

Would You Eat Sh*t?

Conventional Medicine Goes Scatological!

By Keith Scott-Mumby MD, MB ChB, PhD



Giving sh*t as a medicine may seem far fetched but it really is beginning to gain traction as a medical treatment for certain dangerous and resistant bacteria.

Adolph Hitler swallowed sh*t—and I don't mean the Allied invasion that finally toppled him. More of that later.

OK, I used a shocking word to get you reading this far. Let's switch to the proper medical term: faeces (correct spelling, it's really a Greek word, using that fancy "æ" thing). I'm sticking with the Greeks, even though my US spell-checker keeps glaring at me in red!

Let me tell you some things about faeces that you didn't know:

First off, it's like an organ sitting in our bodies. If we use this metaphor, it's by far our biggest organ, weighing up to 20 pounds. It contains 25,000 species and subspecies of bacteria. "Poo is a zoo!" according to Thomas Barody, Australian gastroenterologist and pioneer of this new therapy

Even more startling, there is the cellular equivalent of nine human beings in our gut! By that I mean if you took a human being and got rid of what we call connective tissue, just leaving the cells, the person would shrink to just a few pounds. We have the cellular mass of about nine fellow humans in our gut.

That being so, it's hardly surprising that if we mess up this organ we can get very sick indeed. Unhealthy alteration of the balance of bacteria and other organisms in our gut we call *dysbiosis*. Orthodox medicine refuses to recognize this condition, even now, despite the fact that doctors like me have been writing about it for 30 years or more.

What is their problem? Ignorance, of course. They don't understand how powerful and supportive this vast body of bacteria in our gut really is. Without it, frankly, we'd die pretty quickly.

Well, along come antibiotics. We hand these out willy-nilly (scientific technical term!) and kill off this vital supportive organ. As a result, we get all kinds of replacement infections, called "opportunistic" infections. They step in when the good guys are knocked out. Some are bad, some are fatally dangerous.

Take the superbug called *Clostridium difficile* (the Clostridium family includes deadly botulism and gangrene). *C. difficile*, as it's known, has become a major threat. It can cause severe and even fatal colitis. It is now prevalent in hospitals and long-term institutions, such as care facilities for the elderly.

In the USA *C. difficile* results in about 300 deaths a day. In the UK deaths reached a high of 8,000 for the year 2007. It's not going to go away; in fact it's getting steadily worse.

Overuse of antibiotics has resulted in more and more resistant strains of this superbug, which certainly lives up to its scientific name of "difficult".

So where does sh*t come into the story?

Surprisingly, it turns out to be a very effective treatment for *C. difficile*. "Eating shit", of course, is just a figure of speech. The technical term is a faecal transplant, faecal transfusion, faecal bacteriotherapy or even human probiotic infusion.

It's a repulsive idea to many, though the semi-mystical healer known as Paracelsus (1493 – 1541) actually administered faecal transplants. He's always been admired by congoscenti of alternative healing.

Recently I learned that Theodor Morrell, Hitler's personal physician, was feeding the Fuehrer faecal pellets (along with other startling drugs, such as methamphetamines by injection). Presumably Herr H. didn't know that, otherwise it would have been the gas chamber for Morrell.

But this occasional use has always been regarded as quackery and it's hard even for me to defend it.

Not so in modern times. Faecal transplants have become a rather sensational version of "probiotics", which started with *Lactobacillus* from yoghurt and has steadily morphed through to human-form *Bifidobacteria*, as one of the best.

Indeed (let me sneak in a confession here), in that sense I have been administering at least the equivalent of faecal transplants for the best part of 3 decades. Most of my books have described the benefits of human-strain *Acidophilus* and *Bifidobacteria*. These products come, ultimately, from human faeces, though of course what you buy on the shelf at Wholefoods and other health food stores is very refined.

And I used the phrase eating sh*t. Let me now back up and say few would support that, though medically it would make little difference if you could stomach the taste—ugh!

In fact the faeces are administered either via a nasogastric tube, straight into the stomach, or via an enema. The latter is surely to be preferred, since the colon is where these probiotic bacteria belong.

