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# LRA by ELISA/ACT<sup>®</sup>

## CLINICAL PEARLS UPDATE#1

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### *Irritable Bowel Syndrome*

August 22, 2003

Dear Colleague:

**IBS (irritable bowel syndrome) including Crohn's regional enteritis and ulcerative colitis cause suffering for 15-30 million Americans. These autoimmune, inflammatory (repair deficit) conditions reflect T lymphocyte (type IV) as well as reactive B lymphocyte (type II) delayed allergic mechanisms.** Antibody detection can be confusing because both beneficial (neutralizing / protective) as well as symptom provoking (reactive / complement activating) are measured, and their function can not be distinguished by serum ELISA procedures because they are not functional.

Following are abstracts of two recent articles that illustrate the need for comprehensive, advanced, functional tests for better outcomes.

**Successful comprehensive management using LRA by ELISA/ACT™ tests and treatment plans are illustrated in the attached 'case report'.** Functional, ex vivo lymphocyte response assays (LRA by ELISA/ACT) offer the most advanced tests available for determination of the individual's responses to the widest available range of substances tested by any lab in the world.

We are grateful for the opportunities to be of service to you and your patients.

Sincerely,

***Russ Jaffe, MD, Ph.D., CCN, NACB***  
***Lab Director***

**Hasler WL. The irritable bowel syndrome. *Med Clin North Am* 2002;86(6):1525-1551.**

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Symptoms of IBS are very prevalent. One-quarter of symptomatic individuals present for medical care because of symptom severity and psychologic factors. **The pathogenesis of IBS is multifactorial, involving abnormalities in the gut, immune system, enteric sensory and motor nerves, and the CNS.** IBS is diagnosed by symptomatology according to the Rome criteria and the absence of alarm findings suggestive of organic disease. Minimal testing is advocated to confirm the diagnosis in patients presenting with typical symptoms. Therapy is based on the dominant symptom (IBS subtype). Therapeutic options include dietary modifications, counseling, medications, and psychologic treatments. Novel therapies are being investigated to correct potentially pathogenetic peripheral and CNS abnormalities in IBS

**All of the above are included in LRA by ELISA/ACT tests and optional treatment guides.**

**Zar S, Kumar D, Kumar D. Role of food hypersensitivity in irritable bowel syndrome. *Minerva Med* 2002;93(5):403-412.**

OGEM Dept., St. Georges Hospital Medical School, London, UK.

**A significant proportion of IBS patients attribute their symptoms to adverse food reactions. Dietary elimination and re-challenge studies support the role of diet in the pathogenesis of IBS.** The aetiopathogenesis of IBS is thought to be multifactorial involving an interaction between diet, infection, antibiotics, and psychosocial factors. Serum IgE and IgG4 antibodies are elevated in food hypersensitivity-induced, atopic conditions, and a similar mechanism has been postulated in IBS. Increased number of mast cells is present in the ileocaecal region of IBS patients. Once sensitized, they are capable of inducing secretory and sensorimotor abnormalities of the gut. The management of IBS is usually aimed at controlling symptoms; however, evaluation of food hypersensitivity may provide a useful adjunct in those with severe symptoms or a clear history of adverse food reaction. There are no well-established tests available but skin prick tests and food specific serum IgG4 and IgE antibodies may help in identifying the offending foods. Other options, which may be explored in individual cases, include sequential dietary exclusion, use of hypoallergenic diets, disodium cromoglycate, and novel techniques such as colonoscopic allergen provocation test. Pathophysiology of hypersensitivity induced IBS has been discussed in the light of current data, and a management algorithm has been proposed for managing food hypersensitivity in IBS.

**This article points out that while serum antibody (RAST IgE and ELISA IgG) tests were a step forward, more advanced methods, like functional ex vivo lymphocyte response assays and comprehensive redressing of the nutritional deficits and detoxification competences, are necessary for sustained outcome results in IBS, RE, and UC cases.**

