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New facts on irritable bowel syndrome. part III.

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ABSTRACT

SIBO, (Small intestine bacterial overgrowth) is an increase in the number of bacteria or a change Past discovery on the Causes of IBS had stated that there is overgrowth in the type of Irritable Bowel Syndrome is an ailment that effects more than ten percent of the general population in many countries world wide. We present here one of the most important discovery in the History of Medicine in the 20th and 21st century that affects the fate and future of over 60 million people ravaged by false notions and promises of the past. The present study was planned sometime in 1948 when some cases were taken up for observation and treatment. At this time every physician were very confused and they all named it as Chronic colitis.

Keywords: Irritable bowel syndrome, Ulcer cecum, Gate Theory, Right Hemi-colectomy.

INTRODUCTON

We present here one of the most important discovery in the History of Medicine in the 20th and 21st century that affects the fate and future of over 60 million people ravaged by false notions and promises of the past. The present study was planned sometime in 1948 when some cases were taken up for observation and treatment. At this time every physician were very confused and they all named it as Chronic colitis. As nothing new came out for years and years every one lost interest in it till 1970 when the author revised his interest and study as the number of IBS patients became bigger and bigger for whom he had to think out something new. In some he discovered that during an attack the cecum was very tender,due to some mysterious inflammation periodically once or twice a month. In the low power of the microscope the stool was full of bacteria and pathologists considered all this very abnormal during an attack. He followed some 15 to 20 patients closely for a number of years almost once or twice a week. He read an article of John Goligher who had resected a segment of colon for localized ulcerations. The author followed him to perform right hemi-colectomy in 4 patients who were frequently having attacks once or twice a month . The result was a miraculous one and the attack stopped and the liver function improved very slowly if at all. The subject matter was suspended and no further action could be taken for years and years.

On the first of August 2013 the author theorized after some discussion with a micro-pathologist that the ulcer in the cecum was allowing all bacteria in the gut to go vein and infect the liver and the pancreatic juice. He published in a small book about his “Gate Theory” and aspiration of bile through the Ryle’s tube occasionally proved the fact and the theory he had proposed earlier. Only now he was convinced that he had stumbled upon the true cause of IBS from the four of his earlier patients and another six later, only three of whom he had followed for a long time after the operation. When one opened the Internet it was found that the study carried out by some half a dozen institutions had ended in many wrong conclusions never to be entertained in the future. It was clear that they failed to examine systematically

each and every patient in a scientific manner. The Nationa; Institute of Health U.S.A. in 2006 spent $ 18.6 million in 56 grants for the study of IBS which failed to produce any valuable data or find out the real scientific cause as given in the Internet. This is the beginning of our story.

SIBO, (Small intestine bacterial overgrowth) is an increase in the number of bacteria or a change Past discovery on the Causes of IBS had stated that there is overgrowth in the type of Irritable Bowel Syndrome is an ailment that effects more than ten percent of the general population in many countries world wide. To get a precise idea please read each of the main articles in the internet where a clear description is available from the different organizations including the Wikipedia and others.

Genetics

Whether IBS has a genetic cause, meaning it runs in families, is unclear. Studies have shown that IBS is more common in people with family members who have a history of GI problems. However, the cause could be environmental or the result of heightened awareness of GI symptoms. Such unfortunate theories flourished since a long time.

Postulated etiologies of irritable bowel syndrome

Abnormal transit profiles and an enhanced perception of normal motility may exist. Up to one third of patients with irritable bowel syndrome may have altered colonic transit. Delayed colonic motility may New Discovery on the Causes of IBS. be more common in patients with constipation-predominant irritable bowel syndrome than in healthy controls. Similarly, accelerated colonic transit may be more common in patients with diarrhea-predominant disease than in healthy controls. **Local histamine sensitization** of the afferent neuron causing earlier depolarization may occur. Irritable bowel syndrome is a chronic relapsing disorder characterized by recurrent symptoms of variable severity; however, life expectancy remains similar to that of the general population. Clinicians must be forthcoming with patients because knowledge may help allay undue fears as their disease waxes and wanes. Irritable bowel syndrome does not increase the mortality or the risk of inflammatory bowel disease or cancer. Patients with IBS may carry an increased **risk of ectopic pregnancy and miscarriage**, but not stillbirth. The reasons for this are unknown. Whether the risk increases because of the irritable bowel syndrome itself, or because of another factor such as medications used for IBS, is also unknown. The principal associated physical morbidities of irritable bowel syndrome include abdominal pain and lifestyle modifications secondary to altered bowel habits and work absenteeism resulting in **lost wages**.

Nocturnal symptoms: Anorexia or weight loss. **Fever :** Rectal bleeding:—Painless diarrhea:—**Steatorrhea**:—**Lactose and/or fructose intolerance:—Gluten intolerance**. Here is another observation—Everyday Health "Diagnosing and Managing IBS" (08/20/13) by Dr. Sanjay Gupta. Everyday Health "Managing IBS as a Family" (07/11/13) by Krisha McCoy Maclean's "**The brain-gut connection**, Treatments usually prescribed for mental illness are now being used for physical pain" (11/17/08) by Cathy Gulli,

