

Understand what irritable bowel syndrome is
and find out about treatment options

IBS

FOR

DUMMIES®

Carolyn Dean, MD, ND

*Medical and naturopathic physician, author
of *Harmony Balance* and coauthor of *The
Yeast Connection* and *Women's Health**

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About the Authors

Carolyn Dean, MD, ND: Carolyn Dean is a rare breed of medical doctor. She is one of a handful of doctors who has received dual degrees in medicine and naturopathic medicine and bridges the gap between the two. Dr. Dean graduated from Dalhousie Medical School in Nova Scotia in 1978. She is also a graduate of the Ontario Naturopathic College and presently on the board of the Canadian College of Naturopathic Medicine in Toronto, Canada.

Dr. Dean is licensed to practice medicine in California, but her base is in New York, where she publishes, writes, consults, and travels frequently to present rousing lectures to eager listeners on health and wellness issues.

In her private practice, which she ran for 12 years in Toronto (from 1979 to 1992), Dr. Dean treated thousands of patients who came to her with symptoms of IBS. Having seen similar symptoms in her own family and she, herself being sensitive to wheat and dairy, Dr. Dean understands the impact of diet, exercise, and stress on the bowel.

Dr. Dean has written many books, including *Natural Prescriptions for Common Ailments*, *Menopause Naturally*, *Homeopathic Remedies for Children's Common Ailments*, *The Miracle of Magnesium*, *Death by Modern Medicine*, and *Hormone Balance*. She has also coauthored *Women's Book of Natural Health* and *The Yeast Connection and Women's Health*. She is an advisor to *Natural Health* magazine and the medical advisor for www.yeastconnection.com. Dr. Dean is a regular guest on TV and radio, appearing many times on *The View* as well as Fox, CBS, and NBC, and she has her own radio show.

Christine Wheeler, MA: Christine has been a freelance researcher and writer for 15 years. For the past seven years, she has focused mainly on health and medical topics, including extensive research on the health benefits of nutritional products. She has especially enjoyed providing writing and editorial support to Dr. Dean on various book projects.

In 1999, Christine discovered Emotional Freedom Techniques (EFT). After extensive training and preparation, she opened her private practice in 2002. She has worked with hundreds of people to help them alleviate stress, anxiety, emotional traumas, and the accompanying physical manifestations, including IBS symptoms.

Having had a brush with IBS herself, and using EFT to alleviate the condition, cowriting this book seemed to be a perfect fit and a unique opportunity to help others suffering with this condition.

Dedication

Carolyn would like to dedicate this book to the memory of our parents, Rena and Harold Wheeler. To Mum for her wry sense of humor and amazing spirit, and to Dad for his way with words. And to both of them for giving us early insight into the world of IBS.

Christine would like to dedicate this book to her sweetie, husband, partner, and spouse, Ken Lawson, a constant support and source of fun and inspiration while she worked on what was affectionately known as “the poo book.”

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Introduction

Irritable bowel syndrome (IBS) is a functional medical problem that's something of a well-kept secret, even though up to 20 percent of the population suffers from it. Why do we use the word *functional* to describe IBS? Because it doesn't cause structural changes in the body, and there are no laboratory tests that can diagnose it. Why do we call it a well-kept secret? Because even though up to 60 million people in the United States alone may suffer from this condition, you don't hear much about it in the media.

These days, most medical conditions and diseases have networks of fundraisers and public events to help raise money for research. But not many celebrities want to be identified with a bowel disease. (Cybill Shepherd is an exception; she has become the poster girl for IBS-constipation.)

Having IBS can be a very isolating experience, so we want you to know up front that you aren't alone. Most people with IBS don't talk about their problems — not even to their families or doctors.

Luckily, the Internet has really opened up the dialogue on IBS. More people are seeking information and help on IBS Web sites than ever before. And you can even order books like this online, which may prevent some embarrassment.

