

The  
**Quick Start**  
— Guide to —  
**GASTROPARESIS  
MANAGEMENT**



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## INTRODUCTION

Welcome! If you're reading this book, chances are you were recently diagnosed with gastroparesis. Or maybe you were diagnosed quite some time ago, but you just can't seem to get a handle on symptom management. Either way, I know how you feel. I was diagnosed with idiopathic gastroparesis in 2004 at the age of 23.

If you're like I was, you've been searching the internet for information, pouring over blog posts, videos, and Facebook groups for something that will help you. You may be feeling disheartened or scared by what you've seen. You may be worried that your life will never be "normal" again, that your health will continue to decline, and there's nothing you can do about it.

Well, I'm here to tell you that's not the case. In fact, there are steps that you can take *right now* to start decreasing your symptoms *and* improving your quality of life.

How do I know? From personal experience, for starters. As I said, I was diagnosed with gastroparesis nearly two decades ago. A few years in, I was at my lowest of lows. I was eating little more than applesauce and Saltines yet dealing with pain and nausea so bad that I was making frequent trips to the ER and sleeping only three or four hours a night. I'd lost nearly 50 pounds. I was malnourished and exhausted. I couldn't work. I had no social life. My marriage was suffering. My family was worried. I was frustrated, scared, confused, and overwhelmed.

Thankfully, things changed drastically for me when I went back to school to study holistic health and nutrition and started looking at symptom management in a whole new way. Today, I'm happily married, I'm a mama to a healthy little girl, I have a successful and fulfilling career, I spend my free time traveling, and I'm truly living WELL... with gastroparesis in the background.

It's not just personal experience that this guide is based on, though. It's primarily a result of more than ten years of coaching experience, working solely with others with gastroparesis. Through one-on-one coaching, group programs, and the books I've written, I've had the pleasure of helping *thousands* of people with gastroparesis around the world.

My work is based on what I call a **comprehensive gastroparesis management plan**. While I've written a lot about the purpose and benefits of this approach, I've noticed that it's often difficult for people to begin implementing a plan of their

own. That's why I created this guide. Think of it as a roadmap to put you firmly on the path to improving your symptom management and your quality-of-life ASAP.

Now I don't want to mislead you in any way. I am not promising to cure you of gastroparesis, nor am I saying that following the steps outlined in this guide will be all you'll ever need. It probably won't change your experience overnight and it won't guarantee that you'll never have flare-ups or bad days.

But I promise you that if follow the steps outlined in this guide and stay open to the possibility of a different experience, you will begin to feel better physically, mentally, and emotionally. It's helped me and many, many others with gastroparesis... and I'm confident that it can help you, too!

**MORE INFO:** [MY STORY: FINDING FREEDOM FROM GASTROPARESIS \(VIDEO\)](#)

## USING THIS BOOK

This *Quick Start Guide* is divided into three “stages,” with each stage organized according to the sections of the comprehensive gastroparesis management plan. There are one or two steps that you’ll take in each section in order to build your own management plan. This step-by-step approach mimics how I would work with you one-on-one and will allow you to progress steadily, creating an effective plan *without* creating an overwhelming list of “to-dos.”

You might be tempted to jump ahead or to tackle all of the stages at once. Please don’t. You’ll get the best results by giving yourself enough time to implement and acclimate to the recommendations in each stage before moving on to the next. I recommend that you plan on at least a week or two per stage. If that seems like a long time, rest assured that you’ll most likely start feeling better soon after you get started and your quality of life will be improving along the way.

You may find that some recommendations work very well for you and others do not. That’s to be expected. Gastroparesis is a highly individualized condition and experiences vary widely in terms of severity and symptoms. **Listen to your body and your intuition and do what’s right for you.** *That* itself is an essential part of any good management plan.

Lastly, keep in mind that this is designed as a “quick start” guide for those who want to get on the path to better symptom management *right away*. It doesn’t provide a lot of in-depth explanations, and it isn’t meant to answer all your questions or cover all aspects of life with gastroparesis.

Throughout the guide, however, I’ve included links to more information if you’d like to dive deeper into the concepts and expand your understanding of gastroparesis and GP management. And at the end of this guide, you’ll also find additional resources to help as you continue on the path to living WELL with gastroparesis.

Before we get started, there are a few other things that you can do to ensure that you get as much out of this guide as possible.

## UNDERSTAND THE DIAGNOSIS

To manage gastroparesis, it's important to really understand the diagnosis. Unfortunately, there's a great deal of misinformation floating around out there, even among some members of the health care community.

Here are a few things you need to know:

- Gastroparesis is also called delayed gastric emptying. A gastroparesis diagnosis means that the stomach does not empty as quickly as it should. It usually does not mean that the stomach is paralyzed, nor does the diagnosis itself indicate the severity of the delay or the severity of the symptoms.
- Gastroparesis is what's called a *functional disorder*. There is no obstruction, physical abnormality, or other visible defect. The delay is a result of the way the muscles and/or nerves in the stomach are functioning.
- While some people have motility issues throughout the GI tract, a diagnosis of gastroparesis is specific to stomach. It does not indicate that other parts of the GI tract are or will become delayed.
- Gastroparesis is not caused by – and likely will not be cured by – eating or not eating certain foods. While certain foods may exacerbate symptoms by increasing the existing delay, the underlying delay in gastric emptying will be present regardless of what you eat or don't eat.
- Nutrition is a vital part of gastroparesis management. Ignoring this fact may contribute to feeling sicker – and having increasing health issues – over time.
- Medication and/or dietary changes alone are often inadequate when it comes to symptom management and improved quality of life. The most effective way to manage gastroparesis is with a comprehensive management plan.
- Though there is no medical cure for gastroparesis, the condition can and often does improve – or even resolve – over time.

