

Crohn's Disease

Dietary treatment for Crohn's Disease must start with a solid partnership with your physician. This information is to supplement your knowledge of dietary factors that may influence your disease and can assist you and your physician.

Evidence based care is something that we in medicine always seek. For medications, it means that the evidence for a benefit is firmly established and strongly outweighs any side effect. For dietary therapy of Crohn's Disease, the evidence is considered soft. This means that there is some research that a certain dietary change is beneficial but that it has not reached the level of near certainty. There are many tantalizing indications that a variety of probiotic bacteria, vitamins, minerals and even fish oil may be helpful. Prebiotics fall into this category as well.

The foods we eat and drink contain hundreds of different substances, natural chemicals if you will. Studying just one food or part of a food is very difficult. The next problem is that the colon contains over 1,000 different bacteria with a total bacteria count of many trillions of bacteria, more bacteria by a factor of 10 than there are cells in the body. So studying how foods mix and interact in this yeasty, wonderful cauldron we call our gut is not easy. But, there is emerging evidence to indicate that diet may be a much more significant factor than we realized.

So, I will present two sections. One will be the Standard Dietary Recommendations that you will find in our gastroenterology textbooks and on the web site of our prestigious organizations like Crohn's and Colitis Foundation and The Mayo Clinic.

The second section is a learned look at newer things that are emerging in the Crohn's dietary field. Considerable research has already been done. Much of it is encouraging. I call this second section, Additional Thoughts on Diet for Crohn's Disease.

Standard Dietary Recommendations

The key to good health for all Crohn's patients is to work with the physician to get the disease under control, usually with medications. Without this basic achievement, getting the full benefit of any dietary program becomes more difficult to achieve. The following are crucial dietary goals:

- Maintain a good weight by ingesting enough calories, minerals and vitamins.
- Protein - The amount of protein you need each day will depend on your weight, age, pregnancy and, especially, on the activity or seriousness of the Crohn's process. The formula for the healthy person is 0.36 grams of protein per pound of body weight. For the 150 lb person, the number is about 54 grams of protein. If you do serious exercise, if you are a large person or if your Crohn's is active, you likely need more. So, Crohn's patients with even moderate activity may need considerably more protein. Much of this protein can and should come from vegetables and fruits. Many nutritionists and physicians think we, as a nation, eat too much animal protein
- Carbohydrates - In general, you should avoid the low carb craze. The bulk of your calories should come from complex carbohydrates such as whole grain, brown rice, and fresh vegetables and fruits. Plain sugar, high fructose sweeteners, as in soft drinks, and many of the processed foods we buy have very large amounts of these simple sugars that do not have much health benefits.
- Fats - The body needs a certain amount of the right kinds of fat, especially the mono and unsaturated vegetable oils, such as olive oil. The high saturated fats in meat, creams, and all trans fat products should be used sparingly.

Vitamins

- Multiple vitamins with minerals - Many authorities recommended a daily multiple vitamins for the general population. Patients with Crohn's Disease need to discuss vitamin/mineral use with their physicians, as some patients have been found to be deficient.
- Vitamin B12 - Some Crohn's patients just don't absorb enough B12 and they may need monthly injections. The physician may want to check the blood level periodically.
- Vitamin D - Vitamin D is important for bone health. Crohn's Disease patients may be particularly susceptible to the early development of weak bones. Newer information has shown that there are vitamin D receptors or attachment points on the cells of many organs in the body including the small intestine and colon. There is likely a reason for this. Further, vitamin D deficiency has now been found to be far more common than was previously thought. So some experts are now recommending at least 800 IU and even 1200 IU per day, along with at least 1200 mg of calcium in the form of milk and/or supplements such as calcium carbonate. Check with your physician.

