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# How to Feed a Recovering Gut: A Smarter Way to Eat After a Stomach Bug

Analysis by Dr. Joseph Mercola | August 29, 2026

## STORY AT-A-GLANCE

- Your digestive system continues healing long after vomiting and diarrhea stop, so gradually returning to a varied, nutrient-rich diet supports recovery better than prolonged reliance on a few bland foods
- The BRAT diet (bananas, rice, applesauce, and toast) lacks enough protein, healthy fats, and several key vitamins and minerals to fully support recovery, making it better as a small part of your diet than your entire eating plan
- Temporary bloating or difficulty digesting milk and larger servings of starch after a stomach bug often reflects a healing digestive tract, not a lifelong food intolerance, and many people regain their normal tolerance over time
- Smaller, more frequent meals, easy-to-digest protein sources, thoroughly cooked foods and gradually increasing the complexity of your meals reduce digestive stress while giving your body the nutrients it needs to repair itself
- Every successful meal is a step toward recovery, so let your symptoms determine when to introduce new foods instead of rushing back to your usual diet or permanently eliminating foods that your gut simply isn't ready to handle yet

**A stomach bug rarely ends when the vomiting or diarrhea stops. Your digestive system still needs time to rebuild, and what you eat during those first few days plays a major role in how quickly you feel like yourself again. For decades, the standard advice was to**

eat as little as possible and stick to a handful of bland foods until symptoms disappeared. That thinking has shifted considerably.

The cells lining your intestine turn over rapidly, and after an infection, that repair process draws on nutrients delivered directly to the gut. This is one reason reducing food intake deprives the recovering intestinal lining of an important nutrient supply.[1]

Restricting your diet for too long after illness leaves your recovering digestive tract without the protein, healthy fats, and micronutrients it needs most, turning a well-intentioned strategy into an obstacle. The question isn't whether to eat during recovery but how to eat in a way that matches what your gut can actually handle at each stage of healing.

## The Evidence Against Restrictive Recovery Diets

For a review published in Practical Gastroenterology (under the Nutrition Issues in Gastroenterology column), researchers at Children's Hospital Boston examined the scientific evidence supporting the BRAT diet, an eating plan built around bananas, rice, applesauce, and toast that has long been recommended after diarrhea and stomach illnesses.[2] It found that, despite its popularity, "no clinical trials have been conducted to assess its effectiveness."

The review, which focused on children, evaluated the available research on individual foods such as bananas and rice while comparing the diet with modern recommendations for treating acute **diarrhea**.

The review's conclusion was straightforward: once you've rehydrated, resume eating real food — not a handful of bland staples — as soon as possible.* That recommendation aligns with guidance from organizations including the American Academy of Pediatrics, the U.S. Centers for Disease Control and Prevention and the World Health Organization.

If you've always believed that eating less helps your gut recover faster, this review challenges that assumption. The evidence doesn't support prolonged restriction after dehydration has been corrected.

- **Two real-life cases showed how an overly restricted diet created new health problems —** The review described two children who remained on bowel rest, clear liquids, and then the BRAT diet after acute diarrhea. Instead of recovering normally, both developed severe malnutrition because their bodies didn't receive enough nutrients.

  A 3-year-old girl developed kwashiorkor, a severe form of protein deficiency characterized by swelling caused by very low blood protein levels. A 6-week-old boy also developed marasmic kwashiorkor, reflecting both the low protein and the low energy content of the diet. Both children recovered after receiving proper nutritional support.

  These cases represent extreme examples rather than the typical outcome of a stomach bug. Even so, they demonstrate why an overly restrictive eating plan becomes its own problem when continued beyond the earliest stage of illness.

- **Nutrient analysis showed exactly what the BRAT diet leaves out —** The researchers compared a typical BRAT diet with the nutritional needs of a healthy 2-year-old child. Their analysis showed that the BRAT diet supplied roughly 300 fewer calories per day than a balanced toddler diet while also providing very low amounts of fat, protein, and fiber.

  The deficiencies extended beyond calories. The diet also supplied inadequate amounts of vitamin A, vitamin B12, and calcium.[3] Consumer health guidance likewise flags calcium, vitamin B12, protein, and fiber as nutrients the BRAT diet lacks.[4] Even if you're an adult rather than a child, this comparison illustrates an important principle. The underlying analysis was performed in children, so the specific figures do not transfer directly to adults.

