

ULCERATIVE COLITIS

Ulcerative colitis is a type of inflammatory bowel disease (IBD) that affects the lining of the large intestine (colon) and rectum. Crohn's disease is a related condition.

The cause of ulcerative colitis is unknown. People with this condition have an autoimmune disease, but it is not clear whether immune problems cause this illness.

Ulcerative colitis may affect any age group, although there are peaks at ages 15 - 30 and then again at ages 50 - 70.

The disease can begin in the rectal area, and may involve the entire large intestine over time. It may also start in the rectum and other parts of the large intestine at the same time.

Risk factors include a family history of ulcerative colitis, or Jewish ancestry.

Symptoms

The symptoms vary in severity and may start slowly or suddenly. About half the patients only have mild symptoms. Others have more severe attacks that occur more often. Many factors can lead to attacks, including respiratory infections or physical stress.

Symptoms include:

Abdominal pain and cramping

Abdominal sounds (gurgling or splashing)

Blood and mucus in the stools

Diarrhea, from only a few episodes to very often

Fever

Tenesmus (rectal pain)

Weight loss

Children's growth may slow.

Other symptoms that may occur with ulcerative colitis include the following:

Gastrointestinal bleeding

Joint pain and swelling

Mouth ulcers

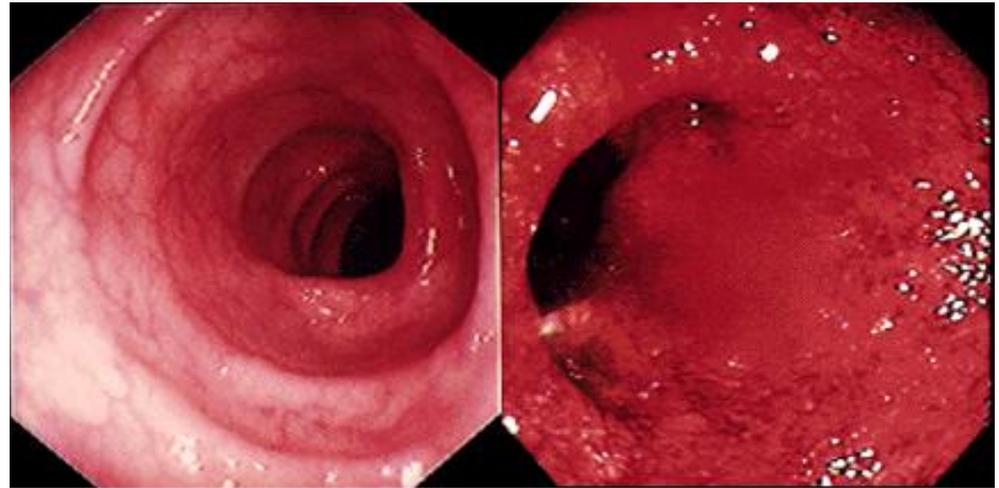
Nausea and vomiting

Skin lumps or ulcers

Signs and tests

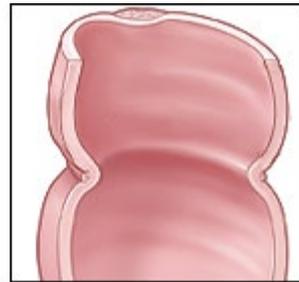
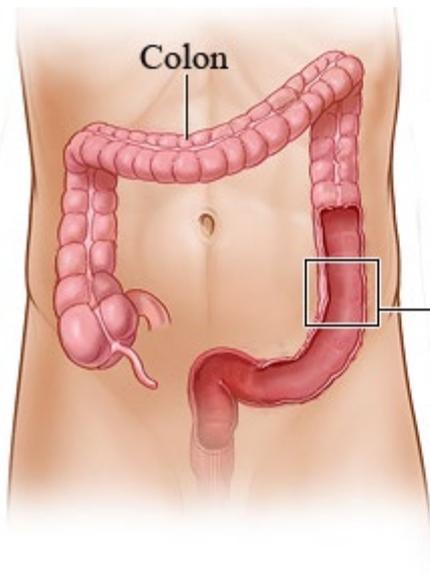
Colonoscopy with biopsy is generally used to diagnose ulcerative colitis.

