IMPACT HEALTH
Physician Guided Wellness

THE GUT EDITION / A PHYSICIAN'S GUIDE

Full but Empty

Practical answers about bloating, food concerns and finding a less overwhelming way to eat.

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For adults who want to understand their experience and find a manageable place to begin.

What if eating has become complicated?

Bloating, unpredictable bowels and worries about food can take up a lot of attention. When your list of foods feels smaller every week, it can be hard to know what to try next.

I want to begin with your actual experience: what happens, when it happens and how it affects your day. We can then look for a manageable plan instead of removing more and more foods without a clear purpose.

A Gut quiz result is not a diagnosis of inflammation, poor absorption or “leaky gut.” It is a reason to ask more useful questions.

FIND THE QUESTION THAT SOUNDS LIKE YOU

“Why am I bloated?” — page 3
“Should I stop gluten or dairy?” — page 6
“What if my safe-food list keeps shrinking?” — page 12
“How can I try one change?” — page 15

The goal is a workable way to eat, with enough information and support to make thoughtful decisions.

START WITH WHAT YOU NOTICE

Why am I bloated, and is it weight gain?

Bloating is one of the most common concerns patients bring up with me. They may feel uncomfortable in their clothes or worry that the change in their abdomen means they have gained weight.

A bloated feeling or temporary abdominal swelling is not the same as a change in body fat. Gas, constipation and food intolerances are among several possible contributors; the symptom alone does not identify the cause. [11]

I ask about bowel habits because patients often describe bloating alongside constipation, diarrhea or a change in their usual pattern.

A FEW DETAILS CAN HELP

Does the swelling come and go?
Is there pain or mainly pressure?
Has your bowel pattern changed?
Does passing stool or gas change how you feel?
How long has this been happening?

A detailed food diary is not realistic for everyone. Start with a few notes about the most bothersome episodes. If symptoms persist or are accompanied by warning signs, get assessed rather than continuing to experiment alone.

What do I mean when I say “my stomach bothers me”?

When someone says everything bothers their stomach, I ask them to describe what happens. “Stomach trouble” can mean burning, nausea, pressure, cramping, pain or a change in bowel movements.

I also ask where the discomfort is and how long after eating it starts. That helps us avoid assuming that every symptom comes from the same digestive problem.

QUESTIONS I USE IN PRACTICE

Does it happen with drinks as well as meals?
Do you notice it after caffeine or carbonated drinks?
Are large and small meals different?
Are you taking medicine on an empty stomach?
What else is happening when symptoms occur?

These are questions to explore, not a list of things you must eliminate. Do not stop a prescribed medicine on your own; bring concerns about timing or side effects to your clinician or pharmacist.

Pain can come from different places, and a food change is not always the right response. Your clinician can decide whether symptoms need an examination or further evaluation.

The clearest description of my main symptom:

Does a reaction mean I am allergic to a food?

Patients sometimes connect digestive discomfort or skin changes with something they have eaten. I want to hear that pattern without deciding too quickly what it means.

Food allergy and food intolerance are different. An allergy involves the immune system and can be serious; intolerance often involves difficulty digesting a food. Symptoms need appropriate assessment. [13]

If acne, eczema or another skin concern seems to change with food, bring examples to a qualified clinician. A change in your skin does not establish a gluten or dairy allergy, and a broad elimination plan may not answer the question.

> **DO NOT TEST A SUSPECTED SERIOUS ALLERGY AT HOME**
>
> Breathing difficulty, throat swelling or faintness after eating can be an emergency. Seek emergency care. Do not deliberately eat a suspected allergen to see whether the reaction happens again. [13]

For less urgent symptoms, ask what kind of evaluation would actually help. The goal is useful information, not a long list of foods to fear.

Should I stop eating gluten or dairy?

Gluten and dairy come up often in my conversations with patients. Removing either can make shopping and meal preparation more complicated, so I want a clear reason and a plan for what happens next.

