

Irritable Bowel Syndrome

IBS

Doctors may be dismissive of it but, says *Janet Gray*, for the sufferer it is a condition causing untold suffering, worry and inconvenience

One in five of the population suffers from IBS



One of the problems most commonly seen by GPs is “tummy ache”. It is the job of the GP to sort out those patients who may have a serious disease, for example, stomach ulcers, diverticulitis, or, even worse, bowel cancer, from those who “simply” have irritable bowel syndrome (IBS).

There is no test for IBS – rather it is a diagnosis made by excluding other diseases, which probably explains why doctors may have a rather dismissive attitude to it. The patient may be told, “All your tests are normal – it’s only IBS.” In actual fact, from the sufferer’s point of view, it is a condition causing untold suffering, worry and inconvenience.

Nature of the condition

IBS is a very common condition, affecting as many as 20 per cent of the

population, with more females suffering than males. It is concentrated in the 20 to 40 year age group, but can occur at all ages.

It is a cluster of symptoms, (see box) rather than a pathological disease, and is assumed to be due to disordered bowel motility, or possibly increased sensitivity to gut sensation, which in turn may be due to a variety of factors. These may include stress, food intolerance or the after-effects of a tummy bug. Sometimes the condition seems to be a consequence of simple constipation, or a sudden change in diet.

The bowel may also react to emotional states, such as anger or anxiety. Such “gut reactions” appear to be especially likely in those who find it difficult to share their feelings with others, expressing mental distress through physical symptoms.

Food sensitivities or intolerances can cause IBS symptoms (as opposed to true food allergy which occurs rapidly after ingesting very small quantities of the food concerned, for example peanuts or shellfish). Abnormal fermentation in the colon, following antibiotic usage and candidal colonisation of the bowel, can also cause IBS symptoms.

Different types of IBS

IBS is classified according to which symptoms are the most frequent. Several classifications exist; the following one is used at the Central Middlesex Hospital.

Spastic colon:

Characterised by constipation and abdominal pain, which is most often left-sided and relieved by opening the bowels. May be associated instead with diarrhoea.

Functional diarrhoea:

Characterised by attacks of diarrhoea, mostly in the mornings. The first bowel movement is usually formed, followed by a rush of mushy or watery motions. These may be explosive, and sufferers are often toilet-bound for long periods of time.

Foregut dysmotility:

Characterised by abdominal bloating and discomfort frequently after eating. Visible stomach enlargement is often a problem and any pain is more often experienced on the right side.

Extra-bowel manifestations:

IBS sufferers often have other symptoms including lethargy, backache, urinary symptoms ("irritable bladder"), pelvic pain and migraine.

Conventional management

This is a syndrome that is not managed well with conventional treatment.

Symptomatic relief can be obtained with smooth muscle relaxants such as peppermint oil or mebeverine hydrochloride.

Constipation can be managed with ispaghula bulking agents and diarrhoea with loperamide or codeine phosphate.

Dietary management is important with a trial of an exclusion diet to detect food intolerance, if indicated by the history.

However none of these conventional managements addresses the problem as a whole – they just single out one symptom at a time to treat.

This is where homeopathy is so valuable as a therapy. It is truly a holistic form of treatment, addressing not only the bowel symptoms, but also the psyche and the other extra-bowel symptoms that may be present.

Case histories

The following cases show how IBS can be treated with different homeopathic medicines according to the underlying problems.

Take John, for instance. He was a 40 year-old engineer, happily married with one daughter. However, his life was plagued by frequent attacks of abdominal pain, with distension, wind and constipation. He also suffered from heartburn, which woke him in the night.

It all seemed to start after several courses of antibiotics given for severe pneumonia. He was now unable to eat bread (something he loved) or fruit or curries or fatty food.

His own GP had investigated him thoroughly and ascertained that there was "nothing wrong" other than IBS. He was treating him with the usual anti-spasmodics and antacids, which helped each attack, but did nothing to prevent a recurrence.

John was very upset that his GP appeared to be dismissive of him, and did not listen to him.

