Microscopic Colitis Foundation

Newsletter Archive

Wayne's Blog

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We feel that it will be helpful to provide an overall summary of the various treatments for microscopic colitis (MC), and their reported effectiveness. Gathering this important information together in a comprehensive series of articles will hopefully give patients a basic understanding of the various treatment options, and how they might work together to achieve improvement of symptoms and attain remission.

PART 3

The Role of Diet in Treating MC

by Wayne Persky

When medications work to relieve microscopic colitis (MC) symptoms, they are preferred by many MC patients, because most people would rather swallow a pill or two each day to mask their MC symptoms, than to change their diet. But for approximately 40% of MC patients, medications either aren't effective, or stop working. And more than a few of us would rather not be taking powerful drugs, and putting up with

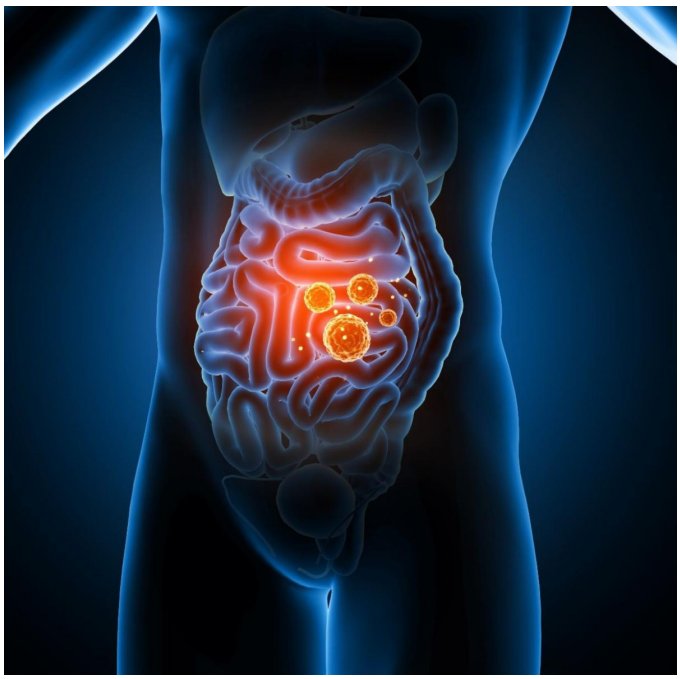
their side effects for the rest of our lives. For most of us, making the proper diet changes provides a way to put MC into remission, and keep it there.

The inflammation that perpetuates MC is caused by the development of food sensitivities in a process that's associated with the disease. But as most of us have discovered, making diet changes to avoid those foods, and sticking with that diet, is never easy. Unfortunately, the intestines heal slowly, so resolving the inflammation that perpetuates MC by making diet changes, can require weeks, or more likely, months (and in some severe cases, many months.

But as thousands of us have demonstrated, controlling MC by making the proper diet changes is certainly doable, and if desired, it can be made easier by adding the use of budesonide early on (or in some cases, a bile acid sequestrant), in order to reach remission within a few days to a week or so. Then after the budesonide dose is tapered, and eventually ended, remission will be maintained by the diet changes, with no need for additional medication, unless bile acid malabsorption (BAM) is a continuing problem.

Inflammation can be perpetuated by food sensitivities.

Proper diet changes can decrease the inflammation.



Here's how food sensitivities develop:

This is such a long and detailed discussion that rather than including it all here, in order to keep this newsletter at a reasonable length, if you're interested in how food sensitivities develop, you can read a full, detailed discussion in the FAQs section of the Microscopic Colitis Foundation Website, at the following link:

https://www.microscopiccolitisfoundation.org/faqs.html

Here's an abbreviated version that touches on a few of the main points that are explained in detail in the FACs page of the Microscopic Colitis Foundation Website.

Proteins are composed of long chains of amino acids. Normally, digestion cuts these long chains to shorter peptides and individual amino acids. The smallest peptides (2 to 4 amino acids long) and individual amino acids are transported through the epithelial cells lining the villi of the small intestine into the bloodstream. These epithelial cells are “glued” together by tight junctions that prevent longer peptides from entering the body through the intestinal walls.

But the inflammation that leads to the development of MC causes these tight junctions to break down and become leaky, allowing these longer peptides to enter the bloodstream. The immune system immediately recognizes them as foreign invaders and flags them accordingly, and then begins producing antibodies against them.

After that, whenever those specific peptides (from specific proteins) leak into the bloodstream, the resulting antibody production triggers the infusion of pro-inflammatory agents such as histamine, cytokines (like interleukins, TNF, and interferons), and leukotrienes, and they generate a significant amount of inflammation as they attempt to destroy the invaders, thereby adding to an increasing inflammation level that perpetuates the disease.

