

ALIMENTARY CANAL

n LONG MUSCULAR TUBE

n BEGINS AT THE MOUTH AND INCLUDES THE PHARYNX, ESOPHAGUS, STOMACH, SMALL INTESTINES AND LARGE INTESTINES

ACCESSORY ORGANS

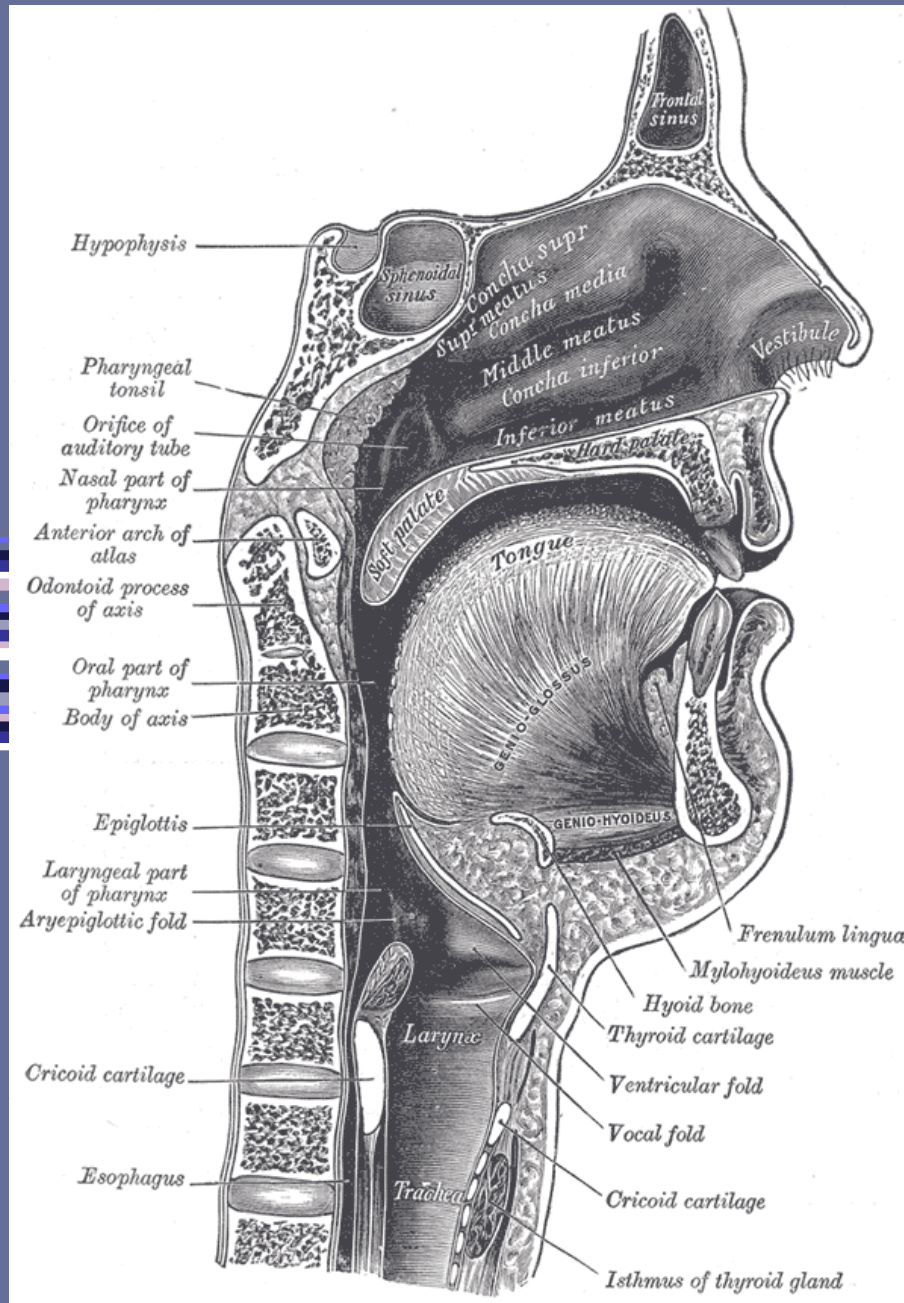
n INCLUDE THE SALIVARY GLANDS,
TONGUE, TEETH, LIVER,
GALLBLADDER, AND PANCREAS

• MOUTH OR ORAL CAVITY

n RECEIVES FOOD AS IT ENTERS THE BODY

n ACTIONS IN THE MOUTH

- FOOD IS TASTED
- BROKEN DOWN PHYSICALLY BY CHEWING
- LUBRICATED AND PARTIALLY DIGESTED BY SALIVA
- SWALLOWED



TEETH

n SPECIAL STRUCTURES IN THE MOUTH

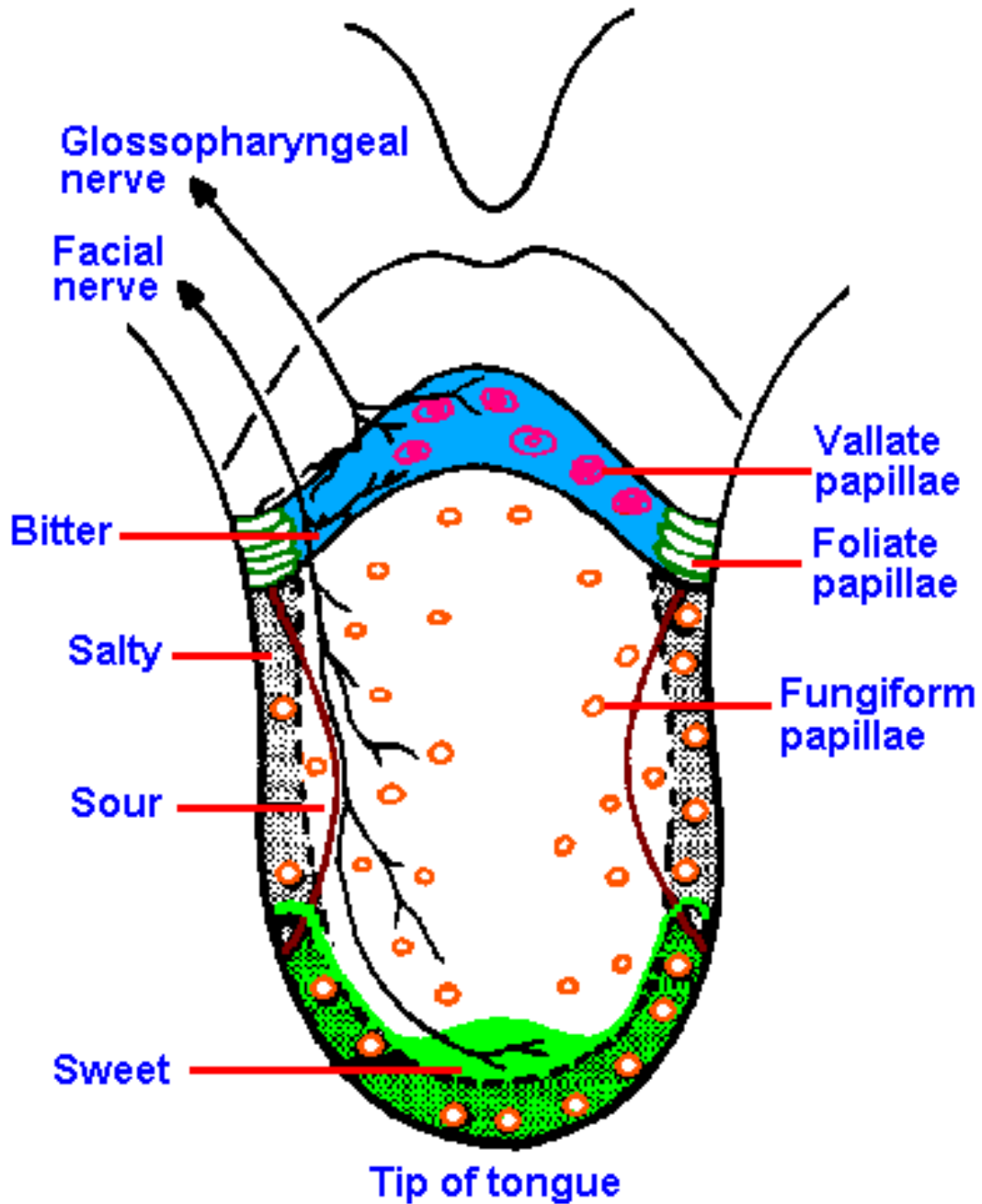
n BREAK DOWN FOOD PHYSICALLY BY CHEWING AND GRINDING THE FOOD, A PROCESS CALLED *MASTICATION*

