



Beating IBS—  
helping individuals  
and families  
over time

# The Apple

by AMY ROTHENBERG, ND

Karla first came to my office with her little son, a bright and curious kindergartener who had developed social anxiety. We worked together over some months and managed to get his anxiety under control so that, eventually, it was barely perceptible. During the course of those interactions, I kept thinking to myself, “Wow, the apple does not fall far from the tree.”

## The “long game”

I could see that little Evan likely came by his anxiety honestly—both through his genes and by the way his mother *was* around him. She was so keyed up, verbalizing every thought and every worry, while simultaneously and strongly reacting to everything Evan said or did. Her anxious behavior and demeanor may well have pushed her young son, especially if genetically predisposed, to his own struggles with anxiety.

# Doesn't Fall Far



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Once Evan was more or less squared away, I mentioned as kindly as I could, “Hey Karla, if you ever want to come in to work on any of your own health issues, I’d be happy to try and help.” We homeopaths sometimes work with families in what I would call the “long game.” Over time, family members of grateful patients make their way to our doors. Sometimes it takes longer than you’d think. We cannot legislate such appointments, even though we know it could be the very best thing for a family, for the in-home dynamic, for the environment in the household where others live. Nor can we mandate what sort of child gets what sort of parent—ah, if only it were so!

### High-strung & painfully bloated

When Karla did finally take the patient seat, I was not surprised by the kinds of complaints she had. As an anxious and high-strung person with a tendency to be very controlling, she complained of lifelong constipation and anxiety. But those complaints did not bother her as much as her bloat. That’s what she called it. Bloat. As in: “It’s like I’m five months pregnant all the time!” She went on: “It’s so embarrassing to have a big belly like this when I am not a fat person. I am also the gassiest person I know. It doesn’t matter if I eat, what I eat, how I eat, or how much I

eat—everything I eat turns into gas. And my gas is so offensive, it’s terrible, so I try to hold it in and that gives me bad pains in my stomach.”

This terrible discomfort in her abdomen was often followed by loose and unpredictable stools. So though she often felt constipated with difficulty passing stool, she could just as commonly have three, four, five, or six bowel movements in a day. Karla had come to obsess on where there were clean restrooms around her town, so that she could always dart in somewhere if need be. She was always thinking about and worrying about her bowels. What if she didn’t go? What if she had cramps and diarrhea? What if a bathroom was not nearby? She often used over-the-counter medications, such as Kaopectate, Imodium, Pepto-Bismol, milk of magnesia, and Gas-X, to try to manage these symptoms.

Karla was also always thinking about her food. She ate a basically healthy diet but kept trying all sorts of varying rules about what to eat and what to avoid in hopes of improving her intestinal symptoms. The underlying anxiety she always lived with, which she said she had inherited from her mother (who likely raised her with similar oversight ... my, how the tendencies get passed along!), fed the ongoing stress Karla had around food and eating.

### Tests find nothing

Reporting on her medical history, Karla said that her doctors had put her on prescription anti-anxiety medications such as Xanax® and Ativan® in the past, but she was not taking them any more. She’d never had blood or mucus in her stool, but she had had *a lot* of abdominal pain. Visits with her gastroenterologist had led to all manner of diagnostic testing, all of which turned up exactly nothing. She had even been to the emergency room several times, convinced she had either appen-

dititis or a fulminating ovarian cyst. But test after test came out normal. Colonoscopy: normal. Abdominal CT Scan: normal. Ultrasound to the gallbladder: normal. Stool analysis: normal.

### Common but distressing

So, like many before her and many after, the working diagnosis was irritable bowel syndrome (IBS). It is the most common disorder diagnosed by gastroenterologists and afflicts an estimated 10 - 20% of American adults.(1, 2) More women than men are affected, and they tend to be younger than age 45. In fact, IBS is a major women’s health issue, with studies showing a 50% increased risk of unnecessary abdominal surgeries in female IBS sufferers, as surgeons and patients try to relieve unexplained abdominal pain with hysterectomies, ovariectomies, gallbladder removals, etc.(2) According to a 2015 survey by the American Gastroenterological Association, IBS sufferers on average miss two days of work or school per month and have nine days of reduced productivity each month because of their symptoms.(3)

