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## Ostomy Blog



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**Recommended foods for  
Crohn's Disease patients**

## Recommended Foods that Prevent Flare-ups for Crohn's Disease Patients

13 October, 2018

Crohn's Disease (CD) is a chronic inflammatory bowel disease (IBD) that affects the digestive tract, but mainly the small intestine and colon. CD can be painful, cause weakness and life-threatening complications.

Foods that are high in cholesterol and sugar are unhealthy for CD patients. Studies have shown that Americans eat more calories per day than Asians (over 25% more calories) and less healthy foods. Over 700,000 Americans have Crohn's Disease. It is common in North America and Europe.

Crohn's Disease has no cure, so far, and multiple foods can trigger its symptoms. Medications help slow the disease's progression but including vegetables, legumes, soluble fiber fruits, and anti-inflammatory meals in your daily diet will help reduce and prevent Crohn's Disease symptoms and flare-ups for a longer period.

"Diet is important in the etiology of CD, particularly in countries where the rising disease incidence has paralleled changes in eating habits and food industrialization. Certain nutrients and food additives have been associated with CD risk. In consequence, recent studies have advocated the inclusion or exclusion of these food components in CD management. Exclusive enteral nutrition (EEN) remains the only established dietary treatment in pediatric CD, particularly in Europe. EEN induces clinical remission in approximately 80% of patients and promotes gut healing. The mechanism of action of EEN is not yet fully understood, but work from our group and others proposed that modulation of the gut microbiome drives its therapeutic properties. These effects reversed when patients resumed their habitual diet and gut inflammation correspondingly increased. Although successful,

EEN is a very restrictive diet with limited acceptability and prolonged use, particularly in adults. Therefore, it is of critical importance that we use our understanding of CD pathogenesis and the mechanism of EEN action to develop new effective dietary therapies that are more acceptable and tolerable.”<sup>1</sup>

## Crohn’s Disease Symptoms

Common symptoms are abdominal, joint or rectal pain, fever, bowel obstruction, constipation, blood in stool or anal fissures, mouth sores, sudden weight loss, diarrhea and vomiting.

“Symptoms of Crohn’s disease can be similar to those of ulcerative colitis, particularly when large bowel is involved. Diarrhea is usually less distressing and less likely to contain blood. Other characteristic symptoms include cramp-like abdominal pain, weight loss and general malaise. As an aide memory, think of pain, weight loss and diarrhea as symptomatic of Crohn’s.”<sup>2</sup>

## Nutrition With Chron’s Disease

“Nutrition is an important part of everyday life. Good nutrition not only helps your body function at its best, but also promotes a strong immune system and a positive sense of wellbeing. This becomes more true for patients with Crohn’s disease and ulcerative colitis. Naturally, everyone should strive to eat a healthy, balanced diet, especially those who have IBD. This said, there is no specific diet you should follow, unless certain foods have made your symptoms worse.

The ‘specific carbohydrate diet’ has been proposed by some as good diet for patients with Crohn’s disease and ulcerative colitis. The specific carbohydrate diet is a grain-free, lactose-free, sucrose-free diet intended for patients with IBD and has also been suggested for patients with IBS, celiac disease, and diverticulitis. The theory behind this diet is that carbohydrates (sugars) in a normal diet act as a fuel for the overgrowth can cause an imbalance that damages the lining of the small intestine and impairs its ability to digest and absorb all nutrients, including carbohydrates further fuels the cycle of overgrowth and imbalance. Promoters of this diet also believe that harmful toxins are produced by the excess bacteria and yeast inhabiting the small intestine.

By consuming only certain types of carbohydrates, people using this diet hope to eliminate bacterial and yeast overgrowth. Believers claim up to an 80% recovery rate in patients with Crohn’s disease and an even higher ‘cure’ rate in patients with problems such as IBS and diverticulitis.”<sup>3</sup>

## Food culprits to avoid

- Fried foods, peanuts, popcorn, spices, eggs, gluten, soy, coffee, tea, chocolate, tree nuts and some seafoods among others.
- Foods high in lactose such as cow milk, cheese and butter
- High histamine and fermented foods like vinegar, soy sauce, pickles, salami, bacon, mayonnaise, pepperoni and hot dogs.
- Alcoholic beverages, for example champagne, wine, and beer.
- Raw fruits and vegetables. Uncooked foods can trigger flare-ups in some patients because they are more difficult for the intestines to digest.

