

Living With IBS-D: A Patient's-Eye View of Stress, Diet, and What the Evidence Actually Supports

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First-person narrative. Written as both a patient and a pharmacist. · Version 1.1, October 2026

This is a personal reflection combined with general, well-established physiology. It is not medical advice and does not describe a treatment protocol anyone should copy. Supplements and their timing are individual and can interact with medications and health conditions; decisions about them should be made with a qualified clinician or pharmacist. Written with AI assistance for language; all clinical claims were checked and edited by the author.

Why I'm writing this as a patient, not an expert

I have diarrhea-predominant irritable bowel syndrome (IBS-D). I am also a pharmacist by training, which put me in an unusual position over the last several months: I could feel my symptoms as a patient while watching my own reasoning about them as a professional — and catch myself making the exact kind of overclaim I'd flag in someone else's manuscript. This piece is about that gap between what felt true and what the evidence actually supports. I think that gap is the most useful thing a patient-writer can show.

What I actually did, and what actually happened

Between roughly February and April, I built and followed a structured diet chart for my IBS-D and took several supplements — vitamin B12 for about two months, along with ashwagandha and zinc. From mid-June I stopped all of it. Two honest observations followed: my gut stayed relatively stable off medication for a good while, and then, under a period of heavy work and life stress, the morning urgency returned — frequent urgency after waking.

Those are the facts of my experience. The interesting part is what I initially concluded from them, and why I later decided some of those conclusions didn't hold.

Where correlation fooled me (the part worth reading)

During this period my glasses prescription was measured lower than before — from about -2.15 to -1.50 . My first instinct was a satisfying story: the supplements fixed my gut absorption, B12 repaired my optic nerve, ashwagandha relaxed my eye muscles, and together they "engineered" the improvement. It was a tidy, mechanistic narrative. It was also, on reflection, almost certainly wrong.

Here's why I talked myself out of it. Adult myopia is a refractive and anatomical state; oral B12 or zinc do not reverse it. A change of that size between two eye tests is far more plausibly explained by ordinary measurement variation — a different day, machine, examiner, time of day, or how relaxed my focusing was during the test — than by supplements. There is a real phenomenon called pseudomyopia from ciliary spasm, but it isn't "cured" by vitamins, and invoking it here would have been me reaching for a mechanism to justify a conclusion I'd already decided I liked.

THE LESSON I'D WANT A READER (OR CLIENT) TO TAKE

A tidy mechanistic story is seductive precisely because it's tidy. Two things happening around the same time — supplements and a lower prescription reading — is correlation, and a plausible-sounding pathway does not upgrade it to cause. The discipline is noticing when you're building the mechanism *backward* from the conclusion you want.

What the evidence genuinely does support

Stepping back from the overclaims, a few things in my experience line up well with established physiology — and it's worth being just as clear about these as about what didn't hold.

Observation	Evidence status	What can reasonably be said
Stress worsening morning gut urgency	Well supported	The gut–brain axis is real; a natural morning cortisol rise can overstimulate the gut, and this is amplified when baseline stress is high.
Malabsorption during active IBS-D	Broadly supported	Rapid transit can reduce nutrient absorption; calming the gut plausibly improves it. This is general, not a claim that it fixed my eyes.
Ashwagandha for stress	Mixed / preliminary	Some trials suggest a stress/cortisol effect; evidence is heterogeneous, and it can interact with thyroid and other medications.
B12 and vision	Conditional	B12 deficiency can cause visual and neurological symptoms; correcting a deficiency helps. It does not change a non-deficient person's refractive prescription.
"Gut permanently healed"	Overclaim	IBS-D fluctuates. Feeling better off medication is real and encouraging, but the return of symptoms under stress shows it's managed, not cured.

What I'm doing about the symptoms now — and what I'm not claiming

The honest answer to "which supplement should I take to control the stress and the morning motions?" is that this isn't a question an article should answer for a specific person, including me. Recurrent morning urgency under stress, and any new symptoms, are exactly the things to raise with a clinician rather than solve by picking a compound from a blog. As a pharmacist I know that ashwagandha, psyllium, and magnesium each carry real considerations and interactions; "it worked before" is not the same as "it's the right, safe choice now." So my current plan is the boring, defensible one: manage the stressors and ergonomics I can control, keep the diet structure that helped, and take any new symptoms to a doctor rather than an adaptogen.

Why this is the story I chose to tell

It would have been easy — and more flattering — to publish the first version: "I healed my gut and improved my eyesight through diet and supplements." It reads well. But it isn't sound, and putting my name on it would say something false about how I handle evidence. Choosing the accurate version, including the part where I correct my own reasoning, is the whole point. That's the standard I hold my patient experience to, and it's the standard I bring to writing and editing for other people.