Symptoms can look much like Karla’s—abdominal pain or cramping, bloating, gas, diarrhea, constipation—and for many sufferers, IBS is a chronic or lifelong complaint. Even though the symptoms can be ongoing, exceedingly discouraging, often unpredictable, and truly uncomfortable or downright painful, IBS is considered a “functional” problem in that medical testing typically finds nothing amiss in the GI tract; IBS is not an inflammatory bowel disease like ulcerative colitis or Crohn’s disease and does not increase one’s chance of developing colon cancer. So far, experts have not discovered a “cause” for IBS, although a family history can predispose one to it. Also, we know that people with IBS are more likely than average to have anxiety and depression. Conventional medicine focuses on symptom relief with such prescriptions as dietary changes, fiber supplements, anti-diarrheal medications, anti-spasmodic medications, and antidepressants, and results are usually mixed. In my 30 years of experience, however, I have found naturopathic medicine and



# Ease IBS, Naturally

especially homeopathy to be so very helpful for our IBS sufferers! Let's get back to Karla's case, which is one such example.

## An unpredictable problem

Beyond the IBS, Karla, age 38, was happily married, raising a son and a daughter. She worked a half-time job in human services, which she enjoyed except for feeling anxious about her unpredictable bowel movements and worrying that she might be unable to complete tasks because of a need to use the bathroom. She said she also had pretty bad PMS symptoms, with irritability and snapping especially at her husband and her kids, but she did not let that show at work.

Regarding her health history, Karla reported that she was not a sickly child; she had had the occasional cold or cough and sometimes stomachaches. She did not remember how any of her childhood illnesses were treated. In her 20s, she'd had some issues with chronic yeast infections, and she'd also had kidney stones on three different occasions, but she had not had either of those issues in her 30s.

Karla's current physical general symptoms included a tendency to be chilly, a preference for warmer weather, a desire for warm drinks like tea and lemon water, and a craving for sweets.

## A clear choice

Sometimes analyzing a patient's story and looking for a corresponding homeopathic remedy is very taxing. Sometimes things don't hang together just right or something seems missing. Sometimes we're

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In addition to homeopathy for irritable bowel syndrome sufferers, other natural medicine approaches can help—along with lifestyle changes. One size does not fit all, however, especially for people with sensitive digestive tracts, so I tailor my suggestions to the individual. The general ideas below can be used as a starting point.

**Eating:** I typically suggest a high-fiber, low refined food diet, as in: intact whole grains (e.g., brown rice vs. rice flour), beans and legumes, fresh fruit, lightly cooked vegetables, poultry, fish, eggs, dairy. Steer clear of red meat and high-fat and deep-fried foods. I also try to rule out food allergies or sensitivities; I will run food sensitivity blood tests on my IBS patients to help us figure out which foods would be better not eaten.

**Drinking:** Alcohol and caffeine are best avoided since these can trigger diarrhea or constipation in many IBS sufferers. Water and herbal teas are recommended instead—but not with meals. Some herbal teas can soothe the digestive tract and help reduce gas, such as chamomile tea, peppermint tea, and ginger tea. These can be drunk liberally with a goal of two to three cups per day. (Formulations with these and other helpful herbs can be found in products such as Traditional Medicinals' Belly Comfort™ tea and Gas Relief™ tea.) If excessive diarrhea leads to tiredness and dehydration, be sure to replenish electrolytes; one good option is Knudsen's Recharge®, a "sports drink" without additives, preservatives, or artificial colors/flavors.

**Natural medicines:** Here are some of the most commonly used supplements.

• **Enteric-coated peppermint oil capsules** - These can relax the muscles of the intestinal walls to soothe pain and reduce IBS symptoms. I often prescribe a complex called Mentharil™ by Phytopharmica, which, in addition to peppermint oil extract, contains smaller amounts of rosemary leaf/stem oil and thyme whole plant oil extracts, which help improve gastric tone and reduce gas.

• **Probiotics** - These can help to populate the digestive tract with healthy intestinal flora, thereby improving IBS symptoms. I often recommend Enzymatic Therapy's Probiotic Pearls™ (enteric coated) with *L. acidophilus* and *B. longum*, as those two probiotic strains have been well-studied clinically. One pearl per day.

• **Slippery elm (*Ulmus fulva*)** - This herb can help to coat the gastrointestinal lining and promote proper digestion. I most often recommend it in lozenge form made by Thayer, to be chewed or sucked liberally throughout the day.

