Irritable Bowel Syndrome – Constipation Predominant Protocol

Clinical Protocol to Support Normal Bowel Motility*

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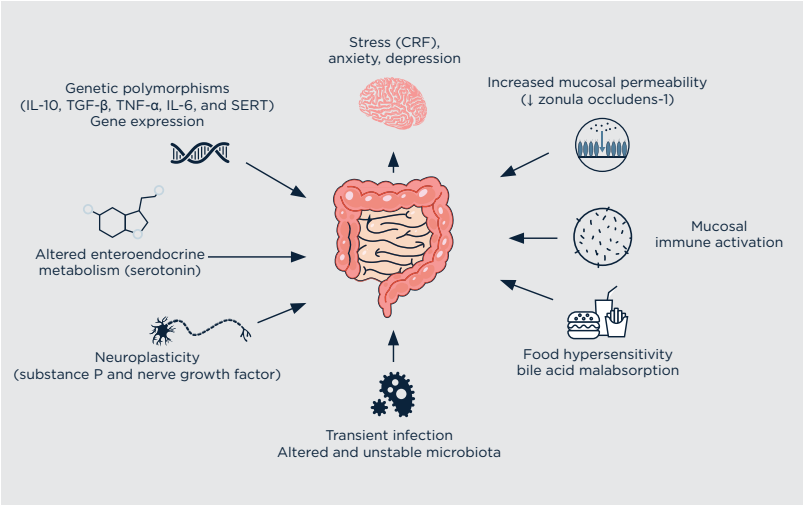

The Pathophysiology of IBS-C

Irritable bowel syndrome (IBS) is a chronic, functional gastrointestinal (GI) disorder that can manifest at any age and affects up to 15% of the global population.[1] It is characterized by GI symptoms that arise without structural and biochemical alterations or due to other GI conditions.[2] These symptoms include abdominal pain, bloating, urgency, and altered bowel habits.[2,3] IBS can significantly impact an individual's quality of life and daily functioning.[1]

IBS can be categorized into different subtypes: diarrhea-predominant, constipation-predominant, mixed, or unclassified.[3] Constipation-predominant (IBS-C) affects about 34% of those with IBS, many of whom are older.[4] IBS-C is associated with constipation, lumpy or hard stools (Bristol Scale Type 1, 2), abdominal pain, bloating, a sensation of incomplete evacuation, and infrequent bowel movements.[3,5]

The pathophysiology of IBS is multifactorial, involving dysfunctions in gut-brain axis communication, inflammatory responses, epithelial permeability, visceral hypersensitivity, and GI motility.[2,6] It is recognized that factors like small-intestinal bacterial overgrowth (SIBO), dysbiosis, stress, genetics, nutrient deficiencies, and environmental and dietary factors may also contribute to the development of IBS.[2,3]

This clinical protocol is designed to support individuals with IBS-C through evidence-based lifestyle, dietary, and nutrient interventions to help promote normal GI function and bowel motility.*

Diagnostic Biomarkers and Clinical Indicators of IBS-C

- Obtain patient history. A positive IBS diagnosis can be made using Rome IV criteria.[7]
  - Recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with two or more of the following:
    - Related to defecation.
    - Associated with a change in stool frequency.
    - Associated with a change in stool formation.
  - IBS-C: More than 25% of hard stools and less than 25% of loose stools.
- GI Spotlight™ : functional stool test
  - Immune responses: secretory immunoglobin A (IgA)
  - Inflammatory response/LPS
  - Opportunistic bacteria
  - Commensal bacteria
  - Digestive functionality

Therapeutic Diet and Nutritional Considerations

High and low FODMAP foods. (n.d.). Retrieved August 31, 2023, from https://www.monashfodmap.com/about-fodmap-and-ibs/high-and-low-fodmap-foods/

