

Crohn's Disease Western Point of View

Definition: Crohn's disease is a chronic, nonspecific, idiopathic gastrointestinal inflammatory disease.

Crohn's disease is sometimes referred as regional enteritis, ileitis or ileocolitis: regional enteritis because it may be characterized by segments of diseased bowel with sharp borders on the affected regions; ileitis if only the ileum is involved; and ileocolitis if both the ileum and the colon are involved.

Etiology: Crohn's disease has no known etiology. Many factors have been suggested, but none are proven. Possible risk factors include immunologic factors; infection agents (such as bacteria, virus or amoeba); and dietary factors (including chemical and drugs). Crohn's disease usually begins before age 35 with peak incidence between 14-24.

Clinical Manifestation: Crohn's disease usually begins with aphthoid ulcerations of the mouth, abdominal pain, diarrhea, fever, anorexia and weight loss. As inflammation continues, patients may develop a right lower quadrant mass or fullness that mimics appendicitis. The mass is palpable during physical examination. Some patients may experience intestinal stenosis and partial obstruction characterized by severe colic, abdominal distention, and constipation and vomiting. Pus, mucous and blood may be present in the stool if the rectum is involved. Chronic cases of stenosis and obstruction will lead to scarring, luminal narrowing and stricture formation.

In severe cases, abdominal fistulas and abscess may develop, causing fever, painful abdominal masses, generalized malnutrition and muscles wasting. Fistulas may remain in the gastrointestinal tract, or they may invade the surrounding areas such as the stomach, peritoneum and urinary bladder. Though rare, cancer has been observed in chronic Crohn's patients.

In addition to various gastrointestinal symptoms, Crohn's disease is often associated with other complications involving the eyes, mouth, skin, and joints. These complications may be caused by immunologic response, microbiologic concomitants, genetic interrelationships, or unknown reasons. Involvement of the eyes includes episcleritis. Mouth lesions include aphthous stomatitis. Skin problems include erythema nodosum, pyoderma gangrenous and pustular lesions. Joint involvement is characterized by arthritis of the larger joints such as the knees, ankles, hips and elbows. Other complications include ankylosing spondylitis, sacroiliitis and cholangitis.

Treatment

Since there is no known etiology for Crohn's disease, there is no specific therapy available. Drug treatments focus on relieving the symptoms and are divided into the following classes: Antidiarrheal, antibiotics, salicylate drugs, corticosteroids, immunosuppressive drugs, and surgery.

Traditional Chinese Medicine (TCM) Point of View

According to the theories of Oriental Medicine, Crohn's disease may be caused by constitutional deficiencies, invasion of the

exterior pathogenic factors, or unbalanced diet. Constitutional deficiencies usually refer to spleen and kidney deficiencies. Invasion of exterior pathogenic factors refers to damp heat in the large intestine. Lastly, unbalanced diet high in raw or cold injures the spleen and stomach and obstructs their functions in transforming and transporting food and nutrients.

Differential Diagnosis: According to TCM Crohn's disease can be divided into four general categories: damp heat; spleen deficiency; spleen and kidney deficiencies; and Qi and blood stagnation.

Invasion of damp heat in the large intestine is characterized by an acute and sudden onset of gastrointestinal symptoms. Damp heat in the large intestine is illustrated by diarrhea; presence of mucous and blood in the stool; foul-smelling stools; yellow urine; and abdominal fullness and pain. Defecation is characterized by extreme urgency, tenesmus, and a burning sensation of the anus after passing the stool. A heat travels upwards, patients may feel irritable, thirsty, and have a preference to drink cold water. The tongue is dark red with a yellow, greasy coat; the pulse is wiry, slippery or rapid.

Spleen deficiency may be due to constitutional deficiency or secondary due to excessive intake of cold and raw food. Patients with chronic Crohn's disease usually have spleen deficiency, which is characterized by a compromised ability of the spleen to transform and transport food. Clinically, the patient will show symptoms such as frequent and severe diarrhea; watery stool with undigested food; dull abdominal pain; poor appetite; poor

digestion; and gastric discomfort after food intake. Sallow facial appearance, fatigue and lethargy are due to chronic malabsorption and malnutrition. The tongue is pale with a white coat; the pulse is soft and weak.

Spleen and kidney deficiency may be due to constitutional deficiency or secondary key of spleen and kidney deficiency is early morning diarrhea around 5-6 am. In addition, patients may have abdominal pain that increases with cold but decreases with defecation. Patients may also have intolerance to cold and cold extremities. The tongue is pale with a white coat; the pulse is thready and weak.

Lastly, Qi and blood stagnation resembles an acute phase of Crohn's disease in which the patient has severe abdominal pain and fullness with a palpable mass in the right lower quadrant. This condition mimics acute appendicitis. It is essential to make correct differential diagnosis prior to treatment. In addition, patients may experience diarrhea, lack of appetite, muscle wasting and lethargy. The tongue is dark purple with petechia; the pulse is thready and knotted.

Treatment

There are a number of single herbs and herbal formulas to treat this condition as well as Acupuncture. Acupuncture points are selected according to clinical presentation of the patient. In my practice I use Moxa stimulation technique and leave the needle for up 30 minutes. Moxa may applied to the points when appropriate.

Prevention

Both western and Oriental Medicines recognize the importance of diet and its role in prevention and treatment of Crohn's disease. Western medicine acknowledges dietary intake of certain factors (such as excessive chemicals or lack of fiber) may be linked to increased incidences of Chron's disease, while Oriental Medicine recognizes that dietary intake with excessive cold or raw food may injure the spleen and stomach. Therefore, diet plays an important role in both preventive and effective treatment of the illness.

Patients should be encouraged to avoid any food that may trigger recurrence, such as certain chemical, raw or cold food. Milk, cheese and other diary products should be avoided, especially if the patients have lactase intolerance. High roughage, raw fruits or vegetables sometimes worsen intestinal obstruction and colic and may need to be avoided. Certain over-the-counter or prescription antidiarrheal drugs may worsen the condition and create toxic mega colon. The use of these drugs should not be taken unless supervised by a qualified by a qualified health care provider. Lastly, in addition to avoiding the wrong food, it is equally important to make sure patients have adequate calorie and fluid intake as malnutrition and dehydration are common problems associated with Crohn's disease.