Editorial

Another Insight into Inflammatory Bowel Diseases

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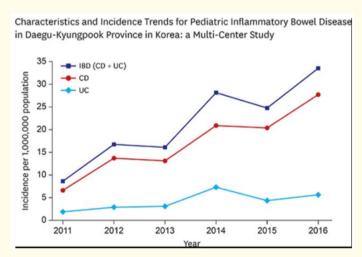
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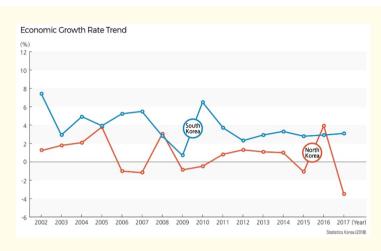
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Ulcerative Colitis and Crohn's disease are types of inflammatory bowel diseases (IBD) that lead to a slight decline in life expectancy and a higher impact on quality-adjusted life years (QALY) in individuals suffering from IBD. Both conditions may affect any segment in the gastrointestinal tract and may result in surgical interventions depending on the severity of the condition. The exact mechanism underlying has not been clearly understood and we still are not available to offer treatment to patients yet other than symptomatic approaches with medications that pose a further risk on individual's health and serious side effects.

The decline in quality-adjusted life years and life expectancy along with the increasing frequency throughout the world is turning the issue into a public health problem. The incidence rate in industrialized and the developed world is higher, however also the incidence in the developing countries is rising and the accrual can not be neglected. The rise in developing countries may be interconnected with economical growth resulting in improvement in access to health services, diagnostics, surveillance, research and globalization. This theory can be supported by the correlation between economic growth and incidence trends [1] shown in graph 1 and 2. The theory has many limitations but still can be discussed by choosing random regions that have similar growth characteristics in health services and the economy.



Graph 1: Incidence trends of IBD in Daegu-Kyungpook province in Korea (Adopted from J Korean Med Sci. 2018 Apr 30;33(18):e132. English).



Graph 2: Economic growth rate South Korea*North Korea (adopted from National Atlas of Korea).

The aetiology of IBD is not fully determined yet thought to be immune-related instead of autoimmunity. Genetic, environmental, auto inflammatory and immunodeficiency factor-related theories are still under investigation by researchers. A preventative approach to modifiable factors such as type of delivery, breastfeeding during immune development and lifestyle interventions and tailored dietary regimens can be studied further in detail and any positive association can be included in public health policies in order to improve the health promotion component and to have a preventative impact for the future and current patients.

There are a few studies on breastfeeding and dietary changes for the patients separately but this lacks further detailed research which may help to improve public health policies by increasing communication with the susceptible individuals and planning better health outcomes for the society.

A meta-analysis of L Xu., et al. discovered the protective effect of breastfeeding in infancy against Crohn's disease and Ulcerative Colitis [2]. However, this can be supported with a further combination of studies that affects the immune system during infancy, development of the immune system and a tertiary effect of elimination of industrialized diets from infant's diet who are genetically susceptible to inflammatory bowel diseases.

As a researcher, I do not debate the vital role of the immune system relationship of Inflammatory bowel diseases while keeping scepticism always on the table. Therefore, I would like to encourage all my colleagues who are interested and dealing with IBD to make further investigations and research on immune system development components during childhood that may play an act in IBD development. Our valuable inputs on this matter may improve the life quality of individuals and serve as an indeed medicine.

Bibliography

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- 2. Xu L., *et al.* "Systematic review with meta-analysis: breastfeeding and the risk of Crohn's disease and ulcerative colitis". *Alimentary Pharmacology and Therapeutics* 46.9 (2017): 780-786.

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