

Clinician Tool for hEDS-Related Gut Support Interventions

This guide provides evidence-informed interventions for supporting gut health and metabolic resilience in patients with hypermobile Ehlers-Danlos Syndrome (hEDS), particularly those exhibiting sulfur metabolism issues, SIBO, and dysautonomia-linked gut flares.

	Intervention	Usage	Clinical Rationale	Medical Rationale	Clinical Interpretation and Next Moves
0	Urine Dipstick Testing	Use first morning urine to test pH, protein, ketones, specific gravity. Track trends in hydration, acid-base balance, and inflammation.	Tracks functional metabolic stress including acidic pH (ammonia), dehydration, and inflammation. Useful for guiding symptom management. Urinary pH shifts may reflect dysbiosis; track in symptom log alongside gut health.	pH changes could indicate several metabolic issues, hydration status and abnormal protein metabolism	Use urine dipstick for urea/ammonia; recommend serum urea and B6 if elevated.
1	Betaine-Rich Foods (Beetroot, Spinach, Shellfish)	Consume 100–250 ml beetroot juice daily, or include beetroot/spinach regularly in meals. Betaine supplement: 500–1000 mg/day.	Betaine supports methylation, reduces homocysteine, improves bile flow, and provides substrate for acetylcholine synthesis. Critical in hEDS.	Betaine deficiency in hEDS patients with SIBO may impair methylation and gut-brain axis signaling; supplementation improves metabolic detox and neuroimmune regulation.	If low betaine, suggest microbiome profiling and methylation support. Review dietary intake and consider gene testing for betaine pathway support (e.g., BHMT). If responsive to beetroot, assess methyl donor status; may indicate betaine deficiency.
2	FODMAP Diet (Targeted)	Avoid high-FODMAP foods for 4–6 weeks, then reintroduce systematically to identify triggers. Focus on minimizing microbial fermentation.	Reduces fermentable carbohydrate load to starve gas-producing and sulfur-metabolizing bacteria. Alleviates SIBO-like symptoms in hEDS. Reduces fermentable sugar load that feeds gut bacteria and yeast, limiting gas production and dysbiosis.	In hEDS, FODMAPs exacerbate microbial overgrowth (e.g., SIBO), which increases ammonia and sulfur-based endotoxins that burden B6 pathways.	Trial FODMAP if GI symptoms persist; consider SIBO testing. Refer to hEDS aware Gastroenterologist to assess for autoimmune/other drivers.
3	Ginger + Lime + Warm Water	Grate 1 tsp fresh ginger + juice of 1/2 lime in warm water (not boiling). Sip as needed during flares, up to 3x/day.	Ginger acts as a smooth muscle relaxant and prokinetic; lime aids digestion; both reduce cramping, nausea, and microbial overgrowth. Ginger reduces gut motility and inflammation; lime provides vitamin C and acidity to calm gut; heat soothes smooth muscle. Lime/ginger benefit suggests vagal or enteric nervous support; monitor hydration.	Ginger is anti-inflammatory and antispasmodic; lime supports bile and digestion; the combination soothes vagus nerve activation and limits mast-cell-mediated gut flares.	Patient autonomy, self care, cost effective and non toxic. If GIT symptoms persist, consider anti emetics and anti histamine support to reduce MCAS burden.