

Inflammatory Bowel Disease (IBD)

Crohn's Disease, Colitis, Ulcerative Colitis

HANNAH'S STORY

"Mother told me I had a rectal fissure when I was two years old. My first recollection of rectal bleeding was when I was 10 years old and in the fifth grade. By junior high school, I was missing a lot of school because of vague, but severe abdominal pains. I just didn't feel good. My parents and the doctors believed me, but the doctors couldn't find anything wrong."

Hannah is an achiever. The day she was inducted into the National Honor Society, she was at home sick. She had been tested many times for ulcers and mononucleosis, but the doctor was unable to make a diagnosis. "Tired" could have been her middle name, even though she performed so well in school.

By her senior year in high school, Hannah was vomiting almost daily. At five foot two inches and 70 pounds, a doctor today would have suspected anorexia or at least chronic malnutrition, while he searched for a chronic digestive problem. Being a national honor student while all this was going on, tells you a lot about Hannah's spirit. She finished high school without her illness being diagnosed, aside from some vague hints at psychosomatic problems.

College was tough; not because of the school work, but because of her illness. Her problem, still undiagnosed, went regularly from constipation to diarrhea with rectal bleeding. Nausea and vomiting had become routine for her. By her sophomore year, chronic fatigue had her falling asleep sitting-up in class. Somehow she managed to keep her studies up. She was finally hospitalized and a definite diagnosis was made.

"You've got Crohn's disease," the doctor announced. "In 1962, that diagnosis was so rare, that most doctors weren't even familiar with the disease," she said. "In 1962, Crohn's disease was only 28 years old as a recognized bowel disorder. I was almost that old," Hannah added.

Crohn's disease is an inflammatory autoimmune disease affecting the small intestine. If an inflammatory bowel disease strikes the large intestine, it's named according to the colon. For example, colitis or ulcerative colitis strikes the colon. A person can have both, such as Crohn's colitis. Crohn's colitis means the inflammatory disease involves both the small and large intestines, usually where the two meet.

Nowadays, these diseases are lumped under the heading Inflammatory Bowel Disease or IBD, for short.

The cause of IBD is not understood. About 35 percent is hereditary, and the rest is felt to involve childhood viral infections, possibly a bacterial infection, and other environmental factors. However, the disease may not show up until many years after the infection. IBDs are characterized by flare-ups, which usually include devastating diarrhea and, as Hannah said, rectal bleeding. Flare-ups are often stress related, good and bad stress, but stress doesn't cause the disease. It's only a precipitating factor.

Studies by psychologists have shown that people with IBD do not have common personality traits. These studies support the

notion that personality or mental characteristics are not causative factors. However, once established, stress is a clear factor in causing flare-ups.

Autoimmune means that the immune system attacks the body's own tissues at specific sites. For example, in rheumatoid arthritis, the immune system attacks membranes in the joints—say the hands. The body reacts with both inflammation and rapid growth in the area. So, in rheumatoid arthritis, the joints become inflamed and distorted by excess growth. Similarly with psoriasis, to name two relatively common examples.

In Crohn's disease, an inflamed small intestine can become totally blocked, or the opening can shrink to the size of a drinking straw or smaller. Eating under those conditions leads to nausea and vomiting. But it gets worse. Malabsorption and lactose intolerance almost always accompany Crohn's disease. This means that you don't absorb nutrients from food and must avoid dairy products. In our society, dairy products are the source of some important nutrients.

If malabsorption and an inflamed intestine aren't bad enough, the autoimmune aspect makes it even worse. In Crohn's disease or colitis, the body attacks inflamed parts of the intestine. In these areas, the intestine becomes scarred where the attack occurs. These scars are commonly called strictures. Think of the knurled, deformed hand joints of some arthritis victims. A somewhat similar condition occurs in the intestines.

Moving from the small intestine and Crohn's disease to the large intestine and colitis, think of ulcers developing. These ulcers produce bleeding and intense pain. Needless to say, seeing blood in your stools is always a scary experience.

Physicians have several approaches: steroids to stop the inflammation in an acute attack; drugs to quiet the intestine in a mild attack; and surgery to remove the diseased portions. Surgery often leaves the victim with an artificial opening for eliminating stools. This opening is usually an internal pouch that usually requires emptying four or five times daily. Though difficult, the pouch usually provides a better life than living with the chronic, aggressive diarrhea. Sometimes the opening is a simple colostomy.