If celiac disease is a possibility, speak with your clinician before removing gluten. Starting a gluten-free diet before testing can affect the results. [12]

Digestive symptoms after dairy do not automatically mean a milk allergy. Different problems need different approaches, so describe the reaction before choosing a restriction. [13]

BEFORE AN ELIMINATION TRIAL, ASK

What symptom are we watching?
What exactly will change?
How will I replace the foods I remove?
When will we review the result?
Is reintroduction appropriate, and how should it happen?

Do not use a home reintroduction trial for a suspected serious allergy. If you already avoid several foods, get help planning adequate meals before adding another restriction.

> *A useful food trial has a purpose and a follow-up plan. It should not become an indefinite list of exclusions.*

How much fiber should I get?

Fiber is something I routinely ask about. Many patients are unsure how much they usually eat, so looking at a day or two of meals can be a useful first step.

In my practice, I often discuss goals around 30 to 35 grams a day for women and 35 to 40 grams for men. Those are my coaching targets, not a requirement for every person.

General fiber recommendations differ by age and sex, and digestive conditions may require a more specific plan. Increase gradually rather than making a large change overnight; a sudden increase can cause gas or discomfort. [4]

> **BEGIN WITH YOUR USUAL FOOD**
>
> Look at where fruit, vegetables, beans or whole grains already fit. Choose a manageable addition you tolerate. Ask for guidance if adding fiber repeatedly makes symptoms worse.

You do not need to force a target when you feel unwell. If a supplement is being considered, discuss the type, amount and reason for using it instead of simply adding several products at once.

What does hydration look like in real life?

I often recommend connecting water to regular points in the day. A refillable bottle and a few checkpoints can be simpler than trying to remember every drink.

The range I often discuss in practice is around 80 to 100 ounces of water a day. It needs to fit the individual; it is not a minimum everyone should push toward.

Food and other beverages contribute fluid too. Needs vary, and people with a prescribed fluid limit should follow it rather than this general example. [3]

> **A PRACTICAL STARTING POINT**
>
> Have water available with your usual meals or breaks. Decide when you will refill your bottle. Spread drinking through the day, and adjust the amount to your personal needs.

If you are also changing fiber intake, keep the plan gradual and understandable. Changing food, fluid and several supplements all at once makes it harder to work out what is helping or causing discomfort.

My easiest reminder to drink regularly:

Can stress really affect my digestion?

I want patients to understand that stress and digestion can influence each other. Talking about stress should not mean dismissing a physical symptom.

The gut and brain communicate in both directions through nerves and other signals. Stress can affect digestive function and how symptoms are felt; digestive discomfort can also affect how you feel emotionally. [15]

> **TRY MAKING ONE MEAL LESS RUSHED**
>
> If it is practical, sit down, put the phone aside and give yourself a little space to eat. Notice whether this feels helpful. It does not have to become another demanding routine.

I also ask whether trying to follow a strict diet is itself creating stress. If every meal feels like a test, the plan may need to become simpler with support from a clinician or registered dietitian.

A calmer mealtime is not a test that proves stress caused your symptoms. Keep asking for assessment when symptoms persist or change.

> *Your discomfort is real. Both your digestive symptoms and the strain of managing them deserve attention.*

Is inflammation causing my fatigue?

Patients often ask whether their gut could explain why they feel tired. In my practice, I explore digestion, food patterns and possible inflammation as part of that conversation.

Some digestive diseases can affect the gut lining and absorption. But bloating or fatigue alone does not prove that nutrients are not being absorbed or that the microbiome is the cause. [11, 16]

“Leaky gut” is a phrase you may hear. Increased intestinal permeability occurs in certain conditions; the broader “leaky gut syndrome” explanation for many unrelated symptoms is not an established diagnosis. [16]

A MORE USEFUL QUESTION

What symptoms, history or findings would point us toward a digestive condition that needs evaluation? Ask your clinician what information would change the next step.