Theories of the cause of IBS include abnormal **input** from intestinal sensory nerves, **abnormal processing of input** from the sensory nerves, and **abnormal stimulation** of the intestines by the motor nerves. The primary symptoms of IBS are constipation, diarrhea, and abdominal pain. Secondary symptoms include abnormal passage of stool, abnormal form of stool, increased amounts of mucus in the stool, and a subjective feeling of abdominal distention **(bloating**). IBS is diagnosed on the basis of typical symptoms (Rome Criteria) and the absence of other intestinal and non-intestinal diseases that may give rise to the symptoms. Testing in IBS is directed primarily at excluding the presence of other intestinal diseases and non-intestinal diseases. Treatment of IBS consists primarily of medications to control constipation, diarrhea, and abdominal pain. Anti-depressant medication and psychological treatments also may be used. It is not clear if dietary alterations have much effect on the symptoms of IBS except for increases New Discovery on the Causes of IBS in dietary fiber, which may improve constipation. Although it has been hypothesized that IBS may be caused by intestinal b acteria, specifically by small intestinal bacterial overgrowth, there is little rigorous scientific support for the hypothesis. On the other hand, there are a limited number of rigorous scientific studies demonstrating that probiotics and antibiotics improve the symptoms of IBS .Future advances in the treatment of IBS depend on a clearer understanding of its cause(s). What is meant by the term, functional, is that either the muscles of the organs or the nerves that control the organs are not working normally, and, as a result, the organs do

not function normally. The nerves that control the organs include not only the nerves that lie within the muscles of the organs but also the nerves of the spinal cord and brain to which they are connected. Some gastrointestinal diseases can be seen and diagnosed with the naked eye, such as ulcers of the stomach when visualized by certain methods. Thus, ulcers can be seen at surgery, on Xrays, and at endoscopy. Other diseases cannot be seen with the naked eye but can be seen and diagnosed under the microscope. For example, celiac disease and **collagenous colitis** are diagnosed by microscopic examination of biopsies of the small intestine and colon, respectively. In contrast, gastrointestinal functional diseases cannot be seen with the naked eye or with the microscope. In some instances, the abnormal function can be demonstrated by tests, for example, gastric emptying studies or **antro-duodenal motility studies**. However, these tests often are complex, are not widely available, and do not reliably detect the functional abnormalities. Accordingly, by default, functional gastro-intestinal diseases are those involving the abnormal function of gastro-intestinal organs in which abnormalities cannot be seen in the organs with either the naked eye or the microscope. Occasionally, diseases that are thought to be functional are found to be associated with abnormalities that can be seen. Then, the disease moves out of the functional category. An example of this is Helicobacter pylori infection of the stomach. Many patients with mild upper intestinal symptoms who were thought to have "functional" abnormal function of the stomach or intestines have been found to have an infection of the stomach with Helicobacter pylori. This infection can be diagnosed by seeing the bacterium and the inflammation (gastritis) it causes under the microscope. When the patients are treated with antibiotics, the Helicobacter pylori, gastritis, and symptoms disappear. Thus, recognition of Helicobacter pylori infection removed some patients' diseases from the functional category. The distinction between functional disease and nonfunctional disease may, in fact, be blurry. New Discovery on the Causes of IBS probably have associated biochemical or molecular abnormalities that ultimately will be able to be measured. For example, functional diseases of the stomach and intestines may be shown ultimately to be caused by reduced levels of normal chemicals within the gastro-intestinal organs, the spinal cord, or the brain. Should a disease that is demonstrated to be due to a reduced chemical still be considered a functional disease? I think not. In this theoretical situation, we can't see the abnormality with the naked eye or the microscope, but we can measure it. If we can measure an associated or causative abnormality, the disease probably should no longer be considered functional. Despite the shortcomings of the term functional, the concept of a functional abnormality is useful for approaching many of the symptoms originating from the muscular organs of the gastrointestinal tract. This concept applies particularly to those symptoms for which there are no associated abnormalities that can be seen with the naked eye or the microscope. While IBS is a major functional disease, it is important to mention a second major functional disease referred to as dyspepsia, or functional dyspepsia. The symptoms of dyspepsia are thought to originate from the upper gastrointestinal tract; the esophagus, stomach, and duodenum (the first part of the small intestine). The symptoms include upper abdominal discomfort, bloating (the subjective sense of abdominal fullness without objective distension), or objective distension (swelling, or enlargement). The symptoms may or may not be related to meals. There may be nausea with or without vomiting and early satiety (a sense of fullness) after eating only a small amount of food). IBS is very common. It affects about twice as many women as men and is most often found in people younger than 45 years. No one knows the exact cause of IBS. There is no specific test for it. Your doctor may run tests to be sure you don't have other diseases. These tests may include stool sampling tests, blood tests, and x-rays. Your doctor may also do a test called a **sigmoidoscopy or colonoscopy**. Most people diagnosed with IBS can control their symptoms with diet, **stress management**, etc. Treatment : IBS Treatment Options(International Foundation for Functional Gastro-intestinal Disorders). Medications (for IBS)Video(International Foundation for Functional Gastro-intestinal Disorders). Psychological Treatment (International Foundation for Functional Gastro-intestinal Disorders)..

Hypnosis for IBS(International Foundation for Functional Gastro-intestinal Disorders). Irritable Bowel Syndrome and Complementary Health Practices from the National Institutes of Health(National Center for Complementary and Alternative Medicine). Oral Probiotics—From the National Institutes of Health(National Center for Complementary and Alternative Medicine.

You may have mucus in your stools. You may find the painful stomach cramps of IBS ease after going to the toilet and opening your bowels. What causes IBS? The exact cause of IBS is unknown, but most experts agree it's related to an increased sensitivity of the entire gut, which can occasionally be linked to a prior food-related illness. This may be caused by a change in your body's ability to move food through your digestive system, or may be due to you becoming more sensitive to pain from your gut. Psychological factors such as **stress** may also play a part in IBS. Read more about the causes of IBS. Most of the above are meaningless presumptions due to total ignorance and a failure of a systemic examination of the patient..All these were due to lack of proper systemic examinations in detail.

