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To study on nutritional status in patients with ulcerative colitis

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Abstract

Ulcerative colitis is a chronic inflammatory disease affecting the colon, and its incidence is rising worldwide. The pathogenesis is multifactorial, involving genetic predisposition, epithelial barrier defects, deregulated immune responses, and environmental factors. Patients with ulcerative colitis have mucosal inflammation starting in the rectum that can extend continuously to proximal segments of the colon. Ulcerative colitis usually present with bloody diarrhoea and is diagnosed by colonoscopy and histological findings. Treatment for ulcerative colitis include 5-aminosalicylic acid drugs, steroids, and immune-suppressant. The therapeutic armamentarium for ulcerative colitis is expanding. A total of 60 respondents were interviewed and were investigated for ulcerative colitis. A predesigned and pretested was used to collect the information about the participants. For the research survey method was used for the collection of data. Results shows that mostly 70 (%) respondents were aware of ulcerative colitis and 30 (%) respondents were not aware of ulcerative colitis. In conclusion that studies ulcerative colitis.

Keywords: Ulcerative colitis, inflammation, colon, immune

Introduction

Ulcerative colitis (UC) is an inflammatory bowel disease. It causes irritation, inflammation, and ulcers in the lining of your large intestine (also called your colon). Ulcerative colitis is a chronic disease with a remitting and relapsing course that can progress from asymptomatic mild inflammation to extensive inflammation of the colon, resulting in frequent bloody stools, colonic motility dysfunction, potentially permanent fibrosis and tissue damage, systemic symptoms, and the need for surgery. Types of Ulcerative Colitis: Ulcerative proctitis is usually the mildest form. It's only in the rectum, the part of your colon closest to your anus. Rectal bleeding may be the only sign of the disease. Proctosigmoiditis happens in your rectum and the lower end of your colon (you may hear the doctor call it the sigmoid colon). You'll have bloody diarrhoea, belly cramps, and pain. You'll have the urge to poop, but you won't be able to. (Your doctor may call this tenesmus). Left-sided colitis causes cramps on that side of your belly. You'll also have bloody diarrhoea, and you might lose weight without trying. You'll have inflammation from your rectum up through the left side of your colon, Pancolitis often affects your entire colon. It can cause severe bouts of bloody diarrhoea, belly cramps, pain, fatigue, and major weight loss, acute severe ulcerative colitis is rare. It affects your entire colon and causes severe pain, heavy diarrhoea, bleeding, and fever. Causes: Food habits, Stress, Poor immune system, Family history, Genetic factor, and Environmental factors. Symptoms: Cramping belly pain, Sudden urges to poop, Not feeling hungry, Weight loss, Feeling tired, Fever, Dehydration, Joint pain or soreness, Canker sores, Eye pain when you look at a bright light, Too few red blood cells called anaemia, Skin sores, Feeling like you haven't completely emptied your colon after you use the bathroom, Waking up at night to go, Not being able to hold your stool in, Pain or bleeding with bowel movements. Diagnosis: Blood tests can show if you have anaemia or inflammation, Stool samples can help your doctor rule out an infection or parasite in your colon. They can also show if there's blood in your stool that you can't see. Flexible sigmoidoscopy lets your doctor look at the lower part of your colon. They'll put a bendable tube into your lower colon through your bottom. The tube has a small light and camera on the end. Your doctor might also use a small tool to take a piece of the lining of your lower colon. This is called a biopsy. A doctor in a lab will look at the sample under a Microscope.

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Colonoscopy is the same process as flexible sigmoidoscopy, only your doctor will look at your whole colon, not just the lower part., X-rays are less common for diagnosing the disease, but your doctor may want you to have one in special cases.

Complication: Bleeding. This can lead to anaemia. Osteoporosis your bones might become weak because of your diet or if you take a lot of corticosteroids.

Dehydration: You might need to get fluids through a vein (intravenous, or IV) if your large intestine can't absorb enough.

Inflammation: This can affect your joints, skin, or eyes.

Liver disease: Your bile ducts or liver could become inflamed, or you could get scar tissue in your liver.

Colon cancer: Ulcerative colitis puts you at higher risk of getting colon cancer, especially if your whole large intestine is affected or if you've had UC for a long time.

