



Crohn's Disease *and* Ulcerative Colitis



Dr. Nandi
ASK DR. NANDI



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Introduction

Crohn's disease and Ulcerative Colitis are two types of inflammatory bowel diseases (IBD) that are painful and often debilitating. Inflammatory Bowel Disease (IBD) affect nearly 1.3 million people in the USA. They not only attack the GI tract and large intestine, but can also cause issues with joints, skin, bones, kidneys, liver and eyes. These conditions are painful, persistent ... and currently incurable. However, long-term remission is possible. Crohn's disease and Ulcerative Colitis are both manageable with medication and natural therapies. Finding an effective treatment is no simple task, but with your doctor's help, you can learn how to adjust your diet and lifestyle to take control of your symptoms and achieve your own Health Hero™ status.

IBD is an invisible illness. Many patients look perfectly "normal" and healthy. But hidden under the surface is a disease that's taking a huge toll on them and significantly affecting their quality of life. Its ability to "hide" makes IBD that much more difficult for the public to understand.

This e-book will look at the basics of Crohn's disease and Ulcerative Colitis, helping you understand why chronic inflammation is so destructive to your body and tissues. While there is no cure for these diseases, there is a great range of treatments for you to try. Some options are more aggressive than others, but remission is usually possible through the right combination of medications, good nutrition, and stress reduction. Not all of the current treatments work for everyone all the time, so it's important to learn alternative ways to manage your disease. The right treatment for you will leave you feeling positive, affirm your healthy lifestyle, and allow you to balance life with inflammatory bowel disease.

WHAT YOU CAN DO **Step Up and Be IBD Visible!**



I am a proud supporter of the Crohn's & Colitis Foundation's mission which is to make IBD visible. Together with your help we can give a face to these diseases and provide community and hope.

You can support our collective efforts by sharing your stories and getting involved at www.cdfa.org.



What Are Crohn's and Ulcerative Colitis?

Crohn's disease and Ulcerative Colitis both cause chronic inflammation in your gastrointestinal (GI) tract, which involves your digestive organs: esophagus, stomach, and intestines. While these two conditions share similar symptoms, they typically affect different areas of your GI tract. Crohn's disease can affect any part of your GI tract from your mouth to your anus, but it most commonly affects the ileum, the end section of your small intestine, and the colon. Ulcerative Colitis, as the name suggests, only affects your colon, or large intestine. The other difference between the two IBD's is that in Crohn's disease, inflammation affects the entire thickness of the intestinal wall, whereas only the innermost lining of the colon becomes inflamed in a person suffering from Ulcerative Colitis. (1)

CHRONIC INFLAMMATION

Chronic inflammation is a hallmark of a lot of autoimmune diseases. Inflammation normally occurs as a reaction to infection or injury. When you are sick or hurt, your immune system initiates a response that increases blood flow to the area of infection, bringing with it white blood cells to fight off any foreign substances in your body. Damaged host cells release chemicals that mediate the inflammation process, activating the destruction or repair of injured tissues, depending on the extent of injury. The inflammation process is normally controlled and self-limiting. However, in cases of chronic or excessive inflammation, the immune response keeps going and can damage healthy tissues in the process. (2)

Symptoms

So, what happens when the inflammatory response becomes excessive and starts damaging healthy cells? Chronic inflammation of the GI tract, like in Crohn's disease and Ulcerative Colitis, will eventually harm normal tissue, leading to organ dysfunction and symptoms that include:

- Abdominal pain and cramping.
- Persistent diarrhea, sometimes with blood.
- Rectal pain or bleeding.
- Fever and fatigue.
- Weight loss and reduced appetite.
- An urgent sensation to move your bowels.
- Inability to defecate (despite the feeling of urgency) or constipation.
- Mouth sores—only in Crohn's disease. (3)

In extreme cases of Crohn's disease, evidence of inflammation may appear on your skin, in your eyes, or cause pain in your joints. Even your liver and bile ducts can be damaged by an excessive inflammatory response attributed to IBD. In children, growth or sexual development may suffer. (3)

Potential Causes

The exact causes of Crohn's disease and Ulcerative Colitis are unknown, but contributing factors likely include a malfunctioning immune system, heredity (genetics), and environment (3). Family history may contribute to Ulcerative Colitis and Crohn's disease (4). In both conditions, a malfunctioning immune system causes an abnormal or excessive immune response. When your system tries to fight off an invading microorganism (such as bacteria or a virus), it can go into overdrive. In this case, your immune system turns your digestive tract into a battleground.

