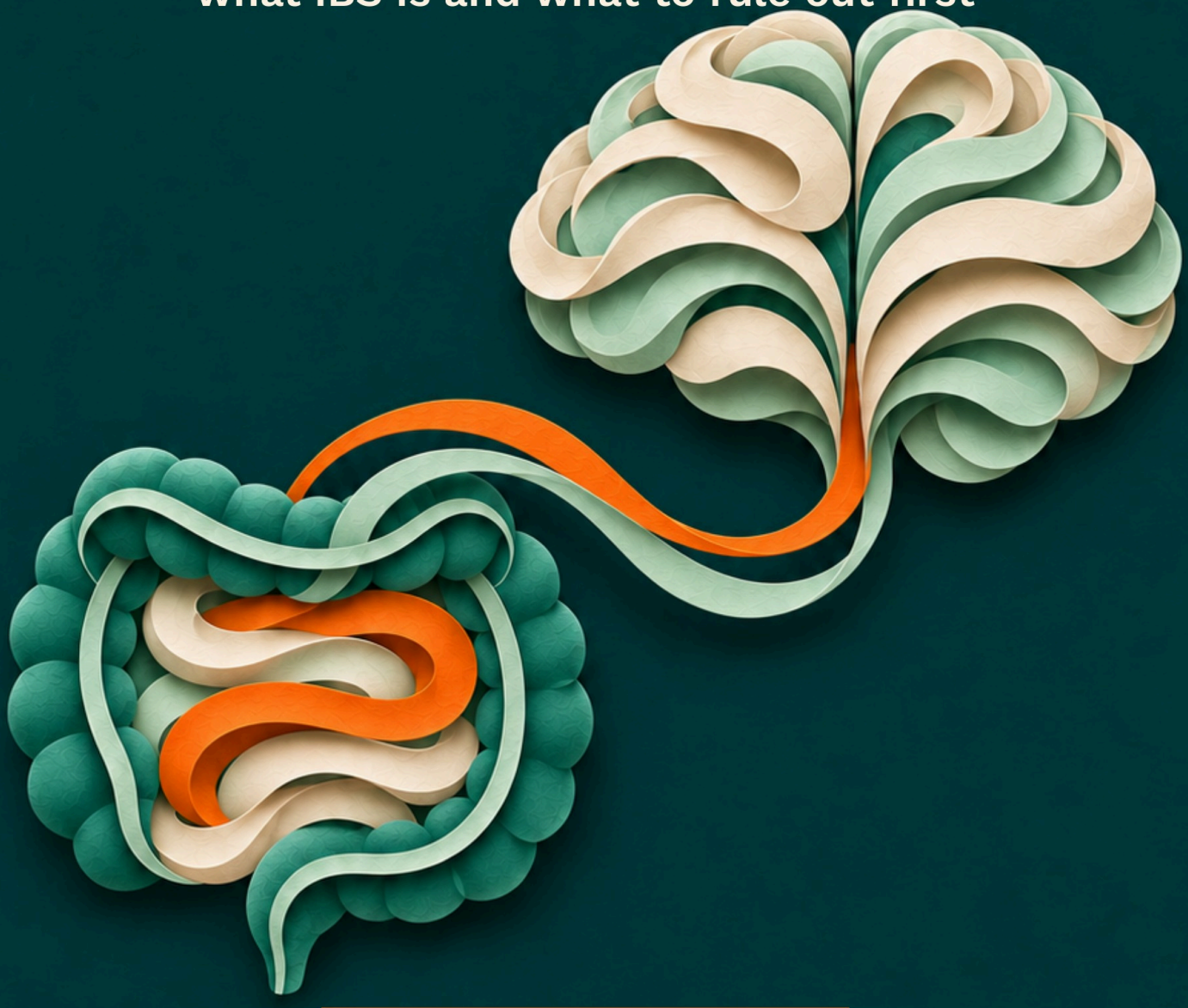
THE GUT HEALTH SERIES

LIVING WITH IBS

Pain, urgency and unpredictable bowels: what IBS is and what to rule out first



DR MICHAEL KLEIN

Before You Begin

Gut problems can affect what you eat, how you feel and how you live. This book brings together scientific evidence and practical guidance on one of them: living with ibs.

It is one of the problem chapters of *The Gut Health Manual*, published on its own. Chapter 2 is that chapter, word for word. Chapter 1 adds the short background it relies on, and Where to Go Next shows what the full manual adds for a reader with this problem. Where the text says "the constipation chapter" or similar, it means a chapter of the full manual.