Colonoscopy is also used to screen people with ulcerative colitis for colon cancer. Ulcerative colitis increases the risk of colon cancer. Anyone with this condition, should be screened with colonoscopy about 8 - 12 years after being diagnosed and then have follow-up colonoscopies every 1 - 2 years.

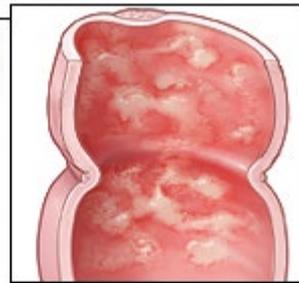


Healthy Colon

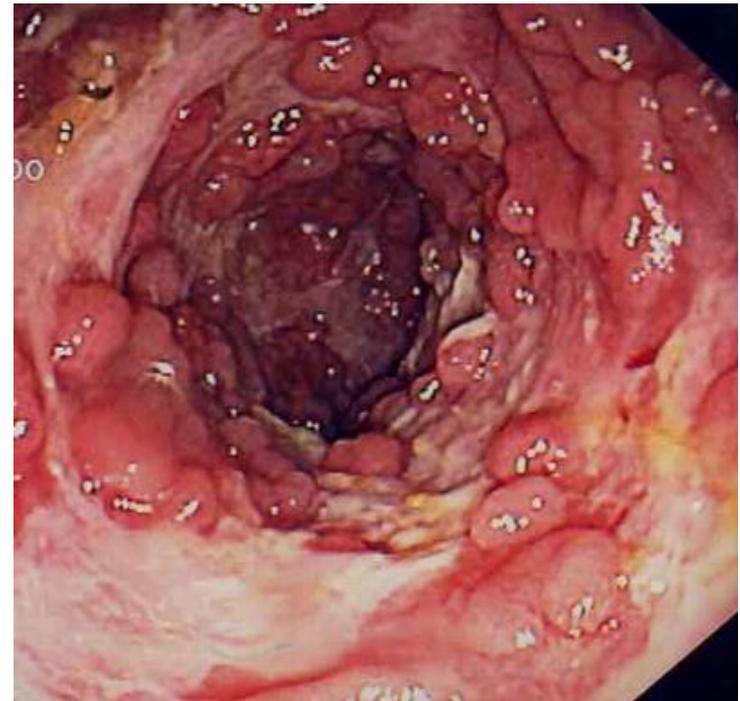
Ulcerative Colon



Normal colon



Colon with ulcerative colitis



Other tests that may be done to help diagnose this condition include:

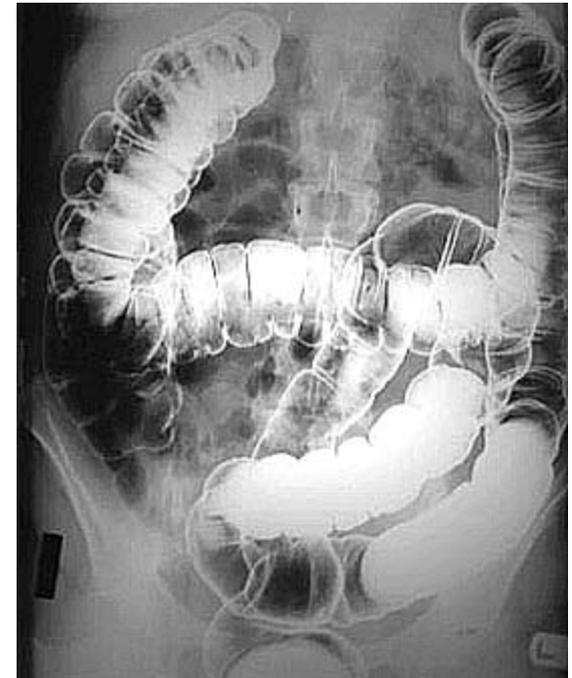
Barium enema

Complete blood count (CBC)

C-reactive protein (CRP)

Sedimentation rate (ESR)