Minerals

- Calcium - Most adults need 1200 mg of calcium each day even if you live in the Sunbelt and your skin makes lots of vitamin D from sunlight. Calcium can best be obtained from milk, other dairy products, shellfish, and, if needed, calcium supplements. If you take steroids such as prednisone, it is even more important that you get enough vitamin D and calcium, as these steroids are well known to weaken bones.
- Iron - Many Crohn's patients have low iron levels which can lead to anemia. Your physician may want to check the iron blood level periodically.
- Selenium - Some authorities believe that selenium acts like an antioxidant in the body. Certain medical studies show that selenium may be low in Crohn's Disease patients and that they do better when they take a selenium supplement. 200 mg per day is recommended. Check with your physician.

Fish, Fish Oil and Herbs

- Fish and fish oil - Fish oil has been found in some medical studies to be helpful for inflammatory bowel disease patients. Flax seed oil has the same type of oils as in fish oil. We still do not know the full benefits of fish oil. Fatty fish (blue, mackerel, salmon, and sword), fish oil capsules and flaxseed oil are recommended. They have other benefits and there are no known side effects. In some published studies, patients took up to nine capsules a day of fish oil. This is a lot and could give you a fishy regurgitation smell.
- Herbs - Herbs are dried plants that are ground into powders. Because something is labeled an herb, that does not transform it into a magical medicine. All plants contain hundreds of different chemicals, many of which are still not known to science. We cannot be sure what effect these known and unknown chemicals have on the inflammation process of Crohn's Disease. Until good data is available on the benefits of a specific herb, it is best to avoid them all.

General Advice

Here are the general recommendations that we generally give to our Crohn's patients.

- Smaller, more frequent meals - The lower intestine may handle foods better when smaller portions arrive there more frequently. Your body will let you know if four or five smaller meals work better for you.
- Fluids - Adequate fluid intake is a must since diarrhea may be a significant symptom for some patients. For most people, the body tells you when you are thirsty and need fluid. Some authorities recommend eight glasses of fluid per day.
- Caffeine - Caffeine in coffee, tea, soft drinks, and power drinks stimulates the colon to contract and promotes more bowel movements. Caffeine by itself is not known to damage the intestine or colon.
- Alcohol - Alcohol can directly irritate the small intestine if too much is consumed, especially in those Crohn's patients with extensive involvement of the small bowel.
- Allergies and food intolerance - True food allergies (hives, trouble breathing) are uncommon. Examples are shellfish and peanuts, which are potent allergens for some. Intolerance to certain foods, however, is very common and is not harmful to the body. If a certain food disagrees with you, avoid it.
- Junk food - Most fast food restaurants offer a variety of healthy choices. Dairy products, such as milk, milkshakes and yogurt are available. Pizza provides considerable protein and calcium.
- Lactose and dairy products - Milk and dairy products provide lots of good nutrition and calcium. If you think you are lactose intolerant, you may consider a simple test. Drink 16 oz. of fat free milk on a Saturday or Sunday morning and eat or drink nothing more. If symptoms of bloating, cramps or diarrhea do not occur in 3-4 hours, you likely are not lactose intolerant.
- Celiac Disease or sprue - This is a genetic disorder whereby the gluten protein in wheat and certain other grains damages the small intestine. This disorder is much more common than we have thought in the past. The symptoms may be similar to those of Crohn's disease. A simple blood test can usually screen for this disorder. Ask your physician about celiac disease.

Fiber

Fiber is a special consideration for Crohn's patients. Food fibers are healthy and should be well understood so they can be used in an effective and healthy way. All plants rely on fiber for their structure. Each plant food has both insoluble and soluble fiber. Some will be predominantly one type or the other. For instance, wheat is mostly insoluble fiber, oats is about half and half, and psyllium powder is 90% soluble.

Insoluble fiber does not dissolve in water; it is not digested by the small bowel and is not fermented by the colon bacteria. It does, however, retain water and so produces large, bulky stools. Soluble fiber, on the other hand, does dissolve in water. It is fermented by the colon bacteria and is used as a fuel source to maintain a healthy environment in the colon. However, if too much is taken, soluble fibers may promote harmless colon gas and flatus.