The exact cause of IBS is unknown, but most experts agree it's related to an increased sensitivity of the entire gut, which can occasionally be linked to a prior food-related illness. This may be caused by a change in your body's ability to move food through your digestive system, or may be due to you becoming more sensitive to pain from your gut. Psychological factors such as **stress** may also play a part in IBS. Read more about the causes of IBS. Most of the above are meaningless presumptions due to total ignorance. When to see your GP. Visit your GP if you think you have IBS. They will want to rule out other illnesses, such as an infection, celiac disease (a digestive condition where a person has an adverse reaction to gluten) or chronic inflammation of the gut. They will ask about your symptoms and whether there is a pattern to them – for example, if they tend to come on when you are under more stress than usual or after eating certain foods. Your GP may suggest you keep a food diary to see whether your diet affects your symptoms. Further tests will only be needed if you have certain "red-flag" symptoms that indicate you may have another serious condition. These symptoms include:-**unexplained weight loss**.

Mayo Clinic

Wellness Solutions for Irritable Bowel Syndrome. Control irritable bowel syndrome with a blend of today's best conventional and alternative therapies. Mayo Clinic, one of the world's top medical centers, and **Gaiam**, the alternative health and wellness experts, have teamed up to bring you this integrated health action plan designed specifically to help you take control over irritable bowel syndrome. This three-step action plan can help you take greater control over your condition.. 1::. – Start with understanding your condition. In this opening segment of the video, you'll meet Mayo Clinic doctors who share the latest medical knowledge about irritable bowel syndrome, what causes it, specific triggers that can produce painful flare-ups, and strategies for managing the condition through a combination of conventional and alternative therapies.

2. Eat well to feel better. That's the message in the second part of our action plan. You'll meet Donald Hensrud, M.D., a Mayo Clinic expert on diet and nutrition. Dr. Hensrud will take you grocery shopping, sharing his insights on how to shop smart and select everyday foods you and your family can enjoy while at the same time promoting better health. You'll also meet a Mayo Clinic dietitian who explains practical, easy food choices that promote weight loss and good digestion, which can help in managing irritable bowel syndrome. Basic approach to the main problem iwhich foods to eat and which ones to avoid. All these tall talks have no basic values because eating insoluble carbohydrates in excess was erroneous and faulty with improper examination.

Treatment : The goal of treatment is to relieve symptoms. Lifestyle changes can help in some cases of IBS. For example, regular exercise and improved sleep habits may reduce anxiety and help relieve bowel symptoms. Dietary changes can be helpful. However, no specific diet can be recommended for IBS, because the condition differs from one person to another.—The following changes may help:—Avoid foods and drinks that stimulate the intestines (such as caffeine, tea, or colas).Avoid large meals. Increase fiber in the diet (this may improve constipation but make bloating worse). Talk with your doctor before taking over-the-counter medications. No one medication will work for everyone. Medications your doctor might try include:—Anticholinergic medications (dicyclomine, propantheline, belladonna, and hyoscyamine) taken about a half-hour before eating to control intestinal muscle spasms.Bisacodyl to treat constipation. Loperamide to treat diarrhea. Low doses of tricyclic antidepressants to help relieve intestinal pain .Lubiprostone for constipation symptoms. Rifaximin, an antibiotic therapy may help in cases of severe anxiety or depression….Expectations (prognosis):—Irritable bowel syndrome may be a lifelong condition. For some people, symptoms are disabling and reduce the ability to work, travel, and attend social events. Symptoms drugs cannot

be used as they are mostly toxic in IBS. Moreover the opinion given is uncalled for when one fails to locate the "Gate" WE SHOULD NOW END OUR COLLECTION and here which we must improve. The facts given earlier contradicts one another. All these are embarrassing stories of past when no one understood the underlying cause and effect. Time has come that we forget the past mistakes and utterances. If I go on presenting more of such collections, they will make us mad, as if the life of a patient has come to an end, and we have come there to pay the homage. On the first of August 2013 I collected a set of my New Discovery on the causes of IBS, new ideas that were most important in IBS. Here is the one of them from the author's book book:—Recent Advances in clinical studies of Irritable Bowel Syndrome. Millions of clinicians who perpetually examined the IBS patients world-wide year after year ,month after month and day after day in a casual manner to generate new theories from different experimental studies and vainly locate afferent sensory nerves called **center of rhythmic activity** to generate spasm and pain. There after the so called "intrinsic activity" of the intestine was blamed to bypass all criticisms. Then "Gut **specific anti-intrinsic activity**" of the intestine **-muscarinic activity**" was generated out of imagination and **"Rectal hyperalgesia**" theory brought forward to support something or the other argument. Rome, Paris and London criteria were possibly invented to help the diagnosis and method of evaluation of different perplexing signs and symptoms without adding an inch of benefit to the suffering six hundred million patients world-wide who never benefited out of all the confusions. If some one would have palpated the tender ulcer in the abdomen , the Rome criteria could **NOT** have taken its birth at that time. Signs and symptoms of the disease was completely ignored repeatedly. More importance was given to vague complaints, weight loss or bloody stools. You have abnormal blood tests (such as a low blood count). Other disorders that can cause similar symptoms include: Celiac disease, Colon cancer (cancer rarely causes typical IBS symptoms, unless symptoms such as weight loss, blood in the stools, or abnormal blood tests are also present), Crohn's disease or ulcerative colitis.

Treatment

The goal of treatment is to relieve symptoms .Lifestyle changes can help in some cases of IBS. For example, regular exercise and improved sleep habits may reduce anxiety and help relieve bowel symptoms. Dietary changes can be helpful. However, no specific diet can be recommended for IBS, because the condition differs from one person to another. In liver disease with constant biliary affection too many drugs will make every thing worse in life. Twenty percent of the affected died their natural death in old age and simultaneously 20 percent new cases were recruited from "new grown up adults" world-wide to fill the gaps and widen the area of confusion to its climax without briefing all those clinicians to re-examine the stool at various periods in low power microscope during an active attack and compare the same when the patient is symptom free. Neither they palpated nor auscultated the abdomen nor collected the bile, at least once !. All the master clinicians delivered sermons and tortured them with one or the other drug whole life. without examination of the patient and his stool.

