

Other treatments

If you have Crohn's or Colitis, you may be offered treatments including immunosuppressants, biological drugs, 5-ASAs, steroids and surgery. But there are other, less common treatments you can take alongside your usual medicines that may help you to manage your condition.

This information looks at some of these other treatments. It is for anyone living with [Crohn's](#), [Ulcerative Colitis](#) or [Microscopic Colitis](#).

Find out more about the most used [medicines and treatments](#) for Crohn's and Colitis.

Contents

Key facts about other treatments	2
Medicines to help with symptoms	3
Antimotility medicines.....	4
Antispasmodics	4
Bulking agents.....	5
Bile salt binders	5
Laxatives.....	6
Anti-foaming agents	7
Anti-sickness medicines	7
Painkillers	8
Antibiotics	9
Metronidazole	11
Ciprofloxacin.....	11
Nutritional treatments and supplements	12
Iron supplements and infusions	12
Vitamin B12 injections	13
	1

Calcium and vitamin D supplements.....	14
Folic acid.....	14
Probiotics.....	15
Nutritional treatment	19
Proton-pump inhibitors.....	19
Allopurinol.....	20
Ciclosporin and tacrolimus.....	21
Potential future treatments.....	22
Faecal microbiota transplant	23
Stem cell transplant.....	23
Cannabis-based medicines	23
Complementary and alternative therapies.....	24
Other organisations	20
Help and support from Crohn's & Colitis UK.....	20
About Crohn's & Colitis UK.....	22
About our information.....	22

Key facts about other treatments

- There are lots of treatments you can take alongside your usual medicines to help manage your condition.
- Medicines can help you manage symptoms like diarrhoea, tummy (stomach) cramps and pain.
- Antibiotics can treat complications linked with Crohn's or Colitis.
- Nutritional supplements can help with low levels of vitamins or minerals.
- You may need different medicines to help prevent side effects, or if your usual treatments are not helping.

- You may be able to access some new treatments through clinical trials.
- Everyone's experience of inflammatory bowel disease (IBD) is different. The treatments you need will be individual to you.
- Some of these treatments may not be suitable for you if you are trying to get pregnant, pregnant or breastfeeding. Find out more in our information on [pregnancy and breastfeeding](#) and [reproductive health and fertility](#).

Always talk to your IBD team before starting a new treatment. Tell them about any other illnesses you have or any other medicines you are taking.

Medicines to help with symptoms

There are several medicines that can help ease Crohn's or Colitis symptoms, such as diarrhoea, constipation, and tummy (stomach) pain. These medicines do not bring down the inflammation that causes the symptoms. But they do help ease the symptoms themselves.

Some medicines are available over the counter, without a prescription. Always read the patient information leaflet before taking them. Check with your GP, pharmacist or your IBD team before taking them.

Certain medicines may not be suitable for your type of Crohn's or Colitis. Or they might interact with your usual Crohn's or Colitis medicines. Some medicines could also mask serious symptoms.

It is important to remember that all medicines can cause unwanted side effects. You can find a full list of possible side effects for any medicine you are taking in the patient information leaflet that comes with it. You can also find this information on the [Electronic Medicines Compendium \(emc\)](#) website.

Always tell your IBD team or doctor if you are taking medicines for any other health condition.

Antimotility medicines

These are a type of medicine to help with [diarrhoea](#). Your doctor or IBD team may suggest them if you keep getting this. They include loperamide (such as Imodium) and codeine phosphate.

Antimotility medicines slow down your bowel movements, so that food takes longer to pass through your gut. This allows more water to be absorbed from your bowel into your body. This means your poo becomes firmer, and you need to poo less often.

Do not take antimotility medicines if:

- You are having a flare-up.
- You have a high temperature (38°C or above).
- You have blood in your poo

This is because they can increase the risk of a rare and serious complication called toxic megacolon. This is when gas becomes trapped in your colon because of inflammation, causing your colon to swell to a much larger size. This can cause your colon to rupture (split), leading to blood poisoning (septicaemia). The [NHS website](#) has more information about toxic megacolon.

You also may not be able to take these medicines if you have a narrowing of the bowel, called a stricture.

