Inflammatory Bowel Disease (IBD) refers to any of several chronic disorders of the gastrointestinal tract, especially Crohn's disease and ulcerative colitis, characterised by inflammation and ulceration of the intestine and resulting in abdominal cramping, diarrhea, pain, fatigue and weight loss.

Ulcerative Colitis: is a form of IBD that causes swelling, ulceration and loss of function of the colon (large intestine) and rectum. Bloody diarrhoea and lower abdominal pain are the most common symptoms.
Crohn's Disease: is an IBD that cause inflammation of the lining of the digestive tract. Inflammation will often spread deep into affected tissues. The inflammation can involve different parts of the digestive tract, the large intestine, small intestine or both.
Microscopic Colitis: describes two conditions, collagenous colitis (CC) and lymphocytic colitis (LC). Both of these conditions are relatively rare and are diagnosed when a patient with chronic watery nonbloody diarrhea has normal a colon when examined by a specialist with a camera, but colon biopsies show unique inflammatory changes.

Latest on IBD from Medical News Today. More info

Note: Always seek advice from a doctor before beginning any listed treatments, medications or supplements.

Inflammatory bowel disease treatments aim is to reduce the inflammation that triggers symptoms (abdominal cramping, diarrhea, pain, fatigue and weight loss). This may sometimes provide symptom relief and also lead to long-term remission. There is no set cure for IBD.

Bio Medical Solutions

Professional Support: Working with a trained practitioner can assist you to develop skills to calm anxiety and can also equip you with knowledge to find your next steps towards wellness. Please ensure that you find a practitioner who understands how to navigate the territory of complex chronic health conditions. More info

Anti-inflammatory drugs:

- **Aminosalicylates**. Sulfasalazine (Azulfidine) may be effective in reducing symptoms of ulcerative colitis and for some people with Crohn's disease confined to the colon. This medication may cause a number of side effects, including digestive distress and headaches. Aminosalicylates are available in both oral and enema or suppository forms and the form of the medication to be taken depends on which part of the colon is affected. More serious and rare side effects include kidney and pancreas problems.
- **Corticosteroids**. such as Prednisone and Hydrocortisone, are used for moderate to severe ulcerative colitis or Crohn's disease that doesn't respond to other treatments. They medications are taken orally, intravenously, or by enema or suppository, depending on the area of the digestive tract affected. Corticosteroids have a number of possible side effects and are not usually given long term.

Immune system suppressors: reduce inflammation by suppressing the immune response that releases inflammation-inducing chemicals in the intestinal lining. For some patients a combination of these drugs will work better than one drug alone.

- **Azathioprine (Azasan, Imuran) and mercaptopurine (Purinethol, Purixan)** are the most commonly used immune system suppressors for IBD. These medications require close monitoring by blood tests to look for side effects on the liver and pancreas. Additional side effects include lowered resistance to infection and a rare chance of developing cancers such as lymphoma and skin cancers. A blood test to determine risks and the bodys ability to break down the medication should be done before starting.
- **Cyclosporine (Gengraf, Neoral, Sandimmune)** is an option for ulcerative colitis patients who haven't responded well to other medications. Cyclosporine has possible serious side effects including kidney and liver damage, seizures, fatal infections and a small risk of cancer (advise your doctor if you have previously had cancer). This is not a long term medication and not prescribed too often as there are now safer alternatives available.
- **Methotrexate (Rheumatrex)** is a medication given by injection and sometimes used for people with Crohn's disease who don't respond well to other medications. Short term side effects include nausea, fatigue and diarrhea, and rarely, life-threatening pneumonia. Long term use can cause potentially cause bone marrow suppression, scarring of the liver and cancer. Patients on this medication require close monitoring for side effects.
- **Natalizumab (Tysabri) and vedolizumab (Entyvio)** These drugs work by stopping certain immune cell molecules from binding to other cells in the intestinal lining. These are medications for patients with moderate to severe Crohn's disease and ulcerative colitis with evidence of inflammation who aren't

moderate to severe Crohn's disease and ulcerative colitis with evidence of inflammation who aren't responding well to any other medications. Natalizumab has a rare but serious risk of a brain infection that usually leads to death or severe disability. Vedolizumab recently was approved for Crohn's disease. It works like natalizumab but appears not to have a risk of brain infection.
- **Ustekinumab (Stelara)** is a medication for psoriasis which has been shown to help treat Crohn's disease. It may be used when other medical treatments fail.