•TONGUE

n MUSCULAR ORGAN

n CONTAINS SPECIAL RECEPTORS
CALLED TASTE BUDS THAT ALLOW
A PERSON TO TASTE SWEET, SALT,
SOUR AND BITTER SENSATIONS

n ALSO AIDS WITH CHEWING AND
SWALLOWING OF FOOD



HARD PALATE

n BONY STRUCTURE THAT FORMS
THE ROOF OF THE MOUTH

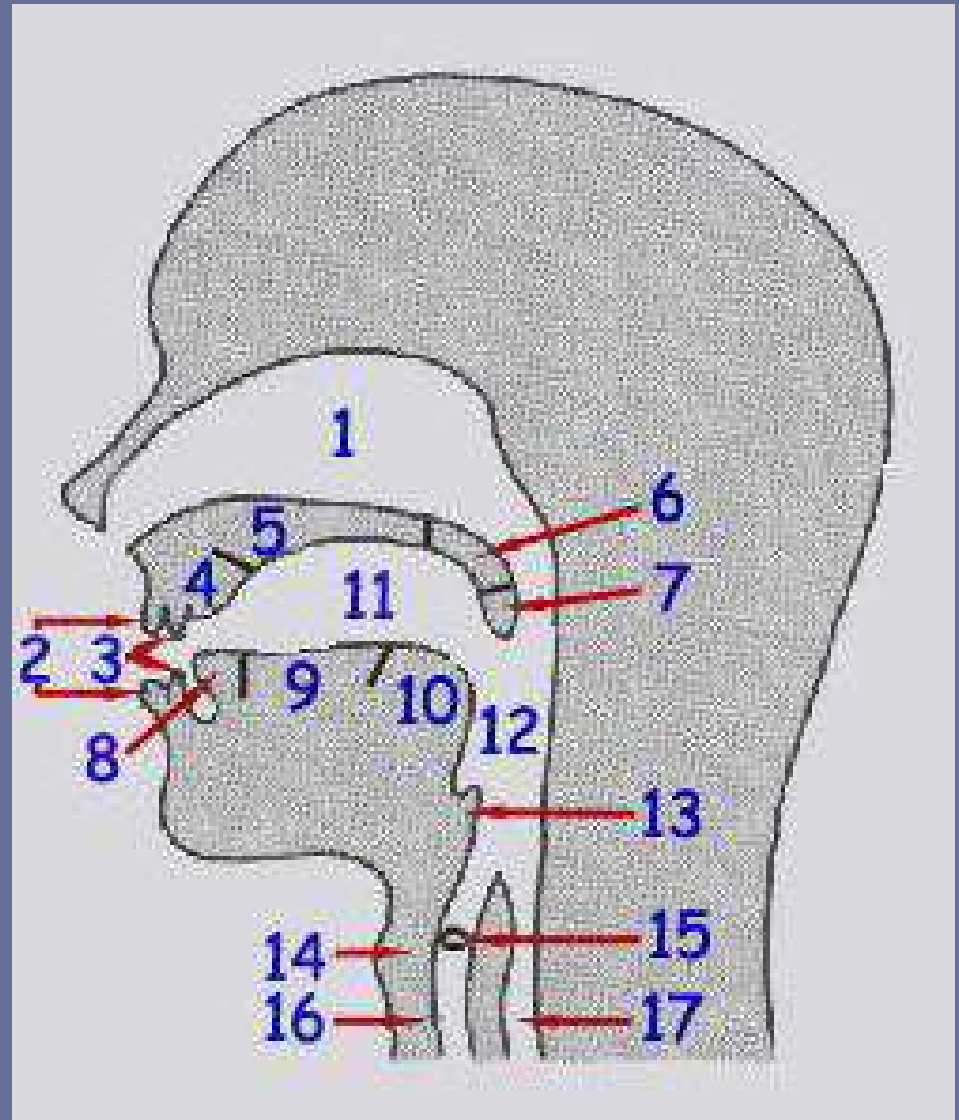
n SEPERATES THE MOUTH FROM THE
NASAL CAVITIES

SOFT PALATE

n LOCATED BEHIND THE HARD
PALATE

n SEPARATES THE MOUTH FROM THE
NASOPHARYNX

- 1-nasal cavity
- 2-lips
- 3-teeth
- 4-aveolar ridge
- 5-hard palate
- 6-velum (soft palate)
- 7-uvula
- 8-apex (tip) of tongue
- 9-blade (front) of tongue
- 10-dorsum (back) of tongue
- 11-oral cavity
- 12-pharynx
- 13-epiglottis
- 14-larynx
- 15-vocal cords
- 16-trachea
- 17-esophagus



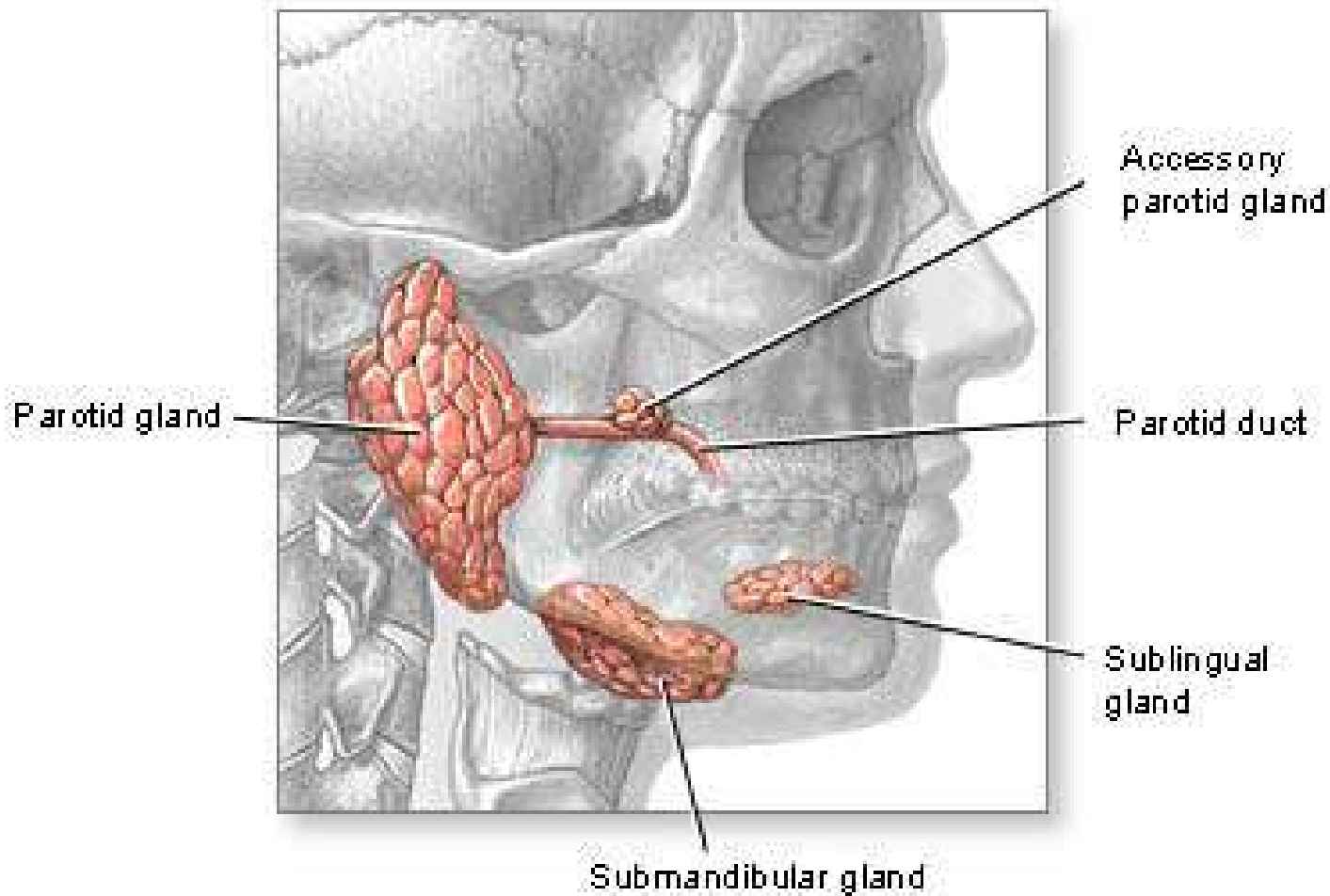
SALIVARY GLANDS

n THREE PAIRS OF GLANDS

n PAROTID, SUBLINGUAL, AND
SUBMANDIBULAR

n PRODUCE A LIQUID CALLED SALIVA

- LUBRICATES THE MOUTH DURING SPEECH AND CHEWING
- MOISTENS FOOD SO IT CAN BE SWALLOWED EASILY



SALIVA

n CONTAINS AN ENZYME CALLED SALIVARY AMYLASE, FORMERLY KNOWN AS PTYALIN

- SUBSTANCE SPEEDING UP A CHEMICAL REACTION
- BEGINS THE CHEMICAL BREAKDOWN OF CARBOHYDRATES OR STARCHES INTO SUGARS THAT CAN BE TAKEN INTO THE BODY

PHARYNX OR THROAT

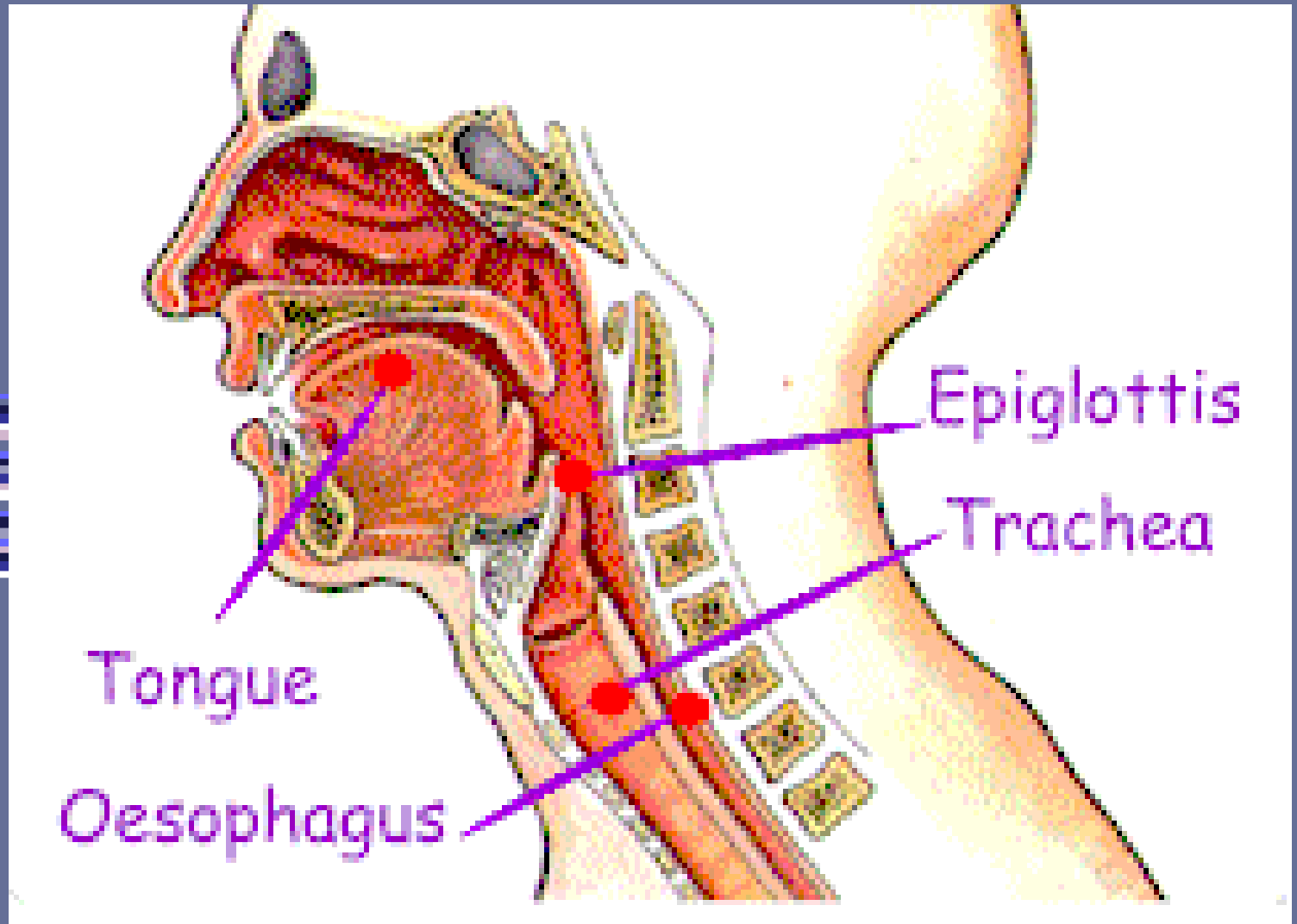
n AFTER THE FOOD IS CHEWED AND MIXED WITH SALIVA, IT IS CALLED A *BOLUS* AND IT ENTERS THE PHARYNX OR THROAT

