



Irritable Bowel Syndrome

Need to go? And go? And go?

by Ivy Wood

Ir·ri·ta·ble. Having or showing a tendency to be easily annoyed or made angry. The medical definition also describes irritable as a body part that is “abnormally sensitive”. If this describes your gastrointestinal (GI) tract, you’re not alone. More than 70 million Americans seek medical help every year for digestive issues. About 45 million will be labeled with a diagnosis of irritable bowel syndrome or IBS, a chronic GI condition with a cascade of unpredictable symptoms.

Definition & Diagnosis

So what is IBS? A collection of disruptive symptoms: cramping, bloating, gas, diarrhea, constipation – all of which interrupt life as you know it. Generally IBS affects the large intestine (colon), although it can impact the rest of the GI tract, including the stomach. The colon or the last five feet of the intestine is where stool is stored and eliminated, requiring good contractions. Disruptions in these contractions is the cause of most IBS symptoms. Although it is not considered a disease, IBS is the most common GI disorder. Despite its prevalence, Mayo Clinic explains that there are usually no physical tests to definitively diagnose IBS. Diagnosis comes from ruling out other causes for symptoms. Healthcare professionals may use the Rome III Criteria, which provides the most commonly used diagnostic “checklist” for IBS. Two key symptoms identified by the Criteria include 1) recurrent abdominal pain or discomfort, with relief following a trip to the bathroom and 2) changes in frequency or form of stool.

Who fits the profile?

Although an estimated 10 to 20% of the population suffers from IBS, we don’t talk about it. Perhaps because it brings up uncomfortable images of the bathroom. The fact is that 1 in 10 people understand what you’re going through. Lin Chang, M.D., a UCLA expert in IBS, says it is more common in women (14-24%) than men (5-19%).¹ As for age, the International Foundation for Functional Gastrointestinal Disorders (IFFGD) describes most diagnosed with IBS as under the age of 50, although they point out that older adults and even children carry the diagnosis as well. The condition tends to run in families, although Chang explains no one specific gene is linked to IBS, which makes it more of a genetic predisposition rather than a classic genetic disorder.

People with fibromyalgia (FMS) or systemic exertional intolerance disease (SEID, previously known as ME/chronic fatigue syndrome) may be more likely than the general population to be diagnosed with IBS. Chang suggests that FMS in particular has a close relationship to IBS: about 60% of IBS patients have FMS, and about 70% of FMS patients have IBS.¹

Treatment

Medical treatment for IBS may involve using various drugs (tranquilizers, antispasmodics and antidepressants) intended to alleviate symptoms, not the underlying cause. But they may potentially introduce new side effects to the problem. In fact, one 2014 study which explored the effect of IBS drugs confirmed that pharmacological treatment “focus [is] on reducing symptom severity while often *limiting quality of life because of significant side effects.*” The study concluded that “complementary and alternative medicines have been associated with a higher degree of symptom management and quality of life in IBS patients.”² What does that mean for you?

Since IBS is not a disease, perhaps taking control of your IBS is the smarter choice. First, evaluate your diet. Second, add nutritional support to help yourself heal what you can heal.

Step One. Evaluate your diet. Food allergies can play a surprisingly large role in IBS, and the most common are to dairy and grains. Try



Quick Quiz

True or False?

1. IBS is unpredictable. T F
2. IBS is psychosomatic (all in your head). T F
3. IBS affects all people the same. T F
4. The cause of IBS is unknown. T F

Answers

1. True. The IFFGD describes IBS as having varying symptoms that are sometimes contradictory as “diarrhea can alternate with constipation,” and potentially disrupt personal and professional activities.
2. False. IBS is recognized as a physical condition of the GI tract. One 2015 study concluded that while stress is a factor in IBS, “numerous psychological, immunological, infectious, endocrine and genetic factors”⁵ are also at play.
3. False. The impact of IBS can vary from person to person. Even in the same person symptoms can change and fluctuate, ranging from mild inconvenience to severe debilitation per the IFFGD.
4. True. The Cleveland Clinic says that despite its prevalence, “the basic cause of IBS is unknown.”