Other Risk Factors

Most people develop Crohn's disease or Ulcerative Colitis before they turn 30, although both conditions can develop later in life as well. Any ethnic group can be affected by Crohn's or Ulcerative Colitis, but white and Jewish people of Ashkenazi decent are at greater risk of developing these types of IBD (3). Environmental factors may also play a role, because people living in developed countries rather than undeveloped countries are at higher risk, and people in urban areas are at higher risk than people in rural areas. Northern climates are more likely to see Crohn's and Ulcerative Colitis than southern climates (1). While it's important to note that diet and stress are not responsible for your IBD, they can aggravate your condition. And for Crohn's patients, NSAID medications can worsen your disease rather than alleviate inflammatory symptoms (3).



Diagnosing Crohn's and Ulcerative Colitis

Your doctor will make a diagnosis based on a combination of tests and your signs and symptoms. These tests will also help rule out other conditions with similar symptoms, such as celiac disease. A biopsy (tissue sample) from your intestines during a diagnostic endoscopy or colonoscopy procedure can confirm whether you suffer from an IBD. Blood tests can check for signs of infection and autoimmune responses, and a stool sample can tell your doctor if there is blood in your fecal matter (3). Imaging tests like X-rays, CT scans, or MRIs can detect physical complications from Crohn's or Ulcerative Colitis, which affect hard-to-reach places like your small intestines (1).

Common Effective Treatments

If you've been diagnosed with Crohn's disease or Ulcerative Colitis, your doctor will work with you to prescribe the most effective treatment course. This may be a combination of drug therapies, surgery, or diet and lifestyle changes, depending on the severity of your condition. Treatments work differently for different people, so you should take some time to learn about your treatment options and discuss them with your doctor. It's true that not all patients respond equally to their prescribed treatments, but for general knowledge, let's talk first about some of the current methods doctors are using to manage these two diseases.

ANTI-INFLAMMATORY DRUG THERAPIES

Several types of drug therapies can be effective in treating Crohn's and Ulcerative Colitis, and they are often the first line of treatment upon diagnosis. Anti-inflammatory drugs, including corticosteroids, tend to be aggressive. Doctors will usually only prescribe them if your condition is more severe. The anti-inflammatory drugs can be delivered using different methods (orally, intravenously, or rectally via enema or suppository) depending on where in your GI tract you experience IBD (4). These drugs, however, are associated with quite a list of serious side effects.

Corticosteroids typically work best as a short-term treatment, usually for a few months, until the disease is controlled (3). They are not effective in treating all parts of the bowel, and for some Crohn's patients, corticosteroids don't work at all. The side effects include excessive growth of facial hair, facial swelling, night sweats, insomnia, hyperactivity, elevated blood pressure, diabetes, osteoporosis, bone fractures, cataracts, glaucoma, and increased risk of infection (4).

IMMUNOSUPPRESSANT DRUG THERAPIES

Another drug category used to treat Crohn's and Ulcerative Colitis are immune system suppressors (or immunosuppressants), which also reduce inflammation. They work by suppressing the immune response before the inflammatory process can start. Immunosuppressant therapy is usually combined with other drugs (just like with corticosteroids) and is most effective in helping patients maintain long-term remission (4). By suppressing your immune system, and thereby reducing your immune response, this category of drugs often leaves you vulnerable to other infections and can even increase your risk of developing cancers such as lymphoma and skin cancers (4). Before you start this course of treatment, be sure to let your doctor know if you have a history of cancer.



OTHER MEDICATIONS

Other drug therapies can manage specific symptoms. These medicines include antibiotics and over-the-counter drugs such as anti-diarrheal medication, pain relievers, and iron supplements. Supplements are especially helpful for patients who suffer chronic intestinal bleeding, which can result in anemia or iron deficiency (4). Other supplements, including vitamin B-12, vitamin D, and calcium help people with Crohn's and Ulcerative Colitis achieve a better nutritional balance if they have trouble absorbing nutrients (3).