Some antimotility medicines are available over the counter from pharmacies. Possible side effects of this type of medicine can include:

- Constipation
- Headaches
- Feeling sick

Only take antimotility medicines if your IBD team has said it's safe to do so.

Antispasmodics

These are medicines that relax the muscles in your gut. This eases painful tummy (stomach) cramps or spasms. They include:

- Mebeverine (Colofac)
- Hyoscine butylbromide (Buscopan)
- Alverine citrate (Spasmonal)

These medicines are usually used for people with Irritable Bowel Syndrome (IBS). But they may also be helpful if you have IBS symptoms alongside your Crohn's or Colitis.

Some antispasmodic medicines are available by prescription only. Others can be bought over the counter at pharmacies. Potential side effects depend on which medicine you take. Always read the patient information leaflet carefully. Side effects can include:

- Feeling sick
- Dizziness
- Headache

Serious side effects, such as allergic reactions, can also occur with antispasmodic medicines. These can include:

- Difficulty breathing
- Itchy skin rashes
- Swelling of the face, neck, lips, tongue or throat

If you develop these side effects, stop taking the medicine and seek medical help straight away. Find out more on the [NHS website](#). Only take antispasmodics if your IBD team has said it's safe to do so.

Bulking agents

Bulking agents or 'bulk forming laxatives' are made from plant fibres like ispaghula husk. This may also be known as psyllium husk. They are often used to treat constipation, but

can also be used to treat diarrhoea. Your doctor may recommend bulking agents if you have diarrhoea or constipation because of Crohn's or Colitis. Brand names for bulking agents include Fybogel and Ispagel. They come as granules which you take with water. They work by making your poo bulkier. This helps your bowels to keep moving and working normally.

Ispaghula husk can affect how well other medicines are absorbed. You may need to leave at least an hour between taking other medicines and ispaghula. Check with your doctor or pharmacist if you are not sure.

You should not take bulking agents if you have a stricture (narrowing) of the bowel.

Some bulking agents are available to buy from pharmacies. Your doctor may also prescribe them. Possible side effects can include:

- Wind and bloating
- Mild allergic reaction, such as itchy eyes, nose or skin

In rare cases, bulking agents can cause serious allergic reactions such as:

- Difficulty breathing
- Swelling of the face

If you develop these serious side effects, stop taking the medicine and seek medical help straight away. Find out more about the possible side effects of bulking agents on the [NHS website](#).

Speak to your IBD team before trying bulking agents or if you have any questions or concerns about taking them.

Bile salt binders

These are another type of medicine for diarrhoea.

Bile salts are a substance made by your liver to help with digestion. They are usually reabsorbed in part of your small bowel called your ileum. If you have Crohn's affecting

your ileum or you have had some of your ileum removed, your body may have trouble reabsorbing these salts. Instead, they can drain into your colon and cause diarrhoea. This is known as bile acid malabsorption (BAM), causing bile acid diarrhoea (BAD).

Colitis doesn't usually affect the ileum. However, in some cases inflammation of the large bowel from Colitis can extend slightly into the ileum, leading to BAM.

If you have BAM, your doctor may prescribe a bile salt binder. Bile salt binders work by combining with the bile salts and stopping them from reaching the colon so that they cannot cause diarrhoea. Bile salt binders include:

- Colestyramine (Questran)
- Colesevelam (Cholestagel)

These medicines are only available on prescription. Colestyramine comes in powder form and can be mixed with water, juice or soft food. Colesevelam comes as a tablet. Some people find this more convenient.

Possible side effects include:

- Bloating and discomfort in the tummy
- Feeling sick
- Constipation

Bile salt binders can also affect how well other medicines are absorbed. You will need to leave a gap before or after taking other medicines. Check the instructions in the patient information leaflet or ask your pharmacist.

Your pharmacist can also help if you are finding it difficult taking different medicines at multiple times during the day.

Laxatives

Your doctor may recommend an osmotic laxative for [constipation](#), if you have Crohn's or Colitis. Osmotic laxatives include lactulose and macrogol. These medicines increase the amount of water in your bowel. This makes your poo softer and easier to pass.

