Introduction and Dr. Jill's Personal Story

Hi, everyone. I'm Dr. Christine Schaffner,, and welcome to the Reversing Chronic Crohn's and Colitis Summit. I'm here today with a dear friend and mentor and colleague, Dr. Jill Carnahan.

Welcome, Dr. Carnahan. It's really an awesome opportunity to talk about this subject that we're both very passionate about. Thank you so much. I could not be more excited to talk about this topic today with you.

Yeah. And, you know, I really wanted to invite you to the summit. I shared, you know, kind of a personal story that I had in my practice. And I have had a handful over the years, that people with IBD, these inflammatory bowel disorders and when you go to conventional literature, it's often really like, I'm terrible.

It's genetic. You know, they remove part of the colon is treatment or the entire colon. They really don't have like, solutions if it's not CMV. They really think, you know, it's genetic.

And this is, you know, we're saving the patient's life by taking out their colon. And so you, you know, you've been through so much and you've been so resilient and an inspiration to so many people.

And so you have your own personal story. inflammatory bowel disorder. And you've created a lovely blog that I've gone to to help my patients at times.

And so why don't you just, walk us through Dr. Jill, your personal story of inflammatory bowel disease and how it really is a cure, a blood disorder, sir.

And thank you for that. introduction. You know, if we had a subtitle to this episode, I would call it Reversing the Irreversible and Curing the Incurable.

And I think it's so, so important of all topics, because Crohn's and Colitis number one hits young people very frequently. It's, probably average ages, more likely 20s and 50s or 60.

So this is often young, resilient, healthy people. I was no different. So I was in medical school during my training to become a doctor. And, I'll tell you the story.

At 25, just literally days after my 25th birthday, I found a lump in my breast and had it biopsied and found out I had a very aggressive form of breast cancer.

At 25. And this all plays in because environmental toxicity has to do with Crohn's and Colitis. And then part of the chemo that I had. So I basically was diagnosed and then I had multiple surgeries to remove the cancer.

And because I was so young, because it was an incredibly aggressive form of cancer, even though I was absolutely even in med school, holistic minded and knew there were other options, I had to make a decision to save my life, right?

So I looked at all the options dug into the research and one of the relevant teachings or lessons that I came home from, that I think is relevant to IBD as well, is at that moment, all I had was the information I had to make a decision, and I decided to go deep and dive and read and make a decision about my treatment and then never, ever second guess it.

And I think that's important to seek is whether you have had Crohn's and maybe a collect me or you've had, you know, biological drugs or wherever you're at in your journey, if you're listening to this, there's no, nothing you can't recover or overcome, even if you're at a place where you've had a surgery or you've had something, you're like,

well, what about me?

I want to say that because often we have that information, and then if we go 20 years later or ten years later or five years later and look back, we have a lot more wisdom, right?

And we could be like, oh, what if I would have? And I decided at that moment at 25, I would never do that. And I had very toxic three drug chemotherapy.

One of the drugs, I toxin is literally in the literature, in my studies has been shown to induce leaky gut. So now you know where I'm going with this. Right.

So these drugs actually create a more permeable gut. And part of that is because the dumping of the toxic metabolites in the gut like LPs, which is a common, very inflammatory part of the bacteria, will actually create an immune response.

And that aggressive immune response will fight the cancer. So the purpose is actually to do this so that those drugs create this immune response that you get in part part of that is the cancer fighting ability.

So I recovered, lost all my hair. I had radiation, three chemo, all of that, surgeries. I was so sick and malnourished after nine months of treatment.

But I was alive and I was just so grateful. And I got through that, went back right into rotations. Now, here's the second lesson that you think is probably not related IBD.

I was a kind of grew up on a farm, hard working, don't take a break in in medical school and in residency. You were almost like, unless you were in the ICU or dead, you showed up to work.

Now, thank goodness, post-Covid, we've gotten a little bit more compassion for ourselves to take kindness, and take care of ourselves. But at that time, there was no allowance for weakness.

There was no allowance for, saying that I'm sick, I can't show up. And so I went right back into rotations weeks after my final radiation treatment. I looking back, that's the one thing I would have told that girl.

I would've said, sweetheart, take your time, rest, recover.

