

Crohn's Disease

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Abstract: Crohn's disease is caused by someone the crohnie knows well and is in a relationship with (friend or family) who happens to be on a stimulant drug, such as amphetamine, diet drug, anti-depressant, marijuana, cocaine, depakaote, buspar, seratonin drug. The med or drug user is being accused of being a drug junkie. [Nature and Science. 2005;3(2):21].

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Crohn's disease is caused by someone the crohnie knows well and is in a relationship with (friend or family) who happens to be on a stimulant drug, such as amphetamine, diet drug, anti-depressant, marijuana, cocaine, depakaote, buspar, seratonin drug or 1 of many I could not know of that have an anti-depressant in it as an ingredient. When that person is on the drug, he/she can unknowingly cause a vulnerable person to develop the symptoms of Crohn's. The strange and unbelievable part that defies logic is that the two (or more) persons do not have to be in the same room for the crohnie to have the symptoms. They can be miles and miles apart. All it takes is the mind connection and the drug. Asking the person to cease the drug and substitute it with a tranquilizer such as Valium or Ativan rarely will be successful, as the person cannot believe that what they use or ingest can harm another person.

In that case, I cease ALL contact with the person, hoping that time will diminish and negate our thoughts of each other, because as long as the drug and thoughts continue, so do the symptoms. Much like a divorce, it takes time to release the thoughts.

As for children, younger than 16 or so, they rarely have friends that are on a drug (or med, if that sounds better) so usually it is a caretaker or parent that may be on an anti-depressant or one of the other meds, not thinking it important to tell the child they are on the med. May I add, this is not to say discontinue treatment with the physician, until the child or person is completely feeling normal.

The latest med I discovered that has an antidepressant in it is Flexeril, an anti-spasmodic, by looking in the PDR (Physicians Desk Reference) and who would ever guess.

To cite something I was told by a pediatrician at

the County Hospital in Chicago of the United States, is that they have babies of drug addicted mothers that throw up constantly. The doctor said they throw up because they are trying to bond with the mother and cannot because she is on a hard drug. So they remove the baby from the mothers care and have a surrogate mother take over.

The vomiting illness is called rumination. Their action is correct, but their reasoning does not coincide with mine. I tried to explain, the baby IS bonded with the mother but is reacting by throwing up BECAUSE of the stimulant drug the mother is on.

Whether the idea was accepted or not, I cannot say. I realize it is a difficult concept to understand. However, if one can identify with this theory, or even if not, ask around and not be bashful, the results will be the cessation of Crohn's and UC, if not immediately, then in the time that is needed to break the bond. Some misconception about this theory.

The thoughts have to be bad thoughts. No, usually they are good thoughts or any thoughts, because one tends to forget the person if they do not like them.

The med or drug user is being accused of being a drug junkie. Some are illegal drugs, but most are the commonly used drugs prescribed by physicians. The person that has Crohn's only a short time has an advantage, because no drugs or surgeries complicate the matter. In a long standing illness, there may be fallouts from the past treatments, but the Crohn's will cease and no further new symptoms will occur. This is not moral issue, but a health issue to try get someone well.

References

- [1] <http://digestive.niddk.nih.gov/ddiseases/pubs/crohns>.
- [2] <http://www.angelfire.com/ga/crohns>.