Laxatives can cause side effects such as diarrhoea, wind and tummy (stomach) cramps, especially at the start of treatment. These medicines are available on prescription or over the counter from pharmacies. However, they are not always recommended for use during active Crohn's or Colitis. Your nurse or doctor can discuss the pros and cons of taking them. It's possible they may affect how well other medicines are absorbed. Speak to your IBD team before trying laxatives or if you have any questions or concerns about taking them.

Anti-foaming agents

People with Crohn's or Colitis often report feeling bloated or having excess gas. If this is a problem for you, you could try an anti-foaming agent, such as simeticone. It works by breaking up bubbles of trapped wind. Simeticone can be bought over the counter in products such as Wind-Eze and WindSetlers.

Simeticone is not thought to cause many side effects. However, it can cause serious allergic reactions in rare cases. These can include:

- Skin rashes
- Swollen face or tongue
- Difficulty breathing or swallowing

If you develop these side effects, you should stop taking the medicine and seek medical help straight away. Find out more on the [NHS website](#).

Speak to your IBD team before taking anti-foaming agents or if you have any questions or concerns about taking them.

Anti-sickness medicines

Some medicines for Crohn's and Colitis can make you feel or be sick. Sometimes the conditions themselves can cause sickness too. Your doctor may prescribe an anti-sickness medicine. These include metoclopramide, prochlorperazine and cyclizine. You may have these medicines by mouth or through a drip (intravenous infusion).

Some anti-sickness medicines are only available on prescription. Others can be bought over the counter at pharmacies. Side effects depend on which medicine you have. They can include:

- Drowsiness
- Movement problems
- Weakness
- Changes in mood
- Diarrhoea

Speak to your IBD team before trying anti-sickness medicines or if you have any questions or concerns about taking them.

Painkillers

Crohn's and Colitis can be linked with pain in your [joints](#) as well as your gut. You can take over-the-counter painkillers to manage any pain. Paracetamol is likely to be the safest option. Always stick to the recommended dose on the packet.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs can help with pain associated with inflammation, especially pain in your joints. They do not treat the inflammation in your gut that you get with Crohn's or Colitis.

NSAIDs include:

- Ibuprofen (Nurofen)
- Naproxen (Naprosyn)

- Diclofenac (Voltarol) tablets or capsules

Some NSAIDs are available to buy over the counter at pharmacies and others are prescription only. You should only take these medicines for joint pain if your doctor has advised you to. This is because evidence suggests that they may make Crohn's or Colitis symptoms worse or trigger flare ups.

Aspirin is also an NSAID and is not recommended as a painkiller for people with Crohn's or Colitis.

There is some evidence that low-dose aspirin can prevent heart disease. But you should only take low-dose aspirin if your doctor recommends it.

Common side effects of low-dose aspirin can include:

- Mild indigestion
- Bleeding more easily than usual

Find out more about possible side effects of aspirin on the [NHS website](#).

Creams and gels

NSAID gels and creams that you rub into your skin for joint pain have a much lower risk of side effects in your gut. There is no need to avoid these products if you have Crohn's or Colitis.

NSAID gels and creams are widely available over the counter. You do not need a prescription.

Use the smallest amount you can to reduce the risk of side effects. Never use more than the maximum dose stated on the packet. Read the patient information leaflet that comes with your medicine for a full list of possible side effects.

If you think you are having an allergic reaction, stop taking the medicine and seek medical help straight away. Find out more on the [NHS website](#).

Speak to your IBD team before trying NSAID gels or creams or if you have any questions or concerns about using them. Stop using them if they make your Crohn's or Colitis symptoms worse.

Opiates

Your doctor may prescribe opiates if you have Crohn's and need extra pain relief. These are a stronger type of painkiller. They include codeine and dihydrocodeine. Some opiates are only available on prescription. Others can be bought over the counter at pharmacies. They can cause side effects including:

- Feeling sick
- Constipation
- Feeling sleepy
- Altered mood

Opiates can also lead to dependence and addiction if used regularly. Your doctor can tell you how to reduce the risk of this. Always check with your GP or IBD team before taking them.