Antibiotics: May be prescribed for some patients with ulcerative colitis who run fevers to help prevent or control infection. Antibiotics may benefit Crohn's disease patients by reducing the amount of drainage and sometimes healing fistulas and abscesses. Research indicates that antibiotics may help reduce harmful intestinal bacteria and suppress the intestine's immune system.
- **Metronidazole (Flagyl):** was the most commonly used antibiotic for Crohn's disease. It can however cause serious side effects, including numbness and tingling in the hands and feet and, occasionally, muscle pain or weakness. Drinking alcohol while taking this medication may cause severe side effects due to the interaction of the drug with alcohol so don't drink whilst on this drug.
- **Ciprofloxacin (Cipro):** is a medication which improves symptoms in some patients with Crohn's disease, is now generally preferred to metronidazole. A rare side effect is tendon rupture, which is an increased risk if the patient is also taking corticosteroids.

Diarrhea medications: such as loperamide (Imodium), can help manage diarrhea. Patients should discuss with their doctor before beginning.
Fibre supplements: such as psyllium (Metamucil) or methylcellulose (Citrucel), with fluids may help to relieve diarrhea by bulking up the patients stool.
Paracetamol: (Panadol, Tylenol) may be recommended for mild pain. Other pain relief medications such as ibuprofen (Nurofen, Advil, Motrin IB, others), naproxen sodium (Aleve, Anaprox) and diclofenac sodium (Voltaren, Solaraze) likely will make symptoms worse and can make the disease worse as well.
Antibiotics: Patients who have symptoms due to an overgrowth of bacteria in their intestines may benefit from antibiotic treatment. Some patients with diarrhea have benefited from antibiotics such as rifaximin (Xifaxan), but more research is needed.
Iron supplements: may be required in those patients with chronic intestinal bleeding to help prevent iron deficiency anemia.
Vitamin B-12 shots: Vitamin B-12 helps to promote normal growth and development, prevent anemia and is required for proper nerve function. Crohn's disease can cause vitamin B-12 deficiency so B-12 shots may be beneficial.
Calcium and vitamin D supplements: Crohn's disease and steroids used to treat it may increase the risk of osteoporosis, so a calcium supplement with added vitamin D may be beneficial.
Enteral and Parental Nutrition: Your doctor may recommend a special diet given via a feeding tube (enteral nutrition) or injected into a vein (parenteral nutrition) to treat Crohn's disease. This can improve nutrition and allow the bowel to rest which in turn can reduce inflammation short term. If there is a stenosis or stricture in the bowel, the doctor may recommend a low-residue diet to help to minimise the chance of undigested food getting stuck in the narrowed part of the bowel which can lead to a blockage.
Surgery: may be considered if diet and lifestyle changes, drug therapy, or other treatments don't relieve IBD signs and symptoms. This involves removing parts of the digestive tract. Discuss with your doctor.

Alternative Solutions

Mindfulness: is a set of skills for healing, intuition, insight, calmness, focus, resilience and hope that you can develop to counter the stresses that chronic illness brings. You can literally "train your mind to promote healing. Mindfulness has a positive flow on affect into every aspect of a person's life. For more info click here. More info

Diet: avoiding problem foods may help to prevent flare ups.
- Dairy: Limiting or cutting out dairy products may improve symptoms such as diarrhea, abdominal pain and gas.
- High-Fat Foods: Patients with Crohn's disease of the small intestine may not be able to digest or absorb fat normally, making diarrhea worse. Avoiding butter, margarine, cream sauces and fried foods may help some.
- High fibre foods: such as fresh fruits and vegetables and whole grains, may worsen symptoms, especially if there is narrowing in the bowel. Steaming, baking or stewing raw fruit and vegetables may help. The cabbage family, such as broccoli and cauliflower, nuts, seeds, corn, and popcorn may all worsen symptoms. Discuss with your doctor.
- Other problem foods: such as spicy foods, alcohol and caffeine may make signs and symptoms worse.

