

SMHP Accreditation Essay: Katherine Aitken-Young, IBS Game Changer
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How were you introduced to the concept of dietary interventions to address chronic conditions and promote Optimal Health.

I've struggled with Irritable Bowel Syndrome (IBS) for as long as I can remember, and for most of that time I didn't have any idea what it was. In fact, I didn't even know it wasn't "normal" to have all constant GI symptoms and the pain and anxiety they caused. As a child, I would be doubled over and crying with "gas pains" on a regular basis. My parents learned to chalk it up to being part of my digestive system and they supported me through regular bouts of abdominal pain. Over time, the symptoms continued to plague me but nobody could ever point to a specific cause. As an adult, twice I ended up in the ER certain that I had appendicitis. I was in such pain I couldn't even stand up straight. Each time I was sent home without a diagnosis or any help for what I was experiencing. When I finally went to a GI specialist and had the full battery of tests to rule out Celiac Disease, Crohn's Disease or any other bowel-obstructing disorder, I was told it was "probably IBS." At the time, I felt like that must be a catch-all diagnosis the doctors used when they couldn't figure out what was really wrong. I didn't even look into what it meant or what I could do about it because it didn't seem like a diagnosis of anything "real." After two more years of denial and discouragement and unpredictable symptoms, I went back to the GI specialist and that was when I finally wrapped my head around Irritable Bowel Syndrome as a real thing. It was also the first I heard about FODMAPs—an acronym referring to a group of small chain carbohydrates found in certain foods that trigger IBS symptoms. Once I realized there was something I could do about my situation, I was **all in** on learning everything I could about symptoms, triggers, and solutions. That was when I discovered the power of dietary intervention to promote optimal health and my constant gut roller coaster started to flatten out.

Describe your practice and how you incorporate TCR either exclusively or as an option.

I developed my [IBS Game Changer Program](#) as a set of tools, techniques, and coaching to address the 15% of the global population suffering with Irritable Bowel Syndrome. The program consists of 8 weeks of focused work. It starts with a couple of weeks of specifically modified Therapeutic Carbohydrate Restriction (TCR) designed to reduce or eliminate the symptoms of IBS, followed by a guided challenge to determine the patient's tolerance for some of the most common IBS triggers. Patients end up with a good understanding of their personal triggers and how to manage them. It puts the patient in control of their symptoms, so their life is no longer ruled by IBS.

3 cases where a dietary and/or lifestyle intervention had a favorable outcome.

Case #1: 84 year-old woman who was house-bound due to her constant bouts of diarrhea. An Italian, she loved to cook with plenty of pasta, beans, garlic, and onions. She also loved to bake and enjoy her baked goods. She could not, however, understand why she had constant gut issues and she was not able to safely make the drive to visit her grandchildren for fear of having a fecal accident on the way. She was referred to me by her physical therapist who learned she was wearing a diaper when she came to her PT appointments. After a couple of weeks of TCR she was free of her symptoms for the first time in decades. After the full 8 weeks of careful work

together, she is fully aware of her triggers, she is in control of her symptoms, and she has learned how to substitute low-FODMAP ingredients in her kitchen so she can continue to make her favorite meals in a way that doesn't trigger her IBS symptoms.

Case #2: 55 year-old woman who had a history of Ovarian Cancer. Her IBS symptoms caused her severe abdominal pain on a regular basis. After having ovarian cancer, every time she got abdominal pain, she panicked that her cancer was back. After a couple of weeks of TCR she was free of her symptoms. After the full 8 weeks of working together, she is completely aware of her triggers, she is in control of her symptoms, and she no longer has reason to panic on a daily basis when her gut starts acting up again.

Case #3: 40 year-old woman with a decades-long history of severe, unexplained abdominal pain. After a battery of tests, her GI doctor diagnosed her with IBS and told her to go on a low FODMAP diet. Knowing nothing about nutrition, cooking, or food, she struggled to understand what a FODMAP was and how to avoid eating them. After teaching her about food and carbohydrates (all FODMAPs are carbohydrates) and how to read food labels, and helping her follow a TCR diet for a few weeks, her symptoms went away. Freedom from abdominal pain that had plagued her for years was just the motivation she needed to keep learning. Today she is symptom free and eating a much more healthful diet of whole foods.

