

Controlling your IBD

Complementary and Alternative medicines (CAMs)

Complementary and alternative medicines (CAMs) are terms given to diagnoses and treatments that are considered 'outside' conventional medical practice. 'Complementary medicine' seeks to work beside conventional healthcare, whereas 'Alternative medicine' is seen as a health paradigm parallel to conventional healthcare.

It is common for people with chronic relapsing conditions to adopt self-help practices to see if an approach complements conventional medicine for improved outcome. Common reasons for choosing CAM in IBD include a:

- Lack of perceived success of conventional therapy
- Wish to take a more 'holistic' view of their condition
- Wish to investigate a different approach to managing their IBD.

Most CAM practices have little research evidence to support their use. That does not necessarily mean that the practice is not effective for the condition prescribed, rather that robust clinical and scientific evaluation of the practice by research is not yet available, and so care must be taken in ascribing benefits to these agents in the face of minimal (if any) properly produced clinical data. If a CAM product or service is shown to work it will become part of conventional medical practice, and so will no longer be considered 'alternative'.

Always inform your doctor or dietician if you are taking alternative health products as these can sometimes interfere with your medication. Details about the most common ones used in IBD are explained below.

Herbal medicines

Bromelain is a protein-digesting enzyme extracted from pineapple stem. In test-tube experiments it reduces inflammation of intestinal cells. However, because bromelain is an enzyme, it will be digested by stomach acid, so little active bromelain will reach the bowel. There are one or two case reports suggesting bromelain can help ulcerative colitis, but there is no robust research to support this, so the benefits (if any) of bromelain are not universally accepted.

Aloe vera: 100 ml of aloe vera gel, taken twice daily, may improve recovery in mild-to-moderate ulcerative colitis – evidence from a controlled clinical trial showed some mild benefit in patients with mild to moderately active ulcerative colitis. However, as this is a single study, it means that the evidence is weak, and the benefits (if any) of aloe vera are not universally accepted. The gel is rich in anti-oxidants and also contains polysaccharides, types of soluble fibre, for probiotic benefits. It seems to have a direct effect on reducing intestinal inflammation.

Wormwood (*Artemisia absinthium*) has demonstrated a positive effect in Crohn's disease patients on diminishing doses of steroids. In a placebo-controlled trial, wormwood doses of 3x500 mg/day appeared to maintain remission of Crohn's disease symptoms and improve mood and perceived quality of life in Crohn's disease. However, as with all the herbal remedies discussed in this section, the evidence is weak, and the benefits (if any) are not universally accepted.

Green tea is rich in polyphenols, natural plant anti-oxidants also found in vegetables, grapes and black tea. Green tea has been shown to settle colitis in rats, but there is no evidence supporting this role in humans.

Curcumin is a component of turmeric. It is poorly absorbed, so it can reduce local inflammation as it passes along the bowel. There's only one human study (360 mg four times a day) that seems to prolong remission rates in ulcerative colitis; however, such weak evidence means that the benefits (if any) of curcumin are not universally accepted.

Evening primrose oil is rich in gamma-linolenic acid, a polyunsaturated fat known to reduce inflammation and aid digestion, although it seems of little benefit in UC except to possibly control diarrhoea.

Glutamine is manufactured by the body but during times of stress the demand may go beyond the rate of production. It is found naturally in protein foods and can also be taken as a supplement. Part of the role of glutamine in the body is to provide energy for important immune cells. Some preliminary clinical research, but not all studies, suggests that glutamine may promote healing of intestinal cells and reduce diarrhoea associated with IBD. This weak evidence does not indicate that glutamine has any clinical effect, and so its benefits (if any) are not universally accepted.