n TUBE THAT CARRIES BOTH AIR AND FOOD

n CARRIES THE AIR TO THE TRACHEA OR WINDPIPE

PHARYNX CARRIES FOOD TO THE ESOPHAGUS

- n WHEN BOLUS IS SWALLOWED MUSCLE ACTION CAUSES THE EPIGLOTTIS TO CLOSE OVER THE LARYNX
- n PREVENTS BOLUS FROM ENTERING RESPIRATORY TRACT



ESOPHAGUS

n MUSCULAR TUBE DORSAL TO THE TRACHEA OR WINDPIPE

n RECEIVES BOLUS FROM THE PHARYNX AND CARRIES IT TO THE STOMACH

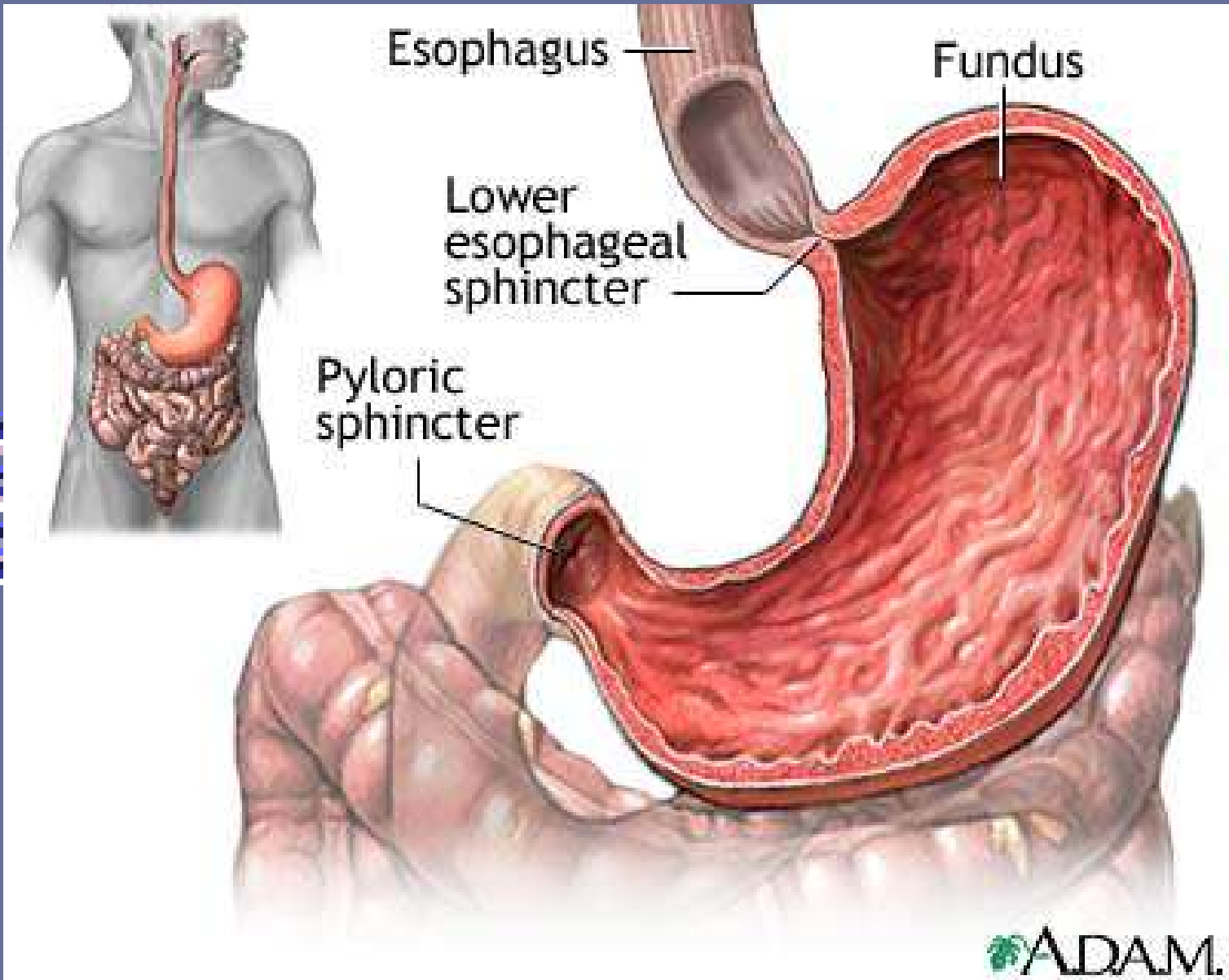
n RELIES ON A RHYTHMIC, WAVELIKE INVOLUNTARY MOVEMENT OF ITS MUSCLES, CALLED *PERISTALSIS*, TO MOVE THE FOOD IN A FORWARD DIRECTION

STOMACH

n ENLARGED PART OF THE ALIMENTARY CANAL

n RECEIVES THE FOOD FROM THE ESOPHAGUS

n MUCOUS MEMBRANE LINING CONTAINS FOLDS CALLED *RUGAE*, WHICH DISAPPEAR AS THE STOMACH FILLS WITH AND EXPANDS



CARDIAC SPHINCTER

- n CIRCULAR MUSCLE BETWEEN THE ESOPHAGUS AND STOMACH
- n CLOSES AFTER FOOD ENTERS THE STOMACH
- n PREVENTS FOOD FROM GOING BACK UP INTO THE ESOPHAGUS



PYLORIC SPHINCTER

- n CIRCULAR MUSCLE BETWEEN THE STOMACH AND SMALL INTESTINE
- n KEEPS FOOD IN THE STOMACH UNTIL IT IS READY TO ENTER THE SMALL INTESTINE
- n FOOD USUALLY REMAINS IN THE STOMACH FOR ABOUT ONE TO FOUR HOURS

GASTRIC JUICES

n PRODUCED BY GLANDS IN THE STOMACH

n CONVERT FOOD INTO SEMIFLUID MATERIAL CALLED CHYME

n JUICES CONTAIN HYDROCHLORIC ACID

- KILLS BACTERIA
- HELPS IN THE ABSORPTION OF IRON
- ACTIVATES THE ENZYME PEPSIN

Gastric Juice...does a body good



JUICES ALSO CONTAIN ENZYMES

- n LIPASE, WHICH BEGINS THE CHEMICAL BREAKDOWN OF FATS
- n PEPSIN, WHICH STARTS PROTEIN DIGESTION
- n IN AN INFANT, ENZYME RENNIN IS EXCRETED
 - AIDS IN THE DIGESTION OF MILK
 - NOT PRESENT IN ADULTS

