does not mean that you everything is in your head or you're making up symptoms or nothing is wrong, like we really know that there are things going on that are not supposed to be going on, and we're getting more and more information about how to start to treat them.

So people are getting symptomatic relief. Yeah, absolutely. So what are some of the factors that go into the development of, disorders, the gut brain interaction?

And we can go into the the bio psychosocial model and you can check that with that. Yes. I say that a few times fast. So like you said, the Bios psychosocial model, is what helps us, explain how IBS, IBS develops.

And so like we've mentioned already before, but I'll kind of stress that again is we still don't know everything about IBS. We're really just scratching the surface.

But we do think that we know that these three factors play a role, and it can really vary between the individual of how much they're all playing a role.

And often we, we don't want to get caught up in. Okay, let's find the one thing that's causing my IBS. It's not just one thing. So we need to really stress that too.

And it can be really, you know, cumbersome to try to figure out what that is. And it just isn't one thing. It's multifactorial. So yeah, but to break it down a bit more, we have the social aspect.

So that's really referring to our genetics and our environmental factors. So this is where we want to look at and assess for traumas. And look at adverse childhood events or aces for short.

So we actually see that IBS patients have a higher prevalence of Aces. So looking to see if that's playing a role, looking at overall stressors and supports.

That's really where the social aspect comes in. I want to jump in here before you go on to the next one to, when we talk about aces for people who don't know, what are some examples of adverse childhood experiences that people could could fall under here.

And this is under the age of 18. People who have experienced, you know, some of these things. Yeah. Abuse, neglect. Yeah. I think, also having, somebody in that household that has had a mental health condition growing up is another one.

But things that create early childhood trauma are in that list. And. Okay, I'll get you back to psycho. I think we like yeah. So then we have the psychological component which is referring to our brain and into our nervous system.

And so that's where things like anxiety, health anxiety play a role. Our thought processes, and what we see also in IBS patients is that there's actually increased firing in our emotional regulation and pain modulation centers in our brain.

So that's also really important to look at. And then the last one is the biology aspect. So that's where our gut

physiology plays a role. So that's where we're looking at, you know, the gut microbiome, our motility, how we're feeling, the sensations, the immune function, inflammation and how those are impacting.

Yeah. Yeah. And there's also where sex hormones come in where women are more likely to have IBS. And there may be a role of the sex hormones in that. I talked about that recently on a podcast, but we well, we think right now we don't fully understand why it's twice as common in women as in men, but it's looking like the androgen is maybe a protective factor for men in terms of like reducing the pain signaling in men.

They are still trying to figure that out. And then there's the motility stuff with progesterone slowing things down for women in the luteal phase, but still digging into that category.

Okay. We always talk about stress makes everything worse. Pretty much. Period. Yes. But the stress IBS connection is a really, really important one. And it's one that we always talk to talk with our patients about because we have so much room to, to change symptoms in this area.

So how does stress contribute to IBS symptoms. Yeah. Let me go ahead. I'd actually like to share my screen so we can dive into this further. So this is a slide that I bring up often with my patients to help explain this, because it's so important when we think about, IBS and how our symptoms develop.

So as we can see here, we have, you know, some initial stressful event or trauma or even an infection like food poisoning that triggers the initial onset of symptoms.

So let's say like stomach ache. And in diarrhea. And so what happens is after that, your brain starts to wonder, oh, when is my stomach going to hurt again?

And then that actually, signals more fear and anxiety and your gut will actually start to ache as a result of that. It gets confused with that disconnect.

And then what happens is we have increased attention to these sensations, which is what we call hypervigilance. So that's when we start to kind of scan for more symptoms and seeing, you know, how we're feeling, in that hypervigilance and having more of that ache and disconnect happen will lead to increased perception of visceral sensations.

So this is what we refer to as the visceral hypersensitivity. Where we start to perceive normal sensations in our GI tract as more painful. And so I always like to say this is like a fire alarms going off, but there's actually no fire.

So all of that happening, all this hypervigilance and visceral hypersensitivity, often leads for us to develop these certain behaviors.

