



What is Irritable Bowel Syndrome?

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Irritable Bowel Syndrome is a "functional" disorder, where the primary abnormality is an altered physiological function, rather than an identifiable structural or biochemical cause eg inflammatory, infectious or structural abnormality. IBS cannot be diagnosed by commonly used laboratory investigations or imaging modalities.

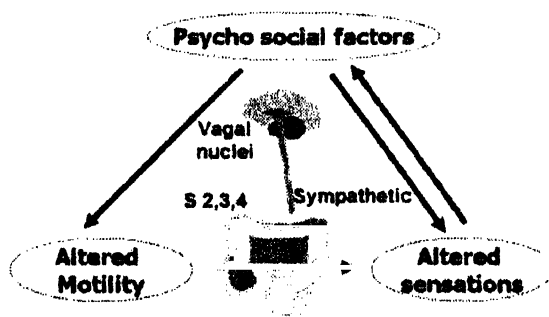
IBS is understood as a multi-faceted disorder. Symptoms result from what appears to be a disturbance in the interaction between the intestines, the brain and the autonomic nervous system, that results in alteration of the regulation of bowel motility.

Irritable Bowel Syndrome affects approx 10-20% of the general population.

Irritable bowel syndrome, is also referred to as

- Ø Spastic colon
- Ø Mucous colitis
- Ø Spastic colitis
- Ø Nervous stomach or
- Ø Irritable colon

To understand diagrammatically the pathophysiology of IBS



IBS is affected and modulated by several factors. Some with emotional dimensions, others more related to visceral function and sensation. It is associated with a dysfunction of brain-bowel communication involving both afferent and efferent pathways going to and from the gut. There is good evidence to suggest that 5-HT is a central mediator in the regulation of these visceral functions.

SYMPTOMS: Irritable Bowel Syndrome is characterized by a group of chronic recurring symptoms in which abdominal pain or discomfort is associated with a change in bowel pattern, such as loose or more frequent bowel movements, diarrhea, and/or constipation.

- Ø Abdominal pain
- Ø Altered bowel function
 - o Diarrhoea predominant (47%)
 - o Alternator (26%)
 - o Constipation Predominant (27%)
- Ø Incomplete evacuation
- Ø Urgency - sudden urge to pass stool and a fear of incontinence. They always identify where the toilet is when they are away from home and may go to the toilet repeatedly before leaving home
- Ø Bloating

IBS may be a variant of normal function and sometimes occurs after an episode of infectious diarrhoea. The abdominal pain is not localized and tends to have been present for at least three months. The pain is associated with bowel movements and relieved after defecation. Abdominal pain is also associated with increased looseness of stool as well as increased frequency.

For a "strict" diagnosis of the IBS, 3 of the following should be present:

- Ø Patients have difficult defecation
- Ø Patients complain of abdominal bloating or distention
- Ø Mucus is present in the stool

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- Ø There is increased stool frequency
- Ø There is increased looseness of the stool at the onset of the abdominal pain.

Also present is...

- Ø Urgency
- Ø Strain / Constipation if has to strain more than 25% of the time
- Ø A feeling of incomplete emptying after passing stool

How does stress affect IBS?

- Ø Stress - feeling mentally or emotionally tense, troubled, angry or overpowered → stimulates colon spasms in patients with IBS.
- Ø Normal rhythmic contractions of the colon are controlled by nerves, which cause abdominal discomfort at stressful times.
- Ø Cramps or "uneasiness" when nervous or upset are normal in everyone.
- Ø With IBS, the colon can be overly responsive to even slight conflict or stress.
- Ø Stress also makes the mind more tuned to the sensations that arise in the colon and makes the stressed person perceive these sensations as unpleasant.
- Ø Some evidence suggests that IBS is affected by the immune system, which fights infection in the body. The immune system is also affected by stress. For all these reasons, stress management is an important part of treatment for IBS.

Stress management comprises of..

- Ø Stress reduction training and relaxation therapies eg meditation
- Ø Counseling and support
- Ø Regular exercise eg walking or yoga
- Ø Changes to the stressful situations in your life
- Ø Adequate sleep

Can changes in diet help IBS?

- Ø Careful eating reduces IBS symptoms.
- Ø Patients must identify the foods that seem to cause distress eg if milk and milk products cause symptoms to flare up, they must consume less of these.

