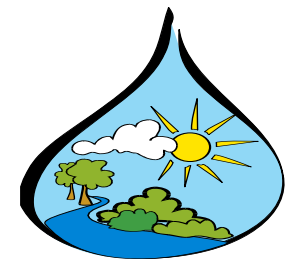


# The *Irritable* Bowel Syndrome

4<sup>th</sup> Edition – November - 2005

(Specifically written for the people of Walkerton)

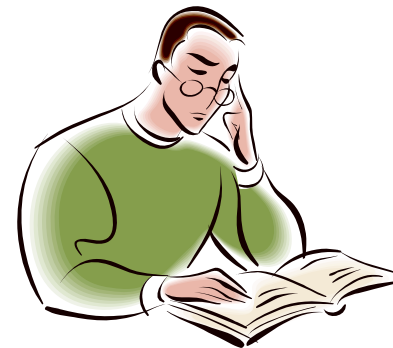
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The University of Western Ontario  
The WEL Research Group



***I have seen about 450 people for gut problems in Walkerton. About 350 of them have the Irritable Bowel Syndrome. The following are answers to the questions most commonly asked of me by the people of Walkerton. I hope this helps!! – JH***



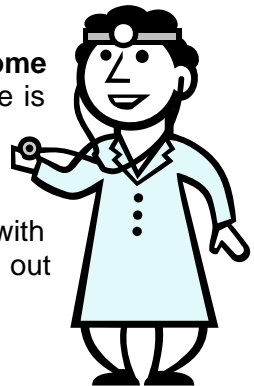
**What is the Irritable Bowel Syndrome?** The Irritable Bowel Syndrome is an ongoing problem of the bowels, usually consisting of abdominal pain, diarrhea and/or constipation. The abdominal pain is usually lower in the abdomen or on the left side but can be anywhere in the abdominal area. Other common symptoms are urgency to have a bowel movement (“I can’t wait!!! - Let me into the bathroom NOW!!!”), and bloating (a feeling of, or actual distension of the abdomen). Particularly in people of Walkerton, the stools are soft, loose or watery, are frequently urgent and may be associated with a lot of gas. Medical tests, if they are done, are normal but the symptoms are very real.





**Is mucous in the stool a bad sign? Is blood?** Mucous - a clear runny substance much like one gets with a runny nose - can be seen in the stools in the Irritable Bowel Syndrome. Blood in the stools is **not** caused by the Irritable Bowel Syndrome, but can occur on the toilet paper with the passage of either hard stools or frequent stools especially if a lot of wiping is needed. The presence of blood in the stool requires diagnosis by a doctor.

**How is the Irritable Bowel Syndrome diagnosed?** The Irritable Bowel Syndrome is diagnosed on the basis of the symptoms reported by the patients. Most of the time this is all that is needed. Occasionally, particularly in older patients or in patients with unusual symptoms, tests are done to rule out other diseases.



**What proportion of people has the Irritable Bowel Syndrome?** The natural occurrence of the Irritable Bowel Syndrome is very high. One in five people in North America have the Irritable Bowel Syndrome. It is seen more commonly in females than in males.



### **What is the cause of the Irritable Bowel Syndrome?**

The cause of the Irritable Bowel Syndrome is unknown. There is a lot of research going on into this illness and there are a lot of theories, but the actual cause, or mechanism by which it occurs, is unknown.



The Irritable Bowel Syndrome can occur after an infection of the bowel. This is called a post-infectious Irritable Bowel Syndrome, the most common problem that the people of Walkerton now have. The post-infectious Irritable Bowel Syndrome that I am seeing in Walkerton is usually a problem with diarrhea, urgency and abdominal pain. In many ways, I consider this to be a normal reaction to a bad infection.

I see the diarrhea being present as a defence system of the body to prevent more infections. Diarrhea, although uncomfortable and very bothersome, in many ways is a good thing. It is an important defence system of the body that rids the body of potentially damaging infections and toxins.

### **Does having the Irritable Bowel Syndrome damage the bowel or lead to other diseases such as bowel cancer?**

People with Irritable Bowel Syndrome do not have an increased incidence of cancer of the bowel, or of any other known bowel disease. Having the Irritable Bowel Syndrome does not lead to ulcerative colitis or Crohn's Disease. The Irritable Bowel Syndrome does not damage the bowel over time.

