
CARLA'S IMPLACABLE FOE - Reader's Digest Magazine (April 1992)

Carla Caputo, age 16, a Grade 10 student in the summer of 1989, without warning was hit by abdominal cramps - each attack necessitating a racing trip to the bathroom. There was no apparent reason for the diarrhea. Carla thought it was just a stubborn virus. A dozen or more times a day she would double over in pain and now on most of her trips to the bathroom there was blood. A colorectal surgeon thought a rectal inflammation was to blame and prescribed a mild medication. Different medicines and stronger doses were prescribed, but to no avail. By mid October, Carla had lost 35 pounds of her normal 120 pound frame, had trouble eating for almost every kind of food made her sick.

In every malfunction of the intestines, the symptoms are the same: abdominal discomfort, cramps, bloating and diarrhea. By November, doctors had ruled out a long list of possible maladies and had been left with an unhappy conclusion: Carla was suffering from a serious and debilitating ailment known as ulcerative colitis. Along with Crohn's Disease, it is one the most difficult of all gastrointestinal problems to treat. Together, ulcerative colitis and Crohn's Disease are known as Inflammatory Bowel Diseases (IBD). It has been estimated that up to 2 million Americans and almost 200,000 Canadians, most of them under 30 years of age suffer from IBD. The two anti-inflammatory drugs most prescribed for IBD are sulphasalazine, which contains sulpha and a form of aspirin, and the synthetic steroid prednisone. Carla was started on prednisone but it had little effect. In fact, her condition deteriorated. She puffed up with fluids, and tufts of her hair came out when she brushed it. Dark circles under her eyes attested to her night long bouts with diarrhoea. Fifty years ago, it was not uncommon for people to die from ulcerative colitis. Today, however, the disease is curable by an operation called a colectomy. The procedure involves removal of the colon and the rectum, thus eliminating the source of the problem. Intestinal waste is diverted into a plastic pouch, that is attached to the outside of the skin. For Carla, the prospect of an external bag was unthinkable. On January 6, 1990, Carla was rushed to hospital. Afraid she might die, the emaciated teen pleaded to go home. But there she steadily went down hill. Her knees and ankles became swollen with arthritis, an advanced symptom of IBD. One night in mid-January, Carla reached the breaking point "A bag can't be as bad as this!", she cried. The four hour operation on January 31, 1990 went without a hitch. At first, Carla was ashamed and disgusted by the ostomy bag. The next step in Carla's recovery took place in January 1991, when she underwent surgery again to construct an internal pouch controlled by her own anal sphincter.

End of Reader's Digest quote

People have not had relief from Crohn's Disease or ulcerative colitis for 50 years, except to have an operation to eradicate the problem. Through testimonials and experience, we now know that with the continued use of NAG, relief from IBD can be achieved before an operation is required, as attested to in the following testimonials.

EXAMPLES

CASE HISTORY 1 - AD

Diagnosis of Crohn's disease was made on AD in April, 1986 and surgery or steroid therapy was proposed by the attending internist, SNS. This was refused in order instead to test N-acetyl glucosamine (NAG) as a means of possibly avoiding more drastic procedures. Up to 2 grams (one teaspoon) per day were taken by AD and the symptoms appeared to be relieved after a few days. During the next few months, symptoms recurred after about one week of AD's intake of NAG was discontinued. After several months, the symptoms abated and have been in remission for over a year, with the exception of one episode in January, 1988 when there was a temporary recurrence but it responded to an increased intake of NAG. The disease remains in remission.

CASE HISTORY 2 - JF

Over a period of two or more years, JF developed a bowel disorder that caused periods of considerable pain and discomfort. In September of 1987, JF underwent an operation for an unrelated problem and at that time the attendant physician noticed that JF had an inflamed bowel. That physician and others that JF consulted offered no particular treatment apart from a possible operation in the event that the condition, which they diagnosed as diverticulitis, became severe.

In late September, 1987, JF began taking a daily dose of N-acetyl glucosamine in an amount approximating one teaspoonful (2 grams) per day. JF dissolved this in fruit juice and sipped the juice at frequent intervals over the daytime. JF's intestinal condition improved a great deal and she had no further attacks of diverticulitis. During this time, JF underwent a series of X-rays and sigmoidoscope examinations which confirmed that JF did indeed have diverticulitis.

By the early part of December, 1987, JF was feeling so much better that she decided to reduce the amount of NAG she was consuming daily. JF did this gradually until she was down to about 1/4 of a teaspoon (0.5 grams) per day. In late December, 1987, JF had a mild recurrence of the intestinal symptoms that she had experienced previously. JF returned to a larger daily dose of NAG, about 3/4 teaspoon (1.5 grams) per day, and the symptoms disappeared. In late January, 1988, JF and her husband went on holidays for two weeks during which time her consumption of NAG became somewhat irregular. Shortly before returning home, JF had another recurrence of the bowel disorder - again a mild one, but the symptoms subsided about 48 hours after resuming a steady daily intake of NAG. Since then JF has maintained a daily dose of NAG amounting to about 3/4 of a teaspoon which she takes in three portions, morning, noon and at night before bed. She has been completely symptom-free since then.

