INFLAMMATORY BOWEL DISEASE (I.B.D.) PROGRAM

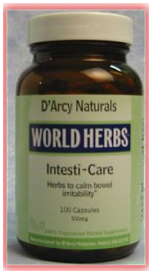
Basic Treatment Guidelines

The cause(s) of IBD are not known, but there are several theories. One theory is based on genetics indicating that IBD does run in families. About 15 percent to 30 percent of patients with IBD have a relative with the disease. There is research going on to find out if a specific gene or a group of genes makes a person more susceptible to getting the disease. Many changes in the body's immune system (body's natural defense system against disease) have been discovered in patients with IBD. What is still unknown is what causes those changes to happen. There is a large amount of research being done in this area. There is little evidence that stress causes IBD. As with other illnesses, stress may aggravate symptoms and require a treatment program.IBD occurs most frequently in people in their late teens and twenties. There have been cases in children as young as two years old and in older adults in their seventies and eighties. Men and women have an equal chance of getting the disease.

Crohn's disease is a chronic disorder of the intestines. Of unknown etiology, the gastrointestinal tract in persons suffering from this disease becomes inflamed and weak, making digestion difficult and leading to general physical debility. It is a relatively rare disease, occurring in approximately 1 to 5 people out of every 10,000. The symptoms are similar to ulcerative colitis, and they are both categorized as inflammatory bowel diseases; to distinguish between them, your doctor may need to examine a sample of intestinal tissue.

Crohn's disease can attack any part of your intestines from the mouth to the anus, but most commonly it strikes the ileum (lower portion of the small intestine) or the colon (large intestine). Ulcers form on the inner intestinal lining and eventually spread through the intestinal wall. As the affected part of the intestine becomes scarred and thick, the passage narrows, disrupting nutrient absorption and normal bowel function

Ulcerative colitis is a chronic disease in which the large intestine becomes inflamed and ulcerated, leading to episodes of bloody diarrhea, abdominal cramps, and fever. Unlike Crohn's disease, ulcerative colitis usually doesn't affect the full thickness of the intestine and never affects the small intestine. The disease usually begins in the rectum or sigmoid colon and spreads partially or completely through the large intestine. The cause of ulcerative colitis is not known, but heredity and an overactive immune response are suspected factors.



Stress is also a major factor in Colitis and Crohn's Since exacerbation of colitis seems to be associated with stress, scientists evaluated the influence of stress on experimental colitis in rats. The results showed that stress may exacerbate experimental colitis in rats.

SUPPLEMENTATION SUGGESTIONS:

Intesticare Formula
Key Ingredients:

- Marshmallow root is an essential herb for IBD sufferers. It is used for digestive disorders, gastritis, stomach ulcers and colitis because it has a soothing effect. It helps regulate intestinal flora, is very nutritional, well tolerated by GI tract. It supplies Vitamin K (deficiency with colitis), mucilage. It acts as a

demulcent, diuretic, emollient, expectorant, antibacterial, anti-tumor, natural antacid.

- Yarrow increases appetite, helps reduce effects of flatulence and stomach cramps, regulates bowel movements and inflammation of GI tract especially when used with chamomile. Has a soothing and healing effect on mucous membranes.
- Dioscorea or Wild Yam, has significant antioxidant activity, and is very useful to spasming in the intestines also for inflammation.
- Slippery Elm is another wonderful demulcent best known for inflammation and irritation of the alimentary canal.
- Licorice is used to soothe irritated mucus membranes and promote the secretion of mucus.
- Chamomile has been used throughout Europe since Roman times as a sedative and antispasmodic. Today most of us know this herb helps calm upset stomachs caused by either emotional or physical stressors. It is believed that this herb is included in the pharmcopoeias of twenty-six countries. Chamomile is a gentle relaxant of tensions, containing spiroether, a strong antispasmodic that eases tense muscles and menstrual pains, calms irritability, and promotes sleep. Bisabolol is another of chamomile's numerous chemical constituents that produces the antispasmodic and anti-inflammatory effects. Over 120 compounds have been identified in the oil of chamomile. The European Scientific Cooperative for Phytotherapy, the European UnionÕs body charged with harmonizing the laws of member countries, reported that chamomile has received no complaints of adverse reactions; it is a truly safe herb.

Bromelain-Quercitin: this combination is not only anti-inflammatory but the bioflavonoid quercitin has been shown to have a soothing effect on the intestinal wall.