### **How is the Irritable Bowel Syndrome treated?**

There is no cure for the Irritable Bowel Syndrome. There is also no standard treatment. I find the



treatment must be tailored to the specific patient with the patient deciding what the best treatment is. Since it is an ongoing problem without a cure, I personally try to help patients change their lifestyle, diet and attitudes

rather than putting patients on medications for long periods of time. Medications do help a few people but they are often expensive and really only help a minority of patients.

### **LIFESTYLE - What activities help the Irritable Bowel Syndrome?**

Exercise is an important factor in the normal function of the bowel. A gradual introduction of an exercise program frequently helps the patient with their symptoms, and their general sense of well-being. A cautionary note: exercise stimulates bowel function - exercise near a bathroom! The good news is that this problem of exercise-induced bowel movements gets better with time!



**DIET: What foods make the symptoms of the Irritable Bowel Syndrome worse? What foods should I avoid?** The patient best determines the answer to this question. One patient will react to a certain type of food whereas another patient will have no problems with the same food. I strongly recommend diet trials of one to two weeks in which potentially offending foods are excluded from the diet. From my experience in Walkerton, the **common offending foods** are:

**“Sugar-Free” Gum:** This is by far the most important dietary thing that aggravates or may be the whole cause of the diarrhea and cramps. These gums contain a number of un-absorbable sugars such as sorbitol, maltitol, and xylitol. The body does not absorb these sugars. When they enter the large bowel they are fermented causing gas and acidic diarrhea.



**Caffeine:** Caffeine is a stimulant of the bowel. It doesn't in itself cause diarrhea but can certainly aggravate diarrhea in a person with the Irritable Bowel Syndrome. Caffeine is found in coffee, chocolate and colas.

**Milk/Lactose:** Lactose intolerance is a common cause of gas, bloating and diarrhea. If lactose reaches the colon, it is fermented resulting in gas and acidic diarrhea. This is particularly a problem if there is another cause of diarrhea such as the Irritable Bowel Syndrome. Lactose intolerance increases with age, can show up after a bowel infection and is very common in the oriental and black populations. Lactaid milk and old (stinky!) cheeses do not have any lactose and are fine to eat or drink during a lactose free diet.



A reasonable diet is therefore a gum-free, caffeine-free, lactose-free diet to see if these food items are aggravating the problem.

Other foods can cause problems in select patients, and in my experience in Walkerton, are less likely to cause problems. However, two-week diet trials are helpful to see if these foods aggravate the symptoms in a particular patient. The **rarely offending foods** include:

**High fat foods:** Fat is a powerful stimulant of gut movement and can cause cramps, pain and bloating. A diet low in fat is both healthier and may lessen the symptoms of the Irritable Bowel Syndrome.



**“Gassy” foods:** There are a number of vegetables that contain sugars that are not absorbed by the small intestine, enter the large intestine and cause gas, bloating, and often cramps and diarrhea. These foods are beans, peas, cauliflower, broccoli, onion and garlic. Reducing the amount of these foods may help.



**Alcohol, especially beer:** Alcohol irritates the bowel and in itself causes diarrhea. Beer seems to be especially troublesome.

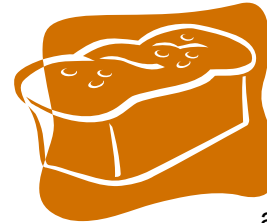


**Wheat:** A small minority of people seem to be intolerant of wheat. A few of these people may have a disease called celiac disease (diagnosed by a blood test or biopsy) but most have a unique intolerance of wheat. Worth a two week trial if all else fails.



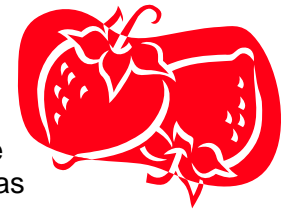
**DIET: What things added to the diet help with the Irritable Bowel Syndrome?**

I feel the main long-term treatment of the Irritable Bowel Syndrome is the gradual increase of soluble fibre in the diet. Fibre is that part of food that goes in your mouth and comes out your bottom in your stools. The body doesn't use it for



nutrients or energy but it is very important for the normal function of the colon. There are two kinds of fibre - soluble and insoluble. Soluble means that the fibre absorbs water.

