Introduction to IBS and the podcast guest

We know that stress isn't good for anything, but specifically with irritable bowel syndrome and digestive disorders, there's so much research and support in this regard that some practitioners will say that it's purely like a stress-related condition.

I don't agree with that. I feel like there's physiological and physical issues that we oftentimes need to handle, and just telling somebody that they need to stress less and meditate isn't going to be a solution for everybody.

Hello and welcome to the podcast. This week we welcome back Dr. Isabella Wentz. You may know her as the thyroid pharmacist. She's been on the cutting edge of the conversation about thyroid health with a number of books and docuseries and podcasts and content.

She's a friend. We've known each other for 10 years and she has a new book on IBS. And I think this is really relevant because this is right in the center of the functional medicine paradigm.

And as you'll hear, there's a lot of different causes. Some of them are psychosocial. Some of them are the side effects of medication. Some of them can be food, but ultimately it's going to take a full workup to understand what's going on.

And as you'll hear, 20 to 50, 45 million Americans could do with this kind of support. So I hope you enjoy the session. Thanks so much for tuning in and here's Dr.

Wetz. It's so great to see you, James. Thank you so much for having me. Well, over the years, we've had some great education from you, whether it be on the Functional Forum or through the podcast in your leadership of both the functional medicine pharmacist world and also specifically around thyroid.

And I'm really excited to tap in today because for the first time in our 10 years of friendship, you get to talk about something completely different.

And you've written a book on IBS. And let's just start there. Like, how did you end up writing this book and being now diligently trying to understand this topic?

Well, it's kind of funny because I was never really interested in the thyroid during pharmacy school. I just thought it was like this really boring condition that people just used drugs for.

And it wasn't until I got my own Hashimoto's diagnosis is when I became really passionate about helping people with Hashimoto's recover their health.

Why Dr. Wentz wrote a book on IBS

Part of my own recovery and a part of other people's journeys that have had thyroid issues was actually an IBS diagnosis and resolving that diagnosis.

When I first trained with functional medicine through IFM, I remember one of the speakers talked about how IBS can precede a autoimmune diagnosis by five, 10, sometimes 15 years.

And this was certainly the case for me. I actually was diagnosed with irritable bowel syndrome. I know super, super glamorous when I was in pharmacy school and I, uh, man, I had a hard time heating up with my classes.

I'd have to like escape out of class sometimes because it was so. of, you know, like the diarrhea and all of that was just so disruptive to my system.

And eventually I got diagnosed with a thyroid disorder. And then I, part of getting myself into remission was learning about the gut and thyroid connection.

And so part of my healing journey was getting irritable bowel syndrome into remission. And that's actually something that I've done for many of my clients with thyroid disorders and Hashimoto's.

And I was like, Okay, I'm going to write this book on IBS that was in 2013, but I was like, other people know so much more about IBS than I do, so I'll just wait for somebody else to write it.

And finally, the last few years, I was like, okay, people are still talking about SIBO and the low FODMAP diet for IBS, where there's so many other root causes and triggers.

And I feel like functional medicine practitioners deserve a tool that they can use. to figure out all the potential driving factors of IBS because this day and age, we know that most people who continue to struggle with symptoms with a conventional approach.

So what are some of the drivers of IBS that you've been able to identify either from the research or from your own experience or like clinical cases, clinical casework?

I mean, there's a lot of them. So of course, as a pharmacist, I can say medications can be a big driver of both constipation and diarrhea. And this is something that I always advocate for doing a medication review whenever somebody comes in with a diagnosis, right?

That's kind of like, okay, we need to do that. They're on an antihistamine, they're on an opiate, they are on a birth control pill like Yaz or Yasmin.

that contain Drisperinone. These can all be drivers of irritable bowel syndrome. Then there's also things like food additives. I feel like this is a really underappreciated trigger.

For myself, it was soy lecithin that was a really big triggering agent. For other people, it can be erythreol. It can be some of these malatols, sorbitols, all of these artificial sweeteners.

