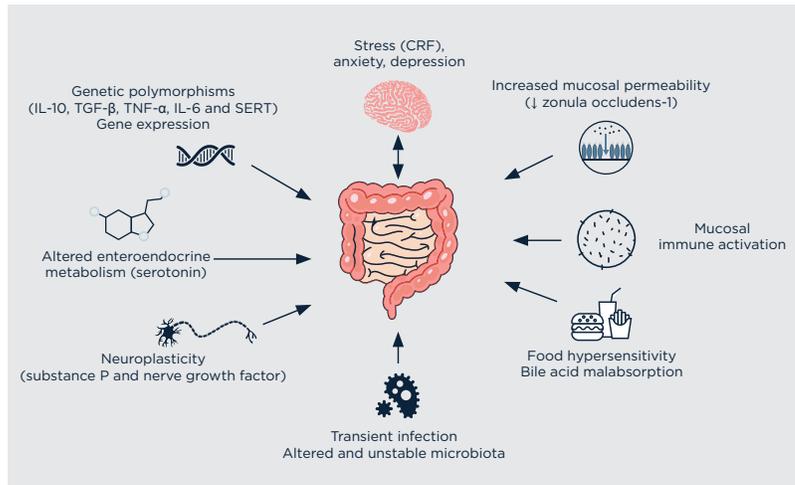


# Irritable Bowel Syndrome – Diarrhea Predominant (IBS-D) Protocol

Clinical Protocol to Support Gastrointestinal Health\*



## The Pathophysiology of IBS-D

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.<sup>1</sup> It is characterized by GI symptoms that arise without structural and biochemical alterations or due to other GI conditions.<sup>2</sup> These symptoms include abdominal pain, bloating, urgency, a sensation of incomplete evacuation, and altered bowel habits.<sup>2,3</sup> IBS can significantly impact an individual's quality of life and daily functioning.<sup>1</sup>

IBS can be categorized into different subtypes: diarrhea-predominant, constipation-predominant, mixed, or unclassified.<sup>3</sup> Diarrhea-predominant IBS (IBS-D) affects up to 40% of patients diagnosed with IBS.<sup>1</sup> IBS-D is associated with diarrhea, frequent stools, loose or watery stools (Bristol Scale Type 6/7), mucus in stools, abdominal distension, and abdominal pain.<sup>1</sup>

The pathophysiology of IBS is multifactorial, involving dysfunctions in the gut-brain axis, inflammatory responses, epithelial permeability, visceral hypersensitivity, and GI

motility.<sup>2,4</sup> 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.<sup>2,3</sup>

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

## Diagnostic Biomarkers and Clinical Indicators of IBS

- Obtain patient history. A positive IBS diagnosis can be made using Rome IV criteria.<sup>5</sup>
  - 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-D: More than 35% of loose stools and less than 25% of hard stools.
- Designs for Health GI Spotlight™ microbial assay.
  - Immune responses: secretory immunoglobulin A (IgA)
  - Inflammation: lipopolysaccharides
  - Opportunistic bacteria
  - Digestive functionality

## Therapeutic Diet and Nutritional Considerations

- Recommend a low FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides, and polyols) diet to help diminish occasional intestinal gas production and digestive distress.<sup>1,4</sup>
- Remove suspected dietary triggers for IBS-D symptoms, such as alcohol, spicy foods, fried foods, coffee, gluten, fructose, lactose, sorbitol, carbonated drinks, insoluble fiber, resistant starch, and artificial sweeteners. Approximately 84% of IBS patients report symptom association with specific food consumption.<sup>2</sup>
- Recommend soluble fiber intake: organic, certified non-glyphosate oats, peas, beans, lentils, apples, carrots, and barley. Soluble dietary fiber may help increase stool bulk.<sup>6,7</sup>
- Encourage probiotic-rich foods, which have been shown to support patients with IBS.<sup>8,9</sup>
- Mitigate electrolyte imbalance and dehydration through water and water-based foods.<sup>2</sup>
- Advise patients to have regular meals and moderate portion sizes; avoid skipping meals.<sup>2</sup>

## 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.<sup>4</sup>
- Educate clients on proper sleep hygiene practices. Sleep disturbances are associated with a higher risk of IBS.<sup>10</sup>
- Recommend regular exercises, such as yoga, walking/aerobic exercises, and qigong, which have been shown to be beneficial to patients with IBS.<sup>11,12</sup>
- 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:



### GI Revive® powder or capsules

<b>Dose</b>	1 tbsp per day or 7 capsules per day on an empty stomach	<b>Duration</b>	12 weeks; retest
<b>Formula Highlights</b>	GI Revive® is formulated with specific amino acids, a botanical blend, and minerals to offer comprehensive support for GI health and function.* The ingredients in this formula support healthy intestinal function by coating and soothing the GI lining and promoting the body's natural GI repair process.*		

### ProbioMed™ 100

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

### FloraMyces™

<b>Dose</b>	2 capsules per day	<b>Duration</b>	12 weeks; retest
<b>Formula Highlights</b>	FloraMyces™ features the nonpathogenic yeast <i>Saccharomyces boulardii</i> , which possesses probiotic activity that supports GI health and immune function.* <i>S. boulardii</i> may support the digestive mucosa and normal production of secretory IgA.* This strain has extensive research for its potential use in promoting GI health and re-establishing a healthy microbiome.*		

Secondary Support:

### GI Microb-X™

<b>Dose</b>	2 capsules twice per day on an empty stomach	<b>Duration</b>	4 weeks; retest
<b>Formula Highlights</b>	GI Microb-X™ is a blend of botanical extracts with a long history of use for supporting a healthy GI microbial balance.* The ingredients in this formula work synergistically to promote a healthy balance of commensal and opportunistic gut flora.*		

**Warning:** Do not use if pregnant or breastfeeding. Consult your healthcare practitioner for use beyond 30 days, or for use at higher dosing or frequency.

For a list of references cited in this document, please visit:

<https://www.designsforhealth.com/api/library-assets/literature-reference---irritable-bowel-syndrome-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.

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\*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.