

CASE REPORT

Irritable Bowel Syndrome and Depression: A Case Report

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Abstract

A 26-year-old Caucasian woman presented with a two-year history of depression concomitant with irritable bowel syndrome (IBS-C; constipation subtype, gas/bloating). Past evaluation resulted in a clinical diagnosis of IBS-C in August of 2015. Between August and November of 2015, the patient developed worsening bowel irregularities and persistent depression. The

patient opted out of conventional treatment and was referred for nutritional care in November of 2017. Throughout one year of treatment with dietary interventions, Chinese herbal medicine, and targeted nutritional supplementation, the patient gradually reached full remission of all complaints.

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Introduction

Irritable bowel syndrome (IBS) is the most prevalent gastrointestinal (GI) diagnosis with a world-wide prevalence of 14%.¹ It is a functional GI disorder characterized by bloating, diarrhea, constipation, abdominal pain, and presents with a high prevalence of psychological comorbidity of depression and anxiety.² The pathophysiology of IBS is marked by complex interactions between the gut-brain axis which influence the hormonal, immune, and central nervous systems.³ IBS is often multifaceted and can involve many factors such as: psychological stress, intestinal infections, food allergies, as well as intestinal immune-related inflammation and disruption.³ Recent evidence suggests that often inflammation present in the GI tract and the relative increase of cytokines causes oxidative stress leading to damage (through the gut-brain axis) in the hippocampus and amygdala involved in the etiology of mental disorders.³ Small intestinal bacterial overgrowth (SIBO) is one perpetrator of gut inflammation that is associated with IBS, with the most recent meta-analysis showing a prevalence of 31%.⁴

Though conventional medication exists for IBS, the limited clinical benefit, high medical expense with the possibility of severe side effects, have driven many IBS patients toward alternative medicine such Traditional Chinese Medicine.⁵ TCM can be easily adjusted in accordance with the individuality of the presentation of known conditions. This is called syndrome differentiation, where every person's formula will vary and change according to symptoms and/or progress in treatment.⁵ TCM formulas exert multi-targeted actions including the regulation of hormones and neurotransmitters in the various nervous systems, regulation of the immune response, antimicrobial activity, modulation of motility in the GI tract, modulation of the hypothalamic-pituitary-adrenal (HPA) axis, amelioration of intestinal inflammation and restoration of beneficial microflora.⁵

We report a case of a 26-year-old woman who simultaneously developed IBS-C and persistent depression. Each condition gradually worsened until stabilizing in severity within four months of symptom onset in August of 2015; with no developing condition clearly preceding any of the other.

Case Narrative

First visit—November 28th, 2017:

The patient had been referred for nutritional and naturopathic care by a friend (has no PCP) in hopes of being able to correct IBS symptoms which she had been suffering from for approximately two years. She mentioned developing depression around the same time period. She used various home remedies (herbs and supplements)