**Stress Strategies:** Stress is a given in life, so we each need to develop ways to defuse it, no matter our health concerns. But stress management is especially important for IBS patients, who often have a lower threshold for anxiety than others—and anxiety invariably leads to IBS symptoms because of the strong connection between the brain and the gut. Working with patients to find a regular stress-reduction approach that appeals to them—whether that's practicing yoga, tai chi, or meditation, listening to the many available relaxation and guided imagery apps and CDs, incorporating deep breathing methods, or using biofeedback devices—will pay healthy dividends.

**Exercise:** Regular movement is so important for IBS patients because it raises the threshold for feeling stress and also helps to relieve any stress that does arise. Exercise also increases overall perfusion or circulation of fluids through the body's organs, which will amplify all the other good work patients are doing with diet, supplements, and relaxation.



# Low FODMAPs: the Next Big Diet Craze?

What's a "FODMAPs," you ask? It stands for Fermentable Oligosaccharides, Disaccharides, Monosaccharides, And Polyols—short-chain carbohydrates that tend to be poorly absorbed by the small intestines.

A growing body of research shows that these molecules, found in many of our most common foods, can trigger IBS symptoms in certain people. Since the molecules are not absorbed in the small intestine, their entry into the large intestine creates havoc; bacteria feed off them and produce gas, which leads to pain and other unpleasant symptoms. Low-FODMAPs diets have been found to reduce IBS symptoms in more than half of IBS patients.

So why isn't everyone on the diet? It's pretty restrictive. Here are just a few of the many foods that must be avoided: wheat, rye, beans, garlic, onion, legumes, many nuts, milk, sugary foods, apples, pears, honey, agave, mushrooms, asparagus, artichokes, nectarines, cauliflower, sauerkraut, yogurt, cream cheese, and more. For this reason, most people who attempt the diet need expert help. The good news is that restricting all FODMAPs-containing foods is only required in phase one of the diet; in phase two, foods are systematically reintroduced to determine which ones are tolerated; in phase three, the diet is only restricted based on the findings in phase two.

In Australia, where researchers introduced the low-FODMAPs approach for IBS 11 years ago, the diet has really taken off. There are low-FODMAPs cafes as well as phone apps to help people adhere to the plan. Giant food companies have taken notice. Recently, Nestlé introduced a low-FODMAPs meal-replacement drink in North America; called "ProNourish," it's being marketed for people with "digestive sensitivity."

So you'll probably be hearing a lot more about FODMAPs in the future ...

#### SOURCE:

"Following Your Gut: The food giants are hustling to feed the millions tortured by irritable bowel syndrome," by Jessica Firger. *Newsweek*, November 18, 2016.

## IBS is the most common disorder diagnosed by gastroenterologists

not sure what symptoms to pay attention to in a case, because there are so many or because we're unclear about what's most limiting for a patient. Sometimes we get pulled off a proper whole-person analysis by a patient's distracting or strong personality. But sometimes things line up and the remedy makes itself known pretty quickly, as was true in Karla's case.

Karla was self-aware, articulate, and clear about what she wanted help with. The bloat! She was a little anxious, sure. She was a little irritable, sure. But if I did not help her with her ongoing GI symptoms and distress, if I did not focus on finding a remedy to address what was most limiting in her life, I would be missing the mark. So while I briefly considered the remedies *Arsenicum album* (for her underlying anxiety and diarrhea) and *Argentum nitricum* (for her general chattiness, anxiety, and diarrhea), I did not consider them for long. With the former, I would have expected her to have a more negative demeanor, more worry about her own health, and a more direct amelioration from heat. With the latter, I would have expected her to have a more pleasant, upbeat demeanor and perhaps be a bit "nutty," which Karla definitively was not.

Clearly, the constitutional remedy *Lycopodium*, a favorite remedy of many a prescriber for its ability to help so many patients, fit Karla's story, her symptoms, her temperament, and her personality. People who benefit from *Lycopodium* frequently have digestive complaints of all kinds, including constipation and diarrhea, but regardless of the underlying diagnosis, gassiness and discomfort are often prominent—as was so true for Karla with her bloat. Such patients can be irritable, especially if they do not feel well, and they can take it out on those they most love, as Karla tended to do. Like Karla, they tend to be chilly, want warm drinks, and crave sweets, and in women, there is often PMS. I love when I can find a remedy such as





this one with a broad sphere of influence that is also able to hit, spot on, the chief complaint of the patient.