Vitamin E

The role of antioxidant agents on experimental ulcerative colitis and inflammatory bowel disease is very important.

The result of this study demonstrated that free oxygen radicals are effective in the pathogenesis of experimental ulcerative colitis. Vitamin E, an antioxidant agent, appears to be a good choice in the treatment of the experimental ulcerative colitis.[1]

Multi Pro-Biotics

Meaning "for life" probiotics are live microbial supplements given by mouth in a variety of ways to improve the balance of micro-organisms in the intestinal tract. It is about balance between good and bad bacteria. Importantly they are entirely natural substances.

How do probiotics work? All animals, and man, have a large and complex population of bacteria and other micro-organisms in the intestine which are essential for the healthy functioning of the gut. These normal inhabitants of the gut are very beneficial to the animal and the development of probiotics uses this knowledge to influence the gut flora in a way that benefits the animal**.** Evidence exists that probiotic micro-organisms suppress harmful bacteria such as F. Coli and Salmonella by a process known as "competitive exclusion". They are also engaged in beneficial activities such as essential vitamin production and digestion of food components. They may also have an important role in disease prevention by stimulating the immune system. As the aim with probiotics is to restore and maintain normal gut function, they should be used whenever gut balance is upset.

L.Acidophilus promotes healthy digestion. Enzymes secreted by probiotic bacteria also aid digestion. Acidophilus is a source of lactase enzyme, which is needed to digest milk but is lacking in lactose-intolerant individuals. An article in the Journal of Medicine points out that even when we don't take antibiotics we may be getting them through our food. Antibiotics, which are often given to animals such as cows and chickens, are passed on to us when we eat them. This not only kills friendly bacteria in our intestines, but also limits the bacteria's ability to produce certain vitamins, such as B-vitamins. The advantages of taking acidophilus supplements are numerous. Acidophilus aids the digestive process, helps to correct constipation, diarrhea, mucous colitis and diverticulitis. Research also shows that it can help reduce blood cholesterol, enhance the absorption of nutrients, sweeten bad breath, treat acne and other skin disorders, conquer harmful bacteria and help to alleviate ear infections.

L. Rhamnosus has shown a documented ability to adhere to the GI mucosa and ability to colonize the intestinal tract.[2] It has shown to assist with controlling overgrowth of harmful bacteria including E. coli, Salmonella.[3] It enhances and stimulates the body's natural defenses and immunity.[4] It has also shown usefulness in lactose intolerance, yeast overgrowth, viral gastroenteritis, diarrhea/constipation/intestinal health and antibiotic associated diarrhea.[5]

Intestinal microflora and antibiotic therapy.

Antibiotic therapy is one of the major factors leading to disturbances in the intestinal flora. This can lead to chronic diarrhea and life threatening pseudomembranous colitis. Much attention had recently been focused on so-called translocation of endotoxins and bacteria through the intestinal wall which leads to systemic infection, shock and multiorgan failure. Prevention is based on the proper choice of antibiotic and administration of lactic-acid bacteria.[6]

Inability of lactobacillus casei strain GG, L. acidophilus, and bifidobacterium bifidum to degrade intestinal mucus glycoproteins

Lactic acid bacteria have been suggested for use in the prevention of relapse of ulcerative colitis and of recurrent pouchitis. These strains may not damage the protective intestinal mucus glycoproteins. They found that all strains colonized the intestinal mucus but were not found in the deep crypts. Degradation of mucus glycoproteins was observed neither in vitro nor in vivo and they concluded that the tested strains do not break down intestinal mucus glycoproteins and thus far are safe to use for therapy.[7]

Use of lactobacilli in gastroenterology

In a clinical trial the authors tested the preparation Lactobacillus acidophilus of Rosell Co., Canada containing 2 billion lyophilized bacteria per capsule in 55 patients with dyspepsia caused by dysbiosis of the digestive tract. The best and most rapid results were achieved in patients with dysbacteriosis which developed as a result of administration of broad spectrum antibiotics; the preparation also exerted a favorable effect in post-irradiation colitis.

Within one week very distressing bloating in biliary dyspepsia receded and the preparation proved also very useful in patients with blind loop syndrome or with a digestive tract colonized by pathogenic strains due to reduced protection (impaired gastric acid secretion, motility). The preparation was ineffective in two patients with a biliodigestive fistula and in patients with M. Crohn without complicating stenosis and prestenotic dilatation. In 2 patients with associated lactose intolerance the use of lactobacilli increased lactose tolerance,

mainly from milk, cream cheese and less from cheese. The highest Ca intake in patients was, however, from cheese, followed by milk and the least by cream cheese.[8]

Multi-Vitamin

A 1998 German study examined deficiencies of vitamins and trace elements in patients with inflammatory bowel disease. The records from 392 outpatients-279 with Crohn's disease and 113 with ulcerative colitis-were analyzed. Deficiencies were found in 85% of patients. Therefore broad multi vitamin replenishment is highly recommended.

