CONDITION GUIDE · TU CASITA WELLNESS

# BAD Guide

*Bile Acid Diarrhea — explained from the inside out.*

What's happening, what helps, and what to ask your care team.

FREE RESOURCE

## 01 WHAT IS BAD — AND WHY IT HAPPENS

Bile Acid Diarrhea (BAD) is a condition where bile acids — substances your liver makes to help digest fat — end up in your colon when they shouldn't. When that happens, your colon responds by pulling in water and speeding up. The result is urgent, watery diarrhea that can feel impossible to manage.

Here is how it is supposed to work: your liver makes bile acids, they travel into your small intestine to help break down fat, and then your terminal ileum — the last section of your small intestine — reabsorbs about 95% of them and sends them back to the liver. This loop is called the enterohepatic circulation.

When that loop is broken — because the small bowel has been surgically resected, the terminal ileum is inflamed or damaged by Crohn's disease, or other conditions disrupt normal absorption — bile acids escape into the colon. The colon was not designed to handle them. They act as irritants, triggering secretion and rapid movement.

**The science behind it**

Bile acids are made in the liver from cholesterol.
They are absorbed in the terminal ileum — the last part of the small bowel.
After ileal resection or Crohn's involvement, reabsorption fails.
Excess bile acids reach the colon  water secretion  urgency and diarrhea.
Research: Camilleri M. Gut Liver. 2015;9(3):332–339 (PMC4413966)

BAD is classified into three main types. Type 1 is the most relevant for the Crohn's and bowel resection community — it happens when the ileum is surgically removed or damaged by disease. Type 2 is idiopathic, meaning it occurs without obvious gut disease and is often mistaken for IBS. Type 3 involves other conditions like celiac disease or bacterial overgrowth that disrupt absorption.

Research estimates that 25% to 50% of people diagnosed with IBS-D — diarrhea-predominant irritable bowel syndrome — may actually have undiagnosed BAD. That is not a small number. Many

people are living with this and have no idea what it is or why it is happening.

## 02 HOW TO KNOW IF YOU MIGHT HAVE IT

BAD does not always look dramatic. Sometimes it is quiet and chronic — just a body that never quite settles, that rushes you to the bathroom after meals, that makes eating feel like a gamble. Other times it is urgent and disruptive in ways that affect every part of daily life. The symptoms below span the full range — from the subtle to the ones that stop you mid-sentence.

**COMMON SYMPTOMS — DO ANY OF THESE SOUND FAMILIAR?**

- Urgent, watery diarrhea
- Hot or burning stools
- Yellow or foul-smelling stools
- Bloating and gas
- History of small bowel resection
- Diarrhea labeled as IBS
- Diarrhea right after meals
- Greasy, oily, or pale stools
- Cramping and urgency
- Yellowing of skin
- Crohn's disease — any location
- Malabsorption / nutrient deficiency

*A brief personal note: I was diagnosed with Crohn's at 14. My first small bowel resection was at 14, before my 15th birthday. For years after — through malabsorption, through the symptoms on that list — BAD was never once named or explained to me. That silence is part of why this guide exists.*

## 03 WHAT HAPPENS WHEN BAD GOES UNADDRESSED

BAD is not just a bathroom problem. When bile acids are chronically lost, the effects spread to every system that depends on them. Here is what that looks like over time — grouped simply so it is easy to see.

### Nutrition and Vitamins

Bile acids are required to absorb fat — and fat carries the four vitamins your body cannot make on its own: A, D, E, and K. Without enough bile acids in the small intestine, these vitamins pass through unabsorbed no matter how much you eat or supplement orally. Each one has a job. Vitamin D supports bones and calcium absorption. Vitamin A supports vision and immune defense. Vitamin K supports blood clotting. Vitamin E supports nerve and muscle health. Vitamin B12 is also at risk — it absorbs in the same section of the small bowel that handles bile acid reabsorption. Low B12 shows up as fatigue, brain fog, and shortness of breath. Chronic fat malabsorption also means calories are lost in stool — the body is eating but not absorbing — which leads to unintended weight loss and muscle wasting over time.