Crohn's vs. Colitis and Conventional Treatment

And I wish I would have in that sense of like, been more kind to myself. But I thought that I couldn't after taking nine months off, taking more time off.

And I'm saying this as well because I think it's part of why. Then within six months, I was diagnosed with Crohn's. So here's what happened. I went right into my rotations and I'm I remember really well one of the rotations shortly after I got done with all the therapy was my ear rotation.

And you do 12 hour shifts and it's every other day or every day. And I was literally working through those shifts with 101, sometimes almost up to 102 fever.

Like I was feverish. I knew I had a fever, I was so sick, I was literally the lowest rate I'd been since maybe 12, 13, 14. Like malnourished. I was still bald. I had no hair.

I was so sick, I had no business and no one thought to say, chill, are you okay to come back? Are you? And I was afraid to tell my attending doctor that I was having fevers because I had just taken nine months off for breast cancer, and I had that mentality that I had to show up and try to prove myself to be strong, right?

Silly. But in hindsight, I see the writing on the wall because there was one day I'm literally in the air taking a

patient's blood pressure, and I pass out cold and I become the patient again.

And I was taken that night to figure out what was going on. I was diagnosed with an acute abscess, taken into emergency surgery to drain the abscess, and I'll never forget waking up and the surgeon coming to tell me what was going on.

He had seen the abscess drain the obviously and he said, Jill, now that was the source of my fevers, right? Yeah. He said, Jill, you have Crohn's disease.

There's no doubt about this case. Like I can see it. The writing's on the wall. We took biopsies, but you have Crohn's. So I woke up to the knowledge that now I had number two, life threatening illness.

And my mind was just trying to figure it out. Now, in hindsight, I can look back and we could talk about root cause and some of the things. But I mentioned the chemo because I did not know, I was also a silent celiac, so I was high risk genetics dc2, which is a very high risk, HLA type related to my reaction to gluten.

And I was on a, vegetarian diet for about ten years because I didn't like meat, probably because I had no stomach acid and low zinc. and it was a wrong diet for me because I joke I was more like a car battery and I was not eating healthy. I didn't know any better.

And that was the point. I got breast cancer. And this also led up to this inflammatory reaction because that gluten was also contributing. So the chemo and the gluten, were contributing to inflammation.

That is another gene that some of you, if you have had Crohn's and colitis, may have called node two. It's a genetic snip related to I had this and this is predisposed to higher risk of Crohn's as well.

And what that means is that, your, immune system reacts incredibly aggressive to the microbiome if there is a breach. So I had the leaky gut post chemo, and then this breach of bacteria into my immune system caused an abnormally aggressive response due to my genetics and caused collateral damage on the lining of the gut, which we call Crohn's.

So that's kind of a story. I'll pause for a moment, but that's. No audible now. I'm just so amazed always, when I hear what you've been through and, you know, look at you now, you know, it's just amazing.

And so you know, you had multiple factors. And obviously there was, medication induction on top of a very stressful experience. so let's educate the audience.

You know, we've kind of grouped this inflammatory bowel disorder into you mentioned Crohn's. So you mentioned some predisposition to, you know, Crohn's and the genetic, snips that could, influence this.

of course it's environmental and, you know, stress related to, so what is the difference between really, you know, Crohn's and Colitis from your, you know, point of view, just to educate people.

So they are grouped in this bucket because they're both, lining of the gut immune reactions. They have often been called autoimmune. But technically I think it's more, immune inflammation.

But I don't know that it's exactly autoimmune like we typically think of. And either way, it doesn't matter so much. It's just immune dysfunction. Colitis is limited to the distal colon.

So you have this inflammatory reaction more in the end of the colon versus the rest of the lining of the gut. Whereas Crohn's can have lesions that are full wall thickness.

And they can occur anywhere from your mouth to your anus all the way down. So you could literally have ulcerations on the esophagus, in the duodenum, anywhere in the small bowel.

And anywhere in the colon. typically, like Ilio seco region is a big, big player for Crohn's disease. And interestingly enough, that's one of the places we absorb B12.

So often patients who have Crohn's or Crohn's lesions, like myself, are lifelong in need of replacement of B12, or they develop pernicious anemia or these other things related to nutritional malabsorption.