Insoluble means the fibre does not absorb water. Insoluble fibre is more common in our food and is the main fibre in fruits, vegetables and most grains. Soluble fibre is found as pectin in some fruits (apples), in oat bran and in psyllium husks - a type of grain. I find psyllium is the best way to get a consistent level of soluble fibre in the diet. Many patients say they get worse when they take in fibre. I believe this is due to the fact that big changes in fibre amount from day to day do aggravate symptoms. On the other hand, a consistent intake of soluble fibre helps the symptoms. I find the gradual introduction and subsequent regular intake of psyllium in defined amounts is very helpful in the long-term treatment of patients with the Irritable Bowel Syndrome and is the only treatment I have seen that has resulted in major relief of symptoms.



Psyllium is commonly thought of as a laxative. It is not a laxative but rather a bulk-forming agent. It is used in both constipation and in diarrhea. It works by absorbing water. If there is constipation, the psyllium absorbs water from the body to make the stools soft. If there is diarrhea, the psyllium absorbs water from the stool to make the stools soft. It works both ways!

I have found a lot of success using psyllium in the people of Walkerton who have the Irritable Bowel Syndrome. The trick is to increase it slowly and to try it for at least 6 to 8 weeks. In an average adult, I recommend starting at ½ tablespoon of psyllium husks per day for one week, followed by 1 tablespoon of psyllium husks per day for one week, followed by 1½ tablespoon of psyllium husks per day for one week, followed by 2 tablespoon of psyllium husks per day indefinitely. I find this retrains the muscles and nerves of the bowel much as one trains the muscles and nerves of the body with exercise. It takes time and perseverance!

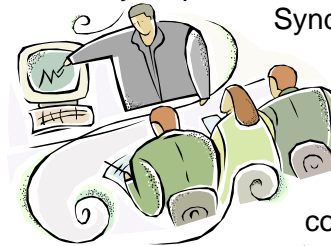
There are a number of preparations of psyllium husks that can be used. Psyllium husks can be purchased from a bulk food store. The psyllium husks can be sprinkled over cereal or cooked into hot cereals. It can be added to mushy food (yogurt, pudding, gravy, etc.) but I recommend waiting 5 minutes before eating to allow the psyllium to soften. It can be taken as flavoured Metamucil, or as the cheaper generic psyllium mucilloid. ProDiem-plain is also a good, although more expensive, way of taking it. Finally and perhaps the easiest way to take psyllium is to bake it into cookies. I have included two recipes that can be found on the last two pages of this booklet.



The important rule in the treatment of the Irritable bowel Syndrome is the **gradual, consistent, increase in soluble fibre**. Each word is important. **Gradual** means no rapid increase in fibre but a week-by-week increase. **Consistent** means that on each day about the same amount of fibre is taken in. **Increase** means that one tries to increase the soluble fibre overtime. **Soluble Fibre** is perhaps the best fibre since it absorbs water and can treat both constipation and diarrhea.

**ATTITUDES - Does psychology play a role?** Most definitely. There are three main psychological factors - stress, depression and what I call an "illness mode".

**Stress:** Stress clearly plays a role. It is a normal reaction of the bowel to have diarrhea or cramps in response to stress. It is part of what is called the 'fight or flight' response. The bowel nervous system is intimately connected to the overall nervous system. It is very important for the sufferer of the Irritable Bowel Syndrome to identify those things that



are causing stress in their lives and to look at ways at reducing or dealing with stress. Occasionally this requires professional help in the form of a psychologist, a counsellor or social worker. Stress is a part of everyone's life but the stress can become too great, necessitating professional help. Stress does come from the symptoms of the Irritable Bowel Syndrome - either by the interference the symptoms have on one's life or by the concern the sufferer may have about what the symptoms might mean (fear of cancer, colitis, etc). Stress management is vital to the successful treatment of Irritable Bowel Syndrome.

**Depression:** How much something hurts depends not only on the source of the pain, but also how one appreciates the pain. If one is feeling happy and everything is going fine, the pain is more tolerable than if one is feeling blue, feeling down about the world. Depression lowers one's pain threshold making nearly everything hurt. Depression is extremely common, and if treated, can result in 'cure' of the Irritable Bowel Syndrome. Common signs of depression are a 'down feeling', fatigue, a sleep disturbance in which the person goes to sleep fine but wakes up frequently or for long periods of time, and multiple symptoms that don't have an obvious explanation. There are many new

medications that, properly prescribed, are very effective in treating depression with extremely positive results on the Irritable Bowel Syndrome. In addition, a number of the antidepressants have an antispasmodic effect on the bowel and can directly relieve pain and diarrhea.

