

MY WEIRD PROMPTS

Podcast Transcript

EPISODE #393

The Bloating Glitch: Why Your Stomach Has a Mind of Its Own

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EPISODE SYNOPSIS

Ever feel like your stomach distends for no reason, even when you haven't eaten a large meal? In this episode, Herman and Corn break down the fascinating and frustrating world of abdominophrenic dyssynergia—a functional "glitch" where the brain and gut muscles lose their coordination. They explore how surgeries like gallbladder removal can trigger long-term hypersensitivity and why common "healthy" habits might actually be making your bloating worse. From the pioneering research of Dr. Fernando Azpiroz in Barcelona to practical biofeedback and breathing techniques, this episode provides a comprehensive roadmap for anyone looking to understand the mechanical reality of bloating and how to retrain the nervous system for lasting relief.

DANIEL'S PROMPT

Daniel

Since my cholecystectomy seven years ago, I've experienced chronic bloating. I was diagnosed with impaired gastric accommodation and abdomino-phrenic dyssynergia, which seems to involve a malfunction in the gut-brain connection and the coordination between the diaphragm and stomach. What is known about this condition and its treatment options? What strategies, such as dietary changes or meal frequency, would you recommend for living with this type of bloating based on current clinical evidence?

TRANSCRIPT

Corn

Hey there, welcome back to My Weird Prompts. I am Corn, and I am sitting here in our living room in Jerusalem with my brother.

Herman

Herman Poppleberry at your service. And man, did our housemate Daniel give us a deep one to chew on today.

Corn

He really did. It is one of those topics that sounds simple on the surface... bloating. Everyone has had it. But when you dig into the specific diagnoses Daniel mentioned, you realize we are talking about a fascinating, and honestly quite frustrating, glitch in the human operating system.

Herman

It is the ultimate ghost in the machine. You have the hardware, the organs, but the software... the gut brain connection... is sending the wrong signals to the wrong muscles at the wrong time. Daniel mentioned his cholecystectomy from seven years ago, and I think that is a crucial starting point because it highlights how a physical change can sometimes trigger a long term functional breakdown.

Corn

Right, and it is not just about the surgery itself, but what happens after. Daniel was asking about impaired gastric accommodation and abdomino phrenic dyssynergia. Those are mouthfuls, but they describe a very specific mechanical failure. Herman, let's start with the basics. What is actually happening when someone experiences abdomino phrenic dyssynergia? Because Daniel mentioned it feels like his stomach has a mind of its own.

Herman

It really does feel that way. To understand it, you have to picture the abdomen as a pressurized cylinder. You have the diaphragm on top and the abdominal wall muscles in front. In a healthy person, when you eat, your stomach expands to accommodate the food. This is the gastric accommodation part. At the same time, your brain sends signals to your diaphragm to stay put or even move up slightly, and your abdominal wall muscles relax just enough to make room. It is a perfectly coordinated dance.

Corn

But in abdomino phrenic dyssynergia, that dance becomes a mosh pit.

Herman

Exactly. Instead of the diaphragm relaxing and moving up, it paradoxically contracts and pushes down. At the same time, the abdominal wall muscles contract instead of relaxing. So you have the diaphragm pushing the contents of your abdomen down and out, and the abdominal wall pushing back. The result is that the internal organs have nowhere to go but forward. That is why the stomach distends so visibly. It is not necessarily that there is a massive amount of gas in there... though it feels like it... it is that the muscles are literally reshuffling your insides into a bloated shape.

Corn

That is such a key distinction. I think most people hear bloating and they think of fermentation or air. But Daniel was spot on when he mentioned that recent clinical evidence shows the volume of gas in these patients is often totally normal. It is a motor coordination problem. It is a behavioral response by the nervous system that has become hardwired.

Herman

And that brings us to the Barcelona research Daniel was asking about. Doctor Fernando Azpiroz and his team at the Vall d Hebron Hospital have been the pioneers here. They used electromyography and something called abdominal plethysmography to actually map these muscle movements. They proved that in patients with this condition, the intercostal muscles... the ones between your ribs... and the diaphragm are overactive, while the lower abdominal muscles are underactive or poorly timed.

Corn

It is like a software glitch where the push and pull commands are swapped. But why does this happen seven years after a gallbladder removal? Daniel mentioned he feels like his gut brain connection just stopped working effectively. Is there a direct link between the cholecystectomy and this specific dyssynergia?

Herman

The link is often indirect but very real. It falls under the umbrella of what is called post cholecystectomy syndrome, which affects approximately 10-20% of people who have their gallbladder removed. When you lose the gallbladder, you lose the reservoir for bile. Now, bile is constantly dripping into the small intestine. This can lead to changes in motility, changes in the microbiome, and increased visceral hypersensitivity. Recent studies have even looked at how the lack of the hormone FGF19, which is usually regulated by the gallbladder's bile storage, can mess with gut signaling.

