

## Irritable Bowel Syndrome

One in every 12 visits to the doctor is because of a digestive complaint – with IBS for half of these visits. In fact 20-25% of people in the western world are believed to suffer from IBS – to varying degrees – and this condition is three times more common in women than in men. Sadly in most cases your GP is fairly ill-equipped to deal with this particular problem, as IBS is an umbrella term used to describe a set of symptoms that are often contradictory and can differ hugely from person to person

They do however fit into two categories: spastic colon-type IBS where gripping pain is common, as well as alternating constipation and diarrhoea. Painless diarrhoea -type IBS causes urgent diarrhoea, usually upon rising and often after a meal. Common symptoms of both types are abdominal pain (which may be continuous or may come in sporadic bouts and can be a dull ache or, in extreme cases, excruciating), and constipation or diarrhoea – or both alternating from day to day or week to week. Bloating, wind, headaches, nausea, anxiety, skin conditions and depression are also often associated with IBS.

There are many contributing factors in IBS, which all need to be fully investigated. According to the British Allergy Foundation, around 45% of people who contact them suffer from food intolerance at some time in their lives and many of these people have IBS type symptoms. The most commonly offending foods are wheat, dairy, coffee, tea and citrus fruits – although intolerance can present to the most innocuous of foods, which are often unsuspected.

Stress can also play an important part as your digestion shuts down during stressful times meaning that digestive juices don't get to do their job properly, which leaves incompletely digested particles of food to irritate the gut. A lack of digestive enzymes and stomach acid can also lead to incompletely digested food irritating the gut.

Parasite area growing is an often overlooked factor along with lactose intolerance, mind body interaction, malabsorption of nutrients, hormonal imbalances, endometriosis, AIDS, environmental sensitivities and more.

There is no single cause for IBS but hopefully we can find the cause for each person and work with him or her individually in response to the biochemical uniqueness. For instance, some people with IBS improve when they eliminate wheat from their diets, while the majority won't notice any benefit. Other people have an insulin rise after meals, causing an increase in serotonin, which can cause diarrhoea. New medication for women with diarrhoea-type IBS are based on lowering serotonin.

The healing options normally used in my practice, (either in isolation or concurrently) are: increasing fibre intake, evaluate possible lactose intolerance, consider grain intolerance or other food allergies, explore behavioural therapies, supplementation with products such as gamma oryzanol, glutamine, EPA/DHA, Peppermint and probiotics.

Herbal medicine is regularly used and is tailored to the specific circumstances of the individual involved although commonly used herbs are, Melissa, chamomile, rosemary, valerian and Myrrh.

For further information on how I can help you with IBS or overall gastrointestinal health please get in contact at [www.oliverbarnetthealth.co.uk](http://www.oliverbarnetthealth.co.uk)

