

Fact Sheet

News from the IBD Help Center

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)

Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD), can be treated but not cured with conventional medical therapies. Therefore, some people living with either of these diseases look toward complementary and alternative medicine (CAM) to supplement conventional therapies to help ease their symptoms.

CAM is an umbrella term that encompasses a vast array of treatment options. The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as a group of diverse medical and healthcare systems, practices, and products that are not presently considered part of conventional medicine. While scientific evidence exists regarding some CAM therapies, for the most part, well-designed scientific studies to answer questions such as whether these therapies are safe and whether they work for the purposes for which they are used have not been conducted.

Complementary therapies are intended to be used together with conventional treatment, while the term "alternative" implies replacing the treatment you receive from your doctor with one or more approaches that fall outside mainstream medicine. The Crohn's & Colitis Foundation (CCFA) recommends that anyone considering any of the CAM approaches should discuss them with their doctor, and use CAM as a complement to prescribed medications and not as an alternative to other doctor-recommended treatments.

CAM therapies may work in a variety of ways. They may help to control symptoms and ease pain, enhance feelings of well-being and quality of life, and may possibly boost the immune system.

When considering any therapy, it is important to weigh the risks and benefits. In general, less research has been conducted on the safety and effectiveness of CAM therapies compared with conventional therapy. However, CAM therapies are increasingly subjected to scientific trials and more information is becoming available to evaluate some of these therapies. Ask your physician or CAM practitioner about any relevant research on the therapy you're undergoing.

In addition to considering safety and effectiveness of a particular practice, it is also advisable to carefully choose a practitioner. For many of the CAM practices, practitioners must have specific education, licenses, and accreditation. Investigate the requirements and then check with the appropriate regulatory board or agency.

The NCCAM divides CAM into four major domains—Mind-Body Medicine, Manipulative and Body-Based Practices, Energy Medicine, and Biologically-Based Practices.

Mind-Body Medicine

Mind-body medicine is a set of interventions that focus on the interplay between emotional, mental, social, spiritual, and behavioral factors and their influence on health. Examples include prayer, tai chi, hypnosis, meditation, biofeedback, and yoga. Some techniques that were considered CAM in the past, such as cognitive-behavioral therapies and patient support groups, are now offered as conventional therapies.

Manipulative and Body-Based Practices

Manipulative and body-based practices involve manipulation or movement of one or more parts of the body as a means of achieving health and healing. Examples include chiropractic and osteopathic manipulation, massage, reflexology, Rolfing, Alexander technique, craniosacral therapy, and Trager bodywork.

Energy Medicine

Energy medicine draws on a number of traditions supporting the view that illness results from disturbances of subtle energies. Energy therapies are based on the use of energy fields of two types:

- **Biofield therapies** affect energy fields that allegedly surround and penetrate the body. These energy fields have not yet been scientifically measured. Biofield therapies involve the application of pressure or the placement of hands in or through these energy fields. Examples include Reiki, qi gong, and therapeutic touch.
- **Bioelectromagnetic-based therapies** utilize electromagnetic fields for the purposes of healing. Examples include magnetic therapy, sound energy therapy, and light therapy.

Biologically-Based Practices

The use of substances found in nature, such as herbs, foods, and vitamins to strengthen, heal, and balance the body is considered biologically-based practice. Examples include dietary supplements (such as vitamins), probiotics, prebiotics, herbal products, fatty acids, amino acids, and functional foods. Some dietary supplements are recommended for people with Crohn's and colitis because aspects of the disease can potentially cause vitamin and mineral deficiencies.

Unlike pharmaceutical products, dietary supplements do not need approval from the Food and Drug Administration (FDA) before they are marketed except in the case of a new dietary ingredient. Prescription drugs are subjected to rigorous testing. They must be shown to be both safe and effective for the condition they are intended to treat before receiving approval from the FDA. These requirements do not apply to natural remedies, which mean that claims about their effectiveness are largely unproven. Just because the label on the bottle says its contents are safe and effective doesn't make it so. For patients with Crohn's and colitis, the use of biologically-based products should only be used in addition to conventional medical treatment. Patients should not stop taking their prescribed medications even if they decide to use a supplement. To learn more about regulation of dietary supplements visit:

<http://www.fda.gov/Food/Dietarysupplements/default.htm>

Vitamins

People with IBD may develop vitamin or mineral deficiencies that require supplementation for a variety of reasons; including Crohn's disease that affects the small intestine, certain drugs or surgeries, and other aspects of the diseases.

