

Fecal Transplant in the Battle Against Ulcerative Colitis

written by Eugene L. Heyden, RN. | October 6, 2020

Excerpt from *More to Consider in the Battle Against Ulcerative Colitis*

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"Fecal microbiota transplantation is a therapeutic method via administration of fecal bacteria from a healthy individual into the intestinal tract of a recipient in

order to directly change the recipient's gut microbiota composition and confer a health benefit.” ~Qin et al., 2017

“The results were spectacular. Patients entered clinical remission immediately, remission was maintained in one case until the writing of this article and for two other cases for 10 to 12 months.” ~Laszlo et al., 2016

Of all the therapies discussed in this book, fecal microbial transplant (FMT) is perhaps the one I am most passionate about. Why? In the medical literature there is case after case of remission in ulcerative colitis using this form of therapy. And if it can happen to them, there's a good chance it can happen to you.

The concept is simple: Stool from one individual, a healthy individual, is transferred to the gut of another individual, a sick individual, an individual like you, to confer a health benefit. No one is chuckling or cracking a joke while performing this procedure. This is serious business! He or she knows they are playing with power. I know they are playing with power. And soon, so will you.

And with that, let's take a few minutes and go back in time.

FMT: Brief historical perspective

“The history of fecal microbiota transplantation (FMT) dates back even to ancient China. Recently, scientific studies have been looking into FMT as a promising treatment of various diseases, while in the process teaching us about the interaction between the human host and its resident microbial communities.” ~de Groot et al., 2017

In China, sometime during the 4th century AD, the recorded history of FMT began (de Groot et al., 2017). Why someone thought transferring poop from one individual to another individual would be a good idea, is still a mystery. But a thought is a powerful thing, and a medical therapy was born. And if you believe your doctor knows what he or she is doing, you'll drink just about anything, particularly if your life is on the line. According to the historical record, the Chinese called this early

form of FMT “yellow soup.” It must have tasted like crap.

Taste buds be damned, the practice caught on and began its march through the pages of history.

“By the 16th century, the Chinese had developed a variety of feces-derived products for gastrointestinal complaints as well as systemic symptoms such as fever and pain.” (de Groot et al., 2017)

I could go on and on about the “colorful” history of FMT, there are so many interesting things to discuss, but I need to move things along. However, I will add this: Be glad you don’t live in a region where camel poop is in generous supply, or it could be offered to you in your hour of need. Astonishingly, and as recently as World War II, German soldiers ate camel poop to prevent infectious gastroenteritis (de Groot et al., 2017). They learned it from the locals. It must have tasted like . . . well, you know.

Fast forward to today. Thanks to the weight of scientific evidence, including an abundance of successful case reports, there is clear justification of the use of FMT in a variety of medical conditions, including ulcerative colitis—conditions where an abnormal intestinal microflora plays a supporting and decisive role. And due to its effectiveness, FMT is currently an FDA-approved treatment for one form of inflammatory bowel disease, pseudomembranous colitis. I should tell you more.

Pseudomembranous colitis is an extremely serious medical condition caused by the bacterium *Clostridium difficile* (C-diff). Worldwide, it costs “over \$4.8 billion per year in healthcare costs.” (Winston and Theriot, 2016) It used to kill a lot of people, and still does—to the tune of 29,000 individuals per year in the USA alone (CDC, 2017). But it doesn’t have to. FMT can stop it, dead in its tracks, and with a high probability of success.

Fecal microbiota transplantation (FMT) is a highly effective therapy of recurrent Clostridium difficile infection (CDI) with consistent disease resolution rates of 85%–90% after 1 treatment and up to 100% after a second treatment, using either fresh or cryopreserved stool from healthy, well-characterized donors. (Ott et al., 2017)

Antibiotic use in medicine gives rise to the growth of *C-diff*, as antibiotics kill off a lot of beneficial bacteria that ordinarily hold in check the overgrowth of this pathogen (Baktash et al., 2018; Wilson et al., 2019). *C-diff* is a major problem occurring in the general patient population and has apparently become more prevalent in those who suffer from ulcerative colitis (Kariv et al., 2010). And if suffering from ulcerative colitis alone wasn't bad enough, add *C-diff* to the mix to see what happens. This infection can “. . . worsen UC and increase the risk for colectomy or even death . . .” (Seicean et al., 2014)

“Oh! Let's not get carried away, now,” seems to be the attitude of the FDA. Unacceptable to me and disappointing to many others, in 2013 the FDA declared FMT a drug and restricted its use only for the treatment of *C-diff* (Aroniadis and Brandt, 2014). And with that, the FDA put the brakes on the use of FMT as a treatment for ulcerative colitis. They said, in effect, “You can't have it.” Have they not heard of your plight? Have you no right to try? Is not your microbiome disturbed way beyond belief?

The microbiome is clearly disturbed in ulcerative colitis. One clear example: “. . . FMT from UC donors to normal recipient rats triggered UC symptoms, UC-prone microbial shift, and host metabolic adaption.” (Yan et al., 2018) As to be expected, once the rats realized what was going on, they demanded FMT from a healthy human (or a healthy rat) to reverse a disease process that was hideous, unacceptable, and destroying their lives. But they were out of luck. Characteristically, the FDA said, in effect, “You can't have it.”

And so, we have arrived at a point in history of FMT where you may need it, you may want it, you may be at the end of your rope with nowhere else to turn, but in your hour of need it is placed beyond your reach.

I get it, the thought of FMT may not be appealing to you (I'll work on that), but it is appealing to the vast majority of ulcerative colitis patients who would jump at the chance to take advantage of this therapy (Kahn et al., 2013). To underscore,

Our patients showed that they were willing to receive this new method despite its unappealing nature, for its [sic] better to have FMT than to be tortured by the disease. (Wei et al., 2015)

And the reasons for choosing FMT, the reasons for its success, just keep piling up.

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