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A Note on Inflammatory Bowel Disease

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DESCRIPTION

Inflammatory Bowel Disease (IBD) refers to a group of conditions that cause chronic inflammation (pain and swelling) of the intestines. Crohn's disease and ulcerative colitis both types have an impact on the digestive system. For example, Crohn's disease produces stomach pain and edema. From the mouth to the anus, it has the ability to affect any area of the body. Ulcerative colitis causes swelling and sores (ulcers) in the large intestine and most commonly affects the small intestine and upper part of the large intestine (colon and rectum). Microscopic colitis is an intestinal inflammation that can only be seen under a microscope. Treatments can aid in the management of this chronic condition. Inflammatory Bowel Disease symptoms can appear and disappear. They can be mild or severe, and they can target suddenly or gradually. IBD flares are occurrences of IBD symptoms are abdominal (belly) pain is one of the symptoms of IBD, Diarrhea (occasionally alternating with constipation) or an urgent need to urinate (bowel urgency), bloating and gas, appetite loss or unexplained weight loss, mucus or blood in the stool, stomach ache, fatigue is a rare complication of IBD, fever, irritated and painful eyes, Joint pains, vomiting and nausea, skin rashes and ulcers.

Complications

People with IBD are more likely to develop colon (colorectal) cancer.

- Anal fistula is another potential complication (tunnel that forms under the skin connecting an infected anal gland and the anus).
- Anal stenosis or tightness (narrowing of the anal canal where stool leaves the body).
- Anemia (low red blood cell count) or blood clots
- Cirrhosis and primary sclerosing cholangitis are examples of liver diseases (bile duct inflammation).
- Malnutrition and mal absorption (inability to get enough nutrients through the small intestine).
- Osteoporosis.

- Bowel perforation (hole or tear in the large intestine).
- Mega colon toxin (severe intestinal swelling).

Risk factors

The majority of people with IBD are diagnosed before the age of 30. However, some people do not develop the disease until they are in their age of 50 and 60.

Cigarette smoking is the most significant modifiable risk factor for Crohn's disease. Tobacco use may aid in the prevention of ulcerative colitis.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Ibuprofen (Advil, Motrin IB, and others), Naproxen sodium (Aleve), Diclofenac sodium and others are examples. These medications may increase the risk of developing IBD or worsen the disease in people who already have it.

Treatment

Anti-inflammatory drugs: 5-ASA medications are commonly used to treat IBD symptoms. They reduce inflammation in the gut and may aid in the attainment and maintenance of recovery.

Corticosteroids: If a milder class of anti-inflammatories is ineffective, a doctor may prescribe fast-acting anti-inflammatory steroids. People should only use these drugs to treat flares for a short period of time. Long-term use of NSAIDs may cause increased IBD symptoms.

Immune suppressors: These cause inflammation by preventing the immune system from attacking immune tract. However, they can take up to three months to take effective and can have a variety of side effects, including an increased risk of infection.

Biologic therapies: These are antibodies that target specific substances in the body that cause inflammation.