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eliminating them for a ten day trial to see if it has an effect on your IBS symptoms. One diet in particular shown to help is the “Specific Carb Diet,” or SCD. The SCD provides a guideline with a variety of foods to encourage “good” gut bacteria over “bad” in the GI tract. According to Samir Kakodkar, M.D., the diet allows for most fruits, some vegetables, nuts, nut-derived flours, dry-curd cottage cheese, fermented yogurt, meats, eggs, butters, and oils, while excluding sucrose, maltose, lactose, grain-derived flours, potatoes, okra, corn, fluid milk, soy, cheeses high in lactose, and most food additives and preservatives. Dr. Kakodkar headed a study into the efficacy of the SCD, and found that many patients with IBS were able to discontinue medications they had been taking for IBS with the aid of the diet.³

Step Two. Supplementing important nutrients can have a huge effect on IBS, including probiotics for the GI tract, agents to soothe the inflammatory response and reduce symptoms overall. A recent study shows low vitamin D3 levels impact IBS.⁴ We’ve included a handy chart to make choosing your supplement support as easy as possible.

Summary

Living with IBS isn’t always easy. But that doesn’t mean it should rule your life! Make use of the most effective weapon available to you – your diet – to take back control of your GI health. With a good diet and proper supplementation, you’ll feel better and increase your nutritional status in the process which may have been compromised by IBS. If you want your GI tract to thank you tomorrow, get started today.



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NUTRITIONAL SUPPORT	
Some nutrients relieve symptoms, some maintain a healthy GI flora and others support overall wellness by supplementing a compromised nutritional status.	
NUTRIENT & HOW IT HELPS	TyH OPTIONS
<p>Digestive Enzymes Breaks down foods to efficiently aid digestion. Helps to decrease bloating and constipation.</p>	<p>Digesta-Care 8™ Digesta-Care ES™</p>
<p>Fiber Soluble fiber improves constipation and overall symptoms and is recommended by the American College of Gastroenterology.</p>	<p>Acacia Fiber</p>
<p>Magnesium Relaxes the GI tract, which operates on nerves and muscle contractions, to reduce spasms and cramping.</p>	<p>Fibro-Care™</p>
<p>Multiple Vitamin-Mineral Complex Provides antioxidant profile of vitamin C, alpha lipoic, CoQ10 and zinc. Provides patented magnesium to relax and ease contractions of smooth muscle in the GI tract.</p>	<p>Multi-Gold™</p>
<p>Olive Leaf Extract Maintains control over the “bad” bacteria in the GI tract with antibiotic, antimicrobial, and antiviral properties. Helps maintain healthy flora along with probiotics.</p>	<p>Olive Leaf Extract (6%) Olive Leaf ESE™ (18%)</p>
<p>Omega-3 (Fish, Flax, Krill) Naturally reduces and eases irritation of the GI tract lining, inflammation and pain. Consider krill to raise omega-3 levels quickly.</p>	<p>Flaxseed Oil Krill Oil Omega-3 (Fish Oil) Omega-3 ES™ (Fish Oil)</p>
<p>Peppermint Oil Enteric-coated to reach GI tract and help reduce IBS symptoms of diarrhea, bloating, gas, and pain. Relaxes the intestines to relieve spasms.</p>	<p>Peppermint Gels</p>
<p>Probiotics Lines the GI tract with “good” bacteria to aid nutrient “manufacturing” and mineral absorption, helps break down foods and is needed for immune function.</p>	<p>Acidophilus ES™ David’s Probiotics™</p>
<p>Vitamin D3 Improves immunity. Normal D levels decrease IBS symptom severity per studies.</p>	<p>Vitamin D3 1000 IU Vitamin D3 2000 IU Fibro-D3™ 5000 IU</p>