So ulcerative colitis are minerals are primarily absorbed in the colon. So they will often have mineral deficiencies. Whereas Crohn's you can actually have ferritin B12, micronutrients, zinc all of these other probably more likely to have micronutrient deficiencies because it could affect the small bowel and the microvilli where you really absorb those micronutrients.

Yeah. Thank you for that differentiation for the audience. And so let's go back to you know, right. So here you are. You know, you know, compromise now with Crohn's and now like on top of that, right, for healing because of the mineral deficiencies as well.

And now, you know, you just support your life, you know, for that infection that could have really done a lot of damage that you got through. And so, what did the doctors say when they diagnosed you with Crohn's?

Yeah. So of course I woke up with a surgeon. That was my first insight, but he didn't treat me. He said, go see a gastroenterologist. So a few weeks later, I see a gastroenterologist.

And when you're in medical school, your, doctors are your teachers, like, often their faculty or people that, you know from your classes. And this was no different.

I knew that gastroenterologist had. And the department and I sat in his office and just listened. And he was it was pretty grim. He said, Jill, this is a lifelong disease.

Is is considered incurable. it's very likely you'll lose part of your colon. You'll have surgeries along the way. That's pretty much likely. he said you will likely need immune modulating drugs.

That's what the standard of care is. And right now, I think steroids are in order to calm down that inflammation. And I remember the first thought was, wait a second, I just had fevers, I had an abscess.

And you're wanting me to suppress my immune system with steroids. Like, I already had a question about the first treatment and I ended up not doing steroids, in that moment.

And that was the right decision. But then the second thing, he, he talked about the magiclean drugs, and I was hoping to not have to go that direction, but I just asking basic questions.

Diet, Root Causes, and Fungal Overgrowth

One of the things is you and I know it was like, well, the gut lining, that's our introduction to the world, especially food and the things that we eat.

So right before I walked into his office, I said, and I was so genuinely curious, you know, I want to do my part. I've got this disease. But if there's anything I can do to help, to cure or to improve my symptoms.

And I said, what about diet? Does diet have anything to do with it? And this is classic. But sadly he just did not even pause. And he said, Jill, diet has nothing to do with it and almost glared at me like for asking that question.

Now here's where you and I know this right? Our intuition, our souls, our bodies that we live in have innate wisdom. And you, more than anyone I know, are so aware of this and use it in your treatment.

And I wasn't a really aware back then. I've really grown to trust my body for information, but at that moment I feel like that was a little light bulb of my intuition saying, wait a second, that can't be true.

And despite all my medical education and the gaslighting of this doctor saying, of course that has nothing to do with it, my intuition said, how in the world can that be true?

So I kind of, what am I, stubborn German came up there and I went on a, quest to prove him wrong. And I started dive into the literature and I came across at that time, one of the writers early on was an RNN who had had a, a relative with ulcerative colitis and had started doing dietary changes.

Her name was Elaine Gotshal, and she wrote about the breaking the vicious cycle, the specific carbohydrate diet. Now, she didn't really understand all the details, but what she accidentally kind of fell upon was a diet that restricted certain monosaccharides and disaccharides that contribute to small intestinal bacterial overgrowth and small intestinal fungal overgrowth.

And those are at the root. We can talk later about some of these things, of some of the start of that inflammation, because those are bacterial overloads that overload the immune system.

And I found this book and I thought, well, what do I have to lose, right? I mean, there's nothing it'll get you can't get worse, right? Yeah. So and like I said, I did not know at that time I had celiac, silent celiac.

So part of this was gluten free. That might have been 80% of it. But whatever it was, I went off soy and corn. I went off gluten and dairy, all sugar.

And I saw a dramatic improvement in two weeks. No, I wasn't cured into like it took me a long time to consider myself cured, but it was so dramatic my fevers went away, my, diarrhea went away.

A lot of my pain went away in two weeks. And I thought, okay, there is something going on here. Wow. Two weeks. Oh my gosh. Did you go back to the doctor and tell them?

Eventually I did, but at that time, still, I wasn't. It's funny because that's why this intuition is so important. Because I wasn't confident. I was like, I'm only a medical student. I don't know what I'm doing.

