

Natural treatment options for inflammatory bowel disease

In last week's *Intelligent Medicine* newsletter, I discussed the conditions that fall under the umbrella of Inflammatory Bowel Disease (IBD) and what can cause them. (If you missed that newsletter, you can [read the article here](#).) This week, I'm going to share with you the ways we treat IBD.

I have decades of experience working with IBD patients at the Hoffman Center, and the vast majority of them improve dramatically with the right kind of diet modification and nutritional support. Many are able to taper off their medications and resume a pain-free existence.

This has led some to propose a return to a "Paleo Diet" to ameliorate the symptoms of IBD. This ancestral diet highlights organic or grass-fed meat, chicken and eggs; fish and shellfish; fresh organic fruits and vegetables; and nuts and seeds. Conspicuously absent are grains, dairy products, legumes, nightshade family vegetables, chemicalized foods and sugar.



Alternatively, some advocate the Specific Carbohydrate Diet (SCD) for IBD. This grain-free, animal protein and fruit/vegetable diet has many similarities to the Paleo Diet, except that it more stringently emphasizes starch avoidance and permits fermented dairy products for those not specifically intolerant to cow's milk. I was invited by the originator of this diet, Elaine Gottschall, to write the introduction to the latest edition of her book, *Breaking the Vicious Cycle*.

There is no question that nutritional deficiencies play a prominent role in IBD. Malabsorption, diarrhea and GI blood loss are common features of IBD, and therefore deficiencies of B vitamins, fat soluble vitamins and essential fatty acids, and key minerals such as magnesium, zinc and selenium are extremely common.

Because it's hard to get patients who suffer from severe GI problems to swallow handfuls of pills, we've devised a "Crohn's/Colitis IV" at the Hoffman Center to help replete our patients via the intravenous route.

But supplementation is not just a matter of replacing missing nutrients in IBD; certain vitamins and minerals have therapeutic effects beyond just staving off deficiency. One such nutrient is fish oil, which some studies indicate may suppress intestinal inflammation. High doses are required, up to 9 grams per day, delivered via enteric-coated capsules that open downstream to deliver omega-3 fatty acids directly to the intestines.

Another is vitamin D, which studies suggest might be therapeutic at doses higher than required to simply fend off deficiency. One clue comes from the finding that IBD is less commonly found at equatorial latitudes, where plentiful sun exposure seems to confer protection via production of vitamin D in the skin by UV rays. While doses of 400-800 International Units have traditionally been used to supplement vitamin D, doses in the thousands seem to be called for to reign in inflammation and autoimmunity.

Iron is frequently low in patients with IBD due to malabsorption and gastrointestinal blood loss. Gastroenterologists therefore frequently prescribe potent iron supplements to their patients. But concern has arisen over the potentially pro-inflammatory and constipating effects of common iron supplements such as ferrous sulfate. Where possible, iron repletion via iron-rich foods such as

grass-fed red meat and organ meats is preferable.

In some studies, probiotics appear to ameliorate the symptoms of IBS, but no one is yet sure which probiotics work best or in what form or dosage. Promising research suggests that fecal flora harvested from healthy donors can help sufferers of IBD, but human trials are carefully regulated by the FDA, and we're not currently doing this therapy at the Hoffman Center. Instead, we use a special flora replacement designed for IBD patients called "SCD Probiotic."

Natural products that have documented efficacy in IBD include curcumin, boswellin, conjugated linoleic acid (CLA), phosphatidylcholine, fish peptides derived from hydrolyzed white fish, aloe vera gel, EGCG from green tea, N-acetyl glucosamine, melatonin and enteric-coated propionyl-L-carnitine.

A traditional naturopathic remedy for bowel disorders, **Bastyr (Robert's) Formula B**, consists of marshmallow, wild indigo, geranium, goldenseal, slippery elm, ginger, okra powder, niacinamide and duodenum powder.

Comfrey, a once-preferred gastrointestinal healing herb, has now fallen into disfavor because of its high content of hepatotoxic pyrrolizidine alkaloids.

While there is evidence that administration of a wide variety of oral supplements and nutraceuticals may be justified in IBD, caution must be exercised. Many patients suffer from chronic diarrhea, cramping and abdominal pain, or may have narrowing of segments of the intestine. A gradual introduction may be warranted, with supplements added only as tolerated, diet advanced slowly and medication tapered cautiously.

When diet and supplements alone don't turn the corner on stubborn cases of IBD, an additional therapy that has proven quite valuable for Hoffman Center patients is **Low-Dose Naltrexone (LDN)**. It involves taking a small pill nightly of a specially compounded low dose of a regular prescription medication that hits the reset button on autoimmunity.

Unlike milder forms of GI distress like Irritable Bowel Syndrome, which can resolve with simple self-help measures such as diet modification and stress reduction, natural care of IBD is most safely undertaken under the supervision of a knowledgeable health practitioner, especially when patients are already reliant on prescription medications to control symptoms.

If you haven't already, talk to your physician about natural ways to manage your IBD.