



Some new facts on irritable bowel syndrome.

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ABSTRACT

Irritable bowel syndrome (IBS) is a common disorder that affects the large intestine (colon). Irritable bowel syndrome commonly causes cramping, abdominal pain, bloating, gas, diarrhea and constipation. IBS is a chronic condition that you will need to manage long term. Irritable bowel syndrome, is a disorder of the intestine that carries no structural lesions or pathophysiological explanations. Between 10 and 20% of the population in developed countries suffer from IBS, with almost 75% of those people reporting symptoms being female. While IBS is a widespread condition, only 20-30% of sufferers consult a doctor.

Key words: Irritable bowel syndrome (IBS), Intense vagal activity, Spastic segment.

INTRODUCTION

We deal with one of the disease that has evaded all efforts in the past to unfold its secrets, as a result of which a patient had benefited very little on the advice and treatment detailed out to him from time to time. Various authors have given different definitions from time to time. With a diseased liver most of the drugs prescribed turned out to be toxic and undesirable. Sometimes they are very toxic with side effects for which the drug must be banned. We shall discuss here the salient features of our studies since 1947 when we came across the first case. It took the author 65 years to find out that periodical attacks of a very severe nature was due to portal infection through an ulcer at the ileo-cecal junction in the cecum or in the ascending colon that became excessively tender and inflamed at times actively. After a few days the ulcer returned to a dormant state, tenderness disappears and the channel through which portal infection moves upwards gets blocked, at least for a short period with misfortunes coming to a sudden end. An intelligent micro-biologist pointed out that during the very active

stage of the disease, in the low power microscope, the bacterial count in the stool was very high, never found in good health. The disease and dysfunction of liver create all the woes when a segment of the colon had a partial healed ulcer of the past. A few cases are definitely ischemic with spasticity and functional periodical obstruction. We have given here a new explanation to all these facts in a scientific way to clear the confusion that haunts us. I have made it clear that closing the Gate is not an easy matter to deal with. Limiting the quantum of food to two meals a day with a small amount of non-residual diet, may sometimes succeed. One must restrain and never take frequent diets one after another to stimulate an uncalled for sudden peristalsis termed specially by the author as an "Ejection Phenomena". We also explained that this condition should not be confused with 'POOL diarrhea' which is actually a bacterial soup and stale food, lying dormant in the shape of a small quantity of bacterial emulsion, of the previous 2 days forcibly evacuated out when its liquid mass increases in volume and toxicity.^{7,8,9,10}

The word IBS came to the medical scientific use in 1950 though its occurrences were few and far between. Till then the condition was also known as Chronic colitis . The underlying mechanism was never understood by any clinician in the past, the question of Portal Infection was never thought of in IBS.^{1,2,3}

There was no progress till a colleague pathologist of mine pointed out the author that he was dealing with two different types of stools in the same patient, once the bacterial count was very high under low power which his friend pointed out as grossly abnormal while at other times of normal health it was far less so. Detail examination of the abdomen periodically for tenderness at the suspected site of ulcer in the cecum and aspiraton of bile through the Ryle's tube followed by examination of stool convinced him in July 15, 2013 that portal infection periodically was the real culprit. Auscultation of the cecum during an attack convinced him that infected food passing through that segment produces mild pain and discomfort never found in normal health in the same patient at other times.^{4,5,6} Minute and detail examinations periodically day and night on three or four cases for three years brought out all the truth regarding Portal infection and its periodical appearance by the middle of July 2013. Associated factors like mild hepatitis, loss of appetite and apathy convinced him that portal infection alone was the constant culprit each and every time of such short lived events when restriction of diet also restricts the duration and severity of portal infection. Moreover when the diet is non-residual or restricted to small amounts and long intervals between two adjacent meals portal infection can be curbed or terminated for the time being. Of course fulminant infections in the gut are difficult to control when bile is heavily infected and need one or more drugs to control the same, like metronidazole 400 tds.