**The Illness Mode:** Most people I believe are in a “wellness mode”. There are also many people who, for whatever reason, are in what I call an “illness mode”. In any given day we can focus on how well we are or how sick we are. The same number and severity of symptoms are there but our attitudes towards them can be very different. These two attitudes apply to all diseases. I see it in people with another disease called Crohn’s Disease. One person can have severe Crohn’s Disease severely affecting a large part of the bowel. They are still working and carrying on a normal life. Another patient can have very mild Crohn’s Disease and be totally disabled from it. Similarly, the “illness mode” is a major factor in many patients with the Irritable Bowel Syndrome. If a patient is in the “illness mode”, it makes treatment very difficult, because, with any treatment, the focus is on how the symptoms are still there, how previous treatments have not worked and how sick one feels. On the other hand, a patient is much more likely to do better if they are in the “wellness mode”, with the patient working hard to get better, appreciating the small improvements that might occur and cherishing the good days. Changing from the “illness mode” to the “wellness mode” is difficult but important for successful treatment to occur. It requires recognition of the problem by the Irritable Bowel Syndrome sufferer followed by a concerted “wellness” effort, often requiring the help of a number of various practitioners.



### **Are drugs helpful in the Irritable Bowel Syndrome?**

Drugs are sometimes helpful in controlling the symptoms in some patients with the Irritable Bowel Syndrome. Drugs **help the symptoms** but **do not cure** the problem. In other words, drugs are not necessary in the treatment of Irritable Bowel Syndrome but rather are sometimes helpful in the treatment. Therefore, it is important to only take the medicines if there is a definite improvement of the symptoms. It is also important to realize that the drugs may produce an initial improvement but the improvement may disappear with time. In this case the drug should be stopped. In addition, I find that a certain drug in a certain patient may result in significant improvement, but the same drug in many other patients has little or no effect.



### **What guides drug treatment in the Irritable Bowel Syndrome?** I think of five things that come to mind in the drug treatment of the Irritable Bowel Syndrome.

If one begins a drug, it is worth taking it for a period of time to establish whether it works or not. Taking one or two pills to see if they work is probably not a good test of whether a drug is effective.

I encourage all patients to stop drugs used for the Irritable Bowel Syndrome if there is no obvious improvement. In most cases, I think two weeks is a reasonable trial except in the case of amitriptyline, which often requires 6 to 8 weeks to determine if it works.

The drugs should only be continued if there is continued relief of symptoms while the drug is taken. If there is a loss of improvement the drugs should be stopped.

If there are bothersome side effects, the drugs should be stopped immediately. The only slight exception to this is with amitriptyline that often causes initial and temporary side effects of drowsiness and dryness of the eyes and mouth before the benefits of the drug are seen.

It is important to point out that I have never seen a drug take all the symptoms of the Irritable Bowel Syndrome away. Drugs may result in an improvement but unfortunately they never work 100%. How much they improve things varies from one patient to the other and it must be up to the patient to decide whether the improvement warrants continuing the drug.

**What drugs are used in the treatment of the Irritable Bowel Syndrome?** All the drugs have an effect on the movement of the guts. Some attempt to create more normal movement whereas others try to reduce abnormal or painful movement of the gut.

The drugs that may be prescribed are:

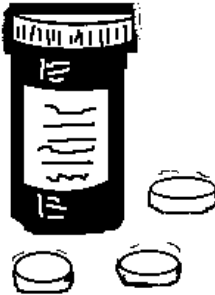
Trimebutine maleate (Modulon®). is reported to be a spasmolytic agent - it is meant to stop bowel spasms. It is reported to reduce abnormal motility and does not alter normal GI motility. It is usually taken 200 mg three times a day.



Pinaverium bromide (Dicetel®) is what is called a calcium antagonist. It is reported to have a spasm-reducing action in the gastrointestinal tract. It is taken 50-100 mg three times a day.

Tegaserod (Zelnorm®) is reported to increase gut movement and decrease the sensitivity for gut pain and movement. It is indicated in the short-term treatment of women with Irritable Bowel Syndrome whose primary symptom is constipation. It is taken 6 mg twice a day.

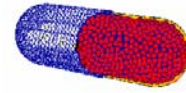
Alosetron (Lotronex®) is reported to decrease intestinal secretion, motility and pain signals. The drug was withdrawn from the market in November 2000 because of many reports of serious GI adverse effects, including severe constipation, ischemic colitis and death. Alosetron is now again available and is indicated only for women with severe diarrhea-predominant Irritable Bowel Syndrome who have chronic symptoms, and who have failed to respond to conventional therapy. It is taken 1 mg once a day, increased in a month if needed to 1 mg twice a day.