Japanese gastroenterologists concluded in an investigation that the risk of **Crohn’s Disease** decreased with a vegetarian or semi-vegetarian diet. CD alleviation percentage was 100% in one year and 92% in two years. Plant-based diets are a healthy alternative for Crohn’s Disease patients in western societies.

## Foods That Help Prevent Crohn’s Disease Flare-ups:

- **Foods Rich in Omega 3** fatty acids. Omega 3 reduces inflammation and the risk of chronic diseases. Oily fish like salmon, herring, and sardines contain omega-3 fatty acids. “Omega-3 fatty acids have been shown to significantly reduce the risk for sudden death caused by cardiac arrhythmias and all-cause mortality in patients with known coronary heart disease. Fatty fish, such as salmon and tuna, and fish oil are rich sources of the omega-3 fatty acids eicosapentaenoic acid and docosahexaenoic acid. Flaxseed, canola oil, and walnuts also are good dietary sources of omega-3 fatty acids. In addition to being antiarrhythmic, the omega-3 fatty acids are antithrombotic and anti-inflammatory. In contrast, omega-6 fatty acids, which are present in most seeds, vegetable oils, and meat, are prothrombotic and proinflammatory. Omega-3 fatty acids also are used to treat hyperlipidemia, hypertension, and rheumatoid arthritis. There are no significant drug interactions with omega-3 fatty acids.”<sup>4</sup>
- **Potassium-rich foods** help balance body fluids. Potatoes (avoid the skin), avocado and cooked spinach are a few examples.

o It protects your cells against the effects of free radicals. Antioxidant rich foods like cooked carrots, pineapple, blueberries, cranberries, blackberries, tomatoes, and raisins pack a powerful punch against free radicals.

o Eating potassium-rich fiber helps lower glucose and cholesterol levels and assist bowel movements. Oatmeal, lentils, strawberries, plums, and pears are some options.

“There are abundant data suggesting that ingestion of K<sup>+</sup>-rich foods is beneficial and may reduce the incidence of stroke, hypertension, nephrolithiasis, and osteoporosis. The data on dietary consumption indicate that Western diets are high in processed foods, high in Na<sup>+</sup> content, and low in K<sup>+</sup>. The kidney is designed to handle significantly higher K<sup>+</sup> loads than are currently consumed in our diet. Furthermore, patients who could most benefit from increasing their intake of K<sup>+</sup>-rich foods are the very same patients who are unable to do so because of reductions in renal function. Specifically, cardiovascular disease is prevalent in patients with reduced renal function, and therefore one would argue that this patient population would benefit the most from ingesting diets enriched in K<sup>+</sup>.”<sup>5</sup>

Watch the cooking process and sodium consumption. “Food preparation can also affect potassium intake. The potassium content of food can be reduced by boiling in lots of water, a process known as ‘leaching’ in renal diet handbooks.

The balance between sodium and potassium is important because excess sodium intake can deplete potassium. Another source of dietary potassium is the salt substitute potassium chloride. This is not inherently unsafe but use should be avoided in anyone taking medicines that can raise potassium or in patients with renal impairment – pharmacists should check medication histories before recommending it.”<sup>5</sup>

- **Natural probiotics** (beneficial bacteria fermentation). These help improve digestive health and buffers lactose intolerance. Yogurt, miso paste, and others (depending on how much lactose you can tolerate) are typical examples.

“The range of food products containing probiotic strains is wide and still growing. The main products existing in the market are dairy-based ones including fermented milks, cheese, ice cream, buttermilk, milk powder, and yogurts, the latter accounting for the largest share of sales.

