

# Austin Quan Yin Newsletter

## The Better Health News

### Special Interest Articles:

- Vitamin K
- Probiotics and IBS
- IBS
- Food sensitivity and IBS
- Mercury and MS
- IBS and pain medication
- Bacterial overgrowth and IBS

## Yoga and Seizures

A pilot study published in the *Journal of Alternative and Complementary Medicine* (2006; 12(4): 367-71) involved 20 epileptic patients who had had at least four complex partial seizures in the previous three months. Subjects were monitored for three months to establish a baseline. For the next three months they practiced yoga and meditation for 20 minutes, twice daily. After the initial three months, meditation

and yoga became optional, and 16 of the 20 subjects continued the practice. Follow-up at three, six and 12 months, showed that seizure frequency had significantly been reduced. Eight of the patients continued practicing yoga and meditation longer than six months; those subjects had at least a 50% reduction in the number of seizures, with three of them being seizure-free.

## IBS and Celiac Disease

Celiac disease is a disorder that causes problems in your intestines when you eat gluten. Gluten is a protein that is present in wheat, rye, barley and oats. Knowledge of celiac disease has been around since ancient times. The symptoms of irritable bowel syndrome (IBS) may be due to celiac disease in some patients. Research appearing in the *Lancet* (November 3, 2001;358:1504-1508) compared 300 patients with celiac disease to 300 healthy controls. Of the IBS patients, 66 patients with had positive

antibody results, indicating gluten sensitivity. Of the 66, 14 had celiac disease (11 EMA positive, three EMA negative). Nine patients with positive antibody results were lost to follow-up or refused biopsy (only one EMA-positive patient refused biopsy), and 43 had normal duodenal mucosa. Only two of the controls had celiac disease (compared to 66 of the IBS patients). Compared with matched controls, irritable bowel syndrome was significantly associated with celiac disease.

## Vitamin K and Anticoagulant Medication

Think of this article as general information about vitamin K and anticoagulant medication. Do not try to supplement or treat yourself if you are on any of these medications. This is merely to provide you with information that you may or may not want to discuss with your doctor.

Anticoagulation medication (preventing clots) works by blocking the body's utilization of vitamin K. Generally, people on the medication are advised to avoid food and supplements that contain vitamin K. Research appearing in *Blood* (1 November 2004, Vol. 104, No. 9, pp. 2682-2689) looked at the effect vitamin K supplementation had on healthy subjects who were stably taking anticoagulant medication. The subjects were given vitamin K1 supplements, starting with 50 mcg per day for a week and gradually increasing the dosage each week. They found that doses less than 150 mcg per day had no effect on the drug therapy and that meals containing foods high in vitamin K also had no effect. At doses greater

than 150 mcg per day, the INR would decrease (INR stands for "International Normalized Ratio", and is a measure of the blood's clotting ability). A reduction in the INR means that the blood is clotting more readily. The authors concluded that eating foods high in vitamin K (like spinach and broccoli) or taking a multiple vitamin that was high in vitamin K, did not interfere with anticoagulant drugs.

Other research appearing in *Blood* (15 March 2007, Vol. 109, No. 6, pp. 2419-2423.) found that patients who were not stable on warfarin treatment (meaning that there was great variation in INR values) tended to be deficient in vitamin K. In the study, patients were given either a placebo or 150 mcg of vitamin K for six months. The group receiving the vitamin K experienced a lower variation in the INR compared to the placebo group. Of course, those on warfarin therapy should discuss these issues with a doctor and not try to self medicate with supplements.

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## Probiotics and IBS

Probiotics are supplements that consist of bacteria that belong in the large intestine. There are several pounds of bacteria in the large intestine, and it is normal and healthy for them to be there. Sometimes the "wrong" kind of bacteria make a home in the intestine and cause problems. Supplementation with probiotics may be beneficial to patients suffering with irritable bowel syndrome (IBS). A double-blind study appearing in the *Korean Journal of Gastroenterology* (2006; 47(6): 413-9)

looked at 40 patients with IBS, giving one group a probiotic supplement or a placebo. The group receiving the probiotic had a significant reduction in the severity and frequency of pain, but no improvement in gas or bloating. Other research appearing in *Gut Liver* (2009; 3(2): 101-7), also found that probiotic supplementation reduced pain in IBS patients.

