Inflammatory Bowel Disease

This includes two diseases: **Ulcerative colitis** and **Crohn's disease**. Typically Crohn's disease affects the small intestine and Ulcerative Colitis affects the large intestine but there is some overlap.

These are normally regarded as auto immune diseases (in which it is thought that the body attacks itself). Steroids and other drugs are typically used to suppress the inflammation and control the disease. However conventional treatment is not curative and the drugs are powerful and side-effects can be a problem.

Alternatives are not only useful and sometimes curative but they have good science behind them.

The Importance of Diet

In the 1980s, landmark studies by Hunter[123], a Cambridge gastroenterologist, showed that **diet could reverse Crohn's disease**.

He found an elemental diet brought a staggering 80% - 100% of cases of Crohn's disease into remission in 2-3 weeks. He also showed that if they followed this up by **avoiding those foods they were intolerant this led to prolonged remission.**

Nearly all patients with Crohn's disease are intolerant to grains. An exclusion diet (see food intolerance leaflet) in Crohn's disease is recommended but should be done with care. The late Dr John Mansfield used a method caused neutralisation to desensitise food intolerances and had great success treating Crohn's disease.

What about ulcerative colitis? In the 1920s Rowe[4] showed that 50% of cases of ulcerative colitis could be controlled by food avoidance. Truelove[5] found 20% of ulcerative colitis patients got better on excluding milk.

Clinical ecologists (who deal with food and other allergies) have found patients with severe ulcerative colitis who have been advised to have removal of their colon have recovered without surgery. A trial of **EPD**[6] (enzyme-potentiated desensitisation) showed a marked improvement in ulcerative colitis (though the benefit took one year to become noticeable).

Elaine Gottschall in her ground-breaking book **Breaking the Vicious Cycle** describes how she cured her daughter's ulcerative colitis through diet. She though ulcerative colitis was cause by an inability of the body to break down disaccharides (when two sugar molecules are joined together). She devised a diet called the **specific carbohydrate diet** and eliminates sugars, grains, starchy vegetables such as potatoes and dairy products but allows most vegetables, nuts, some fruits (mainly berries), meat, fish and eggs.

Dr David Suskind has used the specific carbohydrate diet in the Seattle Children's Hospital and found 80% of children with inflammatory bowel disease went into remission within 12 weeks.

Others have used this and similar approaches and recovered from both ulcerative colitis and Crohn's disease following a change of diet. Jordan Rubin in the **Maker's Diet** describes how he cured himself from Crohn's disease as did David Klein in the book **Self-Healing Colitis and Crohn's**. Tom Gardiner recovered from ulcerative colitis using a paleo diet. Dane Johnson co-founded **the Crohn's and Colitis Nutrition Foundation** after he recovered from ulcerative colitis using diet and supplements (he has a forthcoming book: Going with your Gut). These diets vary but all eliminate refined sugar and most grains. All include healthy oils such as flaxseed and coconut oil.

Several studies back this approach up and have **linked sugar with inflammatory bowel disease[7]** and a study using a high fibre, low sugar diet led to a 79% reduction in hospital admissions in Crohn's disease[8]. Another study found patients with Crohn's disease were taking twice as much sugar as matched healthy people.

A food stabilizer made from seaweed called **carrageenan** is known to cause **ulcers of the colon in animals** although it is uncertain if it causes these ulcers in humans. Until we know it is best avoided in ulcerative colitis.

Please note that a high fibre diet could make things worse in the not uncommon situation of an allergy to wheat or yeast.

Ultra-Processed Food (UPF)

Today 57% of the food we eat in the UK is ultra-processed. We are only beginning to recognise the danger from these foods: they are thought to be linked with 22% of deaths in the UK and they are also linked with increasing obesity, cancers, diabetes, heart disease and a range of other conditions.

Several substances in ultra-processed foods are linked with damage to the gut and inflammatory bowel disease. Top of the list is emulsifiers (these include polysorbate 80, carboxymethylcellulose and lecithin). A study in Nature in 2015 in mice found emulsifiers, at concentrations lower than we normally eat, caused a range of problems including colitis, destruction to the mucosal layer of the gut, damage to the microbiome (the gut organisms essential for our health) and widespread inflammation. Maldextrins, also found in many UPFs, can also cause harm to the mucosal layer of the gut and many other chemicals, including artificial sweeteners in UPF, are linked to damage to the microbiome.