- **Vitamin B-12** is absorbed in the lower section of the small intestine (ileum). People who have ileitis (Crohn's disease that affects the ileum) or those who have undergone small bowel surgery may have vitamin B-12 deficiency. If diet and oral vitamin supplements don't correct this deficiency, a monthly intramuscular injection of vitamin B-12 or once weekly nasal spray may be required. Folic acid (another B vitamin) deficiency may occur in IBD patients who take the drug sulfasalazine or methotrexate. They should take a folate tablet, 1 mg daily, as a supplement.
- **Vitamin D deficiency** is common in people with Crohn's disease. Vitamin D is essential for good bone formation and the metabolism of calcium. A vitamin D supplement of 800 IU per day is recommended, particularly for those with active bowel symptoms. A vitamin D deficiency can lead to a calcium deficiency, which can also occur in people with Crohn's disease in the small intestine or who have had a section of the intestine surgically removed. This may impair the ability to absorb calcium, requiring supplementation. At least 1,500 mg of calcium daily is recommended, either in dietary form or as supplements taken in three divided doses during the day.

- **Bone health:** Certain medications may also have an adverse effect on bone health. Long-term use of prednisone and other steroids slows the process of new bone formation and accelerates the breakdown of old bone. It also interferes with calcium absorption.
- **Iron deficiency** (anemia), which results from blood loss following inflammation and ulceration of the intestines, can occur in people with ulcerative colitis and Crohn's (granulomatous) colitis. Anemia is treated with oral iron tablets or liquid, usually 300 mg taken one to three times a day or intravenous infusions of iron taken weekly for eight weeks.

Probiotics

Probiotics are live bacteria that are similar to beneficial (often called “good” or “friendly”) bacteria that normally reside in the intestines. Under normal circumstances, beneficial bacteria keep the growth of harmful bacteria in check. If the balance between good and bad bacteria is thrown off, causing harmful bacteria to overgrow, diarrhea and other digestive problems can occur. Probiotics are used to restore the balance of these “good” bacteria in the body. They are available in the form of dietary supplements (capsules, tablets, and powders) or foods (yogurt, fermented and unfermented milk, miso, tempeh, and some juices and soy beverages).

There is some evidence to suggest that use of probiotics may help people with Crohn's disease or ulcerative colitis to maintain remission. Scientific studies have also shown that they may be useful for preventing and treating pouchitis (a condition that can follow surgery to remove the colon).

Taking probiotics is generally safe. Any side effects (such as gas or bloating) are usually mild. The safety of probiotics in young children, older adults, and people with compromised immune systems has not been adequately studied.

Fish Oils

Omega-3 fatty acids—found in fatty fish such as salmon, mackerel, herring, and sardines as well as some nuts and green vegetables—provide an anti-inflammatory effect. They have several health benefits, including helping to relieve the joint pain of rheumatoid arthritis (an inflammatory disorder). It has been suggested that they may also help to relieve the intestinal inflammation of Crohn's disease and ulcerative colitis.

Several studies evaluating omega-3 fatty acids for maintenance of remission in Crohn's disease have yielded conflicting findings

Aloe Vera

Aloe vera is widely used topically for wound healing and pain relief. It is also thought to have anti-inflammatory properties. Some people with mild-to-moderate ulcerative colitis who drink aloe vera juice have reported reduced symptoms. However, this effect has not been demonstrated in scientific studies.

Anyone with Crohn's disease or ulcerative colitis considering using aloe vera should be cautioned that aloe vera, when taken orally, also has a laxative effect. In addition, it has qualities of an “immune booster.” A person with Crohn's disease or ulcerative colitis should be careful about treatments that can boost an already overactive immune system.

Should I tell My Doctor I'm Using CAM Therapies?

Inform your doctor about any CAM treatment (in any of the four domains described above) you've been using or are considering using. Even the most innocent-looking vitamin supplement might contain ingredients that could interact with your medication or with other products. Unconventional therapies can complement medical treatment, and possibly help control symptoms, ease pain, and increase well-being. But many questions remain surrounding their safety and effectiveness in treating the diseases and conditions they are supposed to treat. Open discussion with your physician will give you the opportunity to consider complementary therapies in an informed manner.

Use the following questions as a guide to discuss CAM with your healthcare team:

- Are there complementary and alternative therapies you would recommend?
- Have these methods been studied?
- What benefits can I expect from this therapy?
- How will I know if the therapy is working or not?
- Is there a risk this will interfere with standard IBD treatments?
- Are there potential side effects? What should I look out for?
- Do you offer these as part of your practice? If not, can you refer me to a licensed practitioner in the area?
- Are there specific CAM therapies you would advise against?

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