Many gastroenterologists make mistakes when ruling out gluten sensitivity.

Many clinicians have mistakenly informed many MC patients that they are not sensitive to gluten based on a negative celiac blood test result. The claim that a negative celiac test result means that a patient cannot be sensitive to gluten simply is not true. Doctors have no way to officially diagnose non-celiac gluten sensitivity. A positive celiac test result can confirm gluten sensitivity, but a negative celiac test result cannot rule out gluten sensitivity.

And to amplify this problem, the celiac screening tests used for diagnosing celiac disease have such poor sensitivity (which is verified by published medical research), and the official medical criteria for diagnosing celiac disease are so restrictive, that according to some authorities, roughly 80% of celiacs are never diagnosed (Abrams, Diamond, Rotterdam, and Green, 2004)[1]. And obviously, anyone with non-celiac gluten sensitivity is not likely to ever be diagnosed by official medical criteria (since no official medical test exists).

Normally, food sensitivities don't initially cause the disease.

The initial inflammation that causes the disease can be caused by infection, parasites, stress, certain medications, and a few other things, but rarely are food sensitivities the initial cause of the development of MC — rather, food sensitivities develop as a result of the increased intestinal permiability associated with MC.

It's well-known that MC causes disrupted intestinal epithelial barrier integrity. Published research also shows that leaky gut leads to the development of food sensitivities (Niewiem, and Grzybowska-Chlebowczyk, 2022)[2]. Once the inflammation triggers the disease, then the disease tends to perpetuate itself, due to the continuing generation of inflammation as the immune system reacts to the food sensitivities (that have been created as a result of leaky gut).

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MC damages the intestinal barrier causing

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This can result in a variety of food

MC damages the intestinal barrier causing "leaky gut".

This can result in a variety of food sensitivities.

The "Big 4"



Based on information shared by users of the discussion and support forum, the most common food sensitivities include:

- Gluten — almost all of us are gluten sensitive, although some are more sensitive than others
- Casein — over two thirds of us are sensitive to casein, the primary protein in milk
- Soy — over half of us are sensitive to soy, legumes, and soy derivatives
- Eggs — over half of us appear to be sensitive to the albumin (the white) in eggs
- Sensitivity to almonds, cashews, walnuts, beef, chicken, pork, tuna, corn, rice, oats, and nightshades (including white potato) are somewhat common, but normally not as serious a problem as sensitivity to the "Big 4" listed above (although they definitely might create problems during a flare)

We react to many of the primary proteins in the common foods that we have eaten as protein sources, all our lives. Interestingly, we rarely react to the proteins in foods that we have rarely eaten prior to developing MC (such as the meat from exotic or wild species of animals).

In almost every case, sensitivity to the "Big 4" is permanent, requiring continued vigilance. Sensitivity to the other foods listed above may continue in some cases, and fade away in others, probably depending on how often (and how much of those foods) we eat, the level of sensitivity of our immune system, and how well our digestive system has healed (bearing in mind that research shows that complete healing of the intestines for older patients usually requires 5 to 10 years free of additional damage).

Lactose causes diarrhea, but not antibody production (or inflammation).

While the lactose (in milk) is a problem for all of us when our intestines are inflamed (it tends to cause diarrhea because it can't be digested when the intestines are inflamed), it only causes poor digestion and diarrhea — it does not cause the immune system to produce antibodies that contribute to the inflammation of the lining of the intestines. The main reason most of us have to avoid all dairy products is because all dairy products contain the protein casein.

We're all different.

Our food sensitivities, and our level of sensitivity to those foods, tend to vary by the individual. Consequently, recovery diets need to be individually customized to fit our health needs, and our lifestyle. Many of us start with the FODMAP diet, or the specific carbohydrate diet (SCD), but although those diets seem to work for some people,

many of us have to make small modifications in order to eliminate certain inflammatory foods, so that we can achieve remission.

During recovery, some foods irritate our already-inflamed gut.

Foods that include a high fiber content, excess sugar, or citric acid, should be minimized (or avoided) during recovery. Fruit, for example should be minimized, or avoided until after remission is reached, because not only do most fruits contain a significant amount of fiber, most fruits contain fructose (which has to be digested by the liver), and some fruits contain citric acid, sorbitol and other sugar alcohols that are indigestible, and consequently tend to be fermented by opportunistic bacteria when they reach the colon, causing gas, cramps, and diarrhea.

Onions, chili peppers, and other hot, spicy, ingredients should not be part of a recovery diet (season foods only with a little salt). All raw foods, and especially salads, should be avoided during a recovery diet. Vegetables and fruits, especially, should be peeled and overcooked, so that they are easier to digest. Virtually all of us, for example, react to iceberg lettuce if we're not in remission.