Vitamin D has powerful and extensive immune effects, and also helps absorb dietary calcium and magnesium. Both these important effects can affect health. Vitamin D can be made by the skin during summertime sun exposure. Most people with IBD are deficient in vitamin D as dietary sources are poor. Low vitamin D levels lead to poor calcium uptake, and so less calcium replenishment of bones. This, together with the use of corticosteroids, helps accelerate normal adult bone loss, resulting in thinner bones and increased risk of fracture (osteoporosis) at an earlier age. If you supplement rather than sunbathe, the amount of vitamin D you need is 25 µg (1000iu) of vitamin D, taken with food. Make sure you use the appropriate sun protector factor if you are exposed to strong sunlight, and in particular if you are on the immunosuppressant azathioprine, which may make the skin more sensitive to sunlight; minimising sun exposure is recommended in this case.

Colostrum and other milk-derived peptides: colostrum is the first milk fed to an animal, and is rich in substances influencing cell growth and renewal, particularly insulin-like growth factor (IGF-1) and transforming growth factor beta (TGF-β). Although useful in the short term to help promote cell renewal and reduce inflammation, these products have no long-term 'safety in use' data to support prolonged use, and so this lack of robust clinical data means that the benefits (if any) of colostrum is not universally accepted.

Fish oils are the long chain omega-3 polyunsaturated fats, EPA and DHA. They reduce the ability of cells to send inflammatory signals and so dampen inflammation on cells and organ function. There are potential, but mild, benefits in taking fish oils during acute IBD flare-ups, but there is no long-term benefit in taking fish oils to maintain remission. They can cause heartburn, indigestion and diarrhoea, usually when taken at high dose (over 1–2 g daily).

Medium chain triglycerides (MCT): unlike dietary fats which have long chains, MCT fats are smaller fats, absorbed from the digestive system straight into the bloodstream. MCT seems to be useful in inducing remission in Crohn's disease, but care must be taken to gradually introduce MCT fats, as too rapid an introduction will lead to excessive bloating, abdominal pain, and diarrhoea.

Acupuncture

Acupuncture is the stimulation of specific points of the body by a variety of techniques, including the insertion of thin metal needles into the skin. It is intended to remove blockages in the "qi" – the body's 'energy flow' – to restore health. There is little proof it works in ulcerative colitis but there are some reported benefits in Crohn's disease.

Homeopathy

There is a distinct lack of properly conducted research into the clinical benefits of homeopathic remedies, and so their benefits (if any) are not universally accepted. Cochrane researchers in the UK (who routinely perform systematic reviews to look at evidence that drugs work) have bet £30,000 that no one can prove they do.

Homeopathy is an alternative system of treatment based on the hypothesis that 'like cures like'. Homeopathic medications are derived from plant extracts which are known to cause symptoms similar to those of the illness. The principals of homeopathy suggest that a series of dilutions – up to 30 (indicated as 30c on homeopathic products) – result in a solution containing none of the original extract, but that the water used to make these dilutions has absorbed an 'imprint' of the extract which offers an effective treatment. Critics of homeopathy point to the fact that at a 6c dilution very little extract exists in the solution, so at 30c, no extract remains. Thus, homeopathic medicines can be taken with any other medicine as they contain no active ingredient.

Multivitamin and mineral (MVM) supplements

MVM supplements provide a wide range of nutrients that complement the function of each other. Nutrients are provided at or around the 100% RDA (Recommended Daily Amount) and are useful both as a dietary 'top-up', as well as offsetting potential deficiencies that occur in IBD, particularly if

food intolerances are significant. They are relatively cheap and provide all the micronutrients needed to control your IBD.

One tablet is taken daily, preferably with the main meal of the day. However, if you are taking calcium and vitamin D supplements, take these at a different time to any MVM supplement.

Liquid nutritional supplements

Research has shown that many people with IBD have protein calorie malnutrition, which means that their normal diet is unable to match their body's nutritional demands. Given that protein has such an important role in wound healing and the immune response, this is a dietary consideration that must not be ignored. Liquid supplements provide a useful supplement to your normal diet, providing a concentrated protein and energy source in a relatively low volume. It is commonly prescribed as 2–3 sip drinks daily to offset a compromised nutritional intake.