When JF reduces her daily dosage to less than 1/2 teaspoon a day (about 1.0 gram a day), she finds that adverse intestinal symptoms recur.

Apart from the specific symptoms of diverticulitis - bowel spasm, pain, low-grade fever, excessive flatulence, difficult bowel movements - which have all subsided, JF has been aware that a gradual change in bowel functions, which had occurred over a period of two years tending towards increased constipation, have now been reversed.

The conventional dietary recommendations for treatment and prevention of bowel disorders is a high fibre diet. JF had been following a high fibre diet for at least two years, beginning when she first noticed mild changes in bowel function but that diet did not prevent or relieve the symptoms of diverticulitis. Only the intake of about 3/4 teaspoon of NAG has been beneficial for eliminating these symptoms.

CASE HISTORY 3 - GTG

I went through life for 54 years not knowing I had an illness that strikes 25% of men and women in Canada and causes many miserable days and nights. I suffered bouts of abdominal pains and constipation from the time I was 10 years of age. All through my life I was given Ex-Lax, castor oil, cod liver oil and mineral oil to assuage my problems of constipation and general unhappy periods. My bad days caused me to be obnoxious and agitated which caused me to lose jobs, promotions, and even to have fights with fellow workers. I kept trying medicines to control my constipation and abdominal pains and found I could live and get by with the steady use of mineral oil USP of about 400 to 500 mgm/mo. This was not a cure but what a doctor had prescribed when I had an attack on the street in Vancouver in 1951, that was so severe that I sought medical help. I used this oil until 1987 when I met Dr. Al Burton, Ph.D., at the University of British Columbia. He told me he was working on a possible cure for a problem many people have called diverticulitis. He mentioned the symptoms of the problem and I recognized my own symptoms of many years. I told him about my symptoms and he said it sounded like I had Diverticulitis. He recommended I take a food supplement called N-Acetyl Glucosamine to help me feel better. I said I would try and I do not regret for one moment my decision. No more constipation. No more intestinal pains. No more feelings of inflamed agitation. I feel fine.

G.T.G.

4/3/92

CASE HISTORY 4 - SB

SB has been taking N-acetyl glucosamine on advice of my physician CML for about ten years with no untoward effects. SB has been taking N-acetyl glucosamine in quantities up to 10 grams per day. On average, she takes about a gram (about 1/2 teaspoon) per day. Recent haemoglobin, white blood counts, kidney function, liver function tests, sodium, potassium and glucose levels in her body were all normal. SB's thyroid function is normal as is her urinalysis.

CASE HISTORY 5 - WWTM

WWTM was originally operated on in July, 1953 and had the ascending colon and terminal ileum removed. Since 1968 WWTM had been working in Ghana, Nigeria and Saudi Arabia and from time to time experienced gastrointestinal (GIT) upsets of varying degrees and intensity which cleared up with medication. At the time, WWTM attributed these episodes to dysentery of various forms - not at all unusual in the tropics. This may or may not have been the case. In February, 1985, WWTM experienced an episode of severe abdominal pain. The physician who attended him at the time could find no evidence of a Crohn's flare-up and attributed it to dysentery, which most people get from time to time, particularly in tropical regions. In October, 1985, on the advice of Dr. Alan Burton, WWTM started taking about 1/3 of a gram of N-acetyl glucosamine daily, dissolved in water, and have continued this ever since.

WWTM has been very happy to say that he has had literally no problems since then, with one exception, and has enjoyed excellent health in spite of residing now in probably the worst pest-hole in the world, next to Bombay or Calcutta. WWTM's biochemical parameters are all normal. Serum Vitamin B12 was estimated recently, and that is also still normal. WWTM does not suffer from diarrhoea at all except when he eats the most potent Pakistani food, and that is short-lived. In fact, WWTM can honestly say that for the past three years, his health has been better than for many years previously. The one episode mentioned was in February, 1985 when WWTM did have a severe GIT attack which lasted for two days when he felt as though he had swallowed a pneumatic drill and could not eat or drink anything. WWTM continues to take about 1/3 grams of N-acetyl glucosamine daily, and can eat any kind of food and drink any kind of beverage. His weight is average for his height and build and remains reasonably steady

CASE HISTORY 6 - KC

KC has been suffering severe fatigue approaching narcolepsy with attendant confusion and memory loss. This has been attributed to a severe food allergy problem. Because of his serious food allergies, and the attendant mental afflictions, KC has been eating a synthetic diet preparation. He has also been consuming a new anti-ulcer preparation CYTOTEC, (TM), a preparation of prostaglandins which stimulate mucous secretion. He is intolerant of many foods.

KC began taking 3 grams per day of NAG in early October, 1988 and reported after two weeks that he had experienced a dramatic beneficial response. After only a few days of commencing his daily intake of NAG (3 grams), he experienced clearing of the mental symptoms and noticed an ability to tolerate many foods which he previously could not tolerate. KC has stopped taking CYTOTEC and is now taking only NAG on a daily basis. KC is completely convinced of the therapeutic benefits of a daily intake of NAG.