A recovering body needs complete nutrition, not simply foods that are easy to tolerate. Looking at your meals through that lens makes food choices much easier during recovery.

Importantly, the problem with the BRAT diet wasn't the individual foods themselves — it was depending on them as an entire eating plan. When researchers looked at specific BRAT components within a broader nutritional strategy, some showed genuine benefit.

- **Bananas earned support, but not for the reason many people assume —** The review found evidence that bananas contribute more than simple calories. In a double-blind controlled trial involving 62 Bangladeshi boys between 5 and 12 months of age with persistent diarrhea, children who received cooked **green banana** or pectin along with rice for seven days experienced better outcomes than those who received rice alone.

  By the third day, 55% and 59% of children in the pectin and banana groups had stopped having diarrhea, compared with only 15% of those eating rice alone. The banana and pectin groups also required less oral rehydration solution, fewer intravenous fluids, and experienced less vomiting.

  Those results suggest bananas deserve a place in recovery meals. They don't suggest bananas alone provide everything your recovering digestive system needs. The benefit came from including them within a broader nutritional strategy rather than depending on them as the entire diet.*

- **Rice worked best in rehydration formulas rather than as a stand-alone food —** The review also examined studies involving rice-based oral rehydration solutions. In cholera, a meta-analysis of 13 clinical trials found these formulations reduced stool volume and shortened diarrhea compared with standard glucose-based solutions.

  In children with non-cholera diarrhea, however, rice-based oral rehydration solutions produced results similar to conventional glucose-based formulas, although they reduced the need for intravenous fluids in one study involving 189 Mexican children

between 3 and 24 months of age.

The authors explained that rice-based solutions have lower osmolarity, meaning they contain fewer dissolved particles. Lower osmolarity has been associated with less vomiting, less stool output, and a reduced need for unscheduled intravenous fluids compared with standard solutions, which the review presents as a possible advantage rather than a settled mechanism.*

- **Certain fibers helped nourish the cells lining the colon —** When bacteria break down resistant starches and pectin in the colon, they produce short-chain fatty acids (SCFAs). These compounds serve as fuel for colonocytes, the specialized cells that line your large intestine.

  Those SCFAs also enhance water and electrolyte absorption and appear to exert a nutritious effect on the colonic and small bowel lining — evidence drawn largely from laboratory and animal work, which the review describes as one mechanism by which fiber may aid mucosal healing.[5]

  That points toward feeding the tissues that are rebuilding rather than only managing symptoms. This finding also explains why food choices become more effective when viewed as nourishment instead of symptom control alone.

  Every meal offers an opportunity to feed the tissues that are rebuilding, making recovery a gradual process of restoring digestive function one step at a time.

- **Returning to normal eating sooner is safe for most children —** A review of feeding practice in infants and young children with acute diarrhea concluded that early refeeding after oral rehydration is better tolerated than prolonged bowel rest.[6] Breastfed infants recover faster when breastfeeding continues without interruption, and most formula-fed children who aren't severely dehydrated tolerate a rapid return to full-strength formula and their usual diet.

Researchers also note that temporary lactose intolerance or secondary cow's milk allergy is uncommon for most children after acute gastroenteritis, meaning most don't need prolonged dietary restrictions or special formulas.

The exception is infants younger than 6 months with severe or prolonged diarrhea, who sometimes require temporary lactose-free or extensively hydrolyzed formulas until their intestines recover. A point worth noting — this pediatric evidence supports a fairly rapid return to a normal diet rather than a slow, staged one.

The graded approach described in this article is about comfort and tolerance, not a claim that slower refeeding speeds healing. That raises a practical question. If temporary reactions to food are a normal part of healing, how do you tell the difference between a digestive system that needs more time and a genuine food intolerance that requires a longer-term change?

## Temporary Food Intolerance Usually Improves as Your Gut Heals

A review published in Nutrients examined carbohydrate maldigestion and intolerance, summarizing research on how your body digests sugars and starches and what happens when that process is interrupted. Its focus is carbohydrate intolerance in functional bowel disease rather than post-infectious recovery, but it identifies viral gastroenteritis as one secondary cause of reduced lactose digestion.[7]*

The researchers also described how infections such as viral gastroenteritis temporarily reduce your ability to digest certain carbohydrates, creating symptoms that often disappear as your intestinal lining heals. The review makes an important distinction that many people overlook.

