IRRITABLE BOWEL SYNDROME (IBS)

IBS is a common and debilitating condition. Nutritional Management is a major breakthrough in the treatment of this disorder. Based on the latest research this program will help you overcome the misery of IBS.

IBS affects approximately one in seven people, with a female to male ratio of about 2.5:1. IBS is a functional non-organic disorder, in which the large intestine(colon) fails to function properly.

THE SYMPTOMS

There is no medical test or examination that can define IBS, as these are usually normal. It is therefore identified by a collection of symptoms:

- **Abdominal pain, bloating and distension:** Pain may originate anywhere in the abdominal region and is often accompanied by a need to open the bowels. Voiding often brings relief. Bloating causes further discomfort and is often associated with the feeling of fullness or weight gain.
- **Constipation:** infrequent bowel motions or hard stools. Often accompanied by a sense of incomplete evacuation when voiding.
- **Diarrhoea:** loose to watery motions due to the more rapid passage of food. Bowel frequency is common or there may be a sense of urgency that is, a sudden need to go to the toilet. An over-sensitive nervous system causing muscular activity of the bowel may trigger diarrhoea and pain. Alternately, the contents of the bowel itself may cause irritation or disturbance to the functioning of the muscles of the gut wall.
- **Flatulence:** When food is not properly digested, fermentation by colonic bacteria produces gas and certain acids which may irritate the bowel. Factors which lead to excessive wind production are highly variable and include the following:
  - The type of food eaten, particularly the fibre content
  - How well food is digested in the small bowel
  - How quickly food residue passes through the small bowel to the colon
  - Inadequate levels of "friendly" bacteria in the gut (see below)
- Excessive digestive movement, abdominal rumblings (borborygmi)
- Mucus or slime in the stool
- Nausea, loss of appetite, indigestion: this signifies a problem in the upper regions of digestion. Heartburn is common.
- Other symptoms: which may not be related to digestion eg, anxiety and tension, fatigue, migraines, palpitations, bad breath, an unpleasant taste in the mouth, urinary frequency etc.

THE CAUSE

Whilst the functional cause of IBS is not fully known, it is evident that a variety of factors contribute to its aetiology.

Dietary Role: The recognition of dietary factors, in particular the connection between IBS and food intolerance, has led to great advancements i combating IBS successfully. All types of IBS respond to some form of exclusion diet. The common offending foods include: dairy, wheat, onions, yeast-containing foods, eggs, nuts, citrus, corn, alcohol. Food intolerance is, however, very individual. Each patient must undergo his/her own dietary testing.

The correlation between a low fibre intake and IBS is well known. And, as those with IBS have discovered, the indiscriminate addition of fibre to the diet does not alleviate symptoms. The effect may be quite variable and wheat bran in particular, may aggravate flatulence and pain, increasing the misery of IBS. It is insoluble fibre which may be of more benefit but clearly, food/grain intolerance should fist be investigated in all patients.

Stress: Stress greatly affects the digestive process. furthermore, stress increases the likelihood of food intolerance. Acute stress clearly affects motility. It can slow digestion, affect the production of digestive enzymes of both. Additionally, antidepressants have proven to be of little benefit in treating IBS. A correlation between IBS and poor sleep quality has also been observed.

Bowel Infection: An acute attack of infectious diarrhoea can lead to IBS even well after the infection has subsided. Infection may cause the enteric nervous system of the bowel to function erratically or even cause it to be hypersensitive to normal stimuli.

Drugs: It is well known that strong prescription painkillers (eg, used for the treatment of arthritis or period pain) can irritate the bowel. Certain iron tablets lead to constipation. Antibiotic-induce diarrhoea may trigger IBS, and recovery is enhanced with B vitamin supplements. Drug related IBS may occur gradually, even after several months and

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appears to be related to the build up of *Candida albicans* (see next section).

Altered Gut Flora: A large population of microorganisms inhabit our colon and their activity is important to many aspects of body health. Some bacteria are beneficial whilst others are not. The type of bacteria is influenced by the diet you eat, your alcohol consumption, the presence or absence of illness, past use of antibiotics and other drugs and even the type of bacteria in the gut of those your live with. *Candida albicans* (a type of yeast), if allowed to proliferate can lead to IBS symptoms. It is important that *Candida* is dealt with effectively and this is an essential part of your nutritional program.

IBS And The Premenstrual Phase: In some women IBS is linked to the premenstrual phase. A study showed that when sex hormone production was suppressed in women with IBS, their symptoms improved significantly.

Others: A hysterectomy may prove to be a small but definite risk factor for IBS. UK studies showed that 10% of women undergoing a hysterectomy experienced IBS symptoms, especially constipation, within months of the procedure. Radiotherapy treatment involving the abdomen can also lead to irritation and scarring of the bowel itself and even damage to the digestive function of the gut triggering IBS symptoms. Both radiotherapy and hysterectomy (due to the postoperative use of antibiotics) alter bowel microflora.

NUTRITIONAL TREATMENT

The therapeutic approach to IBS requires the integration of many factors and a highly individual and personal approach to nutritional care must be taken.

1) Have small, regular meals. Eat slowly, relax over your meal.
2) The association between **food intolerance** and IBS must be investigated. It is best to seek professional advice regarding suitable elimination diets.
3) **Digestive enzymes** may reduce food sensitivities and should be used to reduce the symptoms.
4) Follow the nutritional protocol for the elimination of ***Candida albicans*** (Refer UPDATE: Fighting Candida).
5) Certain foods may alter bowel motility and should be avoided: fatty foods, coffee, spices, alcohol. Do not smoke.
6) To overcome diarrhoea: Check for lactose or grain sensitivity; Avoid large meals which distend the stomach causing reflex contraction of muscles of the colon; Sorbitol (used as an artificial sweetener) and fructose (in fruits and honey) can cause diarrhoea; Ensure adequate fluid replacement and **mineral** balance (supplement with minerals).
7) If constipation is a problem: Avoid laxatives, enemas or codeine-containing medication; Increase soluble fibre in your diet and supplement with **Acidophilus** fibre, liver support and **essential oils**; Ensure liberal fluid intake; Check for grain/gluten sensitivity.
8) For bowel spasm and pain, supplement with **magnesium**. Peppermint oil can help to relax the muscles of the colon. Drink camomile or rooitea. Include ginger and garlic in your diet.
9) Poor liver function is associated with chronic IBS - supplement with **lipotropes** and the herb ***Silybum marianum***.
10) Generally, increase soluble and insoluble fibres in your diet or supplement with rice bran, ***Psyllium***, **slippery elm**, guar, pectin.
11) Where IBS is linked to the premenstrual phase - treat with **Mg**, **B6**, ***Vitex*** (refer UPDATE PMT).
12) Learn to handle stress or anxiety. Supplement with **Tyrosine**, and ***Hypericum*** will be of benefit.

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