


ULCERATIVE COLITIS

 **ULCERATIVE COLITIS** is a disease in which the colon becomes inflamed, resulting in abdominal pain and bloody diarrhea. In its milder forms, ulcerative colitis is merely a nuisance, or it may produce no symptoms at all. However, in some patients, the diarrhea and bleeding can be severe enough to cause dehydration and anemia. Inflammatory bowel disease (a term which includes ulcerative colitis and Crohn's disease) is a common medical problem, affecting millions of Americans. Individuals with ulcerative colitis often develop complications, including nutritional deficiencies, arthritis, skin and eye disorders, liver disease, kidney stones, and colon cancer.

Although the cause of ulcerative colitis is not known, it is considered to be an autoimmune disease—one in which the body's immune system attacks its own tissues. Various abnormalities of immune-system function have been identified in individuals with this condition. Standard treatment consists primarily of cortisone-like drugs and other anti-inflammatory medications and in some cases antibiotics. If the condition becomes severe or debilitating, surgical removal of some or all of the colon may be necessary. Although conventional therapy relieves the symptoms in many cases, it is often ineffective. Furthermore, there are many risks and complications involved with the standard drug-and-surgery approach.

DR. WRIGHT'S CASE STUDY

"I want to get rid of this ulcerative colitis," Jim Olson declared. "I'm told it's chronic, and there's nothing to do except take medications indefinitely and hope for the best. Right now, the bleeding's back again. So I can hardly go anywhere or do anything without making sure there's a bathroom handy. I've had to start the prednisone again." He handed me two prescription bottles.

"Prednisone, sulfasalazine," I read. "Fairly standard. How long have you had colitis?"

"Eight years since they told me that's what it was. But I've always had a tendency to bowel trouble—loose stools, gas—that sort of thing. My

mother tells me I had a lot of stomach aches as a child."

"Any idea why it worsened 8 years ago?"

"I was under a lot of stress at work, and started having a lot of bleeding. I'd had a little bit of blood on and off for years, but never thought much of it. That time, it was really a lot, so I went to the doctor and they did X-rays and that scope thing and told me it was ulcerative colitis and that the stress caused it. They put me on these medications, and it gradually slowed down. Since then it's never been completely gone, and it gets bad regularly. I've noticed stress can make it worse, but not always. Sometimes it's really bad when I'm not stressed at all. So, I'm sure that's not the whole answer."

"After the X-rays and scope thing, where did they tell you the problem was?"

"Mostly in the lower colon, maybe a little bit further up."

"You're how old now?"

"I'm 37. I was 29 the first time it really got bad."

"Besides bleeding and diarrhea, do you notice mucus?"

"Usually. Sometimes that happens by itself, too, without any other symptoms."

"Do you get heartburn or indigestion?"

"Not much heartburn, unless I eat too much. I had a lot more of that when I was younger. I do get a lot of indigestion, but they tell me that's just part of the colitis."

"Any other symptoms?"

"Nothing major. I'm more tired than I think I should be, but if it weren't for this colitis thing I'd be doing pretty well."

"Anyone else in your family have colitis?"

"I'm told my grandfather did. My mother's pretty healthy—she gets migraines though. My father's had hay fever and sinus most of his life, and so do both my brothers." He thought for a moment. "There's diabetes and cancer in the family, too—grandparents and aunts and uncles. That's all I can think of."

"No children?"

"Not yet. Only been married 2 years."

"What sort of things do you eat?"

He smiled. "That's been changing some since we got married. Now I'm eating breakfast instead of just a cup of coffee. Usually oatmeal or no-sugar cornflakes with milk and a glass of juice. Lunch has stayed mostly the same. Because of my job, I'm always in a hurry, so it's fast food or Chinese or Mexican take-out."

"And dinners?"

"Definitely an improvement the last 2 years. Not near as many pizzas and sandwiches, more green stuff. We have chicken, beef, pasta, and the usual run of things, but Barbara's been on a program to eliminate the sugar and junky snacks, eat

whole grains, and so on. Doing it slow so I don't complain too much. She's even got me taking a one-a-day type vitamin."

"Sounds good. Has it helped the colitis?"

"Seemed to, at first. But it started getting bad again 6 months or so back, and Barb's been persuading me to come over here ever since. One of her friends did, and got a lot better, and they've been reading health magazines ever since."

After completing Mr. Olson's health history, we went to the exam room. Aside from slight abdominal tenderness and a bit more gas than average, his exam was generally normal.

"Now what? Take some more vitamins or something?"

"That's part of the program, but first the basics. Please have food allergy and sensitivity screening done. I'll be recommending you eliminate for at least several months the foods that test positive. And you may as well eliminate all milk and dairy products starting now."

Mr. Olson looked surprised. "Allergies? My father and brother have allergies, but I never had any, that I know of, anyway."

