IRRITABLE BOWEL SYNDROME: AN EVALUATION OF DIETARY THERAPY

Sonia Gwilliam, Naturopathic Healer, Carnforth
F Ledwith, Senior Lecturer, Health Studies, St Martin’s College, Lancaster

INTRODUCTION
In a recent review in The Lancet, it was suggested that, with regard to irritable bowel syndrome (IBS), “there is no easy treatment... and no cure”. Naturopathic therapists, however, report high levels of success in the longterm alleviation of the condition using whole vegetable fibre, but not bran which is “the wrong kind of fibre”. As a straw poll, preliminary interviews carried out by one of the authors (SG) with three medical practitioners (two GPs and a consultant enterologist) and three naturopathic healers indicated wide differences in approaches to treatment and expectations of success. The medical practitioners mainly mentioned anti-spasmodic drugs, bulking agents and possibly mild anti-depressants, but expressed distinct lack of confidence that anything would be very effective. The naturopaths stressed dietary change, mainly centring around eating raw food, as the main treatment, and expressed confidence as to outcome, based on the experience of consultations with up to ten clients per week. When asked about the value of raw food, generally the medical practitioners did not understand the question, so the meaning of the term had to be explained. When asked about how fibre might be increased, their suggestions were fairly non-specific: for example, certain breakfast cereals and “fruit and veg”. It seems likely, therefore, that patients consulting their doctors would not get advice on diet which naturopaths believe would be effective.

METHOD
As a first step in the systematic evaluation of the naturopathic approach, a clinical trial was carried out to test the efficacy of the addition of raw food to the diet. A quasi-experimental time series design was used: the logic is that, if there has been a steady state of a condition over some prolonged time, any change after treatment can be ascribed to general or specific treatment effects. Patients were recruited who had suffered from IBS, as diagnosed by a GP, over years and who had already tried conventional medical treatment without success. Symptoms were assessed by the scale devised by a GP, the ‘measure yourself outcome medical profile’ (MYMOP). This asks patients to rate the severity of four self-nominated symptoms on entry to the trial, and at two and four weeks after treatment by a mail questionnaire. A single session of naturopathic consultation lasting up to one hour was used as treatment, with an explanation of the general self-healing approach and the provision of the simple advice that one meal each day should consist only of a large raw vegetable salad. The salad should combine four or five green vegetables with two grated root vegetables, plus some chopped fruit and nuts. Seventeen subjects were recruited over a two-month period from those presenting for the first time with the condition at a naturopath clinic or responding to a feature in a local Quaker newsletter. Patients were followed up by phone four months after the end of treatment.

RESULTS
Of the 17 patients recruited 15 were women. The age range was 18-64 years (mean of 43 years). The duration of symptoms of IBS ranged from three to 25 years (mean of 9.5 years). All had been treated by their GP for the condition, with only six reporting some alleviation of symptoms “sometimes”. Five had been referred to a hospital gastroenterologist. Only three had been given any dietary advice of any kind. The symptoms most often mentioned were:

- pain (15 patients)
- diarrhoea (14)
- incomplete evacuation (9)
- bloating (9)

Table 1 shows the changes in ratings of severity of symptoms after treatment, with 7 representing “as bad as could be” and 1 “as good as could be”.

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>Pre-test</th>
<th>14 days</th>
<th>28 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL SYMPTOMS</td>
<td>5.5</td>
<td>2.6</td>
<td>2.5</td>
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Table 1 Mean ratings of severity of symptoms of IBS over all four symptoms

All patients showed an average improvement across all symptoms of at least two points at 14 days and at 28 days. At four month follow-up all patients reported a steady improvement in their condition though they all reported some lapses from the regimen which invariably led to a worsening of symptoms.

DISCUSSION
These findings are from a consecutive series, not selected successes. It is therefore clear that all these patients were very much helped by particular dietary changes, within a coherent self-healing rationale, which had not been advised by their GPs. It seems likely that the dietary change made the difference, since the problems had been of such long standing. In a time series study there is the possibility of a placebo effect from the process of giving information and receiving advice. These patients, however, had previously consulted on a number of occasions with their GPs, without success. In addition, at follow-up all patients reported that they sometimes slipped in their adherence to the raw food...
regimen and that symptoms would then re-emerge. Thus there would seem to have been a genuine and substantial specific treatment of a kind they had not previously had from their GPs.

It is not likely that this lack of effective advice is simply a local problem: as the Lancet review suggested, medical practice has little expectation of cure. There is also a lack of medical research into the potential of dietary change: a search of Medline 1993-1997 produced 419 papers on IBS with only 18 on diet therapy, but none relating to raw vegetables. There is thus prima facie evidence that more could be done to help patients with IBS with specific dietary advice and that more detailed evaluation of the diet therapy outlined here is long overdue, using a consecutive series of patients from general practice. Negotiations are taking place with a local practice to carry out such a trial. If any other practices might be interested, the authors would be glad to discuss the possibilities.

REFERENCES
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3 Campbell DT, Stanley JC Experimental and quasi-experimental designs for research Boston: Houghton Mifflin 1966