

Crohn's Disease

Reversing Crohn's Disease Naturally

**A Special Report By
Dr. Robert Lawrence, MEd, DC DACBN**



Dr. Robert Lawrence

Dr. Lawrence serves on the Scientific Advisory Board of Garden of Life whole food supplements. A former instructor at the National University of Health Sciences, he has also served as a consultant in Functional Medicine and Diagnostic Laboratory Testing. Dr. Lawrence has completed an extensive post-doctoral course of study on "Applying Functional Medicine in Clinical Practice" through The Institute of Functional Medicine. He holds degrees in Science Education, Chiropractic Medicine, Clinical Nutrition and is a Diplomate of the American Clinical Board of Nutrition.

Crohn's Disease: Reversing Crohn's Disease Naturally

A Special Report by Dr. Robert Lawrence, MEd, DC, DACBN

Crohn's disease is characterized by repeated bouts of fever and diarrhea accompanied by right lower abdominal pain, tenderness and the presence of peri-anal disease with abscess and/or fistula formation.

Inflammatory bowel disease (IBD) is the general term used to refer to inflammatory diseases of the intestines, including the major syndromes of Crohn's Disease and Ulcerative Colitis (UC) both of which are medically considered to be of unknown cause.

The diagnosis of inflammatory bowel disease is based upon an internal visual examination of the intestines by sigmoidoscopy, endoscopy, colonoscopy and/or barium enema and by biopsy of intestinal tissue. The symptoms of ulcerative colitis include intestinal cramping and spasm, the presence of blood and or/ mucus in the stool, weight loss, a sense of urgency and diarrhea.

What Is The Difference Between Crohn's Disease and Ulcerative Colitis?

Ulcerative Colitis can best be described as an inflammatory, ulcerating, disease **process affecting the large intestine** (colon). In comparison, Crohn's Disease is defined as chronic **inflammation of the small intestine** at times gradually moving to the colon at which point it is referred to as "Crohn's Colitis". Inflammation from Crohn's Disease generally involves the intestines with areas that are relatively untouched being surrounded by highly inflamed areas. Ulcerative Colitis usually starts in the rectum and progresses upwards to involve varying lengths of the colon.

The onset of IBD may come on gradually, with some patients experiencing increasing bowel irregularity with alternating constipation and diarrhea. This may persist for years until eventually they experience cramps, an urgent need to have a bowel movement and the release of blood and/or mucus from the bowel. In other cases onset may be sudden with few preceding symptoms. Experience says that many patients have had other complaints preceding the IBD with symptoms that include fatigue, allergies, anxiety, depression, and muscle and joint pains. In other words all has not been well for a significant period of time.

Both UC and Crohn's are observed to start most frequently in young adults between the ages of 20 to 40 but no age is exempt. In my practice I have seen children under nine years of age with diagnosed IBD. The condition is more common in whites than blacks and patients of Asian decent. It is also disproportionately high in the Jewish population. Both sexes are equally afflicted.

"I have been offering natural, drugless therapies to patients since 1983. We are not a clinic that offers "alternative" health care. The services we provide are the tried and true, historically effective, natural hygiene approaches to health that allow the body to reach its greatest potential. So whether you have a chronic, debilitating health issue or just want to find natural, safe, effective avenues to restoring your vitality, I am here to help you."

-- Dr. Robert Lawrence

Genetics: There is a familial tendency towards IBD. It is estimated that between two to five percent of persons with IBD will have offspring also afflicted.

Infection: The chronic inflammatory nature of IBD has led to an ongoing look for infectious agents. No single agent has been implicated, yet there is considerable clinical evidence that the composition of the intestinal bacterial flora has a significant effect on the disease condition.

Immune Mechanism: Inflammation is a key part of IBD and this implicates the immune system.

Studies, however, that have looked at immune abnormalities see these abnormalities revert to normal when the disease is in remission. This suggests that they are part of a secondary phenomenon and not part of the root causes of IBD.

Psychological Factors:

The psychological attributes of IBD patients have been explored extensively. It is common to find that the first symptoms often follow an emotional crisis of some type. This is true of many chronic disease conditions and in IBD, which most likely represents a triggering of the disease process rather than the cause of it in most cases.