Flare-ups characterize all inflammatory diseases, especially inflammatory bowel disease. The disease can remain dormant, in remission, usually for months and then flare up with a vengeance. At these times, the best approach is to quiet things down. This is done with drugs, rest, and sometimes hospitalization with complete feeding by total parenteral nutrition, TPN. This feeding is accomplished by entering a large vein, usually in the chest, and using a nutrient solution to feed the patient.

Recently, inflammatory diseases have been experimentally treated with EPA and the by-products of its metabolism, the leukotrienes. This approach, at the frontier of science, holds out much hope for the IBD victim. In addition, up to ten successful intestinal transplants have been done at one medical school. Transplants are the last resort, but sometimes the only solution.

I recommend my book entitled *Eating Right For A Bad Gut*, which deals more extensively with the dietary and nutritional aspects of IBD. With this background information, let's get back to Hannah's story and those of two other people.

One negative side-effect of IBD is an increased rate of colorectal cancer. The rate for IBD patients is about 216 times that of the normal population. This rate can be reduced 50 percent by taking folic-acid supplements or a complete

supplement that contains folic acid. This is an excellent example of the preventive power of nutrition.

HANNAH'S STORY CONTINUED

In 1962, the concept of lactose intolerance in IBD was unknown. "My doctor recommended milk shakes to build me up." But in spite of that advice, Hannah did well in school and married her college sweetheart. Her marriage is an example of good stress. The day after her wedding, Hannah's Crohn's disease flared up. "I was in extreme pain. Doctors tried cortisone injections to stop the inflammation." She continued, "I had to live with my parents and my husband Allan visited me on weekends, because he had a job some distance away." Hannah and her husband had to build their marriage under extreme stress.

We know, in hindsight, that Hannah's doctor had good intentions with the milk-shake advice, even if it was bad food for her. Milk shakes probably kept the inflammation going. Then add the stress of a wedding (recall that good or bad stress is still stress), and Hannah was set up for a severe attack. At least it held back until the morning after her wedding.

Hannah's post-wedding Crohn's flare-up didn't subside and the doctors recommended surgery. She put it off for a few weeks and visualized herself coming out of surgery cured. Read the afterward of this book for some reflection on the important, positive aspect of visualization on health. Hannah went under deep surgery to remove the diseased parts of her intestine.

After surgery, the doctor said, "Hannah, it was localized in three places and we got it all." Finally, Hannah and Allan could start a normal life. Normal, except for occasional impactions from her intestine being closed by strictures from the surgery, and the chronic fatigue from malnutrition.

Strictures, or scar tissue, often develop after Crohn's surgery. These localized areas are where the intestine healed after surgery. Strictures are places where undigested food can lodge and literally stop things from moving down the intestine; an impaction develops.

Overcoming rectal impaction from strictures near her rectum caused secondary problems. The only solution was to stretch the scar tissue by rectal dilations. This office procedure was very painful, but necessary.

When Crohn's disease was in the early stages of recognition and doctors had little experience treating the disease, they advised against having children. That has all changed now, but at the time, Hannah and Allan decided to adopt two girls. Adopting children is often said to be a sure way to become pregnant, and that's exactly what happened to Hannah.

Hannah managed to deliver a healthy daughter during this stressful time in her life. Weekly rectal dilations continued for six years. You might be wondering, if scar tissue is the problem, why not just remove it? Not so easy. At that time, the doctor reasoned that more scar tissue would form. He was correct. Scar tissue on the intestine is much more complicated than on another part of the body. So, as painful and stressful as the dilations were, it was the most reasonable approach.

In the late 1970s, Hannah developed other problems. One was cystic breast disease, which some doctors blamed on the steroids she was given. This is not necessarily correct and the jury is still out. Chronic fatigue was a constant companion, and she seemed to have acquired allergies. All this time she was unable to put on much weight. Although some women would

view this weight problem as a positive outcome, it's not that way in Crohn's disease.

Not being able to gain weight and having chronic fatigue is frightening. People who have these problems must always worry about their health. Add to this, fibrocystic breast disease and the stress of weekly doctor visits, and you can see why Hannah would have been a very scared person.