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 out into the portal system, the liver and the biliary tract with reactions in different areas of the body, for a length of time. The infecting agents are the colon bacteria and their metabolic products. The sole arm and ammunition of amoeba is the HYALURONIDASE that has played as eternal havoc in the past with which it spreads, and devastates all around and opens up a 'Gate'. The goal of treatment is to relieve symptoms. Lifestyle changes can help in some cases of IBS. For example, regular exercise and improved sleep habits may reduce anxiety and help relieve bowel symptoms. Dietary changes can be helpful. However, no specific diet can be recommended for IBS, because the condition differs from one person to another.—The following changes may help:—Avoid foods and drinks that stimulate the intestines (such as caffeine, tea, or colas. The opinion given is uncalled for when one fails to locate the"Gate". .In fact all these foods and drinks are not so harmfull or dangerous. ***WE SHOULD NOW END OUR COLLECTION which are but embarrassing stories of the past when no one understood the underlying cause and effect. Time has come that we forget the past mistakes and utterances. If I go on presenting more of such collections ,they will make us mad, as if the life of a patient has come to an end, and we have come there to pay the homage. On the first of August 2013 I collected a set of my New Discovery on the Causes of IBS New ideas that were most important in

IBS. Here is the one of them from my book:—Recent Advances in clinical studies on Irritable Bowel Syndrome. This was widely distributed to over 300 places world-wide by E mail as mentioned earlier. By now it should have reached every one on earth. 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 .None of those who received my message have noted the contents seriously as worth something that should bring back senses ! Millions of clinicians who perpetually examined the IBS patients world-wide year after year, month after month and vainly tried to locate afferent sensory nerves called center of rhythmic activity. There after the so called "intrinsic message" was amplified. More confusion, one after another. pervaded all magazines and textbooks. The primary ulcer in the colon was opening or closing its Gate" periodically and infect the bile, the pancreatic juice and forming many **stagnant "pools**" of liquid inside the large gut, in anaerobic conditions. Generating amines and ptomaine like substances inside the gut, the patient was falsely branded as a 'Psycopath' because these two act on the cerebral cortex.. Achlorhydria in some cases of IBS created very serious problems which were not easy to deal with, since that condition remains undetected for a long time creating failure of protein digestion, periodic diarrhea, loss of hunger pain and weakness. Invariably there is a Helicobacter infection. The source of infection cannot be detected nor prevented in future. The patient after a Fractional Test Meal test must take 10-15 drops of N/10 Hydrochloric acid with each meal diluted with 80-100 ml of water just after each meal whole life. You may not take any medicine for this infection. Usually there is an auto cure if dilute HCl is taken regularly for deficiency. I discovered this fact in 2003 and published in my book that year. Consult seventh edition of my book on IBS published in 2010; page 79 for more facts in detail. It should be borne in ones mind that sour rice with yogurt is essential in maintaining acidity of stomach as also vinegar or lemon juice with cut tomatoes in each meal. Earlier they are classified under Campylobacter wrongly but they are now put under Helicobacter. One can exterminate Helicobacter by regular intake of HCl and not any other acid. The weaker acids with tomatoes are taken first to preserve the integrity of HCl that must be taken later and utilized for defense against many selective bacteria and protein digestion. This acid is the basic defense against Helicobacter. the nature has provided for all of us. This book deals with infection through an ulcer at the ileo-caecal junction in the cecum that became excessively TENDER WITH THE INFLAMMATION. After a few days the ulcer returned to a dormant state, tenderness disappears and the channel through which portal infection moves upwards gets blocked, with all misfortunes coming to a sudden end at least for the time being. 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 EXCEPTIONALLY HIGH. This book deals 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 turn out to be toxic and undesirable. Sometimes they have toxic side effects. New Discovery on the Causes of IBS for which the drug must be discontinued. We shall discuss here the salient features of our studies since 1947 when we came across the first case. It took me several years to find out that periodical attacks of a very severe nature was due to portal infection, never found in good health. The disease and dysfunction of liver create all the woes when a segment of the colon had a healed ulcer of the past. **A few** cases are definitely ischemic with spasticity and functional obstruction. We have given here a new explanation to all these facts in a scientific way to clear the confusion that haunts the whole world. Another ailment that troubles is skin infection through normal itching of skin in a healthy person. One must immediately apply a drop of salicylic acid with cortisone that remain wet for a minute or so. Mostly seen on skin over ischial tuberosity or face and neck. MESSAGE No. Eight (8) : 21st October 2013 sent world-wide, to be distributed to all Gastro-enterology departments about I.B.S, its cause and management. Earlier we had curtailed nearly all complex insoluble carbohydrates and some selective proteins because they are readily infected before they are absorbed giving no energy benefits to each patient. Remember that more than two million medical personnel examined over six hundred million IBS patients through out the world several times again and again all through their life time (15 to 30 times) in a brief casual manner to generate the greatest "Fete and Fiasco" in the medical history , that has yet to be counter-acted and cancelled for

posterity. In July 2013 I had circulated that it is all DUE TO 'Portal Infection' but that message has been blocked and never circulated. This is just a sordid history of the past 70 years. The usual food prescribed on the earlier chapter was formulated after careful consideration of the "Gate Theory" and the meager amount of food that an elderly person needs daily. This book deals with infection through an ulcer at the ileo-caecal junction in the cecum that became excessively TENDER AND SENSITIVE WITH INFLAMMATION. After a few days the ulcer returned to a dormant state, tenderness disappears and the channel through which portal infection moves upwards gets blocked, with all misfortunes coming to a sudden end at least for the time being. An intelligent micro-biologist pointed outthat during the very active stage of the disease, in the LOW POWER MICROSCOPE, THE BACTERIAL COUNT IN THE STOOL WAS EXCEPTIONALLY HIGH. This fact deals 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. periodically active ulcer SHOULD AROUSE SUSPICION OF "**ISCHEMIA**" OF A SMALL SEGMENT OF THE COLON PARTICULARLY IF THERE EXISTS A SPASTIC SEGMENT JUST BEYOND THE ULCER, WHICH MAY LATER BE PERMANENT IN NATURE, APPEARING AND DISAPPEARING AT INTERVALS. Frank ischemia does not appear at first in the beginning. It takes time to establish itself after some months of repeated attacks of spasm. Bright red blood melena associated with severe spasm may be the only first warning. A second melena is extremely rare. Right half of the colon is the most common segment affected as pointed out earlier.

