Crohn's Disease

En Español (Spanish Version)

Principal Proposed Natural Treatments

Other Proposed Natural Treatments

Herbs and Supplements to Use Only With Caution

References

Related Terms
• Granulomatous Ileitis; Ileocolitis; Inflammatory Bowel Disease; Regional Enteritis

Principal Proposed Natural Treatments
• Nutritional Support

Other Proposed Natural Treatments
• Acupuncture; Avoidance of Allergenic Foods; Boswellia; Fish Oil; Glutamine; Probiotics; Wormwood

Crohn's disease is a disease of the bowel that is closely related to ulcerative colitis. The two are grouped in a category called inflammatory bowel disease (IBD), because they both involve inflammation of the digestive tract.

The major symptoms of Crohn's disease include fever, non-bloody or bloody diarrhea, abdominal pain, and fatigue. The rectum may be severely affected, leading to fissures, abscesses, and fistulas (hollow passages). Intestinal obstruction can occur, and over time fistulas may develop in the small bowel. Other complications include gallstones, increased risk of cancer in the small bowel and colon, and pain in or just below the stomach that mimics the pain of an ulcer. Arthritis, skin sores, and liver problems may develop as well.

Crohn's disease tends to wax and wane, with periods of remission punctuated by severe flare-ups. Medical treatment aims at reducing symptoms and inducing and maintaining remission.

Sulfasalazine is one of the most commonly used medications for Crohn's disease. Given either orally or as an enema, it can both decrease symptoms and prevent recurrences. Corticosteroids such as prednisone are used similarly, sometimes combined with immunosuppressive drugs such as azathioprine. In severe cases, partial removal of the bowel may be necessary.

Another approach involves putting people with Crohn's disease on an elemental diet. This involves special formulas consisting of required nutrients but no whole foods. Sometimes, after a period on such a diet, whole foods can be restarted one at a time.

Principal Proposed Natural Treatments

People with Crohn's disease can easily develop deficiencies in numerous nutrients. Malabsorption, decreased appetite, drug side effects, and increased nutrient loss through the stool may lead to mild or profound deficiencies of protein, vitamins A, B₁₂, C, D, E, and K, folate, calcium, copper, magnesium, selenium, and zinc. Supplementation to restore adequate body supplies of these nutrients is highly advisable and may improve specific symptoms as well as overall health. We recommend working closely with your physician to identify any nutrient deficiencies and to evaluate the success of supplementation to correct them.
Other Proposed Natural Treatments

Several natural treatments have shown promise for Crohn’s disease, but none have been proven effective.

In a 10 week double-blind, placebo-controlled study, use of the herb wormwood appeared to successfully enable a reduction of drug dosage in people with Crohn’s Disease. The German trial enrolled 40 people who had achieved good control of their symptoms through use of steroids and other medications. Half were given an herbal blend containing wormwood (500 mg three time daily), while the other half were given a placebo. Beginning at week 2, researchers began a gradual tapering down of the steroid dosage used by participants. Over subsequent weeks, most of those given placebo showed the expected worsening of symptoms that the reduction of drug dosage would be expected to cause. In contrast, most of those receiving wormwood showed a gradual improvement of symptoms. No serious side effects were attributed to wormwood in this study.

Note: While these are promising findings, it must be kept in mind that a great many treatments that show promise in a single study fail to hold up in subsequent independent testing. Additional research will be needed to establish wormwood as a helpful treatment for Crohn’s disease. In addition, there are concerns that wormwood might have toxic effects in some people. See the full Wormwood article for more information.

The herb boswellia is thought to have some anti-inflammatory effects. An 8-week, double-blind, placebo-controlled trial of 102 people with Crohn’s disease compared a standardized extract of boswellia against the drug mesalazine. Participants taking boswellia fared at least as well as those taking mesalazine, according to a standard method of scoring Crohn’s disease severity.

Fish oil also has anti-inflammatory effects. However, the evidence to date suggests that it is not helpful for Crohn’s disease. A 1-year, double-blind trial involving 78 participants with Crohn’s disease in remission who were at high risk for relapse found that fish oil supplements helped keep the disease from flaring up. A smaller study also found benefit. In contrast, a 1-year, double-blind, placebo-controlled trial that followed 120 people with Crohn’s disease did not find any reduction of relapse rates. Moreover, two well-designed trials, enrolling a total of 738 patients, convincingly failed to find any benefit for omega-3 fatty acid supplementation in the prevention of Crohn’s disease relapse.

One preliminary double-blind study found indications that the probiotic yeast Saccharomyces boulardii may be helpful for reducing diarrhea in people with Crohn’s disease. However, two studies failed to find diarrhea-reducing benefit with Lactobacillus probiotics, and in an analysis of 8 randomized, placebo-controlled studies, probiotics were ineffective at maintaining remission in Crohn’s disease patients. Lactobacilli have also failed to prove effective for helping to prevent Crohn’s disease recurrences in people who had surgery for the condition.

On a positive note, some evidence hints that probiotics might reduce the joint pain that commonly occurs in people with inflammatory bowel disease.

Glutamine has been suggested as a treatment for Crohn’s disease, but the most meaningful of the reported studies on its potential benefits failed to find it helpful.

A bit of evidence hints that acupuncture might be helpful for Crohn’s.

Preliminary investigations hint that food allergies might play a role in Crohn’s disease. However, there is as yet no meaningful evidence that avoiding allergenic foods can improve Crohn’s symptoms.

In a systematic review of 19 studies involving 2,609 people with IBD, researchers found that people whose diet is high in fruit and other sources of fiber have a reduced risk of Crohn’s disease.

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Herbs and Supplements to Use Only With Caution
Various herbs and supplements may interact adversely with drugs used to treat Crohn’s disease. For more information on this potential risk, see the individual drug articles in the Drug Interactions section of this database.

References [+]


