

Facts and Fallacies About Digestive Diseases

National Digestive Diseases Information Clearinghouse



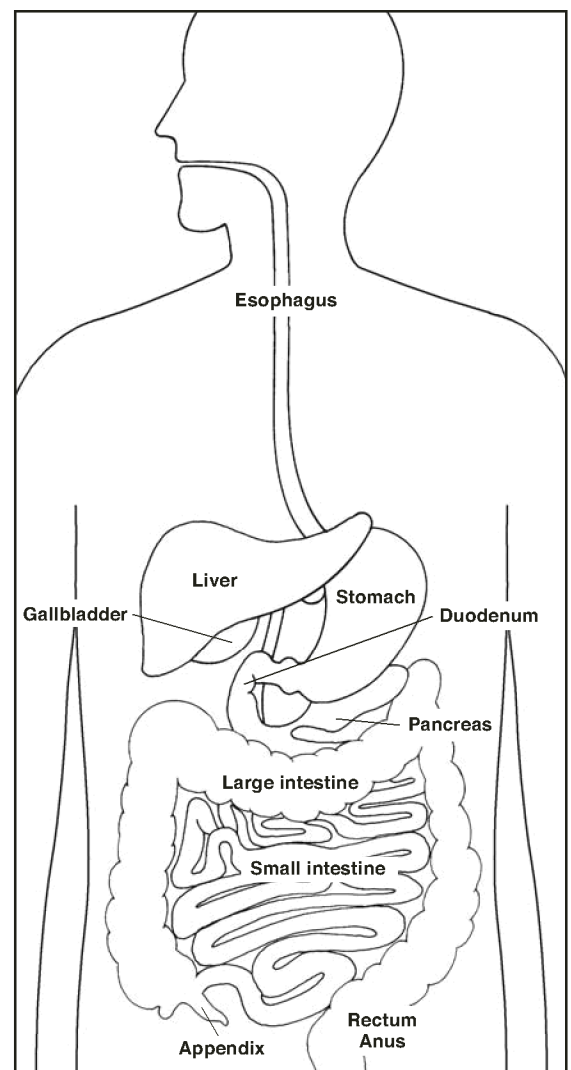
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Researchers have only recently begun to understand the many, often complex, diseases that affect the digestive system. Accordingly, people are gradually replacing folklore, old wives' tales, and rumors about the causes and treatments of digestive diseases with accurate, up-to-date information. But misunderstandings still exist, and, while some folklore is harmless, some can be dangerous if it keeps a person from correctly preventing or treating an illness. Listed below are some common misconceptions (fallacies), about digestive diseases, followed by the facts as professionals understand them today.

Spicy food and stress cause stomach ulcers. False.

The truth is, almost all stomach ulcers are caused either by infection with a bacterium called *Helicobacter pylori* (*H. pylori*) or by use of pain medications such as aspirin, ibuprofen, or naproxen, the so-called nonsteroidal anti-inflammatory drugs (NSAIDs). Most *H. pylori*-related ulcers can be cured with antibiotics. NSAID-induced ulcers can be cured with time, stomach-protective medications, antacids, and avoidance of NSAIDs. Spicy food and stress may aggravate ulcer symptoms in some people, but they do not cause ulcers.



Smoking a cigarette helps relieve heartburn. False.

Actually, cigarette smoking contributes to heartburn. Heartburn occurs when the lower esophageal sphincter (LES)—a muscle between the esophagus and stomach—relaxes, allowing the acidic contents of the stomach to splash back into the esophagus. Cigarette smoking causes the LES to relax.

Celiac disease is a rare childhood disease. False.

Celiac disease affects children and adults. At least 1 in 1,000 people and, in some populations, 1 in 200 people have celiac disease. Most often, celiac disease first causes symptoms during childhood, usually diarrhea, growth failure, and failure to thrive. But the disease can also first cause symptoms in adults. These symptoms may be vague and therefore attributed to other conditions. Symptoms can include bloating, diarrhea, abdominal pain, skin rash, anemia, and thinning of the bones (osteoporosis). Celiac disease may cause such nonspecific symptoms for several years before being correctly diagnosed and treated.

People with celiac disease should not eat any foods containing gluten, a protein in wheat, rye, barley, and possibly oats, regardless of whether or not they have symptoms. In these people, gluten destroys part of the lining of the small intestine, which interferes with the absorption of nutrients. The damage can occur from even a small amount of gluten, and not everyone has symptoms of damage.

Bowel regularity means a bowel movement every day. False.

The frequency of bowel movements among normal, healthy people varies from three a day to three a week, and perfectly healthy people may fall outside both ends of this range.