CAN PORTAL BACTERAEMIA OCCUR IN DYSENTERY WITHOUT A DEFINITE "GATE" ? This is **NEVER** possible because an intact gut mucosa will never permit it. Some authors have failed to detect an ulcer. This detection is never possible in between two attacks when the ulcer is minimal and functionless with the patient's health normal and intact. **What does a spastic segment indicate** ? A physician explains it as "INTENSE VAGAL ACTIVITY" and slower segment heart-rate but it is often the beginning of an **Ischemic Segment**. Mostly this segment is confined to the right side, ascending colon. Powerful drugs like Buscopan or Antrenyl can give a temporary relief. Watch carefully for 3 years before deciding on resection of a small segment as advised earlier. I resected only 10 cases about 40 years ago with amazing results. following the same reason as advocated for gross segmental ulceration of colon by Goligher. 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 evaluation, via colonoscopy or flexible sigmoidoscopy, is the procedure. New Discovery on the Causes of IBS of choice. Biopsies can be taken via endoscopy to provide more information. But this is never necessary. Visible light spectroscopy, performed using catheters placed through the 5 mm channel of the endoscope, is diagnostic of artery oxygen levels. The pale segment of the 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, We have discussed all that carefully in volume one earlier in detail. as ULCER IN THE COLON : As given in literature, a colon ulcer is a gaping sore in the lining of the colon; it may be accompanied by inflammation of the colon wall mostly periodically now and then. There are three types of colon ulcer ailments, each distinguished by its location. If the hole or inflammation is restricted to the left side of the colon, the condition is called distal colitis. **Ulcerative proctitis** is the name for ulcers and swelling located in the distal lower colon; this inflammation often extends to the rectum when the entire colon is covered . Often the image displays the rectum with a ulcerated polypoide like "flask shaped" and several tiny ulcers.: Entamoeba Transmission is fecal-oral and is remarkable for the small number of organisms that may cause disease (10 ingested organisms cause illness in 10% of volunteers, and 500 organisms cause disease in 50% of volunteers). Shigella bacteria invade the intestinal mucosal cells but do not usually go beyond the lamina propria. Dysentery is caused when the bacteria escape the epithelial cell, multiply within the cytoplasm, and destroy host cells. Shiga toxin causes hemorrhagic colitis and **haemolheytic-uremia syndrome** by damaging endothelial cells in the micro-vasculature of the colon and the glomeruli, respectively. In addition,chronic arthritis secondary to S. flexneri infection, called **Reiter syndrome**, may be caused by a bacterial antigen; the occurrence of this

syndrome is strongly linked to **HLA-B27 genotype**, but the immunologic basis of this reaction is not understood. Next come to dysentery bacillary(shigellosis) with life threatening condition and **toxic Megacolon**. Severe inflammation causes the colon to dilate or stretch, and the thin colon wall may eventually tear. Certain medications (particularly those that diminish intestinal contractions) may increase this risk, but this interaction is unclear.

Clues to this diagnosis include sudden decrease in diarrhea, swelling of the abdomen, and worsening abdominal pain. Has peritonitis set in? Have we to open the abdomen and repair the perforation with a colostomy ? Shigella bacteria invade the intestinal mucosal cells but do not usually go beyond the lamina propria. Dysentery is caused when the bacteria escape the epithelial cell, multiply within the cytoplasm, and destroy host cells. Shiga toxin causes hemorrhagic colitis and hemolytic uremic syndrome by damaging endothelial cells in the micro-vasculature of the colon and the glomeruli, respectively. In addition, chronic arthritis secondary to S. flexneri infection, called Reiter syndrome, may be caused by another life-threatening condition is toxic megacolon. Severe inflammation causes the colon to dilate or stretch, and the thin colon wall may eventually tear. Certain medications (particularly those that diminish intestinal contractions) may increase this risk. Clues to this diagnosis include sudden decrease in diarrhea, swelling of the abdomen, and worsening abdominal pain. Has peritonitis set in due to leakage? Shigella bacteria invade the intestinal mucosal cells but do not usually go beyond the lamina propria. For additional information please open up Internet.

We never detected yogurt in the liver or bile in ane and consider where it is held as a barrier as shown after a Ryle"s tube aspiration and examination in many cases. This means a lot to us. This subject matter must wait now.

MUCUS DIARRHEA

An important chapter.. There are many causes that flares up the inflammation in the colon as a result of which the portal bacteremia becomes more active. These are :— In mice, DHA was found to inhibit growth of human colon carcinoma cells, more than other omega-3 PUFAs. The cytotoxic effect of DHA was not caused by increased lipid peroxidation or any other oxidative damage, but rather a decrease in cell growth regulators. However, different authors may handle PUFA differently and display different sensitivities toward them. Preliminary findings point to the need for further research, and proof whether DHA does or does not provide any benefit for intended treatment, cure, or mitigation of cancer. However, DHA was shown to increase the efficacy of chemotherapy in prostate cancer cells in vitro, and a chemoprotective effect in a mouse model was reported. By contrast, one case-control study nested within a clinical trial originally designed to test the effect of finasteride on prostate cancer occurrence, the "Prostate Cancer Prevention Trial", found that DHA measured in blood serum was associated with an increase in high-grade prostate cancer risk. In addition New Discovery on the Causes of IBS :-- A note to DHA's **anticancer effect** possible, it may also be used as a non-toxic adjuvant to increase the efficacy of chemotherapy. When the children's overall intelligence was tested, they differed significantly on the **Mental Development Index** (MDI) that measures young children's memory, their ability to solve simple problems, and their language capabilities. The children in the control group received an average MDI score of 98 – slightly below the national average of 100 for U.S. children. Although most studies demonstrate positive effects of dietary DHA on human health, contrary results exist. For example, one study found that the use of DHA-rich fish oil capsules did not reduce postpartum depression in mothers or improve cognitive and language development in their offspring during early childhood (though this is not a negative effect, Additional studies confirmed DHA benefits for other nervous system functions, cardiovascular health, and potentially other organs. In one study, men who took DHA supplements for 6–12 weeks the **concentrations of several inflammatory markers decreased** in their blood by approximately 20%. It has been shown that heart disease patients with higher intakes of DHA and EPA **survived longer**.