How Common They Are and Why Theyu2019re Not Just Psychological

So, things like avoiding social interactions, having to kind of work, or even limiting your food or limiting just eating intake completely. Or even like checking to see if you're bloated.

We start to develop all of these behaviors, and we think that they're helping manage your symptoms and trying to get reassurance from that. But unfortunately, it's just perpetuating this vicious cycle.

And we're getting more fear, more anxiety. Which then leads to just more symptoms, as you can see here. So just this continued cycle. Yeah. Yeah, really, really important.

And I think it's important maybe we go through an example of this because this is a, a chart that was made by Hauser at all from a research paper, that we will link to.

And I amended it a little bit, the checking behaviors, controlling behaviors. And, maybe something else on that is I've added it here to this to make it more clear, but let's just talk about like for example, I've had people in the past

with, functional dyspepsia.

And when they have symptoms, they have the thought of is this cancer. So like with that in mind, kind of what would that cascade look like for the patient?

And how would that thought alone be affecting her symptoms. Yeah. So she was thinking, you know, maybe have some discomfort after eating like maybe a little bit of a burning sensation and then start thinking, oh, is this cancer?

Maybe start googling and feeling more of those symptoms would happen as a result of that, because you're releasing more of those stress hormones. And so it's just going to increase those symptoms, increase that burning sensation, and perpetuate more fear around that.

And then maybe she would start limiting her food. Would be probably something really common in that situation. Yeah, yeah. Restricting foods or cutting foods out or saying maybe it's gluten or maybe it's dairy, or maybe it's just but maybe it's not.

And then sometimes the over fixation around the controlling behavior, like now she's examining everything that she eats and she's stressing so much about foods she no longer wants to eat any more because she's so stressed about food.

That whole stress cycle then contributes to a worsening of the actual functional dyspepsia, and the cycle continues even other symptoms. Our thoughts are so powerful that, you know, maybe then she starts to feel like she has symptoms of actual cancer.

You know, I mean, it's just such a it's our thoughts are so powerful. So, changing those thought processes are really helpful. Yeah. And this is also a really important time to talk about why we need a definitive diagnosis with these conditions.

Because if a full workup hasn't been done and maybe a endoscopy is actually warranted, then we want to go through that process and have that actual diagnosis and say, yeah, there's not gastroesophageal reflux disease here.

You don't have erosions in your esophagus. We are now diagnosing this with functional dyspepsia so we can start to calm down those thought patterns around it.

Yeah. And that can be really empowering for a patient to, to realize. Okay. And having that conversation, we've tested everything. Everything has come back normal.

It is, you know, IBS or functional dyspepsia. And really that's empowering to know that we have these tools to treat it. And we've ruled out everything else.

Yeah, yeah. When you have a patient ask you and say we can we can take down the share. I think at this point, when you have a patient that says, you know, I'm really worried that the pain that I'm experiencing is it means something else is going on.

They have, let's say, IBS, c and they're just really scared that something else is going on. And let's even say this patient's already had a colonoscopy, an endoscopy.

All their bloodwork is normal. Stool tests aren't even warranted. What do you tell them? Yeah, the pain that is experienced in these conditions is not harmful and is not a threat to our long term health.

And so just re emphasizing that and reiterating it is so important. So I think just, you know, even like as a mantra for yourself and like writing it down, just telling yourself that over and over again can be really helpful.

Yeah. So the pain experienced in IBS is not harmful to our health. Really important. What the next thing I think we

should go into is just examples of those different behavioral changes.

So one example is checking behaviors. But we can kind of go through them however we want. So when people start to change their behaviors or thoughts or anything around the symptoms, what are the most common things that you see in practice that people start to do?

You name a couple already? Yeah, some of the most common is really, some of those avoidant behaviors, like limiting your foods. Is really common, and avoiding certain foods altogether.

And also it affecting your quality of life and avoiding certain social interaction and avoiding going out on dates, having to call out of work. Those are important.

Those are really big things I see, too.

The Biopsychosocial Model and Stress Cycle

And then I would say some other common ones I see are, you know, always needing to know where the bathroom is when you're out. And having that, as reassurance is, is another common one to.

Yeah, yeah, yeah. And calling out of school or work. I'm trying to think of other different ones that we have even, even like taking medications to manage your symptoms is a big one, too.