There was a A few years ago, the gummy bear company Haribo decided to replace their sugar with an artificial sweetener. And if you happen to have a chance to look at some of the Amazon reviews for those gummy bears, they essentially produced osmotic laxative syndrome.

and symptoms in people who ate too many of the gummy bears and they, you know, they call this like the gummy bear cleanse. So definitely different types of additives can have a laxative effect when too many of them are consumed or they can really impact the microbiome.

We know that foods can be triggers. I know a lot of functional medicine practitioners are very focused on the elimination diet, and I think this can be an important part of healing.

Gluten, dairy, and soy are going to be some of the common reactive foods, but also leafy vegetables like Lettuces and blueberries and raw vegetables have been some of these things that can really trigger IBS in clients.

Common drivers of IBS and umbrella diagnosis

High fiber foods can also be a potential problem, even though it's like everybody talks about getting more fiber in your diet. And sometimes that can actually make your IBS worse.

And then of course, there are things that I wish we talked about more. So for example, protozoal infections. These are really, really relevant triggers for people with irritable bowel syndrome and autoimmunity, especially if they have more than one.

Food sensitivity, if they're eating already a clean diet, that's like, we really need to focus on the infection component. Then there's digestive enzyme deficiencies.

There are… you know, various types of overgrowth such as SIBO in the small intestine, we can have a motility disorders, we can have a low stomach acid.

And so there's a really long list of that where I consider IBS to be more of an umbrella term with all of these different things that can cause it. It was an 11th study by Dr.

Haba of 303 people. He was able to find that of all of the people diagnosed with IBS, 98% of them had some kind of a treatable cause. Whether that was celiac disease or an enzyme deficiency, this can be something that can be a driver for IBS.

So in my opinion, there's always a cause. We just have to look for it. It's interesting because we've been talking a lot about reversing cognitive decline and what's interesting about that issue is that there could be all of these different drivers that contribute to it.

So in order to get the outcomes that were got in the randomized control trial where 91% of people got better, the key ability by the clinician is to be able to go in there, work out what's going on with that particular patient, and then remove those same issues.

And that's actually just functional medicine being deployed in a reasonable way. It seems like From what you just said, IBS maybe is more of a umbrella, like you said, like an umbrella diagnosis.

And therefore you do need some of these same tools to understand what's driving the pathology in the person in front of you. Would you say that's fair?

Exactly. Because IBS is basically a label. It tells us what's going on in the body. Like you're having diarrhea, constipation, or both, and you know, all of these symptoms, but it doesn't tell us what's the cause behind the symptoms.

So what did you learn about IBS from your own perspective? And I'd love to dive further more into the sort of the thyroid disease. I remember the thyroid connection.

I remember Dr. Pedre doing a functional forum back in 2015 called the Gut Brain Thyroid Axis and talking about how that all connected. So I'd love to learn your thoughts on how you see that that's connected and how it came together for you.

Just wanted to take a moment to thank our mission partners for helping bring this podcast to you. As you know, we are in the business of building a network of clinics that can reverse cognitive decline.

And our partners in that are organizations. You can find out more if you go to goevomed.com and look at the mission partners. But first and foremost, Truenura.

If you go to truenura.com, you can get a demo. This is the underlying software that will connect this network of clinics and we have an incredible mastermind session, a lot of cool stuff coming out of that company.

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this.

These are our mission partners. These are people that I know well. These are people at the top of their sphere and really excited to bring you the rest of the podcast.

Enjoy. I love Dr. Pedre's work, so he has been a leader in IBS and gut health for such a long time, so I'm a big fan of his work.

Gut-thyroid-autoimmunity connection

And I will say that Dr. Alessio Fasano is probably the first person that made that connection for me, where there is, we know that Hashimoto's and most thyroid disorders are autoimmune in nature, right?

And so when you have an underactive thyroid, you have autoimmunity most of the time, unless you've had your thyroid-like surgically removed or something, or you were born without a thyroid.

So Dr. Alessio Fasano connected the dots with, okay, if you have an autoimmune disorder, then you have this three-legged stool of autoimmunity. Three things need to be present.

