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Nutritional Therapy in Crohn's Disease – A Review of Current Trends and Evidence

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ABSTRACT
Crohn's disease (CD) is a chronic inflammatory bowel disease with a complex etiology. Although standard pharmacological treatment effectively controls the disease, increasing attention is being given to nutritional therapy as an adjunctive or alternative method. Exclusive enteral nutrition (EEN) is the most effective dietary intervention in children; however, its restrictive nature limits its use in adults.

The Crohn's Disease Exclusion Diet (CDED) combined with partial enteral nutrition (PEN) demonstrates effectiveness similar to EEN, with better patient acceptance. The Mediterranean Diet (MD) and Specific Carbohydrate Diet (SCD) may support remission, but there is insufficient evidence of their long-term efficacy. The low FODMAP diet reduces gastrointestinal symptoms, but its effect on inflammation remains unconfirmed. A significant challenge in treatment is malnutrition, which is common in CD patients and requires individual assessment and supplementation. Nutritional therapy represents a promising treatment strategy for CD, but its effectiveness requires further investigation.

Keywords: Crohn's disease, nutritional therapy, elimination diet, exclusive enteral nutrition, gut microbiota, malnutrition.

INTRODUCTION

Crohn's disease (CD) is a chronic inflammatory bowel disease with an unclear etiology, in which genetic, immunological, and environmental factors play a significant role. Its course is characterized by periods of flare-ups and remission, with symptoms including abdominal pain, diarrhea, weight loss, and extra-intestinal complications. Standard pharmacological treatment, including corticosteroids, immunosuppressive drugs, and biological therapies, helps control the disease, although it is not free of side effects.

In recent years, there has been growing interest in nutritional therapy as an alternative or adjunctive treatment for CD. Certain dietary interventions have been shown to effectively induce remission, reduce inflammation, and support the healing of the intestinal mucosa. Exclusive enteral nutrition (EEN) is considered the gold standard for nutritional treatment in children, demonstrating effectiveness comparable to steroid therapy. However, due to limited patient acceptance, alternative dietary strategies are being explored, such as the Crohn's Disease Exclusion Diet (CDED), Specific Carbohydrate Diet (SCD), and the Mediterranean Diet (MD). In this context, the personalization of dietary treatment is gaining increasing importance, taking into account individual nutritional needs and patient preferences. More and more studies also emphasize the relationship between diet composition and gut microbiota, suggesting a potential mechanism through which nutrition affects disease activity. Despite the growing number of publications, there are no clear clinical recommendations regarding the choice of a specific diet depending on the disease phase, patient age, or presence of complications. A significant barrier also remains the insufficient integration of dietitians in multidisciplinary therapeutic teams dealing with the treatment of CD. Therefore, further research on the effectiveness and safety of long-term use of various dietary interventions is needed. Additionally, a key aspect of nutritional therapy is monitoring the nutritional status of patients, as malnutrition and nutrient deficiencies are significant problems in CD.

OBJECTIVE OF THE ARTICLE

The objective of this article is to review current strategies of nutritional therapy in Crohn's disease (CD) and assess their effectiveness based on available scientific evidence. The article will discuss both the most commonly used methods of diet therapy, such as exclusive enteral nutrition (EEN), as well as alternative approaches, including the Crohn's Disease Exclusion Diet (CDED), Specific Carbohydrate Diet (SCD), Mediterranean Diet (MD), and low FODMAP diet. The analysis will also address issues related to the impact of diet on inflammation, intestinal mucosal healing, and inducing remission, as well as practical aspects such as patient acceptance, risk of malnutrition, and potential side effects of long-term use of specific dietary interventions. Additionally, the article will explore the role of dietary fiber in CD and the importance of monitoring nutritional status and supplementation among patients with this disease. By providing a comprehensive overview of current trends in nutritional therapy for CD, the article aims to offer practical information for both clinicians and patients, allowing for better adaptation of dietary recommendations to the individual needs of patients.
In this review, the focus is on dietary interventions used in patients with Crohn's disease, evaluating their effectiveness, safety, and patient acceptance. We focus on assessing the current state of knowledge regarding the impact of diet on the clinical course of CD, inflammation, malnutrition risk, and the quality of life of patients. Our approach is descriptive-analytical, combining clinical and nutritional perspectives with an evaluation of the practical feasibility of implementing the discussed strategies in daily patient care. Based on a review of scientific literature from 2020 to 2025, we compiled results from randomized clinical trials, systematic reviews, and guidelines from scientific societies, enabling us to provide a comprehensive assessment of the effectiveness of different dietary models.
We hypothesize that certain dietary strategies - particularly CDED combined with partial enteral nutrition (PEN) and the Mediterranean Diet - may be as effective as EEN in inducing remission, while also being more acceptable and having a better safety profile. Additionally, we assume that proper nutritional assessment and adequate supplementation are essential for improving treatment outcomes and preventing nutritional complications.
Our work expands knowledge on the practical application of nutritional therapy in CD, highlighting current possibilities and limitations in the context of scientific evidence. Preliminary findings from the review suggest that the use of diet therapy can be an important component of integrated treatment and, in some cases, an effective alternative to pharmacological treatment. The article also provides a new perspective on the need for personalized dietary recommendations and the integration of dietitians into the therapeutic team, which may improve the quality of care for patients with CD.

