

Contrast analysis of outcome in 31 IBS cases

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Abstract

AIM: It has been shown by some research works that the bases of pathologic physiology of IBS (irritable bowel syndrome), which is the common chronic disease that attacks repeatedly, is abnormal primary gastrointestinal movement. Its clinical manifestation shows that IBS is associated closely with colon, especially with dysfunction of intestinal smooth muscle contraction.

METHODS: In order to evaluate and compare the outcome of different medicines for IBS, the author used smooth muscle relaxant, Nifedipine and 654-2, to treat IBS. The research classified 31 IBS cases at random into 2 groups which was comparable in sex and age from special digestive clinic one was 19 cases treated with Nifedipine, and another was 12 control cases group treated with 654.2.

RESULTS: It suggests that the short term effect of Nifedipine for IBS is not superior to 654-2 in control group. The total effectiveness of clinical symptom improvement has no distinct difference between 2 groups ($P > 0.05$), but both the general effectiveness and higher effectiveness after one week's treatment with Nifedipine is significant different from the control group ($P < 0.01$). This indicated that the effect of Nifedipine is associated with the course of treatment. Nifedipine is much better in relief of abdominal pain and abdominal distention than 654-2 ($P < 0.05$), and has an outstanding effect in spastic abdominal pain. 2 groups, however, have side effects in different degree.

CONCLUSION: The effect of Nifedipine may not be the first medication to treat IBS in the first time. But it can be chosen to use in those male patients over middle age with poor therapeutic result and side effects may occur to 654-2, whether Nifedipine can prevent IBS from relapse or not is a problem deserving of being studied further.

Key words: Irritable bowel syndrome; Nifedipine; 654-2

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