Food to eat: Omega-3-rich foods, some probiotic foods, Low fibre fruits, refined grains, Lean protein, cooked vegetables, plenty of fluids, Dietary supplements.

Food to avoid: Lactose products, Red meat and processed meats, Alcohol, Carbonated drinks, No absorbable sugars, Insoluble fibre foods, Sugary foods, High fat foods, Spicy foods, Gluten, Dietary emulsifiers. Patile TD, *et al.*, (2016) [6] According to ulcerative colitis (UC) is a chronic, episodic inflammatory disorder of the colon that classically affects the rectum, with variable, but continuous, involvement of the proximal colon. The clinical management of UC primarily include amino salicylates, corticosteroids, purine antimetabolites and tumour necrosis factor antagonists, either used sequentially or in combination. Gajendran M, *et al.*, (2019) [5] According to ulcerative colitis is a chronic idiopathic inflammatory bowel disease (IBD) of the colon that causes a superficial mucosal inflammation in a continuous

fashion extending from the rectum to the more proximal colon, in varying extents.

Material and Method

Scientist methodology is necessary for successful study as it directly toward to detail of method and technique device and procedure applied conducting research. "To study on nutritional status of ulcerative colitis in rural area."

Research design

The area of sultanpur districts was purposively selected because study has been easily accessible for the researchers for collection data.

Selection of area

Sultanpur district will be selected for primary data collection.

Selection of sample size

Total 60 respondents will be selected for primary data collection.

Method of collection of data

Survey method will be adopted in order to collection of data from the selection respondent with the help of the survey with questionnaire schedule. The schedule will include aspect which led to the fulfilment of the objective of this study. Schedule will include the following.

Statistical analysis

The data obtained from various parameters will be analysed be appropriate statistical method.

Result and Discussion

Table 1: Distribution of respondent on the basis of ulcerative colitis in family

Ulcerative colitis in family.	Frequency N=60	Percentage (%)
Yes	15	25
No	45	75
Total	60	100

Above shows the table that (25%) respondent were Yes whereas, (75%) respondent were No.

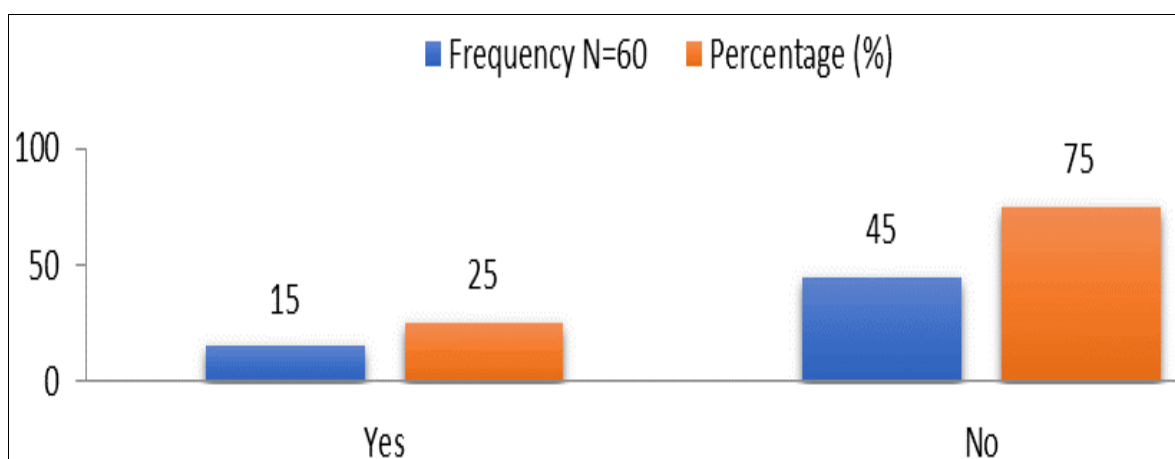


Fig 1: Distribution of respondent on the basis of ulcerative colitis in family

Table 2: Distribution of respondent on the basis of experience intermittent pain in the abdomen

Intermittent pain in the abdomen	Frequency N=60	Percentage (%)
Yes	52	86.7
No	8	13.3
Total	60	100

Above shows the table that (86.7%) respondent were Yes whereas, (13.3%) respondent were No