Your doctor will not prescribe opiates if you are having a flare-up of Colitis. This is because they can increase risk of a rare and serious complication called toxic megacolon. This is when your colon swells to a much larger size due to trapped gas caused by inflammation. This creates a risk of possible rupture and blood poisoning (septicaemia).

Antidepressants

Low doses of antidepressant medicines, such as amitriptyline, are sometimes used to help manage pain in Crohn's or Colitis. Antidepressants can help with gut symptoms like pain, even if you do not have depression. Antidepressants are available by prescription only.

Different antidepressants can have different potential side effects. Read the patient information leaflet that comes with your medicine for a full list of possible side effects.

The most common side effects of antidepressants are usually mild. They should improve after a few days or weeks, as your body gets used to the medicine.

Talk to your doctor if you find you have ongoing problems with pain and need to keep taking painkillers. There may be more appropriate treatments that would help.

Check with your GP or IBD team before taking antidepressants.

Antibiotics

Antibiotics are medicines that kill or stop the growth of bacteria. They are often used in treating complications of Crohn's or Colitis. These might include:

- An abscess. This is a collection of pus in your tummy (abdomen), pelvis or around your bottom (anus).
- A fistula. This is a small tunnel that opens up between your bowel and the skin or other organs. Find out more in our information on [fistulas](#).
- Pouchitis. This is inflammation of the ileo-anal pouch that can develop after surgery for Colitis
- Small Intestinal Bacterial Overgrowth (SIBO). This is when bacteria grow out of control in your small bowel, leading to gut symptoms

Antibiotics are also sometimes used in combination with other treatments to help manage Crohn's symptoms. Studies have suggested that they seem to be most helpful for Crohn's that affects the colon. Antibiotics may also help prevent Crohn's from coming back after surgery. They are thought to act by reducing harmful bacteria in the gut in people with Crohn's. They may also directly affect the immune system, lowering it and reducing inflammation.

Antibiotics are sometimes used to treat complications from Colitis, such as pouchitis. But they are not usually used to treat Colitis itself. This is because studies have shown that they do not help to improve Colitis symptoms.

Antibiotics are usually only available on prescription. This is because they must be used carefully, to reduce the risk of antibiotic-resistant bacteria developing.

Taking antibiotics and Clostridium difficile

People with Crohn's and Colitis are at a higher risk than people without these conditions of developing an infection called Clostridium difficile, also known as C. difficile or C. diff. This is a potentially dangerous type of bacteria that cause diarrhoea and serious complications. Taking antibiotics can increase this risk.

C. diff infections are treated by stopping the antibiotics you have been taking and switching to a type of antibiotic that will target the infection.

You may still need to take antibiotics in some circumstances. Talk to your IBD team if you have any questions or concerns about antibiotics and C. diff infection.

It's important to be aware of the risk of C. diff infection if you are taking antibiotics. Contact your IBD team if you are on antibiotics and start to develop symptoms or feel very unwell. This also applies if you are taking antibiotics for infections unrelated to your Crohn's or Colitis. Symptoms of C. diff infection can include:

- Diarrhoea
- A high temperature (38° C or more)
- Feeling sick
- Tummy pain
- Loss of appetite

The [NHS website](#) has more information about C. diff infection.

Metronidazole

This is one of the most used antibiotics for Crohn's. This can be taken as:

- A tablet
- A suppository inserted into your bottom

- An injection

Common side effects may include:

- Feeling sick
- Lack of appetite
- A metallic taste in your mouth

Serious side effects are rare. Read the patient information leaflet with the medicine for more information. The [NHS website](#) also has more details.

Do not drink alcohol while taking metronidazole and for at least two days following the last dose, because this can give you severe side effects.

As with other antibiotics, metronidazole is not usually used to treat Colitis, as studies have not shown much benefit. It is only available on prescription.

Ciprofloxacin

Ciprofloxacin is another antibiotic sometimes used to treat Crohn's. It is usually taken in tablet form, but it can also be injected. Ciprofloxacin is usually only prescribed when other types of antibiotics aren't appropriate.

