Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is a very common gastrointestinal disorder that sometimes causes significant discomfort even though it is not a serious health threat. Typical symptoms include abdominal bloating and soreness, gas, and alternating diarrhea and constipation. IBS patients are more likely than others to have backaches, fatigue, and several other seemingly unrelated problems. The cause of IBS remains unknown.

Dietary changes that may be helpful: Several studies report that food sensitivities occur in only a small percentage of people with IBS.1 2 3 Research outcomes are much less clear regarding what percentage of IBS sufferers are truly sensitive to foods. However, some studies find that most IBS sufferers have food sensitivities and that gas production and IBS symptoms diminish when these foods are discovered and avoided.4 5 6 7 According to a leading researcher in the field, at least 3.5 ounces of the offending food are frequently needed to provoke symptoms of IBS.8 Others have reported that the offending foods need to be eaten at each meal for at least two days to evaluate the potential of food sensitivity.9 The amount of test food used in studies reporting food sensitivity in only a small proportion of IBS sufferers was less than 3.5 ounces. The inadequate quantities of food may have affected the outcome of these studies.
Preliminary evidence suggests that some people with IBS malabsorb the sugars lactose (as found in milk), fructose (as found in high concentration in fruit juice and dried fruit), and sorbitol (as found in some dietetic candy). Lactose is frequently malabsorbed, and fructose and sorbitol absorb more slowly and less completely than regular table sugar, even in healthy people. As a result, most people in the study, including those who were healthy, showed evidence of malabsorption of at least one of these sugars. However, unlike healthy people, those with IBS-like symptoms had greater symptoms when consuming high concentrations of lactose or the combination of fructose and sorbitol. In this report, restricting intake of these sugars led to reduction in symptoms in 40% of those people with IBS-like symptoms. Therefore, when attempting to uncover food sensitivities, people with IBS should consider the possibility that milk, fruit juice, and dried fruit might cause problems.

Researchers have found that standard blood tests used to evaluate allergies do not help uncover food sensitivities associated with IBS, because IBS food sensitivities are not true allergies. The only practical way to evaluate which foods might trigger IBS symptoms is to avoid the foods and then reintroduce them. Such a procedure requires the guidance of a nutritionally oriented doctor. Attempts to find and avoid offending foods without professional help may well fail to find the offending foods or exacerbate symptoms.
Limited research has suggested that fiber might help people with IBS. However, most studies find that IBS sufferers do not benefit by adding wheat bran to their diets. In fact, some people with IBS actually feel worse as a result of wheat bran supplementation. It has been suggested that the lack of positive response to wheat bran may result from a wheat sensitivity, which is one of the most common triggers for food sensitivity in people with IBS. Rye, brown rice, oatmeal, barley vegetables, and psyllium husk are good sources of fiber and less likely to trigger food sensitivities than is wheat bran. However, except for psyllium (see below), little is known about the effects of these other fibers in people with IBS.

**Lifestyle changes that may be helpful:** IBS sufferers have increased rectal pain sensitivity linked to psychological factors. Stress is known to increase symptoms of IBS. Reducing stress or practicing stress management skills have been reported to be beneficial. In one trial, psychotherapy and relaxation combined with conventional treatment were more effective than conventional treatment alone in two thirds of people with IBS. Hypnosis for relaxation has dramatically relieved symptoms of IBS in some people.

**Nutritional supplements that may be helpful:** In one trial, young women with IBS who experienced worsening symptoms before and during their menstrual period were helped by taking enough evening primrose oil (EPO) to provide 360–400 mg of gamma linolenic acid (GLA) per day. In that trial more than half reported improvement
with EPO, but none was helped in the placebo group. The effects of EPO in other groups of IBS sufferers has not been explored.

Double blind research has shown that avoidance of lactose in people with IBS who are also lactose intolerant will relieve IBS symptoms.29 Alternatively, lactase enzyme may be used prior to consuming milk.

**Are there any side effects or interactions?** Refer to the individual supplement for information about any side effects or interactions.

**Herbs that may be helpful:** Enteric-coated peppermint oil has relieved symptoms of IBS in double blind research.30 In one double blind trial, four out of every five IBS sufferers studied experienced reduced symptoms when given enteric-coated peppermint oil.31 In another of the double blind trials reporting significant improvement, three to six capsules providing 0.2 ml of peppermint oil per pill were taken per day.32 The combination of 90 mg of peppermint oil plus 50 mg of caraway oil in enteric-coated capsules taken three times per day led to significant reduction in IBS symptoms in yet another controlled trial.33 The combination of peppermint, caraway seeds, and two other carminitive (gas relieving) herbs, fennel seeds and wormwood, was reported to be an effective treatment for upper abdominal complaints, including IBS, according to another double blind study.34
Enteric coating appears to protect peppermint oil while it is passing through the acid environment of the stomach. In the intestinal tract, peppermint oil reduces gas production, eases intestinal cramping, and soothes irritation. In preliminary research, peppermint oil has also reduced spasms of intestinal musculature. Caraway oil is believed to have similar effects to peppermint oil.

A few studies have not found peppermint oil to be helpful. However, the negative trials are either very short (two weeks) or, in one case where peppermint oil increased symptoms, did not administer the oil by mouth.37 Besides the use of enteric-coated capsules, herbalists sometimes suggest that peppermint may also be taken as a tincture (2–3 ml three times daily) or even as pure essential oil in liquid form (1–2 drops with symptoms up to three to four times per day). Pure food grade essential oil of peppermint is extremely strong and must never be consumed except in 1–2 drop amounts.

Chamomile acts as a carminative as well as soothing and toning agent for the digestive tract. Chamomile’s essential oils have also eased intestinal cramping and irritation in animals. It is sometimes used by herbalists for those with IBS experiencing alternating bouts of diarrhea and constipation, though research has yet to investigate these effects.

Chamomile is typically taken three times per day, between meals, in a tea form by dissolving 2–3 grams of powdered
chamomile or by adding 3–5 ml of herbal extract tincture to hot water.

Some people with IBS may benefit from bulk-forming laxatives. Psyllium seeds (3.25 g taken three times per day) have helped regulate normal bowel activity in some people with IBS.39 Psyllium has improved some symptoms of IBS in double blind trials.40 41

Comfrey has a long, consistent history of use as a topical agent for improving healing of wounds, skin ulcers, thrombophlebitis, strains, and sprains.42 43 It was also used for persons with gastrointestinal problems, such as stomach ulcers and inflammatory bowel syndrome, and for lung problems.

**Are there any side effects or interactions?** Refer to the individual herb for information about any side effects or interactions.

**References:**


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