Much More Than An Intestinal Disease

The patient with IBD often has to deal with more than intestinal symptoms. The inflammatory state of the GI tract afflicts the body systemically. Chronic fatigue, arthritis and muscle pains, allergies, back pain, skin problems including psoriasis, neck, shoulder, hip and ankle pains, eye inflammation (irititis), heart disease, extreme weight loss and other manifestations of gut inflammation are often manifested.

There are a variety of reasons for IBD. With the poor absorption of nutrients that occurs, a myriad of adverse consequences develop as the tissues become severely limited in their ability to obtain amino acids, fats, minerals and vitamins from the diet. Bowel inflammation, loose stools, and mal-absorption of nutrients often leads to further health problems.

The IBD patient is commonly deficient in several important health promoting nutrients.

The altered bowel anatomy and physiology of the IBD patient may lead to abnormal elevations of unwanted, unhealthy bacteria and the formation of immune complexes resulting in inflammation of the joints-leading to joint pain and arthritis.

Abnormal bowel permeability or “leaky gut” accompanies IBD leading to a significantly increased tendency toward allergies and autoimmune disease (arthritis) as foreign materials make their way into the bloodstream. Scientific journals have noted this important relationship between the GI tract and inflammatory joint disease, **yet gastroenterologists and rheumatologists have failed to make practical application of this information-one of many reasons traditional medicine fails those with IBD.**

Traditional Medical Treatments For IBD Don't Yield Long-Term Results

Medical treatments for both Crohn's and UC are similar with nearly the same drugs being employed for both. Surgical options vary depending on the diagnosis but include the removal of segments of the small intestine (Crohn's) and/or removal of part or all of the colon (Ulcerative Colitis).

Traditionally a patient will be referred to a gastroenterologist for treatment. Current medical protocol calls for patients to undergo a “colonoscopy,” a procedure in which the physician runs a flexible optical instrument up through the rectum to examine as much of the colon as possible through visual examination. A colonoscopy will identify the extent of the damage **but not why the damage has occurred.** The patient will then be assigned a title for their disease, (“Ulcerative Colitis” or “Crohn's Disease”) without knowing why the problem is occurring.

Despite viewing both conditions as “cause unknown” and using the same basic drugs to treat both, emphasis has continued to be placed by the medical community on differentiating the patient's condition between Crohn's and Ulcerative Colitis.

Unfortunately for the patient, this commonly results in costly, inconvenient and repeated testing by different physicians whom often go back and forth between the two diagnoses. This is of little benefit to patients who would be better served by focusing on why they became ill and what steps should be taken to return them to health.

Surgery Is Dangerous And Fails To Deliver Long-Term Results

A rationale used for this emphasis on diagnosis by some physicians is that ulcerative colitis can be treated by removal of the colon whereas this would not be performed in most cases diagnosed as Crohn's Disease.

Surgical intervention is the ultimate medical outcome for many IBD patients. **This occurs when the individual fails to improve after drug therapies, which is often the case. Nearly one third of all patients with extensive ulcerative colitis undergo surgery.** This commonly involves the removal of a portion of intestines ranging from a few feet to the entire colon. In Crohn's Disease there is often a history of surgeries to remove intestinal tissues with the patients having additional segments periodically removed as the disease progresses, sometimes repeatedly until no more tissue can be taken.



Multi-Probiotic Formula has helped hundreds of my Patients, usually noticing significant results within the first week.

I have had numerous patients come to my office who have undergone multiple surgeries to remove segments of intestinal tissues. The scenario all too often observed is that any temporary improvements were followed by a continuation of the disease process and a worsening of the condition.

This should not surprise us when we consider that surgery does not build health nor address why the patients had become ill.

Surgery is potentially dangerous, rarely yields long-term results, and is obviously something to be avoided when possible.

Fortunately, my patients who follow my advice rarely need surgery.

Current Medical Drug Therapy for Inflammatory Bowel Disease

Traditional medical therapy for IBD includes corticosteroids, sulfasalazine and its derivatives and in recent years an increasing number of immune-suppressant drugs. Corticosteroids are given orally and through enemas into the bowel, with the most common form being Prednisone. Immunosuppressive agents include methotrexate, Azathioprine, 6-mercaptopurine (6 MP), and Cyclosporine. Remicade, a Tumor Necrosis Factor (TNF) alpha-blocking drug given by infusion has been employed in recent years.