IMPORTANT NOTICE

This book is for general information. It is not a diagnosis, and it does not replace advice from your own doctor, pharmacist or dietitian.

Read the **red flags** in Chapter 2 first. If any apply to you, see a doctor before trying the plan.

Never stop or change a prescribed medicine without speaking to the person who prescribed it.

Check with a pharmacist before taking herbal products if you are pregnant, breastfeeding, take regular medicines, or have a long-term condition.

How to Use This Book

Start with Chapter 2. You do not need to read Chapter 1 first, but it is short and explains the labels used throughout.

The evidence labels

Label	What it means
Strong	Several good randomised controlled trials, confirmed in meta-analyses.
Moderate	At least one good randomised trial, or several smaller trials pointing the same way.
Early	Small or laboratory studies, or traditional use with a plausible mechanism.
Expert advice	Recommended by specialist guidelines on the basis of experience rather than trials.
Not supported	Tested and found not to help, or advised against by specialists.

What the boxes mean

★ **KEY IDEA**

The single most important point of a section.

i **PRACTICAL TIP**

Advice that makes a step easier or more effective.

! **CAUTION**

Safety guidance, or a common mistake to avoid.

The workbook pages

Chapter 2 ends with **Key takeaways**, a **checklist**, a **14-day plan** and a **tracker** page. Patterns in your own diary are often more useful than any general advice. Each tracker is also in the free GutClarity™ app (see Free Downloads and the Companion Kit).