Yeah. And we want to let's clarify that. Can you clarify that a little bit more because we don't want people saying like, oh, I shouldn't take my medications anymore.

Yeah. So it's more like the overuse of medications. So say like, you know, anti-viral medications, before you go out, like, you know, overdoing it on them to try to manage your symptoms and, give yourself reassurance.

Yeah. So taking it maybe thinking that you're going to have symptoms when you don't even have diarrhea. Yeah. So that's what you mean by overdoing it. Yeah.

Or really common one that I'll see is they won't leave their house without their medication in their purse just in case. Right. And some of these I think people are hearing them like, well, that's a smart idea.

You should do that. But I think it's, there's a fine line between it's smart versus it's actually occupying a lot of your mind space, and there's a lot of fear around what would happen if you don't do it, and that it could actually be changing your choices in life.

So, for instance, you go out, you forgot your medication, you're on your way to dinner, you're almost there, and you realize that you didn't bring your medication with you, and you decide, I don't think I can do this.

I might get diarrhea and you turn around and you no longer go out to dinner with your friends anymore. Like that would be an example of something that is a maladaptive behavior.

That is potentially negative to your quality of life. Yeah, yeah. So a really good example. Let's go through another example of the stress IVF cycle that you've been seeing.

I know we've gone through a few, but I think it's so great for people just to hear different presentation of how this can show up for people. Yeah. So another common one would be someone who has like IBS, diarrhea, dominant, and they're getting ready to go out for dinner with their friends that night.

They start feeling some discomfort, maybe some cramping and bloating. And that perpetuates more anxiety. And they start feeling more of those symptoms, having those thoughts of what of this develops into an attack tonight.

What about what if I have to run to the bathroom? That tends to bring up more anxiety, maybe even feelings of like,

embarrassment? And then maybe some of these behaviors would be maybe she stops eating for the rest of the day.

Or maybe she takes a lot of antiviral medications to avoid it. Or maybe she cancels the plans altogether and just doesn't go to avoid, having the potential symptoms, and problems.

So that would be another example that we commonly see. Yeah. And she's doing all those things to help improve her symptoms and manage her condition. But we see that those very acts of the controlling behaviors, avoiding behaviors and checking behaviors can actually worsen the stress response and lead to further worsening of symptoms, not improvement of symptoms.

And I think that is sometimes the hardest piece for people to start to understand, because a lot of people will say, you know, this really does help me.

And sometimes we have to pull off the layers behind that and say, is it truly helping you? Or have you convinced yourself that you think that it's helping you?

Yeah, yeah. It's hard to tease those two apart. And that brings us to this next point, which we get all the time, where people, let's just take IBS specifically, they start to associate and try to pinpoint what foods are actually causing their symptoms.

And let's just put like a low Fodmap diet on the back burner, because that's a that's a different topic to talk about with how FODMAPs can affect IBS potentially.

But aside from low Fodmap, what do you tell somebody kind of what's the story you're going to explain to people when they say, you know, I think it's I think of these seven foods, but I'm not sure because when I don't eat those, I still get symptoms.

That's pretty common. I really just reiterate that food isn't the issue in IBS. It's really how the gut and brain are communicate that we want to work on.

And so you know eventually that process looks like incorporating more of those foods and getting over that fear that's developed. Yeah. And again we're talking inside FODMAPs can affect people's symptoms and IBS.

So I want to make sure people understand they're like, well what about the low Fodmap diet. That definitely can be a factor in IBS. So we're kind of taking those aside and taking some of these already on a low Fodmap diet.

Or they're working with a dietician, but they still are experiencing symptoms after they eat. And they're, they're saying it is a food specifically. Can you talk a little bit about the gastro colic reflex when it comes to this, though, and how you would kind of tie that into to what patients are experiencing?

Yeah. So when we eat, our stomachs surge to stretch out and we have the gastric called reflux that kicks in, and helps trigger movement in our intestines to move the food along so that we can, you know, eat more.

And that in and of itself can actually worsen symptoms for IBS patients because we have that exaggerated response due to that visceral hypersensitivity we've been talking about.