Colonoscopy



Treatment

The goals of treatment are to:

Control the acute attacks

Prevent repeated attacks

Help the colon heal

MEDICATIONS

Medicines that may be used to decrease the number of attacks include:

- 5-aminosalicylates such as mesalamine or sulfazine (Azulfidine®), which can help control moderate symptoms
- Immunomodulators such as azathioprine (Imuran ®) and 6-mercaptopurine
- Corticosteroids (prednisone and methylprednisolone) taken by mouth during a flare-up or as a rectal suppository, foam, or enema
- Adalimumab (Humira ®) (anti TNF medication), Infliximab (Remicade ®).

SURGERY

Surgery to remove the colon will cure ulcerative colitis (!!) and removes the threat of colon cancer. Surgery is usually recommended in:

Colitis that does not respond to complete medical therapy

Changes in the lining of the colon that are thought to be precancerous

Serious complications such as rupture perforation of the colon, severe bleeding, or toxic megacolon

Most of the time, the entire colon, including the rectum, is removed (total proctocolectomy with ileostomy). Afterwards, one needs an ileostomy.

ULCERATIVE COLITIS IN CHINESE MEDICINE

Obviously, there is no category of “ulcerative colitis” in the original texts. In Chinese medicine, ulcerative colitis might correspond to various categories of disease:

Dysentery 痢疾

Diarrhoea 泄泻

Blood in the stools 便血

Intestinal Wind 肠风

Intestinal *Pi* masses 肠癖

AETIOLOGY

External pathogenic factors

Cold easily invades the intestines but the two most likely external pathogenic factors are Heat and Dampness.

Irregular diet

Excessive consumption of greasy foods, sugars and dairy foods. Also excessive consumption of spicy foods and alcohol.

Emotional stress

Emotions that lead to Qi stagnation may affect the Intestines. It is not only Liver-Qi stagnation that affects the Intestines but also Spleen-Qi stagnation and Stomach-Qi stagnation.

Qi stagnation may lead to Blood stasis which often plays a role in ulcerative colitis. Also, Qi stagnation contributes to the formation of Phlegm which may also play a role in UC.

Stomach and Spleen deficiency

A deficiency of Stomach and Spleen deriving from a chronic illness or overwork is very often at the root of the development of UC.

Latent Damp-Heat

Latent Damp-Heat forms after an invasion of external pathogenic factors that does not cause immediate symptoms. The formation of Latent Damp-Heat is more common at the end of summer. This is often the Chinese correspondent to the autoimmune aspect of UC.

PATHOLOGY

Deficiency of Stomach and Spleen

A deficiency of Stomach and Spleen is practically always a factor in the development of UC. Spleen deficiency itself may be a cause of the diarrhoea. Spleen deficiency may also cause bleeding.

Dampness (Damp-Heat)

In my experience, in UC there is always Dampness and especially Damp-Heat. Dampness obstructs the Intestines and may also cause diarrhoea by itself.

Qi stagnation

Qi stagnation is also nearly always present in UC. It causes borborygmi and distension.

Blood stasis

Blood stasis may develop from Qi stagnation and it causes intense pain.

Toxic Heat

Toxic Heat may develop from Damp-Heat and it is present in acute cases or in flare-ups of chronic cases.

Blood Heat

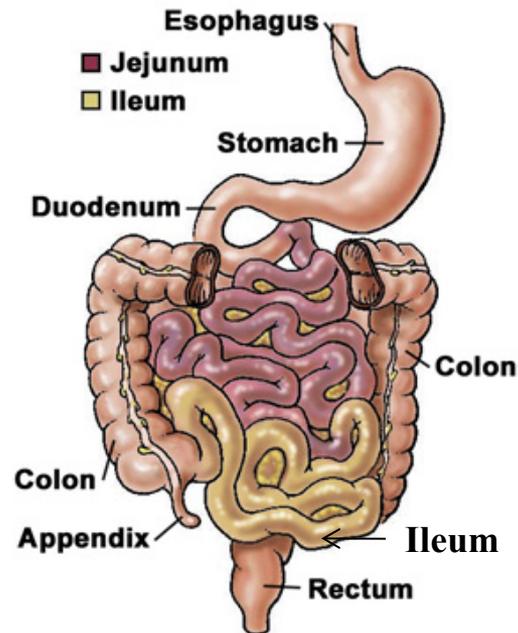
Blood Heat may also develop from Damp-Heat and it causes bleeding.

