

What Your Doctor Won't Tell You About Irritable Bowel Syndrome

How You Can Reverse IBS In As Few As Two Weeks

**A Special Report By
Dr. Robert Lawrence, MEd, DC DACBN**



Dr. Robert Lawrence

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An estimated 40 million Americans suffer with irritable bowel syndrome (IBS).

Some experts, recognizing that many go undiagnosed, suggest that irritable bowel syndrome (IBS) affects approximately 10–20% of the general population. Irritable bowel syndrome is characterized by a group of symptoms in which abdominal pain or discomfort is associated with a change in bowel pattern, such as loose or more frequent bowel movements or diarrhea, and/or hard or less frequent bowel movements or constipation.

We know that gender plays a clear role, as more than 80 percent of IBS patients are women between 20 and 55 years old. The criteria for diagnosing IBS is based on the newly modified Rome criteria (Rome II criteria) as the presence for at least 12 weeks (not necessarily consecutive) in the preceding 12 months of abdominal discomfort or pain that cannot be explained by a structural or biochemical abnormality and that has at least two of following three features:

(1) pain is relieved with defecation, and its onset is associated (2) with a change in the frequency of bowel movements (diarrhea or constipation) or (3) with a change in the form of the stool (loose, watery, or pellet-like).

Some people with the disorder have constipation (IBS-C). Some have diarrhea (IBS-D). And some alternate back and forth between constipation and diarrhea (IBS-A).

IBS symptoms result from what appears to be a disturbance in the interaction between the gut or intestines, the brain, and the autonomic nervous system that alters regulation of bowel motility (motor function) or sensory function.

Research has shown that the cause of IBS is related to neuroendocrine - immune system dysfunction (brain and stomach hormones). This connection is largely mediated by the neurotransmitter or brain hormone known as serotonin. The brain and gut are connected through the neuroreceptors (hormone docking stations) for serotonin, 5-hydroxytryptamine-3 (5-HT3) and 5-hydroxytryptamine-4 (5-HT4).

These serotonin receptors regulate the perception of intestinal pain and the GI motility (contractions that move food through the intestinal tract). Therefore serotonin controls how fast or how slow food moves through the intestinal tract. In fact, there are more serotonin receptors in the intestinal tract than there are in the brain. Ninety percent of serotonin receptors are in the intestinal tract.

Research suggests that IBS patients have extra sensitive pain receptors in the gastrointestinal tract, which may be related to low levels of serotonin.

Decreased levels of serotonin may help explain why people with IBS are likely to be anxious or depressed. Studies show that 54–94% of IBS patients meet the diagnostic criteria for depression, anxiety, or panic disorder.

Restoring optimal levels of serotonin has been the focus of traditional drug therapy. **Zelnorm**, a 5-HT₄ receptor agonist, once hailed as “the drug” for IBS-c (IBS with frequent constipation), has recently been pulled from the market for its association with heart attacks and stroke. The percentage of patients taking Zelnorm that had serious and life-threatening side effects was 10 times higher than the percentage of patients taking a placebo.

Even before this drug was recalled for cardiovascular risks, many experts warned that this drug was dangerous for its other potential side effects including severe liver impairment, severe kidney impairment, bowel obstruction, diarrhea, constipation, abdominal pain, headaches, abdominal adhesions, gallbladder disease, and back pain.

Lotrinex (Alosetron), a 5-HT₃ agonist, is prescribed for IBS-d. Within 8 months of being on the market, reports of ischemic colitis (a life endangering situation in which the blood supply to the intestines is blocked) began to grow each day. Lotrinex was responsible for at least four deaths, probably many more. Many who took the drug reported severe abdominal pain from constipation.

The drug was taken off the market. It is now back and available with strict prescribing guidelines. An editorial in The British Medical Journal suggests that as many as 2 million Americans will be eligible for the drug under the new guidelines. According to previous reported side effects, this would result in 2,000 cases of severe constipation, almost 6,000 cases of ischemic colitis, 11,000 surgical interventions, and at least 324 deaths.



Decreased levels of serotonin may help explain why people with IBS are likely to be anxious or depressed. Studies show that 54–94% of IBS patients meet the diagnostic criteria for depression, anxiety, or panic disorder. It also explains why those with IBS have flare ups when they get under too much stress.

"I have been offering natural, drugless therapies to patients since 1983. We are not a clinic that offers "alternative" health care. The services we provide are the tried and true, historically effective, natural hygiene approaches to health that allow the body to reach its greatest potential. So whether you have a chronic, debilitating health issue or just want to find natural, safe, effective avenues to restoring your vitality, I am here to help you."