In 1979, her life changed. She found Shaklee. "My doctors had never believed in supplements. I had tried various store brands, but I couldn't tolerate them. Boy, what a pleasant surprise I got from Shaklee products." She continued to talk about her results. "My energy returned. I gained time because I stopped taking daily naps and didn't have to go to bed so early at night. I gained weight, so I knew I was utilizing my food better. Then, after a few months, the cysts in my breasts cleared up," she said with a sigh.

Hannah gained a new lease on life. Though surgery had cleared the Crohn's disease, she was still sick. Her supplement program took care of that. Within a few months of starting her Shaklee supplement program, she stopped the rectal dilations and has had no problems with strictures since then.

A four-year follow-up examination showed that the stricture in her rectum was gone. With the exception of the diseased areas of her intestine that had been surgically removed, she was normal.

Hannah's diet improved with the supplements. Folks with Crohn's disease usually lean toward highly processed food. Most processed food doesn't contain fiber or any chunks that can irritate the intestine. But unfortunately, eating this type of food carries a price: poor nutrition, including a lack of dietary fiber, unless the processed food is a high-fiber cereal. Her diet now emphasizes the principals of low fat, good quality protein, and dietary fiber, which she gets from fiber wafers. In addition to that, she takes Instant Protein.

Hannah faithfully uses Shaklee products. Her daily supplement plan, which she takes four times daily, includes Vita-Lea, alfalfa, B-Complex, calcium-magnesium, zinc, Vita-C, vitamin E, Instant Protein, EPA, beta carotene, and fiber. At bedtime she takes one Herb-Lax.

WHY?

Hannah's experience with Crohn's disease—years of intestinal problems and fatigue, with her illness undiagnosed—is typical for the time period involved. During those years, the number of digestive-system specialists was relatively small, and her family doctor was simply not trained to handle this type of specialized problem. Therefore, Hannah's chances of seeing a doctor experienced in diagnosing Crohn's disease were somewhat remote. Fortunately, she met up with a physician who made an effective diagnosis. Her successful surgery confirms his findings. She was lucky because her disease was mild enough so that she was left with a normal rectum after surgery.

Once Hannah found Shaklee, her health fell into an excellent pattern. People with Crohn's disease usually have malabsorption. The only practical way to overcome malabsorption is by taking more nutrients. A further complication in her case was the surgical removal of significant portions of her small intestine, which reduces the nutrient absorption area. This removal capacity makes it more difficult to

get adequate nutrients from food. It is a second reason for using supplements.

An even more difficult obstacle to good nutrition is when the lower part of the small intestine and the initial part of the large intestine are surgically removed. This removal compromises the body's ability to extract several B vitamins and the mineral zinc, and also jeopardizes water balance.

Hannah is one of a large number of women who have cystic breast disease and get relief from vitamin E. About 16 percent of women with cystic breasts will get total relief from vitamin E; their cysts will completely disappear. About 80 percent will get some degree of relief, even if it's only relief from irritation and minor clearing of the cysts. In this regard, Hannah is, indeed, fortunate to be part of the top 16 percent.

The clearing of Hannah's scar tissue and the complete healing of the fissures, which dogged her after surgery, are testimonies to good nutrition. You can't ascribe Hannah's healing to a single nutrient, because several nutrients were involved: zinc, vitamin E, vitamin C, and several B vitamins. Also, protein is essential in the healing process. Therefore, supplemental protein is important. It's important to note that people with Crohn's disease are more likely not to get enough zinc because of malabsorption.

Hannah's IBD was corrected with surgery, but she has maintained her health with good nutrition. Let me introduce you to a person with IBD who has been able to manage without surgery and the support of Shaklee products.

BOB'S STORY Ulcerative Colitis

Like many people, including Hannah, Bob has food sensitivities and thinks of them as allergies. It's best to determine these food sensitivities by keeping an accurate food-diary. Bob is sensitive to tea, spinach, and dairy products. Any one of these foods causes a flare-up that usually lasts for two weeks.

