

Inflammatory bowel disease (IBD) involves the chronic inflammation of the digestive tract. Both ulcerative colitis and Crohn's disease are classified as a type of IBD. Ulcerative Colitis is a chronic disease of the large intestine in which the lining of the colon becomes inflamed and develops ulcers. Crohn's disease is the chronic inflammation of the entire gastrointestinal tract. Although they can have similar symptoms, such as diarrhea, ulcerative colitis only affects the inner lining of the colon and large intestine whereas in Crohn's disease inflammation can occur anywhere in the digestive tract and most commonly affects the last part of the small intestine (called the terminal ileum) and parts of the large intestine. Inflammation in Crohn's disease generally extends much deeper and affects all the layers of the bowel walls. Patients may develop colon ulcers, fissures and/or fistulas due to the severe damage to the bowel walls.

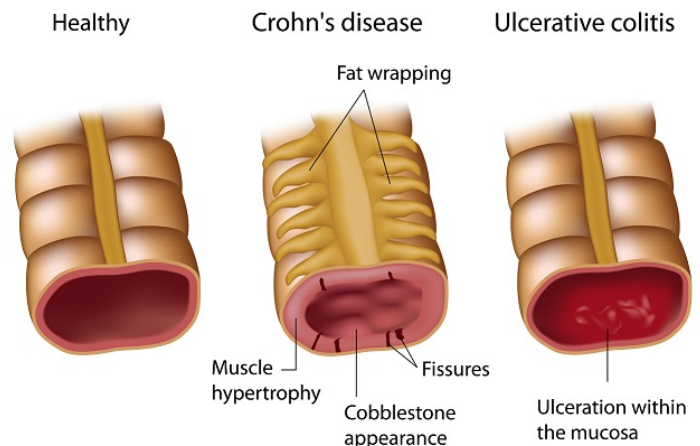
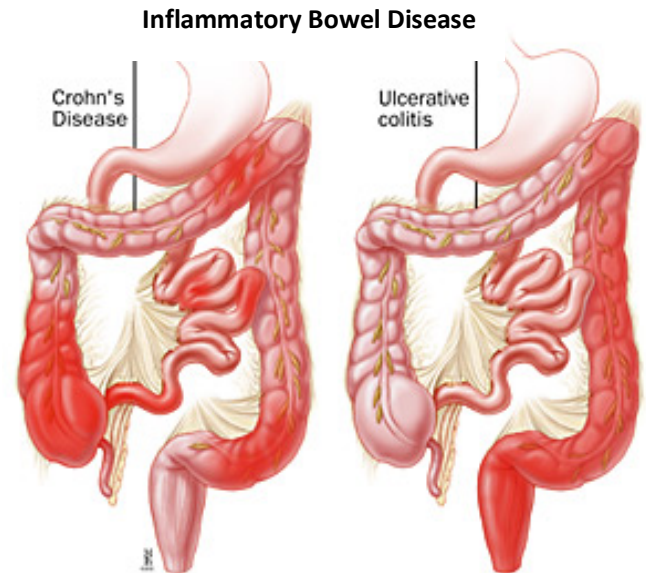
Symptoms:

While both ulcerative colitis and Crohn's disease involve inflammation of the digestive tract, their symptoms can be similar but there are also distinguishable differences. Since ulcerative colitis involves inflammation as well as ulcers in the innermost lining of the large intestine, rectal bleeding is a common symptom. Ulcerative colitis also involves symptoms of lower left-sided abdominal pain, frequent stools, and mucous discharge. Crohn's disease involves symptoms of reoccurring abdominal pain and diarrhea usually followed by remission of symptoms. These conditions also share similar symptoms such as: diarrhea, bloating, abdominal cramps, nausea, weight loss. Mucus and blood can also be found in the stool if the lining of the colon is damaged.

Causes:

Although the exact cause of IBD is unknown, researchers have tied the condition to a flawed immune system. It is thought that IBD can be caused by either an immune-mediated response, in which our immune system is working but working overtime or from an autoimmune condition, in which the immune system is defective and starts attacking healthy tissues. An autoimmune condition in IBD can come from the body making a specific type of antibody that attacks normal colonic proteins, like p40. The p40 protein helps aid in normal colon function. When the p40 protein and others like it get destroyed by the immune system, the symptoms of IBD arise such as discomfort and distress. More recent research shows another mechanism that may be involved in the pathogenesis of IBD. The body may be developing an intolerance to an important colonic auto-antigen called hTM5. If this is occurring, when the body develops intolerances to crucial colonic cells it causes an initiation of an expansive immune response in healthy tissues which leads to the destruction of parts of the epithelial cells in the colon and causes them to lose their function.

