

Irritable Bowel Syndrome (I.B.S.)

Supplement Protocol

By Geoff D'Arcy, Lic.Ac., D.O.M.

Irritable Bowel Syndrome is part of a spectrum of diseases known as Functional Gastrointestinal Disorders, which include diseases such as non-cardiac chest pain, non-ulcer dyspepsia, and chronic constipation or diarrhea. These diseases are all characterized by chronic or recurrent gastrointestinal symptoms for which no structural or biochemical cause can be found. IBS affects between 25 and 55 million people in the United States and results in 2.5 to 3.5 million yearly visits to physicians. Approximately 20 to 40 percent of all visits to gastroenterologists are due to IBS symptoms.

IBS symptoms affect men and women of all ages and of all races. The prevalence of IBS in the general population of Western countries varies from 6 to 22%. 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. Although several studies have reported a lower prevalence of IBS among older people, the present studies do not allow us to definitely conclude whether or not an age disparity exists in IBS. In non-Western countries such as Japan, China, India, and Africa, IBS also appears to be very common. Many patients with IBS report that their symptoms began during periods of major life stressors such as a divorce, death of a loved one, or school exams. Many patients also report the onset of symptoms during or shortly after recovering from a gastro-intestinal infection or abdominal surgeries.

Symptoms of IBS have also been known to appear upon the ingestion of a certain food to which the individual is sensitive. The type of food which causes symptoms varies with the individual. (There is no one definite universal food trigger for IBS.) Similarly, a flare of symptoms in a patient with long-standing IBS may be triggered by all of the symptoms listed above, or for no apparent reason. Most everything about IBS is totally dependent on the individual patient. For some, IBS may arise during times of stress or crisis, and then subside once the stressful event has passed. For others, IBS strikes seemingly randomly and without warning and never completely goes away. Still others will get IBS for a while, it will go away for a long period of time, then come back. The duration of IBS is different for everybody.

IBS can be nothing more than a mild annoyance, completely debilitating, or anywhere in between. Again, it depends on the person and how he or she reacts to it and treats it. Several studies have shown that psychological disturbances are more common in IBS patients than patients with other gastrointestinal diagnoses and healthy controls. However, people with IBS who do not seek medical care have a similar psychological profile as the general population. Therefore, IBS is not caused by psychological problems, but a person's outcome and illness behavior is affected by their psychological make-up.

Different people respond differently to their IBS and IBS symptoms, depending on a number of psychosocial factors. What factors contribute to health care utilization? Although IBS is very common in the general population, only a minority of people ever seek medical care for their symptoms. Cultural factors may affect health care utilization. For example, as opposed to the U.S. and Europe, in India male patients are more likely to seek medical care than women. The presence and severity of abdominal pain, and the number of "Manning Criteria" correlate with health care consultation. Finally, psychological disturbance (e.g. anxiety or depression) also appears to influence health care utilization.

What are the symptoms of IBS?

The most common symptoms that IBS patients complain of are:

- frequent diarrhea
- abdominal pain (usually in the lower abdomen area)
- gas
- bloating
- diarrhea alternating with constipation
- mucus in the stool
- bowel urgency or incontinence, and a feeling of incomplete evacuation after a bowel movement

Since IBS is considered mainly to be a disorder of the lower gastrointestinal tract, the symptoms tend to remain located below the navel. However, several symptoms of the upper gastrointestinal tract have also been shown to be common in those with IBS including: difficulty swallowing, a sensation of a lump in the

