

# Inflammatory Bowel Disease Protocol

Clinical Protocol to Support Inflammatory Bowel Disease\*



## The Pathophysiology of Inflammatory Bowel Disease

Inflammatory Bowel Disease (IBD) is a condition characterized by repetitive episodes of gastrointestinal (GI) inflammation as the result of a dysregulated immune response and imbalanced gut microbiota. IBD is classified into two main types: ulcerative colitis (UC) and Crohn's disease (CD). IBD presentations vary based on type and severity; however, a common symptom is diarrhea, which may also be associated with blood or mucus, tenesmus, fecal urgency, and abdominal pain. Both UC and CD have extraintestinal involvements, particularly in the skin, eyes, and bones, and may manifest in nutrient deficiencies owing to damaged colonic tissues and absorption sites.

The complete etiology of IBD is not yet fully understood, but it is believed to be the result of a combination of environmental factors, gut microbiome dysbiosis, genetic susceptibility, and autoimmune or imbalanced immune responses. Mortality for individuals with IBD is approximately 1.5 to 5 times higher than that of the general population, and individuals who have CD experience the highest morbidity and mortality. Management for IBD varies based on symptoms and severity.<sup>1-5</sup>

This clinical protocol is designed to support a healthy immune system, healthy gut microbiome, and healthy gastrointestinal tract, and it includes evidence-based lifestyle and dietary interventions for IBD.\*

## Diagnostic Biomarkers and Clinical Indicators of IBD

Clinical diagnosis of IBD is determined using clinical features, laboratory tests, stool studies, and radiologic, endoscopic, and/or histologic findings.<sup>6-8</sup>

### For routine monitoring:

- Complete blood count
- C-reactive protein
  - $\leq 0.8$  mg/dL;  $\leq 76.2$  nmol/L
- Erythrocyte sedimentation rate
  - Female: 0 to 20 mm/hr
  - Male: 0 to 15 mm/hr
- Albumin, serum
  - 3.5 to 5.5 g/dL
- 25-hydroxyvitamin D (25-hydroxycholecalciferol)
  - 30 to 60 ng/mL
- Conditionally assess nutritional deficiencies, including but not limited to: iron, calcium, phosphorus, magnesium, vitamins A, E, B12, zinc, folate

### Assessing Dysbiosis

Consider the [GI-MAP™](#) molecular stool analysis testing to assess the GI microbiome and environment. To use interventions based on these results, refer to the Gastroenterology Specialty Protocol and treat accordingly.

IBD may be life-threatening, and at times individuals may require emergent care, especially during severe exacerbations. The practitioner is encouraged to become familiar with red flag signs and symptoms.

## Therapeutic Diet and Nutritional Considerations

- Malnutrition is common in IBD. Ensure adequate intake of calories, protein, and fats. Consider meal replacement and/or supplementation. Critically ill patients may require more drastic interventions.<sup>9-11</sup>
- Address nutrient deficiencies, which are common due to poor absorption and excess fecal loss. Nutrients of concern: iron, vitamins B12 and D, folate, zinc, magnesium, calcium, and potassium.<sup>9-11</sup>
- Identify and eliminate aggravating dietary factors. Dietary triggers are common in the inflammatory response associated with IBD. Common aggravators: dairy, gluten, corn, carrageenan, and sulfur-containing foods. Note that elimination diets may worsen nutritional deficiencies. An interdisciplinary approach with a registered dietitian is recommended.<sup>9-11</sup>
- Recommend a Mediterranean diet and include foods that are high in omega-3 fatty acids, fiber, and complex carbohydrates, such as fruit and vegetables, and those foods low in refined carbohydrates and sugar. Note that high-fiber diets may not be well-tolerated during flare-ups or in all populations, such as those with luminal narrowing.<sup>9-12</sup>

## Lifestyle Interventions

- Advise cessation of cigarette smoking and reduce caffeine intake.<sup>12</sup>
- Consider promoting a healthy mood and screen for common comorbidities, such as depression and anxiety.
- Promote stress management through techniques such as meditation, breathing exercises, and biofeedback.