Dicyclomine (Bentylol®) is what is called an anticholinergic. It is an antispasmodic and is meant to relieve bowel spasms. However it may cause constipation, dryness and it is given 10 to 20 mg before meals and before bed.

Hyoscyamine is also an anticholinergic. It is an antispasmodic and is meant to relieve bowel spasms. However it may cause constipation, dryness and drowsiness. It is given 0.125 to 0.25 mg before meals and before bed.

Amitriptylline (Elavil®) is actually an antidepressant but is rarely used as such. It is a non-addictive pain reliever/modifier, an antispasmodic, an anti-diarrhoeal and an anti-nauseant. It does cause side effects of drowsiness and dryness of the mouth and eyes but these symptoms usually improve with time. The dose is 5-10 mg given an hour before bed, increased as needed and as tolerated to 50 mg.



Loperamide (Imodium®) is a medication for patients troubled with diarrhea. It is best used now and then. For example, patients with urgent diarrhea can often get reassuring relief by taking a pill one-half hour before going out and every 4 to 6 hours thereafter. For more severe diarrhea 2 pills four times a day can be used. The dose per pill is 2 mg. Although a narcotic derivative, it does not result in addiction.

Lomotil® is similar to loperamide and is a bit more powerful. It should be used with caution since it does have potential addictive properties and also contains a drug called atropine that can cause dryness and a fast heart rate, as well as more serious side effects if taken in large doses. The usual dose is one pill four times a day

Cholestyramine is sometimes used particularly if the gallbladder has been removed. This binds with the bile that can escape into the large bowel and can cause diarrhea. The dose is usually one scoop at breakfast. Cholestyramine can bind drugs and prevent their absorption so other drugs should not be taken within 2 hours of taking cholestyramine.

**Does the Irritable Bowel Syndrome get better?** The Irritable Bowel Syndrome is an ongoing disorder and unfortunately can last for years. The post-infectious kind usually gets gradually better over a period of time - some getting better over a few months, with others improving over a few years. I am seeing a lot of people in Walkerton getting better - even 3 years after the water contamination. There is a lot of hope especially for those who seem to have the post-infectious kind.



## Frequently Asked Questions:

*(The following are questions asked at the Walkerton GI seminars)*



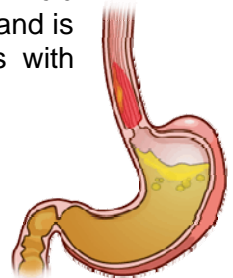
**Is there a relationship between IBS and Fibromyalgia?** Yes. The occurrence of fibromyalgia is higher in patients with IBS.

**How do you get rid of the cramps?** The best way in the long term is to try to increase the amount of soluble fiber. If this does not work, then using medicine such as trimebutine, pinaverium or amitriptylline may be helpful in patients with diarrhea and perhaps tegaserod if constipation is a problem. For immediate relief, treatment is difficult since by the time the medicine is absorbed, the cramps are gone.



**How common is acid reflux with IBS?** Acid reflux is common in the general population and is perhaps a little more common in patients with IBS.

**Does psyllium help with pain?** Not immediately but often the long-term use of psyllium helps. (See pages 7 and 8)

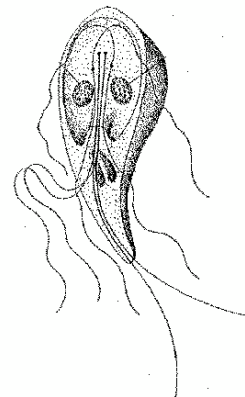


**Is the objective when taking medication for IBS to eventually get off it?** Yes, the medicines are used to relieve the symptoms, not cure the condition.

**Should people be concerned with extremely odorous bowel movements?** All stools smell! Liquid stools smell more than solid stools. The only condition that might require investigation is very foul smelling stools accompanied by oil droplets floating on the toilet water. This might indicate malabsorption. Note that taking mineral oil can also cause this.



**How do you get rid of parasites? Do they cause illness?** Parasites in Canada are relatively rare. If they do occur they rarely cause illness beyond 3 months. In our experience in Walkerton, persisting parasites has **not** been a problem. Part of the confusion results from the frequent finding of organisms such as *dientamoeba fragilis* and *blastocystis homini*, which can cause an acute illness but do not cause long term problems. The human body naturally has large numbers of organisms, some of which can be the one-celled 'parasites'.



