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# HERBCLIP

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FILE: Irritable Bowel Syndrome (IBS)

DATE: July 29, 1998

HC 061585

RE: **Herbal Treatments for IBS**

Bone, Kerry. Phytotherapy and Irritable Bowel Syndrome. *British Journal of Phytotherapy*, Vol. 4, No. 4, pp. 190-198.

This article reviews the possible causes and manifestations of irritable bowel syndrome (IBS) prior to discussing herbal treatments for the condition. The author suggests that attempts to treat IBS should begin with a recognition that it may describe a number of disorders lumped under one label. He identifies three distinct symptom patterns: abdominal pain with diarrhea; abdominal pain with constipation; and abdominal pain with alternating diarrhea and constipation. IBS afflicts up to 20% of the general population, although only 25% of this group seeks help. IBS afflicts women at a rate of 2.5:1 compared to men.

IBS abdominal pain is typically accompanied by feelings of abdominal distention (in 90% of patients), disturbed bowel movements, abnormal colonic motility, and other symptoms like nausea, dysphagia, and urinary urgency that may indicate IBS is a general disorder of smooth muscle function. There is a strong correlation between IBS and tendencies toward anxiety, obsession and depression. A study linking onset of morning symptoms with poor sleep quality led researchers to conclude that "further research on brain-gut interaction in IBS is warranted." IBS also generally occurs in women in the premenstrual phase, suggesting a role for female hormones.

Research has also linked initial IBS manifestation to trigger events like discrete episodes of gastroenteritis, courses of antibiotics, and food allergy or sensitivity such as lactose malabsorption. Response rates to exclusion diets has been as high as 70% in some studies. Reintroduced foods which triggered symptoms in one study, in descending order of frequency, include cheese, onions, milk, wheat, chocolate, butter, yogurt, coffee, eggs, nuts, citrus, tea, rye, potatoes, barley, oats, and corn. Allergy-triggered IBS seems to be associated with diarrhea. Some studies have found that IBS patients with food allergies have a greater number of terminal ileal mucosal mast cells (from which histamine release and allergic reaction ensue). Based on this finding, Italian clinicians reduced symptoms in 67% of IBS patients by treating them with disodium cromoglycate, which inhibits mast cell allergic reaction. Based on these findings, the author suggests that anti-allergic herbs such as *Scutellaria*

*baicalensis* (baikal skullcap), and *Tanacetum parthenium* (feverfew) could help patients with IBS triggered by food allergies.

IBS researchers have also investigated bile acid malabsorption, lactose malabsorption, and fructose or sorbitol sugar malabsorption as possible root causes of IBS. Some researchers are looking at whether abnormal bowel flora (including *Candida albicans*) convert food residue into chemicals that trigger symptoms. Some food-intolerant IBS sufferers have been found to host unusually high levels of certain bacteria. A study in which patients were given gastrointestinal lavage and then a bowel flora replacement culture from a healthy donor achieved 20 cures out of 55 cases, and 9 improvements. Bile may be an important factor in maintaining healthy, friendly bowel flora; poor liver function or inadequate bile production is thought by some to cause IBS with constipation.

The majority of clinical trials of herbal IBS treatments have involved psyllium seed husk (*Plantago* spp.), or enteric-coated peppermint (*Mentha piperita*) oil capsules. Psyllium husk improve constipation and diarrhea but have no apparent effect on pain or other IBS symptoms. Two trials showed peppermint oil significantly improved IBS symptoms; a third showed no greater effect than placebo. Stress management has actually been found to be more effective than other therapies.

Based on the IBS symptoms involved, the author recommends the following approaches: 1) an exclusion diet (a table describes this in detail); 2) spasmolytic herbs such as high-bisabol chamomile (*Matricaria recutita*), cramp bark (*Viburnum opulus*), and peppermint; 3) sedative and nervine tonic herbs, including skullcap (*Scutellaria lateriflora*), valerian (*Valeriana officinalis*) and, for depression, St. John's wort (*Hypericum perforatum*); 4) hepatorestorative and cholerectic herbs such as St. Mary's thistle (*Cnicus benedictus*), fringe tree (*Chionanthus virginicus*) and schisandra (*Schisandra chinensis*); 5) herbs that may ease visceral organ pain, including *Corydalis ambigua* and ginger (*Zingiber officinalis*); 6) Mucilage-containing herbs for constipation, like slippery elm (*Ulmus* spp.), which will also encourage beneficial bowel flora; 7) gastrointestinal antiseptics to restore normal bowel flora, such as goldenseal (*Hydrastis canadensis*), propolis, and citrus seed extract; garlic may exacerbate IBS symptoms; 8) excess mucus implies irritation and may benefit from gastrointestinal anti-inflammatories such as meadowsweet (*Filipendula*) and chamomile; 9) IBS constipation should be treated only with gentle herbs such as yellow dock (*Rumex crispus*), butternut (*Juglans cinerea*), and dandelion root (*Taraxacum officinale*); and 10) Women exhibiting IBS, migraine and PMS should receive hormone-modifying herbs, especially chaste tree berry (*Vitex agnus-castus*).

The article includes two case histories to illustrate herb treatment options.  
—Betsy Levy