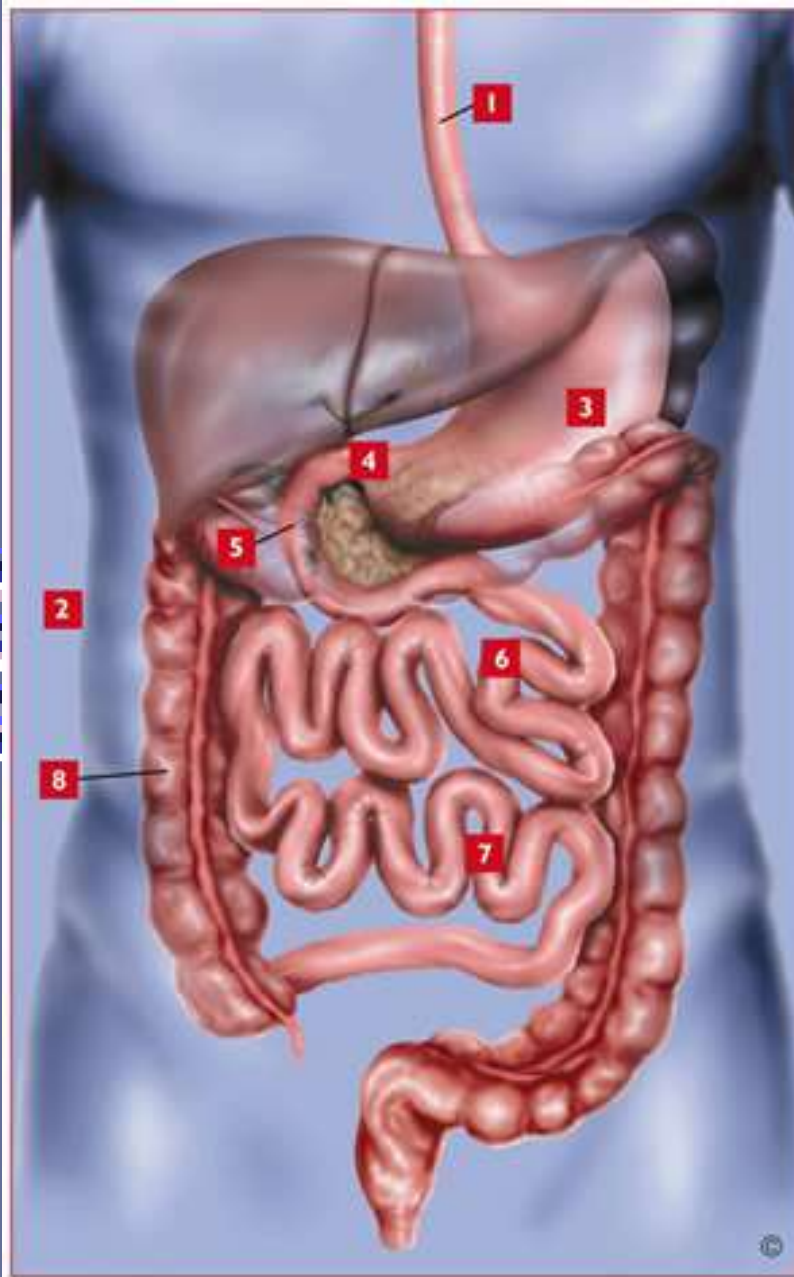
SMALL INTESTINE

n COILED SECTION OF THE ALIMENTARY CANAL ABOUT TWENTY FEET LONG AND ONE INCH IN DIAMETER

n RECEIVES FOOD, IN FORM OF CHYME, FROM STOMACH

n THREE SECTIONS

- DUODENUM
- JEJUNUM
- ILEUM

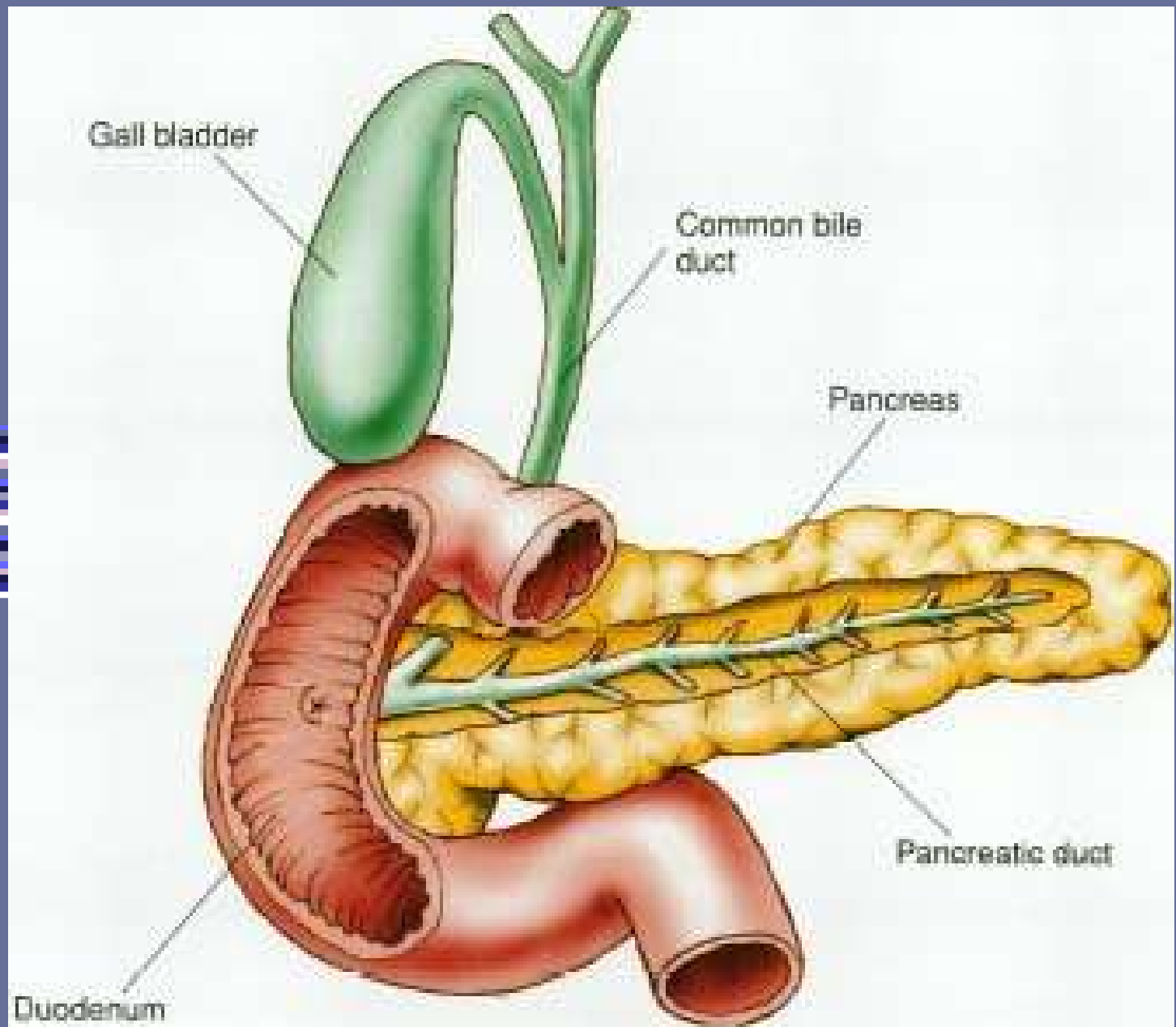


- 1** THE ESOPHAGUS
- 2** THE ABDOMEN
- 3** THE STOMACH
- 4** THE PYLORUS
- 5** THE DUODENUM
- 6** THE JEJUNUM
- 7** THE ILEUM
- 8** THE LARGE INTESTINE

DUODENUM

n FIRST NINE TO TEN INCHES

n BILE FROM THE GALLBLADDER AND
LIVER AND PANCREATIC JUICE
FROM THE PANCREAS ENTER THIS
SECTION THROUGH DUCTS OR
TUBES



JEJUNUM

n ABOUT EIGHT FEET LONG

n FORMS THE MIDDLE SECTION OF
THE SMALL INTESTINE

ILEUM

- n FINAL TWELVE FEET
- n CONNECTS WITH THE LARGE INTESTINE AT THE CECUM
- n CIRCULAR MUSCLE CALLED THE ILEOCECAL VALVE SEPARATES THE ILEUM AND CECUM AND PREVENTS FROM RETURNING TO THE ILEUM

FUNCTIONS OF THE SMALL INTESTINE

- n COMPLETES THE PROCESS OF DIGESTION

- n ABSORBS THE PRODUCTS OF DIGESTION INTO THE BLOOD STREAM FOR USE BY BODY CELLS

INTESTINAL JUICES

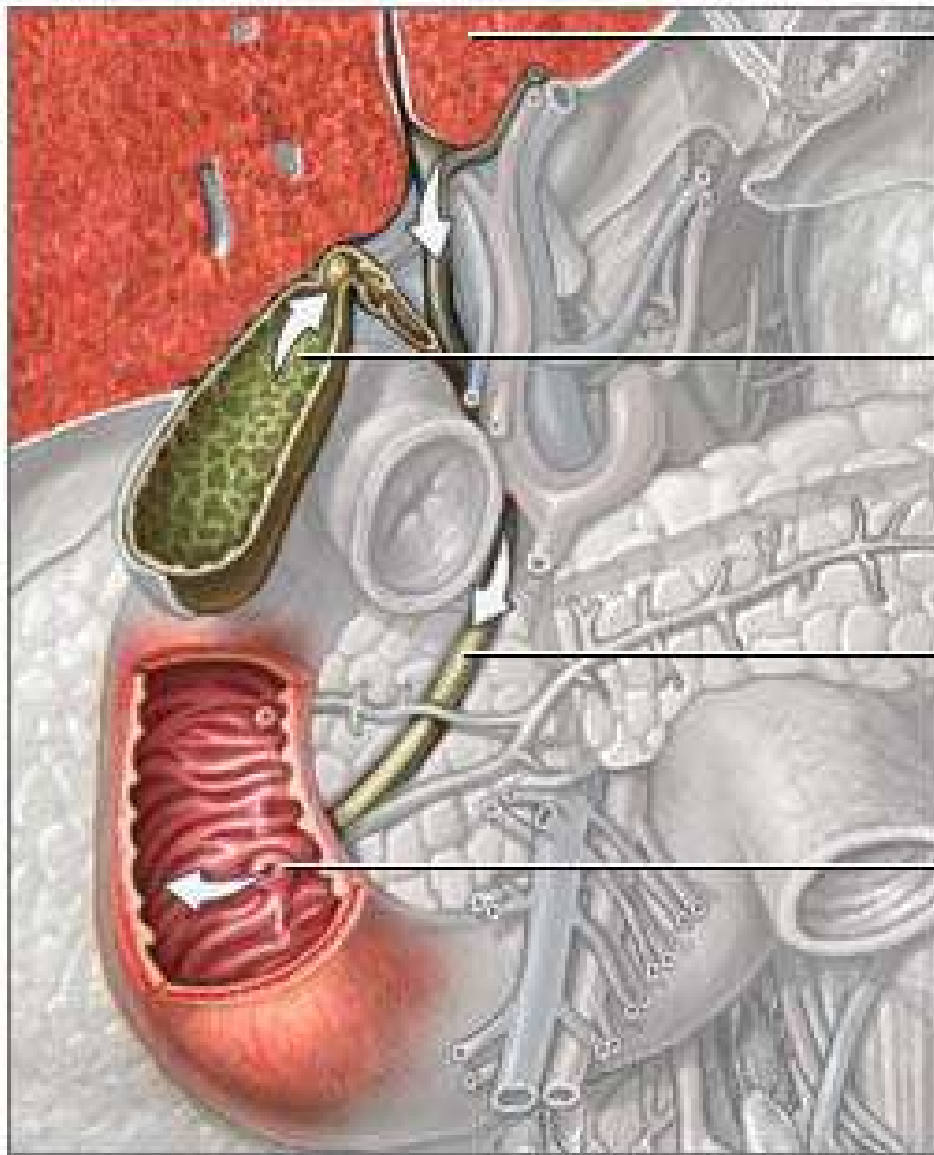
n PRODUCED BY THE SMALL INTESTINE

n CONTAIN THE ENZYMES MALTASE, SUCRASE, AND LACTASE, WHICH BREAK DOWN SUGARS INTO SIMPLE FORMS

n ALSO CONTAIN ENZYMES KNOWN AS PEPTIDASES, WHICH COMPLETE THE DIGESTION OF PROTEINS

BILE

- n LIQUID THAT ENTERS SMALL INTESTINE FROM LIVER AND GALLBLADDER
- n EMULSIFIES OR PHYSICALLY BREAKS DOWN FATS



Liver

Gallbladder

Common
bile duct

Major duodenal
papilla

PANCREATIC JUICE

n LIQUID THAT ENTERS SMALL
INTESTINE FROM PANCREAS

n CONTAINS ENZYMES THAT
COMPLETE THE PROCESS OF
DIGESTION

- PANCREATIC AMYLASE, WHICH ACTS ON SUGARS
- TRYPSIN AND CHYMOTRYPSIN, WHICH ACT ON PROTEINS
- LIPASE, WHICH ACTS ON FATS

