

Inflammatory intestinal diseases (Ulcerative colitis / Crohn's Disease) and BEMER 3000 Therapy

Chronic inflammatory intestinal diseases that place the person affected under enormous stress are syndromes that are becoming increasingly common. Despite extensive research, the causes of these illnesses have not yet been clarified unambiguously.

Inflammation of the large intestine (colon) is described as colitis, and if this inflammation appears in the form of ulcers (ulceration), it is called ulcerative colitis.

Crohn's Disease on the other hand is a chronic inflammatory, scarring intestinal disease that can spread through the entire digestive tract, including the oesophagus and mostly involves attacks. It was named after the person who discovered it, the American doctor B. Crohn. In both cases it is a matter of inflammation of the gut wall.

In the case of ulcerative colitis, only the surface of the intestinal wall is inflamed starting from the rectum and can spread to the colon in about 50 % of those affected. The first signs and the most important symptoms are frequent bouts of diarrhoea (up to 30 times a day) with the addition of mucous and layers of blood, accompanied by abdominal pain and spasm-like pain before and directly after a bowel motion. Furthermore, weight loss; fever, tiredness and lassitude are conspicuous. If the patient has the disease for many years, the risk of developing intestinal cancer is increased.

In the case of Crohn's Disease, all layers of the gut are affected by inflammation. Depending on the course of the disease, the inflammation can be widespread and accompanied by fistulation and the formation of abscesses. The most important symptoms are a liquid watery diarrhoea and strong pain, especially in the right hypogastrium. As in the case of Crohn's Disease, weight loss, fever, lassitude and lack of appetite can occur. In contrast with ulcerative colitis, mucous and blood mixtures tend to be rare.

Particularly in the initial stage, both ulcerative colitis and Crohn's Disease can be very easily confused with other diseases. In the case of diarrhoea, people often think of a harmless gastrointestinal influenza. The first signs of Crohn's Disease resemble, for example, acute appendicitis. Conversely, there are infectious intestinal diseases that are passed on through bacteria or microorganisms like salmonella, shigella or amoebae that have absolutely nothing to do with ulcerative colitis or Crohn's Disease. For this reason, more thorough tests and an exact diagnosis are always required.

Initially an infection caused by germs must be excluded through bacteriological and parasitological tests on the stool. If inflammatory activities are proven in the erythrocyte sedimentation reaction and if it is a matter of attacks of the disease in phases, an inflammatory intestinal disease is presumed. But only imaging procedures such as endoscopy, ultrasound and others can provide information about the illness. Colonoscopy is the most important test for diagnosis.

Despite all the progress and research results, ulcerative colitis and Crohn's Disease cannot be treated in a conservative manner using drugs. Almost 80% of all patients suffering from Crohn's Disease ultimately have to have an operation because of threatening complications like intestinal obstruction, abscess and bowel perforation. In the case of Crohn's Disease only the affected sections of the gut are removed, as a cure is not deemed possible.

In very serious cases of ulcerative colitis and in the case of threatened complications, such as bowel perforation with toxicity, the entire large intestine is removed.

The conventional therapy consists of alleviating the symptoms, avoiding complications and extending the periods between individual bouts. The most significant point here is adherence to a diet suitable for the individual patient.

General diet principles in:

Ulcerative colitis	Crohn's Disease
High protein with plenty of roughage	High protein, rich in calories
Low level of flatulence	Easy absorbed
Avoidance of all incompatible foods possibly a milk-free diet	Strict avoidance of all incompatible foods
Be careful! In acute attacks only easily digestible food is to be consumed!	

Treatment with pulsating electromagnetic fields of low intensity is an excellent starting-point. Such fields counter inflammatory processes and improve the regeneration of the mucosal cells and of the intestine as a whole.

The following effects of BEMER Therapy are of great importance for the treatment of chronic inflammatory intestinal diseases:

- Improvement in blood circulation
- Increase in the oxygen concentration in the blood
- Improvement in the flow properties of the blood
- General metabolic regulation of the cells
- Improvement in the microcirculation in the damaged tissue, promoting the excretion of acids and metabolic end products
- Activation of so-called "repair proteins" and enzymes with anti-inflammatory effects, these support the best possible regeneration of the damaged tissue

The therapy with electromagnetic fields that can be optimally carried out with the BEMER 3000 is a complex treatment method that not only improves the blood circulation and oxygen supply but also has a general regulatory effect on the metabolism. Together with other methods of biological and clinical medicine, it frequently succeeds in alleviating symptoms and positively influencing the entire course of the disease.

Application recommendation for the use of BEMER Therapy

Twice a day - application of the coil mat according to the model of the basic program, and as a supplement to the optimisation and stabilisation of the immune system - once a day use of the coil mat with Level 10.

In addition, to assist local gut function and for best possible regeneration of damaged sections, the intensive applicator with P4 can be used. During acute inflammatory episodes, the intensive applicator or the coil cushion (without reducing cable) with P3 is used.