MORE INFO: [WHAT IS GASTROPARESIS? & MORE FAQs \(VIDEO\)](#)

## WORK SMARTER NOT HARDER

I can't tell you how many clients I've worked with who started our first session by saying, "it doesn't matter what I do; I always feel horrible." Inevitably, a week or two later, they're telling me that they never realized how much control they actually have over how they felt. While we certainly don't have *total* control over our symptoms, the choices we make *do* have an impact on how we feel on a day-to-day basis. Once you see that, your ability to manage your symptoms consistently over time will improve.

This doesn't mean that your entire life needs to become about managing gastroparesis. In fact, I recommend exactly the opposite. Take the time to educate yourself with the information in this guide and the linked resources. Figure out what works best for you and integrate it into your routine. Then continue to live your life, beyond gastroparesis, doing things that bring you joy and fulfillment.

MORE INFO: [ARE YOU TRYING TOO HARD TO MANAGE GASTROPARESIS? \(VIDEO\)](#)

## SLOW DOWN

I used to share a poem with my clients about a bumble bee that finds itself stuck inside a room with two windows. The bee is frantic to get outside and continually runs itself into the closed window, never pausing long enough to notice the open window just across the room.

After a gastroparesis diagnosis, many of us act like that bee. We want so badly to find a "way out" that we become frantically consumed by gastroparesis. We scour the internet incessantly, trying everything we read, yet end up not actually making any progress...as if we're banging our head against a closed window.

If that sounds like you, give yourself permission to slow down. A frantic mind is a busy mind, and it can be hard to hear anything new with a busy mind. Commit to working through this guide one step at a time, leaving that frantic energy behind for now. If you can't shake those frantic "I need to fix this now" thoughts, be sure to watch the video below.

MORE INFO: [WHY DOES A GASTROPARESIS DIAGNOSIS FEEL SCARY? \(VIDEO\)](#)



## THE COMPREHENSIVE MANAGEMENT PLAN

When I started working as a Health Coach specializing in gastroparesis management, it didn't take me long to realize that the standard approach to managing the condition – a combination of medication and a generic low-fat, low-fiber diet – just didn't work very well. Most people following this two-pronged plan continued to experience erratic and often debilitating symptoms that compromised not only their physical comfort, but also their quality of life and overall well-being.

My background is in holistic health and nutrition, and I found that the more I encouraged my clients to implement a holistic approach to gastroparesis management, one that went beyond basic dietary changes and/or medication, the greater the benefits they experienced in all aspects of their lives. Eventually that evolved into what I now call the "comprehensive management plan," the six parts of which are the foundation of this guide.

MORE INFO: [THE GASTROPARESIS SYMPTOM BUCKET](#) (BLOG POST)

## DIETARY MODIFICATIONS

Many people consider dietary modification to be the basis of gastroparesis management and that makes sense. Eating is what typically precedes symptoms, after all. But you must keep in mind that dietary changes are a *symptom management tool*, not a cure or even a treatment for gastroparesis itself.

The dietary modifications suggested for gastroparesis are based on the basic science of digestion and the experience of practitioners and patients over time, the goal being to allow the stomach to empty as quickly as possible given the underlying delay. There are a variety of guidelines that are likely to help, but few one-size-fits-all solutions. Experimentation is key!

Keep in mind that a GP-friendly diet is important, but so is providing your body with the nutrients it needs to function, repair, and recover. Restricting the diet *too much* can negatively impact both symptom management and overall health.

MORE INFO: [TEN \(UPDATED!\) GASTROPARESIS DIET GUIDELINES](#) (VIDEO)

## NUTRITION & SUPPLEMENTATION

The typical gastroparesis-friendly diet is not particularly nutrient-rich. Unfortunately, the less nutrition your body receives the more difficult it is for it function properly. What's more, there are a variety of nutrients that are vital for proper digestion. I strongly believe that lack of adequate nutrition contributes to the worsening of symptoms and decline in overall health that many people with gastroparesis seem to experience over time.

The steps in this guide emphasize the importance of nutrition and aim to enhance nourishment through smart dietary choices and the use of supplementation, where necessary.

*The information provided in this guide is not medical advice. Talk with your doctor, pharmacist, or other healthcare provider if you have any questions about which supplements are right for you.*

## LIFESTYLE PRACTICES

Lifestyle practices and habits are commonly overlooked when it comes to gastroparesis management, perhaps because they just seem too simple. It might be counter-intuitive, but basic things like physical activity and adequate sleep can have a significant impact, even on this seemingly complex disorder.

This is good news, as you likely have more control over this aspect of gastroparesis management than any other. It usually comes down to priorities: how you choose to spend your time and energy. An effective management plan prioritizes self-care and the results are well worth the effort.

MORE INFO: [SEARCHING FOR ANSWERS? TRY THIS.](#) (BLOG POST/VIDEO)

## COMPLEMENTARY THERAPIES & TREATMENTS

There are a number of complementary therapies and remedies – treatments used in conjunction with traditional medical treatment – that may alleviate the symptoms of gastroparesis and enhance the functioning of the digestive system. This guide will introduce you to the ones that tend to be the most helpful, as well

as the easiest to access. Be sure to talk with your health care provider(s) about all complementary therapies and treatments that you're considering.

