

# Diverticulosis and diverticulitis: Integrative prevention and treatment

written by Dr. Ronald Hoffman | October 4, 2013

In the 1960's, successful British surgeon Denis Burkitt traveled to Uganda to undertake a medical mission among the African native population. There, he characterized a rare form of cancer, eventually to be named "Burkitt's lymphoma." But Burkitt is probably best known as the "Fiber Man" after his observation that diseases such as hypertension, diabetes, colon cancer and diverticulosis were virtually unknown among fiber-consuming Africans.

In Uganda, Burkitt noted that Africans produce several times more fecal material than their Westernized counterparts. Moreover, their bowel movements are soft and produced with negligible discomfort, seemingly at will, and were more likely to float. Burkitt hypothesized that a major cause of Western disease is the consumption of refined carbohydrates with its low content of dietary fiber. Constipation, the nutrition pioneer inferred, was the root of many of the maladies of modern man.

According to this theory, diverticulosis can be mechanistically attributed to years of inefficient elimination, the consequence of increased intra-intestinal pressure. Like high air pressure in a worn-out bicycle tire inner tube, increased pressure in the intestine generated by stasis and straining can cause small ruptures and outpocketing, the condition known as diverticulosis. It is estimated that more than half of individuals older than sixty in industrialized countries have diverticulosis. This is evidenced by routine findings on colonoscopy or barium enema screenings. Diverticulosis mostly occurs near the end of the long intestine, on the left side, although serious cases can leave the entire intestine riddled with scores of outpocketings.

Diverticulosis is in itself a benign condition, but troubles arise when it turns into diverticulitis. This occurs when infection develops in the tiny blind alleys where diverticula (the plural of diverticulum) form off the intestinal main highway. Infections can lead to pain, fever, abscesses and, in the worst case scenario, rupture of the intestinal wall with release of pus into the abdominal cavity (peritonitis).

The latter is a medical emergency equivalent to appendicitis. (Indeed, it could be argued that the appendix is a natural anatomical diverticulum that also is susceptible to infection.)

When peritonitis is not imminent, diverticulitis can be "cooled down" with antibiotics and "bowel rest"—a light diet consisting of clear liquids. But repeated bouts of diverticulitis often raise the specter of surgical removal of a segment of the large intestine.

Prevention of diverticulosis is no longer a matter of controversy—lifelong adherence to a high fiber diet makes it extremely unlikely. Once

diverticulosis predisposes to diverticulitis, there are no foods or supplements that reverse the structural changes in the walls of the intestine that predispose to infection; just as with blood vessel aneurysms, diverticuli cannot be coaxed to revert back to normal. But conventional nutritionists agree on certain preventive measures: a diet high in non-abrasive soluble fibers and avoidance of certain foods.

Soluble fibers (such as pectin from apples or gums from cooked cereal) gently distend the intestinal wall and alleviate constipation, and they provide a growth medium for beneficial intestinal bacteria, which optimize stool consistency and suppress the growth of pathogenic organisms responsible for diverticulitis. In contrast to abrasive insoluble fibers such as cellulose, soluble fibers are less likely to get “stuck” in tiny diverticuli and form a nidus for infection (sometimes referred to as a fecalith).

For the same reason, nutritionists counsel patients with repeated bouts of diverticulitis to avoid certain foods that shed indigestible particles into the intestine: whole or chopped nuts, popcorn, granola and seeds (but not smooth or creamy nut or seed butters); strawberries, raspberries, blackberries, figs, zucchini, cucumbers and tomatoes (but not tomato sauce); baked goods that have cracked wheat, poppy, sesame, sunflower or caraway seeds; abrasive raw salad ingredients (but not cooked vegetables); and fruit peels (but not peeled fresh fruit without seeds or pits).

But in the course of researching my book *7 Weeks to a Settled Stomach* and after treating scores of patients with diverticulitis at the Hoffman Center, I developed additional powerful tools for preventing recurrent infections and heading off intestinal surgery. (Remember that I am all-too-often called upon to be the “court of last resort” for many patients faced with imminent surgery for advanced GI disorders!)

In particular, I have found Elaine Gottschall’s “Specific Carbohydrate Diet” to be a godsend for patients suffering repeated bouts of diverticulitis. In 1994 I was privileged to be invited to write the forward to Elaine’s revolutionary book, *Breaking the Vicious Cycle*. In it, she outlines a dietary program that has provided relief to thousands of sufferers of ulcerative colitis and Crohn’s disease, and that forms the mainstay of the Hoffman Center’s approach to severe GI problems.

The diet does not propose an outright ban on carbohydrates but instead allows only those that do not support intestinal fermentation. It turns out the suppression of fermentation is an ideal strategy for controlling the bacterial proliferation that leads to recurrences of diverticulitis. Once the “vicious cycle” of overgrowth of harmful bacteria is broken, infections can be better controlled.

Another way to tackle the vicious cycle is to systematically reintroduce beneficial bacteria via foods such as “live” yogurt and unpasteurized sauerkraut. Alternatively, probiotic formulas, in capsules or powder, offer more targeted delivery of healthy flora.

Additionally, there are numerous natural supplements that can gently suppress

out-of-control bacteria. These include concentrated extracts of garlic, gentian, olive leaf, oregano and goldenseal. Unlike conventional antibiotics, these agents are less likely to engender bacterial resistance or deplete beneficial intestinal flora.

For more information on this subject:

<http://www.scdrecipe.com/journal-entry/ronald-hoffman-radio-talk-september/>