

A Look at Crohn's Disease

Does it define you?

by Channing Dallstream

Crohn's disease falls under the inflammatory bowel disorders (IBD) group and is often confused with irritable bowel syndrome and ulcerative colitis. All share symptoms like abdominal pain and chronic bouts of diarrhea. Slightly more women than men develop Crohn's; usually aged 15–35 and typically Caucasian or Jewish. And there is a genetic component. If a parent or sibling has Crohn's you may develop it, too. Currently thought of as an autoimmune disorder, the treatment objective is to extend the time between flare ups. A gastroenterologist diagnoses the disease and may prescribe anti-inflammatory drugs, antibiotics or immune system suppressors. But you can partner with your health practitioner to manage this disease so it doesn't define you!



How is Crohn's diagnosed?

As an IBD Crohn's uniquely and specifically affects the end point of the small intestine, the ileum. Extension of chronic inflammation through the bowel wall causes symptoms like diarrhea, lower right abdominal pain (where the ileum is located), bloody stools, loss of appetite and weight loss. Over time 25% will develop painful fistula – unhealed abscesses that eventually tunnel through the bowel and outside the GI system. These infections explain both the common accompanying low grade fever and why antibiotics may be used for treatment.



If a family member has Crohn's, will I?

Possibly, as statistically your chances go up 20%. If your identical twin develops Crohn's your chance increase to 55%. Why not 100%? Science is finding specific chromosomes are tied to the potential, not inevitable, development. If it were purely genetic, both twins would always have Crohn's.¹ Environmental factors including stress, quality of diet, past GI infection and food allergies all play strong roles in the ultimate development of this disease.

What medications may be prescribed?

Commonly prescribed medications include corticosteroids and immune system suppressors. Antibiotics are used to treat the fistula infections. In an attempt to understand a sudden spike of Crohn's in young children, one study points to the early overuse of antibiotics. "Too many children are still getting them for conditions like the common cold, where they do no good," wrote researcher Matthew P. Kronman, M.D. Fact: compared to those never treated with antibiotics, children given antibiotics before their first birthday were five times more likely



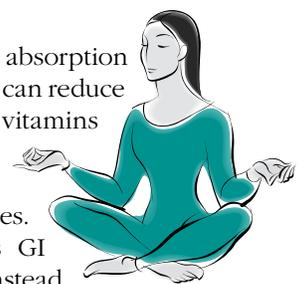
to develop IBD. Since antibiotics may be part of a treatment protocol, alternatives are being sought for pediatric cases.²

Am I at risk for other autoimmune disorders?

The most common autoimmune disease associated with IBD is rheumatoid arthritis, followed by multiple sclerosis. Ankylosing spondylitis (AS), another arthritis that specifically affects the spine and pelvis, and Crohn's even share a "similar genetic link" to inflammation.³ In fact, up to "10% of IBD patients develop AS, and, vice versa."⁴ This is why anti-inflammatory drugs like corticosteroids may be prescribed for Crohn's management. However, according to the Centers for Disease Control, serious side effects like brittle bones, problems with hips and shoulder joints, muscle weakness, diabetes and eye problems are common with long term use.

What's my role as a patient?

Nearly all chemical and nutrient absorption occurs in the small intestine. Diarrhea can reduce protein, fat, carbohydrate, water, vitamins and mineral availability. Chronic inflammation in this area explains the accompanying nutrient deficiencies. Choosing soft, bland foods for less GI discomfort will sacrifice variety. Instead, keep a diary to help pinpoint which foods may trigger a flare up. For instance, if you're bothered by dairy, strengthen gut integrity with a probiotic (*acidophilus*) supplement instead. According to naturopath Michael Murray, a "broad-based nutritional supplementation plan is necessary for all patients with IBD. Particularly important are the nutrients zinc, folic acid, vitamin B12, magnesium, vitamin A and possibly vitamin D" (he recommends checking D3 levels first).⁵ Replenish micronutrient deficiencies with a high quality, daily multivitamin fortified by chelated minerals for maximum



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absorption.⁶ Decrease stress through calming activities (yoga is one). And limit or eliminate caffeine and alcohol as both promote dehydration.

What about inflammatory changes?

Controlling any inflammatory component will help your nutritional status. It may also reduce your potential for GI damage and flare-ups. There is no shortage of studies citing how omega-3 fatty acids effectively reduce prostaglandins, tell-tale signs of an acute inflammatory response. Systemic enzymes and herbs like curcumin are also utilized for their anti-inflammatory effect. The three offer similar benefits of NSAIDS without the associated GI side effects. Murray recommends antioxidants like vitamin C and proanthocyanidins (grape seed and pine bark extracts) to assist in the healing process.⁵

How do low vitamin D3 levels affect Crohn's?

"Many patients are worried about medication safety, so any vitamin that might either reduce the risk of Crohn's or might decrease relapse rates is going to be well received by patients," wrote Edward Loftus, Jr. professor of medicine at Mayo Clinic. We couldn't say it better. Twenty-two years of data from more than 72,000 women aged 40-73 from the famous Nurses' Health Study was analyzed for a low D3 Crohn's connection. Women in the highest half of vit D3 blood levels (30 ng/mL or higher) had a significantly decreased risk of developing the disease compared to those in the lowest quarter (20 ng/mL or less). The Crohn's and Colitis Foundation of America estimates as many as 68% of Crohn's patients are vit D3 deficient. Researchers conclude monitoring vit D3 status should be considered especially where a genetic predisposition to Crohn's exists.⁷

Will I be prone to other vitamin deficiencies?

Vitamin B-12 is absorbed in the lower ileum so Crohn's patients tend to be suboptimal. Iron may be one of the compromised minerals. A low fiber diet may mean missing vitamins found in fruits, like vit C. If you have part of your intestine removed, due to damage from Crohn's, multiple deficiencies may occur. "Steroid use and Crohn's disease itself are linked to bone thinning and osteoporosis, so screening with bone density studies is suggested for those at risk." Again, if you have had intestine removal surgery "minerals calcium, phosphorus, and magnesium supplements may prove necessary".⁸



Am I alone?

No one can predict when Crohn's will flare up. So it may seem like always being mindful of the closest restroom location can understandably impact work and social life. National information centers like the Crohn's and Colitis Foundation of America can help you locate a support group, in your area. National Digestive Diseases Information Clearinghouse¹⁰ offers



Get With the Program Crohn's Disease

Multi-Gold™
Daily Multi-vitamin

B-12
Vitamin D3*

Acidophilus ES™
Probiotics

Acacia Fiber Water Soluble
Fibro-Care Cal™

Organic Calcium & Magnesium

Iron Complex

Omega-3 or ES™

Fibro-Whey™**
Protein Powder

**If Deficient **If Vegan*

Adapted from Crohn's & Colitis Foundation of America & *Encyclopedia of Natural Medicine*

additional information. You are not alone so take a pro-active role and don't let Crohn's define who you are or limit how you live your life.

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