## MEDICAL TREATMENT

Appropriate medical treatment – including proper testing and diagnosis – is an important part of gastroparesis management, but you'll notice that medication isn't mentioned until stage three of this guide. While some people with gastroparesis do rely on medication to speed up gastric emptying and/or alleviate symptoms, "medical treatment" varies greatly from person to person and does not necessarily include prescription drugs.

Whatever it looks like for you, the most important thing is to be an active participant in your own healthcare and an educated self-advocate. You have the right and the responsibility to find the practitioners that best suit your needs and support your goals throughout this process.

## MENTAL HEALTH

As difficult as gastroparesis may seem from a physical standpoint, the emotional and mental aspects of living with the condition can feel even more challenging. Many people struggle with anxiety, depression, overwhelm, hopelessness, and/or loneliness. While this piece of the puzzle is one that we rarely talk about with others or address with our health care providers, it's perhaps the most important piece when it comes to truly living WELL.

**MORE INFO:** [ALLEVIATING THE EMOTIONAL SUFFERING \(BLOG POST\)](#)

## STAGE ONE

In this stage, we're taking basic steps to lay the foundation for each aspect of your management plan. Remember to spend some time implementing and adjusting to the recommendations in each section of this stage before moving on to stage two.

### DIETARY MODIFICATION

#### EAT SMALLER MEALS

Volume is the number one determinant of how long it takes a meal to empty from the stomach, so it makes sense that eating smaller meals helps to alleviate symptoms caused by slow gastric emptying. In fact, you may find that *how much* you eat is often just as important as *what* you eat.

While the specific amount of food depends on several factors and varies from person to person, a general guideline is half of a normal sized meal or about 1-1/2 cups of total food per meal. Your meals should resemble "normal" meals — with a variety of foods and a balance of carbohydrates, protein, and fat on your plate — just in smaller portions.

To compensate for the decrease in meal size, it's usually necessary to increase the number and frequency of meals. Four to six meals per day tends to work best. Avoid grazing or snacking all day, as this tends to result in more volume, less nutrition, and worse symptom management overall.

Again, the amount of time between meals will vary from person to person, but a general guideline is to eat every two to three hours. Eating more frequently than that can actually exacerbate fullness and other symptoms. Eating less frequently may prevent adequate calorie intake and/or cause erratic blood sugar levels, even for non-diabetics.

Try eating a small meal every 2 ½ hours and tweak your volume and timing from there.

#### REDUCE DIETARY FAT

Higher fat foods digest more slowly than lower fat foods, so reducing the amount of fat in your meals will help the stomach empty as quickly as possible. (This is true for everyone, not just people with gastroparesis.)

Based on my work, people with gastroparesis tend to do well with between 30 and 50 grams of fat per day. I've found many people are over-restricting or underestimating the amount of fat they can tolerate, so I encourage you to start by reducing your intake to upper limit of this suggestion and experiment from there.

Please don't remove all fat from your diet or rely solely on "fat-free" and "low-fat" foods. It's not necessary for symptom relief and, most importantly, dietary fat is essential for brain function, hormone production, and the absorption of fat-soluble vitamins.

An easy way to start reducing the fat in your diet is by choosing lower-fat versions of the foods you already eat. For example:

- ground turkey instead of ground beef
- 93% lean ground beef instead of 80%
- skinless, white-meat poultry instead of dark meat poultry
- grilled or baked meat/poultry instead of pan-fried
- egg whites instead of whole eggs
- low-fat dairy instead of full-fat dairy
- air-fried food instead of deep-fried food
- peanut butter powder (such as PB2) instead of regular peanut butter

You can also reduce the amount of added fat in your diet by simply using less oil and/or butter when cooking and seasoning your food.

## NUTRITION & SUPPLEMENTATION

### TAKE A MULTIVITAMIN

Regardless of how well balanced a GP-friendly diet is, it will likely be deficient in certain nutrients. A multi-vitamin/multi-mineral supplement can help to fill in the gaps.

Liquid vitamins, chewable tablets or gummy vitamins are often better tolerated than tablets or capsules. Look for a product that does not contain artificial sweeteners or flavors, as these may exacerbate symptoms. Take it with food to prevent/minimize stomach upset and aid in absorption.

A complete formulation should contain vitamins A, C, D, & E; niacin; folic acid; B6; B12; pantothenic acid; thiamin, riboflavin; calcium, chromium, copper, iodine, magnesium, manganese, and zinc.

While some products may be more complete than others, what matters most is that you can take it consistently day after day. If you find a less complete formula that you tolerate, that's likely better than the perfectly complete formula that you don't.

Note that products containing iron may exacerbate constipation. Men and post-menopausal women are unlikely to need supplemental iron.

MORE INFO: [FAQ: SHOULD I TAKE VITAMINS? \(BLOG POST\)](#)

CRYSTAL'S FAVORITE: [SMARTY PANTS GUMMY VITAMIN](#) (AMAZON AFFILIATE LINK)

## LIFESTYLE

### KEEP A JOURNAL

For many people, a journal is an important tool for figuring out what works best for you. It doesn't have to be complicated or time consuming and you don't need to track nutritional information or write down everything you eat. (If you have a history of disordered eating and this step feels uncomfortable to you, feel free to skip it.)

In the journal, you simply want to track how you feel overall each day. Each evening, I recommend writing down a daily "symptom score" from 1-5, 1 being symptom-free and 5 being very symptomatic. You'll also want to make a note of any factors that might contribute to how you're feeling, such as: new or different foods, changes to supplements and/or medications, changes in physical activity, your menstrual cycle, viruses/colds/flu, flare ups in other illnesses, travel, stress, and sleep disruptions.