**Can you have flare-ups with IBS?** Yes, flare-ups should be expected particularly with stress, infectious illnesses (colds, flu) and eating too much of certain foods. (See pages 5 and 6).

**Do you have to have lots of bowel tests to diagnose IBS?** IBS is diagnosed by a collection of symptoms reported by the patient. There is no test for IBS. (See page 2 and 3).

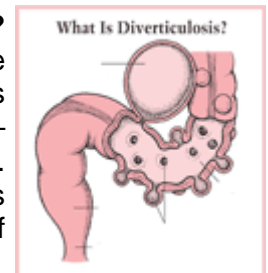
**What is the relationship between IBS and H. pylori?** H. Pylori are bacteria that are the cause of duodenal ulcer. There is no known relationship to IBS.



**Can you develop IBS if you did not have bloody diarrhea?** Yes – any severe diarrheal illness can result in post-infectious IBS. IBS also occurs commonly in the population that is not knowingly related to an initial episode of diarrhea.

**Can I use cholestyramine if I still have my gall bladder?** Yes, it can be tried. However, if it does not cause a significant improvement within a week it should be stopped.

**Does IBS lead to diverticulitis?** The occurrence of diverticulae (out-pouches of the large bowel) as one gets older is very common – probably a natural ageing process. It is hard to say whether IBS has an effect on the occurrence of diverticulae.



**Can IBS cause anemia?** Definitely not – another cause of anemia should be looked for.

**Should you take vitamins if you are eliminating many foods from your diet?** Probably a good idea. If

one is eliminating a lot of foods, one should seek the advice of a dietician to make sure that all nutrients are being taken in.



**Does your blood type affect the kinds of food your body needs or reacts to?** No.

**What sugars should you eat with IBS?** No specific sugars will help IBS. However, the sugar-related compounds in diet candies and in sugar-free gum certainly should be avoided. Also some people are lactose-intolerant – intolerant of the sugar that is only found in milk products. (See page 5 and 6)



**Are there varying degrees of IBS?** Yes. It can be mild and intermittent or it can be severe and persistent.

**Is Crohn's disease and Ulcerative Colitis related to IBS?** No – IBS does not cause these illnesses. However, patients with these illnesses can also have IBS.

**What about fluid loss with IBS? Does fluid intake affect IBS?** Not usually. The usual diarrhea with IBS is frequent but of small volume, so water loss is not usually a problem. If the diarrhea is severe, and particularly if it is associated with vomiting, one must be careful about dehydration.

**How do you get children to take psyllium?** Psyllium is most palatable in the form of cookies as in the recipes in the back of the book, or by giving small amounts throughout the day in mushy or liquid foods. If the child won't take the cookies, I recommend that the parent put the daily dose of psyllium in a small bowl. Throughout the day, the parent takes a pinch of this psyllium and adds it to all the mushy foods (yogurt, pudding, mashed potatoes, and soups). It is important to wait 5-10 minutes before giving it to the child and taste it to make sure it is fully dissolved. At the end of the day, the psyllium in the bowl should be gone.



**What is a good calcium substitute if I can not drink milk?** Usually it is the lactose that is the problem – so Lactaid<sup>®</sup> or Lacteeze<sup>®</sup> milk can be used which do not have lactose. Milk is the main source of calcium in our diets. Canned fish, almonds and turnip greens also contain a lot of calcium. Otherwise one or two TUMS<sup>®</sup> pills a day will meet the necessary requirements.

**Should psyllium be taken all at once or throughout the day?** Ideally it should be spread throughout the day but it is easier to remember if it is taken only once a day.

**What about Metamucil tablets?** One tablespoon of Metamucil has about 10,200 mg of psyllium husk. A Metamucil wafer has 3,400 mg. A Metamucil capsule has 520 mg. Therefore to take the recommended 1 tablespoon per day of Metamucil one has to take 20 capsules a day – that's a lot of expensive capsules!!



**Does Soya milk or Rice Milk have lactose in them?**

No

**What about PeptoBismol?** PeptoBismol® is an antacid and does seem to bind some bacterial toxins. However, it does contain Bismuth – a heavy metal – the long term effects are not known. It is worth a try but if there is not a major difference, it is suggested that it not be used on a long term basis.

**Is Senokot® a good drug for constipation?**

Senokot and a lot of other “natural laxatives” tend to create a dependency. The best therapy for constipation is psyllium if it is mild, or if it is more severe, regular doses of milk of magnesia or polyethylene glycol are recommended.