Of course there are precautions, like testing the "donor" for other pathogens and parasites, HIV and hepatitis.

Family members are preferred as donors, since we share about 80% of the bacteria colonists in the gut with our mother and siblings. But anyone can be a donor, provided he or she is healthy. Donors usually provide faecal material for free (well, you could hardly charge for it, come now!)

So what has all this to do with *Clostridium difficile*? This is a pretty toxic organism, as are most *Clostridia* species. But it's not native to our gut. It only takes hold when overuse of antibiotics have displaced the good guys. So it's a man-made complaint.

When healthy human gut flora is ploughed back, so to speak, *C. difficile* is squeezed out, exactly as we explain probiotics working. And before you ask: yoghurt won't work. This is a killer bug.

But faecal transplants seem to work very well indeed: close on 100% success in fact. People stretchered into hospital at death's door make a remarkable recovery, often in as little as 48 hours! That's amazing. It does suggest that the mechanism is

specific toxins produced by friendly bacteria from a healthy gut being able to kill the *C. difficile* pretty quickly.

One study even resorted to my jokey approach and was titled: Bacteriotherapy using gut flora: toying with human motions" (*Journal of Clinical Gastroenterology*, vol. 38, p. 475). However some 200 or so other studies were more serious.

One by Borody and colleagues details 6 cases of severe chronic ulcerative colitis treated using faecal bacteriotherapy. Complete reversal of symptoms was achieved in all patients in just 4 months, by which time all colitis medications had been discontinued as unnecessary [Borody T, Warren E, Leis S, Surace R, Ashman O (2003). "Treatment of ulcerative colitis using fecal bacteriotherapy." *J Clin Gastroenterol* 37 (1): 42–7].

Of course there are detractors. Peter Katelaris, a gastroenterologist in Sydney, Australia, told *New Scientist* magazine "The concept is appealing but we mustn't get ahead of the scientific evidence base."

Who is this dodo kidding? Has he not read (it's widely published) that over 80% of all medical treatments and interventions have never been subject to strict scientific testing and validation?

You will certainly hear more of this. It's only a fancy version of probiotics, after all.

Availability?

There are not many facilities offering this controversial treatment, as you might expect. The social taboo and what one doctor called "The Yuck Factor" make it unlikely to be widespread in use.

Scandinavia leads the way, where fecal transplants have become the first-line treatment for chronic recurrent *C. difficile*. More and more doctors are starting to use it in Europe, Australia, the United States and Canada.

The question is: can this treatment lend itself to self medication? Well, before you read on, I must call your attention to the disclaimer at the end of this article. I don't want somebody eating faeces, vomiting it up and getting a dangerous pneumonia as a result, then suing me!

The answer is that you could try it, if you were desperate and doctors wouldn't help you. People do DIE of membranous ulcerative colitis due to *C. difficile* and, as I said, it's getting harder and harder to eradicate. So desperate measures may be needed.

First try other antibiotic alternatives from my book **“How To Survive In A World Without Antibiotics”** [<http://www.MRSA hotline.com>] That includes other attempts at probiosis. The chlorine dioxide protocol should also be tried.

But if you want to do this, or you know someone sick enough to be worth showing them this article, be sure to understand I only recommend the enema route. I will leave the matter of a donor up to you but bear in mind the several provisos I gave above.

The donor has to be in peak health.

Resources from peer-reviewed journals:

Sanders WE, Sanders C (1984). "Modification of normal flora by antibiotics: effects on individuals and the environment.". *New Dimensions in Antimicrobial Chemotherapy*.: 217–241.

Schwan A, Sjölin S, Trottestam U, Aronsson B (1983). "Relapsing clostridium difficile enterocolitis cured by rectal infusion of homologous faeces.". *Lancet* 2 (8354): 845.

Paterson D, Iredell J, Whitby M (1994). "Putting back the bugs: bacterial treatment relieves chronic diarrhoea.". *Med J Aust* 160 (4): 232–3.

Aas J, Gessert CE, Bakken JS (2003). "Recurrent Clostridium difficile colitis: case series involving 18 patients treated with donor stool administered via a nasogastric tube". *Clin. Infect. Dis.* 36 (5): 580–5

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