

Fact Sheet

News from the IBD Help Center

COMPLEMENTARY MEDICINE

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 medicine to supplement conventional therapies to help ease their symptoms.

More research is needed on the role of complementary medicine in IBD. Some studies have shown that complementary medicine may help to control symptoms and ease pain, contribute to a better quality of life, and improve your mood and general attitude toward your health and well-being. Some therapies may even have positive effects on your immune system. **However, complementary medicine will not cure your disease and it should not replace conventional therapies.**

Common complementary therapies for IBD include:

Mind-Body Therapies

Mind-body therapies focus on the connection between your body, your mental health and emotional well-being, and the social, spiritual, and behavioral factors that influence your health. Examples include:

- Relaxation and mindfulness
- Hypnosis
- Acupuncture
- Yoga
- Exercise (including pelvic floor exercises).

Vitamins, Minerals, and Supplements

In IBD, vitamin and mineral supplementation may be recommended if you have nutritional deficiencies. Deficiencies may be caused by certain medications, surgeries, or active inflammation which can affect your body's ability to absorb certain vitamins and minerals.

- **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.

There are some supplements currently being researched that may provide additional benefit for IBD patients:

- **Omega-3 fatty acids** (found in fish oil) are known to have anti-inflammatory properties and several other health benefits
- **Curcumin** (turmeric) may help to reduce inflammation and is being studied in the treatment of ulcerative colitis when used with mesalamine therapy

Note about dietary supplements:

Supplements can be marketed without approval from the FDA. It is important to recognize that claims on the label that the product is safe and effective may not be entirely accurate. Always talk with your provider before starting any supplements.

Probiotics and Microorganisms

There are differences in the intestinal microbiota (microorganisms that live in the digestive tract) in IBD patients compared to those without IBD. Those with IBD have less microbial diversity and a loss of beneficial and anti-inflammatory bacteria.

Probiotic Therapy

Probiotics are live bacteria that are used to restore the balance of "good" bacteria in the body. They are generally safe with potentially few side effects. Probiotics are available in the form of dietary supplements (capsules, tablets, and powders) or found in foods (yogurt, kefir, tempeh, miso).

Studies on probiotics are limited. In ulcerative colitis, studies suggest there may be a benefit at inducing and maintaining remission. In Crohn's disease, studies are also limited, but prevention and remission has not been associated with taking probiotics. In pouchitis studies suggest there may be a benefit in preventing and maintaining remission.

Fecal Microbiota Transplantation

Fecal microbiota transplantation (FMT) is a procedure in which fecal material is transferred from a healthy individual (*donor*) to patient with alteration in normal microbiota (*recipient*).

Although it is effective for the treatment of recurrent *Clostridioides difficile* (*C-Diff*) infection, further research is needed to determine if it is an effective treatment for IBD. Some studies suggest that FMT has the potential to induce remission in mild-to-moderate ulcerative colitis. It is **not permitted by the FDA for treatment of IBD** at this time, but many clinical trials are underway.

Mycobacterium avium paratuberculosis

Mycobacterium avium paratuberculosis (MAP) is a bacteria that is being studied and may have a relationship to Crohn's disease. The MAP bacteria are more frequently recovered from the intestines of patients with Crohn's disease compared to ulcerative colitis or healthy individuals.

Multicenter studies treating Crohn's disease patients with a combination of anti-MAP antibiotics are ongoing. Many researchers discount MAP as a cause of Crohn's disease; however, more research is needed.

Medical Cannabis

Cannabis is composed of over 70 active compounds called phytocannabinoids or cannabinoids. The first is **delta-9-tetrahydrocannabinol, or THC**. THC is most known for its effects on one's mental state. It has been known to alleviate nausea and chronic pain and improve one's appetite. The second is **cannabidiol, or CBD**, which has more anti-inflammatory or immune properties. Therapeutic uses may include reducing inflammation and treating insomnia, sleep apnea, spasticity, and pain.

In small studies, smoking cannabis (marijuana — the dried parts of the cannabis plant) has improved IBD symptoms, including pain, nausea, and decreased appetite. However, there is currently no evidence that medical cannabis can reduce IBD inflammation or improve disease activity.

It is important to remember that cannabis can cause **side effects** including severe nausea and vomiting (a condition called cannabis hyperemesis syndrome), impaired short-term memory, difficulty concentrating, altered judgment, impaired coordination, anxiety, worsening mood, and long-term problems with behavior and reasoning, particularly in adolescents. There are also **increased risks** for fetuses and newborns if used during pregnancy or breastfeeding. **Further research is needed, and underway now, regarding the impact of cannabis on IBD.**

Should I tell My Doctor I'm Using Complementary Medicine Therapies?

Inform your doctor about any complementary therapies 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 complementary medicine with your healthcare team:

- Are there complementary 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 complementary therapies you would advise against?

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