What Is Inflammatory Bowel Disease? Crohn's vs Ulcerative Colitis Explained

Crohn's disease, ulcerative colitis, Crohn's disease, ulcerative colitis, they're both forms of inflammatory bowel they're both forms of inflammatory bowel disease, but they are not the same disease, but they are not the same thing. If you're dealing with bloating, thing. If you're dealing with bloating, cramping, diarrhea, blood in the stool, cramping, diarrhea, blood in the stool, weight loss, or just constant confusion weight loss, or just constant confusion on what's happening in your GI tract, on what's happening in your GI tract, understanding the difference between understanding the difference between Crohn's disease and ulcerative colitis Crohn's disease and ulcerative colitis could make the difference on knowing could make the difference on knowing what you should do and why. Maybe your what you should do and why. Maybe your doctor is giving you mixed signals.

doctor is giving you mixed signals. Maybe you've been diagnosed, but still Maybe you've been diagnosed, but still aren't sure if it's the right diagnosis, aren't sure if it's the right diagnosis, like me who was diagnosed with Crohn's like me who was diagnosed with Crohn's and colitis by two different doctors.

and colitis by two different doctors. I've been there. One doctor said I've been there. One doctor said gastritis, one doctor said ulcerative gastritis, one doctor said ulcerative colitis, one doctor said Crohn's colitis, one doctor said Crohn's disease. All we knew was I had chronic disease. All we knew was I had chronic inflammation in the bowel and no one inflammation in the bowel and no one could figure out why it was happening could figure out why it was happening and it was overwhelming me, so I totally and it was overwhelming me, so I totally understand this experience with IBD.

understand this experience with IBD. Today, we're going to break down the key Today, we're going to break down the key differences between Crohn's disease and differences between Crohn's disease and ulcerative colitis and how to tell which ulcerative colitis and how to tell which one you might actually be dealing with one you might actually be dealing with because understanding your condition is because understanding your condition is the first real step towards healing.

the first real step towards healing. If you don't know me, my name is Dane If you don't know me, my name is Dane Johnson. I'm a board-certified Johnson. I'm a board-certified nutritionist and IBD expert. I've been nutritionist and IBD expert. I've been helping people for the last 12 years get helping people for the last 12 years get natural solutions with inflammatory natural solutions with inflammatory bowel disease after nearly dying of it bowel disease after nearly dying of it myself. Over the last 11 years, my team myself. Over the last 11 years, my team and I have worked with over 2,000 people and I have worked with over 2,000 people diagnosed with IBD, IBS, microscopic diagnosed with IBD, IBS, microscopic colitis, lymphocytic colitis, colitis, lymphocytic colitis, pancolitis, all forms of IBD, and we pancolitis, all forms of IBD, and we have the most testimonies in the world, have the most testimonies in the world, over 750 people we've helped because you over 750 people we've helped because you lived it, you treat it, we beat it. This lived it, you treat it, we beat it.

Dane Johnson's Own Story: Diagnosed With Crohn's and Colitis by Four Doctors

This is what we do and we're very passionate is what we do and we're very passionate about it. So, let's now jump in to the about it. So, let's now jump in to the differences between ulcerative colitis differences between ulcerative colitis and Crohn's disease. Now, I was and Crohn's disease. Now, I was personally diagnosed with ulcerative personally diagnosed with ulcerative colitis. Then, at UCLA, another doctor colitis. Then, at UCLA, another doctor diagnosed with Crohn's disease. Then, diagnosed with Crohn's disease. Then, back at the Mayo Clinic, the doctor back at the Mayo Clinic, the doctor diagnosed with ulcerative colitis with diagnosed with ulcerative colitis with gastritis, and then back at UCLA with gastritis, and then back at UCLA with Crohn's disease. Same person, same gut, Crohn's disease. Same person, same gut, four different diagnoses. That's the four different diagnoses. That's the reality sometimes of IBD, IBS, or GI reality sometimes of IBD, IBS, or GI issues. A diagnosis often is just a issues. A diagnosis often is just a doctor's subjective opinion on a given doctor's subjective opinion on a given day,