Having all of this down on paper makes it much easier to discover connections over time. You might find, for example, that your symptoms flare the week before your period or after a night of poor sleep. With that information, you can better tailor your choices during those times. It can also be helpful to see in black and white that symptoms tend to ebb and flow, and flare-ups are *not* permanent.

## COMPLEMENTARY THERAPIES & TREATMENTS

### TRY GINGER

Ginger is a time-tested remedy for nausea. In larger doses, it's also a natural prokinetic, meaning it speeds up gastric emptying. To quell an upset stomach, hard ginger candies are my favorite since they're discreet and easy to have on hand.

For more a preventative approach, try drinking a cup of ginger tea about 30 minutes before meal to help stimulate gastric juices or after meals to aid emptying and digestion. You can make your own with fresh ginger or use tea bags.

Ginger-filled capsules are another option. If you're able to easily swallow and absorb pills, then taking 1,000 mg of ginger two to three times a day has been shown to increase the rate of gastric emptying.

**Talk with your doctor before using ginger as a supplement.** In higher doses it acts a blood thinner and is not appropriate for those with certain conditions. If you experience acid reflux, ginger capsules may exacerbate those symptoms.

**MORE INFO:** [GINGER: GASTROPARESIS SUPER FOOD \(BLOG POST\)](#)

CRYSTAL'S FAVORITE: [TUMMY DROPS](#) (AMAZON AFFILIATE LINK)

## MEDICAL TREATMENT

### CONFIRM THE DIAGNOSIS

Before you dive too far into your gastroparesis management plan, it's important to ensure that you do in fact have the condition. That might sound obvious, but I've heard from many people who initially thought they had GP, only to find out something else was going on. If your symptoms are not the result of gastroparesis (or a closely related diagnosis like functional dyspepsia) the advice in this guide probably won't adequately alleviate them.

If you've not been formally diagnosed with gastroparesis, your first task is to schedule an appointment with a gastroenterologist and ask for a gastric emptying scan, preferably the four-hour version. Note that gastroparesis cannot be definitively diagnosed via endoscopy, CT scan, or x-ray.

**MORE INFO:** [DIAGNOSING GASTROPARESIS \(VIDEO\)](#)

## FIND A DOCTOR YOU TRUST

Part of your ongoing management plan will be to have a health care team that you trust and feel comfortable with. For now, it's important to have at least one doctor that you can consult about testing and initial treatment options. While it's ideal if this doctor is a gastroenterologist (a doctor who specializes in disorders of the gastrointestinal tract), a good primary care doctor who is willing to do some research and learn along with you may also fit the bill. Never hesitate to switch doctors or get a second opinion if the fit isn't right.

MORE INFO: [FINDING A GASTROPARESIS SPECIALIST \(BLOG POST\)](#)

## MENTAL HEALTH

### GET OFF SOCIAL MEDIA

If I could offer you one piece of advice at this stage, it would be to avoid the gastroparesis Facebook groups, Instagram accounts, and online forums until you have a good handle on *your* experience and *your* management plan.

Much of what you'll consume about gastroparesis on these platforms is based solely on *one person's* experience. Gastroparesis is a highly individualized condition, however, and what works for one person doesn't always work for another. It can be frustrating to read all the contradicting information.

What's more, social media is often rampant with competitive suffering, and it tends to be a showcase of the worst-case scenarios. After all, those who are living well with gastroparesis don't usually take the time to post on these sites. They're out living their lives! So, the stories are disproportionately skewed toward those who are struggling and too often foster unnecessary fear and hopelessness.

Trust that the information in this guide is plenty to get you started with understanding gastroparesis and addressing your symptoms in a comprehensive and empowering way. Devote the next several weeks to your own experience before re-visiting online communities.

MORE INFO: [MY #1 TIP FOR GASTROPARESIS \(INSTAGRAM REEL\)](#)



## STAGE TWO

In this stage, we're building on to your management plan, taking each section a step or two further. Once again, give yourself ample time — *at least* a week — to fully implement these steps before moving on to stage three.

### DIETARY MODIFICATION

#### REDUCE DIETARY FIBER

Higher fiber foods take longer to digest than lower fiber foods. This is true for everyone, not just people with gastroparesis. Reducing the total amount of fiber in your diet can help to reduce symptoms. Most people I've worked with do well with around 15 grams of fiber per day, divided fairly evenly between meals.

It's not necessary or recommended to eliminate all foods that contain fiber. Eating too little fiber will likely result in constipation, which can worsen gastroparesis symptoms and further delay gastric emptying.

While it's common to decrease fiber by filling the diet with white, refined foods, this offers little in the way of nutrition. Instead, replace higher fiber foods — like whole wheat bread, raw fruits, or salads — with lower-fiber but still nutrient-dense GP-friendly choices, such as:

- Grains: white rice, quinoa, brown rice pasta, spelt bread, hot cereals
- Veggies: peeled, well-cooked veggies like carrots, turnips, parsnips, potatoes, sweet potatoes, spinach, and mushrooms
- Fruit: bananas, cantaloupe, honeydew, or watermelon; applesauce or other peeled and cooked fruits; fruit puree pouches; canned pears or peaches

When buying packaged food, check the nutrition panel. You'll generally want to choose products with 3 grams of fiber or less per serving. This depends on how many servings you're likely to eat at one time and what else you'll be eating with it, of course.