Ultraprocessed foods are defined as foods containing chemicals not found in our kitchens. They are usually wrapped in plastic and contain multiple ingredients. Typically, they are high in sugar, adulterated fats and salt. Emulsifiers or flavourings on the label are a useful warning sign that it is UPF. They are foods best avoided in anyone with inflammatory bowel disease.

Toxicity

Few people are aware that toxicity plays a role in inflammatory bowel disease. **Perfluorinated chemicals** are a particular concern as they are known to cause of ulcerative colitis. These chemicals known as PFAS (perflouroalkyl substances) include perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid(PFOS).

They are toxic at incredibly low concentrations (1 part per billion – equivalent to one drop of water in an Olympic swimming pool). We are all exposed to these in a variety of ways but from the perspective of ulcerative colitis the most important form of these is **dental floss**. Most types of floss contain these chemicals. Unfortunately absorption through the mouth is rapid and efficient. Because of this I would strongly recommend avoiding these types of floss (there are alternatives like bamboo). Also **avoid cooking in Teflon (non-stick) pans** which contain these chemicals.

Nutrients

Because inflammatory bowel disease damages the gut lining, deficiencies of certain nutrients are common. Folic acid deficiency occurs in 50% of patients[10]. Vitamin A is also crucial for normal functioning of the gut. Dr Jonathon Wright, the renown natural health physician, uses high doses of **Vitamin A** : 50.000iu in Crohn's and up to 150,000iu in ulcerative colitis (if any chance of pregnancy go down to 15,000iu) and 25 grams of **folic acid**. He also uses 30 mg of zinc daily and 400iu of Vitamin E.

The late Dr Robert Atkins (best known for the Atkin's diet) found that the **Pantethine** 900mg daily matched by an equal amount of **Pantothenic acid** (vitamin B5) caused a dramatic improvement in the vast majority of his patients with inflammatory bowel disease. He found improvement occurred in just one week, something he had never experienced before. He also used 30-60mg of folic acid, 15-30,000iu of Vitamin A, essential fats, zinc and other nutrients.

Double blind trials have shown that **fish oils** reduce inflammation and the need for anti-inflammatory drugs in ulcerative colitis[11]. Another study in Crohn's disease showed only 28% relapsed in the year with fish oils whereas 69% of controls relapsed[12].

Vitamin D: Professor Cicero Coimbra, a neurologist and professor of neuroscience at the Federal University of Sao Paulo, Brazil, has pioneered the use of high-dose Vitamin D in auto-immune disease including multiple sclerosis, psoriasis, Crohn's disease, vitilgo, ankylosing spondylitis and rheumatoid arthritis. Vitamin D is one of the most important immune modulators in the body and he believes that in auto-immune diseases there is resistance to Vitamin D and high doses are needed (see www.coimbraprotocol.com)..

His results have been remarkable and it may be one of the most exciting breakthroughs in auto-immune disease for decades. The doses he uses are typically very high: 50-200,000 IU daily. His regime requires special monitoring with regular blood and urine tests. Adverse effects are rare and typically the treatment gives a feeling of well-being.

Doses of up to 10,000 IU of Vitamin D daily are safe. Dr John Cannell, founder of the Vitamin D Council, author notes that there has never been any case in the medical literature of any adverse affects in people taking doses of 10,000 IU daily even after long-term use. In fact this is the amount you would get if you were sunbathing. I believe many people with inflammatory bowel disease would benefit from this dose of Vitamin D.

Herbs

The herb Boswellia gum was found to be as effective as Suphasalazine in patients with ulcerative colitis in one study[13]. Goldenseal is also very useful and is available at health food shops. Aloe vera juice or powder is also useful but quality varies – look for stabilized on the label.

Probiotics

These are preparations of good bacteria which can colonise the gut and make it more resistant to attacks of inflammatory bowel disease. Lactobacillus Planatarum has marked anti-inflammatory properties and Lactobacillus Acidophilus has shown benefit in ulcerative colitis. However probiotics are a waste of money unless you feed them. Feed them with soluble fibre, predominately from vegetables.

Fecal microbial transplantation is an experimental treatment that has cured cases of inflammatory bowel disease (see gut bacteria leaflet). Transplanting gut bacteria is a relatively new field but has become a recognised treatment for severe clostridia infection. It has been successfully used in inflammatory bowel diseases such as Crohn's disease and ulcerative colitis but has not always been successful. It does involve transplanting body fluids so there are some risks and it needs to be carefully monitored.

Gut Flora Replacement therapy pioneered at the Dove Clinic by Dr Julian Kenyon may have similar benefits. It is cheaper and involves no transplantation of body fluids. The treatment involves inserting beneficial strains of bacteria into the colon through a canula.

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