

Volume 8, Issue 11

September, 2022

Resolving Microscopic Colitis Flares and Relapses



Quite often, urgent posts appear on the discussion and support forum associated with the website, requesting advice on how to resolve a persistent flare. Often the request is posted by someone who has been in remission for years.

For microscopic colitis (MC) patients, there are few things more worrisome than a flare that refuses to resolve, despite our best attempts to control our symptoms. We all have flares occasionally, usually due to accidental exposures to food sensitivities because of cross-contamination problems. When flares happen because of accidental exposures, as often happens when eating restaurant meals, for those of us whose digestive systems have healed significantly, usually, the flare will resolve automatically, in less than a day or two, provided that exposures to additional food sensitivities are avoided.

What if we cheat on our diet?

If a flare occurs because we intentionally cheated on our diet, it may resolve quickly, also, as long as the exposure is not repeated too often. But if we compromise our diet often enough, we're playing with fire, because the inflammation level of our intestines will remain high enough that healing can never be completed, which elevates the risk of a flare turning into a relapse. And when a flare doesn't resolve relatively quickly, it may escalate to the next level.

Relapses are often caused by cross-contamination of the diet.

Dietary cross-contamination issues that provide regular repeated exposures to the same antigenic issue, on a daily (or relatively frequent) basis, are a common cause of relapses. Typically, if the

contamination level is significant, a reaction will occur within a few hours of the exposure.

Tiny cross-contamination issues can be difficult to identify.

If the contamination level is very small, then the inflammation level of the intestines will slowly increase until our tolerance threshold is exceeded, before a reaction is triggered.

The amount of time that passes before a reaction is triggered may take days, weeks, or even months, in certain situations. But eventually, as the inflammation continues to build, a reaction will almost surely be triggered.



In some cases, this may occur even when the contamination level is very tiny, because we all have varying levels of sensitivity that tend to wax and wane as our inflammation status changes. In other words, our immune system tends to become more sensitive, even to very small issues, as our inflammation level increases.

At the other extreme, if our digestive system has healed, our immune system may ignore tiny traces of cross-contamination that it would easily detect when our inflammation level is higher. Conversely, when our inflammation level is high, our immune system may become activated at the slightest provocation. That is, it will tend to respond to even the tiniest cross-contamination issues.

Clinical symptoms may vary.

The initial clinical symptoms due to cross-contamination issues may be minor in some cases, and then slowly increase, while in other cases, the clinical symptoms may be relatively severe when they first appear. Although deteriorating bowel movements may be the first signal of the beginning of a flare, in most cases, some of us notice joint pain, or backaches, or even issues such as brain fog even before the digestive symptoms appear. Regardless of the characteristics of the clinical symptoms, if the source of the cross-contamination is not tracked down and promptly removed from the diet, the flare is likely to build until it turns into a relapse, if the intestinal inflammation level is allowed to continue to build.

Stress is the cause of flares in many cases.

This is especially true when a patient's stress level is chronic. For example, a number of years ago, when many people decided to quit smoking, the chronic stress that resulted from the withdrawal symptoms caused by abruptly stopping the regular nicotine dosing, triggered many cases of microscopic colitis. But whatever the source of the stress, whether



it's physical or mental (note that even physical stress tends to cause mental stress), if it persists long enough, it will very likely trigger a flare.

Acute stress events often cause almost instantaneous

relapses.

Sudden, unexpected, highly stressful events, such as a death in the family, or the loss of a favorite pet, for example, very often trigger relapses. Events such as these tend to overwhelm our ability to prevent a stressful event from dominating our thoughts. Consequently, the stress resulting from catastrophic events such as these are able to frustrate our attempts to limit inflammation by suppressing our stress level.

Stress tends to be a very personal issue.

Everyone tends to have their own individual method or methods for relieving stress, and everyone differs in their ability to handle stress. For individuals who are able to resolve their stress issues promptly, so that they're able to effectively let go of stress issues, their background stress level will be low enough to allow good intestinal healing. But for those who simply can't let go of stressful issues, their inflammation level will tend to remain relatively high, handicapping the immune system's attempts to heal the digestive system (because stress generates inflammation). Consequently, flares due to highly stressful events tend to quickly escalate to full-blown relapses.

And as if to add insult to injury.

The stress resulting from a flare can easily cause a relapse. Our stress level will naturally increase significantly, not only because of the flare, but also due to the knowledge (and worry) that a flare can easily turn into a relapse.

Intestinal damage heals slowly.

Medical research shows that even in pediatric cases, three or more years are often required for healing, and even then, healing is not complete in some cases (Belei, et al., 2018).¹ And adults tend to heal more slowly, especially as they get older. Complete healing, in this situation, is defined as a return of the intestinal mucosa to normal cellular histology. Remission of clinical symptoms, by comparison, usually occurs within a period of weeks or months. Unless biopsy samples are taken from the intestinal mucosa, and analyzed under a microscope, there's no way for a patient to recognize the point in time at which a return to normal cellular histology occurs. Until the mucosal healing is complete, the risk of a flare turning into a relapse is almost surely higher than it will be after healing is completed.

But stress trumps everything.

It's worth noting that even after cellular histology in the lining of the intestines is restored to normal, a highly stressful event can trigger a relapse almost instantly. An accidental exposure to gluten, by comparison, is very unlikely to trigger an immediate relapse. The exposure is likely to trigger a reaction, but not a relapse. For a relapse to occur, the exposures would need to be repeated a number of times, in most cases, before a reaction would turn into a relapse.



These are uncharted waters.

