



# Etiological Treatment of Irritable Bowel Syndrome

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## Mini Review

Irritable bowel syndrome (IBS) belongs to the category of functional gastrointestinal diseases. Symptomatic treatment is usually used in the treatment of this disease, but it can only alleviate symptoms, not eliminate the etiology, nor change the pathological micro-environment of patients, leading to frequent recurrence of the disease, thus affecting the physical and mental health of patients, thereby affecting work and life [1]. From the perspective of etiology, this paper collects many pathogenic factors of IBS, and discusses the treatment of various causes, so as to provide a theoretical basis for the eradication of the disease and long-term curative effect.

Many patients IBS are caused by psychosocial abnormalities, or have combined psychosocial abnormalities, and this situation will aggravate the symptoms of patients, so the suspicious patients should be given relevant psychological tests, and then the patients with positive results should be given psychotherapy or take related drugs as appropriate. Some antidepressants are recommended for diarrhea type patients with anxiety behavior, and serotonin-reuptake inhibitors are recommended for constipation type patients.

It is generally believed that food intolerance and food allergy are the main causes of diarrhea-predominant IBS. Therefore, the suspicious patients should be tested for allergens and food, then the allergenic foods should be eliminated, lactose foods should be restricted or sugar-free milk should be given, and the low fermentable oligosaccharide, disaccharide, onosaccharide and polyol diet should be recommended. Digestive enzymes can also be taken together. In addition to symptomatic treatment, antiallergic drugs such as mast cell stabilizer disodium cromoglycate or ketotifen can be used to alleviate symptoms and reduce recurrence [2]. Probiotics can also be used to assist in the treatment of lactose intolerance and food allergies. Many patients with bile acid malabsorption and celiac disease meet the diagnostic criteria for irritable bowel syndrome. Therefore, they should be screened and treated with Colestyramine or colestipolcr, or discontinued gluten diet.

For patients with family history or genetic testing with susceptibility genes, we should mainly avoid the existence of risk factors, such as smoking, drinking, obesity, stress, irregular life and rest. We should focus on adjusting lifestyle, diet and habits.

In addition, long-term use of drugs, such as proton pump inhibitors and non-steroidal anti-inflammatory drugs, may also cause IBS. Therefore, patients suspected of taking drugs should be asked about their medication in detail. After defining the relationship between medication and the onset of IBS, we can try to stop medication diagnostically, or change to drugs with less adverse reactions, and cooperate with relevant gastrointestinal protection measures. At present, it is believed that the main pathogenesis is the damage of intestinal mucosa and small intestinal bacterial overgrowth (SIBO) after taking medicine [3]. Therefore, besides symptomatic treatment, the treatment should include the use of antibiotics, probiotics and gastrointestinal mucosal protective agents.

Some studies have shown that patients with a history of abdominal surgery, including appendectomy and cholecystectomy, often suffer from IBS after operation [4]. Therefore, for those patients with a history of abdominal surgery, the relationship between their operation and IBS should be explored. Its pathogenesis includes endocrine changes and SIBO. Therefore, in addition to symptomatic treatment, probiotics or antibiotics can be used in the treatment, and alternative treatment should also be included to regulate endocrine disorders as appropriate.

Many studies have shown that intestinal lesions may cause IBS, such as intestinal diverticulum and various intestinal infections, which can easily lead to IBS. Diverticles of the intestine can be diagnosed by examination and should be treated accordingly, including surgery. It is worth noting that intestinal organic lesions can cause the onset of the disease, but surgery can also lead to IBS, although the probability is very small. Therefore, whether to treat patients with surgery should be based on the severity of the symptoms of the disease, the association between the lesion and IBS,

the frequency and severity of the onset of IBS and the willingness of patients. Patients with post-infectious IBS may undergo etiological tests to clarify the etiology and take targeted treatment, and to detect the presence of SIBO. In addition, the intestinal tract of IBS after infection has a low degree of inflammation, so antibiotics, probiotics or 5-aminosalicylic acid are given in the treatment.

Some studies have shown that organic lesions of extraintestinal organs, such as infection of extraintestinal organs and tissues [5] or thoracolumbar instability which can lead to or induce the onset of IBS, the pathogenesis is still unknown. Therefore, when the conventional treatment of intestinal symptoms of patients is ineffective, it is necessary to find out whether the patients have combined with other diseases, explore the relationship between them, timely treatment for the causes, so as to alleviate intestinal symptoms and reduce the recurrence of the disease.

In summary, the treatment of IBS is multifaceted. Etiological treatment plays an important role. If used properly, it can even cure

the disease. However, etiological treatment is best combined with symptomatic treatment to quickly control the condition, relieve symptoms, and achieve the desired long-term effect.

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