While these drugs can bring about a temporary abatement in symptoms through suppression of the immune system, they fail to bring about significant improvement in many cases and all carry with them significant side effects including decreased resistance to infection, hair loss, anxiety, depression, insomnia, agitation, nausea, serious liver damage, lymphoma and other cancers and tuberculosis.

“Alternative Medicine or Integrative Medicine”

Understandably many people with IBD look beyond Western-style medicine for answers in light of the many dangers and poor record of IBD with medical treatments. **A survey of patients with IBD by researchers at the University of Calgary found that more than half of them were using some type of alternative medicine.** Practitioners of “alternative medicine” which encompasses a wide diversity of practices, have a variety of treatments for IBD. These include homeopathic potions, herbal remedies, megavitamin therapies, etc.

Important - While most of these are safer than drugs and surgery, the same fundamental error remains i.e. treating the symptoms of the disease rather than addressing causal factors and undertaking steps to enhance the general health.

What is sorely needed is not “Alternative Medicine” but an alternative to medicine that addresses the causes of each person’s problems and builds the overall state of vitality. This is particularly true with the IBD sufferer.

A change in the way IBD is approached is desperately needed. Attention needs to be turned to two inter-related areas: **(1)** addressing the specific contributing factors involved in each patient’s case and **(2)** supplying the Foundations of Health.

My Approach for Success:

A successful approach to resolving the symptom complex known as IBD begins by consideration of the individual causal factors at play. An investigation of the factors contributing to the patient’s problems is needed. A thorough interview of the patient, focusing on family and medical history along with personal habits should begin the process.

By the end of an extensive patient interview, which typically will take from 45 minutes to an hour, I have a basic working knowledge of the patient including the physical, familial, occupational and social background of the patient. With the addition of the physical examination and appropriate laboratory testing I have some understanding of how the disease has evolved. I then set out to construct an individualized program addressing the patient’s needs.

What Causes IBD And How Can It Be Reversed:

Contributing Causes to IBD

The Internal Milieu or Gut Environment

IBD is most directly involved with the gut interior and this internal environment deserves our attention. Three inter-related factors contribute to the “internal milieu” of the intestine:

- 1) Types of bacteria residing in the gut or intestines
- 2) Dietary intake including its nutrient density and the presence of dietary allergens.
- 3) Integrity of the gut barrier - the health and proper function of the intestinal tract.

Bacterial Residents in the Intestinal Tract

There are over 400 species of microorganisms that commonly reside in the gut. Their balance has a profound effect on intestinal function and the patient’s health.



[Original Medicine](#)
[Multi-Digestive Enzymes](#)

Intestinal bacteria have many effects on us including protecting us from the growth of disease causing “bugs” and harmful toxins. The “good bacteria” help produce and breakdown vitamins, support our immune balance, and protect the cells of intestinal membrane. If there are more bad bacteria than good, the intestinal cells can initiate immune responses and increase pro-inflammatory immune materials involved in IBD. **Therefore having more good than bad bacteria is crucial for reducing the inflammation causing IBD.**

Evidence indicates that IBD patients often have excess intestinal pathogens (disease producing bacteria). They may also have an overly aggressive immune system that over-reacts to normal gut bacteria.

The Right Probiotics Are Key For Reversing IBD

It has been increasingly recognized that Probiotic (health promoting) bacteria can help significantly in the control of many intestinal pathogens, including those causing IBD. The bacteria in our lives and in our intestinal tract can have a remarkable protective influence on our health.

There is solid evidence that administering the right kinds of probiotic bacteria can be of significant benefit in IBD.

Probiotic bacteria (the good bacteria) have been shown to counteract inflammatory processes by reducing allergic materials within the gut, by reducing inflammatory materials from being secreted, by normalizing the gut flora/reducing pathogens and by improving the functions of the gut membrane. Reducing inflammation is crucial for reversing IBD and therefore the proper application of probiotics can be highly beneficial.

Diet/ Dietary Allergens

The human intestinal tract has a surface area equivalent to two tennis courts laid side by side. This allows a large capacity for absorption of nutrient materials. It also opens the potential for many allergens/antigens to come into contact with the immune system. Healthy digestion keeps the amount of antigenic materials reaching the bloodstream to a minimum. With compromised digestion and a damaged gut membrane barrier (leaky gut) as commonly seen in IBD, significant amounts of foreign or allergy causing materials are able to penetrate through and cause allergic reactions that then create the inflammatory response.