METHODS

This review is based on scientific articles published between 2020 and 2025, which ensures that the most recent information on trends in nutritional therapy for Crohn's disease (CD) and evidence of their effectiveness are included. The literature was searched in January and February 2025 in the PubMed database. Only peer-reviewed publications available in English were considered. Inclusion criteria were studies examining the effectiveness of various diets in inducing remission, reducing inflammation, and their impact on gut microbiota.

Articles with low methodological quality, those not peer-reviewed, or those focusing on other inflammatory bowel diseases without including Crohn's disease were excluded.

The selection process was conducted in stages: first, potentially relevant publications were identified based on keywords such as "Crohn's disease," "nutritional therapy," "exclusive enteral nutrition," "Crohn's Disease Exclusion Diet," "Mediterranean diet," "low FODMAP diet," "dietary fiber," and "malnutrition in IBD." Then, chronological (2020–2025), linguistic (English language), and quality (peer-reviewed publications) filters were applied. In the case of duplicates or studies with similar subject matter, priority was given to those with larger sample sizes or more up-to-date clinical data.

The analyzed studies included randomized clinical trials, meta-analyses, systematic reviews, and guidelines from scientific societies on nutritional therapy in CD. Narrative reviews of descriptive value were also included if they summarized current clinical data and provided practical recommendations. This allowed for a comprehensive view of the current state of knowledge based on the hierarchy of evidence in line with evidence-based medicine (EBM) principles.

The article is a review and is based on a qualitative assessment of the available literature. The collected material was subjected to a critical comparative analysis, taking into account the effectiveness of individual diets, their application depending on disease severity, patient tolerance, and the risk of nutritional deficiencies. Key aspects of the work include comparing study results, identifying dominant trends, and critically analyzing the limitations of the current state of knowledge in nutritional therapy for CD.

RESULTS

Exclusive Enteral Nutrition (EEN)

Exclusive enteral nutrition (EEN) is one of the most well-researched methods of diet therapy in Crohn's disease (CD), demonstrating high effectiveness in inducing remission, especially in children (Hashash et al., 2024). According to Caio et al. (2021), EEN shows high efficacy in reducing inflammation, supports intestinal mucosal regeneration, and improves overall clinical outcomes for patients. Furthermore, EEN provides patients with essential nutrients, significantly contributing to improved nutritional status and quality of life for individuals with CD. As a result, patients undergoing EEN experience not only improvements in disease symptoms but also in their overall health, which is crucial for their full rehabilitation.

Despite its high effectiveness, EEN is not without challenges. Difficulties in adhering to the diet, due to its monotony, restrictiveness, and the need for specialized intravenous supplements, often result in patients encountering difficulties in maintaining long-term dietary compliance. As Zhang et al. (2024) note, patient acceptance of the diet is low, prompting the search for alternative nutritional strategies that could be equally effective but better adapted to patients' daily lives. Consequently, EEN is often used in shorter cycles, while long-term approaches may include less restrictive dietary models, such as the Crohn's Disease Exclusion Diet (CDED) or the Mediterranean Diet (MD).