#### REDUCE HARD TO DIGEST FOODS

In addition to reducing overall fiber, it's usually helpful to reduce foods that are difficult for the stomach to break down and/or digest completely. These hard-to-digest foods may further slow digestion and/or lead to masses of hardened food in the stomach, called bezoars. \*

These include:

- Seeds
- Nuts (whole; nut butter is fine)
- Skins, hulls, and peels
- Beans and legumes
- Raw vegetables
- Raw fruits with skins and/or seeds (berries, grapes, etc.)

*\*Most people with gastroparesis will never get a bezoar. However specific foods that are thought to contribute to bezoar formation are: apple peels, berries, broccoli, Brussel sprouts, coconuts, corn, green beans, figs, oranges, persimmons, potato peels, and sauerkraut.*

## NUTRITION & SUPPLEMENTATION

### SUPPLEMENT WITH NUTRIENT-RICH LIQUIDS

Liquids tend to empty from the stomach more quickly than solid food. While most people with gastroparesis do not need to follow an all-liquid diet, nutrient-rich liquids can be helpful for increasing overall nutrition and calorie intake. If you find that you're too full (or busy) to eat as many meals as discussed in stage one, try substituting one meal per day with a meal replacement drink.

When choosing a meal replacement drink, looking for one that has a maximum of 3 grams of fiber and a maximum of 8-10 grams of fat, depending on your tolerances. Added vitamins and minerals can be helpful nutritionally but keep in mind that the longer the ingredient list, the more likely that something in that list may not agree with you.

While Boost and Ensure are the most common meal replacement shakes, I find that they're not the best tolerated. I most often recommend products from Orgain, but you may need to experiment to find a shake that you both enjoy and tolerate.

If you have trouble tolerating nutrient-rich liquids but need the extra calories or nutrition, try diluting a ready-to-drink shake with an equal amount of water and sipping it *slowly* throughout the day. Rather than a meal *replacement*, this will be more like a supplement that you consume in addition to your regular meals.

MORE INFO: [ORGAIN REVIEW \(BLOG POST\)](#)

## LIFESTYLE

### START WALKING

Mild to moderate physical activity has been found to increase the rate of gastric emptying and can be extremely effective for reducing symptoms of gastroparesis. It's also been shown to reduce anxiety and depression, increase energy levels even among people with chronic illness, and aid in weight maintenance – both for those who need to gain weight and those who need to lose weight.

For most people, walking is an easy, versatile, and accessible form of mild physical activity. Start by taking a daily 20-to-30-minute walk after breakfast, lunch, or dinner, depending on your most symptomatic time of the day. If you're completely sedentary, start with just 10 minutes and work your way up. Every little bit helps.

If you are unable to walk, any form of low to moderate intensity exercise is likely to be helpful for symptom relief.

MORE INFO: [WALKING TO MANAGE GASTROPARESIS](#) (BLOG POST)

## COMPLEMENTARY THERAPIES & TREATMENTS

### CONSIDER IBEROGAST

Iberogast is an over-the-counter liquid herbal supplement that is used to treat bloating, heartburn, nausea, and stomach pain related to functional dyspepsia, IBS, GERD, and/or gastroparesis.

Iberogast is made up of 9 herbal extracts, including Iberis amara, Angelica, Chamomile, Caraway fruit, St. Mary's Thistle, Balm leaves, Peppermint leaves, Celandine, and Licorice root. This particular combination of herbs has been studied and found effective in the treatment of functional gastrointestinal disorders and many people with gastroparesis find it helpful. Ask your doctor if it might be right for you.

MORE INFO: [WHAT IS IBEROGAST?](#) (BLOG POST)

### USE HEAT FOR PAIN

Heat can be a very effective remedy for the abdominal and chest pain associated with gastroparesis. I highly recommend investing in a reusable hot/cold pack or a

good heating pad. Heat draws blood into the digestive organs, helping them work more effectively and aiding in digestion. Heat also helps to relax and alleviate any cramping or spasms, which often causes pain within the GI tract.

## MEDICAL TREATMENT

### INVESTIGATE UNDERLYING OR CONTRIBUTING FACTORS

While stomach viruses, diabetes, connective tissue disorders, abdominal surgery, and anorexia nervosa are among the *known* causes of gastroparesis, more than one-third of all cases are considered “idiopathic” (no known cause). The following factors should be considered when the cause of gastroparesis isn’t readily identified.

### MEDICATIONS

Many medications are known to delay gastric emptying. These include narcotic pain medications, tricyclic antidepressants, calcium channel blockers, clonidine, dopamine agonists, lithium, nicotine, and progesterone.

If you were taking any of these medications prior to diagnosis, talk with your doctor about a possible connection. If you have since been prescribed any of these drugs, make sure that your doctor is aware of the existing gastroparesis and ask about alternatives that will not further delay gastric emptying.

### PROTON PUMP INHIBITORS

While this technically falls under “medications,” PPI use among those with gastroparesis is so common that I feel it deserves extra explanation. Proton Pump Inhibitors, such as Prilosec and Nexium, are frequently prescribed to treat acid reflux before gastroparesis is diagnosed and use is rarely reevaluated afterward. Unfortunately suppressing the production of acid in the stomach can actually cause food to sit there longer. In fact, PPIs have been found to delay gastric emptying of solids in healthy volunteers.

If you have been prescribed PPIs, it’s important to talk with your doctor about whether/how long you need to continue taking them. The good news is that the better we manage gastroparesis overall, the less of a problem reflux is likely to be.

