

The Real Fact in Irritable Bowel Syndrome

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Abstract

The study aimed to demonstrate the missing role of colonic *Helicobacter pylori* strains in irritable bowel syndrome (IBS).

Irritable bowel syndrome (IBS) is a common condition that can have a significant impact on a person's psychology and quality of life. It is a chronic relapsing gastrointestinal disorder characterized by recurring abdominal pain or discomfort associated with disturbed bowel habit. The cause of IBS is still unclear and most patients report insufficient symptomatic relief in spite of treatment.

20 patients were selected with the worst symptoms of IBS and included the study. Existence of colonic *H. pylori* strains was confirmed by a specific test (*H. pylori* fecal antigen test). The senna leaves purge was employed for eradication of colonic *H. pylori* strains while colon care was maintained by vinegar therapy. Eradication of colonic *H. pylori* strains was confirmed by same specific test.

All patients were rendered negative for colonic *H. pylori* strains. All patients demonstrated dramatic relief of their symptoms of IBS.

H. pylori should be rendered into consideration in the etiologic pathology in most cases of IBS and natural eradication of colonic *H. pylori* strains should be an integral element in the management of IBS.

Keywords: *H. pylori*; Irritable Bowel Syndrome

Aim

Demonstration of a missing fact about the major role of abnormal-behavior colonic *Helicobacter pylori* strains in IBS

Introduction

Irritable bowel syndrome (IBS) is a common condition that can have significant impact on a person's quality of life. It is a chronic relapsing gastrointestinal disorder characterized by recurring abdominal pain or discomfort associated with disturbed bowel habit or both in the absence of structural abnormalities likely to account for these symptoms. It is a common disorder that affects 5-11% of the population in most countries. The cause of IBS is unknown but several mechanisms have been proposed including visceral hypersensitivity, central sensitization, abnormal gut motility and altered gut micro-flora. IBS is challenging to manage and many patients report insufficient symptomatic relief from treatment. It is one of the most common bowel diseases which seriously affects the quality of patient's life and consumes a considerable amount of medical resources. To date, there is no universally accepted method to effectively cure this disease. Most popular medicines, including antispasmodics, anti-diarrhea measures and laxatives only treat the symptoms of IBS and are therefore not ideal [1-3].

IBS is a disabling gastrointestinal problem that affects psychosocial function of a person as well as the quality of his life. IBS has been considered as a bio-psychosocial disorder that could result from the interaction of multiple systems including central nervous system, increased sensitivity of the intestine and psychological factors such as stressful life events. IBS patients often have more psychological disorders than healthy people. A substantial number of studies indicated that IBS patients have abnormal personality with higher anxiety-depression scores. Hence, several studies were conducted to evaluate the effectiveness of antidepressants on IBS [2-5].

Approximately 60% of patients identify food as a trigger for their symptoms and there has been interest in exclusion diets for managing IBS. Dietary adaptation is a common self-management strategy for patients with IBS, with many self-diagnosing intolerance

to specific foods. This may lead to patients adopting over-restrictive or inappropriate diets. In recent years, a diet low in poorly absorbed short-chain carbohydrates, known collectively as FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) has been advocated for the treatment of IBS [6].

Design and Settings

Prospective study done in Balghsoon Clinics in Jeddah, Saudi Arabia between October 2012 and May 2014.

Patients and Methods

Twenty patients were consecutively selected and included in the study so that they are suffering the worst symptoms of spastic colitis or IBS regardless of their age, body built or food habits and life style except those following regular medications for any other chronic illness. One patient was 70 years old who used to fast every other day because of his bowel disorders, but he was craving for a single meal of frayed eggs. Another patient was a private pilot; he was generally fit and free of any disease except his irritable bowel condition that was so severe to the extent that he was not able to sleep at night unless he is having an ice pack under his left flank which is very drastic. Another patient expressed that he is having long history of IBS as if himself and the bowel syndrome were born together. Another patient used to sleep at night on his right side with a warm water bag under him; he mentioned that he feels that his body is divided into two halves; a clear left side and abnormal sensation of the right side even for the hand touch, hearing

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Received August 22, 2015; Accepted November 09, 2015; Published November 11, 2015

Citation: Nasrat AM, Nasrat RM, Nasrat MM (2015) The Real Fact in Irritable Bowel Syndrome. Gen Med (Los Angel) 3: 213. doi:10.4172/2327-5146.1000213

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and vision. He used also to have migraine headache on the right side only. Existence of colonic *H. pylori* strains was confirmed by *H. pylori* fecal antigen test [7]. Natural eradication of colonic *H. pylori* strains was employed for all patients using the natural senna leaves pure, while colon care/colon clear was maintained by vinegar therapy [8,9]. Confirmation of *H. pylori* eradication from the colon was done using *H. pylori* fecal antigen test [7].