Stress also causes Bob's flare-ups. Although it has been proven that stress does not cause IBD, it's definitely a factor in the flare-ups. As Bob put it, "Several doctors said stress didn't cause my colitis, but experience tells me that it causes flare-ups. A flare-up is preceded by a brown fluid oozing from my rectum for up to two weeks. When the flare-up starts, pain, bleeding, and diarrhea come like a freight train. I take Azulfadine and stay on it daily for up to two months."

Bob learned, by experimenting on himself, that Shaklee products help minimize the number and intensity of flare-ups. These products include Vita-Lea, vitamins C and E, alfalfa, Fiber Blend, EPA, beta carotene, calcium, and B-Complex. Notice how similar Bob's supplement program is to Hannah's.

MARLENE Crohn's Disease

Unlike Hannah, Marlene has had extensive surgery for her Crohn's disease, which is still active. She is representative of a serious dilemma: After surgery, Marlene was left with only 10 feet of a normally 13-foot small intestine. Her large intestine was completely removed, which necessitated an internal pouch that must be emptied through its opening in her side, five times daily. She continues to have flare-ups, which doctors fear may call for removal of still more of her small intestine. A very grim

prospect. She's thin and has a lot of trouble keeping her weight up.

Marlene takes nine tablets of four different medications daily and several others during periods of flare-ups. Her supplement use is similar to Hannah's and Bob's, although her level of each supplement is not the same. She regularly uses Vita-Lea, vitamins C and E, iron, alfalfa, calcium, and B-Complex. So far, this program has kept her healthy.

MRS. O Crohn's Colitis

Mrs. O has similarly experienced the role of stress in her flare-ups. She has kept an excellent food-diary and found a number of foods that unequivocally cause flare-ups. For example, beets or beet juice, and milk will cause violent attacks. Other foods which cause normal flare-ups, if they can be called normal, are chocolate, melon, citrus fruit, and grapes.

Mrs. O identified a definite seasonal influence on her disease when she said, "All my attacks occur in the spring. What do you think of this seasonal influence?" I followed up and interviewed more people who identified spring and fall as the seasons in which their flare-ups were most likely to occur. Seasonal changes are consistent with the inflammatory nature of these intestinal diseases. Spring and fall are times of large changes in the barometric pressure in most parts of the United States. Barometric pressure has been proven a factor in both rheumatoid arthritis and migraine headache, two other inflammatory illnesses, so it's safe to include IBD.

Mrs. O uses Shaklee products. Her program is almost a duplicate of Hannah's, so I won't go into any further detail. She has been able to avoid surgery for her Crohn's colitis. Surgical removal of some benign polyps and hemorrhoids was necessary. She has also had lithotripsy for kidney stones. Often kidney stones are a side effect of colitis because of medications and water balance.

I'd like to quote Mrs. O because she summarized IBD so nicely. "Shaklee alfalfa tablets made a dramatic improvement in my bleeding problem. Doctors are surprised when they examine my colon, because it doesn't show any permanent damage. The ulcers have consistently healed clearly. I believe the Shaklee products, especially beta carotene, help prevent my attacks. It's also good for people with Crohn's to take more vacations to relieve any stress."

WHY ALFALFA?

Both alfalfa and Fiber Blend show up with special mention by people who have IBD. Why? In *Eating Right, For A Bad Gut*, I discuss both the need for fiber, especially soft fiber, and the need to avoid the fiber matrix. Both of these products, alfalfa and Fiber Blend, provide excellent fiber without a fiber matrix. Other fiber supplements have the soft fiber, usually from psyllium husks, but they don't contain hard fiber without the matrix. To get enough fiber from alfalfa tablets, you need to use about 30 tablets a day, which only amounts to about a tenth of an ounce. However, such a prodigious number of tablets often scare many people.

BRIDGETT'S STORY

I have had Crohn's disease for 17 years. I took medication for the first year, but have been able to control it with diet since then. However, my diet has contained no roughage, so I have lived in fear of getting colon cancer.

Six months ago, I started taking Instant Protein (plain) and Fiber Blend Mix I took them in equal parts and started very slowly, gradually increasing from 1/2 teaspoon each morning and night to 1 heaping tablespoon each morning and night. In the morning, I mix them with milk and in the evening with orange juice. It is important that a person start easy and increase slowly. Everyone's body is unique and reacts differently. Too much protein will cause constipation too much fiber will cause diarrhea.

