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**“A New Treatment for a Chronic Bowel Infection You Won’t Believe!”**

I hope I don’t shock or offend anyone with my opening statement of this important article, so here goes nothing, “I shit you not!” and if I have offended anyone, as my mentor, Dr. Goodheart would say as he did the Sunday morning pray, “It my football.” Let me explain what this is all about. Today in The New York Times a fascinating article written by science writer Denise Grady, “When Pills Fail, This, er, Option Provides a Cure”, tells the story of a very simple method to cure this treacherous intestinal infection caused by the bacterial organism Clostridium difficile.

The causative agent is a family of bacillus know as Clostridium, which are able to survive in the most harsh environment and is known to live in very low oxygen levels making it anaerobic and it is found in the intestinal of man and animals, in soil, water and air. Most of us are aware of some of these bacteria botulinum, the most deadly neurotoxin know to man cause botulism, tetani which causes tetanus (lock jaw), welchii found in deep wounds during war causing gas gangrene.

Clostridium difficile is a huge problem in hospitals and nursing homes and creates intestinal infections that cause bloody diarrhea also known as pseudomembraneous colitis. This infection causes 14,000 deaths a year in the US and 300,000 cases and cost the health care insurances one billion dollars a year.

A small study was conducted in the Netherlands and the findings were published in the New England Journal of Medicine on January 23, 2013, “Duodenal Infusion of Donor Feces for Recurrent Clostridium difficile”. What the study reported this triple blind study assigned one group four days of oral vancomycin 500 mg. four time a day, followed by bowel lavage and subsequent infusion of donor feces through a nasoduodenal tube. Second group received standard vancomycin regimen of 500 mg. orally four times per day for 14 days and third group had vancomycin regimen with bowel lavage. Hope for outcome was resolution of diarrhea associated with the C. difficile infection without relapse after 10 weeks.

The study was ended after an interim analysis of the first group showing 81% resolution with the first application and a 90% cure with the second infusion of donor feces. The Times article pointed out that Fecal therapy had been used in Veterinarian medicine for treating gut trouble in cows and horses and had been mentioned in a book of traditional Chinese medicine from the fourth century mentioning feces being given by mouth in a remedy called yellow soup.

The curative power of feces is thought to be the bacteroids which stool contains hundreds or even thousands of types of bacteria, but its is not known which ones are beneficial. Dr. Brandt, a professor at the Albert Einstein College of Medicine in New York said that the FDA had recently begun to regard stool used for transplants as a drug. As such it required proper handling and screening before it can be used as an infusion, that mean screening fro HIV, Hepatitis A, B and C; cytomegalovirus; Epstein-Barr virus and a variety of parasitic infective agents before it can be used. The preparation is relative simple. The stool is collected and transported immediately to the hospital; there it will be diluted with 500 ml of sterile saline (0.9%). This is stirred and strained and then poured in a sterile bottle. Within 6 hours it must be infused through a nasoduodenal

tube slowly over a 10 to 12 minute period of time. Simple enough, however the patient receiving this infusion would have been treated with vancomycin as described above and colonic lavage. Remember that this antibiotic treatment is fighting fire with fire since many of these cases come from inappropriate use of these drugs in the first place. I have had the good fortune of the past 15 or more years to treat many patients with the pseudomembranous colitis, with both chiropractic spinal manipulation along with applied kinesiology technique that address the alimentary canal effecting the stomach, small intestine and large intestine. Nutritional support a most important factor is to get the Ileocecal valve functioning properly. This is done by supply support first at the stomach with Betaine HCL, support of the gallbladder with bile salts, pancreatic support with digestive enzymes. Probiotics are products to supply the proper flora that should be found in the small and large intestine. Other nutritional aid can be used to prepare the intestine to support the good bacteria and to suppress organism such as clostridium difficile.

Many patients who have various bowel issues are having diarrhea as a main symptom have been told that they have a condition known as Irritable Bowel Syndrome (IBS). What I have suggested to these patients is to rule out the possibility that their symptoms are actually due to an infection of C. difficile. This can be done simply by having a stool culture to see if the organism is present. If this organism is found to be present, then this method of infusion could be done by a gastroenterologist at a hospital.

If you need any help dealing with digestive or bowel problems feel free to call my office.