Eating smaller meals: 5-6 times a day instead of 3 larg meals a day may ease the load on the stomach and improve symptoms.
Staying hydrated: by drinking plenty of water may help. Avoid alcohol, caffeine and carbonated beverages.
Multivitamins, zinc, vitamin D: Crohn's disease may interfere with the body's ability to absorb nutrients and because your diet may be limited, multivitamin and mineral supplements are often helpful. Discuss with your doctor.
Dietitian: Should be consulted if the patient is losing too much weight or is on a very limited diet.
Smoking: should be avoided by patients with IBD.
Reduce stress: stress may cause patients to have flare ups so try reducing stress with mindfulness (as detailed above), and with an exercise program from your doctor. There is also a technique called biofeedback which trains the patient to reduce muscle tension and slow their heart rate with the help of a feedback machine.
Probiotics: are found in certain foods or you may take probiotic supplements. Probiotics act very much like the good bacteria in your gut. Probiotics may be more or less beneficial depending on the location and stage of your disease. Some strains might work for one person but not others. Some yogurts are good sources of probiotics, however many people with Crohn's disease are sensitive to dairy products. Other foods that contain probiotics include sauerkraut, kimchi, kefir and kombucha. Discuss with your doctor.
Prebiotics: are food for probiotics and for intestinal bacteria, they are available as a supplement and can also be found in some foods. Adding prebiotics to your diet may improve the function of your normal intestinal bacteria. Using prebiotics along with probiotics might make the probiotics more effective. Prebiotics are nondigestible carbohydrates found in things like artichokes, honey, whole grains, bananas, onions and garlic.
Fish oil: Omega-3 fatty acids, found in fish oil, may have anti-inflammatory properties and may help reduce Crohn's symptoms and increase chances of remaining in remission. Discuss with your doctor before starting fish

oil supplementation as taking high doses of fish oil, or taking it in combination with blood thinning medication, may lead to bleeding problems.
Herbs: that may help to relieve symptoms of IBD include boswellia, aloe vera juice, peppermint, chamomile and slippery elm bark. Herbs may interfere with medications so discuss with your doctor first. Here is an extensive article on herbs as a treatment for IBD patients.
More info
Acupuncture: is an ancient chinese technique which uses needles and may help improve symptoms for patients with IBD.

A diagnose for IBD will usually be made after other causes for symptoms such as IBS, colon cancer and diverticulitis have been ruled out. The following tests can help to identify and diagnose IBD.

Blood tests: to check for anemia where there aren't enough red blood cells to carry adequate oxygen to the tissues, or to check for signs of infection from bacteria or viruses.
Stool test: to confirm whether there is hidden blood in the stool.
Endoscopic procedures:

- Colonoscopy: is a test using a thin, flexible, lighted tube with an attached camera. During the procedure, small samples of tissue (biopsy) may be taken for laboratory analysis, to help confirm a diagnosis. Clusters of inflammatory cells called granulomas, if present, help confirm a Crohn's disease diagnosis.
- Flexible sigmoidoscopy: a slender, flexible, lighted tube is used to examine the last section of the colon (sigmoid).
- Upper endoscopy: a slender, flexible, lighted tube is used to examine the esophagus, stomach and first part of the small intestine (duodenum). These areas are usually not affect by IBD however, this test may be performed if nausea and vomiting, difficulty eating or upper abdominal pain are present.
- Capsule endoscopy: a capsule is swallowed that has a camera in it. The images are transmitted to a computer worn on a belt. The camera eventually exits the body painlessly in the stool. This test can help diagnose Crohn's disease however a colonoscopy with biopsy may still be required to confirm the prescence of Crohn's disease.
- Double-balloon endoscopy: a longer scope is used to look further into the small bowel where standard endoscopes are unable to reach. This technique may be used when capsule endoscopy shows abnormalities, but the exact diagnosis is still in question.

Imaging procedures:

- standard x-ray: a standard X-ray of the abdominal area may be used if symptoms are severe to rule out serious complications, such as a perforated colon.
- CT scan: provides examines the entire bowel as well as at tissues outside the bowel. CT enterography is a special CT scan that provides more detailed images of the small bowel.
- MRI scan: creates detailed images of organs and tissues and unlike CT, there is no radiation exposure with an MRI scan. MRI is useful for evaluating a fistula around the anal area (pelvic MRI) or the small intestine (MR enterography).
- Small bowel imaging: examines the part of the small bowel that can't be seen by a colonoscopy. The patient drinks a liquid containing barium, and an X-ray of the small intestine is then taken. This examination may still be used but has largely been replaced by CT or MRI scans.

Crohns Disease, Celiacs Disease, Irritable Bowel Syndrome, Ulcerative Colitis, Diverticulitis