But the truth is, my body knew exactly what to do. yeah. How, long did it take you to find out the celiac diagnosis? Yeah, that was actually several years.

after the Crohn's, I kind of calmed down. I had been gluten free. just because that was part of the specific carbohydrate and the low Fodmap and some of the diets that I would typically try for Crohn's.

but it wasn't until I went to Honduras about five years later and got giardia, that I came back and I was really sick again. And I did further testing at that point.

And I literally at that point with jarred and celiac again undiagnosed, I stopped having periods. It was so small, I was so malnourished. And then I found out, oh, not only do I have giardia, but I have celiac disease.

Wow, wow. You've been, you know, hey, all of these steps kind of right? There's no more lining. You found this out. So, so let's talk about, you know, Crohn's, since we're, you know, talking about this first, some root causes and kind of, you know, kind of alternative methodologies and treatments.

So, the specific carbohydrate diet, do you feel like that is, kind of like putting out the flames and kind of calming the system down to get to the root cause, or do you feel like that's like a root cause solution, kind of.

Where do you stand with that? Yeah, I think it's calming down the flames. Like I think most people with just specific carbohydrate diet would not necessarily experience a cure.

But if you think about and we can go through some of the things underneath, I think functional medicine, there's toxic load and infectious burden and those to come together to create immune inflammation and dysfunction in Crohn's is no different, even though that would apply to many other diseases.

So when I say what's true, cause you can have Crohn's, it's, related to mycoplasma, you can have Crohn's, it's related to fungal overgrowth. You can have Crohn's.

It's related to toxic chemicals or mold or you can have a combination. So what I'm doing for myself first and then any patient that comes in nowadays I'm saying okay, what is the underlying trigger that started this this shift in immune activation where the body's attacking cells.

And like I said, the energy gene is just a good example because we can think of Crohn's as, like I said, an abnormally aggressive micro, response to a normal microbiome.

So it's not always that there's pathogen. You can have Giardia, Cryptosporidium, you could have Klebsiella caused this immune reaction, but you could have simple overgrowth of lactobacillus which would be Sibo or strep or staff or enterococcus in the small bowel, or fungal species that are not pathogens per se that start this inflammatory reaction.

So when we go to root causes, usually I'll do stool testing and organic acids and I'll look and say, are there any really inflammatory, either residents in the gut microbiome that aren't necessarily pathogens or pathogens.

And I find in particular, there's a few things that come to plate. First of all, Klebsiella and Citra factor I see more often than not in Crohn's, not that they're always associated, but and maybe E coli.

So E coli, Klebsiella citrate factor. Those are the big three that I see a lot as even again we all have these a lot of times. But they're in excess and they're creating an inflammatory response.

I also I love to talk about fungus because many doctors aren't aware of how big a deal this is. And I remember in medical training we're taught to, test.

now you can get it. Lab quest. Any major lab called an IBD panel. What this contains is for antibodies the main one anti Saccharomyces survey C antibodies.

And these are positive in your blood. This means that you are more likely to develop a more aggressive form of Crohn's disease. So let's just think about that logically because here's the deal.

These are anti Saccharomyces survey C antibodies. That's brewer's yeast. We often have that in our gut anyway. But why in the world would that be associated with more Crohn's aggressiveness.

Well again this is just my theory and it's proven out. Yeah many many many cases of Crohn's fungal overgrowth, especially Saccharomyces is at the root and making that more aggressive, that immune response.

And it becomes invasive because of the permeability. And I've seen over and over and over again with these, when I see these antibodies positive and I treat the fungal imbalances, patients get well.

And it's one of the things that not many people are talking about, not just Sibo, but actually I feel like fungal may be as big or bigger. And here's the deal.

We're using Saccharomyces baladi, which is a healthy, wonderful yeast. But if you have anti Saccharomyces antibodies you are going to react to ba lardy as well.

So in these patients I always test that lab first because those are the ones I will not give them sacra baladi because they're going to react to that too.

I was wondering about that. That's really, you know, a great clinical pearl there. and so, you gave a lot of really interesting information. I'm sure is because the, you know, the, single piece is often, you know, not talked about.

what are some other strategies if somebody is hearing this and they're not your patient like to tell their doctor. So

those antibodies, the organic acid test, would also diagnose that as well.