VILLI

- n FINGERLIKE PROJECTIONS THAT LINE WALL OF SMALL INTESTINE
- n ALLOW FOOD TO BE ABSORBED OR TAKEN INTO BLOOD STREAM
- n CONTAINS BLOOD CAPILLARIES AND LACTEALS



VILLI CONTINUED

n BLOOD CAPILLARIES ABSORB OR PICK UP THE DIGESTED NUTRIENTS AND CARRY THEM TO THE LIVER WHERE THEY ARE STORED OR RELEASED INTO GENERAL CIRCULATION FOR USE BY BODY CELLS

n LACTEALS PICK UP MOST OF THE DIGESTED FATS AND CARRY THEM TO THE LYMPATHIC SYSTEM, WHICH RELEASES THEM INTO THE CIRCULATORY SYSTEM

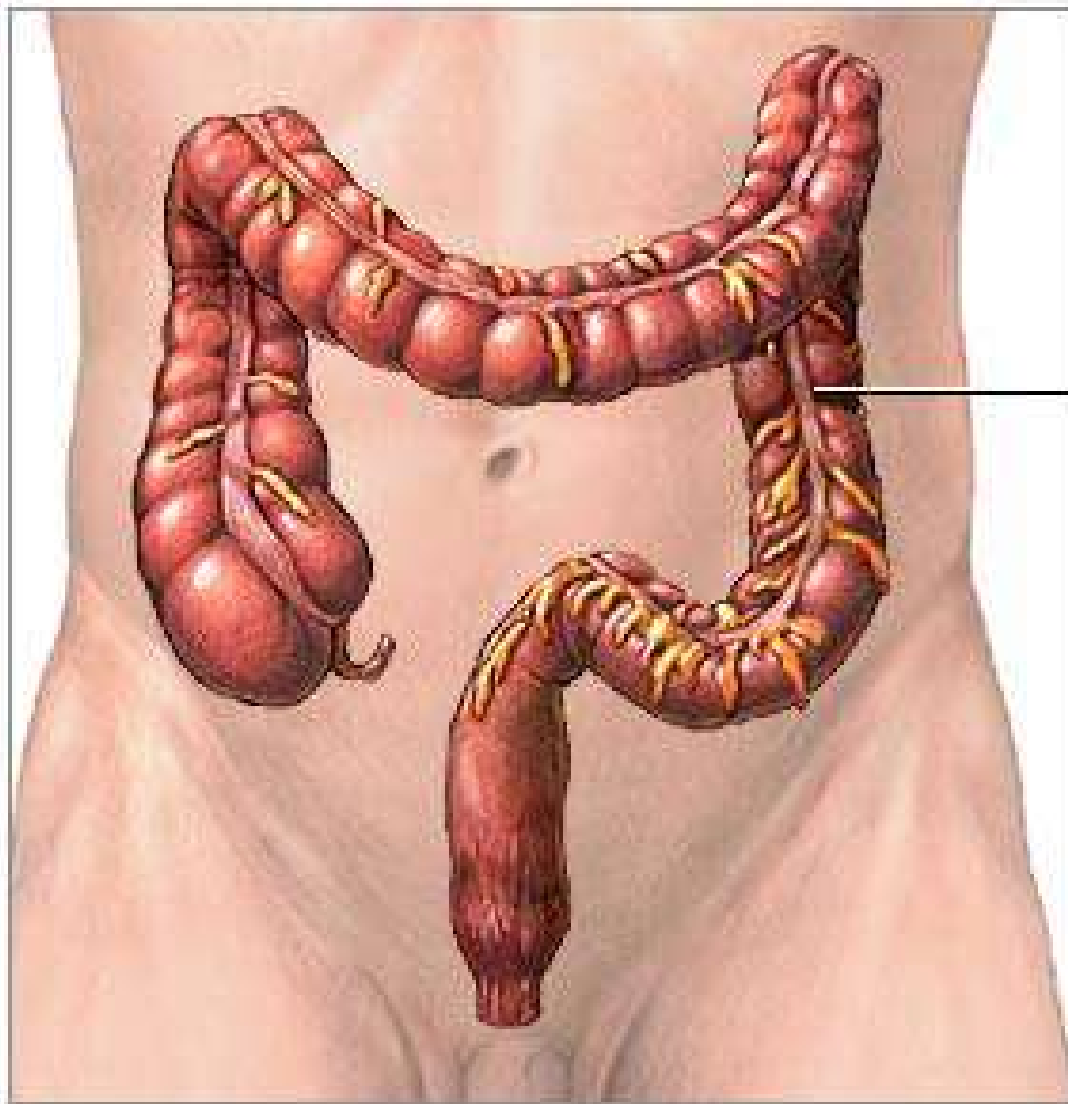
SMALL INTESTINE OVERVIEW

n WHEN FOOD HAS COMPLETED ITS
PASSAGE THROUGH THE SMALL
INTESTINE ONLY WASTES,
INDIGESTIBLE MATERIALS AND
EXCESS WATER REMAIN

LARGE INTESTINE

n FINAL SECTION OF THE
ALIMENTARY CANAL

n ABOUT FIVE FEET LONG AND
ABOUT TWO INCHES IN DIAMETER



Large
intestine
(colon)

FUNCTIONS

- n ABSORPTION OF WATER AND ANY REMAINING NUTRIENTS
- n STORAGE OF INDIGESTIBLE MATERIALS BEFORE THEY ARE ELIMINATED FROM THE BODY



FUNCTIONS



n SYNTHESIS (FORMATION) AND ABSORPTION OF SOME B-COMPLEX VITAMINS AND VITAMIN K BY BACTERIA PRESENT IN INTESTINE

n TRANSPORTATION OF THE WASTE PRODUCTS OUT OF THE ALIMENTARY CANAL

SECTIONS OF LARGE INTESTINE

n CECUM

- FIRST SECTION
- CONNECTS WITH THE ILEUM OF THE SMALL INTESTINE
- CONTAINS A SMALL PROJECTION CALLED THE VERMIFORM APPENDIX

COLON

n *ASCENDING* COLON CONTINUES UP ON THE RIGHT SIDE OF THE BODY FROM THE CECUM TO THE LOWER PART OF THE LIVER

n *TRANSVERSE* COLON EXTENDS ACROSS THE ABDOMEN, BELOW THE LIVER AND STOMACH, BUT ABOVE THE SMALL INTESTINE

COLON CONTINUED

n *DESCENDING* COLON EXTENDS
DOWN THE LEFT SIDE OF THE BODY

n *SIGMOID* COLON

- CONNECTS WITH DESCENDING COLON
- “S” SHAPED SECTION THAT JOINS
WITH THE RECTUM

RECTUM

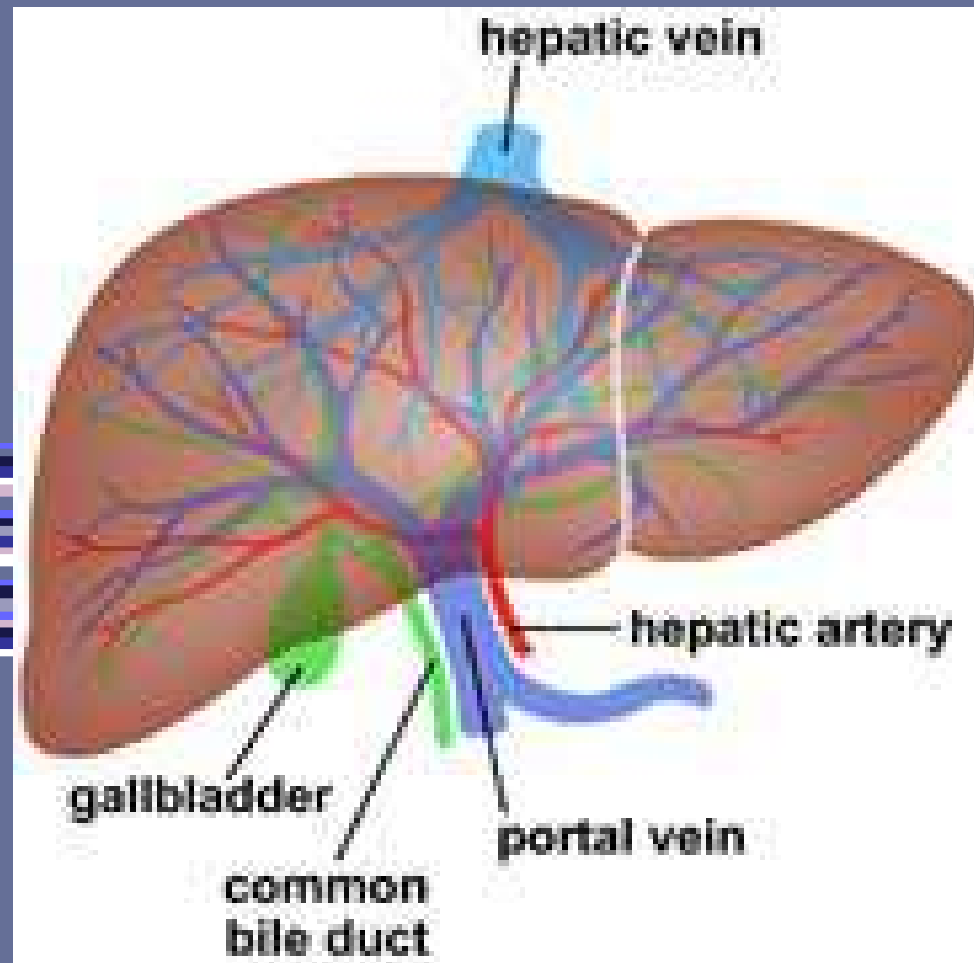
- n FINAL SIX TO EIGHT INCHES
- n STORAGE AREA FOR THE INDIGESTIBLES OR WASTES
- n HAS A NARROW CANAL CALLED THE ANAL CANAL, WHICH OPENS AT A HOLE CALLED THE ANUS
- n FECAL MATERIAL OR STOOL, THE FINAL WASTE PRODUCT OF THE DIGESTIVE PROCESS, IS EXPELLED THROUGH THIS OPENING