To help counter poor digestion, something that is common in IBD disorders, **I always start my patient's on digestive enzymes**-take one with each meal. This ensures that a patient's food is being properly broken down and absorbed. This not only helps the patient shore-up any nutritional deficiencies, again a common theme, but also prevents the foodstuff from turning into a source for allergy producing inflammation.



The most common side effects when using Diflucan:

Changes in taste; dizziness; headache; nausea; stomach pain.

Leading to more severe possible side effects of:

Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); diarrhea; scaly, red skin over a large portion of the body; swollen or tender abdomen; vomiting; yellowing of the skin or eyes (www.drugs.com).

The intestinal membrane is only a hair's width thick and is under constant stress. It is important that the right nutrients be ingested to maintain an intact mucosal membrane. Years of poor dietary intake can easily lead to a breakdown in the gut membrane allowing foreign bacteria, bacterial byproducts and food antigens to crossover the membrane barrier and set off adverse immune responses and subsequent inflammatory reactions.

Chronic overeating often plays a significant role in creating numerous gastrointestinal problems. The U.S. population as a group grossly overeats as the widespread prevalence of obesity in our nation gives clear evidence of. Worsening the situation, much of what is consumed consists of refined flour and sugar products, hydrogenated fats and an assortment of other "foods" that are fiber, mineral, vitamin and trace element poor. These unhealthy materials supply little more than calories while affording the body the colossal task of having to dispose of this huge daily load of allergy promoting junk.

Likewise, the wrong type of environment fosters the growth of the wrong types of bacteria. Altering of the internal environment due to overeating on poor foods and other stressors leads to increased membrane permeability, disturbance of the gut flora, immune system over activation and as a consequence, an increased chance of setting off an inflammatory response i.e. IBD.

For the patient whose bowel is ulcerated and bloody, the introduction of whole grains, fruits, vegetables and other complex fiber rich carbohydrates is contraindicated, at least until a period of digestive rest is permitted by a supervised fast or a planned, limited, dietary to permit the gut an opportunity to initiate healing. In many cases grains should be eliminated on a permanent basis, as their inclusion for many is problematic. Grains may result in food allergy, celiac disease and, particularly when overused, blood sugar imbalances and disturbances of the intestinal flora

Yeast Overgrowth

Candidiasis (yeast overgrowth) has been increasingly recognized as a contributing factor in a number of chronic conditions including some cases of IBD. Its presence can be identified by the patient history, examination and through specific urine and stool tests. The use of refined carbohydrates, alcohol, antibiotics, steroids, chronic emotional stress, and lowered immunity due to factors such as lack of sleep, allergies and over work all contribute to the toxic overgrowth of Candida.

Candidiasis needs to be addressed at its source. Giving anti-yeast preparations (whether natural or drug derived) can be of some temporary benefit but they do not resolve the problem. Causal factors must be addressed and overall immunity improved. This includes avoidance of refined carbohydrates, alcohol, antibiotics, steroids, increased rest and sleep, stress reduction, allergen identification and removal, and other hygienic measures tailored to the individual to enhance their overall health.



[Original Medicine
Multi-Probiotic](#)

Parasites/ Bacterial Pathogens

Parasites are not a common contributing factor for IBD but stool samples should be taken to assure their absence. More common are the presence of bacterial pathogens. Stool microbiology samples to check for their presence as well as the numbers of normal inhabitants of the intestines are often helpful to run. When abnormal flora are found, it is important to determine what conditions are contributing to this state of affairs.

Upper G.I. Tract & Indigestion

In medical practice the major emphasis in IBD is the intestines where the symptoms are most prevalent. There is a strong tendency to ignore the body as a whole including areas where the problems are being generated from.

Upper GI disorders can have a significant impact on the lower GI tract and contribute to IBD. Problems originating from the upper GI tract indigestion that can aggravate and contribute to IBD include:

- 1) Decreased hydrochloric acid flowing resulting in inadequate breakdown of proteins and resulting bacterial overgrowth/dysbiosis.
- 2) Impaired motility
- 3) Impaired secretion of sodium bicarbonate
- 4) Impaired disachharidase secretion from the small intestine (maltase, lactase and sucrose). With decreased disachharidase production, bacterial fermentation which is irritating to the bowel becomes likely.
- 5) Poor secretion of enzymes and/or bicarbonate from the pancreas results in inadequate utilization of nutrients, microbial overgrowth of undigested food products and bacterial fermentation and/ or putrefaction with many adverse ramifications.

