

CROHN'S DISEASE

Edited by

Campbell M Gold

(2012)

CMG Archives
<http://campbellmgold.com>

--()--

IMPORTANT

The health information contained herein is not meant as a substitute for advice from your physician, or other health professional. The following material is intended for general interest only; and it should not be used to diagnose, treat, or cure any condition whatever. If you are concerned about any health issue, symptom, or other indication, you should consult your regular physician, or other health professional. Consequently, the Author cannot accept responsibility for any individual who misuses the information contained in this material. Thus, the reader is solely responsible for all of the health information contained herein. However, every effort is made to ensure that the information in this material is accurate; but, the Author is not liable for any errors in content or presentation which may appear herein.

--()--

Introduction

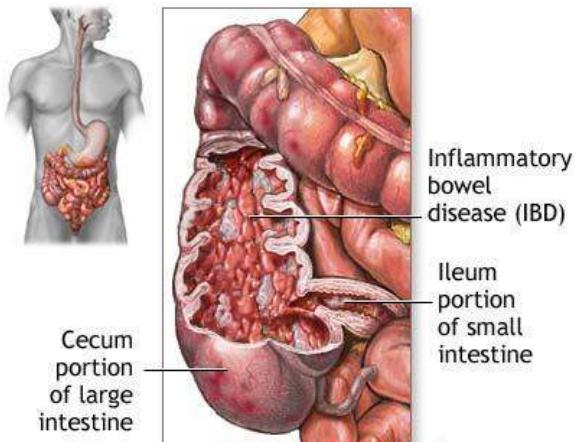
Crohn's disease is a form of inflammatory bowel disease (synonymous terms include Regional enteritis; Ileitis; Granulomatous ileocolitis; IBD-Crohn's disease), which typically affects the intestines - however, it may occur anywhere from the mouth to the anus (end of the rectum).

--()--

Causes, Incidence, and Risk Factors

The exact cause of Crohn's disease is unknown. It is classified as an autoimmune disorder, which is a condition that occurs when the body's immune system mistakenly attacks and destroys healthy body tissue.

Individuals with Crohn's disease have and ongoing (chronic) inflammation of the gastrointestinal tract. Crohn's disease may involve the small intestine, the large intestine, the rectum, or the mouth, and the inflammation causes the intestinal wall to become thick.



--()--

Types

Crohn's disease has different types which depend upon the affected body part.

The following factors appear to play a role in Crohn's disease:

- The individual's genes
- Environmental factors
- The individual's body over-reacting to "normal" bacteria in the intestines

--()--

Age Susceptibility

Crohn's disease can occur at any age; however, it usually occurs in individuals who are between the ages of 15 to 35 years old.

Individuals are more likely to get this disease if they:

- Have a family history of Crohn's disease
- Are of Jewish descent
- Are or have been a smoker

--()--

Symptoms

Symptoms of Crohn's disease depend upon which part of the gastrointestinal tract is affected, and symptoms range from "mild" to "severe", and can come and go with specific periods of flare-ups.

The main symptoms of Crohn's include:

- Crampy abdominal (belly area) pain
- Fever
- Fatigue
- Loss of appetite
- Pain when passing a stool (tenesmus)
- Persistent, watery diarrhoea
- Weight loss

Other symptoms may include:

- Constipation
- Eye inflammation
- Fistulas (usually around the rectal area, may cause draining of pus, mucus, or stools)
- Joint pain and swelling
- Mouth ulcers
- Rectal bleeding and bloody stools
- Skin lumps or sores (ulcers)
- Swollen gums

--()--

Indications and tests

A physical examination may reveal an abdominal mass or tenderness, skin rash, swollen joints, or mouth ulcers.

Tests to diagnose Crohn's disease include:

- Barium enema or upper Gastro Intestinal series
- Colonoscopy or sigmoidoscopy
- Computed tomography (CT scan) of the abdomen

- Endoscopy, including capsule endoscopy
- Magnetic resonance imaging (MRI) of the abdomen
- Enteroscopy

A stool culture may be done to eliminate other possible causes of the symptoms.

Crohn's disease may also interfere with the results of the following tests:

- Albumin
- C-reactive protein
- Erythrocyte sedimentation rate
- Faecal fat
- Haemoglobin
- Liver function tests
- White blood cell count

--()--

Treatment

Diet and Nutrition

The individual should eat a well-balanced, healthy diet; and it is important to get adequate calories, protein, and essential nutrients, vitamins, and minerals from a variety of food groups.

No specific diet has been shown to make Crohn's symptoms better or worse. Specific food problems may vary from person to person.

However, certain types of foods can make diarrhoea and intestinal gas worse.

To help ease symptoms, an individual could try:

- Eating small amounts of food throughout the day.
- Drinking lots of water (drink small amounts (250 ml) often throughout the day).
- Avoiding high-fibre foods (bran, beans, nuts, seeds, and popcorn, etc).
- Avoiding fatty, greasy or fried foods and sauces (butter, margarine, and heavy cream).
- Limiting dairy products if you have problems digesting dairy fats. Try low-lactose cheeses, such as Swiss and cheddar, and an enzyme product, such as Lactaid, to help break down lactose.
- Avoiding foods that cause intestinal gas, such as beans.

Investigate extra vitamins and minerals:

- Iron supplements (if anaemic)
- Calcium and vitamin D supplements to help keep bones strong
- Vitamin B12 to prevent anaemia

--()--

Stress

An individual may feel worried, embarrassed, or even depressed about having a bowel accident. Other stressful events in their life, such as moving, a job loss, or the loss of a loved one can also exacerbate digestive problems.