Corn

So the system becomes more sensitive.

Herman

Precisely. If your gut becomes hypersensitive, even a normal amount of food or a tiny bit of gas feels like a massive intrusion. The brain perceives this as a threat or a major distension and triggers a defensive muscular response. Over time, that response... that paradoxical contraction of the diaphragm... becomes the default setting. The brain thinks it is helping, but it is actually creating the very distension the person is trying to avoid.

Corn

It is a feedback loop. You feel a tiny bit of pressure, your brain panics and tells the diaphragm to push down to make room, which actually increases the pressure and makes the stomach look bigger, which then causes more distress. It is a vicious cycle. And Daniel mentioned the psychological side of it... feeling gross or ugly... which we know only tightens that gut brain loop.

Herman

It is devastating because it is so visible. Unlike many internal issues, this one changes your physical profile in minutes. But the good news is that because it is a functional, learned behavior of the nervous system, it can often be unlearned. That is where the treatment options come in.

Corn

Let's talk about those. Daniel mentioned he saw things about biofeedback and physical therapy. If this is a coordination problem, how do you actually retrain a diaphragm? You can't exactly lift weights with it.

Herman

Well, in a way, you can. The gold standard for treating abdomino phrenic dyssynergia right now is diaphragmatic breathing combined with biofeedback. The Barcelona studies by Azpiroz's group showed that when patients were shown real time data of their muscle activity... like seeing a graph of their diaphragm contracting when it should be relaxing... they could actually learn to correct it. Biofeedback therapy shows significant improvement in symptoms for 60-80% of responsive patients.

Corn

But most people don't have access to an electromyography machine at home. So what does that look like for someone like Daniel in their daily life?

Herman

It starts with very specific diaphragmatic breathing exercises. But it is not just taking deep breaths. It is about retraining the abdominal wall to relax while the diaphragm moves correctly. You have to practice lying down, then sitting, then standing, and eventually while eating. The goal is to consciously inhibit that paradoxical contraction.

Corn

I remember reading about a technique where you place one hand on your chest and one on your belly. You want the hand on the belly to move out while the chest stays still. Is that the core of it?

Herman

That is the starting point. But for abdomino phrenic dyssynergia, you also have to focus on the ribs. Many of these patients are chest breathers. They use their intercostal muscles too much, which pulls the diaphragm out of position. You have to learn to breathe into the lower back and sides of the ribs. There is a specific drill called the rib cage relaxation drill. You place your hands on your lower ribs and try to breathe so that your ribs widen sideways rather than your chest moving up.

Corn

And the timing is everything, right? If you do this right when the bloating starts, can you actually abort the distension?

Herman

Yes. That is exactly what the clinical evidence suggests. If you catch it early, you can use the breathing to reset the muscle tone. It is like hitting the reset button on a computer that is starting to lag. But it takes a lot of practice. We are talking about doing these exercises for ten to fifteen minutes, three times a day, for weeks before the new pattern becomes automatic. Using a mirror can also help. If you stand sideways and watch your stomach, you can often see the exact moment the dyssynergia kicks in, which gives you a visual cue to relax the abdominal wall.

Corn

What about the other half of the puzzle? The impaired gastric accommodation. If the stomach itself isn't relaxing to let food in, does the breathing help with that too, or is that a separate issue?

Herman

They are definitely cousins. Gastric accommodation is more about the smooth muscle of the stomach itself, which is controlled by the autonomic nervous system. When food enters, the top part of the stomach... the fundus... is supposed to relax. If it stays tight, you get early satiety... feeling full after three bites... and that pressure can trigger the dyssynergia we just talked about.

Corn

So if the stomach won't relax, the diaphragm feels the pressure and freaks out.

Herman

Exactly. For the accommodation part, there are a few pharmacological options, though they are a bit hit or miss. Some doctors use neuromodulators like low dose tricyclic antidepressants. Not because the patient is depressed, but because those meds can dampen the hypersensitivity of the gut and help the smooth muscle relax. There is also research into drugs like buspirone, which has been shown in clinical trials to improve gastric accommodation by relaxing the fundus.

Corn

But Daniel was specifically asking about lifestyle and dietary strategies. If he is living with this daily, what can he do at the dinner table?

Herman

This is where we get into the practical, evidence based stuff. First and foremost... and Daniel mentioned he had heard this... is meal frequency. If you have impaired gastric accommodation, you simply cannot eat a large, three course meal. Your stomach is literally telling you it is full. If you push past that, you trigger the whole cascade of bloating and distension.

