

# THE BETTER HEALTH NEWS

## DIET AND IBD

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Food sensitivity plays a role in inflammatory bowel disease (ulcerative colitis and Crohn's disease). A small study published in *South African Family Practice* (June, 1995;16:393-399) resulted in six of seven patients with inflammatory bowel disease became symptom-free after following an elimination diet. Foods found to trigger reactions in various patients included pineapple, banana, cheese, tomato, coffee and milk.

A study that appeared in *Hepato-Gastroenterology* (1990;37:72-80) looked at the effect an elemental diet had on patients with Crohn's disease. The elemental diet involved consuming all nutrients in a liquid form via a gastric feeding tube or IV, which gives the inflamed gastrointestinal tract an opportunity to heal. With no food being consumed, digestion does not have to occur, giving the GI tract opportunity to reprieve from the very processes that inflame it. In this study, patients on an elemental diet actually improved more than patients who were given drug therapy.

Consumption of refined carbohydrates can aggravate symptoms. The *European Journal of Gastroenterology and Hepatology* (January, 1995;7(1):47-51) conducted a prospective, epidemiological study of 104 patients and found that patients with Crohn's disease and ulcerative colitis have a high intake of starch and sugar. Other research that appeared in *Epidemiology* (January 1992;3(1):47-52), followed the dietary habits of 142 patients with ulcerative colitis, 152 patients with Crohn's disease and 305 healthy controls over a period of three years. The relative risk of Crohn's disease increased with sugar intake and decreased with fiber intake. Eating fast food increased the risk for both Crohn's disease and for ulcerative colitis. These studies may support Elaine Gottschall's model of inflammatory bowel disease. Elaine Gottschall believes that the problem begins with eating too much complex carbohydrate too quickly. The enzymes from the pancreas do not do an adequate job of digesting these carbohydrates, so they pass into the intestine without being completely digested. (see page 6). One thing that can help these patients is to give them a good pancreatic enzyme supplement.

## SUPPLEMENTS AND INFLAMMATORY BOWEL DISEASE

Inflammatory bowel disease is a general term used to describe recurring inflammation of the small or large intestine. Inflammation often leads to ulceration and eventually scar tissue can form. This includes Crohn's disease (where it affects the small intestine) and ulcerative colitis (where it affects the large intestine).

Patients with inflammatory bowel disease are often deficient in many nutrients. They commonly have problems absorbing nutrients, have poor appetites, are often on restrictive diets, or are nutrient deficient as a result of drug therapy. According to a review of research appearing in the *Annual Review of Nutrition* (1985;5:463-484), nutritional deficiencies are common in patients hospitalized with inflammatory bowel disease. Iron deficiency was found in 40% of the patients, 48% were deficient in vitamin B<sub>12</sub>, between 54 and 64% were deficient in folate, between 14 and 33% were magnesium deficient, between 6% and 14% had a potassium deficiency, 21% were deficient in vitamin A, 12% were deficient in vitamin C, between 25% and 65% were deficient in 25-hydroxy vitamin D and between 40% and 50% had a zinc deficiency. Other vitamin deficiencies included vitamin

K, copper and vitamin E.

According to a study of 114 patients with inflammatory bowel disease, appearing in the *Scandinavian Journal of Gastroenterology* (1979;14:1019-1024) low serum folate was established in 59% of patients with chronic inflammatory bowel disease. There is an increased risk for colorectal cancer in patients with inflammatory bowel disease. Research appearing in *Inflammatory Bowel Diseases* (2008 Feb;14 (2):242-8), found that folic acid deficiency was associated with an increased risk of colorectal cancer. Patients who had inflammatory bowel disease and both a folic acid deficiency and high homocysteine had 17 times as many cancerous lesions as patients who were not folic acid deficient.

Some of the vitamin deficiencies may contribute to the severity of the disease. The disease creates vitamin deficiency, which in turn makes the disease more severe. A study involving 30 male and 31 female patients with inflammatory bowel disease was published in the *American Journal of Gastroenterology* (2003;98(1):112-117). It found that vitamin B<sub>6</sub> levels

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were significantly lower in patients with inflammatory bowel disease than they were in healthy controls. Furthermore, vitamin B<sub>6</sub> levels were lower in patients who were experiencing a flare up in their symptoms than they were for patients in remission. Low vitamin B<sub>6</sub> levels were also associated with higher levels of what are known as inflammatory markers (chemicals that, when present, indicate inflammation) C-reactive protein is an example of an inflammatory marker; it was increased in patients with low B<sub>6</sub> levels.