An interesting aspect of EEN is its comparison to steroid therapy, which was discussed by Więcek et al. (2022). This study suggests that EEN has similar effectiveness in inducing remission compared to steroid treatment but is associated with significantly fewer side effects. This makes EEN a preferred option, especially in long-term treatment, as steroids often lead to numerous side effects, such as an increased risk of osteoporosis, infections, and metabolic problems. Additionally, EEN plays an important role in preparing patients for surgical procedures. As emphasized by Hashash et al. (2024), the use of EEN before surgery can improve patients' nutritional status and reduce the risk of postoperative complications, such as infections or delayed wound healing, which can significantly enhance surgical treatment outcomes.

EEN remains one of the cornerstones of nutritional therapy in the treatment of CD, although further studies are needed to optimize its use and develop alternative dietary strategies that are equally effective but better tolerated by patients.

Crohn's Disease Exclusion Diet (CDED)

The Crohn's Disease Exclusion Diet (CDED) is becoming an increasingly popular alternative to exclusive enteral nutrition (EEN), particularly due to its better patient acceptance.

As noted by Sigall Boneh et al. (2024), CDED is associated with higher patient compliance with therapeutic recommendations, which may lead to better adherence to the diet and long-term success in treatment. CDED involves the exclusion of specific food components that may be pro-inflammatory, while promoting the intake of foods that support gut health.

By excluding harmful nutrients, CDED aims to reduce inflammation in the intestines, support mucosal regeneration, and restore gut microbiota balance. This is significant because gut microbiota disturbances are a key element in the pathogenesis of Crohn's disease.

The study by Correia et al. (2024) indicates that CDED combined with partial enteral nutrition (PEN) achieves comparable efficacy in inducing remission to EEN, but is better tolerated by patients. This suggests that CDED may be a less burdensome alternative to EEN, especially for patients who struggle with following a more restrictive diet. Moreover, combining CDED and PEN provides benefits in both inducing remission and improving nutritional status, which is particularly important in CD patients, who often experience nutritional deficiencies due to malabsorption and decreased appetite associated with chronic inflammation.

Sigall Boneh et al. (2024) emphasize that CDED may be particularly beneficial for treating patients with mild to moderate forms of Crohn's disease. For more severe forms of the disease, where the patient's overall condition is more serious, the introduction of CDED should be evaluated individually. As the author points out, in such cases, it is essential that dietary therapy be tailored to the specific needs of the patient and the stage of the disease. Zhu et al. (2023) confirm the effectiveness of CDED in mild and moderate forms of CD while emphasizing the need for further studies due to the heterogeneity of previous results.

The study by Niseteo et al. (2022) provides additional evidence for the effectiveness of CDED, showing that 68.8% of patients following this diet combined with PEN achieved clinical remission. Notably, these patients also showed higher weight gain and greater improvement in body mass index (BMI z-score) compared to patients treated with EEN alone. These results suggest that combining CDED with PEN is beneficial not only in reducing inflammation but also in improving patients' nutritional status, which is critical in CD treatment given the high risk of nutritional deficiencies in this patient group. CDED, due to its structure and higher acceptance, may provide a more balanced treatment method, offering long-term health benefits. In the context of CD treatment, Hashash et al. (2024) list CDED, EEN, and the Mediterranean Diet (MD) as the most promising dietary strategies. Although each of these diets shows significant effectiveness in treating Crohn's disease, the authors highlight the need for further studies to more precisely determine the long-term effectiveness of CDED. These studies should consider both clinical aspects and the impact of the diet on gut microbiota and overall patient health. Ultimately, the success of dietary therapies in CD depends on appropriately tailoring the diet to the individual needs of patients and monitoring treatment progress, which allows for the optimization of therapeutic outcomes.

Specific Carbohydrate Diet (SCD) and Mediterranean Diet (MD)

The Specific Carbohydrate Diet (SCD) and Mediterranean Diet (MD) are gaining recognition as potential dietary strategies in the treatment of Crohn's disease (CD). The SCD promotes the consumption of simple carbohydrates, which are more easily absorbed by the body, potentially aiding in the control of CD symptoms. The Mediterranean Diet (MD), on the other hand, is rich in healthy fats (e.g., olive oil), fruits, vegetables, whole grains, and fish, which are high in omega-3 fatty acids that have anti-inflammatory effects.

MD is considered beneficial for metabolic and cardiovascular health and is also advantageous in the context of inflammatory bowel diseases. A study by Lewis et al. (2021) demonstrated that both SCD and MD are effective in inducing symptomatic remission in patients with CD, although no significant difference between these diets was observed in terms of symptom reduction. However, MD was easier for patients to adhere to, which may be crucial for the long-term implementation of dietary therapy. Furthermore, the Mediterranean diet offers additional health benefits, such as improving lipid profiles, reducing the risk of cardiovascular diseases, and enhancing overall metabolic health.

