



Living Positively with IBS-M

What is IBS-M

IBS-M (the M stands for 'mixed') is when a person with IBS suffers from alternating diarrhea and constipation.

Nearly everyone has suffered from diarrhea or constipation at one point or another, however, if these are constant, recurring problems, you may suffer from IBS-M. Especially, if these problems are paired with other symptoms, such as bloating, cramping and stomach aches.

People who suffer from IBS-M can switch from constipation to diarrhea, often very quickly, and tend to suffer more stomach pain than someone who suffers from IBS-D (diarrhea) or IBS-C (constipation.)

Possible causes of IBS-M

There is no one cause of IBS-M, and it can often be difficult to diagnose. It can arise due to a number of different issues and varies from person to person. However, some potential factors include things like food sensitivities, a disruption in the brain-gut connection, genetics, stress, emotional trauma, infections, or an unbalanced microbiota.

How is IBS-M Diagnosed?

Your physician will first conduct a careful review your medical history and a physical examination. Utilizing IBS diagnostic algorithms, such as the Rome Foundation's Diagnostic Criteria for Functional Gastrointestinal Disorders, and excluding any "red flags" suggesting other disorders, your physician will then establish a diagnosis of IBS based on your symptoms.



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Few tests are typically required, especially in young people, as doctors can make the diagnosis with a high degree of certainty, based on past experience with treating IBS.

Few tests will be needed, however, a blood test may be conducted to rule out celiac disease. If the onset is relatively recent, your doctor may order stool cultures to exclude an ongoing infection. If you are suspected of being lactose intolerant, your doctor may order testing to exclude this (breath test or blood test). In addition, if you have a family history of diseases such as celiac Disease, Crohn's Disease, ulcerative colitis or colon cancer, or if your symptoms onset after the age of 45 - 50 years old, your physician may order further tests. They may include blood, stool, and imaging (colonoscopy with biopsies, sigmoidoscopy with biopsies).

How is IBS-M Treated?

Often something as simple as a **life style change** can have a huge impact on gut health. Getting active and participating in de-stressing activities and stimulating the **vagus nerve** through yoga or thai-chi can have a huge impact on a patient's quality of life.

Dietary changes might also be in order. Many IBS patients of all types have benefited from experimenting with a Low FODMAPs diet. Some individuals are sensitive to types of carbohydrates such as fructose, fructans, lactose and others. These are called FODMAPs (fermentable oligo-, di-, and monosaccharides and polyols). FODMAPs are found in certain grains, vegetables, fruits and dairy products. If you are thinking of trying this elimination diet, it might be a good idea to consult a registered dietitian before embarking on this particular health journey, to ensure optimal results.

Peppermint Oil is the newest treatment option out there has recently been confirmed in a clinical trial. Peppermint can relax muscle, eases hypersensitivity in the bowels, and modulates pain in IBS.

IBgard is a new clinically tested capsule filled with tiny beads of peppermint oil, using a technology called SST (Site Specific Targeting). It is the only product of its kind on the market that has gone through a clinical trial. It has been proven to be effective and safe in relieving symptoms in patients with moderate to severe IBS-M and IBS-D.

This product is easily attainable and available over the counter. Patients tested saw relief in symptoms over the course of 24 hours and continued relief over a 3-4 week period. You can read the full clinical study [here](#), or, if you're interested in giving IBgard a try, you can also print out a coupon for your first purchase [here](#).