You need to have the genetic predisposition. You need to have some kind of a triggering event, and you also need to have intestinal permeability. This was very relevant for me on my healing journey from Hashimoto's where I thought, okay, I can't really change my genes and I don't really know what triggered this thyroid disorder.

Was it, you know, was it Chernobyl exposure in Poland? Was it the Epstein-Barr virus in college? Was it a bad breakup, right? Like, was it not speaking my truth?

There's so many different paths to to getting ill. And so I was like, okay, I could work with this intestinal permeability thing, right? Because I had gotten that irritable bowel syndrome diagnosis a few years before.

And when we look at the symptoms of intestinal permeability, pretty much it can be asymptomatic or it can present with irritable bowel-like symptoms. And so that was really my pathway to healing was like, okay, so there's this gut and thyroid connection.

There's this gut and autoimmune connection. We do know that gut cells and thyroid cells are from the same fetal origin, right? And so there is a big two-way street connection there.

And my pathway to healing was essentially looking at how do I make my digestion a much stronger process? And that has helped me a lot. I thought, You know, everybody initially it was like gluten and dairy free diet that helped me and getting off of soy lecithin.

And then I, I wasn't symptomatic after that point, but then later on I was found to have a protozoal infection. And then I started working with clients and I remember this one client had very early stages of Hashimoto's and like very severe irritable bowel syndrome.

And he sought me out for my advice. And I was like, okay, well, I think everybody with IBS needs to go gluten-free and dairy-free. And then he was like, I'm already doing that.

That's not really helping. And then I was like, well, I think it's probably, I'm hearing about the SIBO thing. Why don't you get tested for that? He didn't have it, but he was found to have other kinds of gut infections.

A lot of my clients through the work that I've done with them, a big focus on their healing has been, let's figure out what's going on with your gut because that can be driving autoimmunity and IBS and chronic hives and all of these other conditions, right?

Yeah, interesting. Well, how common is this? What are we looking at in terms of like, is there a percentage of the

American population that has IBS and how does it manifest in that population?

Sure. IBS accounts for 12% of primary care visits. It's one of the most common functional digestive disorders. About 25 to 45 million people in the US can be affected with irritable bowel syndrome.

So this is very, very common, right? It's one of those things that I feel like a lot of us say, a lot of us coming from conventional medicine might say, oh, this is so common, right?

It's, it's almost normalized. And then if you ignore it for 10 years, then you could end up with an autoimmune disease. Right. And that's really my goal is to spread this awareness and let people know how to catch it when it's IBS so that they can prevent all of these issues.

Oftentimes, you know, we can see a trajectory of women that I followed where they'll be diagnosed with irritable bowel syndrome. at some point, then they'll get diagnosed with fertility issues, then they'll get diagnosed with thyroid issues or autoimmune issues.

We go back in history, they might have anxiety disorders before that. And it's like, okay, there's this clear pathway of disease progression. And we just like let all the people with IBS know that they can do things to heal themselves and prevent illness.

And I don't mean just like taking Imodium, over-the-counter, or even, I love bone broth, I'm drinking some right now. But from our functional medicine perspective, a lot of us are recommending elimination diets and bone broth, and oftentimes we need a lot more than that to heal the gut.

Yeah, absolutely.

Mission partner sponsor segment

Well, what are some of your favorite tools that you see that are being used most commonly now, both in your work and then in clinics that have a good handle on reversing IBS through a functional approach?

I can understand that obviously it's going to depend on the cause, but what role for some of the sort of standard tools that are used in functional medicine, like enzymes and probiotics and tools to soothe the gut lining, what are some of your favorites there?

I love utilizing digestive enzymes. So for helping with, let's say low stomach acid, I love using butane with pepsin. Then we might have people who have diarrhea because of low issue, low level of pancreatic enzymes.

So that could be measured on like a low elastase. So I love using pancreatic enzymes for that purpose. Then there's people that might have issues with high fibrous foods.

