

Ulcerative Colitis

In 1859, Dr. Thomas Smethurst sat in a British courtroom awaiting his verdict. He was on trial for the murder of his wife, Isabella Bankes. She was a sickly woman, who upon autopsy was found to have had “dysentery of a non-infectious cause” which was baffling at the time. Normally, it was considered an immutable fact that bowel distress was caused by transmittable pathogens and poor hygiene. Suspecting foul play, since the husband stood to inherit a decent sum, the doctor performing the autopsy assumed that the young woman had been poisoned. In the husband’s home was found a bottle that was suspected of containing arsenic. It was reasoned that he may have poisoned his wife in order to abort a child, and subsequently killed her.

The purported reason for the “abortion” was because Thomas would not have child with Isabella because he was already married. He had a previous marriage with a woman by the name of Mary Smethurst. When the jury discovered this previous marriage, per the standards of the time, Thomas Smethurst was considered a foul and sinister person, fully capable of killing his wife, after all bigamy and murder are close cousins aren’t they?

His defense attorneys claimed that it was the dysentery that killed her, and that the bottle in his home didn’t contain arsenic and that this was all speculative and unsubstantiated. But in the eyes of the jury, proof of bigamy was enough and he was sentenced to hanging for the crime of

murder. Luckily, there were many who believed in Dr. Smethurst’s innocence and wrote public letters to the newspapers and eventually the Home Secretary pardoned him. However, Mary Smethurst later brought suit in order to get her hands on the inheritance money from Isabella’s death. Dr. Smethurst eventually spent one year in prison for bigamy.

It is lucky for Dr. Smethurst that he was pardoned. Isabella died of *Inflammatory Bowel Disease!* The autopsy notes clearly show all the telltale signs of IBD. Severe inflammation in the lining of the intestines, blood in the stool, lesions, etc. were present in the report and clear indicators of Isabella’s IBD.

The most common form of IBD in the United States is *Ulcerative Colitis*, which affects roughly 1 million people. Thankfully, very few people actually die of the condition today, but what may be worse is that a large number of these people have a severely diminished quality of life. Common symptoms include:

- Frequent diarrhea
- Rectal bleeding
- Frequent need to defecate
- Gas and bloating
- Blood in stool
- Abdominal pain
- Fevers

Eventually the condition can reach the point where the patient is losing too much blood and the person is becoming nutrient deficient and the only solution left is to remove the colon through surgery. Considering that the peak years for this condition are 15-25 and 25% of sufferers are

under the age of 15, means that there is a large group of teenagers who no longer have a colon and require a bowel catheter.

Similar to most autoimmune conditions, the etiology of the condition is debated. The factors are typically considered to be some combination of genetics, environment, and, to a greater or lesser extent, diet.

To those with a firm understanding of autoimmune conditions often recognize the very strong correlation with chronic inflammation and the development of autoimmune diseases, such as Inflammatory Bowel Diseases, of which ulcerative colitis is categorized. There can be many potential sources of inflammation in the colon, which may eventually manifest into UC. Food allergies, heavy metals, bacterial infections, chemical toxins, etc. can cause inflammatory responses in the colon. While there are many in the mainstream medical community who would disagree and say that there is no confirmed dietary or environmental cause of ulcerative colitis.

While it may very well be true that the ultimate cause of ulcerative colitis, and in fact any autoimmune disease, will not be known for decades to come, there is enough empirical evidence to suggest that diet, environment, and lifestyle have a strong impact on the disease and that if these areas cause or exacerbate the disease, their modification can lead to prevention and/or remission.

Regardless of the cause or causes, many people with UC have no idea

they are affected until the condition develops into a full-blown disease that necessitates an embarrassing necessity to use the bathroom multiple times per day. In more severe cases, the diarrhea can become so severe that hospitalization is necessary.

These symptoms come from severe inflammation that develops in the lining of the colon. This inflammatory attack on the colon causes blood and mucus to accompany the stool. Because this digestive condition can often be overlooked and appear to be a number of bowel disorders, detecting and diagnosis can be difficult. Currently, the most standard method for confirming ulcerative colitis is through a colonoscopy, which is both invasive and highly uncomfortable.

Though there is a new test that is available that requires no invasive procedure. When there are high levels of inflammation in the colon, there is also a large quantity of a certain protein called *calprotectin*, in the stool. From a stool sample, the amount of calprotectin is measured and if elevated, is an almost certain indicator of inflammatory bowel disease.

Once diagnosed, depending on the severity of the condition, most people use medication to subdue their symptoms and combat the disease like Asacol, Prednisone, and Remicade. Many of these prescriptions, with the exception of Prednisone, target various inflammatory substances in the body in order to suppress the adverse immune reactions causing the disease symptoms.

With many of these medications, it can be hit or miss, but even those who are successful in remission often have “flare ups” where the disease returns.

Because of the intensity and inconsistency of the medication and the fear of colon removal, many seek gentler effective alternatives. For the past 10 years, we at the Wellness Center have been using a dynamic program for UC (as well as other inflammatory bowel diseases and autoimmune conditions) that has an incredible track record of success.

It's a multi-stage process that utilizes very advanced testing. Stool testing, hormone testing, as well as genetic testing to allow us to determine what your specific inflammatory triggers are. Each person's triggers are unique and very specific. This in-depth testing is critical in order to determine if the inflammation in the colon is being caused or exacerbated by bacterial infections, hormonal imbalances, toxins, food or environmental allergens and so on.

Once the triggers have been identified, a very specific individualized program is developed that addresses the exact triggers outlined by the testing. Some of the more common elements of such a program may include:

- Anti-inflammatory diet
- Allergy elimination diet
- Detoxification
- Probiotics, 'good' bacteria of the intestines
- Essential fatty acids
- Gastro-intestinal balancing

Not every element above is appropriate for each person. Because of each person's unique genetics and lifestyle, each program is equally unique in order to address each person's exact needs.

Our method is very successful simply because it utilizes information that the conventional therapies ignore, individuality. The efficacy of our program is evidenced by our track record, which speaks for itself.

UC does not have to be a downward spiral towards misery and surgery. Early on, you should treat it as a red flag that there is something you are doing, eating, or being exposed to that is making your body extremely unhappy. If you can find and identify those dietary, lifestyle, or environmental factors, you can regain control of your body and take back your life.



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