

# Low-FODMAP and Vegan

WHAT TO EAT WHEN YOU CAN'T EAT ANYTHING



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# INTRODUCTION

Nearly everyone who adopts a vegan diet, regardless of their reasons, rightfully expects to see improvements in their health. After all, eating more plant-based foods, especially whole, minimally processed foods, has been shown in study after study to benefit health in a vast number of ways. Scout the web, go to a vegan festival, attend an animal rights conference, take a vegan nutrition course, read a vegan blog or book, or listen to a vegan podcast, and you'll discover countless people who claim to have cured every ailment under the sun just by following a vegan diet.

But what if you don't feel good when you become vegan? What if your health problems take a nosedive rather than resolve? Who can you turn to if you feel worse rather than better?

Because of the well-deserved positive press that plant foods have received, it's become almost heretical to disclose that you don't feel well on a vegan diet. And if you do speak up, your vegan friends and countless others on social media will no doubt be delighted to tell you exactly what you're doing wrong and how to fix it: adopt a raw diet; go oil-free; fast; juice more; eat fewer starches; eat *more* starches; eliminate grains; ditch gluten; get more fiber; avoid sugar; go low-carb; abstain from nuts; drink green smoothies. Consequently, it's no surprise that most vegans who don't feel well are unwilling to talk about it, and it's also no surprise that many of us privately harbor an enormous amount of guilt, shame, and embarrassment about our situation. We too wonder what we're doing wrong. Why aren't we among the majority of vegans who are thriving and feeling fabulous? What's the matter with us?

I became a vegetarian when I was a child, long before it was fashionable or commonplace. And I became a vegan many decades ago,

also long before it trended. I loved vegetables when I was little (yes, I was the nerdy kid who would rather eat spinach than dessert) and any food deemed healthy. And yet I never seemed to feel very good. I suffered from terrible stomachaches, headaches, and bowel issues, and rather than feel better when I became vegan, I actually felt worse.

As an adult, I tried every approach under the sun to make the pain and gut problems go away: probiotics, prebiotics, a raw diet, a high-fiber diet, juicing, nutritional supplements, fiber supplements, fasting, going gluten-free, going oil-free, going fat-free, going sugar-free, going yeast-free, going nutritarian, eating fermented foods, following food combining, doing cleanses, trying elimination diets, you name it. I tried each of these methods not just briefly on a whim but for years (as I mentioned, I've been vegan for many decades). But absolutely nothing worked.

In addition, I shuttled from doctor to doctor, trying to get a handle on what was wrong with me. I exercised. I ate well. I didn't smoke. I didn't drink alcohol or take drugs. I meditated. I had meaningful work. I should have been feeling great, right? After rounds and rounds of tests, each doctor declared that I was fit and healthy and that I "only" had irritable bowel syndrome. Then they ushered me out of their offices, dismissing me with a flick of the wrist and a subtle smirk that implied "I have patients with serious health issues. Stop bothering me."

When you're vegan and have unrelenting IBS, it's a pretty lonely and exasperating experience. I was tired of my vegan peers telling me what I should do (been there, done that) and doctors brushing me off as though IBS wasn't a "real" problem or was all in my head. And, let's face it, discussing digestive troubles isn't pretty, pleasant, or socially acceptable, so getting support and understanding, especially from people who don't have a clue what you're going through or know what it's like to live with chronic pain and discomfort, fear about embarrassing yourself, and anxiety over where to find the nearest bathroom is particularly challenging.

But after many years of suffering and many years of research, I finally hit upon something that has helped. And because of that, I'm stepping out of the water closet to share my discoveries and reveal (rather reluctantly) that I'm vegan and I have IBS. No longer should those of us with functional digestive disorders suffer in silence or be ashamed of being vegan and not feeling well.

I offer this book to you unapologetically, my friend: the vegan with IBS. I also offer it to any vegan with other functional digestive disorders and related gastrointestinal conditions, including inflammatory bowel disease (Crohn's disease and ulcerative colitis), celiac disease, and those with "sensitive stomachs." If you've ever had days (or weeks, or months, or years) when you've felt you're essentially allergic to food and can't eat anything at all, this book is for you.

Although there currently is no cure for IBS, we can learn how to pinpoint triggers and manage our symptoms through a revolutionary, scientifically proven method. I invite you to turn the page and join me on this exciting journey.

Jo Stepaniak  
[ibsvegan.com](http://ibsvegan.com)

Irritable bowel syndrome (IBS) is a chronic, common disorder that affects about 10 percent of the world's population and 10 to 15 percent of the general population in the United States, including women and men of all ages. According to the Canadian Digestive Health Foundation, IBS affects 18 percent of the population in Canada, one of the highest rates in the world. The Gastrointestinal Society of Canada and the Canadian Society of Intestinal Research state that the lifetime risk for a Canadian to develop IBS is 30 percent. Despite these startling numbers, it's estimated that fewer than 15 percent of people worldwide who are affected by IBS seek medical attention.