What's it like to have IBS? Chances are you know all too well! IBS is a condition of bowel disruption. Constipation, diarrhea, or alternating constipation and diarrhea are the hallmarks. Abdominal pain, gas, and bloating make people miserable and unable to function normally. If you don't have IBS (maybe you're reading this book to better understand what a loved one is going through), recall a time when you had food poisoning or a stomach flu and you couldn't stop running to the bathroom. Or think about the worst constipation you've ever experienced. Now, multiply those sensations by 100, and you have some idea what it's like to have IBS.

We dispel two persistent myths in this book:

- ✍ IBS is all in your head.
- ✍ There is no cure.

Because IBS doesn't cause structural damage, and because no lab tests can confirm it exists, some doctors have a hard time accepting it as a valid diagnosis. And some dispute the degree of disability and suffering it creates. But

we're here to tell you that IBS is real, and it causes real pain and hardship. And, despite what you may have read or heard, stress does not cause IBS. Stress can certainly aggravate your symptoms, so you want to keep stress to a minimum, but you aren't to blame for bringing IBS upon yourself.

And regarding a cure for IBS, well, the myth is true to some degree: There is no *one* cure that works for everyone. However, there are many remedies, which we discuss in detail in this book. Knowledge is the first remedy, because if you can identify what triggers your IBS, you have the means to halt your symptoms. (And you may even discover that your symptoms aren't the result of IBS at all but a condition that's been hiding from you for years.)

About This Book

Our goals in writing this book are to confirm that IBS is real and to show you the many ways you can successfully deal with your symptoms. Because there is no wonder drug to cure IBS, people desperate for help try all sorts of therapies to find relief. We sort through the good, the bad, and the ugly and present you with the best of the best remedies and therapies for IBS.

While reading this book from beginning to end would make you an IBS genius, you don't really have to do that. You can read Chapter 1 and get a great overview of the book. You can check out the Part of Tens chapters at the end of the book for some great food for thought. Or you can use the table of contents or index to locate chapters and sections that interest you most.

Although there is nothing funny about having a chronic condition, we try to keep things light for one major reason — laughter really is the best medicine.

Conventions Used in This Book

The following conventions are used throughout the text to make things consistent and easy to understand:

- ✓ New terms appear in *italics* and are closely followed by an easy-to-understand definition.
- ✓ **Bold** is used to highlight key words in bulleted lists.
- ✓ All Web addresses appear in `monofont`.

What You're Not to Read

Although we're really fond of this book and obsessed over every word, we recognize that you don't need to read every word in order to benefit from it. If you're looking for just the facts you need to start managing your IBS effectively, you can skip two types of text without missing crucial information:

- ✔ Sidebars, which appear in shaded gray boxes, include information that may interest you but isn't critical to your understanding of IBS.
- ✔ Paragraphs that appear next to the icon called "Technical Stuff" may contain a bit more detail than you want, depending on how intense you want to get in your study of IBS.

Foolish Assumptions

In writing this book, we made some basic assumptions about you. We assume that

- ✔ You have IBS, think that you may have it, or have a friend or family member with IBS.
- ✔ You want information that can help you or a loved one manage IBS more effectively.
- ✔ You want to understand how your bowel works.
- ✔ You want to know if your symptoms could be caused by something other than IBS.
- ✔ You want information on the latest treatments for IBS.
- ✔ You want to work with your doctor to obtain optimal care — and yes, you want to impress him.
- ✔ You want to take charge of your body.
- ✔ You like books with black and yellow covers.

How This Book Is Organized

We have divided this book into six parts so you can skip directly to the ones that draw your interest. Following is a brief overview of each part.

Part I: Just the Facts about IBS

IBS is not something you would wish on your worst enemy, but the more you know about it, the better your quality of life can be. In this part, we first explain what IBS is, what it isn't, and how it differs from bowel conditions that have similar symptoms. Next, we give you the rundown of how your gastrointestinal tract is supposed to work and what can go awry.

