INFLAMMATORY INTESTINAL DISEASES (ULCERATIVE COLITIS/ CROHN'S DISEASE) AND THE BEMER THERAPY

Chronic inflammatory intestinal diseases that cause enormous stress are syndromes that are becoming increasingly common. Despite extensive research, the causes of these illnesses have not been clearly established.

Inflammation of the large intestine (colon) is known as colitis; and if this inflammation appears as ulcers (ulceration), it is called Ulcerative colitis.

Crohn's Disease on the other hand is a chronic inflammatory and scarring intestinal disease that can spread throughout the entire digestive tract, including the esophagous, and mostly occurs in the form of sudden attacks. It is named after its American discoverer, Dr. B. Crohn. In both cases it is an inflammation of the intestinal wall.

In the case of Ulcerative colitis, only the surface of the intestinal wall is inflamed. The in-flammation always starts in the rectum and spreads to the colon in about 50% of those af-fected. The first and most important symptoms are frequent bouts of diarrhea (up to 30 times a day). This is mixed with mucous and blood, and is accompanied by abdominal and spasm-like pain before and directly after a bowel movement. Further symptoms include weight loss, fever, tiredness and overall exhaustion. If the disease is long term, the risk of developing intestinal cancer increases.

In the case of Crohn's Disease, all layers of the intestines are inflamed. Depending on the course of the disease, the inflammation can become widespread and is accompanied by fis-tulas and abscesses. The most significant symptoms are watery diarrhea and severe pain, particularly in the right hypogastrium. As in the case of Crohn's disease, weight loss, fever, exhaustion and loss of appetite can occur. Unlike Ulcerative colitis, mucous and blood mix-tures are rare.

Particularly in the initial stages, both Ulcerative colitis and Crohn's Disease can very easily be confused with other illnesses. Diarrhea is usually linked to a harmless gastrointestinal influenza. The initial symptoms of Crohn's Disease are often diagnosed as an acute attack of appendicitis. However, there are infectious intestinal diseases that are caused by bacteria or microorganisms, such as salmonella, shigella and amoeba, that have absolutely nothing to do with Ulcerative colitis or Crohn's Disease. This makes comprehensive testing and precise diagnoses all the more necessary.

First, an infection caused by germs must be excluded by means of bacteriological and para-sitological tests of the stool. If inflammatory activity is proven in the erythrocyte sedimentation rate tests, and the the attacks occur in phases, then an inflammatory intestinal disease is indicated. However, only imaging testing (endoscopy, ultrasonar, etc.) can provide conclu-sions about the illness. Coloscopy is the most important diagnostic test.

Despite all the research and progress made, Ulcerative colitis and Crohn's Disease cannot be treated medicamentously. Almost 80% of those suffering Crohn's disease ultimately have to have an operation due to threatening complications, such as intestinal obstruction, ab-scesses and bowel perforation. In the case of Crohn's Disease only the affected area of

the intestine are removed, as a cure is not thought possible

In very severe cases of Ulcerative colitis and when threatening complications exist, such as toxic bowel perforation, the entire large intestine is removed.

Conventional therapy consists of alleviating the symptoms, avoiding complications and ex-tending the periods between individual attacks. The most emphasis is placed on adhering to an individual diet.

General diet principles for:

Ulcerative colitis	Crohn's Disease
High protein with plenty of roughage	High protein, rich in calories
Reduced flatulence	Easily absorbed
Avoidance of incompatible foods, possibly a dairy-free diet	Strict avoidance of incompatible foods

Please note that in acute attacks, only easily digestile food is to be consumed!

Treatment with low intensity, pulsating electromagnetic fields is an additional starting point. Such fields counter the inflammatory processes and expedite the regeneration of the mu-co-sal cells and of the intestine as a whole.

The following effects of the BEMER Therapy are significant for the treatment of chronic in-flammatory intestinal diseases:

• improved blood circulation
• increased oxygen concentration in the blood
• improvement of the blood flow
• general metabolic regulation of the cells
• improved microcirculation in the damaged tissue, promoting the excretion of acidic and metabolic end products
• activation of the „repair proteins“ and anti-inflammatory enzymes; these support the best possible regeneration of the damaged tissue

Electromagnetic field therapy, which can be optimally performed with the BEMER, is a complex one that not only improves the blood circulation and oxygen supply , but also has a general regulatory effect on the metabolism. In conjuncture with other biological and clinical methods, it frequently succeeds in alleviating symptoms and positively affecting the entire course of the illness.

Application recommendation of the BEMER Therapy

Use of the coil mat in accordance with the basic program twice a day; and to optimize and stabilize the immune system once a day, with the coil mat set at Level 10.
In addition, the intensive applicator containing P4 can be used to aid local intestinal functions and for the best possible regeneration of the damaged sections. During acute inflammatory periods, the intensive applicator containing P3 or the coil cushion (without reducing

cable) should be used.