Irritable Bowel Syndrome refers to any combination of common disturbances of the small and large intestine (bowel), as diarrhea or constipation, occurring with abdominal pain, sometimes accompanied by psychological stress. The condition is chronic and unpleasant but does not result in lasting damage to the intestinal tissues or increase the risk of intestinal cancer. It is important to get a proper diagnosis so that other illnesses that cause similar symptoms can be ruled out.

IBS occurs when the abdominal muscles are not working properly, the muscles may relax and contract more rapidly than normal so that less water is absorbed, which results in diarrhoea. Conversely the abdominal muscles may contract and relax more slowly than normal so that too much water is absorbed, which results in hard stools and constipation. The muscles may also spasm and contract suddenly which causes painful abdominal cramps and gas to become trapped in the intestine causing bloating.

Causes of IBS include
- Increased gut sensitivity - people with IBS may be oversensitive to the digestive nerve signals. This means mild indigestion which is barely noticeable in most people becomes distressing abdominal (stomach) pain in those with IBS.
- Psychological factors - such as stress and anxiety can trigger chemical changes that interfere with the normal workings of the digestive system.
- Particular foods and drinks can trigger IBS in some patients.

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Anti-spasmodic drugs: such as hyoscyamine (Levsin), dicyclomine (Bentyl), mebeverine (Colofac), and hyoscine (Buscopan, Gastrosoothe), relax the muscles in the wall of the intestines to stop painful spasms. They are sometimes used to treat diarrhea, but they can worsen constipation and can lead to other symptoms, such as difficulty urinating. They should also be used with caution among patients with glaucoma.

Diarrhea medications: such as loperamide (Imodium), can help manage diarrhea. Other medications called bile acid binders, such as cholestyramine (Prevalite), colestipol (Colestid) or colesevelam (Welchol) may benefit some patients but these may lead to bloating.

Professional Support: Working with a trained practitioner can assist you to develop skills to calm anxiety and can also equip you with knowledge to find your next steps towards wellness. Please ensure that you find a practitioner who understands how to navigate the territory of complex chronic health conditions.

Fibre supplements: such as psyllium (Metamucil) or methylcellulose (Citrucel), with fluids may help control constipation. Fibre from food may cause much more bloating than a fibre supplement. If fibre doesn't help relieve symptoms, an osmotic laxative such as milk of magnesia or polyethylene glycol may be prescribed.

Antidepressant medications: if symptoms include pain or depression, a tricyclic antidepressant or a selective serotonin reuptake inhibitor (SSRI) may be prescribed. These medications help relieve depression as well as inhibit the activity of neurons that control the intestines. These medications can have side effects especially when initially introduced to the body, start slowly and discuss in depth with your doctor.

Antibiotics: Patients who have symptoms due to an overgrowth of bacteria in their intestines may benefit from antibiotic treatment. Some patients with diarrhea have benefited from antibiotics such as rifaximin (Xifaxan), but more research is needed.

Alosetron: is medication which can only be prescribed by doctors enrolled in a special program. Alosetron is sometimes prescribed for severe cases of IBS in women with diarrhea who haven't responded to other treatments. Alosetron is not approved for use by men. It has been linked to rare however serious side effects, so it should only be considered when other treatments are not successful.

Lubiprostone ( Amitiza): is a medication which increases fluid secretion in the small intestine to help with the passage of stool. It is approved for women age 18 and older who have IBS and suffer from constipation. Its effectiveness in men is not proved, nor its long-term safety. Common side effects include nausea, diarrhea and...
There is no specific test that can confirm IBS. A diagnosis is made by a doctor asking questions about symptoms and other health problems, and ruling out other possible illnesses. For a diagnosis of IBS one of the following symptoms will be experienced.

- You have pain or discomfort that is relieved by going to the toilet
- You have pain or discomfort that is accompanied by a change in frequency of bowel movements or in stool form (appearance), i.e. harder or softer.

And two of the following must be true:

- There is a change in how you pass stools, eg: you feel an urgency to go to the toilet, strain to pass stools, or feel as if you have not completely emptied your bowels
- There is bloating or hardness in your abdomen
- Symptoms tend to feel worse after eating
- Stools may have mucus in them

Another factor in making a diagnosis of IBS is that there has been a change in symptom frequency and duration – typically that symptoms started at least six months before seeing a doctor and have occurred at least three days per month for the previous three months.

Your doctor may also ask whether pain is experienced in one region in the abdomen or if it tends to move around. With IBS, pain will usually move around. Other symptoms may accompany IBS including backaches and fatigue, which can help confirm the diagnosis of IBS.

Your doctor may refer you to a specialist for additional diagnosis. Blood tests for anaemia and signs of inflammation may be ordered to exclude other intestinal diseases, such as ulcerative colitis and Crohn's disease.

Disclaimer: Information and advice shared by the Towards Wellness Centre is of a general nature and is not intended to replace qualified medical advice. The Towards Wellness Centre does not accept responsibility for any actions or treatments undertaken.