2. Frequent meals when you do not allow time to digest the previous meal lying in the stomach or in the intestine waiting for more bile and pancreatic juice that is not available due to sluggish function of the liver.

3. High calorie diets.

4. Intolerance to saturated fats and also transfats.

5. Foods with complex molecular structure that does not break up due to lack of intestinal enzymes or gastric juice either in quality or quantity.

6. Food that produce allergy or have complex molecules of not easily digested in normal persons.
7. Overripe infected fruits, vegetables or partly with hard unboiled centers.
8. Undesirable parts of fish with much less muscle. We advocate only muscle tissue as food and reject the rest as bad food. Muscles in the tail are red due to hemoglobin. The cooked bones are crushed to paste in mortar and pestle or electric grinder and prepare cutlets with onion,potatoes and spices. Do not encourage any one to speak against spices. Moderate amounts help digestion and also appetite.
9. Too many types of carbohydrates and vegetables whose molecules are too complex like gelatinous rice, complex oily seeds not of a popular choice. False acidity due to faulty foods.
10. When using wheat products be sure that they are fresh stone ground and the wheat germ oil in it is not stale or rancid. Check the date of maufacture on the bag. May have an evil smell or appearance.
11. Too many types of nuts and seeds of different types. Old stocks have rancid food. Do not select oily ones or too much of any one that are hard to digest. Beware of diarrhea.
12. False acidity due to faulty foods and then taking alkalies to bring in food poisoning, either staphylococcal or Helicobacter. This is a common mistake by clinicians who prescribe alkalis where Helicobacter thrives only in the absence of acid HCl.
13. Preserved foods of doubtful value.
14. Taking too much food during fulminant portal or/and IBS infection. Taking foods too many times daily at short intervals.
15. Be sure you do not chew thyroid tissue in the neck that may act on you from
your chicken meat.
16. Sure to chew properly in edentulous.

Operation in IBS :-- Before you decide in favor of a surgical operation one must continue a rigid course of medical treatment for at least three years. May be :—

A. The ulcer has gradually healed up and there are very few attacks of periodic portal infection not noticed by the patient.

B. Distal to the ulcer, a part of the ascending colon is often spastic with colicky pain. As a rule this is an ischemic segment. In asymptomatic infections the amoeba lives by eating and digesting bacteria and food particles in the gut, a part of the gastro-intestinal tract. Its "sole armor" is hyaluronidase and with this alone is produces all the symptoms very far and wide. Disease occurs when amoeba comes in contact with the cells lining the intestine. It then secretes the same substances it uses to digest bacteria, The manifestations of intestinal amoebiasis vary from no symptoms to severe ulceration The enzyme hyaluronidase has the remarkable capacity to **dissolve fibrous matrix in between cells in a tissue** and open up a new path or cavity while the cells drop down without their supportive tissue that has dissolved earlier. We think this enzyme opens up a path on the base of the ulcer cecum into the lumen of a portal duct or ducts and allow bacteria to climb up towards the liver., even if the amoebas are dead. and gone.

Fermented Foods in Diet. .In volume one we have given a long discussion on fermented food one should examine carefully. Every country have separate items that are fermented as healthy foods. Some are strongly alcoholic and they should not be used. Moderate alcoholic drinks particularly beer is universally good for health when used in small amounts daily. It promotes digestion and bile secretion. While fermented foods in IBS 4-5 hours after a meal, may check or limit inflow through the "Open Gate" a very important practical. I have stressed upon this fact to each and every of my patients, many times.I myself take Bengal black gram dehusked variety from the market.(Never use Green gram). It is grinded fine after soaking in water for 12 hours and then allowed to ferment for 12 hours more. Add salt and fry in sunflower oil as one inch balls. Cool and add sour yogurt with salt and take after 12 hours or more. Preserve for 4-6 days in fridge. Meat and Egg : Are restricted when the Gate is Open during an attack. We allow chicken legs and breast periodically with restriction of quantity. One fried egg or poach may be given. We restrict all fatty meat diets and do not allow pork or beef except in small amounts. Rich foods precipitate an attack when taken as a solitary meal with sugar even if the patient is fit otherwise. Many of my patients refuse egg when they fail to digest. Allow 10- 20 grams of a slice of cheddar cheese once daily to be licked at the end of a meal if the patient is fit otherwise Milk contains four different caseins and a small amount of whey which we ferment with home made yogurt and utilized as a mix with a little soft vegetable and salt daily after noon, mid way, in between two meals , to prevent bacterial growth and help quick absorption into liver. This small amount of food half a cup at a time, half an hour apart, two or three times at 3 P.M. afternoon works as a