And that can lead you to have more discomfort after eating. Maybe you have the urge to have a bowel movement after eating. But like we've mentioned, it's not the actual food itself.

It's just the act of eating that can be triggering. Because of this. Yeah, and this is where we see it all the time when people that will say, you know, I know it's a specific food because it's always after I eat, my symptoms get worse or I hear all this gurgling after like something really is wrong there.

What do you tell people when they say something like that? I say that's actually normal. And, you know, it's normal

for us to feel some sensations after we eat due to this reflux and just explaining that, and that it's a normal process and just reassuring.

Yeah, yeah. So important. I mean, some people aren't even great candidates for a low Fodmap diet, but I think sometimes we're putting almost too much emphasis on diet when it comes to IBS.

And diet can definitely affect symptoms with the fermentation of certain carbohydrates. Like we said, that, this gastro colic reflex is not discussed enough where it's like it could just be the act of eating like a, like you said.

Yeah. Yeah, absolutely. Let's talk about meal frequency and the, the person that comes in, let's just say with ibs-c. So constipation predominant and they're snacking all day long.

What would you have this question. And we see this all the time.

Behavioral Patterns That Reinforce Symptoms

So it's really important because snacking and grazing throughout the day inhibits our migrating motor complex, which is what causes the contractions in our intestines to move food along.

And so this takes an average of about 90 to 120 minutes to really kick in and contract and move food through properly. If we are snacking, we are just blocking that and things aren't moving through as well as they should, and then that can lead to constipation and more discomfort and bloating.

Yeah, yeah. So having more discrete meals. So say somebody here is this morning okay I'm going to do intermittent fasting. And then I'm going to have one meal per day.

And this person has ibs-c with bloating. What would you tell them then I would say that is not a good idea. So what's really important. And I think we've talked about this before too, is that we're eating, you know, the regular size meals like throughout the day space at about the same time so that we can not only stimulate their migrating motor complex, but have enough food that we're also going to have regular bowel movements.

So usually I say waiting at least 3 to 4 hours between meals or snacking is what is best, for our motility. Yeah, yeah. And then gastric colic reflux comes in here again because we need that reflex.

And so if you're having three meals per day then that means that you're triggering my gastric reflux three meals a day as well. And that food in the stomach is triggering the intestines to move so that you can have normal bowel movements.

Yeah. If you're only eating one meal a day, that's just not going to happen. Yeah, yeah. And let's go into more treatment options. If somebody is diagnosed with a disorder of the gut brain interaction and they say, okay, so I have this kink in communication between my gut and my brain.

Now what what do I actually do about it. Let's first go over gut directed hypnotherapy. What is this? Does this mean people will be on stage doing weird?

More like what is it? And and how does it work as well for these conditions? Yeah. Not that type of hypnotherapy. But it is essentially when a person is, is guided into a state of relaxation and when we're, doing it for gut conditions, we are aiming the, the, the treatment at calming the digestive track.

So, so all of the suggestions are based around, so it is a recording that you listen to daily. So it's a passive process and that way you're just listening to something.

But we actually have some really good research showing that it helps decrease the visceral hypersensitivity. So it's really just turning down the volume on the sensations that you're feeling.

So it can be really helpful in these conditions. For that reason. Yeah a lot of our patients really like it as well as what you've seen. Absolutely. I think also you know it helps regulate stress too.

So I find that people find it really calming and helpful. Yeah. Would you see any hypnotherapist for this if you're suffering with this I. What do you mean?

So can you just because there's a bunch of hypnotherapist, if you look up hypnotherapist online video near me, a bunch of them will come up. Can you just see anybody for it or.

No, I would, I would recommend seeing someone who's trained in judge practitioner therapy specifically. Yeah. And they are very different. So you want to have somebody who's gone through and really knows they're almost like scrips.

And that's why they have apps now that, that have this as well. Because you can just do prerecorded sessions of it. Yeah, yeah. We in high school a little aside in high school, we used to have somebody come in every single year a hypnotherapist.

But it was for stage hypnotherapy. And he would take all like a bunch of the seniors who were about to graduate, and you'd have to volunteer but hypnotize them.