MORE INFO: [GASTROPARESIS & ACID REFLUX \(BLOG POST & VIDEO\)](#)

## HORMONE-BASED BIRTH CONTROL

As noted above, progesterone is known to delay gastric emptying. Some women find relief from their symptoms after hormone-based birth control is discontinued for two to three months. If you were taking birth control pills prior to your gastroparesis diagnosis, you may wish to talk with your doctor about trying other contraceptive options.

## HYPOTHYROIDISM

Hypothyroidism is a fairly common condition, especially among women. It can slow all systems within the body, including the digestive tract. If you have other symptoms of hypothyroidism, such as fatigue, weight gain, dry skin, constipation, and muscle soreness, talk with your doctor about testing.

## CONSTIPATION

Constipation can impair adequate gastroparesis management by causing and/or exacerbating symptoms like nausea, pain, bloating, and gas, and further contributing to the delay in gastric emptying.

While constipation can result from following a low-fiber GP-friendly diet, if chronic constipation was present prior to a gastroparesis diagnosis, evaluating and treating the root cause may improve gastric emptying and help to alleviate overall symptoms.

**MORE INFO:** [UNDERSTANDING & ALLEVIATING CONSTIPATION \(FREE CLASS\)](#)

## MENTAL HEALTH

### ADDRESS TRAUMA, ANXIETY & CHRONIC STRESS

Our mental health is an often-overlooked aspect of gastroparesis management, but I think it's one of the most important. That's because the gut is highly sensitive to stress. Think about it: gastroparesis aside, what happens when people are anxious, upset, or get bad news? They often get a stomachache, feel nauseous, or even throw up. This is a result of the fight-or-flight response.

Among other things, this response decreases blood flow to the GI tract, reduces the production of digestive enzymes, and stops the churning of the stomach. When we're under chronic stress – regardless of the cause -- our digestive processes are constantly impaired, further exacerbating any existing dysfunction or

symptoms. It's also well-documented that trauma can play a role in the development of functional digestive disorders.

If you're struggling with anxiety, trauma, depression, or chronic stress, it's important to address that as part of your gastroparesis management plan. Not only is it likely to help your digestive function, it'll make your entire experience easier. For me, it has been more impactful than anything else.

MORE INFO: [MY FAVORITE RESOURCE FOR ANXIETY & STRESS](#) (BLOG POST/VIDEO)

MORE INFO: [LET'S TALK ABOUT GASTROPARESIS & TRAUMA](#) (BLOG POST)

## STAGE THREE

In this stage, we'll add another one or two steps to each section of your management plan. Keep in mind that this is not the final stage of gastroparesis management, just the final stage of this guide. After you've spent some time with these steps, check out the "What's Next?" section for resources to help you continue your progress.

### DIETARY MODIFICATIONS

#### CHEW YOUR FOOD

Though we often overlook it, digestion begins in the mouth. Chewing not only prevents us from choking, it also mechanically breaks down food particles and allows them to mix with the enzymes in our saliva that help to digest carbohydrates and fat. The longer you chew your food, the easier the stomach's job becomes.

Chewing also signals the stomach to begin releasing gastric juices and ready itself for digestion. To best support the digestive process, eat slowly, chewing each bite thoroughly. For nutrient-rich beverages, such as meal replacement drinks and smoothies, hold each sip in your mouth for just a moment before swallowing to allow the enzymes to begin working. This very simple act can make a significant difference, especially for those with compromised digestive function.

#### EXPERIMENT WITH FODMAPS

FODMAP stands for Fermentable Oligo-, Di- and Mono-saccharides, and Polyols. Basically, FODMAPs are specific kinds of carbohydrates that are poorly absorbed in the digestive tract and often exacerbate symptoms like bloating, gas, pain, and bowel issues in people with functional GI disorders (like gastroparesis).

Many of the staples of a typical gastroparesis-friendly diet are high in FODMAPs, which may be why some people continue having symptoms or even have worsening symptoms despite following the prescribed diet.

Foods high in FODMAPs include:

- Apples, pears, peaches, mangoes, watermelon
- Cauliflower, broccoli, onions, garlic
- Honey and agave
- High-fructose corn syrup

- Lactose (found in ice cream, frozen yogurt, yogurt, cow's milk)
- Soy
- Wheat (most pasta, cereals, cookies, crackers, breads – white and whole wheat)

If you continue to experience bloating, gas, and belching despite making the other dietary changes outlined in this guide, try reducing foods highest in FODMAPs, such as wheat, dairy, the fruits/vegetables listed above, and packaged foods. **If you do not seem to react to these foods, there is no reason to eliminate them.**

MORE INFO: [SIBO, FODMAPS & GP \(BLOG POST\)](#)

MORE INFO: [UNDERSTANDING FODMAPS \(BLOG POST\)](#)

## NUTRITION

### ADD COLOR

A simple way to increase variety and enhance the quality of a gastroparesis-friendly diet is to add more color, specifically colorful fruits and vegetables. The benefit of this is two-fold. First, different color produce contains different nutrients, so eating across the rainbow will help to cover your nutritional bases. The other benefit is that you'll naturally eat less of the less nutrient-dense GP-friendly foods.

While this may seem challenging in the context of a gastroparesis-friendly diet, it can be done, especially if you include fresh juices, smoothies, soups, and/or purees. You might aim to eat produce from every color of the rainbow over the course of a week. Or, if your diet is currently lacking in all color, start by adding one new color per week and progress from there.

You'll find a list of GP-friendly foods in each color, as well as how to prepare them, in the link below.