After a week or two on the protein and fiber, I added B-Complex. First, one in the morning; then 2-3 days later, one in the morning and one at night. Then after several more days, I increased again gradually until I worked up to 6 per day. Three in the morning and three at night. I did the same with Vita-Lea; take one in the morning and one at night. Then, I added E tablets and now take 2 in the morning and 2 at night. The most recent thing I have added is Iron. I add every supplement gradually to see how my body will respond.

I cannot believe the difference in how I feel and the things I can eat. Not only, can I eat, but I enjoy lettuce, salads and even popcorn. I have energy finally. And the diarrhea is gone, unless my eating gets way out of balance.

PASTOR ROBERT L. GRIMES' STORY

A year ago, I started using more Shaklee vitamins and less of a drug my doctor recommended. I had been on this drug for almost five years. My doctor told me I would be on the drug for the rest of my life. I had some doubts about what I was told. I have not used the drug since I started on the nutrition program. I told my doctor that I didn't need it any more. Of course, he did not believe me. After another examination by medical experts, they saw no sign of colitis. Praise the Lord. I am forever blessed by Carol Mach's faithfulness in knowing her nutrition and believing that a good vitamin is better than any prescription drug on the market. I saw a specialist at Rockford Memorial Hospital who encouraged me to stay on Herb-Lax, He said it was the best thing I could do for myself. Also, the dietitian was impressed with my progress and suggested that I use Fiber Blend Mix I feel that the Alfalfa helped me the most and the Vitamin E was very beneficial in my healing.

I can honestly say that I am healed of ulcerated colitis that has plagued me since my first year in seminary. I praise God for Carol's efforts and knowledge in helping me to a healthy colon. God Bless you and thank you. May His Grace be with you.

LOREE'S STORY

I was diagnosed with ulcerated colitis at the age of 12 in 1973. After 5 days in the hospital, I was released, taking a series of steroids. These included Prednizone and Azolphadine. I could not have any dairy products and my diet consisted of baby foods in a can or jar. Four months later, I ended up in the hospital again with pneumonia. The cycle started over with IV's and antibiotics.

Every year consisted of flare ups that usually put me back in the hospital with more IV's and antibiotics. Every day life was full of constant bleeding and discomfort. The hardest part was that in the beginning I was told it was in my head.

After my children were born, my problems became more serious. Colonoscopies and protoscopies were very common. Blood tests showed that I was very unhealthy and the side effects of the drugs made it even worse. While on the steroids I had constant headaches, nausea and my face would puff up like a full

moon. Prolonged use led to memory loss, decreased eyesight and emotional instability.

In the spring of 1991, I was hospitalized three times in 6 weeks. I went from 115 lbs. to 97 lbs. It was then that I started to look for alternatives.

I was introduced to Shaklee at this time. Since starting with the supplements, I have had no flare ups and have never felt better. I feel I am in control of my health and my life for the first time. I am experiencing freedom from illness and disease. Along with my Shaklee nutrition program, I maintain a healthy diet. I stay away from dairy, sugar, caffeine, nuts, popcorn and fruit juices. I eat a low-fat, high soluble fiber diet. I also believe that chiropractic care was helpful in my recovery. I now know what it feels like to be healthy and active.

WENDY'S STORY

While I write this, I can almost relive the pain I endured as a young child. Starting when I was around 6 years old, I would always have extreme intestinal bowel pain and diarrhea, with fevers creating perspiration and weakness over my entire body, ending in red, blotchy rashes which stayed for days. My mother would take me to our family doctor for my rashes, but I told no one about my bowel pain. I was very quiet and shy so I kept things to myself, thinking this pain was normal with everyone. The doctor could not detect what type of rash I had and called it a "Forever Skin Disease." He prescribed cortisone and I took it off and on for over 7 years.

As the years passed, my problem kept getting worse. It not only got worse for me but also for my oldest sister. At the age of 16, my sister was diagnosed as having Crohns Disease and had to have a part of her small intestine removed. I was afraid to let anyone know about my problem since I didn't want the same thing to happen to me. My grandmother died of intestinal and stomach cancer, but because I was so young, I did not relate this to my problem.