IBS mainly involves the large intestine (colon) and is characterized by cramping, recurrent abdominal pain, altered bowel habits, bloating, abdominal distention, excessive gas and flatulence, variations in stool characteristics, audible abdominal noises or rumbling (the noises are called "borborygmi"), fecal urgency, unsatisfied defecation (a sensation of incomplete emptying), mucus in the stools, rectal pain, nausea, and fatigue. For most people, IBS is a persistent, unrelenting condition, although there will likely be times when the signs and symptoms are worse and times when they improve or even disappear completely.

Upper GI symptoms, such as belching, dysphagia (difficulty swallowing), dyspepsia (indigestion), heartburn, noncardiac chest pain, and increased gas production are also common in people with IBS. Extraintestinal (non-gastrointestinal) symptoms that are frequently reported include rheumatologic symptoms (inflammation or pain in muscles, joints, or fibrous tissue), headaches (including migraines), increased urinary frequency and urgency, sexual dysfunction, and sleep-related disturbances. There also appears to be a strong connection between IBS and fibromyalgia (chronic muscle aches and pain). In his paper titled "The Association of Irritable Bowel Syndrome and Fibromyalgia," Lin Chang, MD, associate

professor of medicine, co-director of the UCLA/CURE Neuroenteric Disease Program, and director of the UCLA Motility Unit, reported that up to 60 percent of people diagnosed with fibromyalgia have symptoms of IBS and up to 70 percent of people diagnosed with IBS have symptoms of fibromyalgia. The similar clinical characteristics and significant overlap of symptoms between these two syndromes suggest that they may have a common etiology. Most notable, however, is that the primary clinical pattern of IBS—the chronic abdominal pain and altered bowel habits—hasn't been explained by any identifiable structural or biochemical abnormalities, as it has with inflammatory bowel diseases, such as Crohn's disease and ulcerative colitis. While some research shows that the colons of IBS sufferers have similar physical characteristics, for the most part IBS has been defined by its lack of verifiable criteria. Nevertheless, having a diagnosis of IBS does not mean the symptoms are any less real than for patients with organic or structural diagnoses. In fact, research has shown that the severity of the symptoms and degree of disability for many IBS patients are even greater than for patients with ulcers, esophageal reflux, or milder forms of inflammatory bowel disease.

Because the pathophysiology of IBS has not been entirely clear, it has made diagnosis and treatment challenging. It's also the main reason that IBS has long been dismissed as a psychosomatic condition. Traditionally, doctors have diagnosed IBS by exclusion, which means that rather than making a positive diagnosis of IBS, they've relied on ruling out the presence of other conditions and illnesses, such as colorectal disease, colon cancer, celiac disease, and inflammatory bowel disease (IBD). Since IBS is a disorder of abnormal gut functioning, no abnormalities should show up on the various conventional diagnostic tests that are used, so negative test results only help to reinforce this diagnosis. In addition to investigative tests, the diagnostic process typically includes identification of symptoms suggestive of IBS, known as the ABC of IBS:

- A** Abdominal pain or cramping
- B** Bloating or a feeling of fullness
- C** Changes in bowel habits:
  - more than three bowel movements per day or fewer than three bowel movements per week

- change in stool form or appearance (e.g., lumpy/hard stool, pellets, pencil-like stool, unformed stool, loose and/or watery stool)
- change in stool passage (e.g., straining, urgency, or a feeling of incomplete emptying)

The official medical definition of IBS is part of what is known as the Rome III Diagnostic Criteria for Functional Gastrointestinal Disorders. This criteria system was developed to classify functional gastrointestinal disorders based on clinical symptoms. The Rome III diagnostic criteria for irritable bowel syndrome states the following:

Symptoms of recurrent abdominal pain or discomfort and a marked change in bowel habits for at least six months, with recurrent abdominal pain or discomfort at least three days a month during the last three months associated with two or more of the following:

- Pain is relieved by a bowel movement
- Onset is associated with a change in frequency of stool
- Onset is associated with a change in form (appearance) of stool

Despite the prevalence of the syndrome, the exact cause of IBS still isn't known. The current clinical understanding is that it is a disorder primarily resulting from the confluence and interaction of several elements: visceral hypersensitivity (increased sensitivity to pain in the intestines), genetics, infection (such as food poisoning), inflammation, and gut motility. Other possible influences include dietary factors, gastrointestinal dysmotility (impaired muscles in the GI tract), gastrointestinal dysfunction (increased or decreased contractions of the digestive organs), imbalanced gut flora (bacterial overgrowth in the large intestine), small intestinal bacterial overgrowth (SIBO), hormones, and environmental and psychological elements.

However, some exciting and encouraging medical breakthroughs in research and testing for IBS have recently occurred: Scientists have identified an organic biomarker for the diagnosis of one type of IBS. The tests, created by Mark Pimentel, MD, director of the GI Motility Program and Laboratory at Cedars-Sinai Medical Center, confirm when a patient has developed IBS because of food poisoning, which is one of the major causes of the disorder. (Ten percent, and possibly more, of IBS cases seem to occur

after an acute bout of food poisoning.) The blood tests identified the two antibodies associated with diarrhea-predominant IBS (IBS-D)—anti-Cdtb and anti-vinculin—with greater than 90 percent certainty. Toxins produced by foodborne bacteria, such as *Salmonella* or *Shigella*, can severely harm the digestive tract by damaging nerves critical to healthy gut function. The new blood tests, marketed under the name IBSchek and produced by Commonwealth Laboratories Inc. in Salem, Massachusetts, identify the presence and amount of specific antibodies reacting to the toxins.

