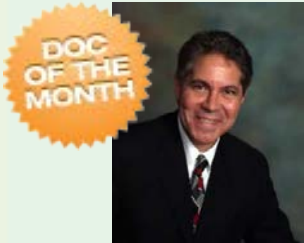


## Featured Doctor



### Full Name:

Kenneth R. Rosenthal, M.D.

- Board Certified in Internal Medicine & Gastroenterology
- Practices and resides in Boca Raton since 1983 where he and his wife raised their three children
- Serves as Medical Advisory Board Chairman for the Crohn's & Colitis Foundation of South Florida
- Associate Assistant Professor, FAU Medical School
- Former Chief of Staff and Former Chairman of the Governing Board at West Boca Medical Center

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## Crohn's Disease

**Kenneth Rosenthal, M.D.**

**CROHN'S DISEASE** is one of the two major types of Inflammatory Bowel Disease (IBD), the other being Ulcerative Colitis which will be discussed in a subsequent newsletter.

**CROHN'S DISEASE** can invade any part of the gastrointestinal tract from mouth to anus; however, the most common gut segments involved are the end of the small intestine (ileitis), the large intestine (colitis) or both (ileocolitis). As IBD is an autoimmune disease, it can involve structures outside the gut, such as eyes (iritis), joints (arthritis) and bile ducts (Cholangitis) – so-called extra intestinal manifestations.

**SYMPTOMS:** Persistent diarrhea and abdominal pain, weight loss, fever, loss of appetite and rectal bleeding can occur. The symptoms of Crohn's Disease and Ulcerative Colitis overlap frequently.

**WHAT CAUSES CROHN'S:** While the definitive cause is not known, it appears that inflammation in Crohn's Disease comes from the interplay of genes one has inherited, the immune system, and an environmental factor such as gut bacteria.

**HOW COMMON IS CROHN'S DISEASE:** As many as 700,000 people have Crohn's Disease. The disease typically has its onset in adolescents and young adults, but can occur at any age.

**MEDICAL TREATMENT:** While there is no known cure for Crohn's Disease, various medications such as anti-inflammatories; Mesalamine products; Corticosteroids; immunomodulators such as 6 Mercaptopurine; and, biologics such as Remicade® can suppress inflammation for prolonged periods of time and place many patients in clinical remission.

**RULE OF SURGERY:** 2/3 of all patients with Crohn's Disease will require surgery at some point in their disease process. Surgery can relieve obstruction, drain abscesses, and remove fistula leading to a better quality of life – but does not cure Crohn's Disease.

**THE FUTURE:** Researchers are defining the various genes and alterations in the gut bacteria flora, which hopefully will lead to more targeted therapies and an eventual Cure.

FOR FURTHER INFORMATION on Crohn's Disease, visit the following websites:

- [www.DigestiveCAREOnline.com](http://www.DigestiveCAREOnline.com)
- [www.CCFA.org](http://www.CCFA.org)

## Nutrition Tips to Manage Your Crohn's Symptoms

**Melissa Ventura Marra, PhD, RD, LD/N**

- ✓ **Know your personal trigger foods.** Keep a food & symptom journal to help you identify what foods exacerbate your systems. They will be different for everyone.
- ✓ **Go low fiber.** Fiber can be hard to digest and exacerbate symptoms. While you have symptoms:
  - Choose cereals with less than 2 grams of fiber;
  - Choose refined grains like white pasta, bread and rice over whole grain alternatives; and,
  - Avoid nuts and raw vegetables and don't eat the skins of fruits and vegetables.
- ✓ **Avoid alcohol, caffeine and high-fat foods.**
- ✓ **Eat small, frequent meals.**

Once you are feeling better, progress toward your healthy, balanced diet!

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