LIVER

- n LARGEST GLAND IN THE BODY

- n ACCESSORY ORGAN FOR THE DIGESTIVE TRACT

- n LOCATED UNDER THE DIAPHRAGM IN THE UPPER RIGHT QUADRANT OF THE ABDOMEN



FUNCTIONS

n SECRETES BILE

- USED TO EMULSIFY OR PHYSICALLY BREAK UP FATS

- ALSO MAKES FATS WATER SOLUBLE, WHICH IS NECESSARY FOR ABSORPTION

n STORES SUGAR IN THE FORM OF GLYCOGEN

- GLYCOGEN IS CONVERTED TO GLUCOSE

FUNCTIONS CONTINUED

- n STORES IRON AND CERTAIN VITAMINS

- n PRODUCES HEPARIN, A SUBSTANCE THAT PREVENTS CLOTTING OF THE BLOOD

- n PRODUCES BLOOD PROTEINS SUCH AS FIBRINOGEN AND PROTHROMBIN, WHICH AID IN CLOTTING OF THE BLOOD

FUNCTIONS CONTINUED

- n PRODUCES CHOLESTEROL

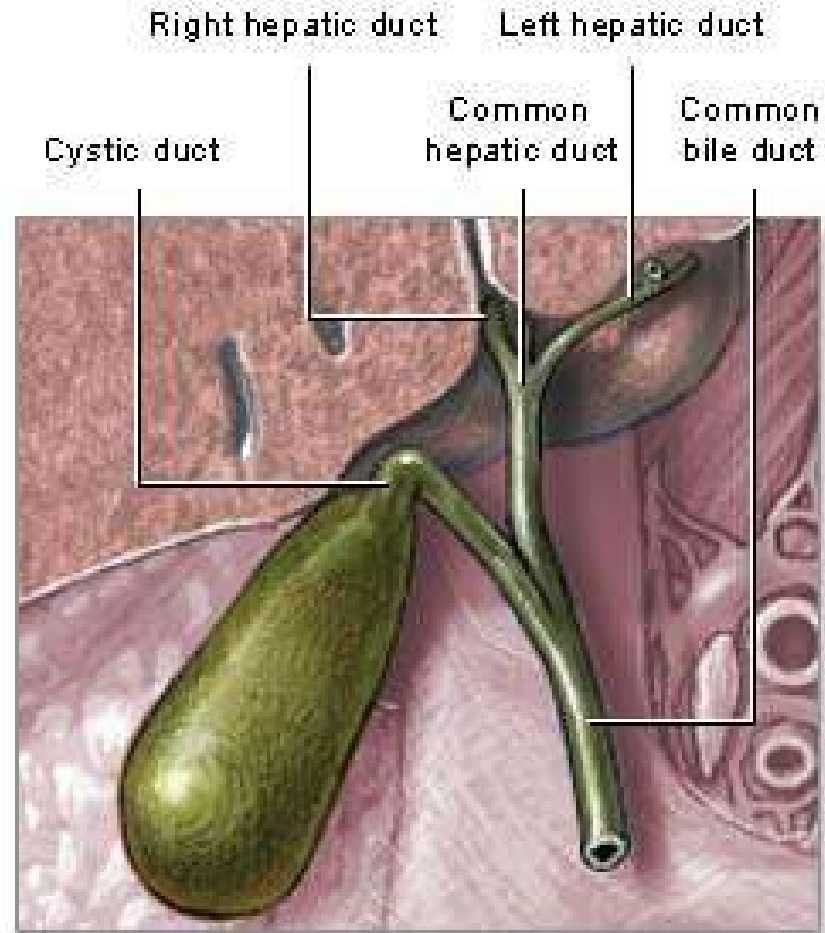
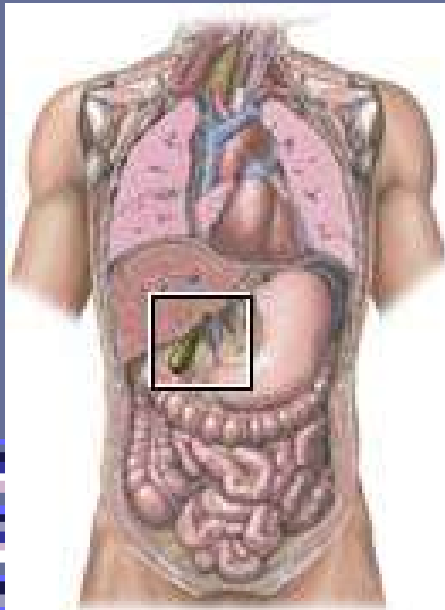
- n DETOXIFIES (RENDERS LESS HARMFUL) SUBSTANCES SUCH AS ALCOHOL AND PESTICIDES, AND DESTROYS BACTERIA THAT HAVE BEEN TAKEN INTO THE BLOOD FROM THE INTESTINE

GALLBLADDER

- n SMALL MUSCULAR SAC

- n LOCATED UNDER THE LIVER AND ATTACHED TO IT BY CONNECTIVE TISSUE

- n STORES AND CONCENTRATES BILE, WHICH IT RECEIVES FROM THE LIVER



GALLBLADDER CONTINUE

n WHEN THE BILE IS NEEDED IN THE DIGESTIVE TRACT TO EMULSIFY FATS, IT CONTRACTS AND PUSHES THE BILE THROUGH THE COMMON BILE DUCT INTO THE DUODENUM

PANCREAS

n FISH-SHAPED ORGAN LOCATED
BEHIND THE STOMACH

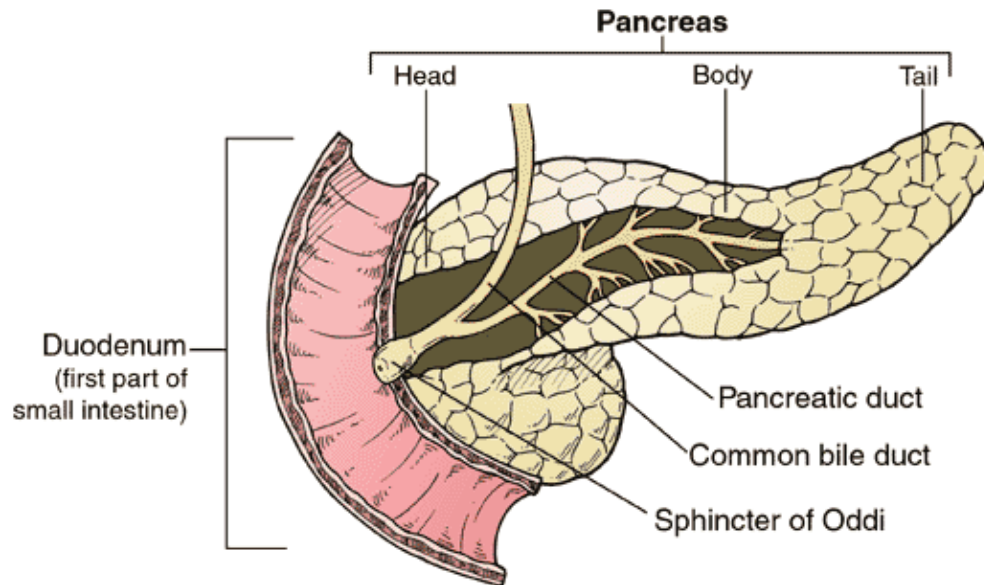
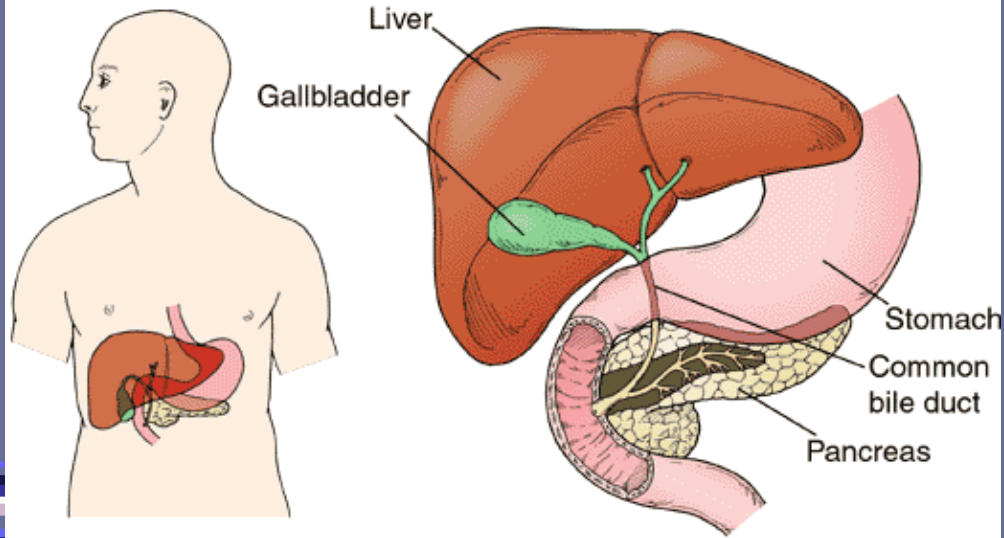
n PRODUCES PANCREATIC JUICES