Habitual use of enemas to treat constipation is harmless. False.

The truth is, habitual use of enemas is not harmless. Over time, enemas can impair the natural muscle action of the intestines, leaving them unable to function normally. An ongoing need for enemas is not normal; you should see a doctor if you find yourself relying on them or any other medication to have a bowel movement.

Irritable bowel syndrome is a disease. False.

Irritable bowel syndrome is not a disease. It is a functional disorder, which means that there is a problem in how the muscles in the intestines work. Irritable bowel syndrome is characterized by gas, abdominal pain, and diarrhea or constipation, or both. Although the syndrome can cause considerable pain and discomfort, it does not damage the digestive tract as diseases do. Also, irritable bowel syndrome does not lead to more serious digestive diseases later.

Diverticulosis is an uncommon and serious problem. False.

Actually, the majority of Americans over age 60 have diverticulosis, but only a small percentage have symptoms or complications. Diverticulosis is a condition in which little sacs—or out-pouchings—called diverticula, develop in the wall of the colon. These tend to appear and increase in number with age. Most people do not have symptoms and would not know that they had diverticula unless x-ray or intestinal examination were done. Less than 10 percent of people with diverticulosis ever develop complications such as infection (diverticulitis), bleeding, or perforation of the colon.

Inflammatory bowel disease is caused by psychological problems. False.

Inflammatory bowel disease is the general name for two diseases that cause inflammation in the intestines, Crohn's disease and ulcerative colitis. The cause of the disease is unknown, but researchers speculate that it may be a virus or bacteria interacting with the body's immune system. There is no evidence to support the theory that inflammatory bowel disease is caused by tension, anxiety, or other psychological factors or disorders.

Cirrhosis is only caused by alcoholism. False.

Alcoholism is just one of many causes of cirrhosis. Cirrhosis is scarring and decreased function of the liver. In the United States, alcohol causes less than one-half of cirrhosis cases. The remaining cases are

from other diseases that cause liver damage. For example, in children, cirrhosis may result from cystic fibrosis, alpha-1 antitrypsin deficiency, biliary atresia, glycogen storage disease, and other rare diseases. In adults, cirrhosis may be caused by hepatitis B or C, primary biliary cirrhosis, diseases of abnormal storage of metals like iron or copper in the body, severe reactions to prescription drugs, or injury to the ducts that drain bile from the liver.

After ostomy surgery, men become impotent and women have impaired sexual function and are unable to become pregnant. False.

Ostomy surgery does not, in general, interfere with a person's sexual or reproductive capabilities. Ostomy surgery is a procedure in which the diseased part of the small or large intestine is removed and the remaining intestine is attached to an opening in the abdomen. Although some men who have had radical ostomy surgery for cancer lose the ability to achieve and sustain an erection, most men do not experience impotence, or, if they do, it is temporary. If impotence does occur, a variety of solutions are available. A urologist, a doctor who specializes in such problems, can help find the best solution. In women, ostomy surgery does not damage sexual or reproductive organs, so it does not directly cause sexual problems or sterility. Factors such as pain and the adjustment to a new body image may create some temporary sexual problems, but they can usually be resolved with time and, in some cases, counseling. Unless a woman has had a hysterectomy to remove her uterus, she can still bear children.

Additional Resources

American Liver Foundation
1425 Pompton Avenue
Cedar Grove, NJ 07009
Tel: (800) 465-4837 or (973) 256-2550

Celiac Disease Foundation
13251 Ventura Boulevard
Suite 1
Studio City, CA 91604-1838
Tel: (818) 990-2354

Crohn's & Colitis Foundation of
America, Inc.
386 Park Avenue South
17th Floor
New York, NY 10016-8804
Tel: (800) 932-2423 or (212) 685-3440

Hepatitis Foundation International
30 Sunrise Terrace
Cedar Grove, NJ 07009-1423
Tel: (800) 891-0707 or (973) 239-1035

International Foundation for Functional
Gastrointestinal Disorders
P.O. Box 17864
Milwaukee, WI 53217
Tel: (414) 964-1799

United Ostomy Association
19772 MacArthur Boulevard
Suite 200
Irvine, CA 92612-2405
Tel: (800) 826-0826 or (949) 660-8624

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The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). NIDDK is part of the National Institutes of Health under the U.S. Department of Health and Human Services. Established in 1980, the clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals, and the public. NDDIC answers inquiries; develops, reviews, and distributes publications; and works closely with professional and patient organizations and Government agencies to coordinate resources about digestive diseases.

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