Identifying what triggers your IBS symptoms is crucial to improving your health, and in this part we offer a comprehensive discussion of known IBS triggers. Finally, we explain who is most at risk for having IBS and why. (Here's a hint: We're guessing that most of the people reading this page are women!)

Part II: Getting Medical Help

We all want doctors who are knowledgeable and up-to-date on the current research, have great bedside manners, and work with us to provide the best care possible. That goes double for someone with IBS. Because this is a functional condition, your doctor first has to understand that IBS is real and know how to diagnose it. Then, she needs to be willing to help you sort through various treatment options to find the one(s) that make the most sense for your situation.

In this part, we offer advice on what to look for in a doctor, and we explain steps you can take to make your doctor's job easier. We also discuss how IBS is diagnosed so you can talk knowledgeably with your doctor about the tests he orders.

Finally, we devote a chapter to current pharmaceutical treatments for IBS that you and your doctor may consider. No wonder drug exists to alleviate IBS symptoms in everyone, so you need to think long and hard about whether medication is the right avenue for you. We provide the pros and cons so you can make the decision more easily.

Part III: Healing and Dealing with IBS

Healing is a powerful word, and in this part, we aim to give you power over your IBS symptoms.

We start by discussing dietary supplements, herbs, and homeopathic remedies that may improve your IBS symptoms. Next, we move to the all-important topic of diet; an IBS-friendly diet is the cornerstone of any IBS treatment plan. Exercise is also key to good health, especially if you suffer from IBS-constipation, gas, and/or bloating.

We round out this part by presenting information on therapies that can reduce your stress, thus eliminating a possible trigger of your IBS symptoms. We cover acupuncture, the Emotional Freedom Techniques, the relaxation response, biofeedback, transactional analysis, and hypnotherapy.

Part IV: Living and Working with IBS

Having IBS can make you feel isolated, embarrassed, and afraid. It can greatly affect how you interact with your family, your coworkers, your friends, and the world at large. In this part, we offer specific advice on how to tackle your worst fears about public embarrassment so you don't feel trapped in the house. We also discuss how to minimize IBS's impact on your work life.

Children with IBS require special care. The emotional trauma from having such a debilitating condition can potentially cause lifelong strain. In this part, we offer tips for parents so they can help a child with IBS cope.

Finally, we show you some of the most promising current research on IBS, which may translate into an improved quality of life in the near future.

Part V: The Part of Tens

This part is a standard in the *For Dummies* series. The chapters are short and chockfull of crucial information. We present ten common IBS triggers to avoid, ten things you should do when you're diagnosed with IBS, and ten things you don't want to do.

We talk about ten medical tests you should know about so you and your doctor can work together to secure a diagnosis of IBS. And finally, we offer ten resources you may want to check out for even more information on IBS.

Appendixes

The first appendix is a chart that shows you common sources of two types of fiber: soluble (which you want to eat lots of) and insoluble (which you may want to avoid). The second appendix is a handy glossary of IBS-related terms.

Icons Used in This Book

We use icons in the margins of this book to help you find specific types of information. Here's what each icon means:



We use this icon when we tell a story about a client or patient.



This string around the finger highlights information you may want to tuck into your mental filing cabinet for future reference.



The paragraphs next to this icon contain material that's a little more detailed than the rest. You don't need to read these paragraphs to effectively manage your IBS, so you can skip it if you prefer.



This icon points out practical information that you can put into use immediately.



When you see this icon, be on alert: The text next to it warns of potential problems or threats to your health.

Where to Go from Here

This book is designed to be so user-friendly that you can dive in anywhere that interests you and get valuable information. It's a reference book, so you don't have to worry about keeping up with the plot. You can even read the last chapter first if you like!

Part I

Just the Facts about IBS

The 5th Wave

By Rich Tennant



“IBS isn’t all bad. It was largely responsible for me winning 6 sprinting medals in college track.”

In this part . . .

We wish it were easy to give you a list of facts about IBS and move on. But it's not an easy topic. IBS is a *functional* disease, which means it doesn't create structural symptoms in your body to help with diagnosis. Neither does it have a specific medical treatment. And IBS is sometimes mistaken for other conditions.

