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The paradigm shift in the diagnosis and medical treatment of inflammatory bowel disease

One of the most destructive benign diseases of young adults is inflammatory bowel disease (IBD). This includes Crohn's disease, ulcerative colitis, and microscopic colitis. As a result of medication treatment failures, upwards to two-hundred thousand young men and women in North America will have major bowel resection annually. More than half of these 1.6 million IBD sufferers will experience a premature death compared with the general population; this includes an increased risk of colorectal cancer. The incidence of the disease is increasing: a 10 percent increase has been noted in the youngest pediatric population over the last 20 years. The problems to date in understanding and treating IBD are multifactorial: no one has identified the cause, no specific biomarkers are recognized, there are no alternatives to overtly toxic medications, and no proven alternatives presently exist to the inevitable surgical resection and disease recurrence. This review of the medical literature is admixed with the initial presentation of five young adult IBD men and three women who failed to respond to standard medical therapy: this included prednisone, Disease Modifying Anti-Rheumatic Drugs (DMARDs) and Tumor Necrosis Factor inhibitors (TNF) termed biologics: predominantly prescribed as adalimumab and infliximab. The biologics are a class of drugs that inhibit inflammation at the cytokine, thymus, TNF factors, and interleukin levels. The author describes the *De novo* success both initially and in up to 5-years of long-term follow up by combining two or three FDA approved anabolic steroids. The long-term follow up was of two adults, cachexic men with multiple surgical resections and surgically induced Short Bowel Syndrome. It is the author's intent that reporting these initial and long-term successes with the Mixed Anabolic Treatment Program (MAT-P) will awaken interest in exploring a new directive in diagnosing, following, and treating IBD. There is evidence that IBD is a catabolic medical condition found to have lower levels of Total Testosterone (TT) and higher levels of Sex Hormone Binding Globulin (SHBG). The working hypothesis is that these hormonal changes are triggered by exposure to xenoestrogens that include man-made hormones in the environment: Bisphenol-A and-B, dioxin, DDT, glyphosates, and persistent organochloride pesticides (POP) ingested with food. Just as with *in vivo* natural estrogens, these man-made xenoestrogens have varying affinities to first attach to the Androgen-Receptor on the cell wall. They traverse the cytoplasm to attach to the Estrogen Receptor-alpha (ERα) and Estrogen Receptor-beta (ERβ) on the nuclear membrane. This proteins propagated by nuclear mRNA and DNA are abnormal, inflammatory and in time can produce an autoimmune reaction. This process can worsen over time and overwhelm the anabolic processes attempting to maintain homeostasis. There is evidence of a reproducible serum biomarker for IBD termed the Free Androgen Index (FAI). The host conversion from anabolic to catabolic is observed to parallel the FAI; the ratio of Total Testosterone divided by Sex Hormone Binding Globulin. The Total Testosterone (TT) represents the total anabolic potential of the host while the Sex Hormone Binding Globulin (SHBG) is seen to represent the influence of total *in vivo* estrogen and externally derived *in vitro* xenoestrogen activity. A low FAI is proposed to be a diagnostic biomarker of inflammatory disease in both sexes. Progressive increases in the FAI is a biomarker of observed improvement. There is evidence that medical treatment in the Mixed Anabolic Treatment Protocol (MAT-P) described herein successfully uses naturally occurring anabolic steroids of testosterone and nandrolone to raise the serum total testosterone to therapeutic ranges. Used concurrently with stanozolol, the first derivative of dihydrotestosterone, the Mixed Anabolic Treatment Protocol (MAT-P) blocks the host liver production of SHBG. Observations reported herein confirm that bringing the biomarker, FAI, into normal and supra-physiological range corresponds to recovery in cases of IBD where all medical and surgical standard treatments had been exhausted. This review encourages the gastroenterologist and the surgeon to see IBD as an environmental mediated hormonal catabolic process; that the directed addition of anabolic steroids resets the hormonal biomarker, corrects the host homeostasis hormonal milieu, and thereafter, reverses the inflammatory nature of the dominating estrogenic hormones. The paradigm shift utilizes hormonal anabolic medications to thwart the xenoestrogen burden on the host without which, the host can direct its energy to repair and 'finding the cure.'

Biography: Refer to Page No 36.