on a given scope, on a given amount day, on a given scope, on a given amount of inflammation. Your body is of inflammation. Your body is struggling. The real goal was getting to struggling. The real goal was getting to the root cause so we can finally begin the root cause so we can finally begin to heal. So, in this video, we're to heal. So, in this video, we're covering what IBD actually is, how it's covering what IBD actually is, how it's diagnosed, the key markers doctors look diagnosed, the key markers doctors look for, how many people this is affecting, for, how many people this is affecting, and the numbers are shocking. Because and the numbers are shocking. Because the most common symptoms of Crohn's and the most common symptoms of Crohn's and colitis are actually quite different. By colitis are actually quite different. By the end of this video, you'll understand the end of this video, you'll understand your body better than most people your body better than most people leaving their doctor's office. If you leaving their doctor's office. If you are someone who's just lost and are someone who's just lost and overwhelmed with IBD, I've put aside a overwhelmed with IBD, I've put aside a free 1-hour IBD strategy call to deep free 1-hour IBD strategy call to deep dive in your case cuz I know what it's dive in your case cuz I know what it's like to be alone, lost, have no one like to be alone, lost, have no one understand what you're going through, understand what you're going through, but we do. So, if you go into the notes but we do. So, if you go into the notes below, you'll see a little link where below, you'll see a little link where you can fill out a quick intake form and you can fill out a quick intake form and schedule your free IBD strategy call.

schedule your free IBD strategy call. Here, we'll talk about personalizing Here, we'll talk about personalizing your plan, we'll talk about natural your plan, we'll talk about natural medicine, conventional medicine, medicine, conventional medicine, potential root causes, and how we can potential root causes, and how we can help you get massive success. So, if you help you get massive success.

What Causes Inflammatory Bowel Disease and Why Cases Keep Rising

So, if you need that, that's below. So, what is need that, that's below. So, what is inflammatory bowel disease? Simply put, inflammatory bowel disease? Simply put, it's chronic inflammation in the GI it's chronic inflammation in the GI tract, anywhere from the mouth all the tract, anywhere from the mouth all the way down to the anus. That means your way down to the anus. That means your immune system is attacking your own gut immune system is attacking your own gut lining over and over again. Maybe in the lining over and over again. Maybe in the duodenum, ileum, the jejunum, the colon, duodenum, ileum, the jejunum, the colon, or large intestine. And the hardest or large intestine. And the hardest thing about it is the doctors can't thing about it is the doctors can't really tell us much more than it's really tell us much more than it's chronic inflammation in the bowel. It chronic inflammation in the bowel. It almost seems like IBD is a diagnosis of almost seems like IBD is a diagnosis of IDK. We know there's inflammation, but IDK. We know there's inflammation, but we don't know what causes it. So, in the we don't know what causes it. So, in the functional medicine world, where I love functional medicine world, where I love to live, we're looking for deeper root to live, we're looking for deeper root issues. We're looking at pathogens.

issues. We're looking at pathogens. We're looking at toxins, like We're looking at toxins, like glyphosate, microplastics, environmental glyphosate, microplastics, environmental toxins. We're looking at the nervous toxins. We're looking at the nervous system disregulation. We're looking at system disregulation. We're looking at physiological imbalances, like physiological imbalances, like digestion, microbiome, gut lining, or digestion, microbiome, gut lining, or even at a cellular level. It is because even at a cellular level. It is because of these unknown standard of these unknown standard recommendations that we consider this a recommendations that we consider this a lifelong disease and that a lot of us lifelong disease and that a lot of us are told to go on immunosuppressants, are told to go on immunosuppressants, like Remicade, infliximab, or even like Remicade, infliximab, or even severe cases to have surgery to remove severe cases to have surgery to remove part or all of the colon or ileum. We're part or all of the colon or ileum. We're talking about removing parts of the talking about removing parts of the intestines because we don't know what intestines because we don't know what else to do. This is a serious diagnosis.

else to do. This is a serious diagnosis. This is a serious problem that we need This is a serious problem that we need to get more education on. Now, here is to get more education on. Now, here is something that should generally shock something that should generally shock you. In the 1930s, 90 years ago or so, you. In the 1930s, 90 years ago or so, IBD barely existed. By 1999, 1 million IBD barely existed. By 1999, 1 million Americans were diagnosed. By 2015, 2 Americans were diagnosed. By 2015, 2 million Americans diagnosed. And right million

Americans diagnosed. And right now, 22, 23, 2025, 2026, between about 3 now, 22, 23, 2025, 2026, between about 3 million and 3.5 million have been million and 3.5 million have been diagnosed in America with IBD alone.

diagnosed in America with IBD alone. That's a 100% increase from the year of That's a 100% increase from the year of 2000 to 2015 and another 100% from 2015 2000 to 2015 and another 100% from 2015 to 2022. Globally, the highest growth to 2022. Globally, the highest growth rates are in UK, Canada, and the US, the rates are in UK, Canada, and the US, the Western world, and it's not slowing Western world, and it's not slowing down. It's actually accelerating, and we down.

