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## ULTRAINFLAMX MEDICAL FOOD FOR TREATMENT OF A PATIENT WITH ULCERATIVE COLITIS

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### Purpose

To investigate a nutritional approach using UltraInflamX medical food in the management of ulcerative colitis (UC) symptomatology. Research suggests that factors such as gastrointestinal infection, intestinal flora imbalances, and dietary antigens are important as underlying causes or triggers of this disease.

### Patient's Presentation and History

A 52-year-old Caucasian female, presented with a diagnosis of UC. Her main complaints were 3 to 4 liquid or illformed bowel movements per day, which included explosive-type gas and occasional blood. She reported no pain or cramping. Her symptoms began 5 years prior to presentation, when she experienced unexplained diarrhea for 2 weeks that subsequently cleared spontaneously. The diarrhea recurred 2 years later and did not remit. For the last 3 years, she had been taking 750-1,000 mg mesalamine bid with incomplete symptom relief. She was still taking the mesalamine as well as a variety of herbal and nutritional supplements. This patient's family history was negative for inflammatory bowel disease.

### Patient's Objective Information

- Initial MSQ\* score was substantially elevated
- Initial laboratory assessment showed low hematocrit, hemoglobin, and mean corpuscular hemoglobin, with a borderline-high erythrocyte sedimentation rate<sup>†</sup>
- Parasitology results were negative

### Plan

The patient was placed on:

- UltraInflamX, 2 scoops bid
- Fish oil supplement (600 mg EPA, 400 mg DHA), 2 capsules tid
- An elimination diet program, which removed common food allergens including gluten, dairy, corn, pork, and citrus

### 4 Week Results

After 4 weeks on the UltraInflamX program, the patient reported an absence of digestive symptoms and that she was having 1 well-formed bowel movement per day. She had independently stopped the mesalamine and her sedimentation rate had decreased to within reference range (Figure 1). She was started on a supplement providing 29 mg of iron tid and instructed to begin the reintroduction of foods while recording her responses.

### 12 Week Results

After 12 weeks on the UltraInflamX program, the patient was continuing to do well: her MSQ score showed significant improvement (Figure 2), and her hematocrit and hemoglobin had increased to within reference ranges (Figure 3). She appeared to react to some foods, particularly simple sugars and sesame seeds. The patient was advised to continue on the protocol with further exploration of intolerant/allergenic foods and to add a rice flour-based, psyllium fiber supplement at 1/2 scoop bid for continued support of fecal bulk and short-chain fatty acid production.

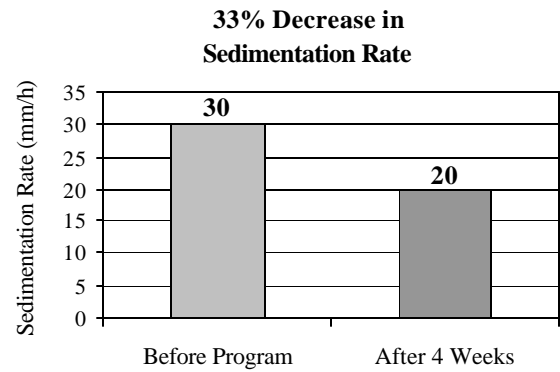
### Conclusion

While conventional approaches are typically used in standard medical practice, dietary modifications and nutritional support may also play a critical part in the management of UC. This case report suggests that an individualized nutritional approach to the management of UC may offer considerable benefit to patients with this condition.

**Figure 1**

After just 4 weeks on the program, the patient’s sedimentation rate<sup>†</sup> decreased from 30 to 20 (reference range: 0-30).

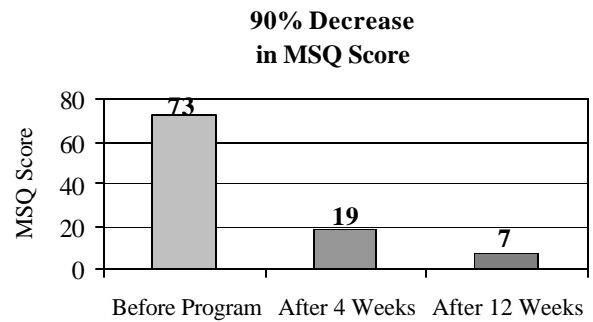
This result suggests a decrease in overall inflammation.



**Figure 2**

The patient had a sizable decrease in her MSQ score after 12 weeks on the UltraInflamX program.

This result suggests a substantial positive effect on the patient’s physical symptoms.



**Figure 3**

After 12 weeks, the patient’s hematocrit increased from 32.8% to 41.2% and hemoglobin increased from 10.9 g/dL to 13.9 g/dL, suggesting there was no ongoing intestinal blood loss.

These results indicated a response to iron supplementation and improvement in intestinal integrity.

	Reference Range	Before Program	After 12 Weeks
Hematocrit (%)	37-47	32.8	<b>41.2</b>
Hemoglobin (g/dL)	12-16	10.9	<b>13.9</b>

\*The Medical Symptoms Questionnaire<sup>®</sup> (MSQ) is a clinical tool for the evaluation of general physical symptoms. Total scores above 75 are generally associated with substantial symptomatology and disability; scores below 30 generally indicate few or low-intensity symptoms.

<sup>†</sup>A blood test that detects and monitors inflammation in the body. It measures the rate at which red blood cells (RBCs) in a test tube separate from blood serum over time, becoming sediment in the bottom of the test tube. The sedimentation rate increases with more inflammation.

Note: The information provided in this Case Study describes the results of one patient under the care of a licensed healthcare practitioner and may not be a typical response. UltraInflamX Medical Food is to be used under the supervision of a physician or other licensed healthcare professional.

Case Study: *UltraInflamX<sup>®</sup> Medical Food for Treatment of a Patient with Ulcerative Colitis*. Metagenics, Inc; 003UC703.