

Irritable Bowel Syndrome

A great prognosis using a team approach

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Many patients with fibromyalgia and chronic fatigue syndrome have irritable bowel syndrome (IBS). Even without these disorders, IBS is the most common chronic gastrointestinal disorder in the United States and other developed countries. It is estimated that between 25 and 40 million people suffer with this disorder in the U.S. Ten to 15 million of these cases are severe. It is estimated that IBS affects 14-24% of women and 5-19% of men. The prevalence is similar in Caucasians and African Americans, but appears to be lower in Hispanics.

Due to the gastrointestinal pain and change in bowel movement status significant limitation of activities of daily living can occur in more severe cases. The direct and indirect costs in this country are \$25 Billion. IBS is the second leading cause of missed workdays.

What is IBS? At an international symposium in Rome in 1992, a panel of experts produced a consensus definition called the Rome II criteria.

Rome II Diagnostic Criteria for Irritable Bowel Syndrome

At least 12 weeks (not necessarily consecutive) of at least two of the following three symptoms:

Abdominal pain or discomfort that is:

Relieved with defecation

Associated with a change in frequency of stools

Associated with a change in appearance of stools

Supportive symptoms (from the Rome I criteria)

Fewer than three bowel movements per week

More than three bowel movements per day

Hard or lumpy stools

Loose (mushy) or watery stools

Straining during a bowel movement

Urgency (having to rush to the bathroom to have a bowel movement)

Feeling of incomplete evacuation

Passing mucus (white material) during a bowel movement

Abdominal fullness, bloating, or swelling

Other information came out of this meeting. The experts agreed that IBS is a chronic gastrointestinal disorder (not a disease). IBS is a physical not psychological disorder and central sensitization is its main theme.

Differential Diagnosis

IBS is a common disorder but must be diagnosed as a disease of exclusion after a number of other intestinal disorders are eliminated by a trained health care professional. Disorders to be excluded include:

Inflammatory bowel disease	Endocrine disorders	Intestinal pseudo-obstruction
Crohn's disease or ulcerative colitis	Hypothyroidism	Diabetes
Medications	Hyperthyroidism	Scleroderma
Laxatives	Diabetes	Lactose intolerance
Constipating medications	Addison's disease	Psychiatric disorders
Infections	Endocrine tumors (very uncommon)	Depression
Parasitic, bacterial, viral, and opportunistic	Gastrinoma	Anxiety
Malabsorption syndromes	Carcinoid	Somatization disorder
Celiac disease	Colorectal carcinoma	
Pancreatic insufficiency	Adenocarcinoma	
	Villous adenoma	

Crohn's disease and Ulcerative Colitis is one of the more common serious problems to exclude and affects 1 million Americans.

Alarm Signs and Symptoms

It is important to understand if alarm symptoms or signs are present. These are blood in the stool, fever, weight loss, nighttime symptoms, and anemia. If any of these symptoms are present or the patient begins to have problems after age 40, a complete gastrointestinal evaluation is warranted including a colonoscopy. These signs and symptoms are not generally present in IBS patients though severe cases can have night symptoms.

Pathophysiology

Experts now consider this disorder to be a brain-gut dysfunction. Portions of the brain do not activate when abdominal pain is present in IBS patients but do in non-IBS patients. This can be seen by neuroimaging studies and involves the amygdala and insular areas. The experts hypothesize that central sensitization and a chronic pain memory syndrome in part due to neural remodeling is present. This then results in hyperesthesia and allodynia. For those patients with fibromyalgia this scenario sounds familiar. Both disorders involve dysfunction of serotonin.

Familial clusters have been identified and genetics are involved though the exact mechanism is not clearly understood.

Since most serotonin in the human is found in the gastrointestinal tract and platelets (only 10 to 15% in the brain), it is curious that all patients with fibromyalgia do not have IBS.

To summarize, the processing of pain information within the central nervous system varies between normal individuals and those of us with IBS, with the result that they can experience even normal GI contractions as painful. The interactions between their brains, central nervous systems, and GI systems are just not functioning properly. They have colons that react to stimuli that do not affect normal colons, and their reactions are much more severe. On a positive note, IBS produces no harm to the lining of the colon, does not lead to cancer or other intestinal disorders.

Muhammad Yunus, M.D., of the University of Illinois College of Medicine has studied a group of syndromes as being part of a larger spectrum of conditions, which he calls Dysregulation Spectrum Syndrome or DSS. Irritable bowel syndrome is apart of this spectrum and has an increased prevalence in individuals with one or more disorders listed as DSS.