How Doctors Diagnose Crohn's Disease and Ulcerative Colitis

It's actually accelerating, and we have to ask, why is this happening? So, have to ask, why is this happening? So, let's talk about how doctors actually let's talk about how doctors actually identify this, and there are two main identify this, and there are two main ways. First, the scope. An endoscopy ways. First, the scope. An endoscopy goes through the mouth and gives a goes through the mouth and gives a visual of your upper GI. A colonoscopy visual of your upper GI. A colonoscopy goes in rectally and gives a visual of goes in rectally and gives a visual of your colon or large intestine. Doctors your colon or large intestine. Doctors literally looking at the gut lining, literally looking at the gut lining, looking for information, and diagnosed looking for information, and diagnosed based on this visual assessment, based on this visual assessment, sometimes under a microscope. Second is sometimes under a microscope. Second is blood work. Doctors run an IBD antibody blood work. Doctors run an IBD antibody panel, sometimes. Key looking at the panel, sometimes. Key looking at the ASCA, anti-Saccharomyces cerevisiae ASCA, anti-Saccharomyces cerevisiae antibodies, and the ANCA, perinuclear antibodies, and the ANCA, perinuclear anti-neutrophil cytoplasmic antibodies, anti-neutrophil cytoplasmic antibodies, a mouthful. People with Crohn's disease a mouthful. People with Crohn's disease are more commonly high in ASCA, about 70 are more commonly high in ASCA, about 70 to 80% of us, where people who are high to 80% of us, where people who are high in the ANCA tend to be diagnosed with in the ANCA tend to be diagnosed with ulcerative colitis. Doctors may also ulcerative colitis. Doctors may also check your ALCA, your ACCA, and AMCA, check your ALCA, your ACCA, and AMCA, which are all antibody reactions which are all antibody reactions associated with IBD. Now, here's an associated with IBD. Now, here's an important thing that you might want to important thing that you might want to hear. If your scopes and blood work come hear. If your scopes and blood work come back clean, but you still feel terrible, back clean, but you still feel terrible, it doesn't mean you're fine. It just it doesn't mean you're fine. It just doesn't mean they can diagnose it. It doesn't mean they can diagnose it. It means the right test may not have been means the right test may not have been run yet. So, if you're completely run yet. So, if you're completely uncertain, you can book a call with us uncertain, you can book a call with us and we can discuss what might be and we can discuss what might be happening. Now, from a functional point happening. Now, from a functional point of view, we might look at root issues.

of view, we might look at root issues. We will never treat, cure, diagnose, but We will never treat, cure, diagnose, but we can help figure out why there may be we can help figure out why there may be inflammation, blood cramping, pain, and inflammation, blood cramping, pain, and so forth. So, whenever you're ready, so forth.

Crohn's Disease Symptoms and Where It Affects the GI Tract

So, whenever you're ready, book a call and let's figure out what's book a call and let's figure out what's actually happening. Now, Crohn's actually happening. Now, Crohn's disease. Crohn's disease can affect disease. Crohn's disease can affect anywhere in the GI tract. We're talking anywhere in the GI tract. We're talking about from your mouth all the way down about from your mouth all the way down to your anus, the entire 25-26 ft of GI to your anus, the entire 25-26 ft of GI tract, any section, any layer, any part tract, any section, any layer, any part of the gut. This disease was actually of the gut. This disease was actually named after Dr. Crohn, who first started named after Dr. Crohn, who first started identifying it back in humans around identifying it back in humans around 1932. And here's something most people 1932. And here's something most people don't know, he noticed the same disease don't know, he noticed the same disease in cows. Yes, cows called Johne's in cows. Yes, cows called Johne's disease. Now, right now roughly 1 to 1.5 disease. Now, right now roughly 1 to 1.5 million Americans are diagnosed with million Americans are diagnosed with Crohn's disease globally, and we're Crohn's disease globally, and we're looking at about 5 to 7, maybe 8 million looking at about 5 to 7, maybe 8 million people diagnosed that

we even know of people diagnosed that we even know of around the world. I actually think it's around the world. I actually think it's closer to 10 million. The most common closer to 10 million. The most common symptoms, pain, bloating, cramping with symptoms, pain, bloating, cramping with Crohn's disease. And here's something Crohn's disease. And here's something people also don't always expect, Crohn's people also don't always expect, Crohn's can actually cause more constipation can actually cause more constipation because inflammation in the small because inflammation in the small intestine slows everything down. So, intestine slows everything down. So, sometimes Crohn's is considered the sometimes Crohn's is considered the hidden disease. Many people with Crohn's hidden disease. Many people with Crohn's don't have dramatic visible symptoms.

don't have dramatic visible symptoms. That just means they feel awful, but That just means they feel awful, but they don't always see it in the bowel they don't always see it in the bowel movement. That makes it harder to movement. That makes it harder to diagnose and harder for the people diagnose and harder for the people around them to understand what's going around them to understand what's going on and even harder to see in an on and even harder to see in an endoscopy or colonoscopy.

