



New perspectives on IBS



April marks “IBS Awareness Month” so let’s survey some of the new innovations in IBS care since I last reviewed it.

IBS patients—estimated at 30-45 million in the U.S. alone—are demanding better treatments. They’re even organizing politically to advocate for Congressional action to fund more research on behalf of sufferers.

It used to be thought that IBS was purely a “functional disorder”, lacking the clear hallmarks of disease that earn ulcerative colitis and Crohn’s Disease a raft of potent drug “fixes”.

Many IBS sufferers are given antidepressants or bowel tranquilizers to ease their discomfort. And, no, most patients don’t get better when just told to take some Metamucil.

What’s revolutionized our understanding of IBS is that patients may suffer inflammation that cannot be seen on colonoscopy, but rather is apparent only when biopsied tissue is examined microscopically.

This is particularly the case when a patient reports that they were fine until they dined at a certain restaurant or returned from an exotic venue. After a nasty bout

of diarrhea, they report that things just haven't returned to normal.

Barring the detection of a parasite, they likely have post-infectious IBS. Luckily, there is now a treatment that speeds resolution of post-infectious IBS, a condition that persists for months or even years after the original insult. That treatment is l-glutamine.

Eight weeks of 5 grams (one heaping teaspoon) of l-glutamine powder three times daily resolved symptoms in 80 percent of post infectious IBS sufferers, compared to just 6 percent who were given a placebo—a 14-fold difference. The l-glutamine consumers also saw a normalization of their intestinal permeability (aka “leaky gut syndrome”).

Other types of IBS are characterized by a more insidious onset. Especially when diarrhea and urgency predominate, SIBO (small intestine bacterial overgrowth) is a potential culprit.

Unfortunately, SIBO has been co-opted by BigPharma with the advent of Xifaxin, an intestinal antibiotic. It's so expensive (\$2,547 for a supply of 60, 550 mg oral tablets) that patients are tempted to search for cheaper foreign knock-offs of Xifaxin which may not be as effective.

Johns Hopkins researcher Gerald Mullin, MD has demonstrated the equivalence to Xifaxin of herbal therapies—including Dysbiocide and FC Cidal (Biotics Research Laboratories) or Candibactin-AR and Candibactin-BR (Metagenics, Inc.).

Another plausible treatment for SIBO that I reviewed in an excellent podcast with Dr. Kenneth Brown is Atrantil. This over-the-counter product contains the South American herb Quebracho, which specifically targets hard-to-eradicate methane-producing bacteria in the intestinal tract.

After seeing many patients with IBS, I've noticed that many conventional MDs tend to short-cut diagnosis with a “presumptive trial” of Xifaxin, even before performing proper testing to confirm SIBO. This has the obvious disadvantage of subjecting patients to unnecessary expense and side effects.

In a recent podcast with Gary Stapleton, founder of Aerodiagnostic Labs, we covered the importance of proper testing for SIBO. In addition to accurately diagnosing SIBO by means of a breath sample, subsequent testing offers confirmation that harmful bacteria have been eradicated.

Another drawback to use of Xifaxin as a “one-off” treatment for IBS is the lack of consistent or permanent results when not combined with diet modification. The low-FODMAP diet has revolutionized treatment of IBS. Its implementation can be tricky, though, sometimes requiring expert detective work by an experienced nutritionist.

The low-FODMAP diet has so caught on that it's now being offered as a gourmet concierge meal delivery service under the auspices of Mt. Sinai Hospital on New York's toney East Side.

Another promising treatment for IBS that's gaining traction is serum bovine immunoglobulin (SBI). SBI Protect is the only purified, dairy-free source of immunoglobulin G (IgG) available as a dietary supplement. Pure IgG helps to maintain a healthy intestinal immune system by binding a broad range of microbes and toxins within the gut lumen. It also supports repair of the gastrointestinal mucosa and helps to address leaky gut syndrome.

Additionally, there're a whole new array of hemp-derived CBD (cannabidiol) products that have pain-relieving, anti-spasmodic and anti-inflammatory effects. Many of our IBS sufferers report significant symptom relief when taking CBD.

And finally, our new recognition of histamine intolerance helps us to properly identify those IBS sufferers who would improve with low-histamine diets and supplements like quercetin and DAO (diamine oxidase).

In short, there are a lot of promising innovations for IBS that weren't around when I first tackled the subject in my 1991 book, *7 Weeks to a Settled Stomach!*