HOW TO SAFELY AND EFFECTIVELY USE INTEGRATIVE MEDICINE

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WHAT IS INTEGRATIVE MEDICINE?

- What is Integrative Medicine?
- Taking the best medicine available from conventional science and combining this with the best treatments available from natural medicine
- The balance of conventional: Natural depends on many factors: the doctors involved, the patients desires and the disease activity
CONVENTIONAL MEDICINE

- Understanding your disease
- What stage is your disease?
- What location is your disease?
- What level are your inflammatory markers?
- How have you responded to prior medications
- How is your pain?
- How is your quality of life?
- What are your goals?
WORKING WITH YOUR GASTROENTEROLOGIST

- What stage is your disease?
- What medication would they recommend?
- What would be the complication of NOT starting medication immediately.
- Understanding that your GI deals with medications, not diet as their expertise.
- Keeping the door open.

Q: How many patients have heard “Diet did not cause your disease?” or “There is no evidence that diet can cure your disease”
WHAT ARE YOUR GOALS ??
MY GOALS:

- To Keep my patient safe
- To keep my patients out of the hospital
- To Reduce risk of surgery
- To restore my patients Quality of Life
- To help my patient to achieve Remission
- To reduce stress through diet, but not to compound stress
- To find the best of Conventional medicine and Natural medicine for this particular moment in their health history
- To integrate care with my patients’ Gastroenterologist
“First Do No Harm”
Good news: there is evidence that diet can have a positive impact on your disease.

- Elimination diet: removes food intolerances
- Low residue diet: often used in patients with strictures
- Specific Carbohydrate Diet (SCD diet)
- FODMAP diet
Diet may improve symptoms of IBD
Diet may improve healing
Diet may give an improved sense of control
Diet should be individualized
Diet effects the immune system
Diet can change gut bacteria which may impact disease
Diet can also increase stress
"Helpful" friends & family can also make diet more stressful
Problems analyzing retrospective reporting of diet

CCFA research: Food and Flares: (self-reported by online questionnaire):


Dietary patterns and self-reported associations of diet with symptoms of inflammatory bowel disease. Cohen AB1, Lee D, Long MD, Kappelman MD, Martin CF, Sandler RS, Lewis JD.

Foods that improve sx: yogurt, rice, bananas

Foods that worsen sx: non-leafy vegetables, spicy foods, fruit, nuts, leafy vegetables, fried foods, milk, red meat, soda, popcorn, dairy, high fiber foods, corn, fatty foods, seeds, coffee and beans
DIET : THE SCD DIET

- History: first developed by Sidney Haas for the tx of celiac and later used for IBD based on the book Breaking the Vicious Cycle by Elaine Gottschall, M.Sc

- Diet restricts complex carbohydrates (disaccharides and polysaccharides) and allows monosaccharides.

- Meats, poultry, fish, fruit/vegetables, aged cheese, homemade yogurt, certain legumes, nuts and nut flours are acceptable. Primary sugar is honey.

- Monitoring patients for total health/nutrition while following the diet. Monitor weight.
Nutritional therapy in pediatric Crohn disease: the specific carbohydrate diet.

7 children w Crohn’s received the SCD diet and no immunosuppressive meds

At 3 month visit all sx were resolved. Lab: albumin, CRP, Hct, stool calprotectin either normalized or signific improved

- 9 pediatric patients
- 12 week trial on SCD diet
- Both clinical and mucosal improvement
RESOURCES FOR THE SCD DIET

- Websites:
  - NIMBAL.org
  - Breakingtheviciouscycle.com
  - Pecanbread.com
  - Lucyskitchenshop.com
  - Comfybelly.com
  - Facebook support group
  - www.wellbees.com

- Books:
  - Nutrition in Immune Balance. David Suskind, MD (Seattle Children’s)
  - Breaking the vicious cycle.
  - Cooking for the specific carbohydrate diet: over 100 easy, healthy & delicious recipes....
  - Eat well Feel Well
  - Lucy's specific carbohydrate cookbook
LOW FODMAP DIET

- Fermentable
- Oligosaccharides
- Disaccharides
- Monosaccharides and
- Polyols (sorbitol, mannitol, xylitol and maltitol)

- Used for tx of IBS but has been demonstrated to decrease functional disorders
- Note polyols
- Similar to SCD but includes rice, GF grains
AREAS OTHER THAN DIET THAT CAN BE INTEGRATED WITH CONVENTIONAL MEDICATIONS

