

Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is an affliction of the bowels that impairs normal function in a variety of different ways. The diagnostic criteria for the condition is vague at best and the term itself is something of an umbrella sickness, a category in itself containing numerous “types” of IBS that might differ significantly in their primary symptoms while retaining a similar base shared by all sufferers: intense abdominal pain. Other common symptoms include abdominal bloating, constipation, and or diarrhea.

In addition to the aforementioned symptoms, the diagnosis of IBS can also be aided by its associations with other afflictions. For instance, the individual who has irritable bowel syndrome may also tend to suffer from heartburn. Other illnesses that tend to present alongside IBS include chronic headache, fibromyalgia, and even depression. In women, there is also a strong correlation between irritable bowel syndrome and endometriosis.³

The cause of IBS is most often associated with stress. Although this association is correct, one should be wary if this reason is used as the primary factor for diagnosis. Irritable bowel is a complex condition that requires diligent investigation by the treating physician. IBS attacks tend to result soon or immediately after consuming food suggesting either an associated food intolerance or allergy.¹ Studies have shown a strong positive correlation between those indi-

viduals with irritable bowel syndrome and viral, bacterial, or parasitic infections. Additionally, there are some studies that associate a chemical imbalance in the brain as a contributing factor.²

Most commonly, doctors tend to treat irritable bowel syndrome with a variety of drugs. In most cases, treatment consists of antispasmodic medication, pills that reduce the tremors associated with bowel malfunctions such as diarrhea and constipation. Additionally, anti-depressants and anti-acid medicines are commonly used. The ultimate problem with the use of these medications however, is that they only address the symptoms of IBS and do not address any of the underlying causal factors. Long-term, the patient has to rely on the medications, many of which have unwanted side effects and contribute the loss of vitamins and minerals.

Of all of the contributing factors involved in the onset of IBS, dietary choices play the most consistent role in the development of symptoms. Therefore, food should be considered first. IBS sufferers should consult with their doctor about specialized tests to rule out allergies or food intolerances. Traditional skin prick tests are not adequate in this case and more advanced tests should be performed to ensure an accurate diagnosis. Because fiber is often times recommended for IBS patients, it should be known that the liberal use of whole grains and soy as fiber choices is a bad one, as these two foods are often

root causes of IBS. Fiber intake should be emphasized through the liberal consumption of fresh vegetables and fruits.⁴

In addition to what one is eating, one must also pay careful attention to what one is drinking. Milk, soda, alcohol, coffee, artificial sweeteners, and excessive juice can all irritate the gastrointestinal tract and contribute to a worsening of symptoms.⁵ Remember that food fits the classic definition of a drug. “Any substance that makes one act, think, or feel differently.” Genetically speaking, different people react differently to different foods. Identifying this uniqueness can go a long way to ensure and maintain health.

In the end, irritable bowel syndrome is relatively easy to treat. Provided the proper exam and lab work up are performed, the cause can typically be identified and appropriately addressed.

¹ Holten KB, Wetherington A, Bankston L (2003). “Diagnosing the patient with abdominal pain and altered bowel habits: is it irritable bowel syndrome?”. *Am Fam Physician* 67 (10): 2157–62

² Stark D (2007). “Irritable bowel syndrome: A review on the role of intestinal protozoa and the importance of their detection and diagnosis”. *International Journal for Parasitology* 37 (1): 11-20

³ Cole JA, Rothman KJ, Cabral HJ, Zhang Y, Farraye FA (2006). “Migraine, fibromyalgia, and depression among people with IBS: a prevalence study”. *BMC gastroenterology* 6: 26.

⁴ Drisko et al (2006). “Treating Irritable Bowel Syndrome with a Food Elimination Diet Followed by Food Challenge and Probiotics”. *Journal of the American College of Nutrition* 25 (6): 514–2

⁵ Choi, Y. Fats, Fructose May Contribute to IBS Symptoms. ACG 68th Annual Scientific Meeting: Abstract 21, presented October 13, 2003; Abstract 547, presented October 14, 2003.

⁶ Francis CY, Whorwell PJ (1994). “Bran and irritable bowel syndrome: time for reappraisal”. *Lancet* 344 (8914): 39–40.

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