

DEEPER THAN SYMPTOMS

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GUT HEALTH

# The Root Cause Gut Health Guide

*When “just IBS” isn’t the whole story — the hidden drivers standard testing misses, and the questions that find them.*

## Inside this guide

A “could this be me?” reflection checklist, the findings a DNA-based stool test can surface, how the self-feeding gut loop works, and the exact questions to bring your practitioner.

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A free resource from

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## When “It’s Just IBS” Isn’t the Whole Story

IBS is a diagnosis of *exclusion*. It names **what** you’re experiencing — the symptom pattern — without explaining **why**. For some people that’s genuinely the end of the story. For others, it means years of managing symptoms that were never traced to their source. If a standard workup came back “fine” but you still don’t feel fine, your story may not be finished.

### The question that changes everything

Standard testing asks: *is there an emergency?* Functional gut testing asks something different: *what’s actually happening in this ecosystem, and is it working the way it should?*

## Could a Hidden Driver Be Behind Your Symptoms?

*This is a reflection tool, not a diagnosis. Check what resonates — a cluster of these is worth a conversation with a practitioner.*

- You’ve been labeled with IBS but never had DNA-based gut microbiome testing
- Chronic bloating or gas that doesn’t track neatly with any one food
- Symptoms that started after travel, food poisoning, or a course of antibiotics
- Reflux or upper-gut discomfort that comes and goes
- Fatigue and brain fog alongside the gut symptoms
- Standard stool test, celiac screen, or colonoscopy all came back “normal”
- You feel worse after meals but can’t pin down a trigger
- Years of managing symptoms without ever finding the cause

## What a Comprehensive Stool Test Can Surface

Culture-based tests weren’t built to catch subtle imbalance. A DNA-based (qPCR) stool test reads the genetic material of dozens of organisms and gut-function markers at once — the kind of picture that keeps people stuck for years when it goes unseen:

- **An *H. pylori* signal with virulence factors** — can drive bloating, reflux, and disrupted digestion, and a basic screen often misses it.
- **Bacterial overgrowth in the opportunistic category** — classic dysbiosis, consistent with chronic bloating and gas.
- **Low beneficial flora** — can explain poor digestion and trouble tolerating foods you used to eat fine.
- **Elevated calprotectin** — a marker of active inflammation in the gut lining.

- **Low secretory IgA** — a sign your gut's frontline immune defenses are worn thin.
- **Low pancreatic elastase** — weak digestive-enzyme output, so food isn't broken down well.

### How the loop feeds itself

When *H. pylori* and dysbiosis blunt stomach acid and enzymes, food doesn't break down well. It ferments, feeds the wrong bacteria, and makes gas — there's the bloating. That irritates the gut lining (the inflammation), which impairs digestion further, and that's where fatigue and brain fog creep in. Round and round — sometimes for years.

## Questions to Bring to Your Practitioner

- Given my history, is DNA-based (qPCR) stool testing worth running for me?
- Could an *H. pylori* signal or dysbiosis explain my specific symptoms?
- If we test, will we read the results *together* against my symptoms and history?
- What order would you address findings in — and why does sequence matter?
- How will we know it's working, and over what timeline?

### Your next step

You deserve more than “fine.” Bring these questions to a functional or integrative practitioner — and read the full case file and testing guide at [deeperthansymptoms.com](https://deeperthansymptoms.com).