The initial test is specific to IBS-D, but a similar test for constipation-predominant IBS is on the horizon. Being able to identify the organic biomarkers and mechanisms of IBS means that researchers will be able to develop better and more effective treatment options targeted to each specific type of IBS. It also means that early diagnosis will help shorten the time of investigation, help patients avoid invasive testing and the need to go from doctor to doctor, and accelerate access to treatment.

## THE POOP ON IBS

- It's estimated that worldwide IBS affects from 1 in 10 to nearly 1 in 4 people (9 percent to 23 percent of the world's population).
- IBS affects 10 to 15 percent of the population in the United States, or between 25 and 45 million people.
- IBS affects about 18 percent of the population in Canada, or about 5 million people, one of the highest rates in the world.
- Women are at greater risk than men of developing IBS; it occurs in almost twice as many women as men.
- IBS affects people of all ages, even children. Although most people with IBS are under the age of fifty, many older adults suffer from IBS as well.
- IBS is the second most-common cause of work and school absenteeism. (The first is the common cold.)
- A gastrointestinal infection can instigate or worsen IBS. This is called post-infectious IBS.
- The exact cause of IBS is not known. Symptoms may result from a disturbance in the way the gut, brain, and nervous system interact. This can cause changes in normal bowel movements and visceral sensations.

- Stress does not cause IBS. However, because of the close connection between the brain and gut, stress can trigger or worsen symptoms.
- The effects of IBS can range from mild inconvenience to severe debilitation. Long-term symptoms can disrupt and negatively impact a person's emotional, social, educational, and professional well-being.
- IBS is unpredictable. Symptoms typically vary and are often contradictory. For example, diarrhea can alternate with constipation.
- Despite the prevalence of IBS, few people seek medical treatment, and a diagnosis typically isn't made until several years after the onset of symptoms.
- IBS does not damage the intestines or lead to cancer. It is not related to inflammatory bowel disease (IBD), such as Crohn's disease and ulcerative colitis.

In addition, having such a test brings relief and validation to the millions of IBS sufferers who have lived in doubt of and shame about their ailment.

If the result of the blood test is positive, your doctor will know the reason you have IBS and can use a targeted treatment approach. However, a negative or inconclusive result may not necessarily mean that you don't have IBS. It may simply be an indication that your doctor needs to conduct further testing to ascertain the cause of your symptoms and determine whether there is an alternative mechanism responsible for them.

Also, new research by the American Academy of Neurology in 2016 revealed that in patients with IBS-C, serotonin secretion in plasma is decreased and that there is a defect in serotonin signaling. Additionally, the research found that patients with IBS, migraines, or tension headaches all had at least one gene that was different from those in the healthy controls, suggesting that these three conditions may share a genetic link. Because IBS and headaches are so common, and because the causes of these conditions are unknown, finding a connection that could illuminate their shared genetics is encouraging.

Although IBS can be debilitating and disruptive and can negatively affect quality of life, there is no evidence that it leads to more serious or life-threatening conditions, causes structural damage to the gastrointestinal tract, or shortens a person's life span. However, because the symptoms of IBS frequently mimic those of other ailments, it's vital to have a confirmed diagnosis from a physician rather than attempt to self-diagnose. Your doctor will try to identify red-flag symptoms that might indicate conditions other than IBS by asking targeted questions:

- Did the onset of symptoms occur after age fifty?
- Is there blood in your stool?
- Do you have a fever?
- Have you had unintentional weight loss of more than ten pounds?
- Do your symptoms wake you up at night?
- Do you have a family history of colorectal cancer?

If no other disease or injury can be found as a source of the gastrointestinal symptoms, or if you receive a positive blood test result, IBS may be diagnosed, falling into one of four categories:

- IBS with diarrhea (IBS-D): Diarrhea is the most frequent symptom, with loose stools at least 25 percent of the time and hard stools no more than 25 percent of the time.
- IBS with constipation (IBS-C): Constipation is the most frequent symptom, with hard stools at least 25 percent of the time and loose stools no more than 25 percent of the time.
- IBS mixed or IBS alternating (IBS-M or IBS-A): Both constipation and diarrhea are experienced alternately, with loose stools at least 25 percent of the time and hard stools at least 25 percent of the time.
- IBS unspecified (IBS-U): Symptoms follow an irregular pattern, with loose stools less than 25 percent of the time and hard stools less than 25 percent of the time.

Once a firm diagnosis of IBS is made, your doctor can assist you with developing a treatment plan that will help you manage your symptoms, pinpoint triggers, and avoid possible complications from problems such as chronic diarrhea. You might also get a referral to a dietitian familiar with vegan and low-FODMAP diets or an endorsement to try a low-FODMAP diet as outlined in this book.

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