**Do all sugar free products cause diarrhea?** Only the “sugar alcohols” such as sorbitol, mannitol and xylitol cause diarrhea. Aspartame and sucralose do not – although some people feel they can cause other problems.

**What is “normal” when it comes to bowel movements?** The range of normal as defined statistically is anywhere between one bowel movement every three days to three bowel movements a day. In children, it is between one every five days and five times a day. Having said this, probably the main thing to consider is how it has changed from the past.

**Is goat cheese and goat milk better for you?** Goat milk has the same amount of lactose as is present in cow’s milk. There is no scientific evidence to say that goat milk products are better than cow’s milk. However, some people tolerate it much better – others find the opposite. The message is “Listen to your body!”





**What about flax seed?** Flax seed is very nutritious with lots of essential fatty acids (components of fat that must be present in the diet – like vitamins). Flax seed is also an excellent source of soluble fibre – like psyllium. It tends to cause a looser stool than psyllium does, so it is a good idea in constipation but probably not as effective when diarrhea is the problem. Flax seed if used should be ground in a coffee grinder and kept in the fridge since, once it is ground, it can rot.

**Is there something one can do to not miss out on dinner parties?**

Dinner parties often have a lot of fat and spice in the food, and this can make diarrhea worse in IBS. Good ideas are to choose less fatty foods, minimize hot spices, and drink alcohol in moderation and to consider taking some loperamide before going to the party. (See page 14).



**What about acidophilus and good bacteria?** There is a lot of research going on in adding bacteria to the diet. Yogurt with live yogurt culture is an excellent source of “good bacteria”. Generally the bacteria that are present in capsules are dead so that they have minimal effect.

**What do you do if you are fibre intolerant?** The most important thing to remember is the best approach for taking fibre. **Soluble fibre** in the diet must be **increased gradually** and **consistently**. Being intolerant of fibre is generally due to the sudden intake of a lot of fibre or a diet that contains widely different amounts of fibre from day to day. (See page 8).

## Dr. Howard's Yummy Psyllium Cookies

Each cookie has 1 tbsp of psyllium

### Ingredients:

1 cup psyllium  
1 cup brown sugar  
½ cup oats  
½ cup flour  
¼ tsp salt  
½ tsp baking powder  
½ cup chocolate or butterscotch chips - optional

1 egg  
4 ounces melted butter  
1 tsp vanilla  
3 ounces water

### Method:

Preheat oven to 325 degrees F

Combine and mix dry ingredients.  
Combine and mix liquid ingredients. Combine dry and liquid ingredients.

Onto two greased cookie pans, divide into 16 cookies - about 2 inches across each.

Bake at 325 degrees F for 16-20 minutes or until golden brown.



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## Dr. Howard's Yummy Peanut Butter Squares

Each cookie has 1 tbsp of psyllium

### **Ingredients:**

1 ½ cups psyllium husks  
1 cup white sugar  
2 tsp baking powder  
½ cup flour



2 eggs  
4 ounces melted butter  
1 tsp vanilla  
1 cup peanut butter  
6 ounces of water

### **Method:**

Preheat oven to 325 degrees F

Combine and mix dry ingredients.

Melt butter in microwave, add peanut butter, microwave until liquid. Add to dry ingredients and mix, add egg, water and vanilla - mix very well.

Pour onto a greased brownie pan. Bake at 325 degrees F for 20 - 24 minutes or until golden brown. Cut into 24 squares.

Squares can be frozen for daily use.

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## Dr. Howard's Yummy Psyllium Gummy Squares

### **Ingredients:**

5/8 cup psyllium  
2 tbsp white sugar  
4 tbsp grape drink mix (other flavours are good too)  
- use twice what is needed for 8 ounces  
1 cup boiling water

### **Method:**

Mix dry ingredients - add 1 cup boiling water. Mix well.  
Put into mold. Refrigerate. When cool - cut into 10  
pieces

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## **ADDITIONAL RECIPES**

prepared by : Deborah Perry-Cywink

### **Psyllium Ginger Squares**

2 eggs

2 cups vegetable oil

2 cups molasses

1 2 cups sugar

1 teaspoon baking soda

2 tsp of each cloves, cinnamon, ginger, nutmeg or (1tsp pumpkin spice)

1 2 cups flour

1 cup psyllium

2 cup chopped pecans (optional)

2 cup chopped raisins (optional)

Preheat oven to 325 degrees. Mix first six ingredients. Add flour, psyllium, nuts and raisins. Spread evenly in a greased 10 x 13 pan. Sprinkle with white sugar. Bake for 30 - 40 minutes.