Vitamin supplementation for patients with inflammatory bowel disease is sometimes a problem. For some patients, taking vitamin pills can exacerbate the condition. A liquid multiple vitamin is a possible solution for these patients. Folic acid is not stable in a liquid multiple vitamin and should be given separately.

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## BOWEL FLORA AND INFLAMMATORY BOWEL DISEASE

Normal bowel flora may play a role in inflammatory bowel disease (Crohn's disease and ulcerative colitis). An article appearing in the *Scandinavian Journal of Gastroenterology* (2001;36(Suppl 234):29-40) discussed the role of bowel flora and intestinal permeability in this disease. The intestinal tract is a long tube that goes from the mouth to the anus. The food you eat and everything inside the intestinal tract is still technically outside of the body. The cells lining the intestine form a barrier that selects what gets absorbed inside of the body and what stays out. If these cells fail to act as an effective barrier, increased intestinal permeability may become a problem (sometimes called "leaky gut"). This article states that increased intestinal permeability leads to a lack of tolerance to the bacteria that normally exist in the bowel. There is evidence of the immune system working against the bacteria that exist in the bowel, perhaps even overreacting. Also, the makeup of the bacteria is different in these patients.

In patients with inflammatory bowel disease, the bacteria tend to invade the mucosa (lining of the intestine). Research appearing in *Gastroenterology* (January 2002;122(1):44-54) compared

colonoscopic biopsies in 305 patients with 40 normal controls. Patients with inflammatory bowel disease had much higher concentrations of bacteria invading the intestinal lining than did the healthy subjects. A normal, healthy intestinal lining has the ability to act as a barrier to bowel bacteria; this ability has been compromised in patients with inflammatory bowel disease.

The *Scandinavian Journal of Gastroenterology* article mentions that taking probiotics is sometimes helpful; patients with Crohn's disease tend to have less Bifidobacteria, and more Bacteroides, Eubacteria and Peptostreptococcus. Probiotics are supplements composed of living bacteria that, when taken, can be beneficial to the digestive tract. Generally these are lactic acid bacteria, like Lactobacilli, Bifidobacteria (the species found to be in short supply in patients with Crohn's disease), and Streptococci. These bacteria can release antibiotic-like substances, reduce the pH in the intestine, improve the absorption of nutrients and help stimulate the immune system.

**Happiness: a  
good bank  
account, a good  
cook, and a  
good digestion.**

*Jean-Jacques  
Rousseau*



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## **ENDING THE VICIOUS CYCLE**

In her book, *Breaking the Vicious Cycle*, Elaine Gottschall describes a possible mechanism for inflammatory bowel disease and a dietary solution. She reasons that we eat too many complex carbohydrates (disaccharides like table sugar and lactose in milk, and starches like bread, potatoes, rice and beans). Our own enzymes are not adequate enough to digest the large amounts of sugar and starch that we consume, so it passes into the intestine without being digested. The undigested food allows bacteria to grow, irritating the intestinal lining. The irritation of the intestine causes a further reduction in the amount of enzymes produced, resulting in more undigested food. Gottschall suggests completely avoiding starches and sugar (the sugar that is in fresh fruit is permissible). Some patients, but not all of them, go into remission after following Gottschall's recommendations.

Gottschall believes that the problem begins with eating too much complex carbohydrate too quickly.

The enzymes from the pancreas do not do an adequate job of digesting these carbohydrates, so they pass into the intestine without being completely digested. Because they are not digested, they foster the growth of undesirable bacteria. The undesirable bacteria cause the food to rot in the intestine. The rotting food irritates the cells of the intestine, decreasing their enzyme output, further increasing the amount of food available for the bacteria, causing them to grow, creating further irritation, less enzyme production etc. It creates a vicious cycle.

While Elaine Gottschall addressed the problem by having the patient eat meals that did not put stress on the pancreas and that could be digested by someone who may not be producing adequate enzymes, she did not recommend supplementation. But it is obvious that if this is a valid mechanism for IBD, having the patient take a good digestive enzyme.