PATHOLOGY OF “INTESTINES”

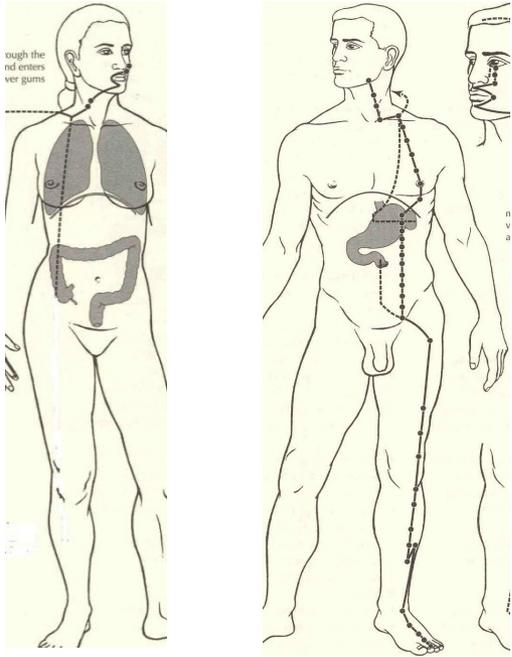
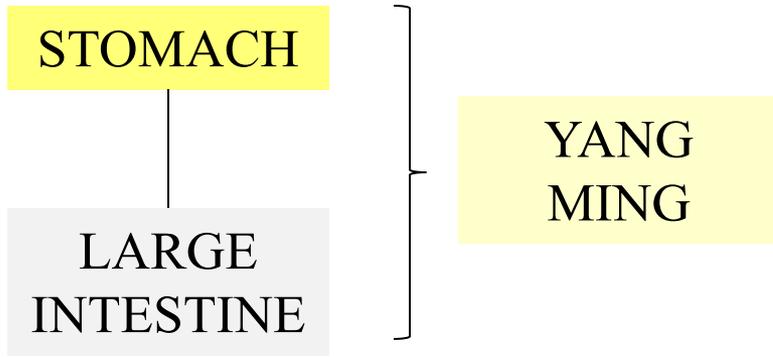
Three things to clarify. Firstly, Qi stagnation can affect almost any organ, not just the Liver. For example, it affects Lungs, Heart, Stomach, Spleen, Gall-Bladder and the “Intestines”.

Secondly, in many pathological conditions of the digestive system, in my experience, one cannot really differentiate the Small from the Large Intestine: this is due to the close anatomical connection between ileum and colon. Please note that I am referring to digestive-system conditions as the Small Intestine may be involved in other symptoms such as urinary conditions.

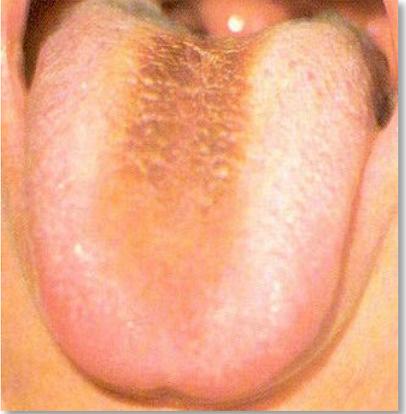
Thus, when a digestive-system pathology is in in the Intestines, the patterns involved (Qi stagnation, Blood stasis, Damp-Heat, Toxic Heat) usually affect both Small and Large Intestine.



Thirdly, a pathology of the Stomach is very often associated with the same pathology in the Large Intestine. This happens especially with Yin Xu and Dampness. This is because the Stomach and Large Intestine are connected through the Yang Ming



This is reflected also on the pulse if you put the Large Intestine on the right *Chi* position (as I do).



Damp-Heat in ST and LI



Yin Xu of ST and LI