Would you use that as a. Yeah, tool. So my thought is the you can do Candida IgG, IGA and IDM and serum. And even though there's controversy about whether immunoglobulins stay high after exposure, even if it's occurring infection or, or, overgrowth, I have seen clinically over 20 years those actually go down even IgG, which is a longer term antibody.

So I typically do see them correlated in level and in going down. Now they're delayed. So say you really get that yeast under control. You might have a 6 or 12 month delay for that to go down.

But I frequently see it go down IGA of course mucosal immunity. So if you just have IGA reaction you'll often have a more mucosal overgrowth which hasn't gone invasive IgG, for those of you who are listening who don't know anything about the immune system, these are, systemic immunoglobulins that fight infections for us, but they're in the blood.

So you cannot get a candidate IgG reaction unless you've had crossover from the gut lumen into the bloodstream. And invasive fungal species. So I actually use those as markers.

So that's number one. And alone it might not be significant. But with symptoms of carb cravings intolerance to carbs and it's funny because yeast produce a byproduct called acetyl aldehyde.

It's a type of formaldehyde. It's a chemical toxin. And it's the same exact thing. If you drink too much alcohol and have a hangover, our liver produces acetyl aldehyde.

So if you have trouble remembering symptoms, think about a hangover. You have a headache, you feel kind of dizzy. You feel kind of nauseous. You feel just not well, that's the same exact symptoms of yeast overgrowth to the extreme.

And one of them in particular is alcohol intolerance, because you're competing for the detox of a certain aldehyde. So there's serum antibodies, organic acids, as you mentioned.

And ravenous is the big one with Candida. but then some of these tests have a lot of other markers as well, like, carboxylic acid and some of these other things that can correlate.

But I would say a rabid nose is most likely correlated with Candida specifically. And then stool testing is great, but I find frequently this is in the small bowel.

So in the stool test you will not see that come up for positive. Or you might see a one plus where the company may say, oh, it's minor mild, but if I see any, especially strange yeast like Rhoda Etruria or other types of yeast in the stool, I'm always assuming there may be an issue.

Especially if there's Crohn's and colitis. Yeah, yeah, really great insight. So, do you use, antifungals then to knock back the fungal infection in the gut?

Yeah. So in my own case, I felt like the prescription antifungals were how, 80% of my cure. But here's the deal. Let's talk. Because I don't love prescription antifungals.

We have these Asal classifications, all ketoconazole, acronyms, all number one, they create resistance. So we like to use as least amount as possible.

There's systemic though. So if you really have invasive fungal issues or you have sinus fungal issues or the whole body, the system I and especially in a weakened immune system state, I find that most of the time they do play a role.

And there's a lot of controversy over liver toxicity. What I have found, and again, in my 20 years of clinical

experience, is as long as I give milk, thistle and herbs to support the liver, even with daily use for a period of time, I have never had problems and I would never use it in someone with hepatitis or other liver issues, liver enzymes, elevation.

Antifungals, Herbs, and Immune Dysfunction

But as long as they check liver and it's okay, and then I use it with appropriate liver support, I never have issues. Now there's one that, I can't remember.

The doctor wrote about the yeast connection, in New York years ago. This was like at the beginning of our careers. And after Brewer, Brewer. Brewer. I know, there's one connection.

Yeah. It's that. One. Oh, parade. Yeah, yeah, yeah, I know what you mean. Yeah. So, and we were talking on a conference one time because I was, like, so excited to talk to someone about nystatin.

So my statin is non absorbable. It is so safe. we use it in newborn babies with thrush. So it's one of those. It's just I use it in kids all the time.

And we think of it because it's not absorbed. Well first of all nontoxic not liver toxic. It doesn't go to doctors. Sydney Baker. Yes, I. Just want to give you.

Thank you. Yeah. so, so we use this in children, and I feel it's one of my favorites in children because it's so nontoxic. And because of that, I think we think medically.

Oh, it's not as strong if you look at the, sensitivity and specificity and the kinds of fungal things that they treat. nystatin is one of the strongest.