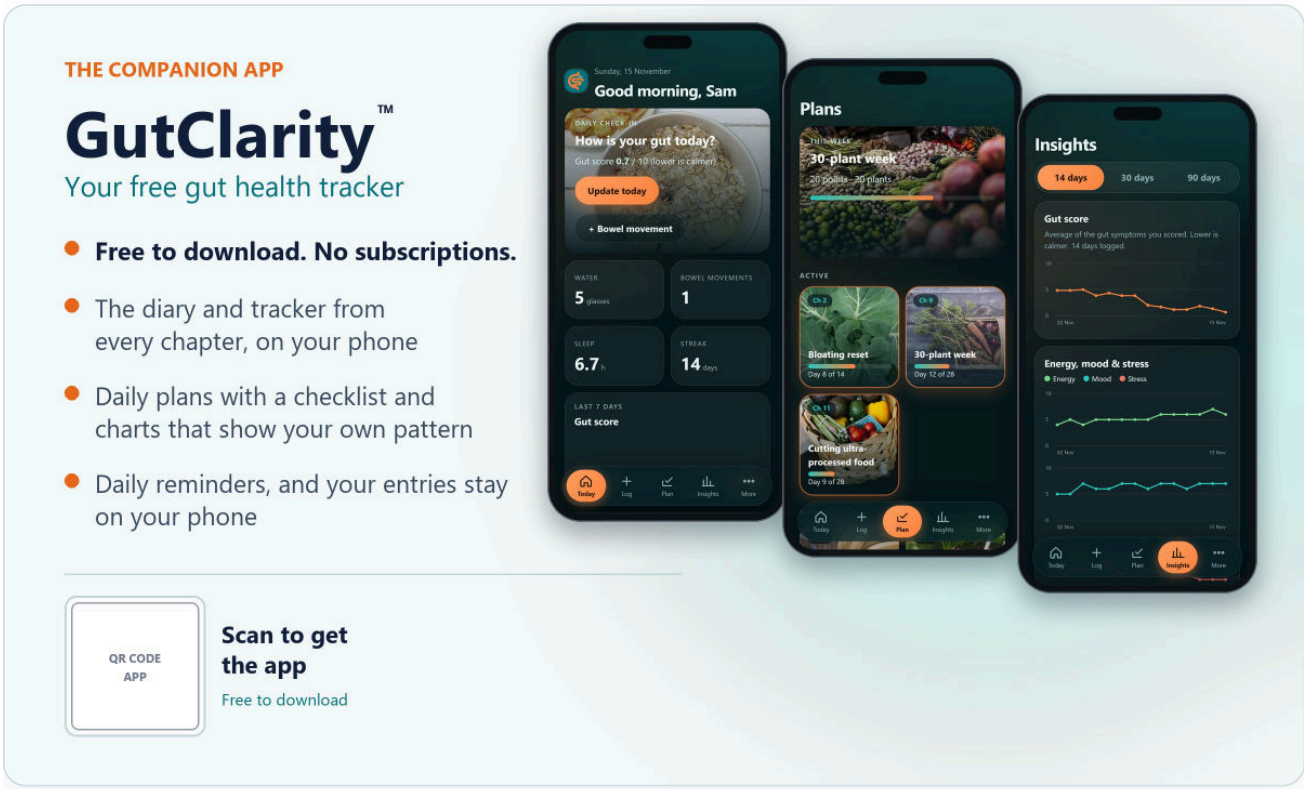
Free Downloads and the Companion Kit

To help you put the guidance into practice, a selection of free downloadable resources is available online, including printable checklists, symptom diaries and progress trackers. The complete Gut Health Companion Kit is free to download too, bringing together the chapter worksheets, practical plans, food-planning tools and reusable journal pages, alongside guided audio for breathing and gut-calming relaxation. These resources accompany the Natural Health Series and give you space to record your experiences, recognise patterns and prepare useful questions for your healthcare professional. You can print fresh copies whenever you need them and use the tools that suit you best.



Your free companion app

Every diary and tracker in this book is also available in **GutClarity™**, a companion app for your phone. It is free to download, and there are no subscriptions. You score your symptoms, log meals and bowel movements, tick off the steps of each 14-day plan, and see charts of your own pattern, with an optional reminder each day. Your entries stay on your phone. At the end of Chapter 2, a short panel shows the matching screens, for anyone who would rather not print and fill in the forms by hand.



Contents

Before You Begin 2

How to Use This Book 3

Free Downloads and the Companion Kit 4

CHAPTER 1

1 The Gut Basics You Need First 7

1.1 Two things worth knowing 8
1.2 How the evidence labels work 9
1.3 The Bristol Stool Chart 9
1.4 Where to begin 10

CHAPTER 2

2 IBS: Pain, Urgency and Unpredictable Bowels 11

2.1 IBS: a global snapshot 12
2.2 What IBS is 13
2.3 How IBS works 15
2.4 The main drivers 16
2.5 Rule out first 17
2.6 The IBS protocol 20
2.7 What about probiotics? 29
2.8 What specialists advise against 29
2.9 Myths versus evidence 30
2.10 How this fits with the rest of the book 31
2.11 Your 14-day IBS reset 32

Where to Go Next 37

About the Author 39

References 40

Glossary 42

List of Figures 43

CHAPTER 1

01

This short chapter gives the background that Chapter 2 relies on: two ideas about how the gut works, and how to read the evidence labels. It is adapted from the opening chapter of The Gut Health Manual.

IN THIS CHAPTER

01 The gut-brain axis

02 The gut barrier

03 How the evidence labels work

04 The Bristol Stool Chart

05 Where to begin

1.1 Two things worth knowing

The full manual explains four systems that sit under almost every gut problem: the microbiome, the gut barrier, short-chain fatty acids and the gut-brain axis. Two of them matter most for IBS, so they are summarised here.

The gut-brain axis

Your gut and your brain are in constant two-way communication through a network called the gut-brain axis. The gut contains its own network of nerve cells, the enteric nervous system. The vagus nerve carries signals between the gut and the brainstem in both directions. Most of the body's serotonin is made in the gut, mainly by the gut's own cells, not by bacteria. Gut serotonin does not cross the blood-brain barrier; the brain makes its own. Bacteria can influence signalling, but that is not the same as sending serotonin to the brain. **Evidence level: Strong (basic neuroscience and anatomy); Early (microbial mechanisms as an explanation for changes in human mood).**

