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Irritable bowel syndrome causes, diet and treatment

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ABSTRACT

The presence of a GATE in the colon that permits organisms of SIBO go up the portal system into liver and the bile ducts due to heavy infection that can be ascertained from the stool immediately, in a microscope under low power This path was created due to the presence of Hyaluronidase produced by amoeba in the large gut at the site of an ulcer thereof that persisted at times due to incomplete treatment or follow up. Sometimes a segment of the ascending colon may be infected simultaneously with symptoms of mild functional obstruction detected by auscultation and palpation of a fremitus over the caecum with a 'painful spasm'. We carried out about 6-9 cases of right hemicolectomy, We could follow only 3 cases and stopped further to assess long term results of liver function that did not improve in the three aged patients whom we operated earlier.

KEYWORDS: Granuloma inside colon, right hemi-colectomy, Hyaluronidase (Hydase), Fermented Palta rice from Bengal with sour gruel, Small Intestine Bacterial Overgrowth (SIBO).

INTRODUCTION

The Ryle's tube in some patients and shown it to be heavily infected like the stool under low power. Through retrograde cholangiography a gastro-enterologist should be able to confirm my theory by aspirating a few drops of bile from the second part of duodenum. I am sure this can finally solve the conflict.

New diet

The new diet prepared from virgin unboiled finer variety of paddy that are very small and scented. Take 200 grams of rice and let it boil slowly for half an hour with plenty of water. Decant and reject the syrupy liquid and grind the soft rice with a 3 inch round spoon when hot into a fine paste. Cool and add some old sour stock from previous fermented material enough to dip the entire rice deep in the pot, 2 inches below that liquid. Then cover it to ferment at room temperature for 6 to 8 hours after adding salt, curd and sour whey. It is now ready for food with a little vegetable curry or fried potatoes etc This is Palta rice of Bengal that is highly prized as a good food for digestion and nutrition used daily once to form good solid stools in diarrhea and loss of appetite. This food can drink a few spoons of the final gruel for pleasure and fun a number of times. SIBO should guide a patient and he practices seeing his stool in low power of his own microscope daily to guide his food intake both in quantity and quality. Excess of insoluble carbohydrates and fats are avoided in old chronic cases. The Patient must learn to use his own judgment how much of each food's upper limits should be day to day in quantity and quality.

Eggs

Many avoid it. But he can take one once a week.

Cheeder cheese

Cut a 10 gm to 3 equal parts, lick one daily. Tomato sauce, vitamins, cut tomatoes fruit juice, one apple daily.

Optional

Lemon barley, sago, chicken breast, chocs one squire, 0ne piece fish curry with gravy or fried one piece daily.

Allowed

Flat perched rice in yogurt and sugar. Puffed rice One to four cups of Palta rice sour salted 'gruel' as a slow drink without any rice, broccoli, pom juice, acid HCl N/10 in achlorhydria. Small amounts of fungal foods cooked (mushrooms).

Drugs: Metronidazole (M-400) one tab, four hourly 3, 4 Or 5 times if caecum is tender and loperamide, one tab 8 to 10 hourly if there is painful spasm or spasticity. M-400 is the best drug now, May try one tab Furoxone12 hourly in foul smelling flatus once in 12 hours or erythromycin as indicated earlier. Watch for SIBO daily thrice. Never worrynor be pessimistic. For all uncontrollable diarrhea this also is indicated with food restriction and thick sugar drinks.

Hemi-colectomy: This operation does not produce any shock if small intestine is totally emptied by pressing carefully at least four times before ileo-colic anastomosis. Too old patients may prefer medical treatment rigidly.

Digestive enzymes: Dyspeptal, Panzynorm tablets with food, Pineapple juice, and Indian black jammun berries in june & july. No acid foods till two hours after the above delicacies.

Conclusion: The past history of IBS has been a miserable failure, most disgraceful for more than 70 years due to various reasons are, failed to recognize the enormous power and performance of hyaluronidase a single armor which devastates the life cycle of its enemy far and wide with bitter consequences that have no ends. Too many persons were employed by very big and small organizers to cook a broth, but they spoiled it beyond all repair by, deviating from the main facts and its own side issues ruthlessly and repeatedly. Imagined in their own ways without a routine examination by palpation of Abdomen, liver, caecum and the ascending colon during an attack for several hours and also Auscultation during brief or incessant painful Spasm and bacterial count of the stool under low Power in a routine way. Failed to explain the repeated Infection of the liver and the biliary tract and the so called silent role of an ulcer in the cecum or Periodic spasticity of the ascending colon. Generated and nurtured various Theories of their own that contradicted one another. In the most amusing ways that failed to solve the Cause of SIBO and relation of a tender mecum when the disease was very active and distressing. Selection of only a limited number of vegetables by vising the market that did not solve any problem. Palta rice gruel may be contaminated by obnoxious organisms generating foul flatus and indigestion. So have a cultural check frequently to protect children.

The course of IBS is very unpredictable as the disease after an initial infection run a wild course created by hyalluronidase The production of a new path side by side with the portal ducts into liver and biliary system seals the future course of events mainly in two different ways independent of each other with a variety of clinical events for the rest of ones life. The first one is at the ileo-colic loop where the passage of food has slowed down and amoeba builds its initial home .With an initial ulcer appearing in the postero-medial wall of the cecum that is shallow and periodically tender on pressure when the abdomen is pressed on examination and auscultated for mild sounds with tenderness m pain and discomfort. It is active periodically with short gaps of partial remission and relief from discomfort with normal digestion and no trace of SIBO as revealed by the microscopic examination in low power. All these facts have been descried earlier in this magazine in the three articles of IBS which may please be looked into. In the early days of the disease the ileo-colic loop is only palpable on some days of active disease, and not at all times. Your main medicines are loperamide for an incessant spasm with a tablet of Metronidazole as advised earlier. After some years of active disease this may form a tiny lump with added signs and symptoms.

The second region of the ailment is the asdending colon a few inches above the cecum where a nidus has been laid down earlier in the form of a second ulcer, just a few days after the first ulcer that formed below. With treatment this second ulcer gradually heals up leaving a tiny mark of a future ischemic segment slowly manifesting itself with very few or no signs but some periodic occurrences of a mild painful spasm that might be missed. The second ulcer may heal up without a scar but the ischemia never improves in the long run. This is because it needs a treatment that may be troublesome due to periodic spasm and hurry. It takes several years to under these facts. But once open the abdomen this fact becomes more clear after inspection. A hemicolectomy cures both the two ailments above. A third condition may set in anytime in the old age like hypertension or diabetes in no way related to our main ailment but two my cases had later achlorhydria which had to be treated.

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