

Irritable Bowel Syndrome

Robert L. Pastore, Ph.D.

Irritable bowel syndrome, better known as IBS, is one of the most common digestive disorders seen by physicians. Twice as many women suffer from IBS when compared to their male counterparts. Medical estimates report that up to 20% of adults may be affected by IBS. That means that over 40 million Americans experience IBS every year. IBS is not a life sentence, and most people that have it can lead active and productive lives if they follow the best treatment protocol for their situation.

In IBS, the normal rhythmic contractions of the digestive tract, referred to as peristalsis, become uncoordinated and irregular. This interferes with the normal digestive and elimination process of food and wastes respectively, and can lead to an accumulation of waste material resulting in bloating, distention, constipation, and gas. Symptoms of IBS include alternating constipation and diarrhea, abdominal pain, mucus in the stools, bowel urgency, nausea, flatulence, bloating, and cramping. Usually, specific foods trigger symptoms, and pain is relieved after a bowel movement. Even if an individual with IBS is eating regular meals, uncoordinated muscular contractions can result in malabsorption. Nutritionists typically take this into account when designing a nutritional plan for IBS, and include 30% more protein than normal, as well as increased vitamins and minerals, which can become quickly depleted in with chronic diarrhea.

From a diagnostic standpoint, this is a vexing disorder. There are no physical signs of disease in bowel tissue with IBS, and its cause or causes are not well understood. Diagnosis of IBS requires ruling out disorders that can cause similar symptoms, such as ulcerative colitis, Crohn's disease, diverticulitis, and even lactose intolerance.

Many other conditions can be related to IBS, including candidiasis, colon cancer, diabetes, gallbladder disease, malabsorption disorders, pancreatic insufficiency, ulcers, parasitic infection such as amebiasis and giardiasis, fibromyalgia, and most commonly, dietary allergies and intolerances. When presented with a case of IBS, each of these factors must be addressed. It is quite common for your integrative medical doctor to order a CDSA (comprehensive digestive stool analysis), an IgG RAST (food allergy test), parasite tests, RBC Magnesium blood test, plus tests for candida, in an effort to address the full spectrum of your condition. If delayed food allergies are identified, desensitization of food allergies by a process called immunotherapy may relieve IBS symptoms. Please follow this link to read about delayed food allergies

<http://www.pastoreformulations.com/library/pastorels%20Your%20Diet%20Making%20You%20Sick4%209%2006.pdf>

From a nutritional perspective, test results and personal history dictate the course of treatment. If dietary allergies and intolerances are identified, they must be eliminated. If an over growth of candida albicans is identified, then that must be treated medically and nutritionally. IBS can even be brought under control in conditions that normally would leave the patient slipping between the cracks of the medical care system. For example, let's say a patient presents with classic IBS symptoms, has an unremarkable CDSA, maybe 1 food allergy, and no bacterial, parasitic or fungal overgrowth. Lastly, all of the aforementioned associated conditions were ruled out. Instead of jumping on the "it's all in your head" bandwagon, a trial implementation of gluten and dairy restriction, stress reduction, and targeted supplementation can yield positive results. If all else fails, I turn to a nutritional program called the specific carbohydrate diet that is very effective in most gastrointestinal disorders. Please follow this link to read about inflammatory bowel disease and the specific carbohydrate diet

<http://www.pastoreformulations.com/library/ibd.pdf>

Supplements that may be helpful for IBS include the amino acid L-glutamine, beneficial bacteria such as Dr. Ohirra's Essential Formulas Probiotic (containing TH-10 strain) and bifidobacterium infantis, evening primrose oil, a fish oil supplement called fisol (containing eicosapentaenoic acid and docosahexaenoic acid), low dose glucomannan, enteric coated peppermint, fennel, B-complex, and aloe vera.

Dietary strategies that are effective include, low fiber diets, high fiber diets, allergen identification and elimination, rotation diets, candida diets, and the specific carbohydrate diet. Remember that we are all biochemically unique. One must identify the correct diet path to obtain gastrointestinal wellness.

While IBS can be a frustrating disorder that interferes with the quality of life, nutritional protocols are available to help one gain control over this frustrating disorder, and return to an active lifestyle.