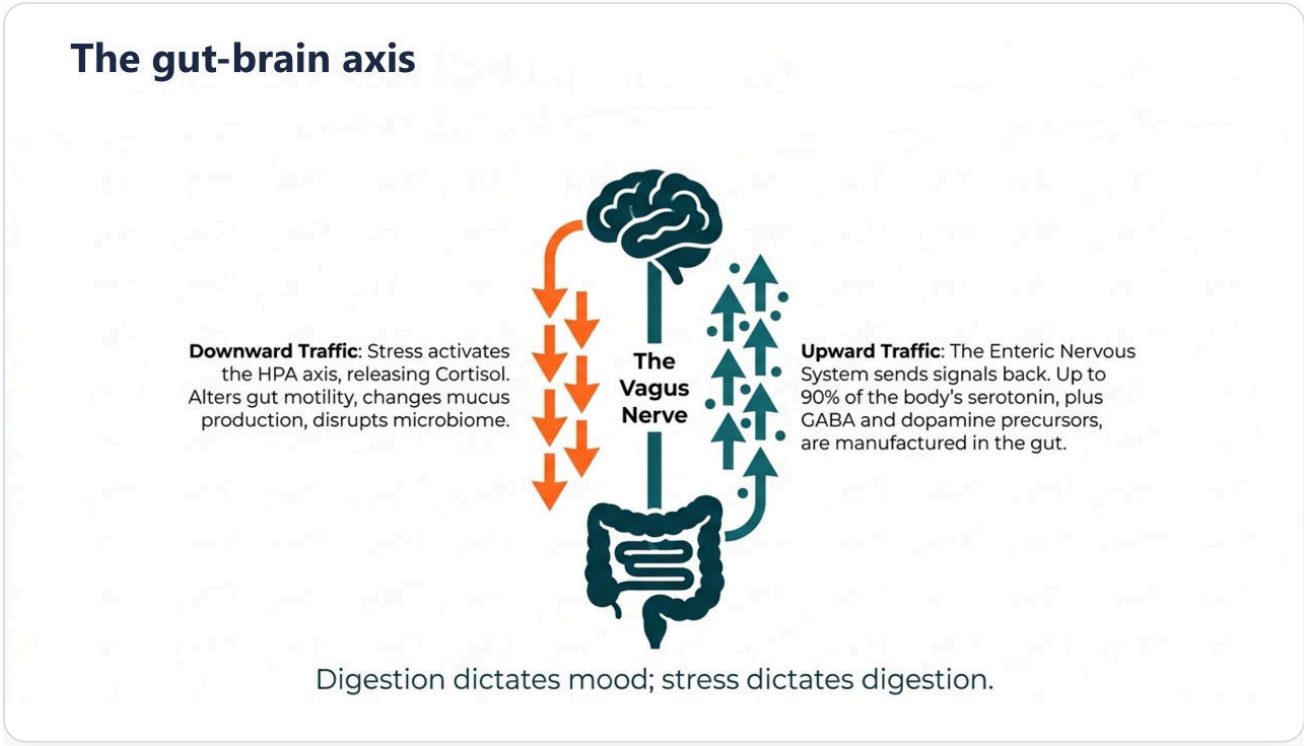


FIGURE 1.1 **The gut-brain axis** Signals travel both ways through nerves and other routes. Serotonin made in the gut is mainly produced by the gut's own cells and does not enter the brain. The arrows show possible routes, not that digestion dictates mood or stress dictates digestion.

The gut barrier

The inside surface of your intestine is lined by a single layer of cells called epithelial cells. This layer helps control what passes from gut contents into the body, while allowing nutrients to be absorbed. Proteins called tight junctions regulate passage between neighbouring cells. **Evidence level: Strong for basic anatomy.** Changes in this barrier, sometimes called increased intestinal permeability, have been found in some people with IBS. That does not establish them as the cause of every symptom. **Evidence level: Early for barrier changes as a treatment target in IBS.**