Toxicity may also be a cause of IBD. *Mycobacterium avium*, subspecies *paratuberculosis* (MAP) has been consistently identified in biopsies of the intestinal lining of Crohn's disease patients. Research results also suggest that ulcerative colitis may be caused by MAP. Some people are not susceptible; their immune systems can fight



off MAP and they never get sick. Others are susceptible; their immune system cannot fight MAP due to their genetic factors (P40 protein) and/or triggers (stress, major illness) which alters the immune system. 92% of CD patients test positive for MAP.

Although the mechanism on how this gram-positive intracellular pathogen triggers autoimmunity is not fully understood, MAP has been viewed as the common culprit for both Crohn's disease and ulcerative colitis. Infection of MAP causes a chronic intestinal immune inflammatory response which results in intestinal ulcerations. MAP is harbored in the ileocolonic mucosa of a proportion of normal people and can be detected in a high proportion of full thickness samples of inflamed Crohn's disease gut samples. Humans can get the MAP infection through consumption of contaminated milk, products made from contaminated milk, or via contaminated water caused by facet from infected cattle, cows, pigs and other domestic animals. MAP is more robust than tuberculosis, and therefore the risk conveyed to human populations in retail milk and domestic water supplies are high.

Wellness Recommendation:

Autoimmune disorders and infections of the GI by MAP are viewed as Spleen Damp in TCM. The recommendation for both ulcerative colitis and Crohn's disease include Java and LC Balancer. Java in combination with LC Balancer helps remove the Spleen Damp and improve the lymphatic circulation to clear the MAP infections and autoantibodies. Patients should notice symptom improvement within 2 weeks with less diarrhea and abdominal pains. 2-6 weeks of treatment is required to have significant improvement and sustained results.

Many patients who suffer from chronic conditions may have liver damage due to prolonged use of immunosuppressant drugs. If they are not experiencing any improvement in 2 weeks, it is recommended to switch to the use of Brown, LC Balancer and Levera to reduce liver inflammation and improve liver health. Then It is recommended to rotate the use of Java with LC Balancer and Brown with LC Balancer every 2 weeks. Patients should experience symptom improvement with one round of treatment of both the Java/LC Balancer and Brown/LC Balancer. 3 months of treatment is required to have significant improvement and sustained results.

If patients have developed colon ulcers, fissures and/or fistula due to the damage to the bowel walls, Colitagen in combination with Probiosis, WhiteHead and Silver is recommended. Colitagen removes blood stagnation in the intestine and helps repair the tissue damage to heal ulcers and fissures. The immune activity geared toward the healing of intestinal damage, can cause an imbalance of gut flora, over growth of unfriendly germs, and pathogenic microorganism. The use of Probiosis, WhiteHead, and Silver helps reduce the population of unfriendly germs and reduce inflammation related to bacteria overgrowth. This is recommended for the first 4 weeks and patients should experience symptom improvement in 1 week with less abdominal pain and diarrhea.

To further clean the infection in the upper GI including MAP or other types of mycobacteria and restore the stomach acidity, the recommendation includes SJ, Spring Capsule, Formula B, Probiosis, Stomacin, Colonacin, and Silver. SJ, Spring Capsule, and Formula B nurture the GI tract through improving stomach blood supply, stomach acid production, and contractions. Stomacin helps clear mycobacterial infections and inflammation due to MAP and other types of mycobacterial infections in the upper GI. Colonacin helps clear mycobacterial infections in the large intestine. Probiosis and Silver help clear the gram-positive and gram-negative infections and inflammations. Patients should experience symptom improvement in 1 week with less stomach pain, cramping, and bloating. 1-3 months of multiple rounds of treatment may be required to thoroughly clean the stomach infection and heal the stomach tissue damage depending on the severity of the condition.

For patients with food allergies and leaky gut, Pearl and Formula C in combination with Brown and LC Balancer are also recommended. Pearl aids in poor digestion while Formula C helps to restore the integrity of the connective tissue to rebuild the small intestine's structure and repair small intestine damage due to leaky gut. Patients can experience symptom improvement in 1 week and 2-3 weeks is recommended for sustained results.

Selected Case Study

Case: Successful Resolution of Ulcerative Colitis

Dr. Timothy Callaghan, DC, MD

A 65-year-old female patient was diagnosed with ulcerative colitis. Due to her symptoms, she had presumed colon surgery would be necessary. She was taking up to 14mg of steroids to manage her condition. Her digestive enzymes were measured to be relatively low as a result Dr. Callaghan put her on an all-vegetable diet. She began herbal treatment from Wei Laboratories consisting of Java and LC Balancer and it was recommended she begin tapering off her steroids. After two months of Java and LC Balancer the patient was extremely happy with the results. She had a scope of her colon and her gastroenterologist reported her colon was in great shape. The patient happily reported that her doctor had cancelled the surgery as it was no longer necessary. She is now on 1 mg of prednisone and expects to be completely off of it shortly.