"Everyone I've ever worked with who has ulcerative colitis is allergic to foods. Milk and dairy are nearly always a problem, that's why I recommended stopping them now. Even if that weren't the case, it's basic in natural, nutritional medicine to screen people for allergies if other family members have them. You have allergy on both sides of your family. There's usually allergic involvement with sinus problems and nearly always with migraine headaches, too."

"Really? I'll tell my mom."

"After you've been screened for allergy, please bring your wife in for a visit with our nutritionist. Usually a fairly big diet change is required for at least several months."

He looked hopeful. "Not permanent?"

"I do recommend permanently eliminating the milk and dairy products, and your wife has you started on a few other changes which should be permanent—no sugar, white flour, food chem-

icals, hydrogenated vegetable oils—that sort of ‘dietary housecleaning’. But most allergies and sensitivities to good, wholesome food can be desensitized, so the foods can be re-introduced later on without causing bowel problems again.

“Next, please have your stomach tested for normal acid and pepsin production.”

“What’s my stomach have to do with it? It’s my colon that’s the problem—or so they tell me.”

“We check everyone with ulcerative colitis for stomach function, and the large majority are abnormal—some severely so. Remember you told me you get some indigestion? That’s likely due to weak stomach function. If your food isn’t completely digested, it’s more irritating to the colon, which isn’t really a digestive organ.”

“Makes sense. What else?”

“Vitamins and minerals next. Please have these tests done.” I handed him a lab request slip. “Some of these vitamins and minerals are quite standard for helping to heal an ulcerated colon. After you have them screened for sensitivity, you might as well start right away while you’re waiting for other test results.”

“Screened for sensitivity—to vitamins? I didn’t know it was possible to be sensitive to vitamins or minerals.”

I laughed. “Unfortunately, it’s possible to be allergic or sensitive to nearly anything. As long as you’re having allergy screening anyway, it’s best to be careful.” I started to write a list. “First, please use zinc (as zinc picolinate), 30 milligrams, 3 times daily. Zinc promotes healing of ulcers anywhere in or on the body—colon, peptic ulcer, leg ulcers—it’s a general healing promoter and accelerator. Next, vitamin A. Start with 150,000 IU daily . . .”

“Isn’t that an awful lot of vitamin A?”

“Not when you’ve got bleeding ulcerative colitis. Vitamin A stimulates healing and normalization of the cells lining the colon and the rest of the gastrointestinal tract. In addition, prednisone interferes with normal healing and impairs normal immune function, and vitamin A helps to

reverse those effects. As you improve, we’ll cut the vitamin A back, as it might be too much once things are more normal.”

“OK.”

“Whenever we use extra vitamin A, it’s wisest to add vitamin E. It keeps the A from breaking down too rapidly, and it helps on its own. Please use 400 IU daily. Vitamin C promotes healing, too, but with a diarrhea problem, use only 1,000 milligrams of a buffered type daily. Try to find one with some flavonoid content.” I wrote this all down.

“That’s a lot of stuff.”

“That’s what it takes—but we’re almost done for today. Just two more things. Keep using a multiple vitamin-mineral—a good high potency one. And last, enemas with sodium butyrate.”

Mr. Olson groaned. “Enemas? I’ve had to use those cortisone enemas twice, a few years back when the colitis got so bad they were going to hospitalize me. The enemas worked, but it isn’t that bad right now. Can’t I try this other stuff first?”

“Remember you want to get rid of the colitis. Butyrate is one of our more important tools. Butyrate is a naturally-occurring fatty acid, and it’s the principal source of energy for the cells that line the colon. If we give them a lot of their major energy source, they get stronger and healthier in a lot less time.”

“Can’t I just swallow it?”

“Sure, but it doesn’t work very well. You said the problem’s mostly in the lower colon. Why not put the butyrate right where the problem is—right on those sick colon cells—so they can soak up the energy before the rest of your intestine gets at it?”

“OK, OK. It makes sense when you explain it that way. If this will cure the problem, I’ll do it.”

“The overall program has a very good chance of doing just that. You’ll need all the supplements, very likely help for your stomach, and careful allergy work to get the job done. Especially careful about allergies and sensitivities, as they likely triggered the problem, and you’ve probably

had them most or all of your life. Remember what your mother said about your childhood stomach aches? And you mentioned you've always had a tendency to excess gas and loose bowels."

He looked thoughtful. "Allergies, huh? Wish I'd known."

"One more thing . . ."

"Thought you said that was all."

"Nothing more to swallow today, just a blood test. It's for DHEA—an adrenal hormone that's often helpful with more severe allergies and in autoimmune conditions. Actually, ulcerative colitis is one of a 'family' of autoimmune problems, so please check to see if your DHEA levels are low. If they are, using supplemental DHEA can be another major help in eliminating the problem."