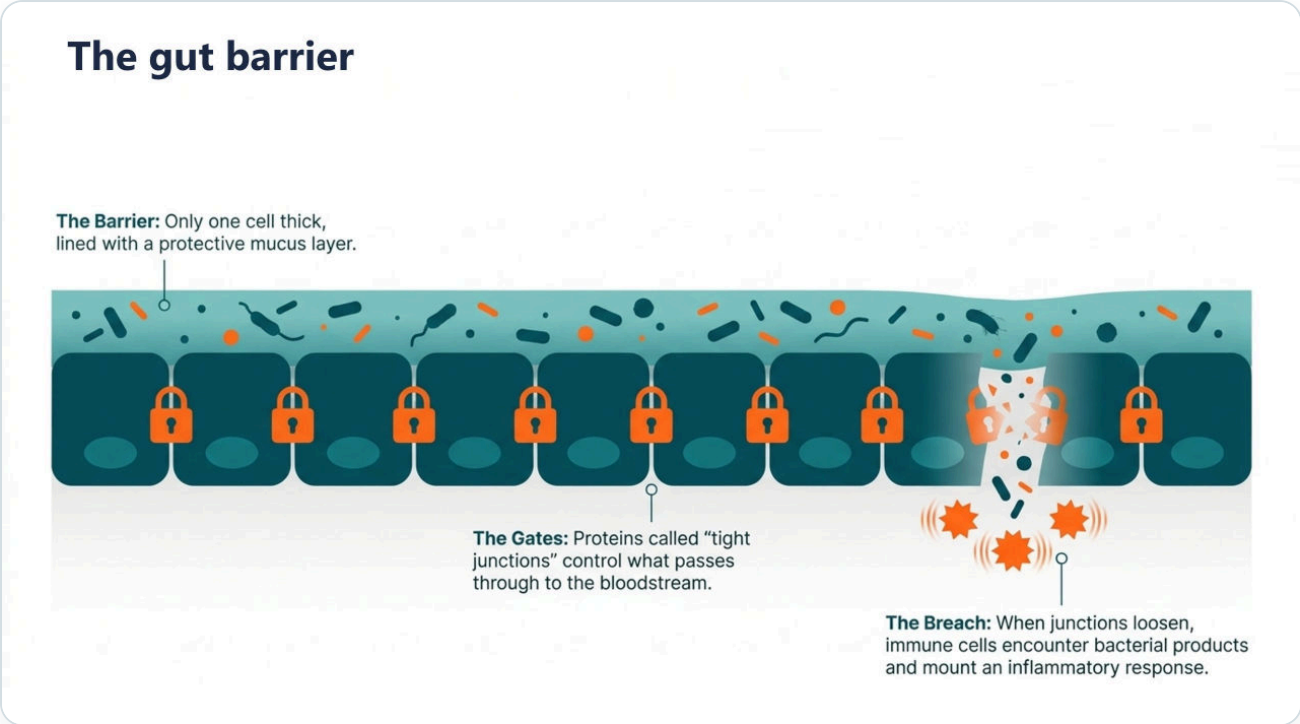


FIGURE 1.2 **The gut barrier** The epithelial layer, its tight junctions and protective mucus help separate gut contents from the body. This is a simplified mechanism, not a test for the cause of your symptoms.

1.2 How the evidence labels work

The labels in the table in How to Use This Book (Strong, Moderate, Early, Expert advice and Not supported) sit beside the key claims in Chapter 2. Read the words beside a label. Where the evidence concerns an observational link or basic physiology rather than a treatment trial, the text says so. Strong evidence that a biological process exists is not strong evidence that changing it will improve your symptoms.

1.3 The Bristol Stool Chart

Chapter 2 asks you to describe your stools using the Bristol Stool Chart, which the constipation chapter of *The Gut Health Manual* explains. It is reproduced here for reference: types 1 and 2 are hard lumps, types 3 and 4 are the comfortable middle, and types 5 to 7 are progressively looser.