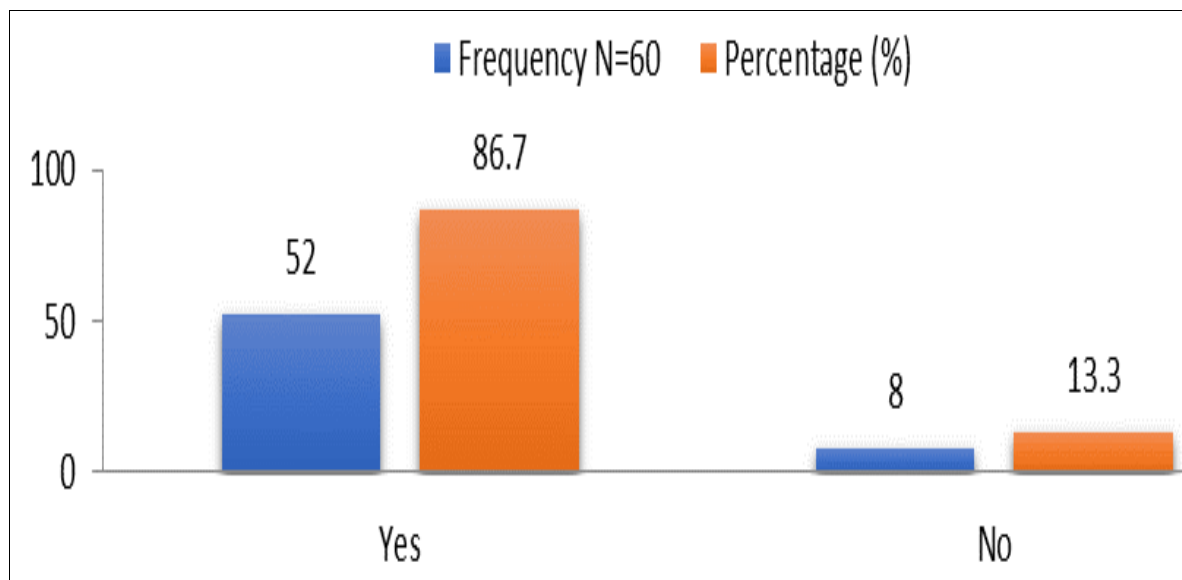


Fig 1.2: Distribution of respondent on the basis of intermittent pain in the abdomen

Conclusion

Ulcerative colitis is a complex disease characterized endoscopically based on its mucosal features, disease extent, and disease activity. The mucosal changes are seen within a particular anatomical distribution of the colon or distal small bowel. Colonoscopy evaluation of the mucosa is crucial so that disease activity can be assessed according to various indices and so that therapy targeted for particular segments of the colon can be prescribed. Colonoscopy also allows for evaluation of endoscopic remission, which has been associated with mucosal healing. Mucosal healing is an important emerging concept in IBD management, but there is currently no standardized definition of the term, and various studies use different definitions. Despite this heterogeneity in definition, it is clear that mucosal healing results in improved outcomes and most of our currently available UC therapies result in mucosal healing—at least to some degree. In the future, a standardized definition of mucosal healing will probably be developed, and this concept will continue to evolve. Colonoscopy will continue to be an important part of this process as our understanding of UC and its management improves.

References

1. Ungaro, Ryan, Colombel, Jean-Frederic, Lisssoos, Trevor, Peyrin-Biroulet, Laurent. A treat-to-target update in ulcerative colitis. *The American Journal of Gastroenterology*. 2019;114(6):874-883.
2. <https://www.medicalnewstoday.com/articles/317836>
3. <https://www.webmd.com/ibd-crohns-disease/ulcerative-colitis/what-is-ulcerative-colitis>
4. <https://www.ncbi.nlm.nih.gov/pmc/article/PMC6487890>
5. Gajendran M, Loganathan P, Jimenez G, Catinella A, NG N, Umopathy C, *et al*. A comprehensive review and update on ulcerative colitis. *Disease-a-Month*. 2019;65(12):100851.
6. Patil TD, Moss CA, Odze DR. Role of histologic inflammation in the natural history of ulcerative colitis." *Gastrointestinal endoscopy clinics of North America*. 2016;26(4):629-640.
7. Elizabeth R, Paine. Colonoscopic evaluation in ulcerative colitis." *Gastroenterology*. 2014;2(3):161-168.