Ulcerative Colitis Symptoms and How They Differ From Crohn's

Now, endoscopy or colonoscopy. Now, ulcerative colitis, big one. Ulcerative ulcerative colitis, big one. Ulcerative colitis specifically inflames the colon colitis specifically inflames the colon and or the large intestine. That and or the large intestine. That epithelial cell lining in the mucosal epithelial cell lining in the mucosal layer gets damaged, ulcerated, inflamed.

layer gets damaged, ulcerated, inflamed. It could be patchy or could be the whole It could be patchy or could be the whole colon, which is known as pancolitis. And colon, which is known as pancolitis. And I find if it doesn't get addressed, it I find if it doesn't get addressed, it can tend to get worse. You see, actually can tend to get worse. You see, actually is slightly more common than Crohn's is slightly more common than Crohn's disease in terms of diagnosis. And the disease in terms of diagnosis. And the symptoms that are most common is blood symptoms that are most common is blood in the stool, mucus, extreme urgency, in the stool, mucus, extreme urgency, multiple bowel movements a day, or multiple bowel movements a day, or chronic diarrhea. So, a little more easy chronic diarrhea. So, a little more easy to see. This is why people with to see. This is why people with ulcerative colitis tend to lose weight ulcerative colitis tend to lose weight rapidly, become anemic, become rapidly, become anemic, become dehydrated, and develop a very real fear dehydrated, and develop a very real fear and anxiety around bathrooms. It's not and anxiety around bathrooms.

Why Your IBD Diagnosis Can Change and What To Do Next

It's not just physical, it can take over your just physical, it can take over your entire life. And beyond Crohn's and entire life. And beyond Crohn's and ulcerative colitis, there are other ulcerative colitis, there are other forms. We've talked about microscopic forms. We've talked about microscopic colitis, where the only seen colitis, where the only seen inflammation under a microscope, or inflammation under a microscope, or other types of issues like proctitis, other types of issues like proctitis, where it's only the lower part of the where it's only the lower part of the colon, or pancolitis, where the entire colon, or pancolitis, where the entire large intestine is involved. All of large intestine is involved. All of these fall under the IBD umbrella, but these fall under the IBD umbrella, but here's the thing, your diagnosis can here's the thing, your diagnosis can change just like mine, which changed change just like mine, which changed four times. Because if the root of what four times. Because if the root of what is driving the inflammation is not dealt is driving the inflammation is not dealt with, the disease progresses. It moves, with, the disease progresses. It moves, it expands, it gets worse. What one it expands, it gets worse. What one doctor calls ulcerative colitis, another doctor calls ulcerative colitis, another doctor might say is Crohn's disease, or doctor might say is Crohn's disease, or gastritis, or proctitis, or something gastritis, or proctitis, or something else. So, hear me when I say that a else. So, hear me when I say that a diagnosis is not your identity, that it diagnosis is not your identity, that it can shift, and that we have power to do can shift, and that we have power to do something about it. It truly is not our something about it. It truly is not our destiny. It is just an opinion, and it's destiny. It is just an opinion, and it's objective at that. Focus on the objective at that. Focus on the pathogens, the toxins, the microbiome, pathogens, the toxins, the microbiome, the nervous system, the nutrition, the the nervous system, the nutrition, the lifestyle that actually gives us our lifestyle that actually gives us our power back. Now that you

understand what power back. Now that you understand what you're dealing with, next question is, you're dealing with, next question is, what can you actually do about it? If what can you actually do about it? If you want to learn more about my you want to learn more about my experience and how you can start experience and how you can start defending against IBD, check out this defending against IBD, check out this video right here, where I speak in front video right here, where I speak in front of a few thousand doctors about the of a few thousand doctors about the natural healing of IBD symptoms that natural healing of IBD symptoms that actually can possibly help us heal. This actually can possibly help us heal. This one you don't want to miss. Go watch it, one you don't want to miss. Go watch it, check it out, make sure you like and check it out, make sure you like and subscribe for more content. This is subscribe for more content. This is where the real healing begins. Thanks so where the real healing begins. Thanks so much for checking us out, means a lot.

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