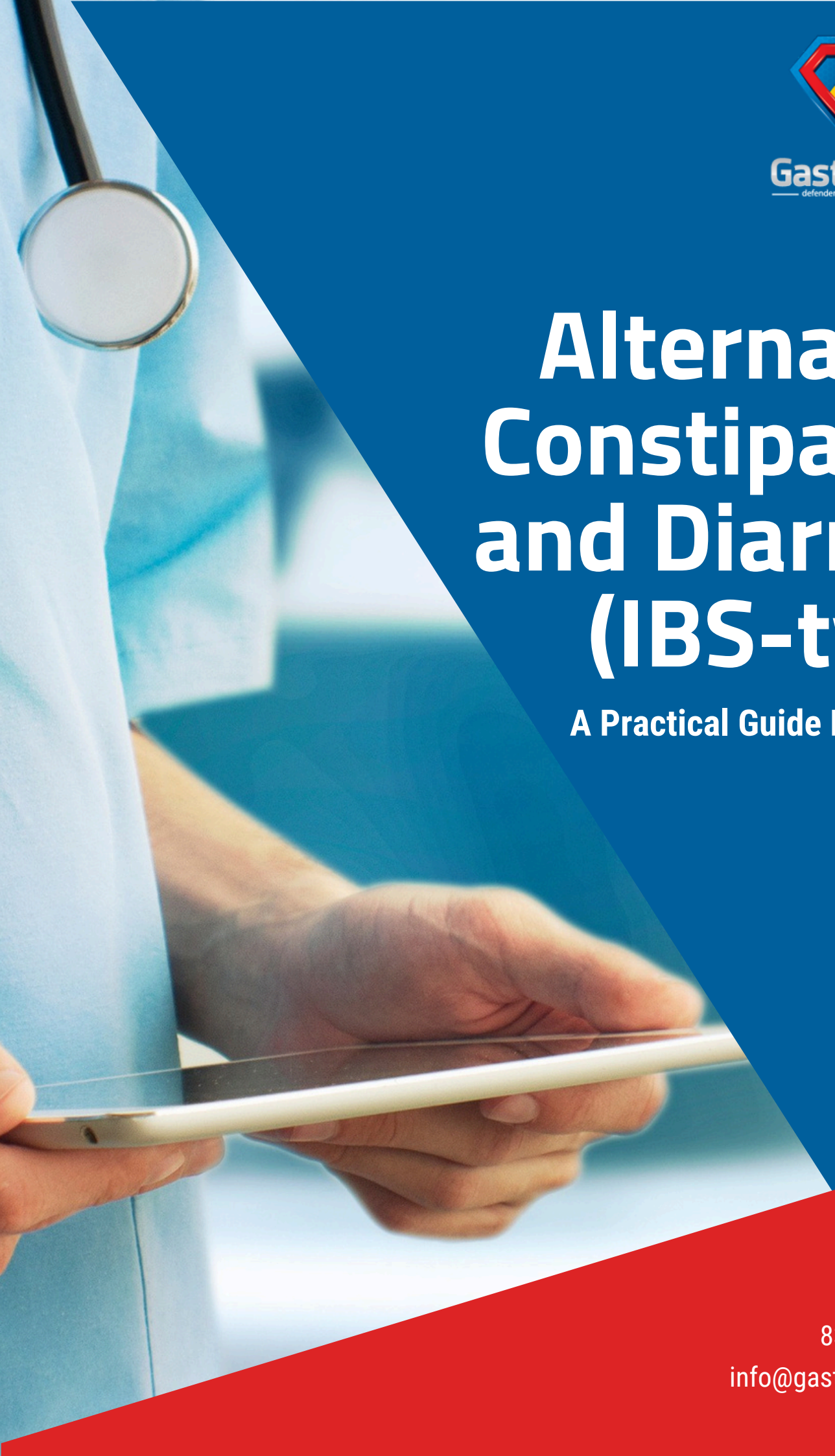

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Alternating Constipation and Diarrhea (IBS-type)

A Practical Guide For Patients

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Introduction: Alternating Constipation and Diarrhea (IBS-type)

Alternating constipation and diarrhea, also known as IBS-Mixed (IBS-M), is a subtype of irritable bowel syndrome characterized by fluctuating bowel habits. Patients experience episodes of constipation followed by periods of diarrhea, often accompanied by abdominal pain, bloating, and changes in stool consistency. This condition is related to abnormal gut motility, heightened intestinal sensitivity, and disturbances in the gut-brain axis rather than structural disease. Symptoms are often triggered by stress, dietary factors, or hormonal changes. Although not life-threatening, IBS-M can significantly affect quality of life. Management focuses on dietary modification, stress control, and symptom-targeted medications under medical guidance.