moderator against the open—gate fairly well as a pacifier anti-bacterial dose. Making it a little more sour and adding lemon juice and salt, this food is recommended every day evening provided if the patient is free from a feeling of overload in his stomach due to a heavy morning meal or indigestion or apprehension against any food. The vegetables you choose here is one from half boiled first, then cut or scrap. Choose one from, radish, fermented – fried balls of black (Bengal)-gram paste, beet, tender green ladies finger, mashed sweet potato, green peas. cauliflower, small oats green immature, broccoli, unripe tender potatoes, brinjals , tender kohl-rabi, carrot and selected tomatoes without seeds and skin. Mix with yogurt and season for half an hour before eating with a spoon of sour curd/whey. Besides "Gate Open" diarrhea a confirmed case of IBS may get another type of loose, a second diarrhea an hour or two after the first one when the Gate had just opened shortly after a meal.. This material was lying as a dormant residue in a stagnant pool somewhere in the lower part of ileum that increased in volume and became a bigger pool subsequently to generate another second diarrhea, with more toxic material than its earlier one. This came from the presence of the same type of food of the previous day. The Gate may be closed or open but this older "Pool" is toxic enough to generate a cholera like motion once or twice in succession which will confuse you as to how and why it happened. The "Pool Diarhea" may repeat once or rarely twice after all the stale material is emptied out to give the patient a lasting relief. "POOL DIARREAS" are infrequent and out of a dozen "Open Gate" diarrheas at least one or two may be a "Pool Diarrhea" that stayed stagnant in the lower part of ileum, "Open Gate" diarrhea exhausts peace of mind while the " Pool Diarrhea" relieves distension and worry. because this material lying dormant and small in amount for two days was the main cause of discomfort for the last two days. The third one is some times the Helicobacter which occurs mostly in achlorhydria. Those who take acid HCl regularly do not get this infection.

LET US TALK ON ACHLORHYDRIA

When it is suspected you must order for FTM or swallow a Heidelberg pH capsule with its Radio-monitor out side to determine the exact pH. The slowing of the body's basal metabolic rate is associated with Hypothyroidism In autoimmune disorders there is antibody production against parietal cells which normally produce gastric acid. The use of antacids or drugs that decrease gastric acid production (such as H2-receptor antagonists) or transport (such as proton pump inhibitors). A symptom of rare diseases such as muco-lipidiosis (type IV). In Helicobacter pylori infection with decreases secretion of gastric acid, aids and augments its survival many fold. A symptom of pernicious anemia, atrophic gastritis or of stomach cancer. Radiation therapy involving the stomach. Gastric Bypass procedures such as Duodenal Switch and RNY, where the largest acid producing parts of the stomach are either removed, or blinded. VIPomas (vasoactive intestinal peptides) and somatostatinomas are both islet cell tumors of the pancreas. Pellagra, caused by niacin deficiency. Diagnosis :-- 90% of all patients with achlorhydria have **detectable antibodies** against the H+/K+ ATP-ase proton pump. The diagnosis is made if the gastric pH remains high (>4.0) despite maximum pentagastrin stimulation. High gastrin levels are often detected.

In such a case take 8 spoonful sugar and then pour boiling water to two-third capacity. Stir to dissolve all the sugar. Transfer to a fridge, cool and add clear whey from sour yogurt without caseins and drink for energy. You may add a little more solid food like sweet fruit juice and fish fry or chicken leg. Some need M——400 as well to dislodge all 'Pools' in the intestines. The need for this drug is imperative but for the future only HCL IS THE RIGHT SOLUTION.

LET US HEAR SOME ADVICE FROM THE MAYO CLINIC

Mayo Clinic Housecall. Stay up to date on the latest health information. What you get.fn free weekly e-newsletter. Mayo Clinic expertise Recipes, tools and other helpful information. We do not share your e-mail address.: Mayo Clinic staff. Digestive Health. Subscribe to our Digestive Health. e-newsletter to stay up to date on digestive health topics. Sign up now. It's not known exactly what causes irritable bowel syndrome. The walls of the intestines are lined with layers of muscle that contract and relax in a coordinated rhythm as they move food from your stomach through your intestinal tract to your rectum. If you have irritable bowel syndrome, the contractions may be stronger and last longer than normal. Food is forced through your intestines more quickly, causing gas, bloating and diarrhea. In some cases, the

opposite may occur. Food passage slows, and stools become hard and dry. Abnormalities in your nervous system or colon also may play a role, causing you to experience greater than normal discomfort when your intestinal wall stretches from gas. There are a number of other factors that may play a role in IBS. For example, people with IBS may have abnormal **serotonin** levels. Serotonin is a chemical messenger that's normally associated with brain function, but it also plays a role in normal digestive system function. It's also possible that people with IBS don't have the right balance of good bacteria in the intestine. Triggers affect some people, not others. For reasons that still aren't clear, if you have IBS you probably react strongly to stimuli that don't bother other people. **Triggers** for IBS can range from gas or pressure on your intestines to certain foods, medications or emotions. For example:—Foods. Many people find that their signs and symptoms worsen when they eat certain foods. For instance, chocolate, milk and alcohol might cause New Discovery on the Causes of IBS constipation or diarrhea. Carbonated beverages and some fruits and vegetables may lead to bloating and discomfort in some people with IBS. The role of food allergy or intolerance in irritable bowel syndrome has yet to be clearly understood. If you experience cramping and bloating mainly after eating dairy products, food with caffeine, or sugar-free gum or candies, the problem may not be irritable bowel syndrome. Instead, your body may not be able to tolerate the sugar (lactose) in dairy products, caffeine or the artificial sweetener sorbitol. Stress. If you're like most people with IBS, you probably find that your signs and symptoms are worse or more frequent during stressful events, such as a change in your daily routine. But while stress may aggravate symptoms, it doesn't last long. . **Hormones**. Because women are more likely to have IBS, researchers believe that hormonal changes play a role in this condition. Many women find that signs and symptoms are worse during or around their menstrual periods. Risk factors Symptoms. Mayo Clinic products and services.