As a naturopathic physician, I am also very interested in my patient’s diet, their exercise routine, what they do to blow off steam, and what, if any, supplements they are taking. While some patients ask for a homeopathic remedy only, the vast majority welcome help from all angles, so I am typically thinking more broadly and making up a general plan of action for them. (See sidebar, “Ease IBS, Naturally” on page 19.) In Karla’s case, however, she was working with another naturopathic doctor on her diet and supplementation, so I focused my care on the homeopathy only. I gave her *Lycopodium* 200c, just one dose, and asked her to return in a month.

### Surprisingly good results

When I next saw Karla chatting up my receptionist and then greeting me with a big smile, I thought we might have some good news. Karla sat down and was veritably gushing when she told me the remedy was “the best thing I’ve ever done for myself.” Within a week of that one dose of *Lycopodium* 200c, Karla and her husband noticed that her belly had gone down significantly. She had much less gas. She was having more typical bowel movements, once or twice a day. She was overall less anxious and not constantly worried about her food, her bowels, or her digestion.

Whenever I get a report like this, I am worried. I doubt that a single dose of a homeopathic remedy could do this much. I worry that it won’t last. I think, ah, must have been placebo. I consider that there must have been other approaches the patient tried, and these improvements are due to those. In typical fashion, I follow up with the patient very carefully, asking questions to help me delineate what happened when and what else was going on in the patient’s life since I last spoke with them.

In Karla’s case, however, I could not find any significant changes in her stress-

## Karla told me the remedy was “the best thing I’ve ever done for myself.”

ors, lifestyle habits, diet, nutritional supplements, or medication—nothing besides the homeopathic remedy that could account for her improvement. So we stayed the course: I did not give more of the *Lycopodium*, I did not give it in a higher potency, and I certainly did not consider giving Karla a different remedy.

### Long-term relief on all levels

I saw Karla again three months after the initial *Lycopodium* 200c prescription, and she continued to do very well. The dreaded bloat had not returned. She had no abdominal pain or even discomfort. And after spending most of her adult life being anxious about unpredictable IBS symptoms interfering with her work and social life, or feeling embarrassed about her sudden need to use the bathroom at inopportune times, or obsessing about exactly what foods to eat and what foods to avoid to try to keep her gassiness and bloat at bay—Karla finally felt blissfully relieved of those burdens. She shared that she was feeling more relaxed and less anxious at home and at work.

In the ensuing years, Karla has continued to do well. I have given her *Lycopodium* 200c, then *Lycopodium* 1M, intermittently, when there are stressors at home or in her life that push her toward some of her old symptoms such as excessive worrying or mild intestinal issues, and she invariably responds well. Occasionally, I have given Karla a different remedy during a true acute ailment, such as *Mercurius* when she once had an intense sore throat. But other than that, she continues to do well on *Lycopodium*, given infrequently and only when symptoms demand.

### All for one, one for all

Her son Evan, too, has continued to do well, developing into a fine high school

student, with none of the social anxieties he exhibited as a youngster. I am always heartened when I have the opportunity to work with multiple members of a family, for the way I can understand one then another in relationship to each other—and in knowing that as one person arrives at a better place of health, this will invariably have a positive impact on others in the group.

The more I am able to understand a patient and deeply help them once, it’s that much easier to care for them over time. And the more I understand one person in a family, the easier it typically is to treat another family member. Each step of the way I am building scaffolding in my understanding of how an individual (and later, how an individual within a family dynamic) reacts to stress, according to their underlying constitutional state. It’s another level at which to grow my understanding of pieces of a puzzle of a patient’s life ... and sometimes it’s a symptom or manner or story of one family member that enables me to better understand another person in the family. It remains a tremendous privilege to care for patients and families over the course of years and decades—and one of the greatest rewards of my work.

1. Mayo Clinic: [www.mayoclinic.org/diseases-conditions/irritable-bowel-syndrome/basics/symptoms/con-20024578](http://www.mayoclinic.org/diseases-conditions/irritable-bowel-syndrome/basics/symptoms/con-20024578)
2. AboutIBS.org, the International Foundation for Functional Gastrointestinal Disorders: [www.aboutibs.org/facts-about-ibs/statistics.html](http://www.aboutibs.org/facts-about-ibs/statistics.html)
3. IBS in America, Survey Summary Findings, American Gastroenterological Association, December 2015: [ibsinamerica.gastro.org/](http://ibsinamerica.gastro.org/)

## ABOUT THE AUTHOR



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