Keep an eye so they don't burn on the edges. Cool pan on cookie rack for about 10 minutes. Turn pan over and place on cookie rack to finish cooling. When cool cut into 16 squares.

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## **Low Fat Psyllium Chocolate Brownies**

3/4 cup flour  
3/4 cup psyllium  
3/4 cup cocoa  
1 2 cup sugar is this ½ cup  
1 tsp baking powder  
2 eggs  
1 cup unsweetened apple sauce  
3 tbsp melted butter  
1 tsp vanilla  
1 cup chocolate chips

Preheat oven to 350 degrees. Grease 8" x 10" baking dish or pan. Into a medium size bowl, measure all dry ingredients and mix well. Add chocolate chips to dry mixture. In a larger mixing bowl, whisk eggs until well blended. Stir in apple sauce, butter and vanilla. Gradually add flour mixture to wet ingredients.

Turn into grease pan and smooth out top. Bake in centre of oven until sides pull away from pan, for 30 - 40 minutes. Cool for about 10 minutes in pan then transfer to a rack to completely cool. Ice the top and sides with chocolate icing, (kids like the sprinkle frosting) and then cut into 12 squares. Cover tightly and refrigerate for up to 1 week.

### **Toffee Crunch Psyllium Blondies**

2 cup softened butter  
1 cup packed brown sugar  
2 eggs well beaten  
1 cup flour  
1 cup psyllium  
1 tsp baking powder  
2 tsp baking soda  
1/4 tsp salt  
1 cup Chipits Skor Toffee Bits  
1 cup chocolate chips (optional)

Mix all of the above together and spread evenly into a greased 13" x 9" baking dish or pan. Bake @ 350 degrees for 23 - 28 minutes or until golden brown. Remove from oven and immediately sprinkle the remaining Chipits Skor Toffee Bits. Cool. Cut into bars. Cut into 16 bars.

## **Blueberry Streusel Muffins with Psyllium**

1 2 cups of flour  
1 1/4 cups sugar  
1 cup psyllium  
1 tbsp baking powder  
1 cup butter / margarine (Becel)  
2 tsps cinnamon  
3/4 cup milk  
2 eggs  
1 2 tsp vanilla  
2 cups blueberries fresh or frozen

Combine flour, psyllium, sugar and baking powder in a large bowl. Cut in butter until it resembles a crumble. Remove 3 cups of this mixture stir in cinnamon and set aside. In a smaller bowl, combine milk, eggs, vanilla and add to flour mixture. Stir until just moistened.

Spoon batter into 16 buttered or paper-lined muffin cups. Sprinkle each with reserved crumb mixture. Bake for 30 - 35 minutes in a preheated 350 degree oven. Cool for 10 minutes before removing from pan.

### **Stove Top Chocolate Old Fashion Oat Cookies with Psyllium**

2 cups white sugar  
6 tbsp cocoa powder  
2 cups butter  
2 cups milk  
pinch of salt  
2 cups quick oats  
1 1/3 cups shredded coconut  
1 cup psyllium

In a saucepan combine milk, sugar, cocoa, butter and salt. Bring to boil over medium heat stirring constantly with a wooden spoon. When mixture has boiled remove from heat and add remaining ingredients. Mix with wooden spoon until well combined. Using a teaspoon, drop the mixture onto wax paper. In about 30 minutes, they will be firm enough to eat.

Make into 16 cookies.

## **Chocolate Almond Psyllium Bark**

### **Ingredients:**

1 1/2 sleeves of Premium Plus Whole Wheat Crackers  
2 cups brown sugar  
2 cups butter (margarine)  
3 cups chocolate chips  
1 cup almond slivers  
1 cup psyllium

### **Method:**

Line crackers on a regular cookie sheet (one with an edge).  
Sprinkle psyllium evenly over crackers.  
In a medium sauce pan bring to boil sugar and butter at medium heat for five minutes.  
Pour mixture evenly over crackers and psyllium.  
Bake in 350 oven for 5 minutes.  
Remove from oven and top with almond and then chocolate chips.  
Bake again for 5 minutes.  
Remove from oven and allow to cool completely before cutting into 16 pieces.  
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Notes