Research Summary: Diverticulitis #2

As featured in Dr. Kenny Mittelstadt's video:
"How to Treat Diverticulitis: A Functional Medicine Perspective
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Research Context:

This week's topic explores how diverticulitis is not always a simple infection story with one automatic treatment path. Many people are told the same thing every time a flare happens, yet their experience may not match that explanation.

Some recover quickly, others keep cycling through recurrence, and the advice they receive can feel inconsistent. That disconnect is not random. It reflects a shift in how this condition is being understood.

What's changing is not just the treatment, but the interpretation of what's actually driving the flare. Diverticulitis is increasingly being recognized as a pattern that can involve both infection and inflammation, influenced by the gut environment, immune response, and overall system load.

Key Findings from the Research:

Study 1 (PMID 37059809):
A 2023 systematic review and meta-analysis looked at patients with uncomplicated diverticulitis and compared those treated with antibiotics to those managed with observation and supportive care. Across multiple studies, researchers found no meaningful difference in recovery time, complications, recurrence, or need for surgery between the two groups. In other words, people often recovered just as well without antibiotics when the case was appropriately selected. What does that mean in real life? It helps explain why guidelines are shifting away from automatic antibiotic use for every flare. This doesn't mean antibiotics are unnecessary. It means they are not always the first or only answer. The bigger takeaway is that diverticulitis is not always driven by infection alone.

Study 2 (PMID 36775316):
A 2023 systematic review explored how the gut microbiome, the community of bacteria living in your digestive tract, may be involved in diverticular disease. Researchers found consistent patterns of changes in these bacteria, including lower activity of butyrate-producing species. Butyrate is a short-chain fatty acid, essentially a compound created when certain gut bacteria break down fiber. It plays a key role in calming inflammation and supporting the cells that line the colon. When these bacteria are reduced, the gut environment may become more reactive and less resilient. In everyday terms, this suggests that some people may already have a more sensitive or vulnerable gut before a flare even begins.

Study 3 (PMID 36988962):
A 2023 cohort study from the Hispanic Community Health Study/Study of Latinos looked at the relationship between obesity and diverticulitis risk. Researchers found that individuals with higher body weight were more likely to develop diverticulitis. This doesn't mean weight alone causes the condition, but it highlights a broader pattern. Obesity is often associated with chronic, low-grade inflammation throughout the body. That systemic inflammatory load can influence how tissues respond, including in the colon. In practical terms, this means diverticulitis is not just a localized issue in a single pouch. It may reflect the overall inflammatory and metabolic environment of the body.

Functional Medicine Connections:

Here's how these pieces start to connect when you zoom out. Diverticulitis may show up as a localized issue in the colon, but it is often influenced by a broader communication network in the body. Your gut is not just a digestive tube. It is an active interface where your immune system, microbiome, and nervous system are constantly interacting. When those systems are balanced, the gut tends to stay more resilient. When they fall out of coordination, the environment can shift toward inflammation.

This helps explain why diverticulitis doesn't behave the same way for everyone. One person may have diverticula for years without symptoms, while another develops repeated flares. From a functional perspective, the difference often comes down to patterns in the terrain. Microbiome balance influences inflammatory tone. The immune barrier helps regulate what the body reacts to. Stress physiology can alter motility and immune signaling. And the overall metabolic environment can raise or lower baseline inflammation.

When these factors overlap, the gut becomes more reactive. The flare is the signal, but the underlying pattern is what determines how it unfolds.

Practical Reflections & Takeaways:

Think about your own experience with diverticulitis. Do your flares feel completely random, or do they tend to show up during periods of higher stress, digestive changes, or overall strain on your body? Patterns like sleep disruption, shifts in diet, or increased stress load can sometimes act as clues, not causes on their own, but part of a bigger picture your body is navigating.

If you've dealt with recurrence, it may be worth reflecting on how the conversation around your care has been framed. Has the focus mainly been on calming the flare in the moment, or has there been space to explore what might be shaping your body's response over time? Many people notice that while symptoms improve, the uncertainty about why they happened or why they return is what lingers.

Your experience is not random data. It's feedback.

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