MORE INFO: [THE GP-FRIENDLY RAINBOW \(BLOG POST/HANDOUT\)](#)

MORE INFO: [GP-FRIENDLY JUICES & SMOOTHIES \(BLOG POST\)](#)



## LIFESTYLE

### CONSIDER QUITTING SMOKING

Nicotine delays gastric emptying, so people who have been diagnosed with gastroparesis have one more reason to quit. In addition to all of the other ill effects that you're already aware of, smoking also weakens the muscle between the stomach and esophagus (called the LES, lower esophageal sphincter), exacerbating acid reflux and regurgitation of stomach contents.

RECOMMENDED RESOURCE: [THE NO-WILLPOWER APPROACH TO BREAKING ANY HABIT](#)

### PRIORITIZE SLEEP

The average adult needs seven to nine hours of sleep per night. Getting less than that can negatively impact digestion. In fact, studies have shown that many patients with functional gastrointestinal disorders experience increased symptoms the morning after a restless night.

In part that's because digestion, absorption, and assimilation of food is a process that requires a great deal of energy. Adequate, restful sleep ensures that your digestive organs, as well as the autonomic nervous system which controls the digestive process, have time for rest and repair. What's more, restorative sleep produces specific hormones that promote healthy gut bacteria and help digestion.

If you're not currently getting an adequate amount of sleep, make that a priority. If gastroparesis symptoms are interfering with your sleep, adopting the other suggestions in this guide should start to help. If anxiety or worry interferes with your sleep, see the "Mental Health" section in stage two.

MORE INFO: [WHAT'S THE CONNECTION BETWEEN SLEEP & DIGESTION?](#) (BLOG POST)

## COMPLEMENTARY THERAPIES & TREATMENTS

### TRY A COMPLEMENTARY TREATMENT

There are several complementary treatments that those with gastroparesis have found helpful for symptom management, including hypnotherapy, acupuncture, and visceral manipulation.

Gut-directed hypnotherapy is a specific form of clinical hypnosis that has been shown to reduce symptoms for those with functional GI disorders. It can be especially helpful for alleviating pain.

**MORE INFO:** [CLINICAL HYPNOSIS FOR GI SYMPTOMS](#) (BLOG POST)

Numerous studies have demonstrated the efficacy of acupuncture for reducing nausea and vomiting, as well as anxiety, pain, and insomnia.

**MORE INFO:** [ACUPUNCTURE FOR GASTROPARESIS](#) (VIDEO)

Visceral manipulation is a treatment I have used personally with great success, particularly for acid reflux and abdominal pain. In recent years, I have heard from both practitioners and other patients who have also found it helpful.

**MORE INFO:** [RELIEF FROM REFLUX & PAIN](#) (BLOG POST)

Keep in mind that your experience and results may vary from practitioner to practitioner. If one doesn't work for you, try another before you decide the therapy itself is of no benefit.

## MEDICAL TREATMENT

### EXPLORE MEDICAL OPTIONS

While many people manage gastroparesis without medication (or simply find that the limited options available do not work for them), others find appropriate medical treatment both necessary and very helpful.

#### MEDICATIONS TO INCREASE GASTRIC EMPTYING

There are currently two medications available in the United States for the treatment of gastroparesis itself. Neither of them are universally effective, nor without risk of side effects or complications.

Reglan (metoclopramide) is a prokinetic and an antiemetic drug, meaning it speeds up gastric emptying and alleviates nausea and vomiting. While some doctors prescribe Reglan immediately upon diagnosis of gastroparesis, others do not prescribe it at all due to the potentially permanent and serious neurological side effects. Reglan currently carries a "black box" warning from the FDA due to the

risk of Tardive Dyskinesia. It's necessary to talk with your doctor in order to weigh the pros and cons of trying this medication.

Erythromycin is another prokinetic medication used in the treatment of gastroparesis in the US. It is an antibiotic, which in very low doses stimulates contractions of the stomach muscles. Unfortunately, the most common side effects of erythromycin are nausea and abdominal pain. Erythromycin is best used in cyclical fashion (example: six weeks on, two weeks off) in order to continue providing relief.

Domperidone is a prokinetic and antiemetic medication that's similar to Reglan but doesn't carry the same risk of neurological side effects. While it's used in most other countries around the world, it is not approved by the FDA. Domperidone does carry the risk of cardiac complications, so patients should be monitored by a physician while taking the drug.

#### MEDICATIONS TO ALLEVIATE SYMPTOMS

While medications to treat gastroparesis itself are limited, there are a variety of drugs available for the nausea and vomiting associated with GP. These are called antiemetics and they include Zofran, Tigan, Compazine, and Phenergan. It's important to be aware that some antiemetics cause constipation, which may further exacerbate delayed gastric emptying.

Talk with your doctor about the treatment options available and what might be best for you.

MORE INFO: [GASTROPARESIS PHARMACIST Q&As](#) (AUDIO RECORDING)

## MENTAL HEALTH

### KNOW THAT "RIGHT NOW" IS NOT "FOREVER"

It's easy to assume that how you feel right now — physically, mentally, emotionally — is your new normal. That "this" is life with gastroparesis. I promise you, that's not true. How you feel in this moment has no bearing on what your future holds. When your brain gets ahead of this moment, insisting that you can't handle "this" forever, remember that you never have to deal with forever. You only have to with right now.