Add as needed, **Dia-Relief** or **Easy Move.**
Add **Nourish Bone** for osteoporosis associated with IBD.

Dietary Guidelines

Nutrition and intestinal function are intimately interrelated. The chief purpose of the gut is to digest and absorb nutrients in order to maintain life. Consequently, chronic gastrointestinal (GI) disease commonly results in malnutrition. For example, studies have shown that 50-70% of adult patients with Crohn's disease were weight-depleted and 75% of adolescents growth-retarded. On the other hand, chronic malnutrition impairs digestive and absorptive function because food and nutrients are not only the major trophic factors to the gut but also provide the building blocks for digestive enzymes and absorptive cells. For example, recent studies of ours have shown that a weight loss of greater than 30% accompanying a variety of diseases was associated with a reduction in pancreatic enzyme secretion of over 80%, villus atrophy and impaired carbohydrate and fat absorption.

Finally, specific nutrients can induce disease, for example, gluten-sensitive enteropathy, whilst dietary factors such as fiber, resistant starch, short-chain fatty acids, glutamine and fish oils may prevent gastrointestinal diseases such as diverticulitis, diversion colitis, ulcerative colitis, colonic adenomatosis and colonic carcinoma. The role of dietary antigens in the etiology of Crohn's disease is controversial, but controlled studies have suggested that elemental diets may be as effective as corticosteroids in inducing a remission in patients with acute Crohn's disease Nutrition has both a supportive and therapeutic role in the management of chronic gastrointestinal diseases. With the development of modern techniques of nutritional support, the morbidity and mortality associated with chronic GI disease can be reduced. On the other hand, dietary manipulation may be used to treat or prevent specific GI disorders such as coeliac disease, functional bowel disease, Crohn's disease and colonic neoplasia. The future development of nutria-pharmaceuticals is particularly attractive in view of their low cost and wide safety margins.[9]

Dietary fiber and gastrointestinal disease Fiber is an important physiologic component of the diet. Dietary fiber contains soluble and insoluble substrates. Soluble fiber components are fermented by colonic microflora, with the resultant production of SCFAs and gas. SCFAs are important fuels, not only for colonic mucosa, but also for the small intestine through secondary metabolism to glutamine and ketone bodies. The clinical importance of dietary fiber and its metabolic products on gastrointestinal and nongastrointestinal functions have yet to be fully realized.

For those with food allergies, here are some alternatives.

Regarding Gluten - free recipes:

- Include brown rice flour and rice bran in soups, casseroles and baked goods to add more fiber.
- Bake gluten-free items in smaller sizes - like cupcakes, muffins, and biscuits; bake quick breads in mini

loaf pans for better texture.

- Thicken sauces, gravies and cream pies with rice flour. Use the same amount of rice flour as wheat flour. Whisk rice flour and liquid, heat over medium heat until bubbles first appear for a smoother mixture.
- Combine dry cream of rice or dry crushed rice cereal with dried herbs and spices to make a tasty breading for fish, meat, or poultry.
- Substitute one of the following for each cup of wheat flour in recipes:
  1 cup brown or white rice flour (1 cup minus 2 Tbsp.)
  1 cup potato flour (1/2 cup + 2 Tbsp.)
  1 cup soy flour + 1/4 cup potato starch
- Replace milk with fruit or vegetable juices.
- Egg Replacer to replace eggs Or 1 tbsp flour plus 1 tbsp water = 1 egg, also if eggs used only for binding and not leavening mashed banana can be used in its place.
- Guide to Non-Wheat Flours
  Amaranth: mild flavor, good for baking.
  Barley flour: mild, good for baking.
  Brown rice flour: sweet, mild flavor, excellent for desserts. Use in combination with other flours as a binding agent (such as egg substitutes or mashed bananas) to avoid crumbly baked goods.
  Buckwheat flour: strong flavor, best used in small quantities in combination with other flours.
  Chick pea flour: perfect for savory goods, has heartier, but mild, flavor. Can also be used in baking.
  Oat flour: makes dense but flavorful and tender baked goods.
  Rye flour: lacks elasticity, but adds a characteristic heartiness.
  Spelt: recognized for its ease in baking (results are similar to using whole wheat flour.

