

Crohn's Disease and Ulcerative Colitis: Think Parasite, Allergies and More Parasites

By Simon Yu, MD

Crohn's Disease and Ulcerative Colitis, also known as inflammatory bowel disease (IBD), often strike between ages 15 and 35. The term inflammatory disease encompasses a wide spectrum of clinical symptoms in their severity from mild diarrhea, proctitis, fatigue, and abdominal cramps to life-threatening intestinal inflammation with gastrointestinal bleeding, bowel perforation, hemorrhage and shock.

The IBD may be divided into two major groups: chronic ulcerative colitis and Crohn's disease. The original description of the disease was described by Crohn (not surprising), Ginzberg and Oppenheimer in 1932. These diseases are more common in whites than in blacks or Asians and interestingly there's a high incidence in Jews (three to six fold increases) than non-Jews. Both sexes are equally affected.

The cause of Ulcerative Colitis and Crohn's disease remains unknown. No infectious organism has been identified despite an intensive search for viral, bacterial or parasitic agents. Medical treatment is not curative and often multiple operations may follow during the clinical course.

Ulcerative Colitis and Crohn's disease have many similar and some different clinical presentations and pathologic manifestations. Crohn's disease primarily affects young adults and its incidence appears to be rising. The inflammation in Crohn's disease occurs through the entire thickness of the bowel wall with fibrosis involved typically in the small intestine and colon. Ulcerative Colitis has friable bleeding mucosa and is limited to the colon. Anal fissure is a classical characteristic of Crohn's disease.

Classifications of inflammatory bowel disease (IBD), Ulcerative Colitis and Crohn's disease are important for the understanding of the pathology, diagnosis and CPT code. But, does it really help the patient? Therapies are similar with anti-inflammatory medication, immune-suppressive medications and steroids. Surgeries often follow as a last resort. In fact, in Ulcerative Colitis, the operation (colectomy) is considered curative, but surgery cannot cure Crohn's disease.

February 2010, Miriam, almost 13 years old, Jewish girl with history of Crohn's disease for two years came to see me for evaluation. Some of the symptoms included frequent bowel movement, straining, heavy mucous in the stool, abdominal cramps, indigestion, anemic, chest pain, fatigue and not gaining weight. Colonoscopy was done and the finding was consistent with Crohn's disease according to the biopsy. Miriam was hospitalized, started on IV steroids and multiple medications to control her symptoms without much success.

When I measured 40 acupuncture meridian points, 13 out of 40 meridians were out of balance. The main problems were coming from the large intestinal meridian, stomach meridian and allergies. She was started on the parasite medications of Alinia followed by Levamisole. She was also started on homeopathic remedies for allergies and parasites, and probiotics called Prescript-Assist. Food allergy testing (IgG Delayed Hypersensitivity Test) revealed she is severely allergic to 15 foods including sugar, yeast, chocolate, oat, spinach, orange and lamb.

Her bowel symptoms wax and wane with some improvement followed by set backs with recurrent symptoms during the course of the treatment. Miriam's mom was constantly vigilant and brought her to see me with constant changes of her condition. At times, she would have flare ups with high fever, cramps, straining bowel movement and abdominal cramps.

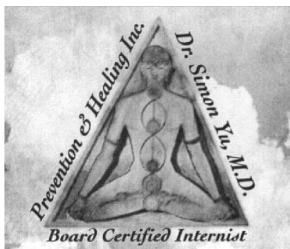
During the course of treatment, I added more rounds of parasite medications, Tinidazole, Levamisole, Ivermectin, and Alinia plus herbal parasite preparations based on Acupuncture Meridian Assessment, Color Therapy and nutritional therapy based on a hair mineral analysis. I want to emphasize that I was *not* treating the Crohn's disease but merely trying to balance the meridians to unmask the hidden underlying problems.

One year later, Miriam had minimum symptoms. She is no longer anemic. She is growing, gaining weight, going to school, and hardly misses a day of school any more. Is she in remission or perhaps cured? Within a one year period of treatment with me (after her previous two years of no success and debilitating treatments), she is not on any medication and there's no sign of active Crohn's disease.

What have I learned from taking care of Miriam who was suffering from Crohn's disease? According to mainstream medicine, the cause of IBD is unknown. Virus, bacteria and parasites as a cause have been ruled out, yet, Miriam responded to parasite medications.

When you get stuck and don't know what is going on for IBD and IBS (Irritable Bowel Syndrome), think parasites and allergies! Also, I have seen many cases of colitis improve after extraction of infected root canals. I recommend that you read my article, *Curing the Incurable by Measuring the Immeasurable* (articles page) and also Miriam's testimonial (patient success stories page) on Crohn's disease on my web site at www.preventionandhealing.com.

Dr. Simon Yu, M.D. is a Board Certified Internist. He practices Internal Medicine with an emphasis on Alternative Medicine to use the best each has to offer. For more articles and information about alternative medicine as well as patient success stories, and Dr. Yu's revolutionary health book *Accidental Cure: Extraordinary Medicine for Extraordinary Patients*, visit his web site at www.PreventionAndHealing.com or call Prevention and Healing, Inc., 314-432-7802. You can also attend a free monthly presentation and discussion by Dr. Yu on Alternative Medicine at his office on the second Tuesday each month at 6:30 pm. Call to verify the date. Seating is limited, arrive early.



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