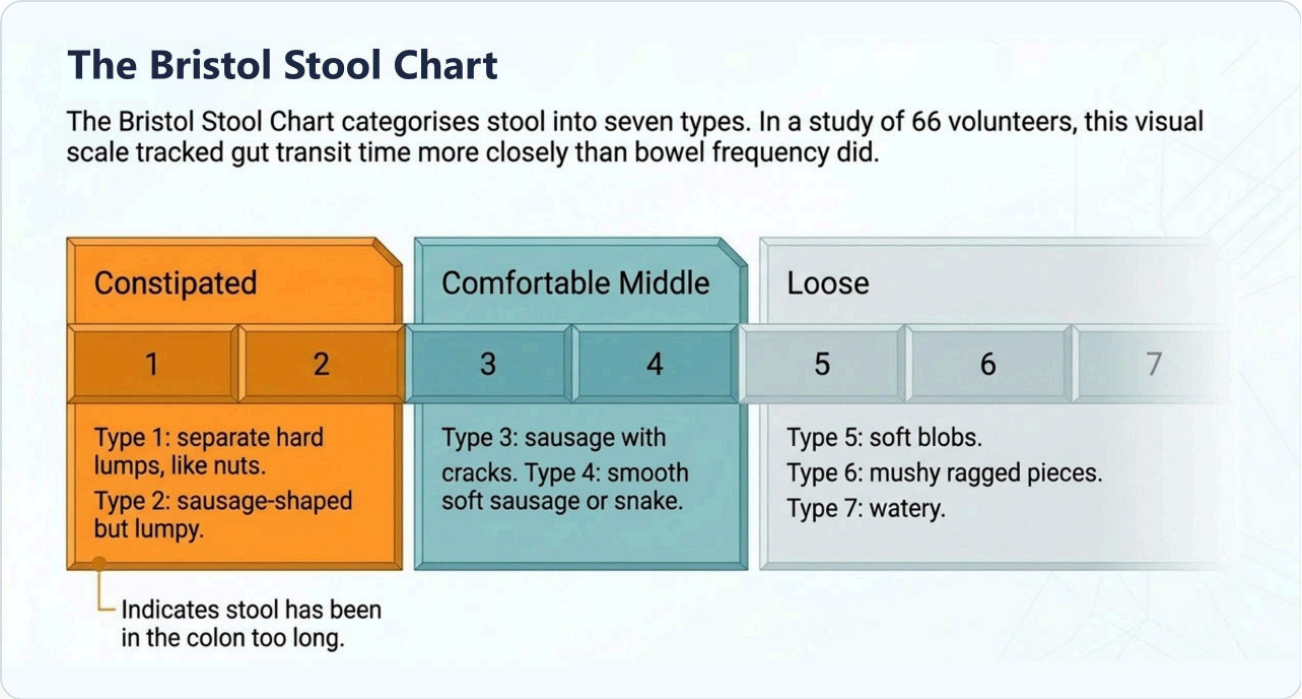


FIGURE 1.3 **The Bristol Stool Chart** Seven stool types: 1 and 2 mean constipation, 3 and 4 are the goal.

1.4 Where to begin

Chapter 2 is the main part of this book. Read its **Rule out first** section before anything else: if any of the warning signs apply to you, see a doctor before trying the plan. Then work through the seven steps in order, and use the 14-day plan and the diary at the end of the chapter to see what helps you.

This book is not a substitute for medical advice. If you have symptoms that are new, rapidly changing, or accompanied by blood, unexplained weight loss or pain that wakes you at night, see your doctor first.



CHAPTER TWO

Living *with* IBS

What IBS is, what to rule out first, and seven steps that help.

8.5%

of adults in 15 countries met the criteria for IBS.

ROME V SURVEY, 2026

> *Your belly cramps, and the pain eases, or changes, when you go to the toilet. Some days you rush to the toilet three times before lunch; on others nothing moves at all. You plan journeys around toilets, turn down meals out and never quite know what tomorrow will bring. This is irritable bowel syndrome (IBS). This chapter explains what IBS is and how it works, what your doctor should check first, and a seven-step plan that starts with free changes and brings together the diet, fibre, brain-gut therapies and medicines that specialists recommend.*

IN THIS CHAPTER

01 How common IBS is, and how doctors define it (including the new Rome V criteria)

02 The four types of IBS, using the Bristol Stool Chart

03 How IBS works: a sensitive gut, bowel speed, the gut-brain loop and gut infections

04 Red flags, and the few tests that rule out other causes

05 The seven-step IBS protocol, matched to your main symptom

06 Medicines in plain terms, probiotics, and what specialists advise against

07 Myths, your 14-day IBS reset and a symptom diary

2.1 IBS: a global snapshot

IBS is one of the most common gut problems in the world. The Rome Foundation Global Epidemiology Study, published in 2021, surveyed 73,076 adults in 33 countries: online in 26 countries and in face-to-face interviews in 9 (two countries used both). By the Rome IV criteria, **4.1%** of those who answered online had IBS, and 1.5% of those interviewed at home. More than 40% of the online group (40.3%) met the criteria for at least one disorder of gut-brain interaction, the family of conditions to which IBS belongs.

A second survey, published in 2026, used the new Rome V criteria with 28,771 adults online in 15 countries. This time **8.5%** met the criteria for IBS; in the same 15 countries, the earlier Rome IV survey had found 3.9%. The authors put the rise down mainly to the wider Rome V definition (see below), not to a sudden change in people's guts. In the Rome IV study, women were more likely than men to have IBS, and it was most common in adults aged 18 to 39.

