

Module 4 Lesson 8

Transcript

Today we're talking Crohn's disease. I want to preface this by saying that it's tough to be concise and to the point here, because Crohn's is so loaded with symptomology. It's not straightforward to diagnose, and I've never had two Crohn's sufferers who are alike in their nutritional management. Still, it's super interesting to work with these people and it can be so rewarding to help them find relief and comfort. With all that said, here's what we're going to cover in this lesson today. What Crohn's disease is, how it differs from other digestive disorders, and diagnosing, treating and managing Crohn's disease. Let's dive right in.

I'll start you off with a little picture of what I'm talking about when I talk about Crohn's. I remember Linda. She was 16 when she was diagnosed with Crohn's. The most memorable thing I remember about working with her was that she would wake up in the early morning, at least a couple of hours before she needed to wake up, because she had crippling stomach pains. She'd rush to the bathroom, doubled over with cramps. Then, she'd sit on the toilet for at least 30 minutes with explosive diarrhea, then try to go back to sleep. She'd have at least one or more bowel movement before she left for high school.

Andy was a 24-year old new lawyer. On one of his worst days, he was in an elevator holding groceries and couldn't make it home before his bowels let loose.

Marisol was interesting. She couldn't tolerate any raw vegetables, not even lettuce. A milkshake or scoop of ice cream would sentence her to the bathroom for at least a half day. Funny enough though, when we were trying to get weight on her because she lost so much from malabsorption, she tolerated what none of my Crohn's clients have tolerated: fried food. She could eat fries and chicken fingers. Even though, of course, we know they're not nutritious, we used them to get her weight back on.

What is Crohn's disease? Crohn's is a serious form of irritable bowel disease or IBD that affects the very end of the GI track, the colon and the small intestine. Usually, deep tissue damage is found and many layers of the intestine are compromised. Symptoms usually come on slowly, but they can be really acutely triggered and the pain and discomfort often comes in waves with periods of being less or more triggered. Your client could be in a little bit of a honeymoon phase with little or no discomfort or all the way at the end of the spectrum with crippling pain. Here's some symptoms: diarrhea, fever, fatigue, abdominal pain and cramping, blood in your stool, reduced appetite and weight loss, fistulas, inflammation in the skin or joints.

We're not positive where Crohn's disease comes from. Some research leads us to believe it stems from an infection from a virus or bacteria. Some hypothesize it's genetically linked or it's possible that it's autoimmune. The body fights a bacteria or virus and winds up attacking the GI track as well. You are at more risk when you're young. Most Crohn's sufferers are diagnosed before the age of 30. It's more common in white Jewish people and those with family history. NSAID use, living in urban areas, smoking and stress are all common triggers for the disease. Take a minute to look at your handout on diseases related to Crohn's disease and common medications. You should be aware of all of them.

Now let's get to you. At its worst, I've had clients on complete bowel rest diets, clear liquids or liquid supplements only. If it's pretty bad but not extreme, sometimes we prescribe a low residue diet or a low fiber diet, which is really bland and your goal is to reduce bowel movements as much as possible. This diet has mostly hot cereals like rice cereal or Farina, non whole grain crackers, fully cooked veggies and meats, cooked and strained fruit, and minimal dairy. It's recommended that anything with fiber be limited such as seeds, nuts, fruits, raw veggies. I try to keep nutrients up here with bone broth, strained green juices, stews and rice.

Most of the time, however, you're going to do a hardcore case of food journaling with your client to figure out what the triggering foods are. They're going to be different for each person. But here are some of the common triggers so you're aware: dairy, cream sauces, fatty foods, butter and dressings, raw veggies, spicy foods, fried foods, caffeine, and alcohol. It can be really helpful to recommend small and more frequent meals. Also, hydration is really important, and I'm even a fan of recommending healthful juices or caloric beverages in Crohn sufferers who have lost a lot of weight.

There is some evidence that probiotics and prebiotics are useful as well as a multivitamin. You can also have your clients track their stress and if they smoke, it's even more important to quit than in the general population. But everyone should quit, right? Oh, and I've also had a lot of clients use biofeedback, cannabis, acupuncture, and complementary medicine with pretty good success. While there isn't the science to say these alternative methods are curative, there is a lot of good evidence that they can help manage the symptoms. It might be worth looking into this if you have a client who's open to it.

Let's get back and review the key points. Crohn's is a form of irritable bowel disease that affects the colon and small intestine. Symptoms like diarrhea, fever, fatigue, and abdominal pain can be acutely triggered. The cause is not certain, but some theories are that it stems from an infection, is genetic or is autoimmune. Clients with Crohn's disease should work with an experienced GI

doctor for sure. On your side of their care, food journals are your best bet to find out what their triggering foods are. Small, frequent meals can absolutely be helpful and hydration can be helpful, too. A low fiber bland diet can also help with symptoms. That wraps it up with Crohn's disease. I will see you in our next lesson.