The past history of IBS has passed through many stormy events due to fulminant infection inside the gut. There has been a lot of confusion among clinicians as to how and why some symptoms appear and then disappear without any trace and without any reason. It is of course ridiculous to think that those abnormal symptoms will only appear in persons with a psychosomatic trait. In that case we shall have to believe that dysenteric ulcers in the gut are prone to develop only in the psychosomatic state, which he had inherited in the past and not otherwise. We have found that these persons take food more than three

times a day when their liver cannot cope with heavy meals or fatty food unfit for the particular person both in quality and quantity, while a lot of half digested food stagnates in the gut for lack of bile and pancreatic juice that are heavily infected, thus allowing various bacteria to proliferate and generate some amines and chemicals to circulate in the blood and generate bizarre symptoms of intolerance. So much so that one of my patients found it imperative to drive a car or a motor cycle at a far higher speed than normal imperiling his life and safety limits on the road. Behind all this Portal infection was the real cause the abnormal state and duration of that state due to liver disease and stagnation of food inside the gut that was unfit for assimilation and utility. Lack of Hydrochloric acid in the stomach should be investigated and food acidified with lemon juice or vinegar in cut tomatoes encouraged to prevent destruction of taken HCl by some alkaline food materials. Many of my patients use the following meals daily twice as a routine. :-

1. 2 to 4 toasts very lightly baked to partly dehydrate it for digestion. Some take only one.
2. Fish curry with gravy sweetened by tomato sauce, 30-50 grms. fish once.
3. Half cup non-fat yogurt, corn flakes and sugar, a lot of it. 2-3 tsp.
4. A cup of boiled potatoes with spinach, tomatoes with lentil or corn soup

Two such meals a day with some sweet fruit juice.

5. Fermented Bengal gram (Black gram) balls fried and ropped into salted yogurt.

Key Words:--Ulcer cecum; "Gate Theory"; Right Hemicolectomy; Bacterial count in the low power of microscope; Infection of the portal ducts and portal vein; attacks of acute IBS periodically; infection of bile and pancreatic juice; liver function and liver damage. ; 'Ejection phenomena' when a forceful bowel movement and diarrhea occur just after a normal meal; spasm of a small segment in the colon just distal to the ulcer; ischemia of a segment of colon, achlorhydria, Heidelberg pH capsules to swallow to estimate gastric pH on the radio monitor outside body, "Pool" diarrhea.^{11,12,13,14}

IS IT A PSYCHOSOMATIC DISEASE ?

See what some clinicians said about it since a long time earlier. Open up the internet and read some chapters, which are not clearly convincing and are incorrect. Many

people with irritable bowel syndrome do suffer frequently and intensely from anxiety or depression, some people believe IBS to be a purely psychological disorder. In reality, irritable bowel syndrome stems from a breakdown in the interactions between the central nervous system and the nervous system of the bowels due to reaction of various chemicals and amines that circulate in the body, these chemicals being produced by the intestinal bacteria in massive quantities periodically, only from the stale nutrients absorbed from the gut along with toxic chemicals that those bacteria generate. Gradually the body adjusts and fails to react to those toxins and chemicals after some months or years depending on the degree and virulence of infecting bacteria. This can be ameliorated by frequent heavy doses of Metronidazole(M-400) for experimental purposes only to prove my theory here. Previously I had named it Pseudo-Botulism of IBS. Irritable Bowel Syndrome is or is not a disease? Is it a functional disorder, named in Internet which means that the bowel simply does not work as it should. Irritable Bowel syndrome was characterized as a "brain-gut dysfunction". We have to drop these.

It is difficult to understand how amoebic dysentery can bring in a psychopathic state in a patient when some one in the past also branded these patients to have 'Gene' defects. These are all wrong ideas that ruled the medical practitioners for over 70 years in the past. And now some people do not want to give up all the previous ideas and various terms of their own imagination.^{15,16,17}

However one must understand that:—

(a). This abnormal state occurs periodically at the end of the digestion when the patient is suffering from fulminant portal bacteremia with infected bile and the entire gut filled with various amines and chemicals generated by a host of foreign organisms that have now multiplied inside the gut and also in the portal vein, bile and liver.

(b). M-400 with an added antibiotic orally will successfully prevent such a mental state if food intake is restricted to one's capacity and overeating prevented with a non-residual nutritious diet.

(c). Foods that are quickly digested and never stagnate for a long time in the gut will successfully prevent such attacks and portal infection.

(d). Such a condition will never occur when portal bacteremia is absent during all those intervals when the

all. Watch carefully for 3 years before deciding on resection of a small segment as advised.^{24,25,26,27}

disease is in the interval of a quiet state with normal digestion.

(e). Smaller amounts of non-residual foods will never generate such a psychic state when carefully spaced to prevent stagnation in the gut. This is a very important fact.

In the end I would like to state that stagnation of infected food generate various chemicals and amines that are absorbed into the blood through the portal vein into the general circulation while the diseased liver is unable to detoxicate these chemicals.

