

Probiotics for Irritable Bowel Syndrome (IBS)

The WLC approach to IBS recognizes its multi-factorial aspects. The specific support we offer is in terms of colonics, probiotic implants and probiotic oral supplements, the possible use of oxygenated magnesium and general dietary and lifestyle suggestions.

Here we consider the role of probiotics on a targeted basis.

Overview

IBS affects folk in the UK, in epidemic numbers - up to 20% of the population have it- with women twice as likely to be affected as men.

Common symptoms include bloating (IBS-B); constipation dominant (IBS-C); diarrhea dominant (IBS-D); Alternating constipation and diarrhea (IBS-A).

Whilst there is no clearly defined cause of IBS, many with the condition report that symptoms are exacerbated by dietary factors such as *wheat and dairy products*, [which are high in FODMAPs -Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols], and lifestyle factors such as *high stress levels*, as well as *an imbalance in good and bad bacteria*.

The role of probiotics

Several studies have documented the link between unbalanced gut microflora and IBS symptoms.

People with IBS often have the wrong proportions of gut flora. They have lower levels of beneficial gut bacteria e.g. Bifidobacterium species, and increased levels of gut pathogens e.g. Clostridium species.

Supplementing with a high quality probiotic may help reduce IBS symptoms in the following ways:

Promote Self-healing: Stimulate healing of the gut wall lining.

Bring in the good guys: Crowd out the available space for colonisation of pathogenic microorganisms (responsible for excess gas production and digestive discomfort).

Appropriate processing: Beneficial microflora help break down IBS -exacerbating foods.

Stress adaptogen effect: Healthy flora can play a part in modulating the enteric nervous system therefore reducing the impact of stress on the gut.

Probiotics have been shown, in a number of clinical trials, to help maintain gut health in those with [IBS](#)

IBS type-specific probiotics

Anyone with IBS using probiotics and colonics must first establish what type of IBS they have. Then they and their colon hydro therapist can include that understanding in design of their individualized treatment plan.

IBS (D) Diarrhea

Those with frequent bouts of diarrhoea (IBS-D) should consider the probiotic '*Saccharomyces boulardii* - a unique probiotic microorganism with over 50 years of research behind it.

S. boulardii is actually a yeast that supports bowel health (particularly in those with impaired gut health). We recommend a product with 5 billion live microorganisms per capsule, which we believe to be the best value *S. boulardii* supplement available in the UK.

It is also worth considering a bacterial probiotic to be taken alongside the *S. boulardii* as *S. boulardii* is transient (and will not colonise the digestive system with beneficial bacteria). The fact that it is non-transient does not detract from its (proven) therapeutic effects, but it does mean that it's worth having other probiotic bacteria that are stayers.

For its sticking power, and for daily use, we suggest a probiotic with *L. acidophilus* NCFM® to help maintain digestive health, immunity & energy. Each capsule provides **20 billion** live probiotic microorganisms.

IBS (C) constipation

For those with constipation (IBS-C) we recommend a specific probiotic strain called *Bifidobacterium lactis* BB-12®, believed to be the most researched strain of the whole family of 'Bifidobacteria'. This definitely helps improve gut health, and is indicated for those wishing to encourage more bowel movements. This product also contains the prebiotic Fructo-oligosaccharides (FOS), making it naturally high in fibre.

In one study, Intestinal transit time decreased significantly (a good thing) in the probiotic group (taking this strain of bacteria) by -40.9% compared to the control group which saw a decrease of just -13.8%.

IBS (B for Bloating)

For those for whom bloating is the primary problem, we recommend a 7-day course of probiotic supplement, which comes in sachets and is designed to help maintain gut health.

It contains *Lactococcus lactis* Rosell-1058; a strain which produces two specific enzymes to help with digestion of foods which often exacerbate bloating. α -glucosidase can help to digest starch (eg. bread, pasta), and β -galactosidase can help to digest lactose (eg. milk, ice cream). This product also contains *L. acidophilus* Rosell-52, which has been shown to reduce the negative effects of stress on the body, often a trigger in IBS.

IBS (A) alternating patterns

Those who have alternating constipation and diarrhoea could experiment with *Saccharomyces boulardii* and/or *Bifidobacterium lactis* BB-12®.

- Take each of these as and when desired; or
- Simply try a general daily probiotic such as *Lactobacillus acidophilus* NCFM® and *Bifidobacterium lactis* Bi-07, which have also been specifically trialled in those with IBS.

The reality is people with IBS will have very different gut floras from one another. Its definitely **not** a *one size fits all* condition.

With probiotics it is often a case of trial and error to find which species and strains work for the individuals system. It's important not stop too soon with probiotics.