

Integrative approach to IBS

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IBS

Pathophysiology:

- Visceral hypersensitivity
- Abnormal gut motility
- Psychosocial factors
 - Brain-gut interaction
- Dysbiosis
- Leaky gut
- Following infection
- Latent or potential celiac disease

Diagnosing IBS

- Medical, surgical, family history
- HPI
- Physical
- Rule out celiac disease
- Rule out inflammatory bowel disease
- Clinical diagnosis

Treatment Step 1: Identify triggers

Dietary interventions

- Gluten free diet
- Elimination diet
- FODMAP diet

Elimination Diet

- Type 1
 - Eliminate the most potentially allergenic foods for 7-14 days (21 days)
 - Cow's milk, corn, wheat, soy, yeast, eggs, refined sugars
 - Caffeine, alcohol
 - Food coloring
 - Citrus fruits
 - Any foods that patients crave or eat >4x/week
 - Add back one food group at a time
- Type 2
 - Eliminate one trigger at a time for 7-14 days
 - Longer process but less stressful/easier to adhere

FODMAP

- Low FODMAP diet
- High FODMAP foods eliminated x 2-6 weeks
- Reintroduce one high FODMAP food at a time
- Identify high FODMAP triggers
- Starts out restrictive, eventually hope to liberalize diet
- MONASH FODMAP website & app

Treatment Step 2: Symptom Management

- Conventional pharmacologic treatments
- Herbal supplements
 - Supplements
 - Medicinal teas
- Non-med interventions
 - Mindfulness
 - Gentle movement
 - Behavioral health
 - Acupuncture
- Dietary
 - AI diet
 - Mediterranean diet

Herbal Supplements

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- IBS-C
 - Ginger
 - Triphola
 - Psyllium
 - Flax

Herbal Supplements

IBS-D

- Peppermint oil (EC capsules, with meals)
- Chamomile +
- Pectin (applesauce)
- Tannins (Green or black tea)

Herbal Supplements

IBS-mixed

- Turmeric 500mg TID
- Lemon balm tea
- Licorice

Additional Supplement Considerations

- Prebiotics
 - Non-digestible fibers
- Probiotics
 - Actual bacteria
- Magnesium
- Melatonin
- Fish oil

Non-med Interventions

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- Mindfulness*
 - MBSR
 - Meditative practices
- Gentle movement
 - Yoga
 - Tai Chi
 - Qi Gong
- Acupuncture
- Behavioral Health*

Dietary Interventions

- Anti-inflammatory diet
 - Pro-inflammatory cytokines were higher than healthy controls
 - Post-infectious IBS ⅓ of all cases - a/w immune activation
 - Microbiota contributes by causing abnormal motility, low grade inflammation, visceral hypersensitivity, disrupted gut-brain axis communication
- Mediterranean diet
 - Same rationale as AI diet

Treatment Step 3: Treat SIBO

- When to think SIBO
 - Bloating predominant
 - PPI use
 - Bentyl use
 - Frequent antibiotic use
 - Taking meds that slow transit (i.e. opioids)
 - Gastroparesis or medical conditions linked to dysmotility
 - SLE
 - Diabetes
 - Scleroderma

Treatment Step 3: Treat SIBO

- Testing options are suboptimal & expensive
 - Breath testing is most commonly used
 - Glucose and lactulose breath tests have sensitivities of 60–70%, with specificities of 40–80%
 - Studies have found that the specificity of the 10-g lactulose breath test and the ¹⁴C-labeled 1-g xylose test were 100% when radionuclide scintigraphy was done during the test to assess gastric emptying..
 - Elevated fasting breath hydrogen (>19 ppm or methane >10 ppm) are excellent predictors of overgrowth, being highly specific (>90%) but not sensitive (<30%)

Treatment Step 3: Treat SIBO

- Treatment study: Abx vs Herbs (Chedid)
- Antibiotics
 - Rifaximin 1200mg daily (400mg TID) x 4 weeks
 - Non-responders: triple antibiotic therapy or herbal tx
 - clindamycin 300 mg TID, metronidazole 250 mg TID, neomycin 500 mg TID
- Herbal
 - Dysbiocide + FC Cidal (2 capsules BID)
 - Candibactin-AR + Candibactin-BR (2 capsules BID)
- Similar response rates and safety profiles

Treatment Step 3: Treat SIBO

- Rifaximin 1600mg/d better outcomes than 1200mg/d for 1 week treatment in another study (Scarpellini)
- Another study found 1200mg/d x 14 days had a 87-91% success rate at normalizing GBT and improved symptoms (Lombard)
- What I've done
 - Dysbiocide + ADP (emulsified oil of oregano) - Diaz treatment
 - 2 capsules BID until bottle runs out
 - Rifaximin 1200mg/d x 14 days

Questions?

References

Arizona Center for Integrative Medicine “Integrative Medicine in Residency” curriculum, notes from lecture by Tieraona Low Dog, MD

Chedid V, Dhalla S, Clarke JO, et al. Herbal therapy is equivalent to rifaximin for the treatment of small intestinal bacterial overgrowth. *Glob Adv Health Med.* 2014;3(3):16–24. doi:10.7453/gahmj.2014.019

Dukowicz AC, Lacy BE, Levine GM. Small intestinal bacterial overgrowth: a comprehensive review. *Gastroenterol Hepatol (N Y).* 2007;3(2):112–122.

Hopkins Medicine SIBO page

Lombardo, Lucio et al. Increased Incidence of Small Intestinal Bacterial Overgrowth During Proton Pump Inhibitor Therapy. *Clinical Gastroenterology and Hepatology.* Volume 8 , Issue 6 , 504 - 508

SCARPELLINI, E. , GABRIELLI, M. , LAURITANO, C. E., LUPASCU, A. , MERRA, G. , CAMMAROTA, G. , CAZZATO, I. A., GASBARRINI, G. and GASBARRINI, A. (2007), High dosage rifaximin for the treatment of small intestinal bacterial overgrowth. *Alimentary Pharmacology & Therapeutics*, 25: 781-786.