- General Nutrition
- Risk of osteoporosis
- Quality of life / social factors
- Probiotics
- Herbal medicines
RISK OF MALNOURISHMENT

- Loss of appetite, inadequate intake
- Higher caloric needs
- Upper GI tract (fat malabsorption, vit A)
- Poor digestion/absorption (Crohn’s)
- Resection of jejunum may affect zinc absorption
- Malabsorption d/t surgery (iron, D, B-12)
- Medication effects (sulfasalazine (folic acid), prednisone (Calcium), cyclosporine (magnesium))
- Diarrhea may l/t loss of potassium, zinc
- Anemia (iron)
- Dairy free diet (vit D, vit A, calcium)
PROBIOTICS

- Crohn’s
- Saccharomyces boulardii 1 gm /d
- Lactobacillus GG

- Colitis and Ileo-anal pouch
- VSL-3 (4 strains of lactobacilli, 3 strains of bifidobacterian and 1 strain of streptococcus salivarius)
- VSL-3: 300 billion bacteria/gram
- Saccaro-B (probiotic yeast)
Inflamm Bowel Dis. 2014 Sep;20(9):1562-7. **Probiotic mix VSL#3 is effective adjunctive therapy for mild to moderately active ulcerative colitis: a meta-analysis.** Mardini HE¹, Grigorian AY.

FECAL MICROBIOTA TRANSPLANT

- FMT: the introduction of gut bacteria from a healthy donor into a patient
- Transfer by nasogastric tube, nasoduodenal tube, rectal enema or colonoscope
- We know that the gut microbiota is essential to proper function but we are unsure which are the keystone species
- A recent review of the research showed overall 36-45% achieved clinical remission
- Still questions regarding mode of delivery, frequency and optimal donor/host characteristics
- Stool Banks
- FDA regulation
CURCUMA LONGA (TURMERIC)

- Active phytochemical is curcumin
- Poorly absorbed from the gut
- Plant phytosome:
  - New lecithin formulation may allow for 29-fold higher absorption
  - Inhibition of COX-1, COX-2, lipoxygenase, TNF, NFκB
- 2006 study: 89 UC patients treated w mesalamine or sulfasalazine + curcumin or placebo: 550 mg BID
  - Clinical activity index was lower in curcumin group compared to placebo
  - Reduced rate of relapse
  - 2 gm/d X 6 months
- 2015 study 50 mesalamine tx UC patients
  - Remission in 54% vs 0% placebo
  - Clinical response in 65% vs 13% placebo
  - Endoscopic remission in 38% vs 0% placebo

Curcumin in Combination With Mesalamine Induces Remission in Patients With Mild-to-Moderate Ulcerative Colitis in a Randomized Controlled Trial. Lang A1, Salomon N2, Wu JC3, Kopylov U1, Lahat A1, Har-Noy O1, Ching JY3, Cheong PK3, Avidan B1, Gamus D4, Kaimakliotis I5, Eliakim R1, Ng SC3, Ben-Horin S1.
CURCUMIN IN PEDIATRICS

- 11 patients (6 Crohn's, 5 UC)
- 6 pts on mesalamine, 5 on anti-TNF

ARTEMISIA ABSINTHIUM (WORMWOOD)

- Crohn’s study 40 patients
- Double-blind placebo controlled
- Pts on 40 mg of prednisone
- Wormwood 500 mg TID X 10 weeks
- Steady improvement in 90% of patients on wormwood despite steroid taper (65% achieved remission)
- Placebo group: 80% had to restart steroids

SLIPPERY ELM (ULMUS RUBRA)

- Antioxidant benefit has been confirmed in research
- Lack of research in IBD patients specifically
- Historic use as a demulcent and healing agent for the GI tract
2004 study
Randomized, double-blind placebo controlled study
44 patients w mild or moderate UC
100 mL BID
Clinical remission in 30% vs 7% placebo

102 patients
UC patients in remission at start of study
Psyllium 10 gm BID
Mesalamine
Mesalamine + Psyllium

- Randomized clinical trial of Plantago ovata seeds (dietary fiber) as compared with mesalamine in maintaining remission in ulcerative colitis. Spanish Group for the Study of Crohn’s Disease and Ulcerative Colitis (GETECCU).
TRITICUM AESTIVUM
(WHEAT GRASS JUICE)

- Double blind trial
- Ingestion of 20 mL of wheat grass daily for one month-escalating to 100 mL
- UC
- 23 patients w active dz