Non-dairy food applications include soy based products, nutrition bars, cereals, and a variety of juices as appropriate means of probiotic delivery to the consumer. The factors that must be addressed in evaluating the effectiveness of the incorporation of the probiotic strains into such products are, besides safety, the compatibility of the product with the microorganism and the maintenance of its viability through food processing, packaging, and storage conditions. [...]

There is increasing evidence in favor of the claims of beneficial effects attributed to probiotics, including improvement of intestinal health, enhancement of the immune response, reduction of serum cholesterol, and cancer prevention. These health properties are strain specific and are impacted by the various mechanisms mentioned above. While some of the health benefits are well documented others require additional studies in order to be established. In fact, there is substantial evidence to support probiotic use in the treatment of acute diarrheal diseases, prevention of antibiotic-associated diarrhea, and improvement of lactose metabolism, but there is insufficient evidence to recommend them for use in other clinical conditions.”<sup>6</sup>

The recommended foods above and a proper diet prevent and reduce Crohn’s Disease flare-ups and symptoms. Visit your doctor or a clinical nutritionist professional that will help you start a properly customized healthy diet.

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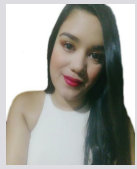
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María Laura Márquez, general doctor graduated from The University of Oriente in 2018, Venezuela. My interests in the world of medicine and science, are focused on surgery and its breakthroughs. Nowadays I practice my profession...[read more](#):

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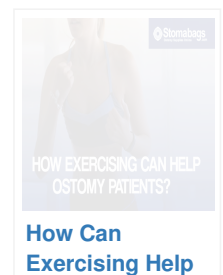
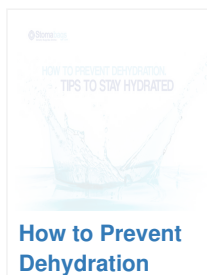
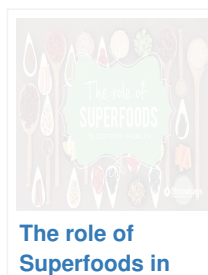
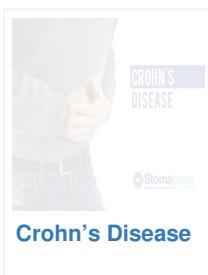
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7 Foods to Eat During a Crohn's Flare-Up. Medically reviewed by Saurabh Sethi, M.D., MPH — Written by Stephanie Faris — Updated on May 11, 2020. Yogurt. People with Crohn's identify various foods as triggers or foods that help ease symptoms. However, both triggers and "power foods" are highly variable. What works for one person might not work for someone else or might even make symptoms worse. Live-culture yogurt can be a great food to eat if you have Crohn's disease. The probiotics in this form of yogurt can help with recovery of the intestine. You may want to avoid yogurt if you find you have trouble digesting dairy proteins, as this can make Crohn's-associated diarrhea and gas symptoms worse. Although people with Crohn's disease are

discouraged from taking fruits, there are definitely digestible fruits that contain more soluble fibers than insoluble fibers. And these can be safely eaten even during episodes of Crohn's disease flare-ups. Tropical fruits are easy-to-digest and some of them are actually easy on the gut even while packing a lot of essential nutrients. Examples of tropical fruits that can be eaten by people with Crohn's disease are banana, mango, papaya, and avocado. Can alcohol trigger flare-ups in Crohn's disease? Drinking alcohol is not recommended for most people with Crohn's disease because it may irritate the lining intestinal wall, which causes diarrhea and vomiting. Some foods can trigger flares, and some may relieve them. Doctors recommend eating low residue and low fiber foods and avoiding foods that make the symptoms worse. It's hard to know what to eat when you have Crohn's disease or ulcerative colitis. Read our guidelines that list potential trigger foods to avoid in a flare, as well as food that can help maintain your nutrition when you are in remission. This is typically recommended in patients who have strictures or have had a recent surgery. Lactose : sugar found in dairy, such as milk, cream cheese, and soft cheeses. Lean protein : fish, lean cuts of pork, white meat poultry, soy, eggs, and firm tofu.