Selecting a Phase 1 diet:

A recovery diet should basically consist of a phase 1, or elimination diet, that's used to achieve initial remission. A phase 1 diet should consist of only a few simple, bland foods in order to maximize the odds of reaching remission. We have to avoid the urge to add variety, because variety tends to cause problems due to cross-contamination. Variety can be added later, after we are in remission. Rather than adding variety, it's much safer to simply eat larger portions of the few safe foods selected for our diet, to satisfy our hunger.

Here are some safe foods to consider when selecting a Phase 1 diet.

When choosing foods for a recovery diet, ideally, we should choose one to three safe proteins, and one to three safe vegetables.

Proteins that are safe for virtually all of us include

turkey, quail, duck, goose, emu, lamb, cabrito (kid goat), venison, antelope, rabbit and shellfish, including shrimp, prawns, mussels, clams, lobsters, crabs, octopus, and squid (except for those of us who were allergic to shellfish before we developed MC).

Safe vegetables for most of us include

carrots, squash, green beans, kohlrabi, rutabagas, turnips, parsnips, sweet potatoes, yams, and cassavas. Cruciferous vegetables, including broccoli, brussels sprouts, cabbage, and cauliflower are known to produce gas when digested, and many MC patients have trouble passing gas while they are reacting. Whenever that's the case, it's best to avoid cruciferous vegetables until after we're in remission.

And please be aware that a few of us react to sweet potatoes, yams, or cassavas, so avoid those foods when in doubt, especially if there are plenty of other choices. Virtually all of us react to watermelon, so definitely don't include watermelon in a recovery diet.

Reach remission first, before trying to balance nutrition.

There's no point in worrying about nutrition while we're still reacting, because malabsorption is causing a lot of our nutrients to go down the toilet, anyway, until after we reach remission. The time to worry about nutrition is after we have been in stable remission for a while, so that we're doing a much better job of digesting our food.

By eliminating all of the foods that are known to be the most common food sensitivities associated with MC, namely, gluten, casein, soy, and eggs, most of us can stop the inflammation from being regenerated with every meal, so that our inflammation level will slowly decline, and allow our intestines to begin the healing process.

"I'm not sensitive to that food."

It's tempting to decide that, "I don't believe I'm sensitive to that food, so I don't need to avoid it during the Phase 1 diet." Please don't fall into that trap, because the chance of guessing right, is in the minority, and with that approach, we may never reach remission. The foods that we eat (and drink) virtually every day, are the ones we are most likely to trust, and those are often the very foods that are the most likely to cause us to react. We have to avoid all of the foods that may be causing us to react, because doing so will allow us to get to remission sooner, so that we can go on to the next step in our recovery plan. If we attempt to take shortcuts, or fail to carefully follow our elimination diet, that will very likely slow down the process of reaching remission, at best, or prevent reaching remission, at worst.

Phase 2 of our recovery diet:

After remission is achieved, a Phase 2 diet plan should be used to gradually modify our Phase 1 diet by carefully testing foods before reintroducing them into our diet. It's necessary to proceed with caution, because we all heal at different rates, depending on the extent of damage to our digestive system, and the healing capacity of our immune system. And remember, the ability of our immune system to heal the damaged cells in our body depends on adequate vitamin D and magnesium levels, plus an adequate supply of protein.

Remember — the intestines heal very slowly.

The process of testing and introducing new foods should not be rushed, because healing of the intestines proceeds slowly. Published research shows that chronic inflammation damages the stem cells in the intestines, compromising their healing ability, resulting in very slow healing (Baylor College of Medicine, 2024, September 3)[3].

Testing foods:

Because we're not all sensitive to the same foods, some of us may not be sensitive to some of the foods that we avoided during the phase 1 diet. For those of us who may be in that situation, we can carefully test foods, one at a time, to determine their safety before adding them back into our diet.

To test a food, we should eat a small portion of it the first day. If we don't experience a reaction, then we can eat a slightly larger portion the next day. If there's still no reaction, then on the 3rd day, we can eat a

can eat a slightly larger portion the next day. If there's still no reaction, then on the 3rd day, we can eat a normal sized portion. If we experience a reaction at any point during the trial, we need to stop the trial immediately, and consider that food off-limits.

But if we manage to get past the 3rd day without a reaction, then that food is probably safe to be added back into our diet. If we have a reaction at any time while we're testing a food, we need to allow a week or two for our digestive system and our immune system to settle down, before beginning another food trial.

How about using probiotics and natural anti-inflammatory supplements?