Results

All patients were positive for colonic *H. pylori* strains and they turned negative after employing the senna purge. All patients without exception became within 3-5 days free of any dyspeptic symptoms, abdominal cramps or distension regardless of the quality of their food. The patient's expressions were interesting and indicative; one patient said "spastic colitis, was it a big lie of whole my life!!", another patient said "I can not believe that I am able to have all frayed vegetables like frayed green pepper or frayed onion even frayed eggplant and everything frayed not only frayed eggs without developing distension and cramps". It is interesting to know that the patient who had different sensation of his two halves of the body has gained equal normal sensation of both sides, his right-sided migraine headache almost disappeared as he had only two mild attacks in 12 months follow up.

Ethical Consideration

An informed signed consent was taken from all patients; they were made aware about safety of the natural remedies employed for them. Although they were ready to try any new measure that could offer them comfortable solution for their problem; they were free to quit the study whenever they like. They were requested to gradually withdraw their colonic medications and they were allowed to lead their routine style of life except restriction of outside-home meals.

Discussion

In spite of the extensive scientific efforts and adequate therapeutic trials, the etiologic pathology of IBS is still unclear and patients remain in agony; [2,3] which could further indicate existence of a missing fact or a missed underlying pathology in this matter.

Food should be essentially innocent; it is the abuse of antibiotics or the antibiotic violence towards *H. pylori* which render the stomach bacterium panic in attitude escaping from the stomach to the colon upon every delicious meal which raises the appetite and increases the gastric acid secretion that terrifies the bacterium [10]. If the patient's comments in this study indicated that their symptoms of IBS had been eliminated; it means that it is the stomach bacterium which undergoes irritability not the colon as the senna purge eliminates the panic colonic *H. pylori* strains but not the colon. In turn, it is irritability of the bacterium which reflects its effect on the colon.

H. pylori could migrate or get forced to migrate to the colon; *H. pylori* in the colon will continue producing ammonia for a reason or no reason leading to accumulation of profuse amounts of ammonia, unopposed or buffered by any acidity. Ammonia is smooth muscle tonic; therefore, accumulation of profuse amounts of ammonia in the colon will interfere with the colonic function by causing multiple colonic spasms leading to cramps, distension and digestive upsets. These spasms are known to be so solid and resistant to all symptomatic measures[10]. In the current study, a high rectal spasm was detected by proctoscopy or sigmoidoscopy, while a high sigmoid and multiple colonic spasms were demonstrated by colonoscopy.

In this study and other studies, the effect of three times dilution of

the natural senna leaves extract and twenty times dilution of dietary white vinegar (acetic acid 6%) were found directly lethal to *H. pylori* culture media[8,9].

The senna purge kills and expels all migrated colonic *H. pylori* strains [10]. Dietary vinegar (acetic acid 6%) has been recently demonstrated as dramatic, effective and decisive solution for all the challenges and medical problems related to *H. pylori* including eradication and recurrence. The vinegar therapy is simply based on a definite pathophysiological principle offering in this way wonderful promises for many patients [11]. The complex nutritional requirements of *H. pylori* are achieved through its unique energy metabolism, which exhibits characteristic dislocation sites. These sites can be considered as targets that should attract any attempts to fight the organism [12]. As acetate is demonstrated as an end product among the metabolic pathway of *H. pylori*; this means that addition of acetic acid in the atmosphere around *H. pylori* could compromise the energy metabolism of *H. pylori*, or interfere with the organism's respiratory chain metabolism. This suggestion is supported by the fact that the major routes of generation of energy for *H. pylori* are via pyruvate and the activity of the pyruvate dehydrogenase complex is controlled by the rules of product inhibition and feedback regulation. It is further supported by the observation that addition of pyruvate to different solid culture media was found to inhibit bacterial growth, and this inhibition was attributed to accumulation of acetate and formate [11-13]. As the matter includes interference with the energy metabolism and the respiratory chain of *H. pylori*; an immediate paralysis of the bacterium can be considered with dramatic relief of patient's symptoms. The fast immediate influence of acetic acid on *H. pylori* gives no chance for the bacterium to resist the treatment with vinegar or to mutate and develop resistant strains.

As concerns the patient with different sensations of his two sides of the body, his condition was explained to him by the fact that he used to lie mainly over one side because of the warm water bag under him, owing to the colonic re-absorptive error because of the multiple colonic spasms; there should be retention of fluids from the colon into the body with hypostatic gravitation of these fluids towards the dependant side; these accumulated fluids in one side more than the other could account for that different sensation in his both sides of the body. Definitely that heterogeneous sensation should disappear after his colon got cleared.

Conclusion

H. pylori may be behind the real pathology in most cases of IBS as it is the stomach bacterium which undergoes irritability but not the colon or it is irritability of the bacterium which reflects its effect on the colon. Revision of the guidelines of IBS treatment may be needed and accurate redetermination of natural measures of *H. pylori* management for their wider practical employment is becoming mandatory and urgent in order to stop the chronic agony of IBS patients.

Acknowledgements

The study appreciates the facilities and time allowed by Balghsoon Clinics in Jeddah/Saudi Arabia. The continuous support offered by Abdul-Aziz Al-Sorayai Investment Company (ASIC) in Jeddah/Saudi Arabia, the scientific and emotional support of Dr Ahmed S. Balghsoon are extremely valued and appreciated.

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