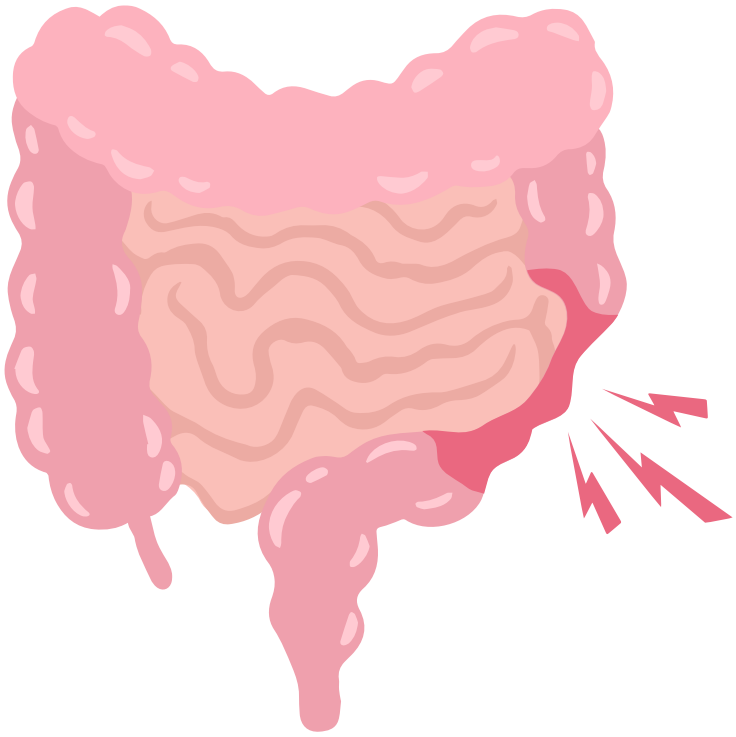
Key Takeaways

- IBS-M is a subtype of irritable bowel syndrome.
- It involves alternating episodes of constipation and diarrhea.
- Symptoms are caused by gut-brain axis dysfunction, not structural disease.
- Abdominal pain and bloating are common associated symptoms.
- Stool consistency and bowel habits change unpredictably.
- Stress is a major trigger for symptom flare-ups.
- Dietary factors can worsen or improve symptoms.
- It is a chronic but non-life-threatening condition.
- Diagnosis is based on clinical criteria and exclusion of other diseases.
- Treatment focuses on symptom control and lifestyle changes.

What Causes Alternating Constipation and Diarrhea (IBS-type)?

Known Causes

Alternating constipation and diarrhea in IBS-M is caused by **abnormal gut motility and dysregulation of the gut-brain axis**, leading to inconsistent bowel movements. The intestines may contract too slowly at times, causing constipation, and too quickly at other times, resulting in diarrhea. Contributing factors include **stress, anxiety, hormonal fluctuations, food sensitivities, gut microbiome imbalance, and visceral hypersensitivity**. While the exact cause is not fully understood, IBS-M is considered a functional gastrointestinal disorder rather than a structural disease. Symptoms often fluctuate based on diet, emotional state, and lifestyle factors, making individualized management essential for symptom control and quality of life improvement.



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Common Signs & Symptoms

Common symptoms include **alternating episodes of constipation and diarrhea, abdominal pain or cramping, bloating, gas, and changes in stool consistency**. Symptoms often fluctuate and may be triggered by **stress, diet, or hormonal changes**.

Core Symptoms Include:

- Alternating episodes of constipation and diarrhea
- Abdominal pain or cramping, often relieved after bowel movement
- Bloating and excessive gas
- Irregular stool consistency and unpredictable bowel habits
- Sensation of incomplete bowel evacuation

Severe cases can also cause:

- Chronic abdominal pain affecting daily activities
- Significant disruption of sleep due to bowel urgency or discomfort
- Anxiety and stress related to unpredictable bowel habits
- Dehydration during frequent diarrhea episodes
- Reduced quality of life with social or work-related limitations

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Diagnosis & Medical Testing

IBS-M is diagnosed using **clinical history, symptom patterns, and Rome IV criteria**, along with exclusion of other diseases. Stool tests, blood tests, and sometimes colonoscopy are used to rule out infections, inflammatory bowel disease, or structural abnormalities.

Diagnostic Tools

- **Medical history evaluation:** Assesses symptom pattern and bowel habit changes.
- **Rome IV criteria assessment:** Clinical diagnostic framework for IBS.
- **Physical examination:** Checks for abdominal tenderness or red flags.
- **Stool analysis:** Detects infection, blood, or inflammation.
- **Stool culture:** Identifies bacterial causes of diarrhea.
- **Ova and parasite test:** Rules out parasitic infections.
- **Fecal calprotectin:** Differentiates IBS from inflammatory bowel disease.
- **Complete blood count (CBC):** Checks for anemia or infection.
- **C-reactive protein (CRP):** Measures systemic inflammation.
- **Colonoscopy:** Excludes IBD, polyps, or malignancy.
- **Thyroid function tests:** Rule out metabolic causes of bowel changes.
- **Celiac disease testing:** Identifies gluten-related disorders.

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Diet

Diet for IBS-M focuses on a **balanced, individualized plan such as a low FODMAP diet**, along with adequate fiber adjustment. Avoid trigger foods like caffeine, spicy meals, and processed foods while maintaining hydration and regular meal patterns.