It's just that it's not systemic. So I love nystatin. And in some of these cases where there's very severe fungal issues or immune compromised because of the Crohn's or colitis, I will literally keep these Crohn's localized patients in remission on, nystatin for years because it's one of those things.

Now, all that to say, herbs are probably our best, best, best bet. And I love herbs and I know you do too. So that is, even better. And often the herbs are going to cross street bacteria and fungi and really get a balance.

But once in a while, in these severe cases where they're maybe facing starting biologics or you need I find in Crohn's and colitis specifically, I'm more likely to be more aggressive because they're colon is at risk.

Right. So even though I love herbs and I prefer a regno, Uber earthy, unrealistic acid, copper like acid and 100 other, we could name, I often, do use medications.

The one thing I'll say about herbs is I find combinations much better than single herbs, because you get and I love your your thoughts on that because I like herbal expertise.

Yeah. No, I, I love everything you mentioned and I like, sometimes some people tolerate, garlic. especially even suppositories. I love artemisinin. there is a product of that, doctor D'Angelo Magus called Aroma Tabs.

that is a combination of essential oils. Compress. He's actually in Colorado. and it's antifungal. Antiparasitic. And then so core is made, some antifungal kind of strategies with their antiviral attacks using like neem and Winnebago.

And love neem. Yes. Yeah. So there's I mean there's so much we have in our materia medica for treating. But I understand I do use your different goals in my practice as well.

and usually it's a combination therapy. I always call it a natural path, like medicine. The like the therapeutic ladder. You need the force of intervention with the force.

the of the, you know, the pathogen or what? Your treat. Yeah. So if it was just, you know, fungal infection that, you know, somebody had some Candida, is different from somebody who, who is having Crohn's or colitis.

Right. Very different. That's exactly how I feel. Totally agree. Yeah. so, you know, I have a curiosity and, you know, your personal story kind of shared this, but do you find this clinically?

a lot of things that you mentioned, to me feel like, in the backdrop of, like, immunocompromised. Right? So these are kind of like commensal or they get an exposure that they can't clear, and then all of a sudden they have a raging, you know, fungal or other kind of infection in their gut.

So do you think that these underneath or other, you know, suppressive, triggers that are kind of, also at the root of, Crohn's or colitis? Brilliant. And this is what I, I love talking to you. Okay. Yeah.

Yes, yes. Later in life, just more like seven years ago, I was diagnosed with a full blown immune deficiency. Now, was that from the cancer or did that precede the cancer?

And so I believe often with these autoimmune diseases, we have on one side as some arm B t cells, some arm or part of immune system that is very inefficient.

And then the other arm, the whole autoimmune auto inflammatory kind of a and again I say out inflammatory because I think Crohn's and colitis are much more auto inflammatory than pure autoimmune in nature.

and so because of that, we often see this together was a very dysfunctional immune system or part of the immune systems overactive like maybe T cells, like I've always been T one dominant with Crohn's.

and yet my B cells are almost nonexistent. And I have an immune deficiency based on immunoglobulins. So I do think that there's a correlation because a lot of these, like we said, like even Saccharomyces or Candida or Enterococcus or Klebsiella, if our immune systems are in balance, we all come in contact.

Even things like Giardia, cryptosporidium, there are people out there that eat some food or swim in a river and, get your teeth through their system. They clear it and they never actually get sick.

Same with tickborne infections, right? So there's a definite correlation to that bar of the immune system and the robustness of our response. and again for example, someone who can't clear it but their immune system is try and try and try.

And that's what creates that auto inflammatory tree, lining of the gut inflammation. Yeah. Yeah, I know I have a similar thought. And then you kind of, nowadays we have even my Covid in the mix.

Right? So that is like a whole nother layer of, you know, affecting our immune systems. so now I'm, you know, I was curious, but, what you have to say, but in my model, you know, I think the people who land in our office are often, you know, they're they have whatever propensity for their immune system to be like one arm to be.

yeah. So that's, you know, so for people listening, you know, these are all treatable, right? Of course, you know, we want to find the root cause and that understanding.

But everything is treatable, even if you're immune compromised. with your approach to colitis is it's similar. There are other kind of, you know, underlying infections that you've seen.