### Bones, Blood, and Body Stress

Vitamin D loss means calcium is not absorbed well. Over time this weakens bones and raises the risk of fractures — especially significant for people who have also used corticosteroids like prednisone, which carry their own bone density risk. Chronic diarrhea causes ongoing fluid and electrolyte loss — sodium, potassium, magnesium — which stresses the kidneys, the heart, and the nervous system. Dehydration compounds fatigue and affects every organ. Untreated bile acid loss also raises the risk of gallstones and kidney stones over time, because the balance of bile becomes disrupted when acids are chronically depleted.

### The Gut Itself

Bile acids do more than digest fat. They help maintain the lining of the gut, support the balance of bacteria in the intestines, and signal the immune system. When the bile acid pool is chronically disrupted, the gut lining becomes more vulnerable, bacterial balance shifts, and low-grade inflammation becomes harder to resolve. This is one reason why chronic BAD can make an already sensitive gut feel reactive to more and more foods over time — the underlying environment is less stable.

### Mental Health and Daily Life

This one is documented and rarely talked about. People living with chronic BAD report significant impacts on mental health and quality of life — anxiety about leaving home, fear of fecal incontinence in public, depression, fatigue, and social isolation. These are not personality traits or overreactions. They are real, measurable consequences of living with an unpredictable, urgent, and misunderstood condition. Naming them matters.

> **When it goes deeper — what the liver carries**
>
> Bile acids are made from cholesterol in the liver.
> When they are chronically lost, the liver works harder to make more.
> Over time this stresses the liver, disrupts cholesterol balance,
> and affects how the body regulates blood sugar and immune function.
> The deeper science on this is covered in the Tu Casita 30-Day Program.

## 04 WHY DOCTORS OFTEN MISS IT — AND HOW TO TEST

BAD is underdiagnosed. Symptoms overlap with Crohn's flares, IBS, and post-surgical changes — so many people are never asked whether bile acids might be the specific driver. The result is years of managing symptoms without ever addressing the root cause.

There is no single test that works for everyone. A full picture comes from combining medical history, symptoms, and available testing. Here is what exists:

**Ways BAD is identified**

SeHCAT scan: measures bile acid retention. Not available in the US.
Serum C4 (blood): a bile acid precursor; elevated levels suggest BAD.
Serum FGF-19 (blood): low levels indicate the feedback loop is broken.
Fecal bile acid test (stool): measures how much is lost in stool.
Breath testing: can help rule out overlapping conditions like SIBO.
Medical history: resection, Crohn's, cholecystectomy are key risk factors.
Symptom pattern: urgency after meals, hot/greasy/yellow stools.
Therapeutic trial: a bile acid sequestrant is tried; response confirms BAD.

It is also worth knowing that the SeHCAT scan — while considered a gold standard in countries where it is available — involves low-level radiation exposure and requires two clinic visits over seven days. For someone already in a vulnerable or depleted state, that is worth weighing. Blood biomarkers like C4 and FGF-19 offer a less invasive starting point for many people.

*The most important principle here applies to everything in this guide — and to healing in general: every tool is a trial. Every food, every supplement, every medication, every modality works on a test-and-observe basis. No two bodies respond the same way. Keep field notes. Write down what you try, when, and how your body responds. Memory under chronic illness is not reliable — your notes become your most valuable clinical data.*

## 05 WHAT HELPS — FOOD, TIMING, TOOLS

Managing BAD is not about finding a perfect diet. It is about reducing the load on a system that is already working harder than it should. These approaches are educational starting points — not prescriptions. Always work with your care team on what is right for your body.

### Food

Fat is the main trigger for bile acid release. A lower-fat diet reduces how many bile acids your liver needs to produce, which means less escaping into the colon. This does not mean eliminating fat entirely — fat is essential. Fat carries the vitamins your body depends on (A, D, E, and K). Without fat, those vitamins cannot be absorbed. The goal is choosing the right types and amounts — and preparing food in ways that are gentle on the gut.

Cooking methods that do not require added oil: steaming, boiling, poaching, baking on parchment, slow cooking with broth, and using non-stick cookware dry. These methods preserve nutrition without increasing fat load. Plain proteins — well-cooked chicken, white fish, eggs — prepared this way are well tolerated during difficult periods. Rice, soft-cooked carrots, plain bone

broth, and ripe banana are good gentle foundations.

### MCT Oil — A Fat Worth Knowing About

Medium-chain triglycerides (MCT oil) are a unique type of fat. Unlike the long-chain fats found in most foods, MCT is absorbed differently — it goes directly to the liver without needing bile acids to break it down first. This means it provides calories and supports fat-soluble vitamin absorption with less demand on a compromised bile acid system. Research in small bowel resection patients has shown MCT can significantly improve fat absorption compared to standard long-chain fats.