He was quite emotional while I was taking his history, and also told me with tears in his eyes about the death of his father. Because of this, and because of his food



Symptoms of irritable bowel disease

- Abdominal pain associated with defecation.
- Irregular pattern of defecation for at least two days a week.
- Three or more of the following:
 - altered stool frequency;
 - altered stool form (hard/loose);
 - altered stool passage (straining/urgency/sense of incomplete evacuation);
 - mucus per rectum;
 - bloating or feeling of abdominal distension.

Warning symptoms that need investigation:

- Change in bowel habit.
- Passing blood per rectum.
- Weight loss.
- Constant abdominal pain.

intolerances, I gave him Pulsatilla 30c, and he was incredulous of the improvement. His heartburn stopped completely, but he still had occasional attacks of left-sided abdominal pain, causing him to bend double, and which were relieved with a hot water bottle. He was still quite angry with his GP, so this time I gave him Colocynthis 30c, which resolved the problem.

Another man, Cyril, was a 60 year-old pipe fitter who had suffered from IBS for ten years. It started when his wife was very ill and he had had to nurse her until she died.

All his investigations were normal, and he was on conventional medication,

which was not really controlling his symptoms. He suffered from lower abdominal pain, with a feeling he must rush to open his bowels. There was no wind, but copious diarrhoea, and he was always worried he may have an accident.

He was a chilly person who loved the heat. Food-wise, he had a sweet tooth, and also desired cream, but was averse to fat, curries and spices. He was a great worrier about little things, and was always restless and agitated. He described himself as a "fuss-pot".

On these characteristics I prescribed Arsenicum 30c, with the result that he was gradually able to reduce his conventional medication, and eventually come off it altogether.

Joan was incapacitated by diarrhoea, which drove her out of bed in the mornings. She was a 37 year-old teacher who had developed problems after a tummy upset 18 months previously, after which she never seemed to settle completely.

She constantly felt the need to open her bowels and also suffered from wind, gurgling and bloating. She described herself as a hot, sweaty person, although she loved the hot weather. Foodwise she loved cream and butter but was averse to salt. She adored her food and ate it very quickly. Her personality projected itself as extrovert and bubbly and she admitted to being untidy and not minding mess.

I gave her Sulphur 30c and her diarrhoea became a thing of the past.

Bob's problems started when he had an attack of diarrhoea whilst on a flight to

the USA. He was a 40 year-old successful business man, but this problem made him very anxious whilst travelling and when he knew he was going to be involved in long meetings.

He was ambitious, with high standards, but his anxieties were holding him back. Especially problematic were situations when he would be asked to do a public presentation. Although he always did them well, it was at tremendous personal cost.

He had a great desire for chocolate, which immediately disagreed with his tummy, and he could only eat small meals because he became full very quickly. He had abdominal pain on the right side, which was better for opening his bowels and passing flatus. He always had a bad time at 4pm.

All these characteristics led me to prescribe Lycopodium 30c, to which he responded very well.

General Practice

The vital point in the treatment of IBS is to prescribe on the totality of the patient's symptoms, rather than just on the local abdominal symptoms.

The cases described above were patients who consulted me privately, but in fact 80

per cent of my time is spent in General Practice. I am therefore very well aware of the time constraints under which GPs work, but I am still upset at the number of patients who feel that their GP "hasn't time" to listen to them. Our attitude to our patients is so important, and it actually does not take very long to listen to the patient's story. Those of us who use homeopathy in General Practice know that it is not always easy to spot the constitutional remedy quickly, but it is made slightly easier by the fact that maybe as many as 30 per cent of patients who develop IBS do, in fact, have a Lycopodium constitution. In other words, the typical Lycopodium person, who is ambitious, sets high standards for him or herself, is highly anxious, but is determined not to show it, is just the person who will develop IBS when under stress.

Others who may develop such symptoms with anger will require remedies such as Nux vomica or Colocynth, while others who develop symptoms after grief may need Natrum mur or Ignatia.

In this way, homeopathy can be used to treat the root cause of the IBS, leaving very satisfied customers, and not simply "paper over the cracks".



Janet Gray
MA MBBChir
MRCOG
MFHom
DRCOG DFFP,
a GP for over
20 years, has been
using homeopathy
in her Bristol
practice for the
last 15 years.
She lectures in
homeopathy at
the Bristol
Teaching Centre
and has a small
private practice
near Chippenham.



Cartoon reproduced courtesy of Bill Tidy/Yakamill