So I have found, again, this is just my clinical experience. So, talking so it may not be all, you know, detailed in the literature, but with Crohn's, I find often there's some significant either immune issue or even like a I often see Bartonella in Lyme and interesting talking to Horowitz.

obviously Lyme can create granulomatous diseases, right. I can get I had if I look back, I had Bartonella Lyme, they tick borne relapsing fever or like and I wonder if that immune compromised induced by the chemotherapy that

Bartonella was a player in my Crohn's.

I don't know, I'll never know. But I think that those are. And so, mycoplasma species absolutely can be associated and then parasitic infections and these weird yeast and aggressive yeast.

So I think that Crohn's is much more likely there's a root cause infectious. And then that triggers immune dysfunction. with colitis I've seen much more likely like, someone not diagnosed with celiac or food related.

In some ways, I feel like colitis is a little bit easier to treat. It's, localized. And you can also use enemas or herbal or tinctures or things, through the rectum to actually treat colitis.

Whereas in Crohn's you can't you have to do more systemic treatment. So I find the colitis typically reverses a little easier and a little quicker with less aggressive treatments.

and the Crohn's is a much more systemic immune dysfunction. and usually that involves some significant immune issue and infection. yeah. No great differentiator.

And then what about, you know, I've learned a lot through you and also, you know, just it was my patients just because it's even an ever increasing, syndrome.

Now, what are the role in mast cells? What? These illnesses. Yes. So if I look back, it's so funny because obviously, like, muscle activation is like a term that's been coined fairly recently.

Whereas when we were taught medical school was master, say, ptosis, which is a proliferation of the bone marrow. And most of our patients don't have that.

They have this activation of the immune system, that primordial mast cells that start to go out of control. And that's a very different ballgame. So I'm saying that because growing up on the farm, I grew up in central Illinois on a farm, and I had a horrible allergies, and I had severe eczema where I just like my skin was covered rashes and bleeding.

And looking back, I'm like, oh, I was born with mast cell like issues. There's no doubt I had histamine break. I broke into snips related to that too.

So that set the tone for and then now we know, some of these things are related to like excessive histamine will create a more permeable gut. So, I looking back, I'm like, oh, the mast cell predisposition also played into my development of Crohn's, although I didn't know it.

as far as treatments, I do typically think about anti histamine kinds of things in the treatment of gut because we know that that creates a less permeable gut.

Yeah. So I think absolutely that plays into it. And whether it's just history of atopic types of things or mast cell activation or you actually test trip or histamine or some of these markers, I think that's crucial to Crohn's and colitis.

And I would again, from clinical experience, I would suspect Crohn's is more likely to be associated than colitis. But they both could be. Yeah, yeah. Great insight.

Mast Cells, Mold, FMT, and Hope

what do you, want to share to the people who are listening that kind of, you know, as you mentioned at the beginning, like, you know, they didn't have this information and now are, you know, where they are and they might have had a surgical intervention or, use some of those suppressive drugs, you know, for decades.

what do you want to say to those folks? Yeah. So this can be scary. And like I said, because it affects I just saw a 12 year old and a nine year old. I mean, young and younger and younger people are being affected.

So then the parents come in. And of course, it's tragic to have a 12 or 9 or an eight year old diagnosed. Right. So I just want to say one thing that I think is so important is whether you have had a collect me or you are on biological drugs, I feel like there is always hope, oh, no matter where you are to reverse or decrease the the projection or the trajectory of this disease.

And I see people all the time, I'd say maybe 50 to 80% of the people I see are already on biologics. And what I do as a clinician is I'm like, don't touch that.

That because that actually stabilized you. That might have saved your life because you're in crisis and you don't know root cause. Those do stabilize TNF alpha and certain inflammatory modulators.

Right? So there's no shame. There's no guilt for what you've already done and where you're at. And then we start there. And actually that gives me ability while you're stable on the med to go deep.

And what you and I know is whenever we go deep with my Crohn's, I would say it took me about two years to really considered cured. And it was a it's a long road because this is a significant inflammation.

So because of that it actually sometimes buys you time or some people I've started seeing and there's so severe that within a few months of me seeing them, they actually go on biologics because they're so severe, because of the stuff that I do.

