


Irritable bowel or Gut *imb*balance?

– looking at alternatives to IBS

Because irritable bowel syndrome has such a wide range of symptoms, the diagnosis has become something of a 'catch-all'. Before you start any medication regimen it's therefore essential to rule out other conditions that may be causing your digestive problems.

 Irritable bowel syndrome (IBS) is one of the most commonly diagnosed digestive disorders. If you haven't yet been told you have it, chances are that you know someone who has. But is it really possible that so many of us suffer from this condition,

or has the term IBS become synonymous with 'I don't really know what's wrong with you, so let's call it IBS?'

When a patient presents with IBS-type symptoms, how often does the doctor do



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investigations for disorders such as increased gut fermentation, histamine intolerance, small-intestinal bacterial overgrowth (SIBO), post-

regimen difficult. More often than not patients are sent home with antispasmodic medication or tricyclic antidepressants, or told to eat more

‘Stress (either psychological or physiological) may be an important factor in gastrointestinal health’

food poisoning syndrome or hidden allergies, intolerances and other immune responses? Very rarely!

This is because the many forms and presentations of IBS can make the diagnosis a particularly challenging one, and its functional nature can make a satisfactory treatment

fibre or take more probiotics. Success rates of both conventional and complementary medicine are therefore historically quite low.

THE GUT-BRAIN AXIS

The gut contains the greatest concentration of immune tissue in the body. These immune cells are intertwined with the greatest concentration of nerves outside the central nervous system. Both immune cells and nerves are continually communicating with the mucosal epithelia (the cells that line the gastrointestinal tract). These interactions control both the physiological and pathophysiological aspects of gut function.

Communication between the gut nervous system and the central nervous system is common, and is known as the gut-brain axis. Disturbances in either have effects that resound throughout the body. The same neurotransmitters that influence the gastrointestinal tract also influence endocrine, immune, behavioural and emotional function. Stress (either psychological or physiological) may therefore be an important factor in gastro-intestinal health.

MALABSORPTION OF CARBOHYDRATES AND SUGARS

Faulty digestion or absorption of carbohydrates and sugars by the small intestine allows increased amounts of these foods to reach

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the colon, where greater amounts of gas are produced. This increased gut fermentation is characterised by bloating, constipation, diarrhoea, fatigue and gas – symptoms often associated with IBS.

The most common example of malabsorption leading to increased production of gas is lactose (milk) intolerance. Lactose intolerance is caused by a genetic lack of the enzyme in the lining of the small intestine that digests lactose, the sugar in milk.

SIGNS AND SYMPTOMS ASSOCIATED WITH GUT IMBALANCES

- Undesirable changes in bowel movements
- Signs of malabsorption such as floating, bulky, foul-smelling stools
- Belching, bloating, indigestion, diarrhoea, constipation, cramping
- Blood or mucus in stool, stool colour changes
- Anal itching
- Halitosis
- Food allergies and intolerances
- Auto-immune illness, immune deficiencies
- Skin conditions such as acne or eczema
- Anxiety, depression
- Arthritis, joint pain, rheumatoid diseases, osteoarthritis
- Asthma, hayfever
- PMS symptoms, menstrual irregularities
- Weight gain or loss
- Endocrine or neurological imbalances
- Fungal infections
- Slow metabolism, hypoglycaemia
- Cholesterol and triglyceride imbalances
- Anaemia, vitamin or mineral deficiencies

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Other causes of malabsorption that may lead to excessive production of gas and be mistaken for IBS include:

- malabsorption of sugars such as sucrose, sorbitol, or fructose
- inadequate amounts of pancreatic enzymes (necessary for digesting sugars and carbohydrates in the small intestine)
- diseases of the lining of the small intestine (e.g. coeliac disease) that reduce enzymes in the lining necessary for breakdown and absorption of sugars and carbohydrates.

Malabsorption is often characterised by an overgrowth of pathogenic bacteria. These bacteria damage the intestinal brush borders, resulting in increased intestinal permeability that may increase the incidence of allergies, intolerances, emotional disturbances and vitamin and mineral deficiencies.

HISTAMINE INTOLERANCE

There is increasing evidence that histamine intolerance is a major cause of food hypersensitivity, facial flushing and IBS-related

symptoms. Studies have shown that histamine-intolerant individuals may have a deficiency of certain enzymes in the small-intestinal mucosa. This type of deficiency results in decreased breakdown and increased absorption of histamine in the gastrointestinal tract.¹

Symptoms associated with histamine intolerance vary greatly but include:

- hayfever, flushing, wheezing, urticaria, asthma
- bloating, diarrhoea, abdominal migraines (an increasingly recognised condition involving abdominal distress and accompanied by nausea and often repeated vomiting), nausea, hypersensitivity to many foods
- low blood pressure, migraines, tension headaches, anxiety, depression and panic attacks.

