

PERSONAL HEALTH

Let the Mind Help Tame an Irritable Bowel

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If you've ever had butterflies in your stomach or an attack of nerves that sent you racing for the bathroom, you already know that the intestinal tract has a mind of its own. The millions who suffer from irritable bowel syndrome, or I.B.S., perhaps know it best.

I.B.S., with its symptoms of bloating, abdominal pain, flatulence, diarrhea or constipation or an alternating cycle of the two, can seriously impair the ability to work and enjoy leisure activities. Up to 15 percent of the population is affected, though only half seek medical help.

The gut and brain are intimately connected, with more nerve cells in the intestines than in the central nervous system. The gut has been called the body's second brain, containing 95 percent of the body's neurotransmitter serotonin and direct nerve connections to the brain.

So it is no surprise that this common disorder of intestinal function has a strong mind-body connection. This does not mean I.B.S. is a psychosomatic condition caused by emotions, but rather that emotional upsets can aggravate symptoms in someone with a hyper-reactive bowel.

It also means that learning to minimize stress and emotional disturbances can reduce the symptoms of I.B.S., perhaps more effectively than medications, recent research has indicated. Yet much educational material about this condition underplays the mind-body connection and the vital role that emotional retraining can play in controlling it.

This is perhaps an overreaction to the past when most patients with I.B.S. were told there was nothing physically wrong with them — it was all in their heads. After all, they had no obvious organic cause like a tumor, infection or ulcer.

In the modern era of medicalization, the pendulum swung the other way. Gastroenterologists now recognize that I.B.S. is a real physiological, or "functional," disorder, though no specific cause has been discovered.

Recent studies have implicated serotonin as one factor, since patients with I.B.S. have reduced receptors for this chemical. And studies have shown that low levels of selective serotonin reuptake inhibitors can sometimes relieve its symptoms.

In many patients, symptoms can be set off by large meals or certain foods, among them wheat, rye, barley, chocolate, milk products, alcohol, coffee, tea and colas. By keeping a food diary and recording symptom flare-ups, patients can identify their sensitivities and avoid the culprit foods.

Reuniting Mind and Body

A small but growing number of specialists are seeking to reunite mind and body by treating patients with a combination of medications, dietary precautions and emotional re-education. Their early studies indicate that this mind-body approach is more effective than either alone.

Dr. Charles D. Gerson, a gastroenterologist affiliated with Mount Sinai Medical Center, works with his wife, Mary-Joan Gerson, a psychotherapist, and their daughter, Jessica, a **hypnotherapist**, at the Mind-Body Digestive Center in New York.

Dr. Gerson said in an interview that for patients who are seriously impaired by I.B.S., medications help but "there is no magic pill that solves the whole problem. Patients need a more holistic approach. Those who accept emotional as well as physical causes of their condition do better."

While it is destructive for patients with I.B.S. to be told it is all in their heads, it is also wrong to ignore the psychosocial factors that play a role, he said.

“I tell patients that if they don’t deal with the emotional factors that relate to their problem,” Dr. Gerson said, “they are likely to continue to have symptoms.”

New Ways of Thinking

Personal relationships can have a major impact. Symptoms are worse if there is conflict in the family, better if relationships are supportive, the Gersons have found. When a person is in a bad marriage, divorce can become a cure.

The brain has the ability to inhibit sensations from the gut. But, as Dr. Gerson put it, “I.B.S. patients tend to be hypervigilant — too aware of what is going on in their gut.” Through techniques like **hypnotherapy** and cognitive-behavioral therapy, it is possible to change how the brain perceives what is happening in the body.

In **hypnotherapy**, patients learn to visualize their colon as functioning more normally. In cognitive-behavioral therapy or short-term psychotherapy, patients can learn to change symptom-provoking beliefs, like thinking that their colon will always be abnormal or that a given circumstance will provoke symptoms.

In a British study of 204 patients in which more than two-thirds of them were initially helped by **hypnotherapy**, 81 percent of those maintained the improvement up to six years after the treatment. Learning to practice stress-reduction and relaxation techniques can be as helpful as learning which foods to avoid.

Questions, Not Tests

The medical profession tends to emphasize the physical aspects of the condition rather than patient insight, putting patients through a series of tests that focus on the colon, like colonoscopies.

But an international panel of experts concluded that in the vast majority of cases — the exceptions are patients who warrant a full physical work-up — questioning patients about their condition is enough to arrive at an accurate diagnosis.

The panel’s criteria, published in *The Journal of Family Practice* in February, include recurrent abdominal pain or discomfort for at least six months and symptoms for at least three days a month in the past three months that may improve with defecation or are associated with a change in the frequency of bowel movements or in the form or appearance of stool.

Tests are indicated if a patient’s symptoms began after age 50, if there is a family history of inflammatory bowel disease or cancer, or if the patient has blood in the stool, [fever](#), [jaundice](#), a weight loss of more than 10 percent, anemia, symptoms that occur during the night, extreme abdominal tenderness, enlargement of an abdominal organ or profuse diarrhea.

In the journal article, Dr. Neil T. Moynihan and his co-authors emphasized that in the absence of the above “red flags,” “extensive testing, including the routine use of blood tests, stool studies, and imaging is not required.”

They described the role of various drug options, among them low doses of [antidepressants](#), [antibiotics](#) for patients with an overgrowth of intestinal bacteria, the over-the-counter drug Imodium for patients with diarrhea, water-absorbing laxatives for patients with constipation, and probiotics, a nonprescription combination of healthful bacteria.

But they also noted that **hypnotherapy** helped “even those whose conditions were refractory to other forms of therapy.” They pointed out that while there may be no cure for I.B.S., symptom relief is possible for most, if not all, patients.