Lactose intolerance can cause many digestive problems, including gas, cramps, and diarrhea; in such cases, avoid consuming dairy products. Pancreatic enzymes, which include lipase, aids in the digestion of fats and acts as a digestive aid.

Pre-illness diet studies of Crohn's sufferers found they habitually consumed more sugar and less raw fruit, vegetables and dietary fiber. The overwhelming evidence of a primitive diet of natural foods and attendant lifestyle in the prevention of Crohn's.

Foods to Avoid

Colitis patients should avoid raw fruits and vegetables to reduce physical injury to the inflamed lining of the large intestine. A diet free of dairy products may decrease symptoms and is worth trying.

Avoid all dairy products especially if you suspect lactose intolerance. Reduce to a minimum cold or raw foods, and do not drink cold drinks with meals.

Cut out caffeinated beverages, coffee (regular and decaf), chocolate, peppermint, tomatoes, vinegar, black pepper and chili powder. Fatty foods can stimulate acid release; so can milk products, even as they temporarily soothe pain. For pain try eating steamed cabbage or juicing it with ginger.

Regular Relaxation

Stress plays a large role in how the digestion functions, 20 minutes a day of relaxation techniques allow a better functioning of the digestion. Twenty minutes a day is one of the most protective things we can do to protect ourselves from the negative aspects of stress. Learning how to turn off the fight or flight (physiological)

response daily is a "must".

Try the "**Natural Stress Relief Program**". Remember the human brain is the most potent pharmaceutical factory in the world. Mind-body programs let us tap into this powerful healing resource and help us re-adapt the "type A" personality. Switching off the physiological effects of stress daily is one of the most important therapies we can do for ourselves.

References:

Vitamin E

1. Cetiner S.; Gorgulu S.; Kaymakcioglu N.; Sen D. Genel Cerrahi Anabilim Dali, GATA, 06018 Etlik, Ankara Turkey Bulletin of Gulhane Military Medical Academy (Turkey), 1994, 36/4 (452-457)

Probiotics

2. Study: Review/summary of various probiotic strains. Facility: University of Tuka, Finland. Results: Showed strong adhesion to the intestinal cells and extracellular matrix. Published: Bioscience Microflora, 15 (2): 61-67.
3. Study: In-vitro and in-vitro testing. Facility: University of Western Ontario, Canada. Results: Gives evidence of adhesion and competitive exclusion of pathogens. Reference: Am. Journal Clinical Nutrition, 59: 74-79, 1994.
4. Study: In-vitro study. Facility: National Public Health Institute, Helsinki, Finland. Results: Stimulation of non-specific immunity, TNF-alpha release, IL-6, etc. Reference: Infection and Immunity, 64 (12): 5403-5404, 1996
5. Study: Double-blind, randomized study, 13 hospitalized malnourished children. Facility: Children's Hospital of Tucuman, Argentina. Results: Significant beneficial action in preventing rotavirus infection/diarrhea. Results: Utilizing between 10 to 100 billion cfu's per day. References: "Biotherapuetic role of fermented milk". Published: Biotherapy, 8: 129-134, 1998
6. Socha J. , Oddzial Gastroenterologii, Centrum Zdrowia Dziecka, Al. Dzieci Polskich 20, 04-736 Warszawa Poland Pediatria Polska (Poland), 1995, 70/7 (547-552)
7. Ruseler-Van Embden; Van Lieshout L.M.C.; Gosselink M.J.; Marteau P. Department of Immunology, Erasmus University, Dr. Molenwaterplein 50, 3015 GE Rotterdam Netherlands Scandinavian Journal of Gastroenterology (Norway), 1995, 30/7 (675-680)
8. Kocian J.; Synek P. Videnska 800, 140 59 Praha 4 Czech Republic Ceska Slov. Gastroenterol. (Germany), 1994, 48/4 (173-178)

Nutrition

9. O'Keefe S.J.D. Gastrointestinal Clinic, Groote Schuur Hospital, Observatory 7925, Cape Town South Africa Scandinavian Journal of Gastroenterology, Supplement (Norway), 1996, 31/220 (52-59)
10. Koruda M.J. , Department of Surgery, University of North Carolina, Chapel Hill, NC USA , Surg. Gynecol. Obstet. (USA), 1993, 177/2 (209-214).

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