Histamine intolerance testing is not currently widely available in South Africa, so excluding foods high in histamines for a few weeks and then reintroducing them can be quite effective in establishing a connection.

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High-histamine foods include all minced meat, sausages, salami, all tinned and smoked fish, all ripe cheeses, yeast, sauerkraut, avocado and tomatoes. Some foods that should be excluded because they liberate histamines include kiwi fruit, papaya, grapefruit and pineapple.

POST-FOOD POISONING SYNDROME AND POST-INFECTIOUS IBS

Post-infectious IBS (PI-IBS) is a subgroup of IBS that is diarrhoea-predominant. Having an episode of bacterial gastro-enteritis may increase the risk of developing IBS symptoms within the same year. Gastro-enteritis is a pathological disturbance of the gastro-intestinal tract often (but not always) caused by bacteria or viruses and more rarely by fungi or parasites. It is associated with inflammation.

Post-food poisoning syndrome (PFPS) is a new field of research. It shares many of the same symptoms as PI-IBS and is therefore easily misdiagnosed. The most commonly recognised food-borne infections are those caused by the bacteria *Campylobacter*, *Salmonella* and *Escherichia coli*. Food poisoning will always

cause an imbalance in the normal gut flora (dysbiosis), with those in recovery suffering from symptoms for quite a while after.


SMALL-INTESTINAL BACTERIAL OVERGROWTH (SIBO)

The small intestine is the section of the gastro-intestinal tract that connects the stomach with the colon. Its main purpose is to digest food and absorb it into the body.

The entire gastro-intestinal tract, including the small intestine, normally contains bacteria. The number of bacteria is greatest in the colon (at least 1 000 000 000 bacteria per millilitre of fluid!) and much lower in the small intestine (less than 10 000 bacteria per millilitre of fluid). Moreover, the types of bacteria in the small intestine are different to the types of bacteria in the colon.

SIBO is a condition in which abnormally large numbers of bacteria (at least 100 000 bacteria per ml of fluid) are present in the small intestine, and in type resemble the colon bacteria rather than the bacteria that normally inhabit the small intestine.



 **gut imbalance**

This imbalance of bacteria may result in excess gas, abdominal bloating, diarrhoea and abdominal pain, symptoms not dissimilar to those often diagnosed as IBS.

WHAT CAUSES SIBO?

The gastro-intestinal tract is a continuous muscular tube through which digesting food is transported. The muscular activity that sweeps through the small intestine is important not only for the digestion of food, but also because it sweeps bacteria out of the small intestine and keeps down the numbers of bacteria there. Any condition that interferes with muscular activity in the small intestine results in bacterial overgrowth. Lack of muscular activity may even allow bacteria to spread backwards from the colon and into the small intestine.

CONDITIONS ASSOCIATED WITH SIBO

- Post-food poisoning syndrome.
- Long-term viral infections.
- Neurological and muscular diseases that alter the normal activity of the intestinal muscles. For example, both diabetes melli-



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RESTORE YOUR BALANCE

The effects of antibiotics, contraceptive medication, incorrect diet high in sugars and stress can imbalance the *intestinal flora* resulting in symptoms such as thrush, skin rashes and blemishes, abnormal bowel function and bloatedness.

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tus and scleroderma may result in abnormal muscular activity in the small intestine, allowing SIBO to develop.

- Partial or intermittent obstruction of the small intestine from adhesions (scarring) from previous surgery or Crohn's disease.
- Diverticuli (out-pouchings) of the small intestine that allow bacteria to multiply inside them.

COURSES OF ACTION

Before accepting a diagnosis of IBS, it is important to explore all other possibilities. Some tests to consider are:

Comprehensive digestive stool analysis may help identify bacterial imbalances in the gut as well as confirm the existence of pathogenic microbes.

Hydrogen breath test. This test uses measurement of hydrogen in the breath to diagnose several conditions that cause gastrointestinal symptoms. In humans, anaerobic bacteria in the colon produce hydrogen when they are exposed to unabsorbed food, particularly sugars and carbohydrates (not proteins or fats). Although limited hydrogen is produced from the small amounts of unabsorbed food that normally reach the colon, large amounts of hydrogen may be produced when there is a problem with the digestion or absorption of food in the small intestine that allows more unabsorbed food to reach the colon. The hydrogen breath test can be effective in testing for SIBO as well as fructose, lactose, sucrose or sorbitol intolerance.

Exclusion and reintroduction diets can be very effective in pinpointing carbohydrate intolerances in the absence of the hydrogen breath test.

INTEGRATIVE TREATMENT ROUTES

Specific carbohydrate intolerance. Excluding foods high in the specific carbohydrate as well as the use of plant-based digestive enzymes may reduce symptoms, especially those associated with diarrhoea, gas and bloating.

SIBO. Taking a probiotic that targets the small intestine may help balance bacteria in this area. Following a low-bacteria diet is also advised: avoid ready-made meals, pre-packed sliced vegetables and fruits, and deli counters.