PISTACIA LENTISCUS (MASTIC GUM)

- Crohn’s
- 10 patients and 8 controls
- Mastic gum: 6 caps/d 0.37 gm/cap
- Decreased IL-6 and CRP
- 4 weeks

- Crohn’s
- 10 patients and 8 controls
- Mastic gum: 6 caps/d
- Reduced TNF-α
- Reduced Macrophage migration inhibitory factor
REFERENCES

- World J Gastroenterol. 2007 Feb 7; 13(5): 748–753. Published online 2007 Feb 7. **Chios mastic treatment of patients with active Crohn’s disease** Andriana C Kaliora, Maria G Stathopoulou, John K Triantafillidis, George VZ Dedoussis, and Nikolaos K Andrikopoulos

- World J Gastroenterol. 2007 Dec 7; 13(45): 6031–6036. Published online 2007 Dec 7. **Alterations in the function of circulating mononuclear cells derived from patients with Crohn’s disease treated with mastic** Andriana C Kaliora, Maria G Stathopoulou, John K Triantafillidis, George VZ Dedoussis, and Nikolaos K Andrikopoulos
MEDICAL MARIJUANA

- Relief of abdominal pain, nausea and diarrhea, improved well-being
- Symptom improvement without reduction in inflammatory markers
- Concerns about profibrotic effect
- Increased risk of surgery
- Because of improved symptom control patients may perceive their disease is in remission and not return for routine care
VITAMIN D

- Crohn’s and UC
- Vit D deficiency and insufficiency were present in patients more frequently w low vitamin D
- Vit D is an independent risk factor for active disease
- Treatment w vit D assoc w improved QOL
- IBD may remain in remission longer w adequate vit D
- Vit D absorption in terminal ileum
- Important in prev of colon CA
- Higher risk of osteoporosis
BUTYRATE

- Butyrate is a normal metabolite derived from bacterial fermentation
- Down-regulates inflammatory mediators
- 4 gm daily oral sodium butyrate combined w mesalazine
- 25 patients
- Statistically significant improvement in disease activity compared w mesalazine alone
- 10 patients w distal UC
- Butyrate enemas BID
- 9/10
- Decreased rectal bleeding
- Decreased freq of BM
- (additional studies have had mixed, non-significant results)
FISH OIL

- Crohn’s/UC
- Anti-inflammatory
- May prevent relapse
- Negative studies, possibly d/t source of omega-3: 1. placebo was olive oil
  2. Fish oil from ethyl esters
- 1 gm /d escalated to 4 gm/d
NUTRITION MANAGEMENT

- Track weight
- Monitoring Anemia
- Check vitamin D
- DEXA
- Vitamin B-12
- Supplement quality
- Overall balance of diet: ptn/CHO/Fat
- Total calories
DHEA

- 20 patients w chronic active IBD (7 Crohn's and 13 UC)
- DHEA: 200 mg/d X 56 days
- 6/7 patients w Crohn’s and 8/13 patients w UC responded to tx
- Decrease in CAI by >70pts
- 6 Crohn’s and 6 UC patients went into remission'
- No patients withdrew d/t SE

- Patients with refractory Crohn’s disease or ulcerative colitis respond to dehydroepiandrosterone: a pilot study. Andus T, Klebl F, Rogler G, Bregenzer N, Schölmerich J, Straub RH.
ACUPUNCTURE

- 2014 study.
- Acup/moxibustion 90 patients
- 3 X per week, X 12 weeks
- Improved CDAI, decreased CRP
MIND-BODY MEDICINE

- Relaxation
- Reduce abdominal pain
- Reduce stress
- Improve GI motility
- Reduce inflammation
- Improve sleep
- *Tai Chi, meditation, biofeedback, yoga

- Hypnotherapy: 2008 study: 17 patients w UC, Hypnosis reduced IL-6 by 53%, reduced mucosal release of SP by 81%, IL-13 by 53%
- 2013 study: 54 patients w UC. 68% clinical remission versus 40% with attention control
QUALITY OF LIFE ISSUES

- Frequent use of the restroom
- Adverse reactions to medications
- Social/emotional effects of a restricted diet
- Weight loss/weight gain
- Sleep disturbance
- Fatigue
- Extra-intestinal manifestations
- Financial burden of disease

- FMLA
- CCFA: “I can’t wait” Card
- Connecting w CCFA resources: one on one, Take Steps, Team Challenge
- GI buddy app
THANK-YOU

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