

# I B S

## **GOODNESS! GRACIOUS! GREAT "BOWELS" AFIRE**

By

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IBS...it sounds like the name of a multinational corporation. But it isn't. They say it's a disease. But, medically speaking, it isn't. It's been called "America's hidden health problem", and it is. It has been ranked as the second leading cause of worker absenteeism, second only to the common cold. IBS is "shorthand" for irritable bowel syndrome. It has in the past been known as "spastic colon", "colitis", and "spastic colitis", to name a few.

### **What Is IBS?**

IBS is our most common gastrointestinal complaint, ranging from mild annoyance to life-changing problems. It is a chronic bowel disorder resulting from abnormal contractions of the large intestine that, in turn, leads to spasms in the colon. The colon is the final 6 feet of our intestinal tract. IBS is not classified as a disease, but a "functional" disorder. This is because there is no sign of disease, or pathology, upon examination of the colon. It has no identifying diagnostic test. There is no cure because it is a chronic illness that requires management. The good news, however, is that IBS is not life threatening or permanently injurious.

Most problems of this functional disorder are ones of inconvenience and discomfort defined by a cluster of symptoms resulting from disruption of normal bowel function: abdominal pain, bloating, constipation, diarrhoea, stomach cramps and heartburn.

### **Who Most Commonly Gets IBS?**

IBS sufferers often lead a life that is restricted in numerous areas: diet, social activities, normal daily activities and energy levels. In the extreme, it can so alter normal lifestyle that it can lead to job absenteeism, anxiety and depression. As many as 1 in 5 Americans has experienced IBS. More than twice as many women suffer IBS as men. Symptoms typically occur early in life, with half the patients having onset of symptoms before they reach the age of 30.

### **Non-Treatment and Misdiagnosis:**

Probably the most common reason for non-treatment is embarrassment associated with the condition. Once a person decides to seek medical help, the wide range of symptoms makes IBS difficult to diagnose. Good information available to physicians about IBS is limited and quality information has, sadly, not found its way into the hands of the general population. A significant reason for misdiagnosis and non-treatment lies "at the feet" of the primary care

physician; they often do not have or do not take the time generally required for diagnosis. For the IBS sufferer, there are typically multiple visits to a physician involving various tests to eliminate other possible ailments, and often, referral to a specialist such as a gastroenterologist. The result? Discouragement of both patient and physician.

### **Traditional Medical Treatment:**

The physician or specialist must first eliminate other related diseases. IBS has a number of "cousins" that may show similar symptoms. These, among others, include Crohn's disease, diverticular disease, dyspepsia and inflammatory bowel disease. Once elimination of "what it isn't" is accomplished (which, as stated, can be difficult and discouraging), pharmaceutical intervention involving drug therapy for symptomatic relief is the typical "order of the day". Medications most commonly prescribed are laxatives, antidiarrheals, antispasmodics, mild tranquilizers (stress, anxiety) and low-dose antidepressants. They have some common side effects...headache, dizziness, fatigue, nausea, and double vision, to name a few. Such intervention therapies have proved to be only marginally effective in the short term, and ineffective in long-term treatment. Indeed, it is common that reliance on drugs only prolongs the problem and interferes with the management of the condition.

### **What To Do...**

IBS is a common medical condition that can be chronic and debilitating, as we have seen. It is a problem of function...a functional disorder that responds well to counselling, nutritional management and increased consumption of appropriate forms of fibre (if you listen carefully you may actually hear a hushed sigh realizing we are being told, once again, that another malady has its base cause in how we eat, act and think in 21<sup>st</sup> century America!).

Aha, but its true. Once again we have to consider the highly refined, often preserved and over processed nature of the foods that make up our diet. We Americans have a propensity for fast, convenient eating, usually with too much of the wrong kinds of fats, plenty of empty calories and very little fibre. With this kind of diet, given time, our body, and more specifically, our digestive tract, may begin to enlighten us with signals of dysfunction that indicate all is not well. Indeed, IBS may be a problem of maladjustment to a radically altered food supply. Prior to the industrial revolution we Americans ate much more basically...vegetables, fruits, whole grains and lean meat. Today, in contrast, our diet is highly "skewed" toward refined flour, saturated fats, processed oils and greatly increased sugar consumption.

### **Summing It Up:**

Counselling, diet and increased consumption of appropriate forms of fibre constitute the best treatment available for IBS. Existing pharmaceutical-based therapies are marginally effective only for short-term treatment. We must therefore get on with developing the appropriate "management style" for this chronic functional disorder. This involves, first, getting checked out by a

physician or medical specialist to eliminate other possible illnesses. Then, get down to work by:

- **Counselling:** You must "get educated". Search out nutritional/wellness counselling and pursue self-education.
- **Diet:** With a "wellness attitude", begin to step back from the "Western" diet. Cut back on saturated fat from meats, dairy, and "refined" oils; lower your sugar intake; reduce consumption of carbonated soft drinks, caffeine drinks, and citrus juices; consume cooked (steamed) vegetables and avoid gas producing foods such as broccoli, onions and cabbage; check out possible intolerance to dairy (milk) products. You need to get more of the "essential" fatty acids (omega 3s). These are the "good fats" that are rare in our American diet. Finally, try not to overeat, chew your food, and GET SOME EXERCISE!
- **Fibre:** Listen up, now! This is the "big one". Get your fibre intake up. Strive for 30 plus grams a day. Check out a fibre supplement. Many fibre products are less than pleasant to ingest and others may trigger allergic reactions (wheat based fibre). Start slow, work up daily intake over a week or two and drink plenty of water. Try a healthy food-based fibre supplement that is palatable and non-allergenic. There are a few good ones on the market such as Designing Health's OMEGA 3 BASIC™ which is rich in fibre from flaxseed and provides the omega 3 essential fatty acids we Americans need on a daily basis\*\*.

Don't get discouraged. Even if "managing" a chronic functional disorder sounds overwhelming at first, the payoff is big. You remember, don't you? It's about living in the day, feeling good and sound and healthy!

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\*Dr. Collett received his Ph.D. from the University of California at Berkeley. He has spent many years studying, writing and in research and development in the field of preventative natural health care.

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