

| Comparison elements | Ulcerative Colitis (IBD) | Crohn's Disease (IBD) | Irritable Bowel Syndrome (IBS) | Small Intestinal Bacterial Overgrowth (SIBO) |
|--|---|--|---|---|
| Definition | Chronic IBD restricted to the colon & rectum No skip lesions Mucosal layer only (ulcers) Bowel wall: thin wall -Most occurring between 15-35 years | Chronic IBD that can affect any part of the GIT (from mouth to anus) but mostly the terminal ileum Distribution: skip lesions All layers are affected (transmural) Bowel wall: Cobblestone appearance- Most occurring between 15-35 years | Functional GI disorder characterised by lower abdominal discomfort and altered bowel habits | Overpopulation of microflora in the small intestines leading to the production of hydrogen and methane gases as a result of carbohydrate use. |
| Pathophysiology (How a condition develops in the body – incl. where applicable) | -Small ulcers develop on the colon lining which can become inflamed and infected producing blood and mucus | | - Absence of organic pathology | |
| Causes – aetiology/triggers | -Autoimmune, dietary triggers & genetics -Environmental triggers (antibiotics, infection) + impaired immunity | -Autoimmune, dietary triggers & genetics -Environmental triggers (antibiotics, infection) + impaired immunity | - Stress / emotional factors : CNS alterations in GI secretions, motility, & pain sensitivity - GI infection -Food allergy or intolerance - Altered microbiome (antibiotics) | |
| Signs and Symptoms | - Abdominal pain (left) - Bloody diarrhoea - Fever - fatigue (anaemia) - Nausea/vomiting -delayed puberty or growth failure - Weight loss / inability to maintain weight -Indigestion, feel blocked | - Crampy abdominal pain (right) - Loose semi-solid stools - Fever - fatigue (anaemia) - Nausea/vomiting -delayed puberty or growth failure - Weight loss / inability to maintain weight -Indigestion, feel blocked | - Abdominal pain and cramping relieved by passing a stool - Diarrhoea, constipation, or both - Bloating - painful flatulence -Post-prandial urgency -Incomplete emptying of bowels -Mucus in stools | - Bloating - Flatulence - Belching - loss of appetite - Diarrhoea or constipation |
| Complications – if Stated | -Haemorrhage - ↑ risk colorectal cancer | -Fistula, abscess, obstruction, malabsorption, B12 + B9 def. - ↑ risk colorectal cancer | | |
| Tests – If stated | -Blood test (inflammatory markers) -Stool test (calprotectin) -Colonoscopy + biopsy, sigmoidoscopy | -Blood test (inflammatory markers) -Stool test (calprotectin) -Colonoscopy + biopsy, sigmoidoscopy | Diagnosed according to ROME criteria: 3 months hx of symptoms | -Malabsorption - Anaemia - Inflammation & leaky gut |
| Treatment | <u>Allopathic</u> : -Anti-inflammatories (steroids – often for long periods → side effects!) - Surgery <u>Natural</u> : -Diet: elimination diet, high fibre -Herbs: anti-inflammatory/immune -Nutrients: quercetin, probiotics, Vit A,D,E,C, Zinc | <u>Allopathic</u> : -Anti-inflammatories (steroids – often for long periods → side effects!) - Surgery <u>Natural</u> : -Diet: elimination diet, high fibre -Herbs: anti-inflammatory/immune -Nutrients: quercetin, probiotics, Vit A,D,E,C, Zinc | <u>Allopathic</u> Antispasmodics (e.g. Gaviscon) <u>Natural</u> : Diet: FODMAP, non-refined foods, avoid dairy & trigger foods Probiotics, fibre Slippery Elm, peppermint Manage stress 5-HTP | |