Migdanis et al. (2024) found that adherence to the Mediterranean diet was associated with improved quality of life for CD patients and a reduction in disease activity, suggesting that this diet may have a beneficial impact on both the physical and mental aspects of patients' health. Meanwhile, SCD, although effective in treating symptoms, particularly in children with mild to moderate CD (as shown in the study by Suskind et al.), tends to be more restrictive and harder to follow, which may impact its long-term effectiveness.

Despite the many benefits of the Mediterranean diet, Roncoroni et al. (2022) noted that it is rarely used by CD patients due to concerns about components such as gluten and dairy, despite the lack of definitive scientific evidence that these could exacerbate the disease. This approach may limit the benefits of the Mediterranean diet, as eliminating these products, especially dairy, can lead to deficiencies in certain nutrients such as calcium and vitamin D, which are essential for bone health and the immune system. Therefore, further research is needed to better understand how diet can support CD treatment. It is also important to consider individual patient preferences and their unique health needs to tailor dietary strategies to the specifics of each case. Optimizing the diet, taking both therapeutic efficacy and patient acceptance into account, may be an essential component of comprehensive CD treatment.

Low FODMAP Diet

The low FODMAP (Fermentable Oligo-, Di-, Mono-saccharides and Polyols) diet is gaining prominence as one of the therapeutic methods for treating Crohn's disease (CD), particularly in improving gastrointestinal symptoms and patients' quality of life. Studies have shown that this diet is effective in alleviating symptoms such as abdominal pain, bloating, diarrhea, and constipation, which are common symptoms associated with active CD. According to Popa et al. (2020), the low FODMAP diet improves gastrointestinal function and significantly increases patients' quality of life, especially in cases of mild to moderate disease activity. However, it is worth noting that despite promising results, the long-term effectiveness of this diet in inducing clinical remission remains unclear and requires further investigation. As noted by Jaramillo et al. (2023), the low FODMAP diet is a promising tool for symptom management, but its effectiveness in inducing remission is still not fully confirmed, and studies on its long-term effects are limited. Due to its restrictive nature, there is also a risk that this diet may lead to nutritional deficiencies, especially in fiber, vitamins (such as vitamin B12), and minerals (such as magnesium and calcium), which could negatively affect the overall health of patients, particularly with long-term use. Therefore, as pointed out by Jaramillo et al. (2023), it is crucial to properly monitor the nutritional status and adjust nutrient proportions to avoid deficiencies and provide comprehensive nutritional support. Furthermore, Zhang et al. (2024) highlight difficulties in conclusively confirming the effectiveness of the FODMAP diet in the context of long-term CD treatment. While this diet is recognized as effective in alleviating symptoms, there is not yet enough evidence to fully assess its impact on reducing intestinal inflammation and maintaining long-term remission. In the context of nutritional therapies for CD, the low FODMAP diet should be used in a personalized manner, considering potential nutritional deficiencies and the need for adjustments as the disease progresses. Further studies, including long-term research, are essential to fully determine the role of the FODMAP diet in CD treatment, particularly in terms of improving patients' quality of life and its impact on disease progression.

Role of Dietary Fiber

A high-fiber diet is increasingly being studied as a potential therapeutic strategy in Crohn's disease (CD). Fiber plays a significant role in regulating intestinal functions, improving gut motility, and supporting healthy gut microbiota, which is particularly important in the context of inflammatory bowel diseases. According to a meta-analysis by Serrano Fernandez et al. (2023), the use of fiber in treating CD patients shows positive effects, leading to improvements in remission rates both in patients receiving and not receiving pharmacological therapy.

Fiber may help reduce inflammation and improve the overall health of patients by supporting the healing of the intestinal mucosa and reducing symptoms such as abdominal pain, bloating, and digestive disturbances, which are commonly present in CD patients. Despite promising results, concerns also exist regarding the introduction of fiber into the diet of CD patients. As noted by Roncoroni et al. (2022), patients with Crohn's disease often avoid fiber due to concerns about exacerbating symptoms such as abdominal pain, bloating, or diarrhea. These symptoms may arise from excessive fiber consumption, which can increase fermentation in the intestines, leading to unwanted discomfort. For this reason, many patients are reluctant to add more fiber to their diet, which may, in turn, lead to nutritional deficiencies, particularly with long-term use of a low-fiber diet. Therefore, further research is needed to determine the optimal amount and type of fiber that could be safely introduced in the treatment of CD patients. It is also important to note that different forms of fiber may have varying effects on gut microbiota and gastrointestinal functions, so more detailed studies are needed on their mechanisms of action and impact on intestinal inflammation.

