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Summary for Hypothesis about Intermittent Maldigestion Syndrome (IMS) 7-20-10

What are the typical symptoms?

This is not yet a recognized condition by most physicians. However, I believe a patient may have this if he or she experiences pain, cramping, bloating and urgent bowel movements which are usually looser and more frequent than normal *after eating certain foods*. (The “triggering foods” may vary from one individual to another such as onions, spicy foods, eating out in a restaurant.) It does not have to occur daily, and has been viewed by many physicians as being the diarrhea form of the “Irritable Bowel Syndrome”. See my Letter to the Editor, Pancreas. March 2009.

What may be causing this?

A patient who has this condition may have a deficiency in the digestive enzymes (disaccharidases) of the small intestine which prevent the adequate digestion of the food or the ability to make other enzymes for digestion. Lactase deficiency is a disaccharidase deficiency that is commonly recognized as the cause of the bloating and diarrhea after drinking milk. A deficiency in these enzymes may cause up to 20% of the diarrhea condition of childhood known as the “recurrent pain syndrome.” Doctors at Baylor University are currently researching this problem among children and it seems to have a genetic basis. (I have found close to 50-75% of my patients have someone else in their family with the same problem). There may also be a deficiency in the production of amylase from the pancreas. The disaccharidases can be affected by many different foods or spices and some can actually “turn-off” their production. One of the diabetic drugs, acarbose, works by turning off the production of the disaccharidases which then reduces the digestion of starch and as a result, the blood sugar doesn’t go up as high. Onions are 4 times more potent than this diabetic drug in reducing the production of the disaccharidases. Therefore, it may be that individuals with this condition have a genetic predisposition which causes some foods to turn off the disaccharidases, reducing their ability to digest the foods. This may result in the gastrointestinal symptoms. Major research needs to be done to figure out this complicated picture. This same condition also occurs after a person has had their gallbladder removed.

What types of tests should be done before I can try the pancreatic enzymes?

Anyone who has this problem daily should see a gastroenterologist for evaluation. The evaluation should include testing for Celiac Disease, inflammatory bowel disease such as Crohn’s Disease or Ulcerative Colitis, chronic infections, and potentially include stool tests for fat malabsorption. If the problem began over the age of 50, then a colonoscopy is definitely needed. If a person has had this problem since his or her teenage years, and only has it a few times a month, then the testing for Celiac disease is probably all that is needed.

What are some of the medications that I could try to take to help this digestion problem?

I have been prescribing several different brands of pancreatic enzymes and they all seem to work, some better than others for individual patients. The brand names have included: ZENPEP 20 (20,000 units of lipase per capsule), Creon 24 (capsule), and Pancrelipase. These are prescription medications that a person will have to get from his or her doctor. It is quite important to take pancreatic enzymes BEFORE eating either the “trigger meal” or, if one has frequent BM’s several times daily, then with each meal. The number of enzyme capsules needed may vary from 1-6 before the “trigger” meal, depending on the individual. Side effects are few but can include bloating, pain, and constipation. If constipation develops, then decreasing the dose and taking extra fiber may help. Some patients may need to vary the dosage depending on what they are eating or the size of the meal. In addition, I have found that Welchol, 625mg per capsule, is also effective by

taking 1-3 capsules before either the trigger meal or on a regular basis. This is also a prescription drug which can lower cholesterol.

For more information, here is a link to radio and a TV interviews about this condition.

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