Curds are better tolerated as it contains Lactobacillus. Dairy products are an important source of calcium and other nutrients. If need to avoid them, ensure to adequate nutrients / supplements. (*Ed: A good criteria of Homoeopathic cure is better tolerance to milk / milk products*)

- Ø In many cases, dietary fiber may lessen IBS symptoms, particularly constipation, (it does not help pain or diarrhoea). Whole grain breads and cereals, fruits and vegetables are good sources of fiber. High-fiber diets keep the colon mildly distended, which may help prevent spasms.
- Ø Some forms of fiber also keep water in the stool, thereby preventing hard stools that are difficult to pass.
- Ø High-fiber diets may cause gas and bloating, but these symptoms often go away within a few weeks as the body adjusts.
- Ø Drinking 6-8 glasses of plain water a day is important, especially if one has diarrhoea. But carbonated drinks, such as sodas, may result in gas and cause discomfort.
- Ø Chewing gum and eating too quickly can lead to swallowing air, which again leads to gas.
- Ø Large meals can cause cramping and diarrhoea, so eating smaller meals more often or eating smaller portions helps IBS symptoms.
- Ø If the meals are low in fat and high in carbohydrates, such as rice, whole-grain breads and cereals, fruits, vegetables and pasta

To summarize

- Ø IBS is a disorder that interferes with the normal functions of the colon. The symptoms are crampy abdominal pain, bloating, constipation and diarrhoea.
- Ø IBS is a common disorder found more often in women than in men and usually begins around age 20.



- Ø People with IBS have colons which are more sensitive and react to things that might not bother other people, such as stress, large meals, gas, medicines, certain foods, caffeine or alcohol.
- Ø IBS is diagnosed by its symptoms and by the absence of other diseases.
- Ø Most people can control their symptoms by medicines (laxatives, anti-diarrhoeals, tranquilizers, or antidepressants), reducing stress and

changing their diet.

- Ø IBS does not harm the intestines and does not lead to cancer. It is not related to Crohn's disease or ulcerative colitis.

IBS can also occur in children.

- Ø Same symptoms
- Ø Same approach to stress/ diet



Irritable Bowel Syndrome

The most commonly diagnosed, the least sensibly defined, and therefore, so poorly yet expensively treated GI illness is IBS, to be read as the Irritable Bowel Syndrome. It more than proves what a wag said long ago: When doctors do not know about the cause, course and cure of an illness, they end up getting high marks and money by giving the illness a high sounding name. Just as this piece is being penned, there is a box in *The Times of India*, Mumbai, April 16, that medical jargon is a potent source of confusion for more than 50 % of the Americans. Modern medicine has turned into a Tower of Babel with towering toys called gadgets housed in towers called 5-star-hospitals with towering fees that already have wrecked the economy of USA, UK, Canada and Australia. India is fast catching up.

The *Oxford Handbook of General Practice*, 2002, sums up IBS succinctly: "Relapsing and remitting condition of unknown cause. Extremely common (Lifetime prevalence > 20%, though 75% never consult a GP), Female:Male::2.5:1. Can start at any age. Diagnosis of exclusion with no confirmatory test and no

cure... (Despite all treatments). > 50% still have symptoms after 5 years."

The 1998, latest *Taber's Medical Dictionary* is eloquent on treatment: "A number of medications are used in treating IBS, but evidence that any therapy is effective is lacking. Even so, an individual patient may benefit from a particular medicine because of the placebo effect... Alternative therapy, including psychotherapy, hypnotherapy, imagery and biofeedback *alone or in combination may be effective in some patients*" The italicized words in the last sentence gives to the medico try out anything or everything, yet assuring the patient that "Well, nothing may work." It's a situation of the blind leading the deaf. Homoeopathy should raise cudgels with *Taber's Dictionary* for failing to mention the Hahnemannian option for IBS.

There are a number of positive features of IBS. It's a "benign" condition that allows the patient to survive and the doctors and drug makers to thrive. The therapy, like in dermatology, is external (psychotherapy, mud baths), internal and eternal. The moment the doctor diagnoses IBS, the patient has the double satisfaction of (a) having been able to purchase a diagnosis for whose "management" the sky is the limit, and (b) the feeling that the fault lies, not with the patient, but with the irritability of the bowels. "A cause and effect link between stress and IBS has not been proved." This magisterial assurance from *Taber's* disburdens the pa-



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