3 cases where a dietary and/or lifestyle intervention had unfavorable outcomes or where they provided you with challenges that needed to be overcome.

Case #1: A 40 year-old woman with IBS diagnosis came to me for help because she just could not get her symptoms under control no matter what she did. Working together, she kept a careful food, hydration, exercise, and stress diary which we reviewed carefully on a weekly basis. It didn't take long to figure out the culprit was the caffeine she refused to give up. Even when we tested her symptom recovery by removing the caffeine briefly, she was not interested in giving up her habit. Challenge accepted. That's what drove me to develop my "coffee cocktail" – a blend of decaf coffee, Lion's Mane, and ground Cacao that produces a delicious smooth cup of coffee with extremely minimal triggers and that delivers a prolonged boost of energy and mental clarity without any of the triggering side effects of caffeine. With this, she came around to letting go of her caffeine habit and now she is symptom free and happy with her coffee blend.

Case #2: A 24 year-old woman came to me with an IBS diagnosis along with constant gut and over-weight issues. A very stressful job with many triggering habits (donut day, bagel day, office lunches, constant cravings for sweet snacks, etc.) made it very difficult for her to even consider practicing TCR or adopting a low-FODMAP diet. Working together she built an understanding of what her triggers were and she worked hard to eliminate them from her diet. She would have a few days of feeling good and then she would respond to the stress by eating a pile of donuts or a bag of cookies. The habits and the cravings for sweet foods was overwhelming to her and she felt powerless to overcome them. Together we worked on adding meditation, hydration, and stress reduction, and we also worked on new habit formation by adding water and walking as a substitute (or at least a delay tactic) for her sweet treats. Over the course of 8 weeks she progressed nicely, lost some weight, and felt better some of the time. She learned what her

triggers were and how to avoid them, but she was not able to fully overcome her cravings and remains overweight and with some ongoing stomach issues.

Case #3: A 45-year old woman came to me with a diagnosis of IBS and real resentment and anger about all the things she perceived she could not eat. She was very focused on the scarcity aspect of any sort of TCR. She relied heavily on multiple medications to address her many symptoms and flatly refused to eliminate her obvious triggers. The challenge with her was to bring her around to a mindset of abundance by introducing her to the full range of foods she could eat, along with a vast bank of recipes for foods she could make that would be safe for her to eat, and a few of her favorite recipes modified to be low-FODMAP versions. This enabled her to ADD these safe foods that eliminated the offending carbs and see what it was like to occasionally not feel sick. While she held onto some of her most valued trigger foods, this approach opened her mind a bit, gave her some relief, and I hoped over time would help her move away from the trigger foods in favor of feeling good all the time.

Outline where you see your practice in the future.

I plan to use TCR more prominently in my program as a way of helping people get to low FODMAP eating on a simpler path. Sometimes trying to understand FODMAPs is so overwhelming patients give up before they see any results. All FODMAPs are carbohydrates so a modified TCR approach (removing garlic and onions, for example) is a much simpler way for some patients to get “clean” so they can experience life without IBS symptoms before starting down the path of challenging FODMAPs back into the diet.

- I am building more “one to many programs” that can be delivered virtually or in person to reach more patients with this life-changing model.
- I am planning to add experiential food-related travel opportunities for patients to build community and deepen their understanding of how to eat a vast array of foods when following a TCR or Low FODMAP diet.
- I am packaging up self-paced learning programs that are customized to address the different starting scenarios for each client type: Those who are on a vegetarian diet, those who don’t cook, those who only eat processed/fast foods, those who only eat out, those who are overly reliant on medications to counteract their symptoms instead of addressing the cause of the symptoms, etc.
- Throughout, I am constantly creating new free content featuring tips and tools, recipes, and more.