Common side effects include feeling sick and diarrhoea. Some people also experience sensitivity to light or damaged tendons (the cords of strong, flexible tissue that connect muscles to bones). Ciprofloxacin can also have rare psychiatric side effects. They may make existing psychiatric symptoms worse or cause changes in mood and behaviour. Talk to your doctor if you notice these side effects.

As with other antibiotics, ciproflaxin is not usually used to treat Colitis, as studies have not shown much benefit. It is only available on prescription.

Ciprofloxacin may interact with some of the other medicines used for Crohn's. These include methotrexate and iron supplements. This means it may not be suitable to be treated with these medicines at the same time. Speak to your IBD team or pharmacist for advice.

Nutritional treatments and supplements

Crohn's and Colitis are often associated with malnutrition. This means not getting the right balance of energy or nutrients from your food. This is because your Crohn's or Colitis symptoms may stop you being able to eat well. Inflammation in your gut and medicines you take may also affect the way your body takes in or uses nutrients.

Your doctor may recommend you have blood tests to check nutrient levels, or you may be able to ask for these yourself. If you have low levels of a particular nutrient, you might be told you have a deficiency. There are several types of supplements that can help with deficiencies.

Iron supplements and infusions

Many people with Crohn's and Colitis do not have enough iron. This can lead to iron-deficiency anaemia. This is when you make fewer red blood cells than usual. Iron deficiency can make you feel very tired, which can contribute to fatigue from Crohn's or Colitis. Iron supplements can help to get your iron levels back to normal.

If you are not having a Crohn's or Colitis flare-up, your doctor may suggest taking an iron tablet. This will usually be a supplement called ferrous sulfate. Iron tablets can cause side effects, including:

- Constipation
- Diarrhoea
- Stomach pain

Taking them with a vitamin C supplement or a drink of orange juice may reduce these side effects. Vitamin C is thought to help your body to absorb the iron.

Some people with Crohn's or Colitis find that ferrous sulfate makes their symptoms worse or triggers a flare.

You may be able to try a different iron supplement if you are unable to take ferrous sulfate. This is called ferric maltol. It's also known by the brand name Feraccru. Ferric

maltol aims to improve how iron is absorbed in the gut and has fewer side effects. It can treat iron deficiency in people who have not responded to, or could not tolerate, traditional iron tablets. Ferric maltol has not been approved for use in [Scotland](#) or Northern Ireland.

Some iron supplements are only available on prescription. Others can be bought over the counter at pharmacies. **Check with your GP or IBD team before taking iron supplements.**

There are times when your doctor may recommend an iron infusion. This may be if you:

- Are severely anaemic
- Cannot tolerate iron tablets
- Are in a Crohn's or Colitis flare-up

An iron infusion is a very quick way to get iron into your bloodstream. You have the infusion in hospital as an outpatient. A thin tube called a cannula is placed in your vein and attached to a drip. This slowly delivers a solution containing iron into your body. It can take from 15 minutes to several hours to complete the drip. You may be monitored for a while afterwards to make sure you do not have an allergic reaction.

Vitamin B12 injections

Vitamin B12 deficiency is common in people with Crohn's. Vitamin B12 is absorbed through your ileum, which is the final section of your small bowel. If your ileum has been removed or is inflamed, it may be hard to absorb vitamin B12.

Vitamin B12 deficiency can also affect people living with Colitis. But studies suggest this is less common than in people living with Crohn's. This may be because Colitis doesn't usually affect the ileum.

Vitamin B12 deficiency can be treated with regular injections of the vitamin. These are only available by prescription. Your doctor may recommend injections if you have surgery to remove part of your ileum, or if you develop a deficiency.

Possible side effects of some Vitamin B12 injections include:

- Feeling or being sick

- Diarrhoea
- Dizziness
- Headache
- Hot flushes
- Skin reactions

Calcium and vitamin D supplements

People with Crohn's or Colitis are at higher risk of developing thinner and weaker bones. One reason for this is low levels of calcium and vitamin D. This might be due to reduced absorption of these nutrients or changes in your diet. The risk is even greater if you are taking steroids. This is because steroids can also make your bones weaker, by slowing down the rate at which bone is formed.

Your doctor may prescribe a calcium and vitamin D supplement, such as Adcal-D3 or Calcichew D3. This can help protect your bones. These supplements are available over the counter.