As a young teenager in high school, I became very active in exercise, bike riding, running, and diet; but it seemed like everything I ate turned to extreme unbearable pain and diarrhea. I started eating less and less as I could not cope with the pain. The less I ate, the less pain I had. I was now a 95-pound weakling and I can remember my father referring to me as a "walking corpse." My color was actually gray and my bones were very prominent and my hair was thinning. My father started asking me, "What's wrong with you?" I would answer, "Just dieting, Dad." It still remained my secret.

In my early twenties, I married and had a baby and now my problem was scaring me. I started bleeding so much that there were often pools of blood in the toilet. All the things I anticipated doing in life became very distant now. A job was impossible. A vacation was difficult. Grocery shopping and raising a child became hard to do. I started passing out and it would hit me like bolt of lightning. I had no control over it. My bathroom was my prison. I kept saying that I would never stop searching for an answer. I would not allow this disease to consume my life. I was determined to find an answer other than surgery.

I started reading about Crohns disease patients and found they are deficient in Protein, Calcium, B Vitamins, Vitamin C, Iron, and Zinc. A textbook on digestive disorders stated, "The Physician is powerless

to prevent the progression of this disease" (Clinical Gastroenterology, MacMillan, 1970). A surgeon can cut out the diseased portion of the bowel, but he can't stop the disease. Studies show that 89% of those operated on for Crohns have a second operation ...sometimes only a few months later. Some doctors believe surgery can actually encourage the spread of Crohns into the bowel. Remember, surgery and drugs do not get to the root of Crohns disease--NUTRITION DOES. Drugs are no help. A national study on the three drugs most commonly used for the treatment in Crohns showed that all three were "useless." Crohns comes in "flare-ups" the symptoms go away for awhile but suddenly hit again. Drugs do not prevent the flare-ups. Doctors don't know the cause or the cure. Most doctors have little expertise in the most important area to stabilize the disease -NUTRITION.

I decided to put myself on a vitamin program with GNC and Puritan Pride vitamins. I continued my exercising. I was a little better but not stable. I was still having occasional "flare-ups" that made me sickly and weak. I was still searching for the answer. I was not satisfied.

Three and a half years ago, I joined a local gym to keep in shape. For some mysterious reason, exercise always gave me a lift. No matter how tired I felt, I would regain energy somehow to exercise. During this time, I met the person who gave me the answer I had been searching for; Anna Cickelli. Anna introduced me to the Shaklee Supplements. In the beginning, I was not entirely convinced and asked why these would be any different from the ones I was taking from the health food stores. Anna said these are organic food supplements not just vitamins. They contain no chemical fillers or binders, preservatives, or pesticides; but they do contain live enzymes (like the fresh fruits and vegetables you eat) to nourish and build healthy cell tissue.

With Anna's persistence, I was willing to listen. I started the Shaklee supplements 3 years ago and got results after one month. I thought I was in remission; and as years began to pass, I knew this was the answer I had been searching for. I have stabilized and can actually eat what I like. I have had no more bleeding, cramps or passing out. I have a new life. If only my father could see me now. I thank God for bringing Anna's persistence to help me and for Shaklee Food Supplements.

STATEMENT ADDED AT A LATER DATE:

About 6 months ago I decided I no longer needed the Shaklee Supplements since I was completely well. So, I got off all of the supplements. I was feeling so good, I didn't think the supplements were the complete reason why I thought I was cured. Well, I found out differently...all the pain and agony came back when I stopped feeding my body the nutrients it needed to help my problem. I began my Shaklee Supplements again and am now again stabilized. Believe me, I will never stop taking them again.

ABOUT THE AUTHOR

James Scala was educated at Columbia (B.A.), Cornell (Ph.D.), and Harvard (Post-doctoral studies) Universities.

He has spent his career in research, research management, and teaching. His accomplishments include over fifty published papers on research in nutrition, biochemistry, and biology. His teaching includes courses for undergraduate, graduate, medical, and dental school students.

As a research manager, Dr. Scala held positions at Procter and Gamble, Owens-Illinois, Unilever, General Foods, and was the Senior Vice-President of Scientific Affairs for the Shaklee Corporation. He now devotes his energies to writing and speaking for the general public.

Dr. Scala lives with his wife Nancy in Lafayette, California. For recreation, they sail the ketch La Scala from its home port on San Francisco Bay.