The Search For Quick Cures

There is a ready market for overnight remedies promising quick relief from the problems of IBD. Most of these rather useless and sometimes harmful products fall in the category of (so called) "bowel cleansing" products and food / herbal supplements.

No amounts of colonics, enemas, or "colon cleansers" comprised of herbal derivatives will prove of long term benefit to the IBD sufferer. "Treating" the bowel rather than addressing the patient's overall health is counterproductive. "Colon cleansers" do nothing to address causal factors in IBD and often irritate the delicate intestinal lining. The same is true of enemas and colonics. Both can also easily contribute to further disruption of the usually already imbalanced bowel flora.

Fasting

An irritated, ulcerated, intestine needs rest above all else. A properly supervised fast by a qualified, experienced, practitioner will frequently expedite the patient's recovery and in some cases is essential. During the fast, body functions are able to normalize, toxins and allergens are more speedily removed and the tissues have the opportunity to heal. The fast allows all the body tissues to rest and regain vitality. Following the fast the rested body is in a better position to appropriate foodstuffs and build healthy tissues.

The length of the fast must be determined by the experienced practitioner, usually lasting between three and ten days. Lengthy fasts, particularly with patients who are debilitated, should be conducted in house with the patient under the watchful eye of an experienced professional. I prefer, however, in most cases, to use a series of shorter fasts. Monitoring the progress of the fast through simple lab tests is supportive of good patient care.

Getting well from IBD requires hard work. What the patient learns to do when away from the doctor's office is of primary importance. We have discussed a number of different factors to be explored as well as general measures that require the patient's attention. Recovery will not be found in a pill or a treatment. The patient must make the necessary changes and work towards improvement, realizing that this takes time and consistent effort. There is nothing the doctor can do to equal the effort or lack of effort the patient makes.



[Original Medicine](#)
[S. boulardii](#)

Here Is What I Recommend For Reversing Crohn's and Ulcerative Colitis:

In general, the following protocol usually provides relief for my patient's with IBD. Chicken/vegetable soup broth for two days, nothing else.

- 1) Slowly reintroduce steamed vegetables after the first two days, along with some of the cooked down chicken meat.
- 2) After a week add in additional light meats (turkey, fish) to the daily steamed vegetables.
- 3) After a month add in some light starchy vegetables and legumes (beans, sweet potato) and some fruit berries.
- 4) Drink lots of water, avoiding alcohol and caffeine.
- 5) In bed by 10 p.m., up by 6 a.m.
- 6) 30 minutes of sun exposure daily
- 7) Light physical activity and contemplation/prayer/meditation daily



To Schedule An
Appointment Call
561-722-9637

Dr. Robert Lawrence

(561) 722-9637

www.drrobertlawrence.com

8) Start being thankful for what you have, family, friends, hobbies etc instead of focusing on your disease.

9) **[S. boulardii](#)** is a non-colonizing probiotic that helps to quickly restore normal bowel function. On the day you start the broth, start the S. Boulardii - 3 morning, 3 at bed, preferably on an empty stomach (1/2 hour before or 2 hours after a meal). You will need 2 bottles as you will need to do this for 20 days. S. boulardii helps to create a healing environment in the gut for the beneficial bacteria to follow.

10) After 20 days, stop the S. boulardii and begin the **[MultiProbiotic](#)**, 3 morning, 3 at bed, empty stomach. Every week add 1 capsule per day until you are taking 4 morning, 5 at bed.

11) **[Multi-Digestive enzymes](#)** are used to help perform some of the functions of a disturbed digestive tract, Take 1 with each full meal, 2 if the meal is heavy protein.

Stay with this protocol for at least 30 days and then make a decision about adding in other types of foods. Be well longer.

Please click here to read more about how you can save 10% on your order by purchasing my [Fast Start Package for Healthy Bowel](#), that includes the multidigestive enzymes, Multi-Probiotic, and the S. boulardii!



I'm so confident that my clinically-proven, doctor-formulated formulas will help you feel better than you've felt in years, I offer a 30 day, 100% money back guarantee!

To Your Health,

Dr. Robert Lawrence, MEd, DC, DACBN

Please share this report with friends, family, and anyone you know that may benefit from this information. Thank you.