

Ulcerative Colitis

Each person has specific toxic exposures along with dietary and genetic weaknesses that are causing their symptoms. Toxic exposures can be inorganic like heavy metals, DDT, VOC's, Radio-active waste and any other chemical like food additives or pesticides and fertilizers sprayed on the foods. They can also be organic or living organisms like parasites, bacteria, viruses, or fungi. All the different possible combinations make it difficult to accurately address issues unless you have experienced medical professionals mapping through all your different clinical symptoms.

Dr. Marilyn Tucker founded The Vibrant Health Community to do Symptom Mapping to be able to bring a completely personalized plan for each person. When you join the Vibrant Health Community you have your own medical team of doctor, pharmacist and health coach. This Team specializes in Integrative-Complementary Medicine. They will work with your personal physician to bring you to a place of as much natural healing as your body will allow. For those of you that have health issues that require prescription medications, your Team can help introduce natural measures that can reduce the imbalances and complications that inevitably come with prescription medication. This can reduce side effects and possible additional drugs having to be introduced.

Definition

Ulcerative colitis is a type of inflammatory bowel disease that affects the large intestine and rectum.

Alternative Names

Inflammatory bowel disease - ulcerative colitis

Causes, incidence, and risk factors

The cause is of ulcerative colitis is unknown. It may affect any age group, although there are peaks at ages 15 to 30 and then again at ages 50 to 70.

The disease usually begins in the rectal area and may eventually extend through the entire large intestine. Repeated inflammation leads to thickening of the wall of the intestine and rectum with scar tissue. Death of colon tissue or sepsis may occur with severe disease.

The symptoms vary in severity and may start gradually or suddenly. Attacks may be provoked by many factors, including respiratory infections or physical stress. Emotional stress has not been shown to aggravate ulcerative colitis.

Risk factors include a family history of ulcerative colitis, or Jewish ancestry. The incidence is 10 to 15 out of 100,000 people.

Symptoms

- Diarrhea, from only a few episodes to very frequently throughout the day (blood and mucus may be present)
- Abdominal pain and cramping that usually disappears after a bowel movement
- Abdominal sounds (a gurgling or splashing sound heard over the intestine)
- Fever
- Weight loss
- Tenesmus

Additional symptoms that may be associated with ulcerative colitis include the following:

- Nausea and vomiting
- Joint pain
- Gastrointestinal bleeding

Signs and tests

- Colonoscopy with biopsy is used to diagnose ulcerative colitis
- Barium enema

Your doctor may also order the following blood tests:

- CBC
- Sedimentation rate (ESR)
- CRP (C-reactive protein)

Treatment

The goals of treatment are to control the acute attacks, prevent repeated attacks, and help the healing of the colon. Hospitalization is often required for severe attacks. Corticosteroids may be prescribed to reduce inflammation.

Medications that may be used to decrease the frequency of attacks include 5-aminosalicylates such as mesalamine and immunomodulators such as azathioprine and 6-mercaptopurine. An intravenous medicine called infliximab has also been shown to improve symptoms of ulcerative colitis.

Surgery to remove the colon will cure ulcerative colitis and removes the threat of colon cancer. Patients may need an ostomy (a surgical opening in the abdominal wall), or a procedure that connects the small intestine to the anus to help the patient gain more normal bowel function.

Support Groups

Social support can often help with the stress of dealing with illness, and support group members may also have useful tips for finding the best treatment and coping with the condition.

For more information visit the Crohn's and Colitis Foundation of America (CCFA) web site at www.ccfa.org.

Expectations (prognosis)

The course of the disease generally varies. Ulcerative colitis may be inactive and then get worse over a period of years. Sometimes ulcerative colitis can be a fulminant (quickly progressing) disease. A permanent and complete cure is unusual.

The risk of colon cancer increases in each decade after ulcerative colitis is diagnosed.

Complications

- Tears or holes (perforation) in the colon
- Cancer
- Massive bleeding in the colon
- Colon narrowing
- Inflammation of the joints
- Ankylosing spondylitis
- Lesions in the eye
- Mouth ulcers
- Liver disease
- Impaired growth and sexual development in children
- Pyoderma gangrenosum (skin ulcer)
- Complications of corticosteroid therapy

Calling your health care provider

Call your health care provider if you develop persistent abdominal pain, new or increased bleeding, persistent fever, or other symptoms of ulcerative colitis.

Call your health care provider if you have ulcerative colitis and your symptoms worsen or do not improve with treatment, or if new symptoms develop.

Prevention

Because the cause is unknown, prevention is also unknown.

In patients with ulcerative colitis, nonsteroidal anti-inflammatory drugs (NSAIDs) may make symptoms worse.

Due to the risk of colon cancer associated with ulcerative colitis, screening with colonoscopy is recommended after 8 years of disease.