Before we begin our story, a little background information is in order. This story is taken from my forthcoming book More to Consider in the Battle against Ulcerative Colitis, expected to be in print in the spring of 2019. The book will be approximately 500 pages long and will be heavily referenced. It will be a fine companion to my other book More to Consider in the Battle against Crohn’s. Like my Crohn’s book, More to Consider in the Battle against Ulcerative Colitis will tell the story of ulcerative colitis—what it is, why an individual is susceptible, and the alternative and complementary therapies available to battle this disease. The book will include the stories of individuals who have achieved
remission by various strategies other than the drugs currently in use. While drug therapy is indispensable in the battle against ulcerative colitis, drug therapy is not the only game in town. The following story is a case in point. Enjoy!

Excerpt from the forthcoming book *More to Consider in the Battle against Ulcerative Colitis* © 2018, E.L. Heyden, RN

**The works!**

*As an extension of probiotic therapy, fecal bacteriotherapy comprises the entire normal human flora.*  ~*Brody et al., 2004*

Sure, you can take a probiotic and receive benefit . . . maybe. Perhaps, you can take a prebiotic and receive benefit . . . hopefully! And, of course, you may benefit from a symbiotic . . . possibly. But why fool around? Why not take everything, all at once? And I’m talking *the works!* And you may only need to do so once. It is called FMT.

FMT is short for fecal microbial transplant. It is also called fecal bacteriotherapy. Briefly, you take a complete microbiome from a healthy individual (an individual who has been tested and certified free of transmittable disease), and you “transplant” it into the gut of an individual suffering from ulcerative colitis. We’re talking poop, here! I’ll cover this business at great length in a later chapter. Just keep in mind, FMT is the ultimate probiotic. It is also a symbiotic, as it contains dietary fibers and the metabolic byproducts manufactured by bacteria, originally
meant to benefit the donor. And FMT has an impressive track record. It has been very successful for many individuals. I have one in mind. We’ll call him Jerry.

**FMT case report**

Jerry, age 61 in 2010, had what was described as extensive ulcerative colitis—verified by both endoscopic visualization and by analyzing collected tissue samples. His ongoing therapy comprised steroids, 5-ASA (Asacol; Pentasa; sulfasalazine), and Azathiorpim (Imuran), which gave him several periods of remission alternating with periods of relapse. This brings us up to 2012.

Due to a worsening of symptoms, Infliximab (Remicade) was started and gave Jerry about a 1 year of remission . . . until it didn’t. This unfortunate turn of events required an escalation of drug therapy, but to no avail. After a month or so of this (madness), it was time to get to the bottom of things. And I really mean “get to the bottom of things!” Someone said, “Let’s see what FMT will do.”

For FMT, a suitable donor is required. In Jerry’s case, his son was tested and found to be free of communicable disease. Now, with all the ducks in a row, the son of Jerry produced a stool specimen. The stool specimen was promptly placed in a blinder, liquified, then infused into Jerry’s colon by means of a colonoscope. (No one was smiling of chucking while any of this was being done.)

We’ll, Jerry, who received the ultimate in probiotics from his son, rapidly improved and was declared to be in complete clinical and endoscopic remission 5 months after FMT. Immediately after the fecal transplant, Infliximab was discontinued. But just to make sure Jerry stays out of trouble, he is maintained on 5-ASA, 2 g/day.

This story is told in the paper entitled, *Full Clinical and Endoscopic Remission Following Fecal Microbiota Transplant with Moderate-Severe Treatment-Resistant Ulcerative Colitis*, by Laszlo and Pascu, 2014. Find it on line and read it for yourself.

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Others besides Jerry have experienced complete remission in ulcerative colitis by FMT. Currently, I have 6 individuals in mind.

A report released in 2003 details the experience of 6 patients who achieve complete remission from ulcerative following daily fecal transplants for five consecutive days. Within a week, symptoms improved. Within a month all symptoms vanished. At various times, between 1 year to 13 years post FMT, each patient’s clinical remission was verified by endoscopy. “To our knowledge, these 6 cases document for the first time the total disappearance of chronic UC without the need for maintenance treatment.” (Borody et al., 2003) Find the title of the Borody et al., paper in the References section of this chapter, search for it online, and read the report for yourself. With FMT, you are playing with power (and poop). It is the ultimate probiotic. And this probiotic lasts!

A final comment here: Well, so much for the “loss-of-tolerance” theory! Those who believe that ulcerative colitis represents a loss of tolerance to normal bacterial may have a tough time explaining the success of a therapy a that is nothing but normal bacteria (along with the molecules and metabolic byproducts bacteria produce). Since ulcerative colitis seems driven by dysbiosis, I’m sure the correction of dysbiosis by FMT is one of the answers the believers in the “loss-of-tolerance” therapy will be the answer they will come up with. And they would be right. Later, I will dedicate an entire chapter to FMT. A most interesting chapter awaits.
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