Enteric-coated peppermint oil for irritable bowel syndrome

Irritable bowel syndrome (IBS) is a disorder of the large intestine characterized by some combination of: (1) abdominal pain (2) altered bowel function, constipation, or diarrhea (3) hypersecretion of colonic mucus (4) dyspeptic symptoms (flatulence, nausea, anorexia), and (5) varying degrees of anxiety or depression. IBS has been referred to in the past as nervous indigestion, spastic colitis, mucous colitis, and intestinal neurosis.

**Q. How common is BS?**

A. Determining the true frequency is virtually impossible as many sufferers never seek medical attention. It has, however, been estimated that approximately 15% of the population has complaints of IBS, with women predominating two to one (it is likely that an equal number of males have IBS since they do not report symptoms as often). IBS is the most common gastrointestinal disorder and represents 30%-50% of all referrals to gastroenterologists.¹,²

**Q. How is IBS diagnosed?**

A. The diagnosis of IBS is often a diagnosis of exclusion by ruling out any of a number of conditions which can mimic IBS (see Table 1). If you have symptoms suggestive of IBS, please consult a physician for an accurate diagnosis. The physician will decide just how extensive the diagnostic process will be. A detailed medical history and physical examination has been shown to eliminate much of the vagueness involved in diagnosing IBS.¹

Table 1. Conditions which may mimic IBS.

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious diarrhea such as amebiasis and giardiasis</td>
</tr>
<tr>
<td>Lactose intolerance</td>
</tr>
<tr>
<td>Laxative abuse</td>
</tr>
<tr>
<td>Intestinal candidiasis</td>
</tr>
<tr>
<td>Disturbed bacterial microflora as a result of antibiotic or antacid usage</td>
</tr>
<tr>
<td>Malabsorption diseases such as pancreatic insufficiency and celiac disease</td>
</tr>
<tr>
<td>Metabolic disorders such as adrenal insufficiency, diabetes, and hyperthyroidism</td>
</tr>
<tr>
<td>Mechanical causes such as fecal impaction</td>
</tr>
<tr>
<td>Diverticular disease</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
</tbody>
</table>

**Q. What should I do if I have IBS?**

A. There appears to be four major treatments from a natural perspective: (1) increasing dietary fiber (2) eliminating allergic/intolerant foods (3) controlling psychological components, and (4) using a special preparation of peppermint oil.

**Q. How does dietary fiber help IBS?**

A. The treatment of irritable bowel syndrome by increasing dietary fiber has a long, although irregular, history.¹ Patients with constipation are much more likely to respond to dietary fiber than those with diarrhea. One problem that has not been addressed in studies on the therapeutic use of dietary fiber is the role of food allergies. The type of fiber often used in both research and clinical practice is wheat bran. As wheat and other grains are among the most commonly implicated foods in malabsorption and allergic conditions, the use of wheat bran is usually contraindicated since food allergies are a significant causative factor in IBS.

**Q. What role do food allergies play in IBS?**

A. Food allergies are common in IBS, particularly to dairy products, gluten, and eggs. A special preparation of peppermint oil has been found to be effective in relieving symptoms in many patients with IBS.³

**Ask the Doctor publications are available on the Internet at: www.AITonline.org**
My recommendation is to eliminate milk and grains from the diet for at least a 10-day period and see if there is any improvement in symptoms. If there is an improvement, try to add these foods back into the diet and see if the symptoms return. If they do, then an allergy to milk or grains is a likely cause.

Although other foods may also be responsible, allergies to milk and grains are the most common food allergies in IBS by a wide margin.

Q. What about stress?

A. There are several theories that link psychological factors to the symptoms of IBS. The "learning model" holds that when exposed to stressful situations, some children learn to develop gastrointestinal symptoms to cope with the stress. Another theory holds that IBS is a manifestation of depression or chronic anxiety, or both. Personality assessments of IBS sufferers have shown them to have higher anxiety levels and a greater feeling of depression. However, these studies were based on personality assessments after IBS had developed, and it has since been determined that pre-illness personality assessment that IBS sufferers have normal personality profiles. Therefore, many of the psychological symptoms in IBS may be either secondary to the bowel disturbances (particularly malabsorption of nutrients) or the result of a common etiological factor, e.g., stress, food allergies, or candidiasis.

Some researchers believe that IBS sufferers have difficulty adapting to life events, although this has not been well demonstrated in clinical studies. However, psychotherapy in the form of relaxation therapy, biofeedback, hypnosis, counseling, or stress management training has been shown to reduce symptom frequency and severity, and enhance the results of standard medical treatment of IBS.

In contrast, the use of a combination of tranquilizers and antispasmodics, or antidepressants have not yielded effective results. These results highlight the importance of an effective stress management technique in the treatment of IBS.

Q. What is the special form of peppermint oil for the treatment of IBS?

A. An enteric-coated, peppermint oil, softgel capsule has been used successfully in treating IBS. Enteric coating involves coating the capsule in a manner that will not allow the capsule to break down until after it has passed through the stomach and reaches the small intestine. Enteric coating is necessary, as menthol (the major constituent of peppermint oil) and other volatile compounds in peppermint oil would cause relaxation of the sphincter separating the esophagus and the stomach. Without enteric coating, a significant amount of heartburn would be produced.

Q. What’s the proper dosage or enteric-coated peppermint oil?

A. Most of the studies have utilized enteric-coated peppermint oil at a dosage of 0.2 ml twice daily between meals.

Q. How effective is enteric-coated peppermint oil?

A. Excellent, according to published clinical trials. In the most recent study, a total of 39 patients with IBS were given either a placebo or enteric-coated peppermint oil. After four weeks, significant improvements were noted in the group receiving the peppermint oil preparation. According to the overall clinical picture evaluated by a physician, 18 of the 19 patients (94.7%) improved on the peppermint preparation compared to 11 of 20 (55%) in the placebo.

Q. How does enteric peppermint oil work?

A. It works by improving the rhythmic contractions of the intestinal tract and relieving intestinal spasm. An additional benefit of peppermint oil is its effectiveness against Candida albicans. This action is important in the IBS as an overgrowth of C. albicans may be an underlying factor, especially in cases that do not respond to dietary advice and for those who consume large amounts of sugar. Administration of nystatin (600,000 U/day, for 10 days), a drug which kills C. albicans, has been shown to produce dramatic clinical improvement in some cases.

Q. Are there side effects with enteric-coated peppermint oil?

A. At recommended dosages, enteric-coated peppermint oil is not associated with any significant adverse reactions. The major side effect noted at higher dosages is a temporary burning sensation upon defecation. If this symptom develops, simply reduce the dosage.

References


