

IRRITABLE BOWEL SYNDROME

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IRRITABLE BOWEL SYNDROME (IBS) affects 10 to 20 percent of American adults and is the most common gastrointestinal complaint. Associated symptoms are abdominal pain and spasms, bloating, gas, and abnormal bowel movements. Diarrhea alternating with constipation is the most common pattern.

The causes of IBS are multi-factoral and it is important to look for underlying causes of this illness rather than just accepting the diagnosis as an endpoint. Stress, food allergies and intolerances, medication, intestinal dysbiosis, parasites and hormone changes are the predominant triggers for IBS. Various studies have shown between 24-68% of people with IBS have undiagnosed lactose intolerance. When dairy products and lactose containing foods were eliminated 43.6% had total remission of symptoms and an additional another 40% had moderate improvements (Vernia et al). Intolerance to other sugars, such as fructose, sorbitol, mannitol, and other sugars also occur in a subset of people with IBS and need to be evaluated. People who strictly followed an elimination diet addressing food sensitivities had reductions in colic(88%), diarrhea(90%), constipation(65%). 79% also had simultaneous improvements in atopic symptoms.(Borok G) People with IBS need to be carefully worked up for parasites and bacterial dysbiosis of the gut. In one study (Markell et al)18% of people were found to have treatable parasitic infections. In another study (Bolin et al) 9% had positive tests for Giardia, while an additional 15% responded to treatment with metronidazole or tinidazole without a positive diagnosis of Giardia. Some people with IBS respond best to a low fat diet.

The most common recommendation for IBS treatment is psyllium seed fiber such as Metamucil. Pharmaceutical treatments include loperamide for diarrhea, low-dose antidepressants, or use of antispasmodics for pain.

Treatment Recommendations

Fiber:

Increased dietary fiber plus psyllium seed products, or combined with pectins, have been found to be useful. Make sure it contains no sugar. Begin with 1 tsp. daily and build to desired effect, up to 2 Tbsp. daily with extra water. Wheat bran is not a recommended fiber source and made 55% of people with IBS worse (Francis and Whorwell).

Peppermint Oil Capsules:

Peppermint oil is a powerful muscle relaxant that is widely prescribed in the United Kingdom for IBS. It has been shown to have antispasmodic in animal studies and to also work as a calcium channel blocker (Hawthorn et al). Use enteric coated capsules to get the peppermint oil to the colon and rectum intact. Calcium channel blockers are one current treatment for IBS. Dosage: 1-2 capsules daily between meals.

Acidophillus and Bifidobacteria:

One study (Halpern et al) found an improvement in 50% of people with an acidophillus product than with a placebo. Initially people may experience bloating and gas, so begin slowly and in-

crease amount. Dosage: 1-2 capsules three times daily or ½-1/2 tsp. 3 times daily.

Ginger:

Ginger, either fresh or powdered helps relieve gas pains. It has also been shown to increase intestinal lipase activity and also enhance activity of sucrase and maltase (Platel and Srinivasan). Add to foods, make tea, use supplements.

Stress Management:

Daily stress is an important factor in IBS. Meditation, regular exercise, hobbies, laughter, bio-feedback, self-hypnosis, and other relaxation techniques can be of help.

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