

Crohn's Disease

What do Dwight D. Eisenhower, Shannen Doherty, and King Louis the XIII all have in common? They all suffered a common plight: Crohn's disease.

Today this disease affects approximately 500,000 in the United States alone and is the second most common form of inflammatory bowel disease after ulcerative colitis. In fact, these two diseases are often very hard to distinguish from each other due to the fact that both tend to affect the same areas of the gut through similar means. Both diseases are often accompanied by:

- Abdominal pain
- Diarrhea
- Frequent need to defecate
- Weight loss
- Low temperature fevers
- Blood in stool
- Reduced appetite
- Fatigue

Differentiating between the two diseases is difficult without an endoscopy in certain cases. The differentiation in medical terminology is that ulcerative colitis is characterized by inflammation of the mucosal membranes of the colon, versus Crohn's disease, which is an autoimmune condition that is caused by inflammation that can occur in any part of the digestive tract from mouth to anus. Crohn's disease tends to affect deeper tissues and can affect the small intestine as well as the colon whereas ulcerative colitis is only in the colon.

Thankfully, there are several alternative methods to colonoscopy for detecting inflammatory bowel diseases that are non-invasive and very accurate. Perhaps the most accurate of these is the measurement of *eosinophil protein X (EPX)* in stool samples. EPX is a protein that is present in the gut only when there is mucosal damage, indicating inflammation and tissue damage in the intestinal tract. The quantity also gives an accurate indication of the amount and severity of inflammation and damage in the intestines, making it an excellent marker for detecting inflammatory bowel diseases like UC and Crohn's disease.

Another important diagnostic tool is *Calprotectin*. Calprotectin is a protein that is released in the gut when white blood cells are present and active in the digestive tract. This makes calprotectin an excellent tool to measure that amount of immune activity in the intestines and to differentiate between inflammatory bowel disease and *Irritable Bowel Syndrome (IBS)*. Even though IBS patients respond positively to anti-inflammatory diets, IBS is not an inflammatory condition. Calprotectin indicates elevated immune activity meaning that the digestive symptoms are related to an inflammatory immune system response and thus cannot be IBS.

There is a third marker, *Lactoferrin*, which is a protein that is present in almost every exterior secretion in humans: tears, saliva, breast milk, nasal secretions, and intestinal mucus. It is released by white blood cells in response to inflammation and

bacterial infection. It is one of the body's primary means of destroying harmful bacteria, which means that when it is present in the intestines, either there is a bacterial infection present, or there is elevated inflammation which may be caused by an inflammatory bowel disease. Lactoferrin is an excellent marker, but is possible to have either a false positive, or a false negative. Breast-feeding infants can show a false positive because of the lactoferrin in breast milk, and individuals who have compromised immune systems may not be able to mobilize enough white blood cells into the intestines to elicit a detectable amount of lactoferrin.

Ulcerative colitis is considered curable from the standpoint that if the colon is removed, the disease will no longer exist. Obviously, the patient will have to use a catheter, but the disease will be gone. Crohn's disease, per conventional medicine, has no pharmaceutical or surgical cure. Treatment is focused on bringing the disease into remission and preventing recurrence.

The means by which conventional medicine attempts to reach these goals is through two categories of prescription medications: anti-inflammatory drugs and steroids. Because Crohn's disease is generally considered to be an autoimmune disease, it is not unusual for people to think that immune suppressing medications might help, but there is growing evidence that Crohn's disease develops in people who already have weak or compromised immune systems meaning that further

suppression will not improve, but rather worsen the health of the patient.

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 Crohn's disease is categorized. There can be many potential sources of inflammation in the colon, which may eventually manifest into Crohn's. Food allergies, heavy metals, bacterial infections, chemical toxins, for example, can cause inflammatory responses in the digestive tract. While there are many in the mainstream medical community who would disagree and say that there is no confirmed dietary or environmental cause of Crohn's disease.

While it may very well be true that the ultimate cause of Crohn's disease, 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.

Because of the intensity and inconsistency of the medications

often prescribed for Crohn's disease, and the frequency of side effects and decreased quality of life, many seek gentler effective alternatives. For the past 10 years, we at the Wellness Center have been using a dynamic program for Crohn's disease and ulcerative colitis (as well as other 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 digestive tract is being caused or exacerbated by bacterial infections, hormonal imbalances, toxins, food or environmental allergens.

This approach is unique because even though environmental toxins and heavy metals are known factors in autoimmune diseases, they are classically never tested in patients, and in the infrequent cases where they are tested they are not measured correctly. Understanding how to test for these substances is critical in order to create an accurate picture of the patient's medical condition and point a clear course for proper treatment.

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
- Hormone 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.

Inflammatory bowel disease does not have to be a downward spiral towards misery and surgery. Recognizing symptoms early on is important and they should be treated 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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