IBS is DEFINED as the aftermath of a severe dysentery infection that opens up periodically a "Gate" from inside the gut, for the infection to spread into the portal system, the liver and the biliary tract with reactions in different parts of the body, for a length of time. The infecting agents are the colon bacteria and their metabolic products. The cause and mechanism of this amazing disease was misunderstood for over seventy years or more in the past, primarily due to reactions of the human body to various different chemical agents including the hyaluronidase, produced only by amoeba which is its sole armor. This highly diffusible enzyme is powerful enough to attack a tissue where the cells are held together in an orderly fashion by delicate intercellular fibrous tissue cells. Hydase passes and diffuses out in between the cells that dissolves this fibrous matrix. Shower of cells drop down below into the inflammatory fluid when they lose their supportive tissues that held them together and starves them to death due to lack of nutrition. Most likely it is Hydase opens up a Gate and a path the same way it moves up. One must estimate the pH of HCl in stomach by Fractional Test Meal or swallow a Heidelberg pH capsule with a Radio-monitor outside the abdomen to measure it, periodically. Before taking HCl take a few cut tomatoes in vinegar to neutralize all alkali foods and make it faintly acidic. Then only take N/10 HCl 2-6 ml, adding 60 ml water to it at the end.^{18,19,20,21,22,23}

WHAT DOES A SPASTIC SEGMENT INDICATE ?

A physician explains it as "Intense vagal activity" and slower heart-rate but it is actually the beginning of an Ischaemic Segment. Mostly this segment is confined to the right side, proximal half of colon. Powerful drugs like Buscopan or Antrenyl can give a temporary relief, if at

5. There are devices which test the sufficiency of oxygen delivery to the colon. The first device approved by the U.S. FDA in 2004 uses visible light. Ischemic colitis has a distinctive endoscopic appearance; endoscopy can also facilitate alternate diagnosis such as infection or inflammatory bowel disease. Spectroscopy will help to analyze capillaries. Endoscopic exam. via colonoscopy or flexible sigmoidoscopy, is the procedure of choice. Biopsies can be taken via endoscopy to provide more information. Visible light

spectroscopy, performed using catheters placed through the 5 mm channel of the endoscope, is diagnostic of artery oxygen levels. The palor of a segment of colon and its inability to function as a conveyer. with persistent rigidity and functional obstruction always indicate that the particular segment of the colon is a definite misfit for normal health.

6. There are some rare conditions not related to IBS

Acute partial Budd-Chiari syndrome, cytomegalovirus infection as a cause of acute portal vein thrombosis. Fusobacterium necrophorum infection

Primary sclerosing cholangitis. Pulmonary embolism and portal vein thrombosis, Infection pylephlebitis of portal vein, primary biliary cirrhosis.

Since 1947 I had been treating IBS empirically in small numbers as most cases go to physicians but my observation was long in each case and a thorough palpation of the periodic lump in the cecum, waxing and waning. Very tender and bigger periodically with gross infection they seemed to me abnormal. In 1972-73 I read how John Goligher had resected and cured some cases of localized ulcers of a small segment of the colon and cured them. Now I must follow the same path in some three cases and a fourth one by performing Right Hemicolectomy in 1973 which was very simple and safe and waited for biopsy reports. The ulcers were ghastly indurated with a simple ulcer but gross base infiltration, palor and fixity never to heal in future. I stopped further as waited as I was in ill health. Two of my students were deputed to Leeds to meet Goligher and discuss my latest subject. He invited me again in 1978 when he had retired but due to some constraints I could not go out. He fed my messengers Bengal gram lentil fermented balls in curd and whey (Daw-e-baw-da in Hindi) as a great Indian food. I waited to watch further when in July 2013 I announced the Portal Infection theory of my own and advised some to do an ERCP in some cases of IBS and collect some bile in a retrograde canula through the Ampula of Vater to establish my theory. Four of my operated cases were above 60 where IBS had disappeared forever but the liver damage is recovering very slowly. Some food restriction is of their own choice and I have to give them only Pancreatic enzymes and fruit juices. In three of them the distal part of the colon was very pale and fibrous due likely to Ischemia.

We have just started a new experiment with Tinidazole-500 instead of Metronidazole-400 in future. The first tablet of T-500 was given 10 days ago when there was marked tenderness of Cecum and Ascending colon lower part. All went well for 10 days and previous pain cecum and lower half ascending colon came back 10th day evening. On 10th night we gave a second tablet of T-500 which worked wonders with increased urine secretion and disappearance of all pain much better than due to M-400 of previous occasions. This research will be continued with only T-500 now and no more with M-400 in the future for about 3-4 months when we shall publish again.

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