We're all different due to our individual inflammation level, our diet, our gut biome, and the stress level we routinely deal with because of

our clinical symptoms (due not only to MC, but any other health issues that we might have), our work, our family, social media, and various other influences of the world, in general. And because the medical community tends to deemphasize dietary controls, absolutely no medical research exists that might be helpful for anyone attempting to resolve an MC flare. But fortunately, we know from experience that there are certainly remedies that we can try, in order to resolve the situation as quickly as possible, because the longer a flare develops, the more damage our digestive system will accrue, and the longer healing will take.

Resolving a flare may or may not be easy.

And the longer a flare goes on before it's turned around, the more difficult resolving it tends to be. But usually, we understand our risks well enough that we're able to promptly track down the problem, and eliminate it. Often, we will find that the problem was caused by a manufacturer's change of ingredients, either in food, supplements, medications, or even in items such as cosmetics. Or, risky behavior, such as eating in restaurants, or taking a chance on eating commercially processed foods that we're not absolutely sure is safe, may be causing the problem. Even flares due to stressful occasions, such as planning for an important event, may be easy to identify as the cause of our flare.

Resolving a relapse is rarely easy.

Compared with resolving a relapse, resolving a flare is a “piece of cake”. Relapses, once they develop, tend to be very persistent, because they're self-perpetuating. The relapse itself is both physically and mentally stressful, and as it tends to dominate our thoughts, our stress level increases, which increases the inflammation, which intensifies the reaction.

Or the relapse might have been the result of frequently eating out, or the stress of traveling, or moving to another home, or beginning a new job, for example. Obviously, there are many possibilities, but if we look back at the timeframe leading up to our initial symptoms, often we can discover an association that appears suspicious. Sometimes we get lucky, and the cause is obvious. Avoiding the item for a few days (or at least several weeks, if gluten cross-contamination is suspected) should verify that we've either found the culprit, or we need to continue searching.

We may need to repeat the treatment we initially used to achieve remission.

If we're unable to resolve our symptoms, going back to the recovery diet that we initially used to get the disease under control, may be necessary. If we initially used budesonide, or some other medication, such as Pepto-Bismol, in order to achieve remission, we may need to repeat that treatment.



It might be helpful to consider medications.

Even if we didn't use a medication to initially achieve remission, if the symptoms of the flare are severe enough, we might want to consider using a medication, anyway. The Pepto treatment of eight tablets per day, for up to eight weeks, if needed, is typically quite effective, although in some cases it carries a side effect risk of tinnitus. Budesonide requires a prescription, of course, but it's effective in at least two thirds of cases. We have to remember to extend the dose tapering

requirement for a budesonide treatment further than the prescription typically recommends, by reducing the dose to a capsule every other day for a week or two, followed by a capsule every third day, and possibly further, in order to avoid a relapse due to mast cell population rebound, if the treatment is ended too abruptly.

In a few cases, a new food sensitivity may have developed.

Sometimes the cause of the problem is not so obvious. In a few cases, for example a new food sensitivity may have developed. If we can't track down the problem, sometimes an EnteroLab test will reveal it. If we listen to our body, often it will give us clues that will help us to track down the problem. In some cases, the problem may be hidden somewhere other than the diet.

Keep a journal.

Keeping a detailed journal of everything we put in our mouth, or on our skin, or even odors we inhale, and events that increase our stress level, together with how we feel afterward, and reactions (if they occur), will often provide a pattern that reveals clues that will enable us to track down the problem. Good journal records can



be an invaluable asset when we're attempting to resolve the most difficult cases, where the clues may be very subtle.

Familiarity breeds trust.

Very often, in cases that seem to be refractive to our best attempts to resolve them, the problem turns out to be a food or beverage that we consume every day, and would never suspect. We have become so accustomed to its presence in our daily life, that we have never doubted its integrity. So we have assumed that it's safe, and therefore, we've given it a free pass, allowing it to fly under our radar. It may be a basic food, processed food product, beverage, medication, supplement, or a cosmetic product — anything we put in our mouth, or on our skin. When trying to resolve the toughest cases, we have to trust nothing in our diet (or our immediate environment), and suspect everything. If we do that, we should be able to resolve the toughest cases, especially if we have a journal to which we can refer.

In summary, to resolve a flare or relapse, we should:

- 1. Carefully scrutinize everything that goes in our mouth or on our skin.***
- 2. Eat simply and minimize commercially processed food products. Avoid any with more than five ingredients.***
- 3. Trust nothing — suspect everything. When in doubt, call 800 numbers on labels.***
- 4. Stop eating out and take our own food to events.***
- 5. Work especially hard to suppress stress.***
- 6. Consider ordering additional tests from EnteroLab to pinpoint the cause of the problem.***
- 7. Listen to our body — sometimes it suggests clues.***
- 8. Remember that anti-inflammatory medications such as budesonide or Pepto-Bismol are usually helpful for ending a flare sooner.***
- 9. Keep a journal of the details of our food and daily activities.***
- 10. For insurance that will simplify resolving future flares, we might want to consider continuing to keep a journal at all times, not just***

when we're reacting.

11. *Remember that preventing flares is always easier than trying to resolve them after they begin — it behooves us to avoid unnecessary risks.*

Reference

1. Belei, O., Dobrescu, A. Heredea, R., Iacob, E. R., David, V., & Marginean, O. (2018). Histologic recovery among children with celiac disease on a gluten-free diet. A long-term follow-up single-center experience. *Archives of Medical Science*, 14(1), PMC5778430. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5778430/>