Poor digestion and food intolerance aren't the same thing. You can absorb carbohydrates less efficiently without developing symptoms, while another person experiences bloating, abdominal pain, and diarrhea after eating the very same food.

Understanding that difference helps you avoid assuming every uncomfortable reaction means you've developed a permanent food sensitivity. In many cases, your digestive system simply needs time to recover.

- **Lactose intolerance after a stomach bug often reflects temporary damage rather than a lifelong problem —** The review identifies viral gastroenteritis as one of the secondary causes of lactose malabsorption, meaning the illness temporarily reduces the activity of lactase, the enzyme that digests the natural sugar found in milk.

  Symptoms usually don't appear until lactase activity falls below roughly 50% of normal. Even then, many adults still retain enough enzyme activity to digest modest amounts of lactose without discomfort. This explains why you might suddenly struggle with milk after a stomach bug even though dairy never bothered you before. As your intestinal lining repairs itself, lactase production often returns and dairy becomes easier to tolerate again.

- **The amount you eat often matters more than the food itself —** Lactose intolerance follows a dose-response pattern. In a study of a Chinese population with proven lactase deficiency, symptoms were few at 10 grams of lactose and increased steadily at 20 and 40 grams.[8]

  The review notes that although approximately 50 grams of lactose — the amount found in about one liter, or roughly four cups, of milk — causes symptoms in most people with lactose malabsorption, many individuals tolerate about 12 grams of lactose, equivalent to approximately 200 to 250 milliliters (about 7 to 8 ounces) of milk, especially when consumed with other foods.

  Instead of eliminating dairy forever, think of recovery as gradually rebuilding tolerance. Small portions often succeed where large servings fail, allowing your digestive system to adapt as it heals.

- **Your gut bacteria influence whether undigested carbohydrates become a problem —** Carbohydrates reaching the colon are fermented by bacteria, producing gases along with SCFAs such as acetate, propionate, and butyrate. Those SCFAs provide energy for the cells lining your colon while helping absorb water and electrolytes. Symptoms develop when more carbohydrate arrives than your bacteria and colon can comfortably process.

  That imbalance leaves excess sugars drawing water into the intestine while gas builds during fermentation. This helps explain why the same meal feels fine one day but leaves you bloated another day. Recovery depends not only on what you eat but also on how well your digestive system handles that particular amount at that stage of healing.

- **Temporary restriction works better than permanent avoidance —** Rather than recommending complete elimination of lactose, the review concludes that reducing intake is usually a better strategy for managing lactose intolerance. Once symptoms settle, foods are gradually reintroduced to determine individual tolerance.

  The authors emphasize that the relationship between food and symptoms should be confirmed before committing to long-term dietary restrictions. Simply having reduced carbohydrate absorption doesn't automatically mean every symptom comes from that carbohydrate.

  That approach gives you a practical roadmap. Instead of creating a growing list of foods you think you can never eat again, challenge yourself to reintroduce one food at a time as your digestive system improves. Keeping a simple food and symptom journal makes it easier to recognize progress instead of relying on memory.

- **Recovery depends on rebuilding digestive function, not avoiding carbohydrates forever —** The review repeatedly points toward individualized reintroduction instead of lifelong restriction. Your digestive tract is remarkably adaptable, and tolerance

often improves as the intestinal lining, digestive enzymes and gut bacteria return to normal after illness.

If you're recovering from a stomach bug, think of carbohydrates as something to pace rather than fear. Smaller portions, gradual progression and careful observation allow your digestive system to regain its normal rhythm without unnecessary setbacks. Every successful meal becomes another sign that your gut is recovering. Instead of asking whether you need to avoid a food forever, ask whether your digestive system is simply asking for a little more time today.

**Note: The banana and pectin trial, the rice-based rehydration studies and the early refeeding review were all conducted in infants and young children. These findings are from research conducted in clinical settings. Results may not apply to all individuals.*

## Build Your Gut Back One Step at a Time

Once your stomach bug is over, the goal changes. Your job is no longer to avoid food; it's to help your digestive tract rebuild itself without overwhelming it. Matching your meals to what your gut is ready to handle, rather than forcing a full return to your normal diet at once, tends to make recovery more comfortable. Look at it like rebuilding strength after an injury: steady progress usually beats rushing.

1. **Map your first three days around digestive difficulty —** Day 1 after symptoms ease, focus on fluids and the simplest carbohydrates: small sips of diluted juice with pulp, clear broth with a pinch of salt, and ripe banana.

