

Chapter 1

IBS Is Real

In This Chapter

- ▶ Getting some basic facts
 - ▶ Exploring treatment options
 - ▶ Making lifestyle improvements
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1BS 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.)