Side effects are rare, but they may include:

- Constipation
- Diarrhoea
- Tummy pain
- Skin rash

Check with your GP or IBD team before trying these supplements or if you have any questions or concerns about taking them. We have more information about [protecting your bones](#) if you have Crohn's or Colitis.

Folic acid

Folate deficiency is another common problem for people with Crohn's or Colitis. This can lead to anaemia. It can also increase your risk of heart disease and issues with your blood circulation.

Certain medicines, including the immunosuppressant methotrexate, can cause folate deficiency. If you are taking methotrexate, you will be prescribed folic acid to help prevent folate deficiency. Usually you have it once a week, but not on the same day as methotrexate. Follow the instructions from your doctor or pharmacist.

You may also need folic acid supplements if you develop folate deficiency for other reasons. These may include if you have had surgery on your bowel.

Some folic acid supplements are available on prescription only and some can be bought over the counter. Potential side effects include:

- Feeling sick
- Loss of appetite
- Bloating or wind

In rare cases, folic acid it can cause a serious allergic reaction.

Check with your GP or IBD team before taking folic acid supplements or if you have any questions concerns about taking them.

Probiotics

Probiotics are live microorganisms that may benefit gut health. They can help restore the natural balance of bacteria in your gut. This can become disrupted when you are ill or taking certain medicines.

Probiotics can be added to drinks or yoghurts, or taken as tablets or capsules. They are generally considered safe for most people.

Some small studies have suggested that probiotics may be helpful for people with Colitis, particularly when it comes to helping you stay well (in remission) for longer. However, there is not a lot of evidence to support this theory. Doctors will not usually recommend probiotics for Colitis. This is because other treatments are known to be more effective. Your doctor may suggest you try probiotics if you cannot tolerate certain other treatments, such as 5-ASAs.

The probiotics sold in shops tend to be classed as food, so they're not tested in the same way as medicines. They are likely to be very different to the pharmaceutical-grade probiotics used in trials. It can be difficult to know for certain whether these products contain enough bacteria to work. Talk to your IBD team before you try probiotics.

Potential side effects may include:

- Feeling sick
- Tummy pain
- Wind and bloating
- Flu-like symptoms
- Fatigue
- Headache

However, not much research has been done yet on probiotics, including their possible side effects.

There is no good evidence that probiotics can help people with Crohn's manage their symptoms.

[Research funded by Crohn's & Colitis UK](#) found that a bacteria called Bifidobacterium can help ease inflammation in Crohn's and Colitis. This raises the potential for new types of probiotics that can help in Crohn's and Colitis in the future.

Nutritional treatment

You may need nutritional treatment if you have severe malnutrition or are unable to eat a normal diet for several days due to Crohn's. This may be in the form of a special liquid diet that you drink or that you have via a feeding tube. Or, you may be given liquid nutrition through a drip into a vein. This can allow you to get the energy and nutrition that you need. For more information about nutritional therapy, see our information on [food](#).

Proton-pump inhibitors

If you are taking oral steroids for your Crohn's or Colitis, you may also be prescribed a medicine called a proton-pump inhibitor (PPI). Steroids can cause side effects, like bleeding in your digestive tract and indigestion. A PPI can help protect your stomach if you are at high risk of these complications.

PPIs include omeprazole, esomeprazole, lansoprazole and pantoprazole. Side effects of PPIs can include:

- Headache
- Diarrhoea
- Tummy pain
- Rashes
- Feeling or being sick

More rarely, they can cause kidney problems or low sodium levels. Read the patient information leaflet that comes with the medicine for more information or ask your pharmacist.

Some PPIs can be bought over the counter at pharmacies, while others are only available on prescription.

PPIs may not be suitable if you are also taking the immunosuppressants methotrexate or tacrolimus. They are also not recommended for people with [Microscopic Colitis](#). This is a type of Inflammatory Bowel Disease that affects the large bowel. Speak to your IBD team before you start taking a PPI.

Allopurinol

If you are taking azathioprine or mercaptopurine for Crohn's or Colitis, you may also be prescribed allopurinol.