That goes for navigating symptom management, as well. There's nothing in this guide that you have to do forever. You'll do what makes sense to you in each moment and what that look like is apt to change over time — or even from day to day. If you start feeling overwhelmed by your management plan, consider that living WELL with gastroparesis isn't the result of perfectly managed symptoms. It's about *living* and *engaging* in a life that feels fulfilling...despite a gastroparesis diagnosis.

MORE INFO: [A LITTLE ENCOURAGEMENT IF YOU'RE STRUGGLING... \(VIDEO\)](#)

## WHAT'S NEXT?

First, congratulations on working your way through this guide! If you've completed all of the stages, it's likely been about six weeks since you first downloaded this eBook and you're hopefully feeling a lot more confident in terms of your ability to manage the condition. You've made it through what is often the toughest part, just figuring out where to begin. But this is still just that: the beginning.

If there's one thing I'd like you to know about life with gastroparesis, it's this: it goes on! You *can* live WELL with the condition, and you are well on your way. Here are some ways to keep moving in that direction.

### KEEP TWEAKING

Gastroparesis is not a static condition. Your symptoms will likely ebb and flow, your circumstances may change, and you'll continue to learn what works and what doesn't work for you. As this happens, you may find yourself adjusting your dietary choices and lifestyle practices, shifting your priorities, trying various complementary therapies, meeting with different doctors, and/or trying different medications or procedures. Being flexible and continuing to refine your comprehensive management plan as you go will help to optimize your symptom management and quality of life over time.

### CONTINUE LEARNING

As I mentioned in the introduction, this is meant to be a "quick start" guide. Believe it or not, the dozens of steps included in this eBook are only *some* of the things that you can do to manage gastroparesis symptoms and improve your quality of life.

I've created several in-depth resources to help you further:

- [Living \(Well!\) with Gastroparesis](#): This book is a comprehensive, empowering guide to navigating life after a gastroparesis diagnosis. It includes easy-to-understand guidance and answers to over 150 questions about managing gastroparesis. It has over 575 five-star reviews on Amazon and is the most complete guide to managing gastroparesis available.
- [YouTube Channel](#): I've posted nearly a hundred videos on my YouTube channel over the years, covering topics from all areas of the

comprehensive management plan. You'll find dozens of FAQ and Q&A videos, as well.

- [The Little School of Big Change](#): I cannot recommend this online course highly enough. This is what totally transformed my own experience of gastroparesis, more so than any dietary modification, medication, or lifestyle change. All of that is important for symptom management, overall well-being, and quality of life. But when it comes to truly living WELL long-term, it seems to me that comes from not fearing your experience, whatever it may be... and that's what The Little School of Big Change is all about.

## CELEBRATE & SHARE YOUR SUCCESS

If you Google "gastroparesis," which I'm sure you've done, you'll find many more defeating results than uplifting ones. But I know from working with and talking to countless people with gastroparesis around the world that symptoms *can* improve, others *are* living well, and, yes, people do recover.

The plethora of hopelessness out there isn't helping to increase the odds, though. A large part of living WELL with gastroparesis is believing that it's possible to live well with gastroparesis. After all, if you don't *believe* it's possible, you're not likely to do the work that *makes* it possible.

So, I'm encouraging you to contribute to a message that uplifts and empowers all of us to thrive. Let others know about your successes with symptom management and how you're living WELL with gastroparesis. If you're feeling better mentally or physically, talk about it! Share this information. Let's create a more empowering, uplifting community for all of us.

MORE INFO: [LIVING WELL STORIES \(BLOG POSTS\)](#)

## ABOUT THE AUTHOR



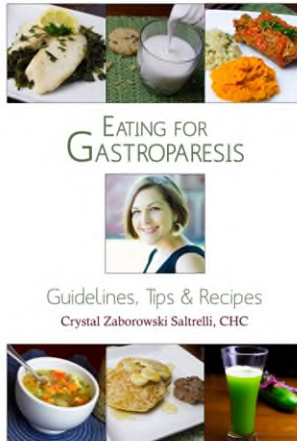
Crystal Saltreli is an author, educator and dual-certified coach, helping people worldwide live WELL with gastroparesis. Diagnosed with idiopathic gastroparesis in 2004, she has the unique perspective of both patient and practitioner.

Crystal has written two books, [Eating for Gastroparesis](#) and [Living \(Well!\) with Gastroparesis](#). Her work has been published in the *American Journal of Gastroenterology*, *Digestive Health Matters*, and *Digest*.

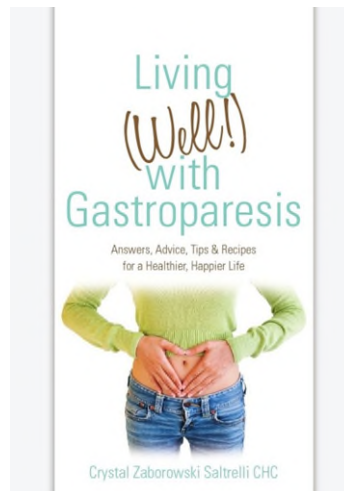
Crystal graduated from Dartmouth College in 2003 and the Institute for Integrative Nutrition in 2010. She has also completed continuing education coursework in mind-body health via the Harvard School of Medicine, Massachusetts General Hospital, and UCLA.

FOR MORE INFORMATION, PLEASE VISIT [WWW.LIVINGWELLWITHGASTROPARESIS.COM](http://WWW.LIVINGWELLWITHGASTROPARESIS.COM)

## OTHER BOOKS BY CRYSTAL



**EATING FOR GASTROPARESIS:  
GUIDELINES, TIPS & RECIPES**  
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