The important caution: MCT can cause stomach upset, cramping, and diarrhea — especially if introduced too quickly or in large amounts. Start with a very small amount (half a teaspoon) mixed into broth, soft food, or a warm drink. Do not heat MCT oil above 320°F / 160°C. Increase gradually only if the body tolerates it well. MCT oil does not contain essential fatty acids, so it works as a supplement to — not a replacement for — a balanced approach to fat.

> **A note on fats applied to skin**
>
> Fat-soluble vitamins (A, D, E, K) can penetrate the skin's outer layer.
> Transdermal Vitamin D delivery is clinically studied for people with malabsorption.
> Oils applied to skin — castor, coconut, magnesium in oil — are low-risk and supportive.
> Skin application is not a replacement for systemic nutrition, but may complement it.
> This is an emerging area worth tracking. Discuss with your care team.

### Timing

Eating smaller amounts more frequently puts less demand on digestion at once. Drinking fluids separately from meals — waiting 30 to 45 minutes — reduces the speed of gastric emptying and gives the gut more time to work. Sitting upright after eating and avoiding large evening meals can also reduce overnight symptoms.

### Medical Tools

Bile acid sequestrants — such as cholestyramine and colesevelam — are the main medical treatment for many people with BAD. They bind bile acids in the gut before they reach the colon. However, this is an area where working with your provider matters a great deal. For people with extensive ileal resection, sequestrants are generally not recommended because they can worsen fat malabsorption and make steatorrhea worse — the opposite of the intended effect. Canadian Association of Gastroenterology guidelines specifically advise against their use in this group without careful individual assessment. This is exactly the kind of nuance your care team needs to evaluate for your specific history before any treatment is started.

### Psyllium Husk — A Gentle, Sustainable Option

Psyllium husk is one of the most well-researched natural tools for gut support and it works differently from pharmaceutical bile acid sequestrants. Rather than simply removing bile acids,

psyllium activates a bile acid receptor called FXR — which suppresses inflammation and may protect against colitis. It also feeds beneficial gut bacteria, supports the intestinal barrier, produces anti-inflammatory short-chain fatty acids, and helps regulate stool consistency in both directions.

For people managing BAD after small bowel resection or with a history of Crohn's, soluble gel-forming fibers like psyllium may help slow gastric emptying, thicken loose stools, and support the microbiome during remission. It is a remission and maintenance tool — not something to reach for during an active flare, when the gut needs rest rather than bulk.

**How to use psyllium safely**

Always take with a full glass of water — it must be well hydrated to work.
Start low: 2–3g per day (about 1/2 tsp). Increase slowly.
Take at least 2 hours away from any medications.
Not recommended during active flares or if obstruction risk is present.
Introduce gradually and observe your body's response.

### Nervous System Support

Stress and nervous system dysregulation increase gut motility — the speed at which things move through. For a gut already dealing with excess bile acids, a heightened stress response makes everything worse. Breathwork, rest, gentle movement, and circadian-aligned routines all support a calmer gut environment. These are not add-ons. They are part of the work.

## 06 WHAT TO ASK YOUR CARE TEAM

You deserve answers. These questions can open a conversation your provider may not have started yet.

**QUESTIONS TO BRING TO YOUR CARE TEAM**

- Could bile acid malabsorption be contributing to my diarrhea?
- Is a therapeutic trial of a bile acid sequestrant appropriate for me?
- Would a SeHCAT scan or fecal bile acid test be useful in my case?
- Given my ileal resection or Crohn's history, am I at risk for BAD?
- Are there dietary changes that would reduce my symptoms specifically?
- Could any of my current medications be affecting bile acid production?

# What You Now Know About BAD.

BAD is real, it is measurable, and it is identifiable. Understanding what is happening in your body is the first step toward making informed choices — with your care team, and for yourself. This guide is a starting point. Bring it to your next appointment, share it with your provider, and use it as a reference alongside your own field notes.

If you want to go deeper — understanding how your gut, nervous system, and daily rhythms all connect — there is more waiting for you at Tu Casita Wellness. This guide is the beginning of that conversation.

**tucasitawellness.com**

Gut health education · Chronic illness support · Guided healing programs

---