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**Study Confirms IBS Improvement**

**By Dr. Maia Dodds**

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Irritable bowel syndrome is a debilitating and distressing condition, which affects 10–20% of the population. IBS is characterized by abdominal pain and altered bowel function such as constipation, diarrhea or alternating diarrhea and constipation. Some people have occasional symptoms, which can be aggravated by stress or food intolerances. Others experience crippling symptoms, and struggle to maintain their quality of life in the absence of any targeted, effective pharmaceutical treatments.

This disorder affects people of all ages and backgrounds, including children, although women are predominantly affected. Severe IBS can dramatically restrict mobility, through loss of control of bowel function and severe abdominal pain. These symptoms contribute to IBS being second only to the common cold as the most frequent cause of absenteeism from work and school.

Despite the significant impact on individuals and the population at large, there is no clear established cause for IBS. Whilst medical investigations are important to eliminate the possibility of an over-lapping pathology such as parasites, candida, inflammatory bowel disease, cealiacs or Crohns disease, there is no specific investigation which patients can test positive for in order to confirm a diagnosis of Irritable Bowel Syndrome. A diagnosis of IBS is more often a diagnosis of exclusion if its not another gastrointestinal condition, and it fits the symptom picture of IBS, then it is IBS.

The current accepted criteria for diagnosing IBS is the Rome criteria (adopted in medical texts and by the American Gastroenterological Association). Their definition of IBS consists of:

At least 12 weeks, which need not be consecutive, in the preceding 12 months of abdominal discomfort or pain that has two of three features: Relieved with defecation and/or Onset associated with a change in frequency of stool and/or Onset associated with a change in form (appearance) of stool.

The following symptoms support the diagnosis of IBS: Abnormal bowel movement frequency (more than three per day or less than three per week), Abnormal stool form (lumpy/hard or loose/water),

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Abnormal stool passage (straining, urgency, or feeling of incomplete evacuation), Mucous passed with stools, Abdominal bloating or distension.

There are few effective treatments for IBS. Pharmaceutical medications include anti-diarrheal agents and laxatives, some of which can be harmful if used repeatedly. Significant improvements can be made through dietary changes which can therefore reducing some trigger factors for IBS. It is also important to practice some stress reduction techniques such as breathing techniques, and positive psychology, as there is a direct link between stress and an aggravation of IBS symptoms.

The most promising, long-lasting and side-effect free results in the treatment of IBS were based on a large clinical trial conducted at an Australian university, and published in the Journal of the American Medical Association in 1998.

These results demonstrated a 64–76% improvement rate on all measures of IBS such as abdominal

pain, distention and bowel habits. These results were achieved in a double-blind, placebo controlled clinical trial conducted by gastroenterologists and doctors. The remarkable positive results were achieved in the treatment group that received Chinese herbal treatments. This same formula can be purchased as pre-made capsules from select retailers, and it offers great hope for those struggling with IBS.

Dr. Maia Dodds is the author of The Irritable Bowel Syndrome Improvement Program

See

for details, further research and articles.

Write directly at

Dr. Maia Dodds works in private practice in Melbourne, Australia. Her specific interest areas are gastroenterology and she has recently completed a book: 'Irritable Bowel Syndrome Improvement Program'.

## Symptoms Of IBS

**By Susan Reynolds**

IBS is a disorder affecting approximately 20% of the population. In its mildest cases, IBS can frustrate patients and cause anxiety. In severe cases, it can totally affect a patient's life, limiting their activities, causing them to quit their jobs, and prompting a reclusive lifestyle.

Irritable bowel syndrome is not a disease. In fact, although the problem occurs in the patient's intestine, there is no obvious reason for the disorder. Affected patients have not suffered damage to the intestine and have no apparent intestinal abnormalities. This is the key reason why doctors have yet to identify a true cause for the disorder.

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Many people think that IBS is synonymous with diarrhea. While some IBS patients do exhibit diarrhea, this is not the only symptom of IBS. This disorder is often accompanied by other bothersome issues like pain and discomfort in the abdomen, retention of water, and changes in bowel movements. Those changes can come in either the form of diarrhea or constipation. Some patients alternate between the two. The severity of a patient's symptoms dictates how much their lives are affected. From missing school, work, or staying at home for fear of IBS episodes, it is easy to see why IBS is such a serious disorder for the patients it affects.

The first type of IBS is IBS–A. Patients suffering from IBS–A do not have consistent symptoms. In fact, on some days, an IBS–A patient may suffer from bloating and constipation. On other days, that same patient will suffer from diarrhea.

Unlike IBS–A, IBS–C patients are usually constipated. They suffer from a bloated feeling and often stomach pains. The main characteristic of this type of IBS is that the patient is often constipated. Patients usually experience these symptoms at least twelve weeks a year. Different from chronic constipation, this is truly a painful disorder.

Then there's IBS–D. Patients with IBS–D suffer from diarrhea. When they become particularly nervous or upset, it can spark an IBS episode. By the same token, an IBS–D patient may find that certain foods bring on these episodes. Depending on the severity of the disorder, patients can truly be devastated by this type of the disorder. More common in men than women, often patients have a fear of eating out in restaurants since they often feel the affects of the food immediately via irrepressible diarrhea.

If you are exhibiting any of the symptoms of IBS, it is important to seek medical attention for proper diagnosis. A doctor can't immediately label you as an IBS patient since there is no clear–cut evidence of the disorder to be found. Through a series of tests, a thorough examination of your history of symptoms, and the ruling out of other conditions, a doctor can then make a diagnosis. With technology and pharmaceutical aids advancing each year, there are more options than ever for patients suffering from IBS. Talk to your doctor about ways you can take control of IBS so it doesn't control your life.

Susan Reynolds has an interest in IBS. For further information on IBS please visit

or

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