Histamine intolerance. Excluding foods high in histamines may effectively reduce many symptoms. Some enzymes that specifically target disorders of biogenic amine breakdown are available and may be effective.

Digestive problems?



Digestive dysfunction covers a broad range of conditions:

- Intolerance to certain food groups
- Constipation and diarrhoea
- Irritable bowel syndrome (IBS)
- Leaky gut syndrome
- Intestinal dysbiosis and immune dysfunction

Prof. Patrick Bouic and his team at Synexa Life Sciences offer a range of tests to accurately diagnose digestive dysfunction, enabling effective management of the condition:

Stool test	Quantifies levels of normal and pathogenic gut flora associated with immune system imbalances.
Food Intolerance (IgG) test	Determines the level of circulating antibodies to specific foods that are causing immune-mediated problems.
Calprotectin analysis	A marker of intestinal inflammation, which enables correct diagnosis of IBS.
Secretory IgA test	Determines the mucosal integrity of the intestine.

To learn more about these tests and find out if they could help you, speak to your doctor, call Synexa at (021) 933 9580 or visit www.synexagroup.com/diagnostics

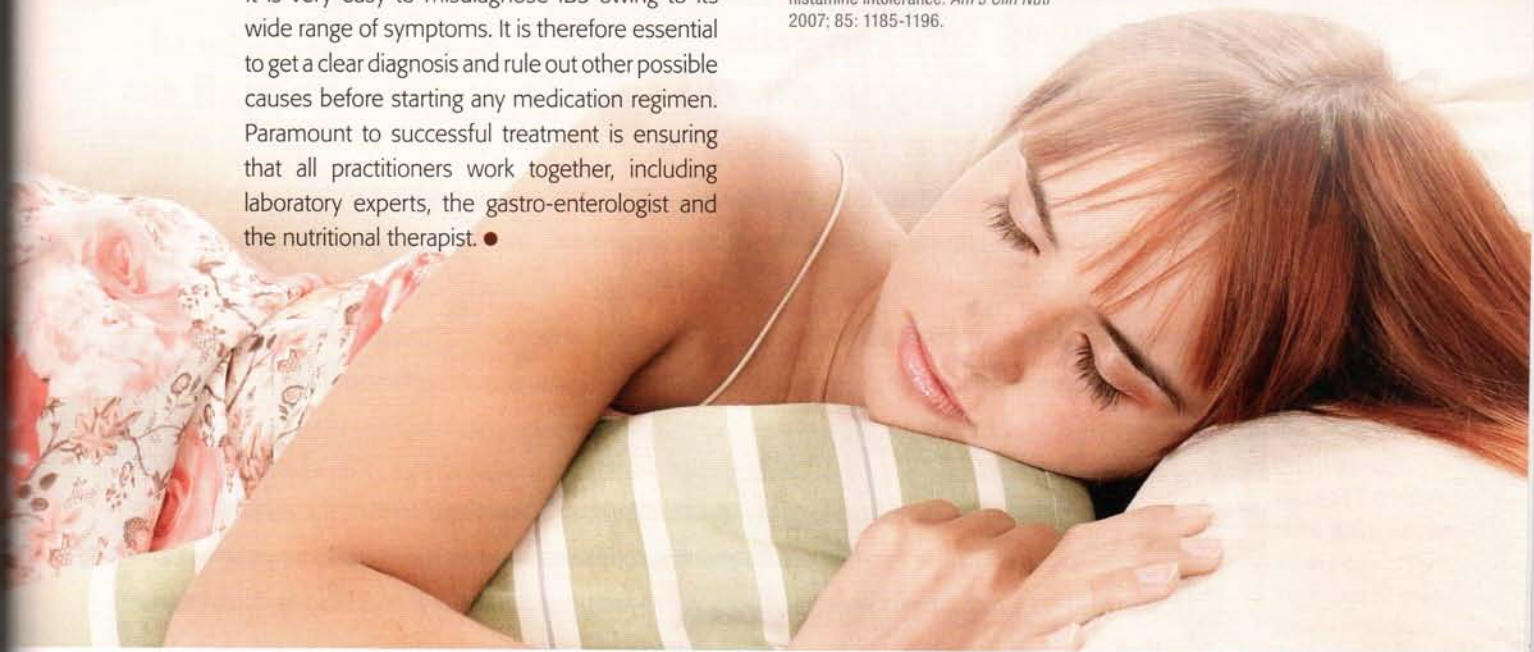


CONCLUSION

It is very easy to misdiagnose IBS owing to its wide range of symptoms. It is therefore essential to get a clear diagnosis and rule out other possible causes before starting any medication regimen. Paramount to successful treatment is ensuring that all practitioners work together, including laboratory experts, the gastro-enterologist and the nutritional therapist. ●

Reference

1. Maintz L, Novak N. Histamine and histamine intolerance. *Am J Clin Nutr* 2007; 85: 1185-1196.



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