## Supplement Protocol

### Primary Support:



### ImmunoMod-A™

<b>Dose</b>	2 capsules two times per day
<b>Duration</b>	Ongoing
<b>Formula Highlights</b>	ImmunoMod-A™ has been formulated to help balance a healthy inflammatory response, which is necessary to help maintain optimal immune function in the body.* It features ParActin®, an extract of the herb <i>Andrographis paniculata</i> , which has been shown to help modulate immune, inflammatory, and oxidative pathways.* This product also contains the monosaccharide N-acetyl-D-glucosamine (NAG) along with curcumin, a polyphenolic compound extract from the spice turmeric. Both of these compounds help to support a healthy inflammatory response.*

### IgGI Shield™ powder or capsules

<b>Dose</b>	1 scoop (3.5 g) three times per day or 4 capsules two times per day
<b>Duration</b>	Ongoing
<b>Formula Highlights</b>	IgGI Shield™ combines ImmunoLin® and N-acetyl-D-glucosamine (NAG) to support gut and immune health by promoting healthy intestinal barrier function, balanced immune and inflammatory responses, and the normal clearance of microbes and toxins from the GI tract.* ImmunoLin®, a dairy-free, serum-derived bovine immunoglobulin (SBI) concentrate, is the only purified source of immunoglobulin G (IgG) available as a dietary supplement.* Immunoglobulins support optimal immune function at the gut and systemic levels.* NAG complements ImmunoLin® by helping to maintain the integrity of the GI tract's mucosal barrier and further supporting immune health.* IgGI Shield™ is available as capsules or an unflavored powder.

### ProBioMed™ 250

<b>Dose</b>	1 stick pack per day with breakfast
<b>Duration</b>	Ongoing
<b>Formula Highlights</b>	ProBioMed™ 250 is our highest-potency, shelf-stable, dairy-free probiotics formulation containing 250 billion CFUs per serving. It consists of 10 of the most highly researched probiotic strains, with each strain and specific CFU count being fully disclosed. These are robust strains that are capable of surviving the harsh journey to the intestines and are able to attach to the intestinal walls, where they can grow and function effectively to support GI health.* ProBioMed™ 250 is offered in novel, single-serving stick packs, which are lined with a moisture-, oxygen-, and light-resistant film to preserve viability. They do not require refrigeration, making them convenient for travelers and anyone on the go.

### OmegaAvail™ Synergy

<b>Dose</b>	2 softgels with each meal (6 softgels per day)
<b>Duration</b>	Ongoing
<b>Formula Highlights</b>	OmegaAvail™ Synergy's unique omega 3-6-7-9 formula contains a blend of omega-3 fats (EPA/DHA) in the TruTG™ form, the omega-6 GLA (from borage oil), the omega-7 fat palmitoleic acid and the omega-9 fat oleic acid from certified virgin organic macadamia nut oil.

### Adjunct Support:

### GI Revive®

<b>Dose</b>	8 grams (approximately 1 teaspoon) twice per day
<b>Duration</b>	Ongoing
<b>Formula Highlights</b>	GI Revive® is formulated with specific amino acids, a botanical blend, and minerals to offer comprehensive support for GI health and function.* The lining of the GI tract must be permeable enough for nutritional absorption, yet also provide a barrier against toxins, allergens, and certain microbes. The ingredients in this formula support healthy intestinal function by coating and soothing the GI lining and promoting the body's natural GI repair process.* GI Revive® supports GI tract health, a healthy inflammatory response, and healthy intestinal function and regularity.*

For a list of references cited in this document, please visit:

<https://www.designsforhealth.com/api/library-assets/literature-reference---inflammatory-bowel-disease-protocol-references>

Dosing recommendations are given for typical use based on an average 150-pound healthy adult. Health-care practitioners are encouraged to use clinical judgement with case-specific dosing based on intended goals, subject body weight, medical history, and concomitant medication and supplement usage. Any product containing botanical substances has the potential for causing individual sensitivities, appropriate monitoring, including liver function tests (LFT) is recommended.

For considerations regarding herb-drug and nutrient-drug interactions, please refer to reliable, evidence-based resources such as the Natural Medicine Database or Stargrove MB, Treasure J, McKee DL. *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies*. St. Louis, MO: Mosby-Elsevier; 2008.

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\*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.