The following syndromes are considered to be part of DSS, according to Dr. Yunus:

- **Fibromyalgia Syndrome (FMS)**
- **Chronic Fatigue Syndrome (CFS)**
- **Myofascial Pain Syndrome (MPS)**
- **Irritable Bowel Syndrome (IBS)**
- **Temporomandibular Joint Disorder (TMJ)**
- **Restless Leg Syndrome (RLS)**
- **Periodic Limb Movement (PLMS)**
- **Multiple Chemical Sensitivity Syndrome (MCSS)**

- Tension Headaches
- Irritable Bladder
- Primary Dysmenorrhea
- Migraine Headaches

Treatment

The traditional treatment of IBS depends on first categorizing the patient into four groups.

1. Those who have acquired the disorder over age 50 – These need colonoscopy and special attention to eliminate organic disease. IBS is uncommon to initially produce symptoms in the elderly.
2. Those with predominately diarrhea symptoms
3. Those with predominately constipation symptoms
4. Those with predominately abdominal pain, nausea or gas symptoms.

Then the patients are categorized into mild, moderate or severe.

Mild: manage stress and make changes to your diet and lifestyle

Moderate: As per Mild + fiber supplements utilizing over-the-counter (OTC), anticholinergic, or psychotropic medications such as imipramine or trazadone that have anticholinergic activity.

Severe: As per Moderate + tricyclic or SSRI antidepressants, or 5-HT₃ or 5-HT₄ medication. The drugs utilized include, belladonna and its derivatives, these are termed anticholinergics and are used to relieve spasm and pain. Antidepressants and Anxiolytics; 5 H₃ agonists - Lotronex (*alosecron*), for diarrhea and pain in women. This was withdrawn for a time due to ischemic colitis complications; 5 H₄ agonists - Zelnorm/Zelmac (*tegaserod*) – for constipation related IBS. In Europe they are using a Kappa-opioid agonist (fedotozine).

Our method

I have not been happy with the H₃ or H₄ agonists (helpers) so I reserve these for unusual cases.

Our method uses the same separation of subclass as mentioned above. Older patients need an in depth evaluation. Those less than 50 would do well to have a TSH or free T₃ or 4, sigmoidoscopic examination,

CBC, sed rate, Stool for parasite evaluation and digestion capability and ordinary chemistry panel to help exclude other problems.

The main triggers of IBS must then be treated to calm the disorder and keep it quiet. These are diet, structure, emotions, and sensitivities.

Diet

The primary dietary triggers of IBS are alcohol, carbonated drinks such as soft drinks, club soda, carbonated water or tonic water and sugars, whole wheat or whole grains, intestinal irritants such as coffee (even decaffeinated), chocolate, tea, onions, artificial sweeteners (Stevia is satisfactory) and especially fat. Red meat, processed meats, egg yolk and dairy products are to be avoided. Eliminate fried foods

The following fruits and vegetables are naturally prone to producing gas: Cabbage, beans, broccoli, cauliflower, onions, prunes and apples.

Fruits, vegetables, beans, and lentils as well (the skins are insoluble, the interior flesh soluble) have to be introduced carefully in small amounts as tolerated.

- **Insoluble fibers are found in:**
- **Raw vegetables**
- **Seeds**
- **Whole wheat**
- **Bran**
- **Nuts**
- **Popcorn**

A common mistake is to follow the older medical advice to eat increasing amounts of wheat bran. It only aggravates the problem. Plantago majorum (Psyllium) is an acceptable soluble fiber. Others are polycarbophil and methylcellulose.

Preferably the foundation of the diet utilizes plant foods with soluble fiber. Brown rice, oatmeal, buckwheat (soba) noodles, corn meal (polenta), quinoa, and barley are the whole grains that are safest for IBS - plus root vegetables for their soluble fiber staples, instead of higher glycemic index foods like white rice, sweets, white flour or potatoes. Make sure that IBS sufferers are adding healthy fats (olive, canola, flax, avocado, nuts, fatty fish like salmon and tuna, etc.) and safe proteins (fish, skinless chicken breasts, egg whites, soy, etc.) to your soluble fiber staples

General list of soluble fiber foods

Rice

Pasta and noodles

Oatmeal
Barley
Fresh white breads such as French or sourdough (NOT whole wheat or whole grain)*
Rice cereals
Flour tortillas
Soy
Quinoa
Corn meal
Potatoes
Carrots
Yams
Sweet potatoes
Turnips
Rutabagas
Parsnips
Beets
Squash and pumpkins
Mushrooms
Chestnuts
Avocados (though they do have some fat)
Bananas
Applesauce
Mangoes
Papayas
Papaya also digestive aids that relieve gas and indigestion

In summary

Avoid:

Sweets and alcohol
Fried foods
Animal fats in excess as they stimulate the gut too much
Intestinal irritants
Carbonated products
Insoluble fibers like raw vegetables, raw fruits, and whole wheat
Excessive amounts of analgesics such as ibuprofen, aspirin etc.
IBS is correlated with a higher amount of analgesic use than the general population.