-- Dr. Robert Lawrence

Antispasmodics (Levsin, Levsinex, Bentyl, Donnatal, etc.) are routinely prescribed for the treatment of IBS symptoms. Potential side effects include bloating; blurred vision; clumsiness; constipation; decreased sweating; dizziness; drowsiness; dry mouth; excessive daytime drowsiness ("hangover effect"); feeling of a whirling motion; headache; light-headedness; nausea; nervousness; rash; hives; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue agitation; confusion; diarrhea; difficulty focusing eyes; disorientation; exaggerated feeling of well-being; excitement; fainting; fast or irregular heartbeat; hallucinations; loss of coordination; loss of taste; memory loss; muscle pain; pounding in the chest; severe or persistent trouble sleeping; trouble urinating; unusual weakness; very slow breathing; vision changes; vomiting.

Using potentially dangerous drugs to reduce symptoms, while ignoring natural and often more effective approaches is typical of what is wrong with "cookbook" (symptom-focused) medicine.

Reversing IBS With Nutritional Therapy

I find that IBS usually disappears rather quickly once my patient's correct their poor eating habits (increase fiber, reduce simple sugars, caffeine and junk foods), uncover any hidden allergies when present, including gluten intolerance (Celiac disease), boost optimal stress coping chemicals (serotonin, magnesium, B-vitamins, etc.), restore bowel ecology (probiotics), and take the right digestive enzymes with their meals.

5HTP

To boost serotonin levels I recommend patients take the amino acid responsible for making serotonin, 5-hydroxytryptophan (5HTP). 5HTP along with the right vitamins and minerals, is responsible for making serotonin.

Patients should take 300-400mg a day with food.

Digestive Enzymes

Most digestion and absorption takes place in the small intestine and is regulated by pancreatic enzymes (digestive) and bile. The pancreas aids in digestion by releasing proteolytic enzymes, which help break down proteins into amino acids. Natural digestive enzymes are found in raw fruits and vegetables. Processed foods are usually devoid of digestive enzymes.



Over consumption of these processed foods can lead to digestive enzyme deficiencies. This may then lead to malabsorption and or intestinal permeability syndrome (bloating, gas, indigestion, diarrhea, constipation, and intestinal inflammation). To ensure proper digestion and absorption, I recommend taking pancreatic enzymes with each meal. **For stubborn IBS symptoms, I recommend using a high dose, pharmaceutical grade, pure 8X digestive enzymes** (100% stronger than most over the counter digestive enzymes).

Magnesium

I always recommend people take a good optimal daily allowance multivitamin/mineral formula. Patients with IBS have depleted their stress-coping chemicals (serotonin, magnesium, and vitamins) and this not only leads to IBS but also prevents them from overcoming IBS.

It is a vicious cycle that can only be broken by taking adequate amounts of essential vitamins, minerals and other nutrients I've already mentioned above. The mineral magnesium, which is involved in over 300 bodily processes, is particularly important for reversing the symptoms of IBS-c and IBS-A.

Magnesium helps relax the smooth muscle of the colon (natural laxative) allowing normal bowel movements. While a diet high in nutritious fiber is important, magnesium is even more important. A magnesium deficiency not only causes constipation but can also lead to heart disease, mitral valve prolapse (MVP), depression, anxiety, chronic muscle pain, headaches, migraines, fatigue, and many other unwanted health conditions. Those with IBS-c may need up to 1,000mg of magnesium each day. While those with IBS-d, may need less than 500mg.

I recommend patients begin with 500mg of magnesium a day, preferably taken in a multivitamin formula.

Probiotics

The human intestines are inhabited by billions of beneficial bacteria. These bacteria, which are mostly located in the colon, aid in digestion by fermenting substances that were not digested in the small intestine and by breaking down any remaining nutrients. A healthy intestinal tract contains some 2-3 lbs. of bacteria and other microorganisms, such as yeast, that normally don't cause any health problems.

However, when the intestinal tract is repetitively exposed to toxic substances (antibiotics, steroids, NSAIDs, etc.), these microorganisms begin to proliferate and create an imbalance in the bowel flora. Harmful organisms like yeast and some normally dormant bacteria, begin to overtake the good bacteria. This is known as intestinal dysbiosis.

IBS and small-intestinal bacterial overgrowth may share similar symptoms. One study showed that 78% of IBS participants had small-intestinal bacterial overgrowth. **To aid in digestion and prevent intestinal dysbiosis, patients with IBS should take probiotics (Lactobacillus and Bifidobacterium) on a daily basis.**

I recommend taking a high dose (8 billion strong), pure engineered probiotic formula three times a day on an empty stomach for 2-3 months.

This approach isn't for everyone. However, in the majority of my patients, their IBS symptoms are usually gone and the next thing we do is look for other triggers of IBS and other GI problems, like allergies.

Stop your IBS once and for all with my IBS Elimination program.



It is absurd to suggest that individuals with IBS have a drug deficiency. IBS is not a disease; it is a symptom of a compromised gastrointestinal system. Using potentially dangerous drugs to reduce symptoms, while ignoring natural and often more effective approaches, is typical of what is wrong with "cookbook" (symptom-focused) medicine.



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To Your Health,

Dr. Robert Lawrence, MEd, DC, DACBN

Dr. Robert Lawrence

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