– JUICES ENTER DUODENUM THROUGH
PANCREATIC DUCT

– CONTAINS ENZYMES TO DIGEST
FOOD

- PANCREATIC AMYLASE TO BREAK DOWN
FOOD SUGARS
- TRYPSIN AND CHYMOTRYPSIN TO BREAK
DOWN PROTEINS

Pancreas



PANCREAS CONTINUED

n PRODUCES INSULIN

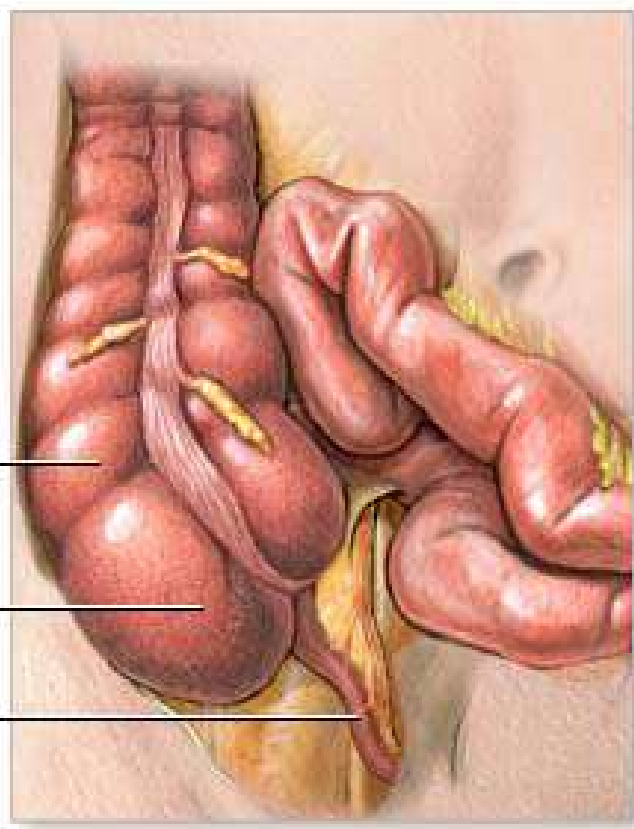
- SECRETED INTO THE BLOOD STREAM
- REGULATES THE METABOLISM OR BURNING OF CARBOHYDRATES TO CONVERT GLUCOSE (BLOOD SUGAR) TO ENERGY



DISEASES OF THE DIGESTIVE SYSTEM

APPENDICITIS

n ACUTE INFLAMMATION OF THE APPENDIX USUALLY DUE TO AN OBSTRUCTION AND INFECTION



Large intestine

Cecum

Appendix

SYMPTOMS

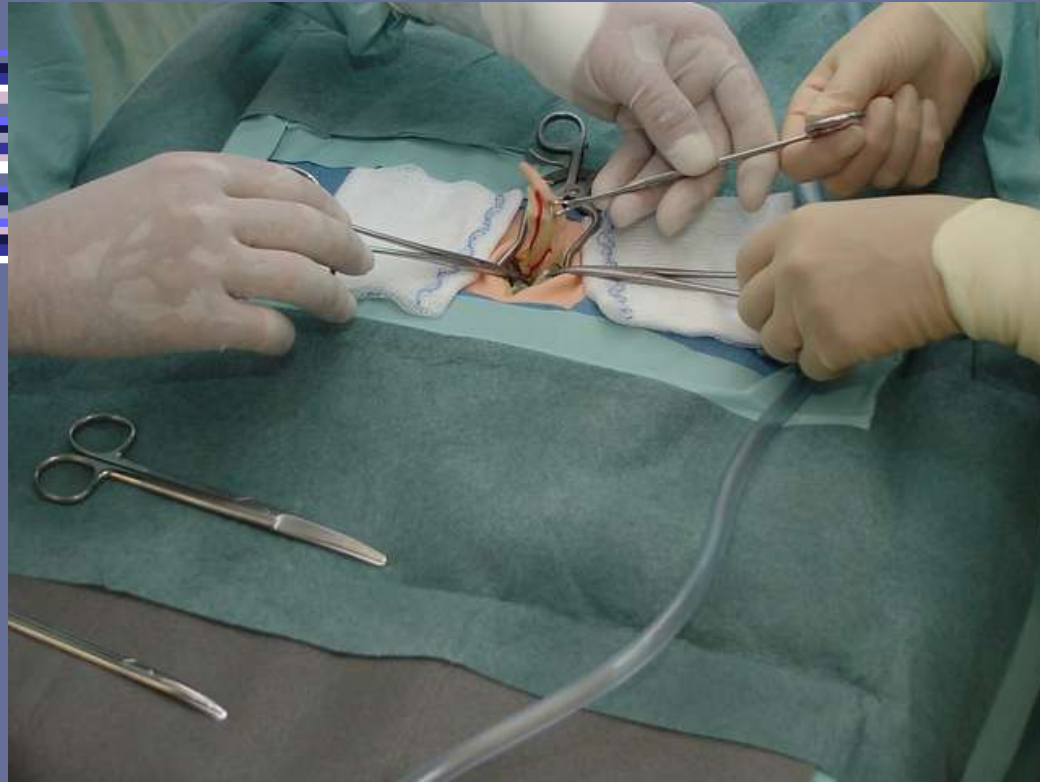
- n GENERALIZED ABDOMINAL PAIN THAT LATER LOCALIZES AT THE LOWER RIGHT QUADRANT
- n N&V
- n MILD FEVER
- n ELEVATED WBC

THE APPENDIX RUPTURES?

n INFECTIOUS MATERIAL SPILLS OUT INTO PERITONEAL CAVITY AND CAUSES PERITONITIS, A SERIOUS CONDITION

TREATMENT

n APPENDECTOMY



CHOLECYSTITIS

n INFLAMMATION OF THE
GALLBLADDER

n CHOLELITHIASIS: GALLSTONES
FORM FROM CRYSTALIZED
CHOLESTEROL, BILE SALTS, AND
BILE PIGMENTS



SYMPTOMS

n FREQUENTLY OCCUR AFTER
EATING FATTY FOODS

- INDIGESTION, N&V

- PAIN UNDER RIB THAT RADIATES TO
THE RIGHT SHOULDER

- IF GALLSTONE BLOCK BILE
DUCTS, GALLBLADDER CAN RUPTURE
AND CAUSE PERITONITIS

TREATMENT

n LOW FAT DIETS

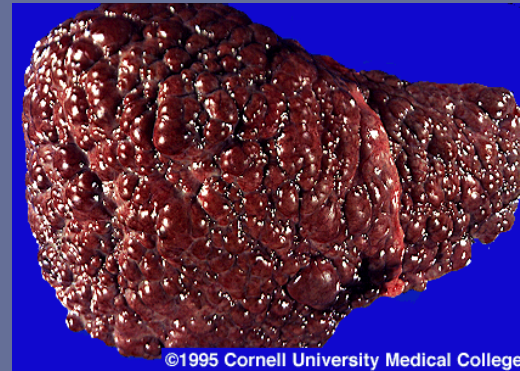
n LITHOTRIPSY: SHOCK WAVES TO SHATTER GALLSTONES

n CHOLECYSTECTOMY: SURGICAL REMOVAL OF GALLBLADDER

Lithotripsy



CIRRHOSIS



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n CHRONIC DESTRUCTION OF LIVER CELLS ACCOMPANIED BY THE FORMATION OF FIBROUS CONNECTIVE AND SCAR TISSUE

n CAUSES: MALNUTRITION ASSOCIATED WITH ALCOLISM, HEPATITIS, BILE DUCT DISEASE, AND CHEMICAL TOXINS

SYMPTOMS

- n VARY AND BECOME MORE SEVERE AS DISEASE PROGRESSES
- n ENLARGEMENT OF THE LIVER
- n ANEMIA AND NOSEBLEEDS
- n INDIGESTION, N&V
- n JAUNDICE

SYMPTOMS CONTINUED

n ASCITES OR AN ACCUMULATION OF FLUID IN ABDOMINAL PERITONEAL CAVITY

n WHEN LIVER FUNCTION FAILS, DISORIENTATION, HALUCINATIONS, HEPATIC COMA, AND DEATH OCCURS

TREATMENT

- n DIRECTED TOWARD PREVENTING FURTHER DAMAGE TO THE LIVER
- n AVOIDING ALCOHOL AND PREVENTING INFECTIONS
- n PROPER NUTRITION AND VITAMIN SUPPLEMENTS
- n REST AND APPROPRIATE EXERCISE ARE ENCOURAGED

CONSTIPATION



n CONDITION THAT OCCURS WHEN FECAL MATERIAL REMAINS IN THE COLON TOO LONG CAUSING EXCESSIVE REABSORPTION OF WATER

n FECES OR STOOL BECOME HARD, DRY, AND DIFFICULT TO ELIMINATE

CAUSES

- n POOR BOWEL HABITS
- n CHRONIC USE OF LAXATIVES
CAUSING A LAZY BOWEL
- n DIETS LOW IN FIBER
- n CERTAIN DIGESTIVE DISEASES

TREATMENT

- n USUALLY CORRECTED BY A DIET HIGH IN FIBER, ADEQUATE FLUIDS AND EXERCISE
- n AT TIMES, LAXATIVES USED TO STIMULATE DEFECATION

DIARRRHEA

- n CONDITION CHARACTERIZED BY FREQUENT WATERY STOOLS
- n EXTREMELY DANGEROUS IN INFANTS AND SMALL CHILDREN DUE TO THE EXCESSIVE LOSS OF FLUIDS