Use:

Soluble fibers from plant sources
Safe fats
Reintroduce small amounts of fruits and vegetables, as the body will permit
Use Psyllium to supplement the soluble fiber
Drink 6 to 8 glasses of water per day.

Diet II Supplements

Peppermint, ginger, fennel

Digestive enzymes

Probiotics are the main products we use based on AK testing. There is some evidence that IBS is aggravated by increased hydrogen intestinal gas resulting from fermentation.

Other products that can be helpful are:

Aloe mucilaginous polysaccharides

Chamomile

Comfrey

Slippery Elm

L- Glutamine

Valerian Root

Acupuncture

Lobelia

Spascupreel

Fo Ti Root

Cayenne fruit

You probably know a few more.

Diet III

There are general principles that are important when eating. Eat slowly. Chew your food properly. Don't gulp it down. Try to be happy or at least neutral at a meal. A negative mindset contributes to a disordered bowel.

Structure

As an osteopathic physician I was trained in the importance of the connections between the intestinal tract and the spinal nerves over thirty years ago. Chronic intestinal problems affect the ninth thoracic spinal area as the sacral region. This causes a reflex from the gut to the spine. After a while the nervous system changes and a negative feedback occurs so that the spine (and higher centers) send incorrect messages to the intestine. The result is IBS. The fault is not how the colon looks but how it functions.

Advanced osteopathic methods permit a restoration of the tissues and bones of the spinal region to return to normal. Some of this vicious cycle is consequently broken. At times alter posture or traumatic events cause changes in tissues binding the muscles, organs nerves or blood vessels and later the signals or nutrition to the intestine. Scoliosis, short leg, degenerative spinal disorders are common examples of some structural problems that modify or worsen IBS. Our IBS patients are advised to undertake osteopathic treatments. Other body type therapists, acupuncturists and chiropractic physicians can also serve in this role depending upon their skills. The second member of my team is a manipulative specialist.

Emotions I

Previously traditional medical care emphasized the importance of emotional stress as the predominate factor in this disorder but the emphasis in recent years is to emphasize that IBS is a physical, not emotional disorder.

Studies indicate however that 60% of IBS patients have one or more emotional problems. There are several areas of treatment that have proven to be of value in this disorder. Yogi, hypnosis of a specialized type, biofeedback, and cognitive therapy. Though not studied as well as the others, energy psychology methods are helpful and permit faster results in certain types of cases. Our IBS patients are advised to perform a MMPI II or other psychometric testing to see if they have of a problem this area. Remember that emotional problems trigger or aggravate IBS, not cause it. The third member of my team is a clinical psychologist.

Emotions II Hinz Method

This is a method of restoring the brain and peripheral serotonin levels as well as the catecholamines (dopamine, norepinephrine, and epinephrine). The Hinz method is a safe and effective manner utilizing concentrated neurotransmitter precursor amino acids. A timed urine study then is used to adjust the amino acid therapy by measuring the serotonin, dopamine, norepinephrine and epinephrine levels directly. In other words we can raise the brain and peripheral neural type hormones without drugs or side effects so that, once balanced, there is improvement in the intestinal utilization of the neurotransmitters.

We do not use this method in milder cases or in those that respond to dietary and natural supplementation methods. For more severe cases or those that have problems with medications from other doctors the Hinz

program can be a blessing. It is also used if major depression, migraine or fibromyalgia is present concurrently.

Sensitivities

Though some controversy exists regarding the nature of the problem, many reports indicate that a high percentage of IBS patients have self-reports of individual foods that aggravate the problem. Though some are allergic, most do not have associated allergic symptoms with a food or inhalant aggravates their IBS. In many cases it is helpful to eliminate foods that are detrimental to the individual. An elimination diet can be used. Standard food allergy testing correlates poorly. A LEAP test is currently the recommended test and is covered by most insurance. . This test correlates with IBS symptoms in 40 to 60% of cases in my experience. It studies mediator release from the blood elements when the patient's blood is mixed with a food or food additive that can result in destruction of the patient's red blood cells in the tube.

Summary

By changing the structural (viscerosomatic) relationship, changing the diet, restoring better colon flora, improving digestive capability, improving emotional stress when required and restoring serotonin levels to a more healthy amount a vast majority of IBS patients can expect to have control over their disorder (not disease).