Key Insights

- Diet must be individualized based on symptom pattern.
- A low FODMAP diet can reduce bloating and bowel irregularity.
- Balance fiber intake too much or too little can worsen symptoms.
- Soluble fiber is generally better tolerated than insoluble fiber.
- Avoid common triggers like caffeine, alcohol, and spicy foods.
- Processed and high-fat foods may aggravate symptoms.
- Eat small, regular meals to stabilize gut activity.
- Maintain adequate hydration to support bowel consistency.
- Gradually introduce dietary changes to monitor tolerance.
- Probiotics may help improve gut microbiome balance.
- Keep a food and symptom diary to identify triggers.
- Consistency in diet helps reduce symptom fluctuations.

Medications & Treatment Options

Treatment of IBS-M focuses on **symptom-based management**, including antispasmodics for pain, laxatives or anti-diarrheals as needed, and gut-targeted therapies. Probiotics, dietary changes, and stress management are also essential for long-term symptom control.

Treatment Options

- **Antispasmodic medications:** Reduce abdominal cramps and bowel spasms.
- **Antidiarrheal agents (e.g., loperamide):** Control diarrhea episodes.
- **Laxatives (osmotic or bulk-forming):** Relieve constipation phases.
- **Probiotics:** Improve gut microbiome balance.
- **Low FODMAP diet therapy:** Reduces symptom triggers.
- **Fiber regulation therapy:** Balances stool consistency (soluble fiber preferred).
- **Psychological therapy (CBT):** Manages stress-related gut symptoms.
- **Stress management techniques:** Yoga, meditation, and relaxation exercises.
- **Gut-brain neuromodulators (e.g., TCAs, SSRIs):** Modulate pain and bowel function.
- **Hydration therapy:** Maintains stool consistency and prevents dehydration.
- **Lifestyle modification:** Regular meals, sleep hygiene, and exercise.
- **Personalized symptom management plan:** Tailored based on dominant symptom pattern.

Advanced Therapies & Procedures

Advanced therapies for IBS-M include **gut-brain neuromodulation, biofeedback therapy, and specialized psychological interventions**. In refractory cases, targeted medications such as **intestinal secretagogues or centrally acting neuromodulators** may be used to control severe, persistent symptoms.

Therapy Options

- **Antispasmodic therapy:** Relieves abdominal cramping and bowel spasms.
- **Antidiarrheal therapy:** Controls diarrhea episodes during flare-ups.
- **Laxative therapy:** Helps manage constipation phases.
- **Probiotic therapy:** Supports gut microbiome balance.
- **Low FODMAP diet therapy:** Reduces food-triggered symptoms.
- **Fiber regulation therapy:** Balances stool consistency (soluble fiber preferred).
- **Cognitive behavioral therapy (CBT):** Addresses gut-brain interaction and stress.
- **Gut-brain neuromodulator therapy:** Uses TCAs or SSRIs for pain and motility control.
- **Stress reduction therapy:** Yoga, mindfulness, and relaxation training.
- **Biofeedback therapy:** Improves bowel and pelvic floor coordination.
- **Lifestyle therapy:** Sleep regulation, exercise, and routine meals.
- **Personalized symptom-directed therapy:** Tailored treatment based on dominant IBS pattern.

Coping With Alternating Constipation and Diarrhea (IBS-type)

Coping with IBS-M involves **following a balanced diet, managing stress, staying hydrated, and maintaining regular bowel habits**. Identifying food triggers, using prescribed medications, and adopting lifestyle changes help reduce symptom fluctuations and improve quality of life.

Practical Strategies

- Follow a low FODMAP or individualized diet plan.
- Eat small, regular meals to stabilize bowel activity.
- Balance fiber intake prefer soluble fiber over insoluble fiber.
- Stay well-hydrated throughout the day.
- Identify and avoid personal food triggers.
- Maintain a consistent sleep schedule to support gut rhythm.
- Practice stress management (yoga, meditation, deep breathing).
- Engage in regular light physical activity or walking.
- Keep a food and symptom diary to track patterns.
- Use prescribed medications only as directed by a doctor.
- Avoid excessive caffeine, alcohol, and processed foods.
- Seek regular follow-ups for long-term symptom control.

FAQS About
Diarrhea

Q1: What is IBS-M?
A: IBS-M (Mixed type Irritable Bowel Syndrome) is a condition where a person experiences alternating episodes of constipation and diarrhea, along with abdominal pain and bloating.

Q2: What causes IBS-M?
A: IBS-M is caused by gut-brain axis dysfunction, abnormal intestinal motility, stress, food sensitivities, and changes in gut microbiota.

Q3: Is IBS-M a serious disease?
A: IBS-M is a chronic but non-life-threatening condition. It can affect quality of life but does not cause permanent intestinal damage.

Q4: How is IBS-M managed?
A: Management includes diet changes (low FODMAP), stress control, fiber regulation, probiotics, and medications for specific symptoms like diarrhea or constipation.

Take Action

If you experience **Alternating Constipation and Diarrhea (IBS-type)**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit **GastroDoxs.com** to schedule an appointment and access more resources on digestive health.

Your health matters
take the next step
today!

SCHEDULE AN APPOINTMENT

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