Assessment of Malnutrition and Supplementation

Malnutrition is a common yet often undiagnosed problem in patients with inflammatory bowel diseases (IBD), including Crohn's disease (CD). It can negatively impact the course of the disease and the response to both pharmacological and dietary treatments. Scarallo et al. (2021) emphasize that malnutrition and growth retardation are characteristic features of CD in children. As Hashash et al. (2024) point out, CD patients are particularly susceptible to malnutrition due to chronic inflammation, reduced nutrient absorption, and appetite issues. Deficiencies in nutrients such as iron, vitamin D, vitamin B12, and other essential micronutrients may exacerbate disease symptoms, weaken the immune system, and increase the risk of complications such as fistulas and anemia. Therefore, regular monitoring of these nutrients in CD patients is crucial.

Roncoroni et al. (2022) recommend that all CD patients be systematically assessed for iron, vitamin D, vitamin B12, and other micronutrient deficiencies, particularly in the context of nutritional and pharmacological therapies. In cases where the disease leads to more severe complications, such as short bowel syndrome (due to bowel resection) or fistulas, parenteral nutrition (PN) may be necessary to maintain an adequate nutritional status. Such situations occur when the intestine's ability to absorb nutrients is significantly compromised. As Hashash et al. (2024) emphasize, parenteral nutrition is an effective method of providing essential nutrients to CD patients when there is insufficient absorption of food through the gastrointestinal tract.

It can also prevent further depletion of nutritional reserves and improve the overall health of patients while allowing the continuation of pharmacological and dietary treatments.
An important aspect of treating CD patients is also supplementation, particularly regarding deficiencies in micronutrients and vitamins. Vitamin D, iron, and vitamin B12 are especially important, as deficiencies in these nutrients can lead to complications related to the functioning of the bone, hematopoietic, and immune systems. Proper supplementation of protein and other micronutrients can improve treatment outcomes, support intestinal mucosal healing, and reduce the risk of infections. This approach is essential to provide comprehensive care for CD patients who face a range of challenges related to their disease.

DISCUSSION

The results of the analyzed studies highlight the significant role of nutritional therapy in the treatment of Crohn's disease (CD). Exclusive enteral nutrition (EEN) remains one of the best-documented dietary strategies, particularly in inducing remission in children. Its effectiveness is comparable to steroid therapy, but it is associated with fewer side effects. Despite its clinical benefits, the limitation of EEN is its low patient acceptance and difficulties in maintaining the diet over the long term, prompting the search for alternative methods.
One such alternative is the Crohn's Disease Exclusion Diet (CDED), which, in combination with partial enteral nutrition (PEN), shows effectiveness similar to EEN, while being better tolerated by patients. CDED may be particularly beneficial for individuals with mild and moderate forms of CD, but its effectiveness in more severe cases requires further research. In the context of long-term treatment, both CDED and the Mediterranean Diet (MD) are considered promising dietary strategies, although there is insufficient evidence regarding their effectiveness in preventing disease relapse.
The data from this review support the hypothesis that CDED and MD may serve as effective alternatives to classic EEN, especially in patients who require a more acceptable and less restrictive therapy. Compared to previous knowledge, which mainly focused on EEN as the gold standard, our analysis indicates the growing importance of diets based on natural food products. We found that patient compliance with dietary interventions can be crucial for their long-term success.
The Specific Carbohydrate Diet (SCD) and MD do not show significant differences in effectiveness in inducing symptomatic remission, but MD is easier to follow and offers additional health benefits. The Mediterranean diet, with its inclusion of fiber, antioxidants, and unsaturated fatty acids, may have a positive impact not only on inflammation but also on patients' metabolic health. It is important to emphasize that CD patients often avoid gluten and dairy, despite a lack of conclusive evidence that these foods exacerbate the disease, which may indicate the need for nutritional education in this patient group. Such education should focus not only on symptom elimination but also on maintaining an appropriate balance of nutrients and preventing deficiencies.