Consequently, investigate techniques on how to manage and reduce stress (See <http://campbellmgold.com> for self-administered programs for stress reduction)

--()--

Medications

The individual can take medication to treat very bad diarrhoea. Loperamide (Imodium) can be bought over-the-counter. Always consult a health professional before self-medicating.

Other medicines to help with Crohn's symptoms include:

- Fibre supplements may help your symptoms. Psyllium powder (Metamucil) or methylcellulose (Citrucel) can be obtained without a prescription. However, consult your health professional about these products.
- Always consult your health professional before using any laxative products or medicines.
- You may use acetaminophen (Tylenol) for mild pain.
- Drugs such as aspirin, ibuprofen (Advil, Motrin), or naproxen (Aleve, Naprosyn) may make Crohn's symptoms worse.

Always consult a health professional if a stronger pain medicine is needed.

Typical medicines that may be prescribed by an allopathic practitioner include:

- Aminosalicylates (5-ASAs) are medicines that help control mild to moderate symptoms. Some forms of the drug are taken by mouth; others must be given rectally.
- Corticosteroids (prednisone and methylprednisolone) are used to treat moderate to severe Crohn's disease. They may be taken by mouth or inserted into the rectum.
- Medicines such as azathioprine or 6-mercaptopurine quiet the immune system's reaction.
- Antibiotics may be prescribed for abscesses or fistulas.
- Biologic therapy is used to treat patients with severe Crohn's disease that does not respond to any other types of medication. Medicines in this group include Infliximab (Remicade) and adalimumab (Humira), certolizumab (Cimzia), and natalizumab (Tysabri).

--()--

Surgery

If medicines do not work, a type of surgery called "bowel resection" may be recommended to remove a damaged or diseased portion of the intestine, or to drain an abscess. However, removing the diseased tissue will not cure the condition.

Individuals who have Crohn's disease that does not respond to medication may need surgery, especially when there are additional complications such as:

- Bleeding (haemorrhage)
- Failure to grow (in children)
- Fistulas (abnormal connections between the intestines and another area of the body)
- Infections (abscesses)
- Narrowing (strictures) of the intestine

Some individuals may require surgery, in their health professional's judgement, to remove the entire colon (large intestine), with or without the rectum.

--()--

Appendix



SCIENCEPHOTOLIBRARY

Credit:

David M. Martin, MD/Science Photo Library

Caption:

Crohn's disease. Endoscope view of ulceration and inflammation in the colon of a 33 year-old man. This form, which only affects the large intestine, is known as Crohn's colitis. Crohn's disease seems to have both genetic and environmental causes, and is not well understood. Symptoms include abdominal pain, vomiting and diarrhoea. Treatment is with anti-inflammatory drugs or in severe cases, the affected area of intestine may be surgically removed.

--()--



SCIENCEPHOTOLIBRARY

Credit:

Gastrolab/Science Photo Library

Caption:

Endoscope view of ulceration and inflammation of the sigmoid colon (large intestine) in a patient with Crohn's disease. Crohn's is an inflammatory disease that can affect any part of the digestive tract, most common in the colon causing colitis, pain and bloody diarrhoea.

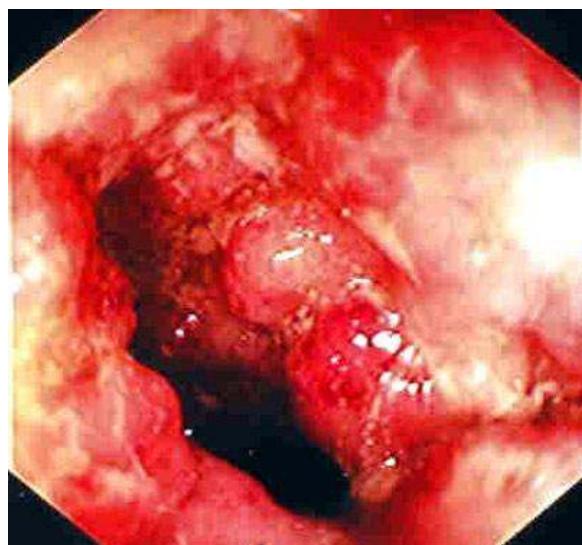
--()--



The photo above shows the inside of a Crohn's patient's intestines - the ulcerated damage is readily seen.

Credit: Photo by Samir.

--()--



Crohn's Disease

Description:

A chronic inflammation of the gastrointestinal tract.

Persons most commonly affected: Men and women equally of all age groups, but it is more often diagnosed in individuals between the ages 20 and 30.

Organ or part of body involved:
Typically intestine

Symptoms and indications:

Painful abdominal spasms (often in the lower right area), diarrhoea (sometimes with the passage of blood or stool), and weight loss.

Causes and risk factors:

Causes are unknown. However, some authorities think that it could be due to an abnormal allergic response to cereals or to milk-based products, or to a bacterium or virus in the intestine. There may be a family history, although the genetic link is not a strong one. Smoking could also be causal.

Prevention:

Follow a balanced diet, and avoid foods likely to upset or disrupt digestion. Drink plenty of fluids so as to avoid dehydration as a result of diarrhoea. Take fish oil, rich in omega-3 fatty acids, for its anti-inflammatory properties.

There are no known foods that cause Crohn's

End

--()--

<http://campbellmgold.com>

03062012