If you feel better after changing your food routine, that is worth noticing. It does not by itself prove that inflammation decreased, the gut healed or nutrient absorption improved.

Fatigue may also need its own assessment. You do not need to choose between looking at digestion and considering other contributors.

What can I eat without starting a strict diet?

I often steer the conversation toward less reliance on highly processed convenience foods and more meals made from familiar ingredients. That gives us something positive to build, rather than only a list of exclusions.

A Mediterranean-style pattern is one reference point: vegetables, fruit, beans, whole grains, nuts and olive oil, with foods such as fish and other protein sources. The pattern can be adapted to what you enjoy and tolerate. [14]

CHOOSE ONE PRACTICAL SWAP

Prepare a familiar dinner with enough for lunch.
Keep a fruit or vegetable you enjoy available.
Choose one simple meal you can repeat.
Plan a backup for the night you are too busy to cook.

You do not have to eat every food in that pattern. If a food bothers you, use that information in a specific conversation instead of assuming an entire category must be harmful.

The aim is variety and practicality. Cost, time, preferences, allergies and digestive conditions all belong in the plan.

What if my “safe foods” keep getting fewer?

This is a point where I would strongly encourage support from a registered dietitian. I sometimes see people trying to manage so many restrictions that they no longer know how to put a meal together.

Imagine avoiding gluten, dairy, many convenience foods and added sugars while also managing a vegetarian diet or allergies. The day-to-day work can quickly become overwhelming. This is an example, not a description of a particular patient.

BRING THE WHOLE PICTURE

List the foods you avoid and why.
Separate diagnosed allergies or conditions from foods removed as an experiment.
Explain what feels hardest: symptoms, time, cost, fear or uncertainty.

The next step may be simplifying a restriction that has not been useful, with appropriate guidance. It should not mean ignoring a diagnosed allergy or a medically necessary diet.

A coach may help with planning, while a registered dietitian and clinician can help assess nutritional needs and medical concerns. Ask for the kind of help your situation requires.

> *You should not have to keep making your world of food smaller without a clear reason and support.*

Would a digestive enzyme help?

Digestive enzymes come up in my practice when patients describe discomfort around meals. Before choosing one, I want to understand the symptom and what the product is meant to do.

Enzymes help break down food. Specific enzyme treatments have particular uses, but a general over-the-counter blend is not a proven answer to every case of bloating. Some people need evaluation rather than a supplement trial. [17]

SEE THE OPTIONS I SHARE

The Digestion section on the Impact Health supplement page includes the current digestive enzyme and other digestive products offered through our store. Discuss which, if any, fits your situation.

Ask what benefit to look for, how long to try it and when to stop or reassess. Keep track of the product and dose so it is possible to interpret what happens.

An enzyme does not make a food allergen safe or replace a medically necessary diet. Impact Health and Dr. Snustad may earn money from store purchases. Products are optional.

What about probiotics and other gut supplements?

I recommend discussing probiotics, prebiotics, postbiotics and other supplements with a qualified clinician before starting. Taking them on and off can make it difficult to work out what is contributing to symptoms.

Probiotics contain live microorganisms. Different products and strains are not interchangeable, and benefits depend on the particular use. They can cause side effects and may be unsuitable for some people, including those who are seriously ill or immunocompromised. [18]

QUESTIONS TO ASK FIRST

What is the specific reason to use this?
What evidence supports that use?
Could it worsen my symptoms or conflict with my care?
How will we decide whether to continue?

You can see the available options in the Digestion section of our supplement page. A product being listed there does not mean every reader needs it.

Impact Health and Dr. Snustad may earn money from purchases through the store. Begin with a clear purpose and a review plan, rather than adding a product because the label says “gut health.”

How can I try a change without getting overwhelmed?

1. Describe the symptom before removing more foods.

Notice what happens and when. A clearer description can be more useful than another broad restriction.

