Irritable Bowel Syndrome (IBS) is a functional bowel disorder that is associated with chronic abdominal pain, the discomfort of defecation, bloating and changes in bowel habits, determined without any other organic causes. The etiology of the syndrome appears to be multifactorial, but pathology is unknown. Although several mechanisms affect the type and severity of symptoms of IBS. A stressful event or the onset of puberty can be the initiator of this syndrome without other medical reason.

Although the exact cause of IBS is unknown, the most common theory is that IBS disorder occurs in the interaction between the brain and the digestive system [1]. Changes in intestinal permeability and intestinal flora can have a specific role in this disease [2, 3].

Differential diagnosis of IBS can be difficult. Parasitic infections, lactose intolerance, bacterial overgrowth in the small intestine and celiac disease should be role out for all patients before the diagnosis of IBS [2, 4-6]. Most people with this disease are young, but it is recommended that patients aged over 50 years old should be screened with colonoscopy [7]. Although there is no exact treatment for IBS, some medical treatments can be used. Rifaximin and adjusting the patient’s nutritional status for the relief of symptoms are recommended as the first treatments. It should be noted that in some cases, medications can lead to ischemic colitis, serious cardiovascular or cerebrovascular events [4, 8, 9]. Based on some previous studies, probiotics with changing the normal intestinal flora are known as an effective therapy in treatment of IBS, which alleviate the symptoms of IBS [3, 9-12] Although it appears that bacteria are effective in the reduction of symptoms, but the effects of probiotics on gastrointestinal disorders is still unclear [3, 4, 9, 10, 13].
References