While there might be some beneficial effects for a few patients, research data doesn't support the use of probiotics and natural anti-inflammatory supplements when treating MC. Probiotics and botanicals (for example, Boswellia) are not recommended by the American Gastroenterological Association Institute 2015 guidelines for treating MC. Although anti-inflammatory supplements do indeed have anti-inflammatory properties, the degree of inflammation suppression that can be provided by most of them is so slight (in comparison with the inflammation levels associated with MC), that for most of us, it would take about a wheelbarrow full of them to do the job — which, of course, is not an option.

Avoid eating out,

especially while still recovering. Published research shows that on the average, 32% of the meals served by restaurants that guarantee meals to be gluten-free, are cross-contaminated by gluten (Lerner, et al., 2019)[4]. Breakfasts are slightly safer, but the risk of contamination increases as the day goes on. The study showed that pizza and pasta are cross-contaminated over 50% of the time. The study also showed that food served in the West was less likely to be contaminated than food served in the Northeastern U.S.

And in addition to gluten, dairy products and their derivatives are present in many foods. Even baked potatoes are often pretreated by slathering butter on them before wrapping them in foil for baking or microwaving. Cheese is often sprinkled on salads, and especially foods like Mexican food. Soy is often hidden in many places, such as in cooking oil, sauce, or broth.

Published research data regarding dairy and soy cross-contamination don't provide specific percentages or numbers, but do contain general evidence of widespread cross-contamination problems (Konstantinou, Pampoukidou, Sergelidis, and Fotoulaki, 2025)[5]. For example, reused fryer oil is notorious for carrying both milk and soy proteins, and even restaurants that reclean (filter) their fryer oil most nights, aren't completely able to remove those cross-contamination risks (Lu, and Fu, 2024)[6]. Often, after filtering fryer oil, restaurants "top off" filtered oil with new oil, rather than replacing the oil. Shared equipment, shared fryers, and reuse of oil are major contributors to cross-contamination. And sometimes, cleaning protocols for utensils and surfaces may not guarantee elimination of allergen particles, especially during busy meal sessions.

Products designed to assist with the digestion of gluten.

After we've been in stable remission long enough to allow our digestive system enough time to do some significant healing, many of us can usually take a chance on eating out without worrying about a total relapse of symptoms if we are accidentally “glutened” during a meal. For those of us who have been in remission for long enough, taking a product designed to help digest gluten (such as GlutenEase, for example) might prevent us from having even a temporary reaction in the event that the meal is cross-contaminated.

But don't overdo it.

We can't rely on such products to allow us to eat any foods that contain a normal amount of gluten, or regularly (often) eat foods that contain a small amount of gluten. Such products cannot handle that level of contamination, and most of us might indeed find ourselves risking a relapse if we were to take such a chance.

MC is a cruel disease to learn to live with.

It has life altering effects on our personal life, because it wreaks havoc with our social life, and interferes

not only with our work, but our confidence in our ability to even leave the house and stray very far from the bathroom, without the risk of a very embarrassing "accident". It can affect almost every aspect of our life. And possibly the most frustrating part of dealing with the disease (at least, early on) is the way it destroys our self-respect, and limits our options, while those around us can never seem to understand why it's such a big deal.

Fortunately, other than having to live with a permanently altered diet, most of those initially devastating effects on our lifestyle can be slowly overcome as we learn how to control the symptoms and live with the disease so that it can no longer control our lives.

Summarizing

Although the disease usually causes permanent food sensitivities, and some of us end up sensitive to many of the foods that we have been eating all our lives (up until we developed MC), there's no reason to wonder if there are any foods left that are safe to eat. Yes, we may have to avoid many common foods, but there are still plenty of foods that are safe for all of us. And as long as we avoid the foods that cause our immune system to produce antibodies against them, we can avoid the inflammation that causes the symptoms of the disease, and go back to doing virtually all of the things that we have previously enjoyed.

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Check Out Wayne's Blog

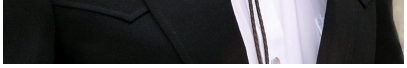
He posts a new blog about once a week. Here are the titles of the most recent. Click the button at the top of the newsletter to access.

MC Safe Recipes from "Dee's Kitchen" -- Now Available as a Cookbook

The Problem with Medicare Advantage Plans

The History of Human Pollution

Stress and Microscopic Colitis



Stress and Microscopic Colitis

Announcing Our New App: "Search the MC Forum Using AI"

The MC Discussion and Support Forum has been in existance for 20 years, and has accumulated around 211,000 posts on a host of topics. It is a terrific source of information, news articles, research, and lifestyle help.

Use AI to search this database for answers to your questions about living with MC.

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*** The availability of the iPhone app in England and Europe was delayed because of extra time needed for approval. If you couldn't download earlier, try again.

We would appreciate getting feedback about your experiences, and any suggestions for improvement.

Contact Us: Wayne Persky: wayne@perskyfarms.com
Rosalyn Upson (Newsletter Editor): rosalyn.upson@gmail.com