And it was like the highlight of our year to watch the seniors, you know, do silly things on stage in front of the entire high school. That's so fun. Did you ever have any like that, or was that did it?

Yeah. That's just. Yeah, that's really cool though I wish I had that. I had it was a tradition. Yeah, it was really funny. I didn't get picked. They have to they pick people that are easily hypnotized I guess.

And Yeah very different. So did that's not what's going on here. Yes. Very different. Okay. And then, one of my favorite things, to work with people on is cognitive behavioral therapy.

That is GI specific. So sometimes we'll call this gi psych or gi CBT. Now we'll call it CBT. I think it's more overarching term I should say. But what is gigabyte.

How is it different than just going to see a therapist for CBT in general. So it is helping with understanding the role of stress and how that impacts your thoughts and behaviors have on your symptoms.

GI specific. And it also helps you learn skills to change those responses to your GI symptoms. And it really changes those thoughts so that we're decreasing the hypervigilance that's occurring.

Yeah. And yeah yeah. Go ahead. You go. Oh I was just going to kind of go through an example of how this could look like. And so one example is that, you know someone starts feeling sensations in their GI tract.

So maybe some upset stomach and they start to feel anxious and frustrated. And as a result, the body will send out stress hormones like cortisol, epinephrine, and that changes the physiology of our digestive track and makes us feel like we have to have a bowel movement.

And so the person might start thinking, oh, am I going to make it to the bathroom in time? Where is the nearest bathroom? And instead, if we can recognize when those thoughts are coming up and change that thought so that we can try to change that outcome.

Food, Motility, and Meal Timing

So instead of oh no, I'm going to have an accident to, oh, I usually don't have accidents, and instead use a breathing technique that can help calm your nervous system, which would reduce the cortisol epinephrine, and make it much less likely that you're going to go to the bathroom.

So the breathing technique that we see is really effective for this is diaphragmatic breathing, which is essentially doing deep breath, belly breathing.

That can be really helpful, even just doing a few cycles of that. And this is going to come out after the last interview. So if you're watching this, go back and watch the one I did with Doctor Real, who just came out with the book Mind Your Gut.

And she talked about how that diaphragmatic breathing, just the movement of it, can actually affect the I think she says, like the intestines because of where the diaphragm is.

And she almost talked about it as like, almost like a massaging technique, which I thought was interesting, but more of like a physical effect to, the nervous system effect of the diaphragmatic breathing.

I think some people can overlook how effective it can be. I just had an experience probably a few months ago with a patient who started to do this, and she came back and she was like, this has changed my life more than any medication I've ever been on.

Wow. Yeah, that was like, even for me. I was like, wow, this is super powerful. But she was really able to change her thought pattern from going to, oh no, not this again.

I'm going to have a, you know, I have to rush and find a bathroom to oh, this again, like this happens to me. That's part of why, you know, some symptoms I experience and go into the diaphragmatic breathing and like pivoting to like, I don't even need to use the bathroom anymore at times.

I'm sure still obviously going to have times where she didn't have to go to the bathroom, but really expanding that period of, okay, I feel it. I'm going to have an accident, too.

Just I feel it. Maybe maybe I'll go to the bathroom in a little bit if I still need to after I do this, but may not be a necessity anymore. You know, the shift is so important.

Yeah. So we talk a little bit about the CBT. The other things with CBT that we can do are something called like salt, lungs. And have you ever used those with patients.

I can talk about an example too. Yeah. Yeah I'm starting to recently. And so that kind of goes back a little bit about what you were talking about with the thought process, and changing that.

So it's really common when we have these symptoms to have what we call like catastrophic thinking, like worst case scenario thinking. So like an example would be someone thinking like, I'm never going to have a bowel movement again.

And that once again just increases that stress response, releases those hormones. And so we want to work on challenging that thought to, okay, well, this is, is this a real thought or is this exaggerated thinking and just knowing I will always have a bowel movement again, I always do.

And then really asking yourself, like, what's the worst thing that's going to happen today if I don't have a bowel movement? And the answer is typically something along the lines of I might be uncomfortable, but it's not life threatening, I'm not going to die.