## Different Approaches Work for IBS

Research on natural therapies for IBS is kind of a mixed bag. There are various natural approaches that help, but no single therapy helps all of the patients. Sometimes it is best to classify a disease by mechanism and not by symptoms. The symptoms of IBS include gas, bloating, abdominal pain and diarrhea, but effective treatment varies from patient to patient. Sometimes allergy elimination is effective, sometimes probiotics help and other times killing bacteria in the small intestine is an effective strategy.

There are studies that show that elimination of gluten from the diet does improve the symptoms of at least some IBS sufferers. Scientists are quick to point out that the symptoms of celiac disease match the symptoms of IBS. As many as 75% of the patients suffering from celiac sprue have IBS symptoms. A pair of studies, one published in the *Lancet* (November 3, 2001;358:1504-1508), and another in *Gastroenterology* (2004;126(7):1721-1732) both recommend screening for celiac disease in IBS patients. Other studies have shown that some IBS patients benefit from eliminating other foods. Clearly, finding and eliminating food sensitivities will help at least some IBS patients--but not all of them.

Another mechanism worth looking at is bacterial overgrowth in the small intestine. This issue has been covered in research published in the *Journal of the American Medical Association* (August 18, 2004;292(7):852-858) and the

*American Journal of Gastroenterology* (December 2000;95(12):3503-3506). Once again, addressing bacterial overgrowth helps some IBS sufferers, but not all of them.

A comprehensive approach that looks at hidden food sensitivities and bacterial overgrowth may be the best approach. There are lab tests that can help to determine if a certain food is causing a problem. Another approach for finding hidden food sensitivities is to do a trial avoidance of the common problem foods (gluten, dairy, peanuts, eggs and citrus for example). There are also stricter elimination programs--it is a good idea to get professional help to find hidden food sensitivities; diagnosing and treating yourself is never a good idea.

Don't stop with hidden food sensitivities--get help determining if small intestine bacterial overgrowth is a problem. People who have problems with bacteria in the small intestine may need a digestive aid to prevent the problem from recurring. Also, certain dietary habits, like eating too many refined carbohydrates, may set the stage for IBS. Not all IBS patients are alike, so it is wise to find a practitioner who will treat the patient who has the disease and not the disease that has the patient.

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## IBS and Food Sensitivity

At least some patients suffering with IBS (irritable bowel syndrome) are sensitive to certain foods. In some cases avoiding those foods will help alleviate the symptoms. The symptoms of IBS include gas, bloating, abdominal pain and diarrhea. A study was performed and published in the *Lancet* (November 20, 1982:1115-1117); It had three parts and looked at food sensitivity and its role in IBS. In one study, 25 patients with IBS followed a strict elimination diet. For one week their entire diet consisted of one kind of meat and a single fruit. If the IBS symptoms abated, they were to reintroduce one food per day until symptoms occurred. If it seemed that the food created the symptoms, the subjects were challenged with it on three different occasions.

Six of the IBS patients were symptom free while on the elimination diet in the first part of the study. They were hospitalized for four days and given only foods that did not cause IBS symptoms, eating the same menu each day. Breakfast was given as a double-blind food challenge.

In the third part of the study, five of the patients were admitted for four days on two different occasions that were four weeks apart. Twice each day the subjects received the food that triggered symptoms disguised and hidden in a soup. Foods that commonly triggered symptoms included wheat, corn, dairy, coffee, tea and citrus. The double-blind and single-blind challenges in the second and third parts of the study confirmed that the foods triggered symptoms. Laboratory tests that

measure allergy or evaluate IBS patients, including plasma glucose, histamine, immune complexes, haematocrit, eosinophil count, or breath hydrogen excretion, did not change after challenge or control foods.

One test that is a measure of inflammation and food intolerance, called rectal prostaglandin E2 (PGE2), did increase in the subjects. In five of the patients, rectal PGE2 correlated with the amount of diarrhea they had. Food intolerance associated with prostaglandin production is an important factor in the pathogenesis of IBS.

