

# Herald Sun

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## tummy trouble

07aug05

Eating should be enjoyable, but for many it can be the cause of considerable discomfort and even pain. By Joanna Hall.

We've all paid the price for overindulging in rich food - bloating, abdominal pain, gas, constipation or a touch of the runs. For most of us, occasional digestive mishaps are normal; they'll pass in hours, or can be zapped away with Quickeze. But a small yet significant percentage of the population experiences one or more of these symptoms daily. Symptoms can come and go, or fluctuate between bouts of constipation and diarrhoea, with problems occurring as a result of normal eating patterns. Attacks can last for days or even months.

This collection of unexplained abdominal symptoms is known as dyspepsia or irritable bowel syndrome (IBS), and it's a condition which can have a severe impact on daily life.

### the low-down on IBS

While the exact cause of IBS isn't known, it affects the nerves and muscles of the bowel, causing unpleasant abdominal symptoms. Triggers can be anything from eating certain foods to gastrointestinal infections. IBS affects more women than men, and most commonly begins in people in their 20s and 30s. According to the Gastroenterological Society of Australia (GESA), it affects up to one in seven Australians at any one time. It can be tricky to diagnose, says Dr Sanjay Nandurkar, senior gastroenterologist and lecturer in medicine at Monash University in Victoria, and a spokesperson for GESA.

"There's no specific test to identify it. In

a young person, diagnosis solely rests on the presence of typical symptoms," he says. While symptoms can be painful and disruptive, they're not a sign of, nor do they lead to, serious underlying illness. But there is a need to check for other conditions such as coeliac disease and inflammatory bowel disease, Dr Nandurkar adds, and most gastroenterologists would run specific tests to exclude these.

This strategy is especially important if a patient is over 50 and has rectal bleeding or significant unexpected weight loss. These warrant a search for another problem, such as colon cancer, says Dr Nandurkar.

One of the problems associated with IBS is the stigma. Most people are embarrassed about discussing digestive problems, even with their GP. Many people put up with the symptoms as an "accepted way of life", Dr Nandurkar says.

### taking action

The good news is that there's no need to suffer in silence - there is something you can do about IBS.

Professor Gerald Holtmann is director of gastroenterology at the Royal Adelaide Hospital, and a clinical professor of medicine at the University of Adelaide. He's also a leading expert in research into and treatment of bowel problems.

Ten years ago, while in Germany, he was asked to conduct a rigorous clinical trial by the manufacturer of the herbal medicine Iberogast, who claimed it successfully treated IBS symptoms. It's a liquid containing extracts of nine herbs. Sold in Europe for 30 years, it's now available in Australia over-the-counter at selected pharmacies.

Professor Holtmann agreed to do the trial - not to prove its efficacy but to debunk it. "I thought it was rubbish," he says. But to his surprise, the results were excellent. Iberogast presents no known side effects or contraindications, and although it isn't a cure for IBS - there isn't one - it's an important part of the overall strategy to manage the condition.

As the symptoms can come and go, Professor Holtmann advises patients to take medication on demand. He also stresses the importance of educating patients about the condition. "It would be easy to tell the patient to take 20 drops, three times a day, forever," he says, "but in reality they have to learn to manage their IBS. That includes making lifestyle and dietary changes, as well as taking a specific medication such as Iberogast."

Professor Holtmann is planning a further clinical trial on Iberogast. "We know it works and is much better with regard to the overall response when you compare it with other medications," he says. "But we don't know how it works."

Another important factor in treating IBS is fibre. But as Professor Holtmann warns, it has to be the right type of fibre - soluble - and in the right amount.

"Lots of fibre causes trouble," he says. "If you have a sensitive gut and you take the wrong fibre, it can cause bloating and lots of gas, making matters worse."

It's also important to manage stress, which can trigger attacks or cause symptoms to worsen, and Professor Holtmann says many patients also benefit from physical activity.

He also believes there's a genetic link, in other words, IBS runs in families. "If you see a patient and you ask them if a family member has also been affected by IBS, frequently they'll say their mother or uncle or sister has, or they had the common symptoms but were perhaps mistakenly diagnosed with a gastric or peptic ulcer."

In women IBS can flare up just before a period. Professor Holtmann says this is because hormones influence the gut's sensitivity. And IBS in women can easily be misdiagnosed, with symptoms blamed on period pain, endometriosis or fibroids.

For 10 years, Yvonne Linton, 44, from Melbourne, endured a twisting, stabbing pain in her lower stomach, and suffered bouts of constipation and diarrhoea. She also had fibroids (benign tumours of the uterus) which complicated the situation.

"Doctors blamed the pain and symptoms on the fibroids, and wanted to operate," she says. "But I wasn't keen, because they were talking about a hysterectomy. Although I was single, the idea of not being able to have a child really worried me."

In July last year, Linton's life ground to a halt. She was working as a conveyancing clerk while studying part-time for a law degree, but her symptoms had become so severe that she only had one normal week in every four, and often found herself bedridden up to five days at a time.

She was forced to give up her job and her studies. "My health was really bad, so I decided to deal with this so-called monster and get another opinion," she explains. She went to see renowned Melbourne naturopath Ruth Trickey who diagnosed IBS.

She was treated with a combination of Iberogast and herbs to deal with her hormones. Her diet was rigorously monitored and altered to include more soluble fibre. Although she still had fibroids, her symptoms improved dramatically; she eventually went on to have surgery to extract the fibroids, which didn't involve a full hysterectomy.

Today she's back studying full-time and feeling better than ever. "I accepted too readily that all my problems were related to the fibroids," she says. "Looking back, I wish I'd known about the possibility of it being IBS, because I could have saved myself all that horrible pain."

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