

Route to Resolution

IBS
Irritable Bowel Syndrome has numerous descriptions, but the best understood is the recent Rome III diagnostic criteria which simply states: **A patient must have recurrent abdominal pain or discomfort at least 3 days per month in the last 3 months associated with two or more of the following features: improvement with defecation, onset associated with a change in frequency of stool, or onset associated with a change in consistency of stool.** <http://www.ibsjennifer.com/>

Symptoms & Signs

- Abdominal Pain/Discomfort
- Incomplete emptying of bowel
- Bloating
- Mucous
- Diarrhoea
- Fatigue
- Constipation
- Suppressed Mood
- Belching
- Depression

Dietary Measures

- Low FODMAPs Diet: Fermentable Oligo, Di, Monosaccharides and Polyols. Family of poorly absorbed, short-chain carbohydrates: lactose, fructose, fructo- and galacto-oligosaccharides (fructans and galactans), Polyols (sorbitol, mannitol, xylitol and maltitol) - Highly fermentable in the presence of gut dysbiosis (SIBO).
- 1. Eliminate all FODMAPs foods from the diet for a trial period of 2 weeks. FODMAPs food classes: Lactose, Fructose, Fructans, Polyols, Galactooligosaccharides.
- 2. The challenge - add foods from one FODMAP class using a small and then larger load and observe for symptoms.

Therapeutic Nutritional Intervention (Generic)

- The most important component of management lies in the establishment of a therapeutic practitioner-patient relationship. The practitioner should be non-judgmental, establish realistic expectations with consistent limits, and involve the patient in relevant decisions.

Aetiology

- SIBO (78% of IBS ptnts)
- Anti-biotic use
- Fibromyalgia & CFS (78% & 77% have SIBO)
- Altered GI Motility
- Visceral Hypersensitivity
- Post Infectious Reactivity
- Brain-Gut Interactions
- Dysbiosis (Parasites, Bacteria, Yeast)
- Bottle vs Breast Feeding as an infant
- Gluten Related Disorders
- Food Sensitivity
- Carbohydrate Maldigestion &/or Malabsorption
- Intestinal Inflammation
- Emotional Instability

Testing (if clinically indicated)

- Anaemia
- SIBO breath testing (lactulose hydrogen, methane)
- CDSA + CP
- Clostridium Difficile
- Yeast overgrowth with organic acid markers/IgG, IgA antibodies
- Stomach Acid (Gastro-Test)
- IgG food sensitivities
- B12 deficiency & MMA
- Nutrient insufficiencies: A, D, E, B1, RBC Mg
- TSH
- CRP, ESR
- Weight changes

Differential Diagnosis

- Food Poisoning
- Undiagnosed Gluten sensitivity
- Undiagnosed Coeliac
- Parasites, Pathogenic bacteria
- Malabsorption syndrome
- IBD
- Microscopic colitis
- Fructose Malabsorption
- Food Allergy
- Lactose intolerance
- Cruciferous food reactivity
- Legume reactivity

Medical Treatment (depending on therapeutic target & sensitivity profile)

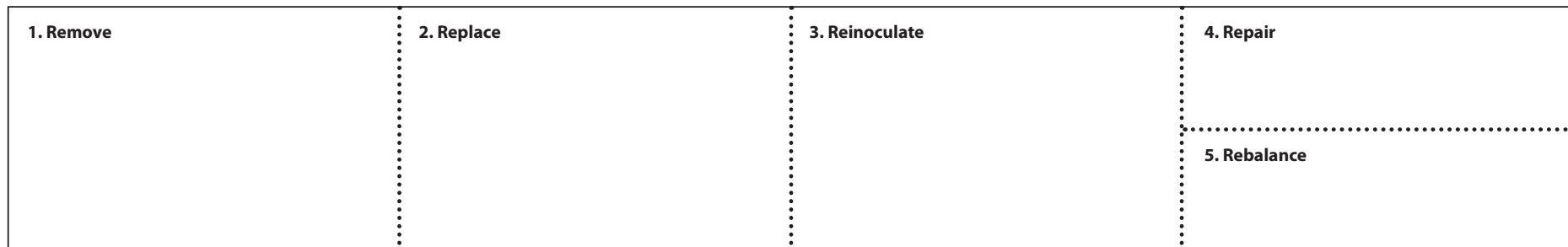
- Rifaxamin for 7-10 days
- Ciprofloxacin for 7-10 days

The 5 R 's:

- Remove
- Replace
- Reinoculate
- Repair

Plus:

- Re-Balance
- Mindfulness-based stress reduction
- Hypnotherapy



Route to Resolution

The following supplements are suggested for you to consider in light of your relevant expertise and intimate understanding of the needs of your client or patient. They may be used in isolation or as part of a multi supplement strategy, but at all times the consideration of their use should be tied into the specific needs of the individual you are responsible for.

