

Management of Irritable Bowel Syndrome

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Irritable bowel syndrome (IBS) may be described as a functional disorder of the gastrointestinal tract, primarily involving the several components of the colon. Being a functional disorder, there is no objective evidence of structural change in those areas of the bowel demonstrating clinical symptomatology. The symptoms presenting clinically in IBS may include some combination of: 1) abdominal pain; 2) altered bowel function; 3) colonic mucus hypersecretion; 4) symptoms of dyspepsia (anorexia, nausea, flatus); 5) varying degrees of anxiety or depression.

Three main factors of pathogenic characteristics are: 1) increased colonic motor activity resulting in colon spasticity; 2) psychologic stress; 3) diet (low residue/lactose intolerance). A highly variable complex of gastrointestinal symptoms include anorexia, nausea, vomiting, stercoraceous breath, flatus, cramps, and constipation or diarrhea. Clinical examination reveals variable general abdominal tenderness along the course of the colon. Laboratory studies are negative and lower GI studies commonly reveal altered gastrointestinal motility.

Nocturnal diarrhea, which awakens the patient from a sound sleep, is almost always a result of organic bowel disease.

Although shortwave diathermy may be used to relieve the distress of flatus and colonic hypermotility, care must be exercised not to apply this modality for a time period sufficient to cause inspissation of the fecal mass.

A controversial treatment procedure which this author has used with excellent results is the application of interferential current to the abdominal cavity. Two electrodes are placed just medial to the anterior superior iliac spine of the pelvic ilium. The second set of electrodes are placed on the medial aspect of the thigh, about 5 cm. caudal to the perineum. The electrodes are connected to the appropriate outlets of the stimulating source by which to achieve an interference pattern within the abdominal viscera. In order to release the abdominal viscera from sympathetic dominance, the parasympathetic pathways are stimulated with a beat frequency of 80-120 Hz. The intensity is increased until the patient perceives a prickling sensation described as uncomfortable, at which point the intensity is reduced to a point just below discomfort where it remains for 15 to 20 minutes. In this manner, parasympathetic dominance is restored.

An excellent understanding of the biophysics of interferential therapy is recommended prior to administering this procedure, and the diagnosis must be impeccably accurate.

Additionally, the tenants of clinical nutrition dictate a low fat dietary intake to avoid elaboration of cholecystokinin, which will enhance bowel motility, and the ingestion of hydrophilic mucilloid fiber (wheat/oat) to favorably influence the colonic intraluminal pressure. This author insists on the ingestion of at least six (preferably eight) eight ounce glasses of water during waking hours, each day.

If applied properly, this regimen has resulted in the resolution of symptoms and restoration of physiologic gastrointestinal function within a few weeks. IBS can be an intractable therapeutic

challenge.

References

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JANUARY 1992