Allopurinol can help improve how well azathioprine and mercaptopurine works and prevent harm to your liver. Your doctor will tell you if they think allopurinol would help

you. They will need to reduce the dose of azathioprine or mercaptopurine you take first. Your doctor will talk this through with you.

Allopurinol is available through prescription only. Possible side effects can include:

- Feeling or being sick
- Skin rashes
- Fever
- Headache
- Aching muscles
- Dizziness
- Wheeziness

In rare cases it can lead to serious liver problems such as inflammation.

Find out more about allopurinol in our information on [azathioprine and mercaptopurine](#). The [NHS website](#) also has more information about allopurinol and possible side effects.

Ciclosporin and tacrolimus

Ciclosporin and tacrolimus are a type of medicine called immunosuppressants. They work by weakening your immune system. This reduces inflammation in your gut. They are not usually used for Crohn's or Colitis. But your doctor may suggest you take them if other treatments have not been helping.

Ciclosporin may help if you have a severe flare-up of Colitis, and other treatments have not worked. It's given either as capsules or through a vein in your arm. Ciclosporin is only available on prescription. Possible side effects can include:

- Loss of appetite
- Tiredness
- Fever
- Feeling or being sick

- Headaches
- Skin reactions

Always read the patient information leaflet that comes with your medicine for a full list of possible side effects.

Tacrolimus can be used to treat proctitis. This is inflammation in the last part of your large bowel (the rectum). You have it as a suppository inserted into your bottom.

Tacrolimus is only available on prescription. Possible side effects can include:

- Feeling or being sick
- Loss of appetite
- Dizziness
- Headache
- Hair loss
- Mental effects such as confusion, anxiety and depression.

Always read the patient information leaflet that comes with your medicine for a full list of possible side effects. Speak to your IBD team if you have been recommended ciclosporin or tacrolimus and have any questions or concerns about these medicines.

Potential future treatments

Research into potential new treatments for Crohn's and Colitis is taking place all the time. New treatments must be tested to make sure they are safe and effective for people with Crohn's or Colitis. This can take time. Sometimes you may be able to try the treatment as part of a clinical trial, before they become widely available.

We cover some new and emerging types of potential treatment for Crohn's and Colitis below. To find out about specific medicines currently being developed, see our information on [medicines on the horizon](#).

Faecal microbiota transplant (FMT)

FMT is a way of getting healthy bacteria into your bowel. In FMT, poo from a healthy donor is placed in an affected person's bowel. The poo sample is processed and mixed with a solution to form a liquid. It's given to you through a tube in your mouth, nose or bottom.

FMT is usually used to treat people who have repeated *C. difficile* (*C. diff*) infections. There is some evidence that it may also help people with Colitis by promoting healthy bacteria in the gut. More research is needed to test whether it is safe and effective to use in Crohn's. In the meantime, it can only be used as part of a clinical trial.

Stem cell transplant

Stem cells are special cells that all other types of cells in your body come from. In a stem cell transplant, you have a transfusion of stem cells into your body. The stem cells may come from another person. Or they may be your own stem cells that have been taken and stored to use when you need them. Storing stem cells in this way is sometimes known as stem cell banking.

Stem cell transplant is mainly used for conditions that affect your blood. But there is some evidence that it might help in some people with Crohn's. It's thought it could help by repairing damaged tissue in the bowel. Research on stem cell transplant in Crohn's and Colitis is ongoing. You might be offered this treatment as part of a clinical trial.

Cannabis-based medicines

There have been some investigations into the use of cannabis-based medicines in Crohn's and Colitis. These are sometimes called medicinal cannabis, or medical cannabis. Cannabidiol (or CBD oil) is one type of medical cannabis. This is a substance found in cannabis that does not contain the chemical that makes people 'high'.

Cannabis-based medicines are only prescribed in very few circumstances in the UK. These include for certain, rare types of epilepsy and in multiple sclerosis (conditions that affect the brain).

Studies have suggested that some people with Crohn's or Colitis have found cannabis-based products helped ease their symptoms and improve their quality of life. But there is not currently enough evidence to support its use as a treatment.