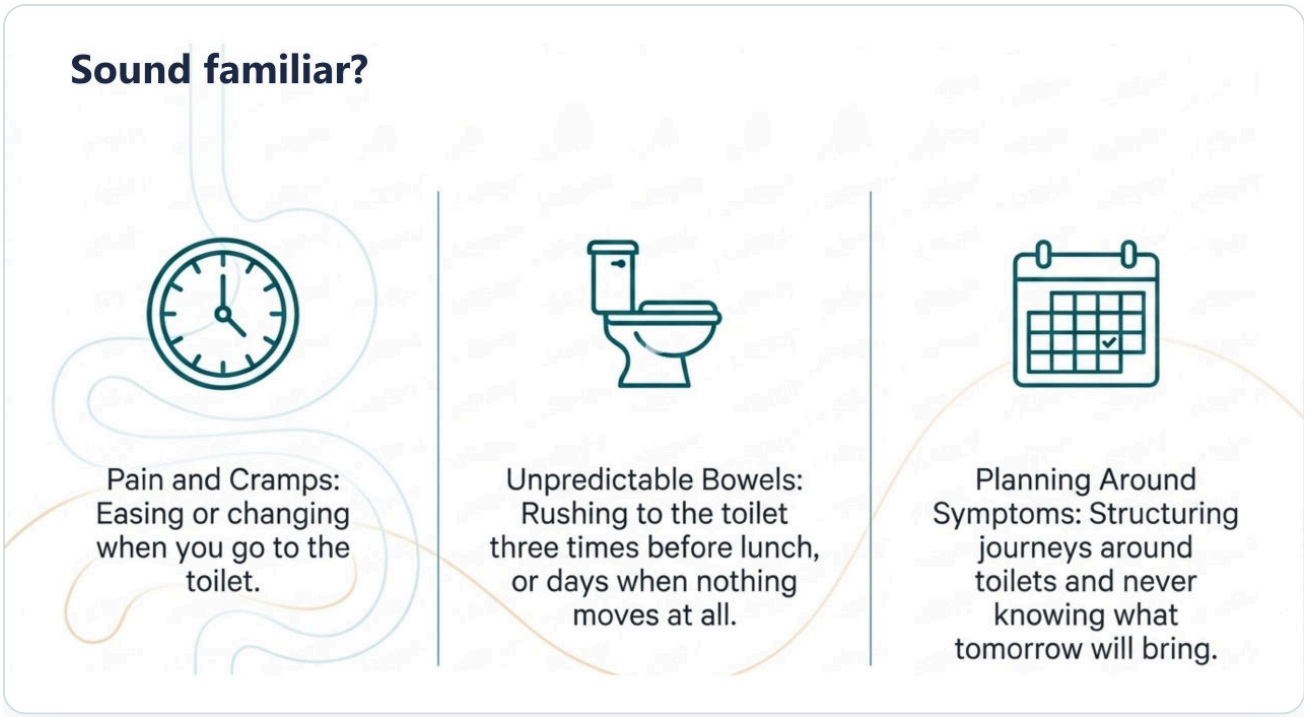


FIGURE 2.1 **Sound familiar?** Pain that changes with the toilet, unpredictable bowels and a life planned around toilets.