So we might think about switching them over to changing their microbiome a bit, as well as using proteolytic enzymes or systemic enzymes for people that have a lot of these food sensitivities.

This can clear out food sensitivities from their system. So I really love to utilize these very basic tools from functional medicine. I also love diagnostics.

So I love the gut zoomer test from Vibrant America. SIBO testing, I feel like this can be very, very relevant as well for many people. That's really interesting.

Okay. Well, you know, I think for most people who are listening, who maybe are seeing patients with these kinds of issues, do you feel like this fits squarely into the modern functional medicine practice?

Or do you think this is sort of almost like a subspecialty? Gosh, I do think it fits pretty well into the functional medicine practice. I feel like people who are already doing functional medicine can use this process already and

start trying to investigate root causes and get their patients really solid results, getting more than 80% of people better and no longer having any symptoms of IBS within a pretty short time period.

IBS prevalence and disease progression

Yeah, that's cool. Well, look, I know you had another experience because this has happened in the family, right? I think your husband had had some experience with IBD as well.

And what impact did being alongside him in that journey have in informing the book and your thesis? I feel like he was kind of the kicker because I was like, okay, IBS, I can talk about this.

I've had clients with this. And then he got diagnosed with inflammatory bowel disease, which is a different animal, but 25% of people with IBD might actually get, 10 to 25% of people with IBD might actually get diagnosed with IBS.

And so I oftentimes see people, they're told that they have irritable bowel syndrome. And they're given a tool set even from functional medicine clinicians that can make them feel worse.

And that's exactly what can happen when you have inflammatory bowel disease. And there are so many medications out there that are more intense medications, biologics.

medications that can cause a lot of side effects that are traditionally used for inflammatory bowel disease. And I've also seen, unfortunately, a lot of people who struggle to get that condition into remission for a very, very long time.

So they just go on for years and decades. And we all know that puts us at risk for colon cancer, can also be a life-threatening condition. So with him being diagnosed with inflammatory bowel disease, I would say, well, lucky and unlucky, we had a two-week-old baby.

when he was diagnosed, so timing wasn't great, but I just had finished the IFM gut module, and then I had also been lucky enough to live in Boulder, which Bill Cardhan, Debbie Steinbach, and Steve Wright were some of my dear friends that helped me advise and develop a plan for Michael so that he can get into remission very, very quickly.

Some things that I learned from them were, and all of them are like top-notch gut health experts, Debbie and Jill referencing Crohn's disease in themselves and helping patients doing it on a daily basis, and Steve being a brilliant formulator for gut products.

And so one of the things that we did was actually put him on a semi-elemental diet. He didn't love it, but it got his inflammatory bowel disease into remission very quickly.

And so he would use like the physician's formula, elemental shakes.

Functional medicine tools for IBS

couple of times a day and then eat squishy and mushy foods. And then we utilize some anti-inflammatories like Baswellia, high-dose turmeric, fish oils, serum-based immunoglobulins to get him into remission.

And thankfully we got him into remission within just a few weeks and he's been in remission for more than seven years at this point. So this is something that I've written up in this book as well, a whole protocol for inflammatory bowel disease that I've used that my colleagues helped me develop that I've used with my husband and also with clients over the last five, six years or so with a lot of success.

So some of the, for example, Andrographis is an option that can induce remission and ulcerative colitis, and it can be equivalent to that of mesalazine.

So there are other ways that we can potentially get a person like 1000% healthy. The funny thing is, I'm still gluten-

free, but Michael eats like everything now these days.

Cause we thought, you know, he was going to have inflammatory bowel disease and that was going to be a lifelong exclusion, elimination of tacos and all the foods he loves.

And it was just a temporary thing where we've gotten him every food back. And he, he, the only thing he avoids is erythreol. Okay. Well, now you live in Austin, tacos are a key part of the key food group.

If you live in Austin, right? Oh my gosh, we just moved to Austin. My husband grew up here and he's, they're breakfast tacos. Like every weekend he and my son get breakfast tacos.