Antibiotics can help heal some of the damage done to the intestinal lining in IBDs, and some people believe they help reduce the severity of the disease(3). Antibiotics are most effective when infection is a concern, however, evidence is lacking as to whether they help people with Crohn's disease or Ulcerative Colitis (3).

NUTRITION THERAPY

Nutrition therapy refers to a special diet or when nutrients are delivered via a feeding tube or by injection. This is sometimes helpful for Crohn's or Ulcerative Colitis patients as a short-term therapy to allow your bowels to rest, which in turn can help reduce inflammation. In combination with immunosuppressants, nutrition therapy can help you achieve remission faster than medication alone, and it has the added advantage of improving your overall nutrition (3).

SURGERY

Surgery is a last resort in case drug therapies and changes to diet and lifestyle don't seem to reduce your IBD symptoms. Surgery to treat Ulcerative Colitis may involve removing your entire colon and rectum; this is a major surgery and results in the need for a colostomy bag (to collect your stool). In many cases, however, a procedure called an ileoanal anastomosis removes the diseased part of your colon and reconnects the healthy sections, allowing you to defecate in a relatively normal manner (4).

Because Crohn's disease affects different parts of the GI tract beyond the colon and can damage the entire tissue thickness, surgery is not a cure. Benefits of surgery may be temporary, and to lower your risk of recurrent inflammation elsewhere along the GI tract, your doctor will typically prescribe medication following surgery (3).



What If Treatment Doesn't Work?

Traditional medical treatments are not always appropriate for every case of Crohn's or Ulcerative Colitis, and sometimes things just don't work for some patients. This can often leave you feeling helpless. But by talking to your doctor or initiating a dialogue with a local or online IBD community, you can find shared support for alternative therapies and an open exchange on positive lifestyle changes that you can make to help you manage your disease.

CHANGES TO DIET

Diet doesn't cause inflammatory bowel disease, but fatty foods and refined starches can aggravate your symptoms. Tracking what you eat and how it makes you feel can help you uncover the nutritional habits that influence your Crohn's or Ulcerative Colitis. If you suffer from IBD, keeping a food diary is an excellent way to get to know your own body and understand how it reacts to what you put in it. You influence your own health!

Being a Health Hero™ is truly a conscious, even spiritual, approach to making balanced and healthy decisions. Start with some pretty straight forward changes to your diet. These include eating smaller meals, drinking more liquids, taking dietary supplements like vitamins, and of course, avoiding foods that aggravate your condition.

Try limiting dairy in your diet, as lactose is a common intolerance for people with IBD, and avoid fatty foods such as butter, margarine, cream sauces, and fried foods (3). Your doctor also may recommend a low-fiber diet; high-fiber foods, including whole grains and raw fruits and vegetables, can worsen your symptoms when your disease is not controlled (3). Spicy foods, caffeine, and alcohol are also on the list of foods to avoid if you have inflammatory bowel disease (4).



LIFESTYLE AND ALTERNATIVE THERAPIES

Stress can trigger your inflammatory bowel disease to flare up and cause symptoms of Crohn's disease or Ulcerative Colitis to worsen. In this vein, certain alternative therapies and other home remedies are gaining popularity because they aim to reduce physical and emotional stresses. These include meditation, yoga, acupuncture, and supplements such as turmeric.

Meditation and yoga are extremely effective methods of coping with stress, as they promote relaxation and breathing exercises. What's great about meditation and yoga is that you can perform these techniques anywhere; you can go out and take a class, or you can stay at home and learn from books, YouTube channels, or DVD programs. In addition, practicing yoga regularly is an excellent form of exercise. Even a small amount of exercise can help alleviate stress, relieve depression, and even encourage healthy bowel movements!

Acupuncture is the practice of inserting thin needles into the skin, stimulating specific points on the body to release chemicals that act like natural painkillers and reduce stress (5). A traditional Chinese medicine technique, acupuncture has long been a reasonable therapeutic option for people who live with chronic pain, including patients suffering from Crohn's disease and Ulcerative Colitis.

And finally, among the more effective home remedies is the spice turmeric. It shows promise in preventing and even mitigating inflammation in Crohn's and Ulcerative Colitis patients. Clinical studies have even demonstrated that turmeric, in combination with conventional drugs, seems to be a safe and well-tolerated alternative treatment that helps maintain remission and prevent relapse (6).



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