So just having in challenging this thought processes can be really powerful. And that's where the thought logs can come in to help you really write those things down and expand on that.

Yeah, I love that. And sometimes when we talk to people in the beginning, when we're just bringing this idea up about how your thoughts can actually influence your physical symptoms and IBS, people will say, I don't have any, I don't have any maladaptive thoughts.

I don't have any negative thoughts. Like, I don't think anything. I just go to the bathroom and my homework for them typically is okay. I want you to have a pen and paper or use the note app in your phone, and the next time you have symptoms, I want you to take it out and write down the first thought that came to your mind after symptoms.

Because sometimes we're not even really realizing, like we're not able to be an observer of our thoughts. It's just happening. And, just the realization of what actually is going on in there can be so powerful for people.

So I'll have them come back and just say, okay, let's talk about that list now, because there's more than likely something on the list. Yeah, yeah, that's a great way to do it.

I had another good one the other day, which it was having somebody who, this is actually a really common one where they were having negative thoughts around their symptoms, but I wanted them to write a tally mark every time they had a specific thought around their GI.

Treatment Options: Hypnotherapy and GI-Specific CBT

So specific symptoms just so we could see. How many times are you actually thinking about your gut sensations over the course of the day? And then their GI psychologist ended up adding another line to that, and then said, they also want you to tally how many times those thoughts end up changing your behavior.

So an example was, you should have a sort of like, my life is over. I can't wear the same shirt that I want to wear because I feel bloated. Right. And that also would correspond to another tally because she ended up choosing a really baggy fitting shirt.

The other one is, I don't think I can. I don't think I should go out to dinner with friends, and I am having symptoms, and my symptoms will get worse if we go out to eat at a restaurant.

And then she didn't go out to eat, so that was like two tallies. But what ends up happening is people see themselves writing, tally after tally after tally, and start to realize how much of their life this has really started to occupy, and how it's made such big changes in how they decide to carry out their lives.

And that can be a point of like a really pivotal changing point to say, okay, do you want to continue in this same way, or do you want this tally system to look totally different in the future?

I think that's really helpful to be able to visualize it. Yeah. Yeah. Just to see and like okay I'm putting another tally down again. Yeah. It's not a comment.

Yeah. You go oh and I was just going to say you know just to be able to like you said be like okay. Like do I want to continue in this way or like, am I wanting to change this and being able to know that you can change that?

Is really empowering again. Yeah, yeah. We keep coming back to the term you've said empowering a few times, but the goal of this is it should be empowering that you have more control around your symptoms than you may think.

I think some people can sometimes think of it as so. So you're still saying it's all in my head because my thoughts are involved, and I think that there's a real distinction between nobody's we're not saying you're making anything up and your thoughts can still influence your symptoms.

It can be you can hold this duality. Yeah. And we do know that visceral hypersensitivity is real. You know like we have this research and knowledge that these things are actually real.

It's not just in your head. Yes. Yeah. That's a really good point. Very good point. Does Gbtc actually work. We should probably cover that. Yes. So actually it is one of the most studied of, of the therapies.

And there's over 20 randomized controlled trials for IBS, specifically. And so we see they're about 60 to 70% of

patients respond, which is really incredible.

And what we also see in addition to that is that people experience greater than 50% improvement with their primary symptom, which is really significant.

And then another benefit to this in comparison to gut directed to hypnotherapy is that there is more durability. So essentially meaning there's more lasting benefit.

So it's really, really impactful. Yeah, yeah. And I really think that people usually do well with a combination of CBT and gut directed hypnotherapy. Do you.

Yeah. I often recommend one and then the other depending on the person of course. But yeah people usually benefit from both. Any other things though that we didn't discuss that you think are worth adding.

I think we covered it all. Awesome. This was I hope people, you know, if you're experiencing these symptoms, you might want to listen to this a few times because I think there's some little things in here.

We're going to write a full blog with all of this. So if you're watching on YouTube, go to our website, check out all the hyperlinks that are there, and feel free to email us and message us on Instagram with any questions, and we'll address them in future videos.

And thank you, Doctor Williams, for all of the research you've done and working with all the patients and all the lives that you've changed. Oh, thank you so much. It's great to be here.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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