It's like a big thing. And there's like a lunch tacos and dinner tacos. It's like, I just had my skin baby and I was, had some food aversions and they were Tex-Mex and barbecue from having had so much since we moved to Austin.

There you go. Well, I love to get your thoughts on this.

IBD, remission, and treatment protocol

So you mentioned in passing earlier, some of the sort of like, let's call them like psychosocial elements of thyroid, which you came to see having been in the thyroid world for a decade.

So like not speaking your truth, not speaking up, you know, it's coming from that end. What are some of those same factors that you would think about with, with irritable bowel?

Cause I know like I've got a friend who's in my men's group who reversed his you know, very tough condition of digestive disorders through his own homework.

This is going back 10 years, 15 years, and is now, you know, completely healthy. And that set him on a path to realize like, I actually know more about my own body than any physician could because look, I was able to sort of like, you know, sort of go on a biohackery sort of journey towards, you know, getting his gut healthy.

But he recognized a lot of it was mental, you know, in that process. And I'm just wondering if you have any experience of that and now having experienced it yourself and gone through it with Michael, are there some like psychosocial elements that contribute towards chronic digestive disorders?

I mean, my last book was on the adrenals and the stress response. So we know that stress isn't good for anything, but specifically with irritable bowel syndrome and digestive disorders, there's so much research and support in this regard that some practitioners will say that it's purely like a stress-related condition.

I don't agree with that. I feel like there's physiological and physical issues that we oftentimes need to handle and just telling somebody that they need to stress less and meditate isn't going to be a solution for everybody.

But yeah, it's such a huge, huge component when we're in our fight or flight. So whether it is, you know, we're going through a stressful situation at home with work or you know, watching the news or just like running around and not taking the time to, to eat, slow down and eat, that's going to shut off our digestive enzymes, right?

And so our digestion starts in the brain. And so we're, we're in this fight or flight, we're not going to be able to properly start that process. And so rather than foods being broken down properly by our digestive enzymes, they can actually become inflammatory, right?

And so when we have low stomach acid as well, we end up having an inability to clear the infectious organisms that are going to be on our foods. And so a lot of times I'll see people when I'm doing histories on them, they'll be like, I was going through a stressful time and all of a sudden I got ill, right?

And so we do know that stress suppresses our secretory IGA. which is our first line of defense. So we're under a lot

of stress and that's going to potentially make our foods more inflammatory and that's going to give space for microbes, protozoa, whatnot to survive our stomach and then infect us.

We're going to have higher propensity for small intestinal bacterial overgrowth. We're not utilizing that stomach acid. And that's just like one digestive enzyme.

So this is a whole pathway and consequence. There's a lot of different studies showing that cognitive behavioral therapy, yoga, anything that reduces stress is going to help with IBS symptoms.

So I'm not like religious about what you do, just do what works for you, right? If you love yoga. then incorporate more of that. If you don't have time for a lot of things, one of the things you can do is just try to slow yourself down before you eat.

So putting yourself in more of a parasympathetic state, that rest and digest state, and that might mean just taking some deep breaths. Some people love saying a prayer before they eat and just taking the time to calm yourself.

Chewing your food properly, right? That can make a big, big difference in your digestion.

Stress, the gut-brain axis, and digestion

And I guess the last question I want to ask you is actually about your role as a pharmacist because we've been having this conversation a little bit on the podcast.

Last week or a couple of weeks ago, we had Ashley Coff and she was sort of arguing for the extension of the functional medicine sort of team, which I think the core team is the clinician and the coach, right?

And we've over the last 10 years, I think, helped to popularize that model. She's arguing that you need to add the dietitian in the mix because there's literally, well, in her mind, there's so much to it and it's a lot of time, energy and effort to get that part right.

You know, when I asked you what caused IBS, the first category that you spoke about was medication. And ultimately, you know, what a crazy world that we're living in where, you know, the thing that you're taking for something else causes this other condition and there's 20 to 45 million people that have it.