It is rather strange why Mayo clinic staff added scanty messages through out the long periods in the past. They never spoke about the clinical signs and symptoms and palpation of the abdomen and ultrasound.. They never spoke about an ulcer in the colon or presence of bacterial products in the hepatic veins. They never spoke about portal infection nor on destruction of the bile and the pancreatic juice. They never spoke on the role of hyaloronidase and bacterial products in the anaerobic areas inside the intestines. A huge number of physicians and surgeons in their clinic must have seen and felt the presence of a "Gate" but they decided to keep quiet for over 70 years. Did they perform any postmortem examination on any patient ? What did they find? The role of hundreds of physicians there is difficult to understand.

The operation of Right Hemicolectomy should not be taken up in haste within three years of your observation as some of them get partially vascularized slowly to give a comfortable living subsequently. Those cases do not need an operation. There is a lot of confusion why constipation and diarrhea occur alternately. We notice that when the "Gate" is open with high bacterial count in the stool there is always diarrhea and when the bacterial count is low due to near-total closure of the Gate. and stasis due to starvation.. This simple difference no one detected earlier because they never understood any thing about the Portal Infection. When the "Gate" is closed you will find the patient in good health and happiness with the stool well formed and bacterial count lower than when he is in distress with Gate open. On palpation of abdomen the ulcer is tender and a segment near by to the ulcer is distended with liquid and tender. The patient is fully aware of the fact that an imminent attack has set in. This indeed is the most remarkable symptom at the beginning of an attack and it is this symptom alone that revealed to me the Gate Theory in 2010 but I missed it at that time. The patient had no idea about the Gate theory or what is going to happen next after he takes a meal but he is definitely afraid that it may bring in loose motion after a gap. As an attending physician you drop a tablet of Metronidazole 400mg into his mouth with a pinch of common sugar to swallow and wait for half an hour before he starts his meal. If the medicine moves down into the jejunum and meets the infected liquid it may shut down the "Open Gate" at least for the time being and he may escape a dreaded attack.- A selected meal may escape bacterial invasion here after you give the next tablet of M-400 after 8 hours and a third one after 16 hours. But you must maintain the profile of a non-residual quickly absorbed restricted diet to escape bacterial destruction since most bacteria nearby may be dead now. I have played this game of hide and seek and taught many patients to practice it patiently without any fear or inhibition. There is always a sign of apprehensions of an imminent danger whenever the Gate opens. However

closure of the Gate results in slow improvement of weakness (which often is a partial closure) because the bacteria and their metabolic poisons take a long time to get absorbed or destroyed. The bacterial count of stool in low power, never thought of earlier is an important tool of assessment in the severity and nature of infection. Now it should be standardized to a number, per sq.cm area when viewing stool in low power. However this the micro-biologists must work out for us to follow.. You should palpate the ulcer commonly at the cecum for tenderness when the Gate is open and allowing hordes of bacteria in to the portal duct upwards the liver to infect the biliary duct and then trickling into the second part of duodenum in massive amounts. Use ultrasound to gather facts judiciously for more informations and pools.

New Discovery on the Causes of IBS --Some complain against repeated constipation. Occasionally you may need colonoscopy to exclude cancer. Do not take purgatives or brand enemas that are irritants and constipating. Use a small amount (15 to 20 ml) of thin soap-water adding 6 to 10 drops of sterile coconut or olive oil that must be retained for half an hour lying down, legs raised up. Use a syringe with rubber catheter without a lubricant to prevent slipping.

. Take a small square out of a thick chocolate slab once daily after the meal to replenish vitamin E deficiency. For repeated lung infection and cough in old age ordinary cough syrup may be ineffective. Special cough syrup with added Salbutamol may be needed each time plus an antibiotic specially meant for chest. One may use potassium Penicillin, Pentid-5 twice daily 5 to 8 days with some other antibiotic.

HOW TO CLOSE "THE GATE

This is not an easy task. You may fail if the inflammation in the cecum Is active and biliary infection.. However with restriction of food you can at times minimize active infection to some extent. We choose a way for convenient explanation of facts:- ..Take your restricted meal. In the morning. Allow two toasts, curd plus whey with corn flakes 4 tsp, with much sugar,, one boiled potato 2 inch, one piece fish curry, coffee 30 ml.

Then one tab. M—400 just after the meal..

1 to 2 PM:-cold water or coffee small amount. 20-25 ml. in simall sips.

Give second tablet of M——200

3 PM:—Half a cup sour curd + whey .+ 2 grain very little salt + a pinch of sugar 5 gr. Wait for hunger. A pleasant mild pain. Should appeaer..

8 PM:-Evening meal like the morning one. **Restrict Quantity.of protein and starch. Use Loperamide if there is spasm, one tab 8 hourly or only once.**

Followed by third tab. 400. mostly in heavy persons...

10-11PM:- A little Coffee or pom juice or sour salted whey slightly sweet..

Salt+sugar stabilizes.and induces appetite.

Next day—Repeat previous day routine only if diarrhea persists... Restrict total mass with two meals and no drugs if no diarrhea and well.

MUST Stop all drugs from third day onwards .Watch. Try this mode once a fortnight or later.. No guarantee of regular success. Depends also on good liver function and many other factors. The colon behaves peculiarly and also the gate .It may cause "Ejection Phenomena" if some stale previous food was lying stagnant in the colon earlier. That helps to keep the patient in peace by relieving him of stale food for the time being. One must never lose patience to wait for some body defense to help him over this temporary crisis. It is no worry. Wait longer and the patient may still be in good mood after all this event. Restrict starch, bulky or high residue meals, fats and proteins but not fish curry.

CONSTIPATION

Take two ripe bananas about 50-60 grams Twice daily just after principal meals not very regularly but occasionally. The alternate is weak enema mentioned earlier. PERIODICAL EXAMINATION :A medical person should examine the cecum for tenderness and must regularly auscultate for sounds or spasm and keep a record of stool Painless borborygmy are a good sign while painful ones call for Loperamide. Most of the facts from Internet given earlier will confuse the readers as if we are dealing with some aliens from another planet.

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