In this part, we classify IBS and distinguish it from inflammatory bowel disease and other bowel conditions. We give you a peek at your gastrointestinal system, show you how digestion is supposed to work, and tell you why it can go wrong. Triggers for IBS, which we discuss in detail in this part, are especially important to know about because you can avoid many of them and decrease your IBS symptoms. Finally, we let you in on who gets IBS and why.

Chapter 1

IBS Is Real

In This Chapter

- ▶ Getting some basic facts
 - ▶ Exploring treatment options
 - ▶ Making lifestyle improvements
-

IBS is a reality for many people. Up to 20 percent of the North American population suffers IBS symptoms, and no single, definitive cure is in sight. That's quite a double whammy.

But here's the good news: We know a whole lot more about this condition today than we did even five or ten years ago. And while there is no miracle drug that can cure IBS, a lot of treatment options exist that can provide relief if you're willing to take some time to figure out what works for you.

In this chapter, we paint a picture of IBS with a broad brush. We give you an overview of what it's like to have IBS (in case you don't have first-hand knowledge). We talk briefly about possible causes and IBS *triggers* — a variety of things that can spark symptoms in someone who has IBS. We also touch on ways you can adjust your diet and take advantage of other remedies and therapies, all of which we cover in-depth in later chapters.

Hiding the Evidence

Even though up to 20 percent of the population has symptoms of IBS (that's an amazing 60 million people in the United States alone), many people won't even mention it to their doctors. Why? Partly the culprit is embarrassment, and partly it's a perception that nobody can help. A majority of people with IBS suffer in silence.

If you have been to a doctor and mentioned your symptoms, you may have been told not to worry. (That's easier said than done when you have pain and your bowels are acting like they're inhabited by alien beings.) Or maybe you were told to just increase the fiber in your diet, which made you feel even

worse. Or maybe you were given medications that didn't work. These types of experiences can affect your attitude toward your condition, perhaps making you feel that your situation is hopeless and nobody can help.

As we discuss in Chapter 2, some doctors don't quite grasp the seriousness of IBS or the fact that it's a real medical condition. And even those doctors who really want to help and do understand IBS are limited in the medications that they can prescribe. Unless they spend time counseling you about diet, exercise, stress reduction, and how to handle the emotional impact of IBS, they aren't giving you the best tools available to manage your condition. Throughout this book, we give you those tools.



If you read this entire book, you may actually find yourself educating your doctor about IBS. You will know everything from how IBS is defined (see Chapter 2) to how it's diagnosed (see Chapter 7) to the key role that diet plays in your health (see Chapter 10). You'll be aware of medications that are available to help you through times of acute crisis (see Chapter 8), as well as over-the-counter herbs and homeopathic medicines that can boost your long-term health (see Chapter 9). You'll even find out about stress-reducing therapies, many of which you can do yourself (see Chapter 12).

So, you see, you are in good hands. And there is a wealth of information about IBS at your fingertips that will help change your life.

Knowing IBS Is Real

IBS is a *functional* condition. That means it doesn't cause structural damage to your body, the way a disease does. As a result, there is no laboratory test that your doctor can order to get a quick, easy diagnosis. To diagnose IBS, your doctor must rule out a whole list of other possible bowel conditions and diseases first. All this uncertainty makes IBS seem unreal to some people, who may wonder whether this condition is all in your head.

But you know that IBS couldn't be more real; you have daily symptoms that impinge on your life. Having to urgently go to the bathroom may wake you up in the morning. Or you may wake up feeling fine but be gripped by painful gas and bloating as soon as you eat your first bite of breakfast. If you have constipation, you may have incredible discomfort, and even though you always feel a certain pressure that makes you think your bowels are about to move, nothing ever seems to happen to alleviate your discomfort.



