

August 2022 Newsletter

Irritable Bowel Syndrome

Hello, this is Dr. Ellen. In this month's 'Real Common Sense' newsletter, I want to write about irritable bowel syndrome (IBS). I have seen many patients over the years suffering from IBS. Most had tried other approaches, both conventional and alternative, without the significant results they had sought out. Coming to me was oftentimes a 'last resort'. Using the Ellen Cutler Method (ECM), I have been able to help patients find their way back toward wellness. ECM allows me to discover the optimal detoxification, dietary modification, supplementation, and energetic desensitization for each person.

By the way, if you didn't get a chance to see my previous newsletters, you can find them on my new website, www.drellencutler.com under 'Media'.

What is irritable bowel syndrome?

Irritable bowel syndrome (IBS) was formerly known as 'spastic colon'. It is a chronic problem that is all too common and more often seen in women than men. It usually presents with abdominal pain, bloating, and altered bowel habits (diarrhea, constipation, or both). It is infrequently identified in some people with painless diarrhea. No specific cause for IBS has been identified. Some feel it to be, at least in part, psychophysiological in nature; this may result in impaired signaling between the brain and gut, impairing nerve function in the gut. There are no specific tests to identify it, but testing may be done to rule out 'other pathologies'. [1,2,3]

IBS is generally considered to be a noninflammatory problem. In stark contrast to IBS, the pathology found in inflammatory bowel diseases, such as ulcerative colitis and Crohn's disease, arises from significant inflammation with resulting tissue damage found in intestinal biopsies. However, some have discovered low-grade inflammation present in IBS. Some studies have demonstrated persistent mucosal inflammation. Also, neuroinflammation is likely involved as well via the gut–brain axis. [4] This may also be aided and abetted by a chronic, systemic inflammation.

Changes in the gut microbiome have been found in patients with IBS and the importance of these changes is being actively investigated. [5] Some researchers have suggested a possible familial predisposition to IBS. Supporting this idea, an interesting genetic overlap has been seen between IBS and mood and anxiety disorders. [6] This may help explain the potential benefits of psychological interventions in IBS.

Complementary/alternative approaches to IBS

I have had many successes in using alternative interventions to help patients with IBS. Although I use the term 'alternative', some of these interventions are also utilized by medically based practitioners and can in those cases be seen as complementary to conventional treatments. There are four categories of complementary/alternative approaches I have recommended in IBS sufferers: dietary modification, supplementation, activity and exercise change, and relaxation and psychologically oriented interventions.

Dietary recommendations

There are some general dietary recommendations that are often suggested for those with IBS. A western dietary pattern, especially with increased proportion of ultra-processed foods, increases the risk of IBS.[7,8] Conversely, increased intake of fiber can be helpful to many IBS sufferers. Food sources of fiber include fruits, vegetables, grains, and nuts. Some also benefit by adding supplemental fiber to their diet, such as psyllium husk powder. Many of my patients have seen improvement in IBS symptoms by increasing their daily water consumption. ECM testing can find dietary items to be avoided. Commonly found sensitivities are to caffeine, especially from coffee and sodas; dairy products; and gluten as found in wheat, rye, and barley. ECM allows all recommendations to be individualized for each person.[3]

Specific diets have been recommended for sufferers of IBS. Consistent with the above, these have included lactose-free, gluten-free, and high fiber diets. Some have suggested low fat diets to ease symptoms. However, the approach with the highest rate of benefit is the low FODMAP diet (low Fermentable Oligosaccharides [prebiotics], Disaccharides [e.g., lactose or 'milk sugar'], Monosaccharides [e.g., fructose], and Polyols [sugar alcohols, commonly used as artificial sweeteners] Diet).[9,10,11] Food choices are therefore restricted, ideally based on ECM testing. For example, low FODMAP fruits include bananas, blueberries, cantaloupe, oranges, and strawberries. But foods to be avoided can include apples, cherries, peaches, plums, and

watermelon. Even though the low FODMAP diet is not intended to be a long-term diet, it can be challenging to sustain because of its restrictions. However, initially restricted food items can often be added back over time.[11]

Supplementation

There are several supplements that ECM testing often finds to be of benefit. I have already mentioned psyllium husks to increase fiber in the diet, which I recommend as a powder.

Digestive enzymes help break down and absorb nutrients in the foods we eat. Supplementing our meals with digestive enzymes is definitely beneficial to those I see with IBS. The two I find most helpful are "**Protein DigestEnz**" and "**Gastro Calm**", both by **ProEnzol**. The latter formulation includes ginger and marshmallow root extracts and is especially useful in helping decrease abdominal discomfort in most IBS sufferers. For those sensitive to ginger, I usually recommend using "**Gastric Ease**", also by ProEnzol, instead; it is ginger-free and has added marshmallow root extract.

The use of probiotics can aid in recovery and gradual healing in those with IBS, reducing pain and symptom severity. Probiotics can modify the intestinal microbiome, altering the fermentation pattern and helping protect the colon.[12] The one product I have had the greatest success with has been "**Probiotic 18**" by **ProEnzol**, which contains several strains of both Lactobacillus and Bifidobacterium as well as apple pectin and fiber. Each serving contains 18 billion CFU's (colony forming units).

Mastic Gum is a specific tree resin that has been traditionally used for abdominal discomfort, pain, and inflammation.[13] I have found it to be of great benefit to many of those with IBS. I will oftentimes recommend it in combination with DGL (de-glycyrrhizinated licorice), which has also been used for gastrointestinal

distress.[14] An excellent formulation combining the two is in **"Mastic Gum/DGL"** by **Klaire Labs.**

Exercise/physical activity

A meta-analysis of various forms of exercise in patients with IBS found resulting improvements in their symptoms, quality of life, and anxiety.[15] A specific review of randomized controlled trials demonstrated decreased bowel symptoms, IBS severity, and anxiety using yoga therapy over conventional treatment in IBS. Furthermore, there were significant improvements in quality of life and physical functioning after yoga compared with no treatment.[16] In my experience, increased activity and/or exercise that is enjoyable and happily repeated by the individual can have a remarkably positive effect in those suffering from IBS.

Relaxation and psychological interventions

Whether the connection is 'functional' or genetic, a connection between IBS and mood and anxiety disorders has repeatedly been seen. Coincidental with this, several psychological interventions have been found to be of benefit in those suffering with IBS. The strongest evidence for benefit has been found with cognitive behavioral therapy [CBT], hypnotherapy, and mindfulness-based therapies [MBT].[17] Biofeedback is another modality that may benefit the IBS sufferer.[3] I have seen regular relaxation exercises be of benefit as well.

Ellen Cutler Method (ECM)

The biggest difference in my approach compared to others is that all interventions are based on my findings uncovered through my energetic testing, ECM. With it, I can identify the optimal means of helping to rebalance the causative disharmonies and blockages. Additionally, I can then desensitize the individual of previously unidentified issues and even of the possible obstructions to the maximum utilization of those means that have been identified. ECM offers hope to those who have had less than optimal results with conventional, complementary, and alternative treatments for their IBS.