Cannabis is an illegal drug in the UK. This includes using or possessing most types of medical cannabis, unless they have been prescribed for you. Most cannabis-based products bought online, including CBD oil, are illegal. Health stores may legally sell types of CBD oil as food supplements. These tend to only contain very small amounts of CBD. It's not clear how well they work. Check with your GP or IBD team before you decide to try these.

Complementary and alternative therapies

Many people with Crohn's or Colitis try complementary or alternative therapies to help manage their condition.

There is some limited evidence that some of these therapies may help manage Crohn's and Colitis symptoms. But there is not enough to recommend them as treatments. These include:

- Aloe vera
- Curcumin, an extract from turmeric
- Fish oils, such as omega 3 fatty acid
- Wormwood plant

Other therapies include homeopathy, herbal medicines, acupuncture and other traditional Chinese medicines. There has been little or no evidence that these types of therapies work.

It's important to know that any substance you take may not be safe or effective. This includes those you may think of as being natural remedies.

Tell your IBD team before you try any complementary therapies. Lots of people do, so they will not be surprised. They will need to know whether any therapy you are trying may affect your Crohn's or Colitis medicines.

Continue taking your usual medicines for Crohn's or Colitis, even if you do try a complementary therapy.

Other organisations

[Guts UK](#) – charity for the digestive system. Has information on managing symptoms such as diarrhoea and constipation, and on FMT.

[Electronic medicines compendium \(emc\)](#) – up-to-date patient information for approved medicines in the UK.

[BDA – the Association of UK Dietitians](#) – professional body for dietitians. Has advice and information on diet and supplements, including information on malnutrition.

Help and support from Crohn's & Colitis UK

We're here for you whenever you need us. Our award-winning information on Crohn's Disease, Ulcerative Colitis, and other forms of Inflammatory Bowel Disease have the information you need to help you manage your condition.

We have information on a wide range of topics, from individual medicines to coping with symptoms and concerns about relationships and employment. We'll help you find answers, access support and take control.

All information is available on our website: crohnsandcolitis.org.uk/information

Our Helpline is a confidential service providing information and support to anyone affected by Crohn's or Colitis.

Our team can:

- Help you understand more about Crohn's and Colitis, diagnosis and treatment options
- Provide information to help you live well with your condition
- Help you understand and access disability benefits
- Be there to listen if you need someone to talk to
- Help you to find support from others living with the condition

Call us on 0300 222 5700 or email helpline@crohnsandcolitis.org.uk.

See our website for LiveChat: crohnsandcolitis.org.uk/livechat.

Crohn's & Colitis UK Forum

This closed-group community on Facebook is for everyone affected by Crohn's or Colitis. You can share your experiences and receive support from others at:

facebook.com/groups/CCUKforum.

Help with toilet access when out

Members of Crohn's & Colitis UK get benefits including a Can't Wait Card and a RADAR key to unlock accessible toilets. This card shows that you have a medical condition, and will help when you need urgent access to the toilet when you are out. See crohnsandcolitis.org.uk/membership for more information, or call the Membership Team on 01727 734465.

Crohn's & Colitis UK information is research-based and produced with patients, medical advisers and other professionals. They are prepared as general information and are not intended to replace advice from your own doctor or other professional. We do not endorse any products mentioned.

About Crohn's & Colitis UK

We are Crohn's & Colitis UK, a national charity fighting for improved lives today – and a world free from Crohn's and Colitis tomorrow. To improve diagnosis and treatment, and to fund research into a cure; to raise awareness and to give people hope, comfort and

confidence to live freer, fuller lives. We're here for everyone affected by Crohn's and Colitis.

This information is available for free thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis: call **01727 734465** or visit crohnsandcolitis.org.uk.

About our information

Crohn's & Colitis UK information is research-based and produced with patients, medical advisers and other professionals. They are prepared as general information and are not intended to replace advice from your own doctor or other professional. We do not endorse any products mentioned.

We hope that you've found this information helpful. You can email the Knowledge and Information Team at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the research on which the information is based
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE** or contact us through the **Helpline: 0300 222 5700**.

© Crohn's & Colitis UK 2023

Other treatments, edition 2

Last review: December 2023

Next review: December 2026