And you do in clinical practice is slow medicine, right? It's beautiful, sustainable, amazing in reversing disease medicine. But it is not always quick.

And so when you're in crisis sometimes you need stability. And so I feel like there's not a lot once in a while the testing you can't always do exact test of your on steroids or on immuno.

You can't do the immune tests. But there's most of the stuff you can do. You can still find root cause you could still stabilize and then get enough biologicals if it's appropriate.

This is a big controversy. So I always work with the gastroenterologist and with the patient, and I'm almost never the one to say, go off your meds. It's a patient usually like, oh, doc, three months ago I felt so good.

I went off my meds and I'm doing great. I'm like, okay, that's great, but you really go, so do this with in conjunction with your gastroenterologist and your doctor.

Don't go off the meds without because there are some side effects and there's some resistance that can happen. So it's really important to work with your all your doctors on this.

Yeah. Great advice. kind of as we wrap, I have another curiosity. just to add, what about the role of, what we call as empty or fecal microbiota transplant?

Do you think that has a role in, curing or stabilizing these, inflammatory bowel disorders? Yes. So, FMT, of course, is a transplant of a new microbiome.

And nowadays you can do it, through enema or pills or, and there's all kinds of ways and there's some really amazing centers, especially in Europe and out of the country here.

They're doing a phenomenal job. the indication in the US, the only FDA approved indication, at least as of recently, is for, of, colitis from cedar sensitive colitis.

so in the US, it's really hard to get this approved for Crohn's and Colitis. And my, experience is if there's a small bowel issue involved, the, transplant doesn't do a lot for the small bowel.

So if it truly is a SIBO seafood trigger kind of issue, I find that may or may not work. But if it's true, like this is where

ulcerative colitis, which is primarily in the colon and distal colon, I think you could make a massive change with a fecal microbiota transplant because you're affecting that specific area more than you are the small bowel, because if you do the fecal microbiota transplant, you're going to have this immune shift and this different crosstalk.

But often if you have that overgrowth in the small bowel that won't necessarily cure SIBO or SIFO. thank you for that insight. So, well, anything else Dr. Jill, on your heart that you want to share?

This has been fascinating. And, I definitely want to share with the audience. Of course. your blog is phenomenal. You do an exceptional job, and a lot of this information that you share, I know is on your blog.

so don't worry. If you didn't take notes, you can, you know, go to, Dr. Jill's website. But anything, as we wrap that, you'd like to say, share that we haven't covered.

Sure. One more big elephant in the room is mold. And so I want to just mention that I know you and I deal with this all the time, because if you are in a moldy home, that creates number one, Mast Cell Activation, massive intestinal permeability.

And interestingly, Christine, in mice models, they lowered MSH. MSH is melanocytes stimulating hormone. So they artificially lowered that. And they literally created Crohn's and colitis in mice by lowering MSH.

And guess what else lowers MSH mold exposure. So I see this actually as I'm looking at that root cause toxic load infectious burden I'm always checking to make sure mold isn't I really see more being the number one thing that just just more than causes Crohn's.

There's this mix of things like we talked about, but I always want to make sure that that's not in the mix because, if that is in the mix, no amount of, antifungals without treating the mold exposure will fix it. Yeah, yeah.

And then mold is one of those immunosuppressive suppressive triggers. You know, the mycotoxins exposure and then the colonization. Right. That can happen by being in long term mold.

Yeah. I mean, you're an expert in that. And I think that is one of the most gratifying things to find for people. But it's the heart and most heart, you know, then go through the treatment strategies and solutions.

But they've gotten so much better. so there is so much more awareness and insight and solutions. So there is always hope. yes. So, well, thank you so much for being on the Summit.

I know that you're a very busy doctor and we so appreciate the contribution. And where can people find you? Thank you so much, Christine. And this like I said, this topic is near and dear to my heart, so I'm excited to be here and I hope your listeners love this summit and listen to every single interview.

my website is just my name, jillcarnahan.com And that's a hub for the podcast, the blog, everything related, and lots and lots of free content. Like you said.

Thank you so much, Dr. Jill, and I'm so glad that you were able to contribute so much. And I'm so glad that you're doing so well after recovering from so many, obstacles in your path.

So you're an inspiration. Thank you so much. Thank you.