2. Make one planned change and observe.

I often suggest leaving roughly two to three weeks between nonurgent changes so there is time to notice a pattern. The appropriate trial length depends on the problem. Do not wait through worsening symptoms or warning signs.

3. Protect variety and ask for help.

If your safe-food list keeps shrinking, bring in a registered dietitian and your clinician. The goal is a practical, adequate way to eat.

> **BEFORE YOU BEGIN**
>
> Choose the symptom you will track, the one change you will make and a review date. Keep the rest of the routine reasonably familiar. Do not start a restrictive trial or reintroduce a suspected allergen without appropriate guidance.

What should I write down?

You do not need to record every ingredient forever. A few clear notes can help you explain your experience and decide on the next step.

My main symptom, including where and when it happens:

Changes in bowel habits or other symptoms:

Foods I avoid, and why I avoid them:

Medicines, supplements and recent changes:

The question I most want help answering:

> **BRING WHAT YOU HAVE**
>
> Useful notes can be brief. If symptoms are significant, do not delay an appointment until you have a perfect record.

When do I need medical assessment?

Persistent bloating or bowel changes deserve a conversation with your clinician, especially if they are new, worsening or affecting your ability to eat.

Blood in your stool, unexplained weight loss, persistent vomiting or significant abdominal pain should prompt medical assessment. These are reasons to investigate, not simply try another food restriction. [11]

> **GET EMERGENCY HELP WHEN NEEDED**
>
> Severe symptoms, fainting or breathing difficulty need urgent attention. After eating, trouble breathing or throat swelling may signal a serious allergic reaction. Call emergency services. [13]

If a dietary trial makes it harder to eat enough, or you are becoming afraid of more and more foods, reach out for support. Do not wait for the trial period to end.

Bring your symptoms, medications, supplements and food restrictions to the appointment. Your clinician can help decide what needs evaluation and whether a dietitian should be involved.

> *A food plan should help you navigate daily life. It should not delay care when your symptoms need attention.*

YOUR GUIDE

About Dr. Brittany Snustad



I’m Dr. Brittany K. Snustad, a physician and the voice behind Impact Health.

In my work with patients, I hear how frustrating it is to feel tired, overwhelmed or unsure where to begin.

My teaching starts with listening, asking practical questions and helping people find a next step they can repeat.

Sleep, food, hydration, movement and stress all deserve attention. I also want people to feel comfortable asking for a closer look when symptoms continue.

You do not need to change everything at once. The goal is to understand your experience and make a plan that fits your life.

MY APPROACH

Start small. Be consistent. Pay attention to what helps, and ask for support when you need it.

AN OPTIONAL NEXT STEP

Keep learning, at your own pace

Skipped the email opt-in after your free energy quiz?

If you would like more helpful information from Dr. Brittany Snustad, you can choose to receive free educational emails from Impact Health.

Continue exploring practical ideas about food, sleep, digestion and everyday habits, with a focus on small steps you can use in real life.

STAY CONNECTED

Sign up for free educational emails

Signing up is optional. You can keep using this guide whether or not you choose to receive emails.

A note about this guide

This guide shares general health education and Dr. Brittany Snustad's teaching approach. It does not diagnose a condition, provide a personal treatment plan or replace care from your own clinician.

Examples and daily targets are starting points for discussion. Your needs may differ because of your health, medications, pregnancy, activity, age or other circumstances. Follow any individualized instructions you have been given.

Do not use a quiz result or this guide to decide that you have a hormone disorder, nutrient deficiency, food allergy or digestive condition. Persistent or worsening symptoms deserve assessment.

Discuss supplements and substantial dietary changes with a qualified clinician. Product links are optional shopping resources, not proof that a product is needed or will improve your symptoms.

Impact Health and Dr. Snustad may earn money from purchases through their supplement store. You do not need to buy a product to use the ideas in this guide.

Small numbered links throughout the guide open supporting educational sources. Clinical recommendations and your circumstances can change over time.