Research appearing in the *Journal of the American College of Nutrition* (2006; 25(6): 514-22) combined food elimination with probiotics to treat 20 subjects with IBS (according to Rome II criteria). The patients had not responded to standard medical therapies. The elimination diet was based on results from IgE and IgG blood tests for allergies. A stool analysis was also performed. All of the patients had food sensitivities and dysbiotic bacteria according to these tests. In a one-year follow-up, it was found that following a rotation diet was beneficial to these patients.

For many IBS patients, finding and eliminating certain problem foods provides relief. This is not true for all patients, but it is worth looking into.

## Mercury and MS

MS is a complicated disease, and this article should be read with the idea in mind that there is no "magic bullet" for MS patients. Mercury may be an issue for some patients diagnosed with MS, but not all of them. This article is just providing information, not recommending a course of treatment--that, of course, should be up to you and your doctor.

A study appearing in the *International Journal of Epidemiology* (1998, Aug, 27(4):667-71) found that people with 15 or more amalgam fillings had a 250% greater risk of developing multiple sclerosis than controls. Mercury seems to accumulate in areas of the brain that have to do with motor (muscle

movement) function. These areas include the brain stem, cerebellum, rhombencephalon, dorsal root ganglia, and anterior horn motor neurons. MS patients have been found to have much higher levels of mercury in their cerebrospinal fluid, compared to controls according to a study appearing in *Environmental Research* (1994; 65: 195-206). German studies have found that MS patients usually have higher levels of mercury than normal controls (B.A.Weber, "The Marburg Amalgam Study", *Arzt und Umwelt*, Apr, 1995; (266 cases). Some researchers believe that mercury toxicity may be worth considering in at least some MS patients.

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## IBS? Maybe it is Your Pain Medication

Research appearing in the *American Journal of Gastroenterology* (2000;95:157-165) looked at the connection between pain medication and symptoms of irritable bowel syndrome (IBS). A survey was given to 892 adults between the ages of 30 and 64. IBS symptoms were present in 12% of the respondents. The researchers found a significant connection between the use of pain medication and IBS.

NSAID is an acronym for "nonsteroidal anti-inflammatory drug". These are the common pain relievers like aspirin, ibuprofen, and naproxen

(acetaminophen is not an NSAID). One of the side-effects of these drugs is irritation of the GI lining. Ulcers are another common problem with NSAID use. The *Family Practice News* (January 1, 1993;16) published figures for the cost of treating NSAID-related ulcers. The cost of treating 102 patients was \$598,337.

Many people, especially those with arthritis or other source of chronic pain, take these drugs without realizing that they can be causing ulcers, IBS or other GI symptoms.

*The art of medicine consists of amusing the patient while nature cures the disease.—Voltaire*

## **IBS May be due to Small Intestine Bacterial Overgrowth**

Irritable bowel syndrome (IBS) may be due to bacterial overgrowth. Between 11% and 14% of Americans suffer from IBS. An article appearing in the *Journal of the American Medical Association* (August 18, 2004;292(7):852-858) looked into the possibility of bacteria overgrowth in the small intestine. The lactulose breath test (a way of testing for bacterial overgrowth) is abnormal in 84% of patients with IBS. Furthermore, there is a 75% improvement in symptoms when small intestine bacterial overgrowth is treated. In research that appeared in the *American Journal of Gastroenterology* (December 2000;95(12):3503-3506), the effect of killing small intestine bacteria was tested on IBS

patients. The subjects were 202 people suffering from IBS. According to the results of a lactulose hydrogen breath test, 157 had small intestine bacterial overgrowth and 45 patients did not have bacterial overgrowth. Those with the bacterial overgrowth were treated with antibiotics. During a follow-up visit, 47 of those patients no longer had bacterial overgrowth and 48% of those patients no longer had IBS symptoms (according to Rome criteria). The subjects who tested for bacterial overgrowth during the follow-up visit did not experience improvement in symptoms. The researchers concluded that there is a link between small intestine bacterial overgrowth and IBS.