CAUSES

n INFECTIONS

n STRESS

n DIET

n IRRITIATED COLON

n TOXIC SUBSTANCES



TREATMENT

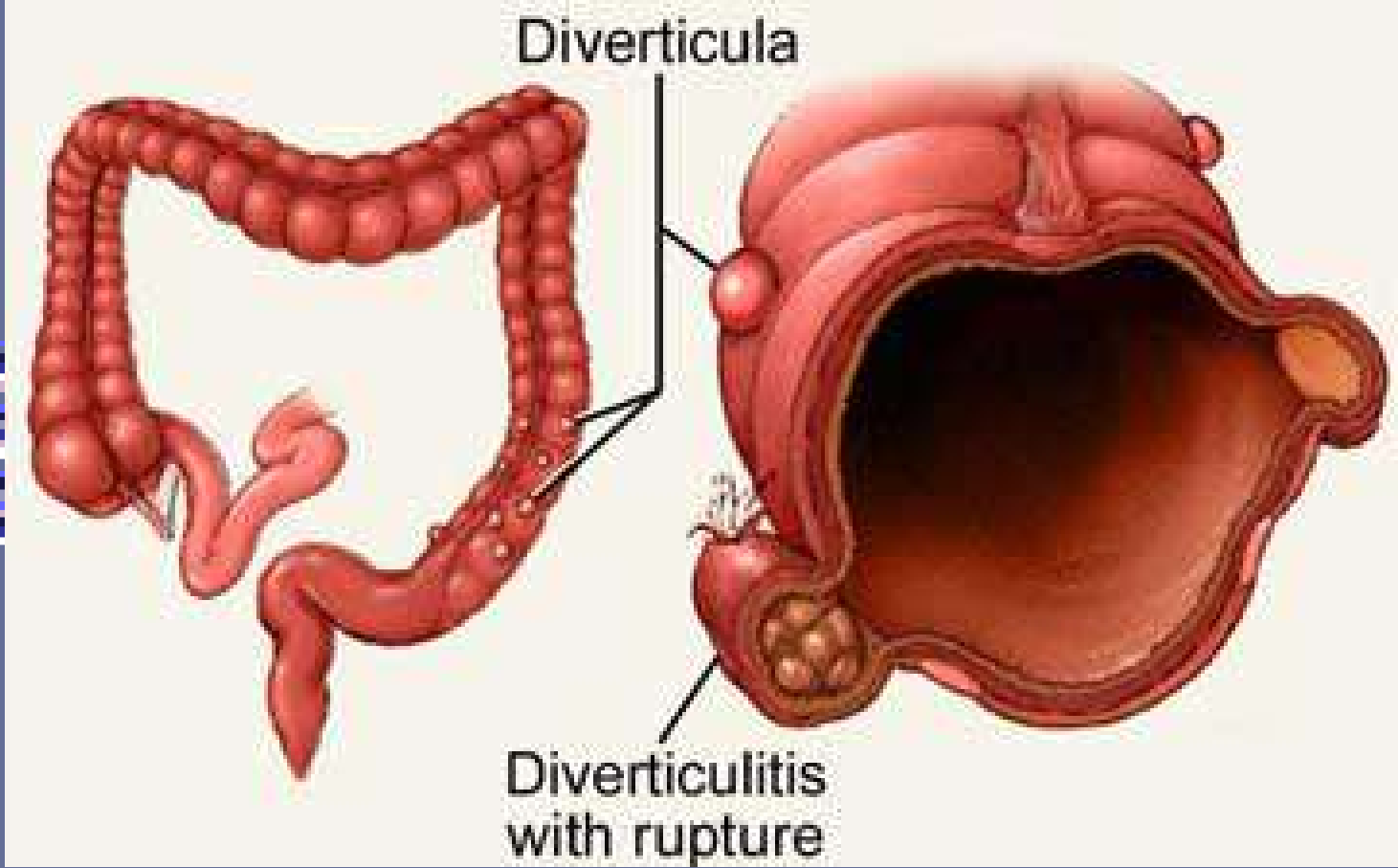
- n ELIMINATE THE CAUSE

- n PROVIDE ADEQUATE FLUID INTAKE

- n MODIFY THE DIET

DIVERTICULITIS

n INFLAMMATION OF DIVERTICULA, POUCHES OR SACS THAT FORM IN THE INTESTINE AS THE MUCOSAL LINING PUSHES THROUGH THE SURROUNDING MUSCLE



CAUSES

- n WHEN FECAL MATERIAL AND BACTERIA BECOME TRAPPED IN DIVERTICULA, INFLAMMATION OCCURS
- n CAN CAUSE AN ABSCESS OR RUPTURE LEADING TO PERITONITIS

SYMPTOMS

- n VARY DEPENDING ON THE AMOUNT OF INFLAMMATION
- n ABDOMINAL PAIN
- n IRREGULAR BOWEL MOVEMENTS AND FLATUS
- n CONSTIPATION OR DIARRHEA
- n ABDOMINAL DISTENTION
- n LOW-GRADE FEVER
- n N&V

TREATMENT

n ANTIBIOTICS, STOOL SOFTENING
AND PAIN MEDICATIONS

n SURGERY TO REMOVE THE
AFFECTED SECTION OF COLON

GASTROENTERITIS

n INFLAMMATION OF MUCOUS
MEMBRANE LINING THE STOMACH
AND INTESTINAL TRACT

CAUSES

n FOOD POISONING

n INFECTIONS

n TOXINS

SYMPTOMS

n ABDOMINAL CRAMPING

n N&V

n FEVER

n DIARRHEA

TREATMENT

n USUALLY REST AND INCREASED
FLUID INTAKE

n IN SEVERE CASES, ANTIBIOTICS, IV
FLUIDS, AND MEDICATIONS TO
SLOW PERISTALSIS MAY BE USED

HEMORRHOIDS

n PAINFUL, DILATED OR VARICOSE
VEINS OF RECTUM AND/OR ANUS

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CAUSES

- n STRAINING TO DEFECATE OR CONSTIPATION
- n PRESSURE DURING PREGNANCY
- n INSUFFICIENT FLUID INTAKE
- n ABUSE OF LAXATIVES
- n PROLONGED SITTING OR STANDING

SYMPTOMS

n PAIN

n ITCHING

n BLEEDING

TREATMENT

- n HIGH FIBER DIET AND INCREASED FLUID INTAKE
- n STOOL SOFTENERS
- n SITZ BATH OR WARM MOIST COMPRESSES
- n HEMORRHOIDECTOMY IN SEVERE CASES

HEPATITIS

n VIRAL INFLAMMATION OF THE LIVER

n TYPE A OR INFECTIOUS HEPATITIS

- HIGHLY CONTAGIOUS

- TRANSMITTED IN FOOD OR WATER

- THAT HAS BEEN CONTAMINATED BY

- THE FECES OF AN INFECTED PERSON

n TYPE B OR SERUM HEPATITIS

- TRANSMITTED BY BLOOD AND SERUM

- MORE SERIOUS THAN TYPE A AND

- CAN LEAD TO CHRONIC HEPATITIS OR

- CIRRHOSIS OF THE LIVER

SYMPTOMS

- n FEVER, ANOREXIA, AND N&V
- n FATIGUE, DARK COLOR URINE
- n CLAY COLORED STOOL
- n ENLARGED LIVER
- n JAUNDICE

TREATMENT

n REST

n DIET HIGH IN PROTEIN AND
CALORIES AND LOW IN FAT

HERNIA OR RUPTURE

n OCCURS WHEN AN INTERNAL ORGAN PUSHES THROUGH A WEAKENED AREA OR NATURAL OPENING IN A BODY WALL

HIATAL HERNIA

n STOMACH PROTRUDES THROUGH THE DIAPHRAGM INTO THE CHEST CAVITY THROUGH THE OPENING FOR THE ESOPHAGUS

SYMPTOMS

n HEARTBURN

n DISTENTION OF THE STOMACH

n CHEST PAIN

n DIFFICULTY SWALLOWING

TREATMENT

n BLAND DIET

n SMALL FREQUENT MEALS

n SIT UP AFTER EATING

n SURGICAL REPAIR

INGUINAL HERNIA

n SECTION OF THE SMALL INTESTINE PROTRUDES THROUGH THE INGUINAL RINGS OF THE LOWER ABDOMINAL WALL

n IF THE HERNIA CANNOT BE REDUCED, OR PUSHED BACK IN PLACE, A HERNIORRHAPY IS DONE

PERITONITIS

- n INFLAMMATION OF THE ABDOMINAL PERITONEAL CAVITY
- n USUALLY OCCURS WHEN A RUPTURE IN THE INTESTINE ALLOWS FECAL CONTENTS TO ENTER THIS CAVITY
- n RUPTURED APPENDIX OR GALLBLADDER ARE CAUSES

SYMPTOMS

n ABDOMINAL PAIN AND DISTENTION

n FEVER

n N&V

TREATMENT

n ANTIBIOTICS

n SURGICAL REPAIR



ULCER

n OPEN SORE ON THE LINING OF THE DIGESTIVE TRACT

n PEPTIC ULCERS INCLUDE GASTRIC AND DUODENAL ULCERS

SYMPTOMS

n BURNING PAIN

n INDIGESTION

n HEMATEMESIS (BLOODY VOMITUS)

n MELENA (DARK, TARRY STOOL)

TREATMENT

- n ANTACIDS AND BLAND DIET

- n DECREASING STRESS

- n ~~AVOID IRRITANTS~~ SUCH AS
ALCOHOL, FRIED FOOD, TOBACCO,
AND CAFFEINE

ULCERATIVE COLITIS

- n SEVERE INFLAMMATION OF THE COLON WITH THE FORMATION OF ULCERS AND ABSCESSSES
- n THOUGHT TO BE CAUSED BY STRESS, ALLERGIC REACTIONS TO FOOD, OR AN AUTOIMMUNE REACTION

SYMPTOMS

n DIARRRHEA WITH BLOOD, PUS, AND MUCUS

n WEIGHT LOSS, WEAKNESS, ABDOMINAL PAIN, ANEMIA AND ANOREXIA

n PERIODS OF REMISSION AND EXACERBATION ARE COMMON

TREATMENT

n DIRECTED TOWARD CONTROLLING INFLAMMATION

n REDUCE STRESS WITH MILD SEDATION

n MAINTAIN PROPER NUTRITION

n AVOID SUBSTANCES THAT AGGRAVATE THE CONDITION

n SURGICAL REMOVAL OF AFFECTED COLON IN SOME CASES

THE END!!!!!!