- Consider a "Consistent Carbohydrate"-style diet (CCHO diet), which has been shown to be supportive of those with IBS.[9]
- Increase consumption of functional foods that have been shown to promote gastric motility and bowel regularity, such as rhubarb, aloe vera, kiwi, or flax.[3,8]
- Remove suspected dietary triggers for IBS symptoms, such as alcohol, carbonated drinks, spicy foods, fried foods, lactose, gluten, and caffeine.[3,8] Approximately 84% of IBS patients report symptom association with specific food consumption.[2]
- Recommend patients to gradually increase total dietary fiber intake (especially soluble fiber) to achieve 20 to 35 g/day to promote bowel regularity and normal stool formation.[10,11]
- Encourage probiotic-rich foods.[12,13]
- Encourage adequate water intake (at least 8 cups of water a day).[3]
- Advise patients to have regular meals and moderate portion sizes; avoid skipping meals.[2]

Lifestyle Interventions

- Encourage patients to perform stress-reducing techniques (i.e., biofeedback, deep breathing, meditation). A meta-analysis found that stress-reduction therapies were associated with improved IBS symptom severity compared to controls.[6]
- Educate clients on proper sleep hygiene practices. Sleep disturbances are associated with a higher risk of IBS.[14]
- Recommend regular exercises, such as yoga, walking/aerobic exercises, and qigong, which have been shown to be beneficial to patients with IBS.[15,16]
- Instruct patients to use the Well World® Condition and Elimination Tracker to identify and monitor symptoms, dietary triggers, and bowel movements.

Supplement Protocol

Primary Support:

IBSynergy™

Dose	2 capsules per day on an empty stomach	**Duration**	8 to 12 weeks; retest
Formula Highlights	IBSynergy™ offers comprehensive support for intestinal health while targeting the brain-gut connection.* It is designed to target the enteric nervous system, which controls the GI tract responsible for all aspects of the digestive process and regulates normal digestive activity.*		

MagCitrate Powder

Dose	4 grams (approximately 1 tsp) per day; titrate up as needed	**Duration**	8 to 12 weeks; retest
Formula Highlights	MagCitrate Powder is a convenient, pleasant-tasting lemon-flavored powder. Magnesium citrate helps promote bowel motility, relaxation, and regularity.* This formula may support individuals with occasional constipation when fiber alone is insufficient in moving bowels.*		

PaleoFiber®

Dose	1 tbsp per day; increase water consumption	**Duration**	8 to 12 weeks; retest
Formula Highlights	PaleoFiber® is a comprehensive product that contains 12 different types of fiber and none of the problematic proteins or harsh, irritating components commonly found in other fiber products on the market		

Secondary Support:

ProbioMed™ 100

Dose	1 capsule per day with a meal	**Duration**	12 weeks; retest
Formula Highlights	ProbioMed™ 100 is a highly potent, shelf-stable, dairy-free probiotic formulation containing 100 billion colony-forming units (CFUs) per serving. These probiotic strains may promote GI health, healthy GI microbial environments, and healthy inflammatory and immune responses.*		

Aloe/200x™

Dose	1 capsule per day	**Duration**	12 weeks; retest
Formula Highlights	Aloe/200x™ may help support normal immune function and gastrointestinal health.* Aloe vera may support those with occasional constipation.*		

For a list of references cited in this document, please visit:
https://www.designsforhealth.com/api/library-assets/literature-reference---irritable-bowel-syndrome-ibs-c-protocol-references

Dosing recommendations are given for typical use based on an average 150 pound healthy adult. Health-care practitioners are encouraged to use clinical judgement with case-specific dosing based on intended goals, subject body weight, medical history, and concomitant medication and supplement usage. Any product containing botanical substances has the potential for causing individual sensitivities, appropriate monitoring, including liver function tests (LFT) is recommended.

For considerations regarding herb-drug and nutrient-drug interactions, please refer to reliable, evidence-based resources such as the Natural Medicine Database or Stargrove MB, Treasure J, McKee DL. *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies.* St. Louis, MO: Mosby-Elsevier; 2008.

***These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.**