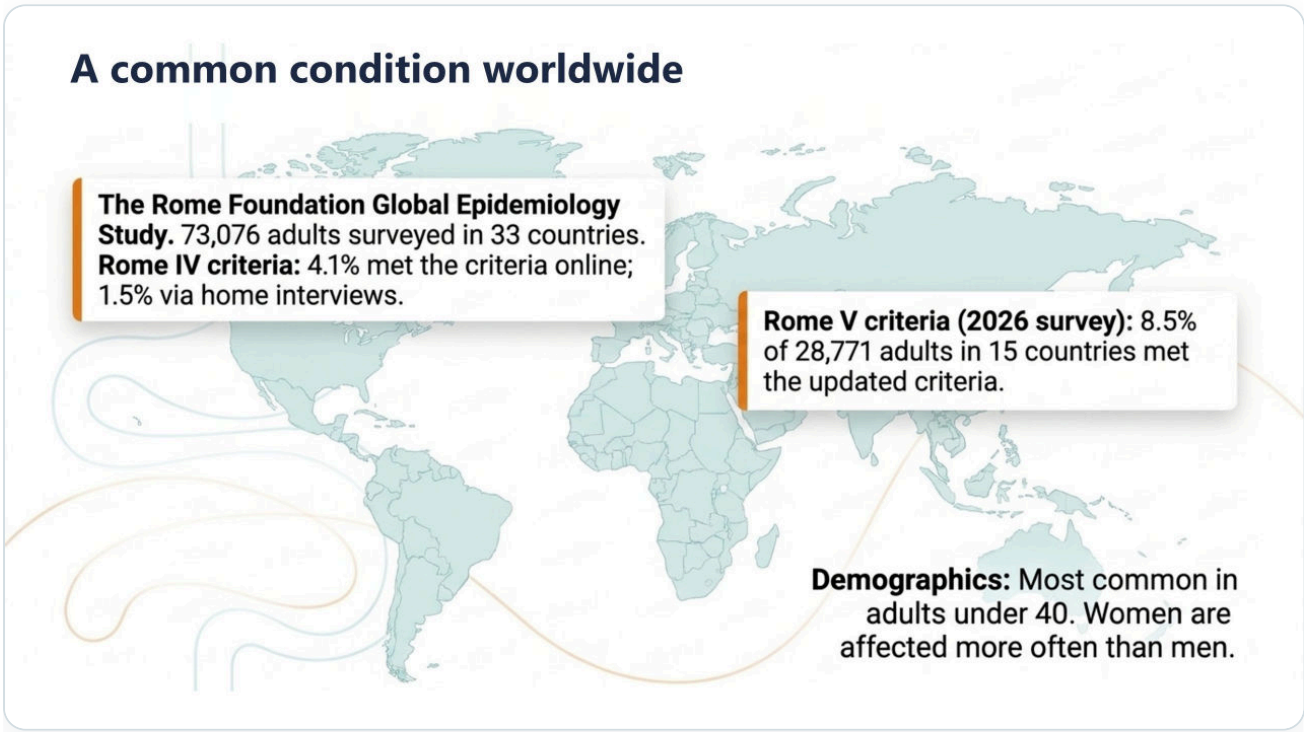


FIGURE 2.2 **A common condition worldwide** By Rome IV, 4.1% of adults online and 1.5% at home; by the wider Rome V criteria, 8.5% in 15 countries.

2.2 What IBS is

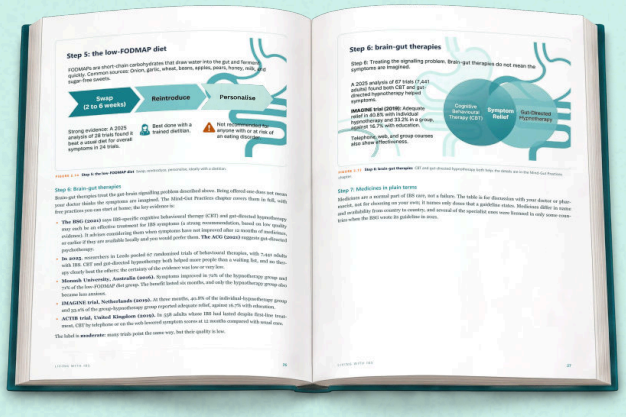
There is no blood test or scan that shows IBS. Doctors diagnose it from the pattern of symptoms, once simple tests have ruled out other problems. The pattern has been defined by the Rome Foundation, an international group of specialists, and updated every few years.

Cramps, urgency and bowels you cannot predict?

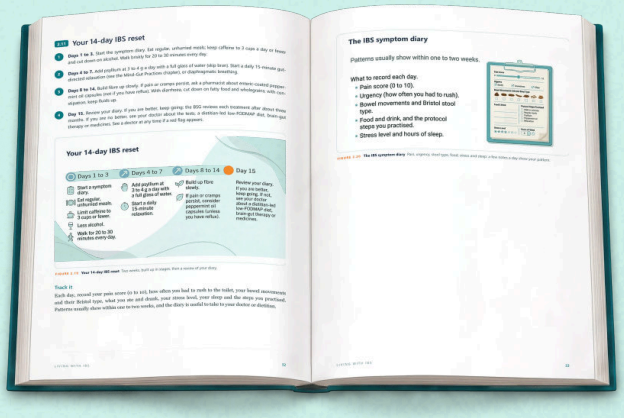
Understand how irritable bowel syndrome works, what your doctor should check first, and seven steps that bring together diet, fibre, brain-gut therapies and medicines.

Build a plan that fits your own symptoms, with every step graded by the strength of its evidence. Printable checklists, symptom diaries and progress trackers are free to download, and the GutClarity app is free too, with no subscription.

Start with what to rule out, then build your plan one step at a time.



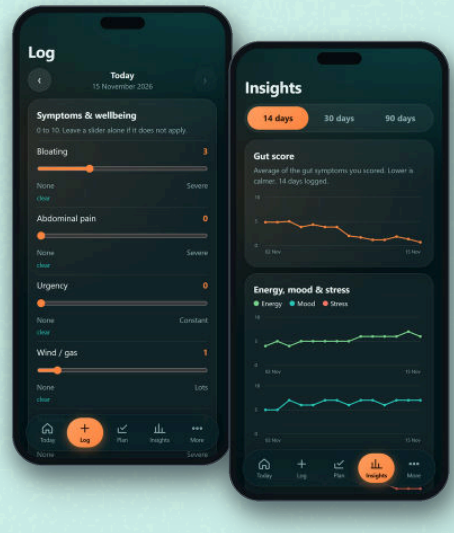
Clear explanations. Practical steps.



Checklists, diaries and trackers.

Explore The Gut Health Series





The complete Gut Health Manual • Seven focused guides • Free GutClarity app