So I just love to get your thoughts as to like, the sort of de-prescribing really that's needed in order to… If it's the first category that you mention, and it's this many people being affected, ultimately, what role for de-prescribers and pharmacists may be front and center of this conversation?

to make sure that we're not inducing IBS into large swathes of the population through conventional medication used for too long or inappropriately or maybe appropriately, but this is just like a side effect is an effect that you don't want.

Yeah, and I may be biased because I used to work in a consulting role after pharmacy school where I would see people who were prescribed eight plus medications and I would go to their homes.

Many of them lived in group homes and so they were had caregivers and they weren't really advocating for themselves. And so what we would do is we would go to these homes and I would talk to their caregivers and then I would find out that they were prescribed one medication.

for something and then they'd have side effects from that medication and then they'd get a second medication to treat those side effects and then they would develop side effects from that second medication and get a third medication and so on and so forth.

And I feel like anybody with a new diagnosis, anybody that's on medications, they really deserve the opportunity to have a pharmacist do a comprehensive medication review for them and maybe suggesting some alternatives.

So I mentioned the medication Yasmin, Yas, Drisperinone, this is a type of birth control, Drisperinone containing birth controls. These have been found to induce irritable bowel syndrome.

And if somebody needs to, let's say, be on birth control, for whatever reason, a pharmacist can recommend an alternative, right? And a pharmacist might be able to catch that nuance where they've got a, so many young women have IBS, there's a, it was a TikTok trend, the other A couple of years ago, it was like hot girls have IBS hashtag or whatnot.

And it talked about, yeah, this is so common in young women and how much of that is driven by the birth control type that they're taking, right? And so if we were to have somebody have a med review, they would be able to catch that, right?

And educated pharmacists would be able to find that and potentially recommend alternatives. Yeah, absolutely.

Pharmacists, deprescribing, and medication review

Well, it's such a great, you know, there's so many ways you could go from that conversation and ultimately it does bleed into everything because everything affects everything and that is the understanding of systems biology that is driving this new paradigm of medicine, which your book fits into and my work fits into and conventional medicine is a sleep on the wheel app.

So I really appreciate you leading this conversation. I think it is time to have this conversation. I'm glad you chose it. And the book, I can see it behind you.

What a great title. Just IBS. People know about it. They know what it means. There it is. It's easy to understand. It's the simplest title you've ever given to any book, I'd imagine.

Well, it's actually finding and treating the root cause of irritable bowel syndrome. And then it says IBS. I know like usually my book titles are like 700 words, like trying to get all the keywords in there, but this one has, um, the IBS is very legible.

So it's, it's coming out on March 17th. So you can get that on Amazon, Barnes and Noble, wherever fine books are sold. Amazing. Well, Isabella, keep up the great work.

Thank you so much. I know you're deep into motherhood at this moment and enjoying the second time around. I know we spoke about it actually a few years ago when we just had our second child.

How are you enjoying it? Thank you so much. I am loving it. The age gap, I think we have about seven years of an age gap and I think that that's similar to you.

Yeah, yeah, eight. Eight years, yeah. So it's interesting because we're living two different lives. Like our son is out and about with his neighborhood friends and playing tennis and piano lessons.

And then we've got this like chunky little baby that just smiles all the time. So it's really quite beautiful. I'm not sleeping too much. So there's that, but I'm super grateful.

Wonderful. Thanks so much for coming and sharing. Check out Dr. Isabella Wentz's new book. This has been the Evolution of Medicine podcast. We've been talking about IBS.

I do think that this is squarely in the center of the modern functional medicine practice. If you don't specialize in functional medicine, you could just specialize in IBS and have 20 to 45 million patients that need your help.

Closing remarks and book release

and doing all the things that you're taught in functional medicine training can help you make a big impact in this

area. Thank you for your leadership on this and excited to share this out with the world.

This has been the Evolution of Medicine podcast. I'm your host, James Maskell. and we'll see you next time. forward for the reversal of Alzheimer's and cognitive decline.

Thank you so much for tuning in to the Evolution of Medicine podcast. We'll be back again next week and thanks so much for tuning in and we'll see you next time.