If you're looking for some solid evidence that IBS is real, skip right to Chapter 16. Look for our discussion about the new research into IBS that indicates this condition is related to a biochemical difference in people with IBS: an imbalance of serotonin in the digestive system. Even researchers who used to suspect IBS was a condition of the mind now realize it's a condition firmly rooted in the gut.

What's serotonin got to do with it? Serotonin is a mood-enhancing neurotransmitter, which can be affected by drugs like Prozac. Amazingly, more than 90 percent of the serotonin in the body is actually produced and found in the intestines. Serotonin affects the movement of food and feces through the intestines.

Recognizing Your Symptoms

IBS is defined by the following symptoms, which most people have in some measure at some point in their lives. What distinguishes IBS from an occasional bout of stomach upset is the *degree* of the symptoms. Having IBS doesn't mean that once a month you have a loose bowel movement after eating too much fruit. Having IBS means you're chronically affected by one or more of these symptoms:

- ✓ Diarrhea
- ✓ Constipation
- ✓ Alternating diarrhea and constipation
- ✓ Abdominal cramps and pains
- ✓ Intestinal gas
- ✓ Abdominal bloating

To make it easier for you to identify your IBS symptoms, we present a questionnaire in Chapter 7 that you can complete and take to your doctor.

We should warn you up front that if you're female, you have a much greater chance of having IBS than if you're male. As we discuss in Chapter 5, hormones may be partly to blame. Also, young people (even children, who get our full attention in Chapter 15) are more at risk for IBS than older people. After you hit the age of 40, your chances of having IBS decrease significantly. In fact, at menopause, many women with IBS see a significant drop in their IBS symptoms.

Finding a Doctor Who Knows about IBS

Unfortunately, there is no IBS specialty in medicine — and there should be. The next best thing is a doctor who believes IBS is real, listens to your symptoms, does a thorough history and physical exam, rules out all other conditions and diseases, offers you advice on diet and lifestyle, and supports you while you manage your IBS on a day-to-day basis. How do you find such a person? We give you lots of suggestions in Chapter 6.

Half the worry about IBS can be wondering if your symptoms are indicative of something worse. If your doctor does a thorough job diagnosing you (as we explain in the next section), you can be reassured that it's IBS. When you know what you're dealing with, you can focus on treating it.

Diagnosing IBS

Diagnosing IBS is tough, and many people see more than one doctor before getting an accurate diagnosis. Luckily, a group of researchers has created something called the *Rome II Diagnostic Criteria* that outlines the common symptoms of IBS, as well as the frequency and duration of their occurrence, so doctors can know just from your symptoms whether IBS is a possibility. You can find the Rome II Diagnostic Criteria in Chapter 2.

Tangled up in the difficulty of diagnosing IBS are a couple key factors: First, there is no single known cause of IBS, so your doctor can't just look for the existence of some troubling gremlin in your bloodstream or intestines. Second, IBS doesn't cause structural damage to your body, so your doctor can't just look inside you and get a clear picture of what's happening.

Instead, the diagnostic process, which we detail in Chapter 7, involves ruling out a host of other possible diseases and conditions that could be mirroring IBS. Here's a partial list of what your doctor needs to rule out:

- ✓ **Food intolerances:** Lactose intolerance, gluten intolerance (celiac disease), and fruit intolerance fall into this category. In plain English, these intolerances mean you can't digest dairy, you can't digest wheat, or you can't digest fruit. We discuss these conditions in Chapters 2 and 4.
- ✓ **Inflammatory bowel disease (IBD):** There are two IBDs: Crohn's disease and ulcerative colitis. They are more serious conditions than IBS, and they cause structural damage to the intestines, such as strictures or ulcerations. Their symptoms often mirror those of IBS but also include rectal bleeding. Crohn's can give symptoms outside the intestines, such as ulcers in the mouth and fissures and fistulas around the anus. We introduce you to both IBDs in Chapter 2.
- ✓ **Cancer:** Bowel cancer may take the form of a tumor that gradually blocks off the intestines and causes cramping pain that worsens over time. The symptoms of cancer differ from IBS because they can be more localized and more severe.