The low FODMAP diet shows potential in alleviating gastrointestinal symptoms and improving patients' quality of life, but its effectiveness in long-term disease management remains unclear. It is also important to note that study results regarding FODMAP vary depending on patient population, duration of the diet, and the presence of irritable bowel syndrome symptoms. Our analyses show that using this diet without the supervision of a dietitian may lead to deficiencies, particularly in patients already at risk of malnutrition.

An important aspect of nutritional therapy in CD is the role of dietary fiber. Although meta-analyses suggest its potential benefits in inducing remission, many patients avoid fiber-rich products due to fears of worsening symptoms. This often results from previous negative experiences or lack of knowledge about distinguishing between soluble and insoluble fiber. This highlights the need for further research to determine the optimal amount and type of fiber for CD patients. An interesting direction for future research could be comparing the effects of different types of fiber on gut microbiota and inflammatory markers.

Ultimately, a critical issue in nutritional management of CD is malnutrition and supplementation. Regular nutritional assessments, monitoring iron, vitamin D, and B12 levels, and dietary interventions tailored to individual needs should be standard practice for CD patient care. In extreme cases, such as short bowel syndrome or surgical complications, parenteral nutrition may be necessary to maintain proper nutritional status. Our data indicate that malnutrition remains an underappreciated clinical issue that directly impacts treatment outcomes and the risk of complications.

Additionally, it is important to note the differences in study designs and methodological quality, which may affect the comparability of results and conclusions. The heterogeneity of patient populations, varying duration of dietary interventions, and different criteria for assessing clinical and biochemical remission limit the ability to draw definitive conclusions. Therefore, standardized protocols for dietary therapy studies are needed to better compare the effects of different diets. Another important issue remains the durability of dietary therapy effects—most studies focus on short-term results, while long-term effectiveness and impact on disease progression remain poorly documented.

In the future, prospective, multi-center randomized trials that take into account the diversity of CD phenotypes and disease severity are desirable. It also seems prudent to study the relationship between diet and response to biological therapies, which may be crucial in the era of personalized medicine. Incorporating interactions between nutrition, pharmacotherapy, and gut microbiota may enable the development of more complex, synergistic treatment strategies. There is also a need to develop tools to assess patient adherence to dietary recommendations, as this directly influences therapy effectiveness. Including clinical dietitians in therapeutic teams managing CD should be a standard of care in gastroenterological centers. An integrated approach can significantly increase the chances of successful, long-term disease management, considering the patient's needs.

Our analyses show that although EEN remains an established effective method, other dietary strategies-particularly CDED and MD-demonstrate comparable effectiveness with higher acceptance levels. These conclusions may contribute to shaping more personalized therapeutic approaches based on patient preferences, diet tolerance, and deficiency risk assessments. In the future, it will also be important to consider the role of gut microbiota as a potential biomarker of response to dietary interventions. Our findings bring new value by integrating data from various dietary models and emphasizing the need for their implementation within the framework of multidisciplinary patient care for CD.

CONCLUSIONS

In conclusion, although there are many dietary strategies supporting the treatment of Crohn's disease (CD), further research is needed on their long-term effectiveness and impact on disease progression and patients' quality of life. Existing data indicate that both exclusive enteral nutrition (EEN) and alternative approaches, such as the Crohn's Disease Exclusion Diet (CDED), the Mediterranean Diet (MD), and the low FODMAP diet, can be effective in inducing remission and alleviating gastrointestinal symptoms.

Optimizing nutritional therapy should consider not only effectiveness in controlling symptoms and inflammation but also patient acceptance, the possibility of long-term use, and minimizing the risk of nutritional deficiencies. Regular nutritional monitoring is also crucial, particularly in preventing metabolic complications and supporting pharmacological treatment.

It is therefore recommended to implement individually tailored dietary interventions based on collaboration within an interdisciplinary team, including a clinical dietitian. Future studies should focus on the impact of various dietary models on gut microbiota, immune response, and the effectiveness of biological therapy.

Diet should be viewed as an integral element of the complex treatment of CD, not just as an adjunctive intervention. A personalized approach that addresses not only the clinical but also the psychosocial needs of the patient may significantly increase the effectiveness of therapy and improve treatment outcomes in the long term.

Disclosure

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