   Day 2, if those sat well, add soft-cooked pastured eggs, plain collagen stirred into warm broth, and small portions of white rice or well-cooked potato. Day 3, begin introducing steamed vegetables, gentle fats like grass fed butter or modest servings of fermented dairy such as grass fed yogurt or kefir — raw or minimally processed where you can get itIf any stage causes a return of bloating or loose stools, stay there an extra day rather than pushing forward.

2. **Prioritize protein and repair nutrients over empty starches —** Your intestinal lining rebuilds itself using amino acids, not just calories. Including a protein source at every small meal from day 2 onward gives your body the amino acids it draws on for repair.

   For example, one or two soft-boiled pastured eggs, a cup of bone broth, a scoop of collagen in warm water, or a few ounces of well-cooked grass fed beef. Prolonged reliance on bland, low-protein foods is what produced the severe protein and energy deficiencies described in the case reports above.[9]

3. **Rebuild dairy and starch tolerance in measured steps instead of cutting them permanently —** If a splash of milk in tea or a few spoonfuls of yogurt sits well but a full glass of milk doesn't, that's useful information, not a reason to eliminate dairy. Start with roughly seven to eight ounces of a fermented dairy product such as grass fed yogurt or kefir, which naturally contains less lactose. Increase your serving size every two to three days.

   For starches, well-cooked white rice and potato are the easiest place to land. Higher-fiber options such as beans and whole grains are worth approaching cautiously — start with two or three tablespoons, increase gradually over a week, and back off if bloating or loose stools return, since fiber is harder to handle while the gut microbiome is still recovering.

4. **Use cooking methods that do the digestive work for you —** Pressure-cooking breaks down starch granules and plant fibers more thoroughly than stovetop methods, producing food that requires less effort from your recovering gut. Steam or thoroughly boil vegetables rather than eating them raw during the first week. Choose moist, soft-textured preparations — soups, stews, porridges — over dry or crunchy foods.

   Once you're comfortably digesting cooked vegetables and soft grains for two to three days running, begin reintroducing firmer textures.

5. **Track four things daily so you can see your own progress —** Each evening, note whether you tolerated your meals without new bloating, whether your energy improved compared to the day before, whether your stool consistency moved closer to normal, and whether your appetite returned for the next meal. If all four trend positive, advance to the next stage. If one or two stall, hold your current stage for another day.

   This simple daily check replaces guesswork with a pattern you can see. Most uncomplicated stomach bugs settle within a few days, though how quickly you return to your full diet varies from person to person.

## FAQs About How to Eat After a Stomach Bug

**Q: How soon should I start eating after a stomach bug?**

**A:** Once you've replaced lost fluids and your nausea has settled, begin eating again instead of waiting until every symptom disappears. Start with small amounts of foods your digestive system can handle easily, then gradually work back toward your normal diet as your symptoms improve.

**Q: Is the BRAT diet still the best way to recover from diarrhea?**

**A:** Not as your whole diet. No clinical trials have tested the BRAT diet's effectiveness,[10] and while bananas, rice, applesauce, and toast are easy to digest, relying on them alone doesn't provide enough protein, healthy fats, or several important vitamins and minerals. Your recovering digestive tract needs a wider variety of nutrients to rebuild and regain normal function.

**Q: Why do milk and some carbohydrates suddenly bother me after a stomach bug?**

**A:** A stomach infection temporarily reduces your ability to digest certain foods, especially lactose, the natural sugar found in milk. This temporary intolerance often improves as your intestinal lining heals, so an uncomfortable reaction doesn't necessarily mean you've developed a permanent food sensitivity.

**Q: How do I know when I'm ready to add more foods back into my diet?**

**A:** Let your symptoms be your guide. If you tolerate a new food without increased bloating, diarrhea, or stomach discomfort for about a day, move on to the next stage. If symptoms return, stay with simpler foods a little longer before trying again.

**Q: When is it time to seek medical care instead of recovering at home?**

**A:** Most stomach bugs improve within a few days. Persistent diarrhea, blood in the stool, a high fever, severe dehydration, dizziness, very dark urine, or very little urine output are signs that your illness is no longer following the usual recovery pattern and deserves prompt medical evaluation.

*This article is for informational purposes only and does not constitute medical advice. Consult a qualified health care provider before making changes to your health regimen.*

## Sources and References


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