

Flatulence or bloating? Watch the food you eat

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Q *In an effort to improve my dietary habits and improve my cholesterol health, I recently started eating oatmeal in place of regular rice-based or pasta-based meals for lunch and dinner.*

I feel less sluggish and bloated after meals. However, whenever I have a social meal with friends or family where I eat “regular” types of dishes, for example, curry-based rice dishes, I now have flatulence or bloat quickly, and within an hour, I have bowel movements.

Has my body become accustomed to “bland” food and can no longer manage “heavy” food, such as cream-based dishes and curries?

How can I manage this better?

A Flatulence and intestinal hurry especially with regard to certain foods occur as a result of the type of bacterial flora in the intestines.

In people prone to this, the bacterial flora produces more sulphites as a result of the digestion of complex starches in certain vegetables (legumes, broccoli and cabbage), carbohydrates (sorbitol and fructose) and polysaccharides such as glycogen.

Sulphites are also added to some processed foods during manufacturing, for example, long-life fruit juices and dried fruit as well as deli meats and wine.

Spices can also contribute further to these effects. Curries contain spices and chilli. Capsaicinoids – responsible for the “hotness” of chilli – are toxic and irritative, thus reducing intestinal transit time.

Curries with chickpeas or Indian dal contain resistant starch-

es which cannot be digested by human enzymes. They are however avidly digested by gut bacteria producing gas and resulting in bloating.

Avoiding these foods may be a wise lifestyle change.

The symptoms may also be the effects of certain disease processes. For example, adult onset lactose intolerance results in the inability to process cream or dairy products like yogurt because of the loss of the ability to produce the enzyme lactase.

This curtails the breakdown of lactose, the main sugar in milk.

The undigested sugar is then processed in the distal small bowel by gut bacteria, producing excessive gas and breakdown products that encourage intestinal hurry.

Inflammatory bowel disease is a condition where inflammation of the bowel wall lining may increase irritability and sensitivity to certain foods.

The causes are unknown but two predominant forms, ulcerative colitis and Crohn’s disease, affect the large bowel and entire bowel respectively.

One must also always bear in mind colorectal cancer, especially if the changes in symptoms

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Lastly, irritable bowel syndrome (IBS) is a condition with no organic abnormality of the bowel. It is characterised by at least three days a month of the symptoms flaring up, over three months of recurrent abdominal pain or discomfort.

IBS may occur following a significant episode of gastroenteritis and diarrhoea, postulated to be caused by increased intestinal mucosa sensitivity thereafter.

For any patient above the age of 40, it is important to consult your colorectal surgeon or gastroenterologist to screen for these conditions via endoscopy.

A healthy diet of both insoluble and soluble fibre is also encouraged. Soluble and insoluble fibre produces bulk in stools and reduces the liquid content and thus will help out in diarrhoea.

The fermentation process that soluble fibre foods undergo encourages the natural production of beneficial bacteria.

Foods rich in soluble fibre include oat bran, barley, nuts, seeds, psyllium husk (a natural product that can be added to milk, water and juices), Ipsahula husk (commercially available as Fybogel), and certain fruits like apricots, mangoes and oranges.

Paradoxically, beans also contain soluble fibre but are best avoided if abdominal bloating is already a feature.

Alternatively, probiotics containing live concentrations of various strains of acidophilus have the advantage of normalising gut flora and may be helpful.

While travelling, some pharmaceutical products may be useful, like Smecta that reduces diarrhoea and motilium which helps with bloating.

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