Jim Olson was found to be sensitive to a total of 37 foods, which his wife said politely "makes for some interesting meal planning." His stomach test disclosed very low acid production. He reported that supplementing with hydrochloric acid and pepsin capsules with meals not only eliminated his indigestion, but made a significant reduction in his diarrhea and gas. He was able to use all the recommended supplements, along with

30 milligrams of DHEA per day, which I recommended because his blood level was found to be quite low.

After 6 months, he reported his symptoms were gone. He was able to taper off the prednisone and discontinue the sulfasalazine; and, following desensitization, was able to return most of the eliminated foods to his diet over the next few months, although I insisted he stay away from cow's milk and other dairy products. With his wife's help, he's stayed away from sugar, processed food, hydrogenated fats, and food chemicals, with "only an occasional lapse." He has continued the hydrochloric acid-pepsin supplements, the vitamin-mineral supplements, and DHEA. He reduced the amount of vitamin A gradually to 50,000 IU daily, and the zinc to 30 milligrams twice daily, along with an "offsetting" amount of copper (as copper sebacate), 4 milligrams daily. He tapered down, then stopped the butyrate enemas over 9 months' time. Three years after starting the program, he insisted on a complete exam with "the scope thing", and was told he'd had a "spontaneous remission," as there was no sign of ulcerative colitis or other colon disease.

DR. GABY'S COMMENTARY

THERE ARE A number of effective natural remedies for ulcerative colitis. In addition to improving the chances for success, these natural treatments may also reduce the need for dangerous prescription drugs. In our experience, most patients with ulcerative colitis have benefited from the nutritional approach, and many have seen dramatic results. As is often the case with nutritional medicine, many doctors are unaware of—or resistant to—these safe and effective alternatives. Fortunately, this is changing, as more and more physicians are becoming open-minded to new possibilities.

Dietary Considerations

Food Allergies

THE first and most important step in treating ulcerative colitis is to identify food allergies. Numerous medical journal reports over the years have shown that food allergy is a major contributing factor in ulcerative colitis.^{1, 2, 3, 4} The most common offending foods are wheat, dairy products, corn products, and eggs. Other foods, including citrus fruits, yeast, coffee, tea, alcohol, sugar, and various food additives may also provoke symptoms. Carrageenan is a compound derived from seaweed and used as a stabilizer in processed foods.

It has been shown to cause ulceration of the colon in animals,⁵ but its effect on humans is not known. Until more information becomes available, we advise our patients to avoid carrageenan.

Food allergies can be identified by means of a medically supervised elimination diet. If symptoms improve on the diet (usually in 3 weeks or less, if they are going to improve at all), foods are reintroduced one at a time. Foods that provoke abdominal pain, diarrhea, bleeding, or other symptoms are then removed from the diet. At least half of the patients we have seen with ulcerative colitis report significant improvement with dietary modification alone. In some cases, the colitis just disappears and does not return unless the patient goes off the diet.

One of the elimination diets I have used in my practice is presented in appendix A. Some doctors use other tests for allergy and sensitivity, as well as desensitization techniques. The reliability and effectiveness of some of these methods is controversial (see chapter 3 for additional discussion).

Other Allergies

INHALANT ALLERGIES (particularly to molds) also seem to play an important role in some patients with ulcerative colitis. A few of my patients who failed to respond to the nutritional approach experienced complete resolution after they received desensitization therapy for their mold sensitivity. Some individuals are apparently allergic to *Candida albicans* (the common yeast germ) or to other types of fungi that live in their intestinal tract. Although diagnosing a yeast or fungal infection involves some guesswork, some patients with ulcerative colitis clearly improve after taking anti-yeast medication.

Unfortunately, allergies have been routinely ignored by the average medical doctor, even though reasonable scientific evidence shows that allergies are a factor in many patients with ulcerative colitis. The connection between yeast overgrowth and ulcerative colitis, also ignored by most doctors, is not as well documented scientifically. Neverthe-

less, we have observed that eliminating candida is helpful for some people, and the medications that kill yeast are relatively safe.

Nutritional Deficiencies

INDIVIDUALS WITH ULCERATIVE colitis are often deficient in many different nutrients, including zinc, vitamin C, magnesium, vitamin A, folic acid, and iron. Persistent bleeding and diarrhea contribute to the loss of nutrients, as does chronic inflammation and malabsorption. Nutritional deficiencies impair immune function and decrease the body's ability to heal the inflamed bowel wall. A deficiency of one nutrient (folic acid) might even make diarrhea worse.⁶ Nutritional supplements are therefore an important component of a comprehensive treatment program.