Considering Causes and Triggers

There is no single cause of IBS that we can pinpoint. We do know that some people develop IBS after having an intestinal infection — a nasty bout of

stomach flu, food poisoning, or traveler's diarrhea. But we don't know whether the germs themselves or the antibiotics used to treat these infections act as the catalyst to create IBS. And we don't know if the people who get IBS after an infection had a case of smoldering IBS all along.

Quite a few theories exist about why other people get IBS, and we present some of them in Chapter 2. Just keep in mind that these are theories, and all need further investigation before we can know for certain whether they are true causes.

Triggers for IBS are a little easier to identify. A *trigger* is something that causes you to have symptoms after you've already got IBS. We devote Chapter 4 to a discussion of known triggers. Here, we want to just alert you to some of the main culprits:

- ✔ **Antibiotics:** These medications kill off both good and bad bacteria, leaving room in your intestines for yeast to overgrow. An overgrowth of yeast can invade and irritate the intestinal lining, causing micropunctures and the absorption of yeast toxins into the bloodstream. Gas and bloating can also result, triggering additional IBS symptoms.
- ✔ **Yeast:** The overuse of antibiotics, a high sugar diet, stress, cortisone, hormones, and other factors can all lead to an overgrowth of yeast in your gut, which has the nasty effects we describe in the previous bullet.
- ✔ **Food:** Spicy and fatty foods irritate the gastrointestinal tract. Coffee, alcohol, and food additives such as aspartame and MSG also do damage and trigger IBS attacks.

There is far more to the food picture than these triggers. You need to know about conditions that can masquerade as IBS, including food allergies and food intolerances. You may discover that you cannot eat dairy or wheat, or even fruit. (If the thought of giving up any of those foods seems depressing, we urge you to focus on the positive — the reduction in symptoms you'll experience if you can eliminate problematic foods from your diet.)

- ✔ **Stress:** Stress is a major trigger for IBS because many of us hold tension in our guts. That tension causes muscle cramping and can easily escalate into an episode of IBS.



Treating IBS

Just as there is no one cause of IBS, there is no one treatment. Instead, you have a smorgasbord to choose from: medications, herbs, homeopathy, diet, exercise, acupuncture, hypnotherapy, biofeedback, the Emotional Freedom Technique — the list goes on. We discuss each of these options in detail in Chapters 8 through 12.

By far, the most important aspect of treating IBS is getting a firm grip on your diet. We know what a problem that can be, so we devote Chapter 10 to that topic. We walk you through an elimination and challenge diet that allows you to find out what foods are your friends and what foods are not. We also advise you that there is no one diet that works for everyone with IBS. Each person with IBS needs to find what works for her.



We urge you not to let medication be your only treatment protocol. If your doctor insists that a pill is the only answer to your IBS symptoms, fight back with the knowledge you gain from this book. What you eat, how you move your body, and how you process stress are much more important to your long-term health and to managing this chronic condition. Medication certainly has a role to play in helping people get over their worst short-term IBS symptoms, but it simply isn't effective in treating IBS over the long haul.

The combination of IBS symptoms is different from person to person. The cause of IBS is different from person to person. The triggers are different from person to person. Our goal in this book is not to tell you exactly what will work for you. Instead, it's to give you the most complete information possible about what treatments are available, so you can develop your own treatment plan that tackles your particular symptoms.

Coping with IBS

Coping means successfully dealing with a difficult situation. And we have no doubt that if you have IBS, you've got a difficult situation to deal with. But we're here to help you do even more than cope; if you apply the information in this book, you should be able to reduce or even reverse the symptoms that may be plaguing you on a daily basis.

At home, at work, at school — IBS symptoms can strike anywhere. But if you improve your health in the long-term, and if you have plans in place for dealing with even your worst symptoms in the short-term (and even in public), you can break the boundaries that IBS may be placing on your life right now. (If you've been stuck in the house because of IBS and want tips for getting your life back, run — don't walk — to Chapter 13.)