



## Dietary Patterns and Endoscopic Therapy with Combination of Nutrients

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### DESCRIPTION

Vitamin Crohn's disease (CD) is a chronic, relapsing disease which is considered as a complex disease which results in interplay of genetic, environmental, and immunological factors. The connection between specific meals and CD has been very crucial, it might be not sufficient for complex interactions between the nutrients. The children consume meals which are made up of a variety of foods with complex combinations of nutrients rather than single nutrients.

Furthermore, the dietary patterns are frequently linked to certain nutrient intakes, single-nutrient analyses that may be complicated by their impact. It is often advised to examine dietary trends in order to get around these restrictions [1]. The information on dietary patterns may also be more helpful for clinical intervention, preventive, and advice reasons, which has recently been shown for chronic diseases like diabetes, hypertension, and coronary heart disease.

The burden of CD is highest among young adults and recent evidence suggests that children show high susceptibility, particularly Canadian children, in whom a very high incidence and prevalence has been reported [2]. So far, no study has been examined whether the combinations of foods which influence the development of CD and thus investigate whether the specific dietary patterns among children were associated with risk for CD.

However, there is currently limited information on the precise environmental risk factors that could influence the occurrence of disease. Much progress has been made in understanding its pathogenesis; however, the exact etiology remains unknown. This is not surprising considering that people often eat meals that include a variety of foods with complex nutritional combinations that can have a variety of synergistic or interaction effects [3]. The examination of just one nutrient or meal is unable to capture these impacts. The crohn's disease is potentially a disabling condition that may cause disruption of family and school life, which produces financial burdens, and

lead to social isolation and an uncertain future. It often requires major surgery and/or potent pharmacotherapy.

The etiology of CD has long been linked to diet as a major factor. The primary source of foreign antigen GIT is exposed to, be followed by commensal flora [4]. However, the epidemiological research has been mostly failed to pinpoint specific foods or nutrients that might be a risk factor for the inflammation associated with CD.

Most previous studies investigating Crohn's disease and quality of life have been retrospective, have predominantly been concerned with psychological factors, and have concentrated on adults. 20%-30% of children with Crohn's disease experience severe linear growth retardation, but it is uncertain how frequently decreased height velocity occurs before the diagnosis. Additionally, before any weight loss, the height velocity decreased in 17 out of 32 patients with attenuated linear growth [5]. Weight loss may come before linear growth impairment in Crohn's disease, which is more common than previously thought and may be the disease's first sign.

### CONCLUSION

It is evident that the recent changes in illness patterns around the world are reflection for changing surroundings, despite the fact that there is a high hereditary for the disease and number of candidate genes that have been identified and duplicated. When treating children with acute Crohn's disease, the enteral feeding and corticosteroid therapy are equally effective. As the enteral nutrition is a superior option for children with active Crohn's disease because it promotes better growth and development without side effects of steroid medication.

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