

CASE #1051: A Case Evaluating the Effects of Targeted Nutritional Support, including *Lactobacillus acidophilus* NCFM[®] and *Bifidobacterium lactis* BI-07, in a Patient with Irritable Bowel Syndrome (IBS)

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PURPOSE

This study was designed to evaluate the effectiveness of targeted nutritional support—using a combination of *L. acidophilus* (NCFM strain), *B. lactis* (BI-07 strain), glutamine, botanicals, and fiber—in a patient with IBS.

PATIENT'S PRESENTATION AND HISTORY

A 41-year-old female presented with a history of irritable bowel syndrome (IBS). She typically had abdominal pain with severe constipation, and often had no bowel movement for 3 to 7 days. Her symptoms began after a cholecystectomy approximately 8 years earlier and had progressively increased. She had been taking dicyclomine for pain during the preceding 10 months with only modest relief. About 3 months prior to presentation, she tried an OTC colon-cleanser product. Since then she had been experiencing abdominal pain, belching, and loose stools/diarrhea that started as soon as food "hit her stomach." The patient also had been previously treated with omeprazole and esomeprazole for stomach pain and gastrointestinal reflux disease (GERD), as well as sertraline for depression.

Patient's Objective Information

- Height was 62", weight was 153 lb, and blood pressure was 96/72
- Physical exam: unremarkable, except for slight lower abdominal tenderness
- Medications: dicyclomine, 20 mg per day; antacid, as needed; acetaminophen, as needed
- *H. pylori* IgG antibody test: negative; occult blood test: negative
- Elevated scores on IBS symptoms questionnaires

PLAN AND RESULTS

The patient was instructed to begin:

- Dairy-free *L. acidophilus* NCFM and *B. lactis* BI-07 combination, 2 capsules twice daily
- Glutamine/DGL (deglycyrrhized licorice root) combination, 1 tbsp twice daily
- Antispasmodic botanical blend, 1 softgel twice daily (increased to 1 three times daily at 2 weeks)
- Eliminating wheat and dairy
- Keeping a daily diary of diet and symptoms

2 and 4 Weeks Results

After 2 weeks, the patient reported improved bowel movements, but continued to have upper abdominal pain and gas. She was not eating when she was hungry, so her plan was modified to include 1 serving of a soy-based meal replacement beverage in the morning. She was also instructed to eat when hungry, increase her vegetable intake to 1 cup twice daily for added fiber, and decrease her refined sugar intake.

After 4 weeks, she reported only modest improvement and her plan was changed to:

- Use a rice-based meal replacement beverage instead of soy-based
- Begin soluble fiber blend, 1 tbsp per day
- Continue other supplements

6 and 9 Week Results

After 6 weeks, the patient's symptoms were improved, although she continued to report some abdominal pain. Because the patient was not eating regularly, she was counseled to eat 3 meals per day in order to improve fecal bulk.

After 9 weeks, the patient reported that her symptoms were 80% improved. She said she was eating 3 meals per day and was having 1 to 2 bowel movements per day. The patient was instructed to continue on the program as described.

14 and 17 Week Results

After 14 weeks, the patient reported feeling great and said her improvement was "simply amazing." She had reintroduced dairy and gluten sporadically, and had decreased the antispasmodic botanical supplement to about 1 softgel daily. She had tried an OTC psyllium-based fiber when she ran out of the soluble fiber supplement, but found that her abdominal pain returned. She was instructed to restart the soluble fiber supplement and maintain on the protocol as described. After 17 weeks, the patient continued to maintain the improvements.

Figure 1. After 17 weeks, the patient's MSQ score decreased from 60 to 9. This result suggests a substantial improvement in general physical symptoms.

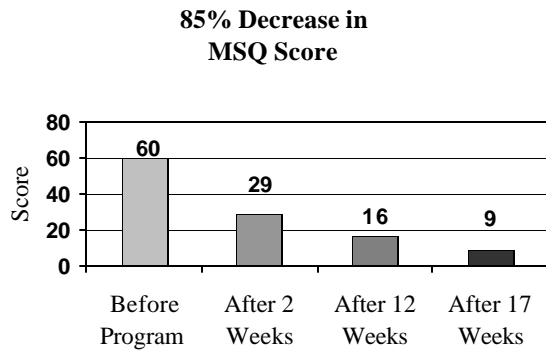


Figure 2. After 17 weeks, the patient's score on the IBS Bothersome Symptoms Questionnaire[†] decreased from 36 to 11, indicating a considerable decrease in bothersome symptoms associated with IBS.

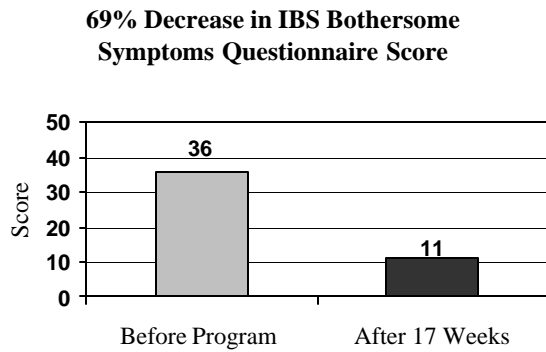
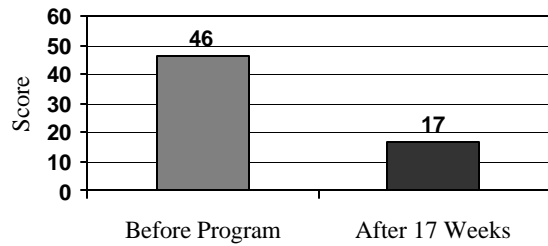


Figure 3. After 17 weeks on the program, the patient's score on the IBS Symptoms Frequency Questionnaire[†] dropped from 46 to 17. This result suggests the targeted nutritional intervention had a positive impact on decreasing IBS symptoms.

63% Decrease in IBS Symptoms Frequency Questionnaire Score



SUMMARY

This case suggests that targeted intervention for gastrointestinal support that includes *L. acidophilus* NCFM and *B. lactis* BI-07, as well as dietary counseling, may be helpful in the management of IBS.

NOTE

The information provided in this case study describes the results of one patient under the care of a licensed healthcare practitioner and may not be a typical response. Financial support for this study was provided by Metagenics, Inc. This study was conducted at the Functional Medicine Research Center (FMRC), the clinical research arm of Metagenics, Inc. Dan Lukaczer, ND, is the Director of Clinical Research at the FMRC.

*The Medical Symptoms Questionnaire (MSQ) is a clinical tool for the evaluation of general physical symptoms. Total scores above 75 are generally associated with substantial symptomatology and disability; scores below 30 generally indicate few or low-intensity symptoms.

[†] The IBS Symptoms Frequency and Bothersome Symptoms Questionnaires are condition-specific questionnaires that range in score from 0 to 78. Higher scores indicated more frequent or more bothersome symptoms; while lower scores indicate fewer symptoms or less bothersome symptoms: scores <20 mean infrequent or no symptoms; scores > 40 mean symptoms are often or always present.