Corn

So the small, frequent meal strategy isn't just a cliché, it is a mechanical necessity.

Herman

It really is. We are talking five or six small meals instead of three big ones. And the composition matters too. Fat is a major trigger for people without gallbladders, as Daniel probably knows. But fat also slows down gastric emptying. If the food sits in the stomach longer, it exerts more pressure for a longer period, which keeps that diaphragm in a state of panic.

Corn

So low fat, small meals. What about fiber? Usually we are told fiber is the answer to everything, but I have a feeling that might be different here.

Herman

Fiber is tricky. High fiber foods, especially raw vegetables, take up a lot of volume. If your goal is to minimize the physical volume in the stomach at any one time, you might actually want to lean toward cooked vegetables and lower fiber options during a flare up. Daniel mentioned leafy greens... a big salad is actually one of the worst things for someone with abdomino phrenic dyssynergia because it provides massive volume with very little caloric density. It stretches the stomach wall immediately.

Corn

That is so counterintuitive. You think you are being healthy by having a big salad, but you are actually triggering the mechanical glitch.

Herman

Exactly. It is also important to talk about how you eat. Chewing. I know it sounds like something your grandma would tell you, but for these conditions, it is vital. Digestion starts in the mouth. The more you break down the food before it hits the stomach, the less work the stomach has to do, and the faster it can move that food along. Also, avoiding carbonated drinks is huge. You don't want to add gas volume to a system that is already struggling with pressure management.

Corn

I also want to touch on the gut brain part again. If this is a learned response, does stress management or even something like gut directed hypnotherapy have a place here?

Herman

Absolutely. There is actually a lot of evidence for gut directed hypnotherapy for functional bloating. It is not about being hypnotized in the movie sense. It is about using visualization and relaxation to calm the nervous system's response to gut sensations. If you can lower the overall alarm level of the brain, it is less likely to trigger that paradoxical diaphragm contraction. There are even apps now, like Nerva or Zemyd, that provide these protocols digitally.

Corn

It makes sense. If the brain isn't on high alert, it won't overreact to a normal meal. So, for Daniel, it sounds like a multi pronged approach is best. Retraining the breathing to fix the mechanical dyssynergia, using small, low fat meals to manage the accommodation issue, and maybe some neuromodulation or hypnotherapy to calm the gut brain connection.

Herman

And one more very practical tip... walking after meals. Not a power walk, just a gentle ten minute stroll. It helps with gastric emptying, but more importantly, the upright posture and the rhythmic movement of walking can help reset the diaphragm and abdominal wall coordination. It is much harder for your body to maintain that weird, bloated posture when you are actively moving your legs and swinging your arms.

Corn

That is a great point. It is much easier to slump and let the distension take over when you are sitting on the couch right after a meal. Daniel mentioned wanting to hide away on the couch when it happens, but that might be the worst thing for the muscle coordination. Even just standing up and doing some of that lateral rib breathing can make a difference.

Herman

Exactly. And for anyone listening who has had their gallbladder out and is wondering why they still feel like they have digestive issues years later... you are not crazy. Post cholecystectomy syndrome is a real thing, and these functional disorders like abdomino phrenic dyssynergia are often the hidden culprits. It is also worth noting that this is more common in women, possibly due to hormonal influences on visceral sensitivity, though it affects everyone.

Corn

Well, this has been a deep dive. Daniel, thanks for sending that one in. It is a topic that affects so many people but gets very little airtime because it is so often dismissed as just "common bloating."

Herman

Yeah, thanks Daniel. It is always good to have an excuse to look into the latest from the Barcelona group. They really are doing some of the most interesting work in gastroenterology right now.

Corn

If you are listening and you have been dealing with something similar, or if you have a completely different weird prompt you want us to explore, we would love to hear from you. You can find the contact form on our website at myweirdprompts.com. You can also search our entire archive of over two hundred episodes there.

Herman

And hey, if you have been enjoying the show, please leave us a review on your podcast app or a rating on Spotify. It genuinely helps other curious people find the show. We are a small, independent operation here in Jerusalem, and your support keeps us digging into these research papers every week.

Corn

Alright, I think that is a wrap for episode two hundred and twenty six. Thanks for listening, and we will catch you in the next one.

Herman

See ya.

Corn

So, Herman, before we go, I was thinking about that rib breathing. Should we try a quick session right now? I feel like my intercostals are a bit tight from sitting here so long.

Herman

You know what, that is a great idea. Hands on the lower ribs, everyone... actually, let's save the group exercise for the bonus feed. But seriously, it is amazing how much just a few minutes of focused breathing can change your internal state.

Corn

Very true. Alright, everyone, thanks again. Check out myweirdprompts.com for the show notes and the archive. We will see you soon.

Herman

Bye for now.