While nutritional deficiencies have been well documented in people with ulcerative colitis, the therapeutic effect of nutritional supplements has not been investigated as extensively. In one study, 51 patients with ulcerative colitis were given either zinc or a placebo for 4 weeks. More patients improved in the zinc group than in the placebo group (46% versus 32%).⁷ Although this difference was not statistically significant, the results are consistent with the known beneficial effects of zinc. This mineral has an anti-inflammatory activity, promotes tissue healing, and enhances immune function. Each of those actions would be expected to be helpful for someone with ulcerative colitis. In another study, supplementing with fish oil resulted in a small reduction in the severity of ulcerative colitis.⁸ Not much other research has been done using nutritional supplements to treat ulcerative colitis. However, common sense dictates that we do our best to correct every known nutritional deficiency, if an ailing person is to have the best chance of getting well. Patients suffering from ulcerative colitis frequently tell us that supplements give them more energy and increase their resistance to infection.

Butyrate

ONE NATURAL TREATMENT that shows great promise in treating ulcerative colitis is butyrate. Butyrate is a short-chain fatty acid that is produced when colonic bacteria break down carbohydrates and protein. In contrast to most cells in the body which depend on glucose and fat for energy, the cells that line the colon use butyrate as a major source of fuel and energy. Decreased levels of butyrate have been found in the stool of individuals with ulcerative colitis. It has therefore been suggested that one of the causes of this disease is a “nutritional deficiency” of butyrate, and that increasing the amount of butyrate in the colon might promote healing. Another reason for increasing butyrate levels is that reduced concentrations are associated with an increased risk of colon cancer, one of the diseases that occurs frequently in individuals with ulcerative colitis.

In one study, 10 patients with ulcerative colitis who had failed to respond to usual treatments were given enemas containing butyrate twice a day for 2 weeks. For comparison, each patient was also given placebo enemas during a separate 2-week period. After butyrate treatment, the average daily number of bowel movements decreased by 55% and rectal bleeding stopped in 9 of 10 cases. In contrast, there was no improvement with the placebo treatment.⁹

Butyrate enemas represent a significant advance in the treatment of ulcerative colitis. It is a promising therapy, even for those who have a severe case of the disease. It should be noted that butyrate enemas have been studied primarily in individuals whose disease was on the left side of the colon—the area that can be reached most easily by the contents of an enema. Although the research on butyrate was published in a major gastroenterology journal more than 7 years ago and confirmed by follow-up studies,¹⁰ few gastroenterologists use butyrate. If your doctor is willing to write a prescription for butyrate enemas, the material can be obtained from a compounding pharmacist.

Butyrate is also available orally as a nutritional supplement, but taking butyrate by mouth is not likely to improve ulcerative colitis very much. It may be possible to increase colonic butyrate levels somewhat by consuming adequate amounts of fiber in the diet.

Hormone Therapy: DHEA

IN A STUDY of 46 individuals with ulcerative colitis, 79% had abnormally low blood levels of the adrenal hormone dehydroepiandrosterone (DHEA).¹¹ In 1994, this hormone was shown to be effective in treating individuals with lupus,¹² an autoimmune disease. At that time, we considered the possibility that DHEA also might be helpful in treating patients with other autoimmune diseases, including ulcerative colitis. Some of our patients with this disease have improved after taking DHEA. We prefer to use “physiologic” doses of DHEA (i.e., amounts similar to those produced in the body), such as 5 to 15 mg per day for women and 10 to 30 mg per day for men. However, individuals with severe ulcerative colitis may require larger amounts of DHEA. Although this hormone is available over the counter, DHEA therapy should be supervised by a doctor. For additional information on DHEA, please refer to chapter 4.

Summary of Recommendations for Ulcerative Colitis

PRIMARY RECOMMENDATIONS:

- Diet: Eliminate refined sugar, refined carbohydrates. Work with food allergies.
- High-potency multiple vitamin/mineral (adjust doses of other nutrients as needed).

OTHER RECOMMENDATIONS:

(NOTE: under medical supervision)

- Zinc (picolinate or citrate), 30 mg, 1 to 3 times per day.
- Copper (to balance zinc), 2 to 4 mg per day.

- Vitamin A, 25,000 IU per day for maintenance. With active disease, larger amounts of vitamin A have been used for short periods of time.
- Vitamin C (buffered), 1,000 to 3,000 mg per day in divided doses, to promote tissue healing. Watch for diarrhea as a side effect; reduce the dose if this occurs.
- Butyrate enemas (available by prescription), for left-sided (also called “distal”) ulcerative colitis. Used mainly for severe or non-responsive cases.
- DHEA, in selected cases.
- Anti-candida medication, in selected cases.

Ulcerative Colitis

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Destined to become a classic resource for all who seek effective, non-toxic solutions to their health problems. I recommend this book to everyone.

– Christiane Northup, M.D., author of the bestselling book, *The Wisdom of Menopause*

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(continued on back)



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