LETTER TO THE EDITOR

Ulcerative colitis, Crohn’s disease and irritable bowel syndrome patients need fecal transplant research and treatment

Dear Sir,

Dr. Barry Marshall, the Nobel Prize winning Australian physician, showed that the *Helicobacter pylori* bacterium was causing most peptic ulcers, reversing decades of medical doctrine. A thorough review of the literature suggests that inflammatory bowel disease (IBD; ulcerative colitis and Crohn’s disease) is related to bacterial dysbiosis (infection via microorganism, injury, and or imbalance), the cause of which may be multifactorial. If not, then why are antibiotics sometimes used to treat IBD? Spouses of Crohn’s disease patients are at an increased risk for the disease. Bacteria can cause ulcers in the stomach, so why would they, and possibly viruses, not be capable of doing so further down the gastrointestinal tract? It is completely plausible. The immune system has to react to “something.”

Another Australian physician, Dr. TJ Borody, suggested over a decade ago that dysbiosis, or microbial imbalances, in the intestines may be a major contributing factor to ulcerative colitis. He demonstrated that fecal transplants worked in six cases of ulcerative colitis unresponsive to other treatments. They used enemas to replenish colons with bacteria from the gut of a healthy fecal donor. The researchers wrote, “Complete reversal of symptoms was achieved in all patients by 4 months...by which time all other ulcerative colitis medications had been ceased.” Follow-up articles by Borody indicated that while this procedure may have to be repeated, it does not involve serious drug side-effects or surgical removal of the colon.

Perhaps, herein resides the answer for ulcerative colitis, Crohn’s disease and even irritable bowel syndrome (IBS)? The latest news is that fecal transplant has been used successfully in both of the latter conditions. Despite Borody’s decade old hypothesis, IBD research and funding remained focused on drugs to reduce symptoms, and not on the real cause, and therefore real treatment, for IBD. When researchers started to treat IBD with fecal transplant, the FDA, quickly declared it a “drug” in need of an Investigational New Drug application, prior to further use (4/25/13 Letter). This was after years of allowing it to be used for *Clostridium difficile*. Blood or bone samples are not considered drugs because they cannot be replicated, and neither can fecal material. There are 500,000 to 3,000,000 annual cases of *C. difficile*, and 14,000 related deaths. After much objection, the FDA reversed its decision and no longer requires doctors to get approval before using fecal transplant, but only for *C. difficile*, and not IBD (6/17/13 Letter).

It appears that someone already knows that fecal transfer is a promising treatment. A breakthrough, other than medical, is needed to help millions of suffering patients, some of whom will die.

Conflict of interest statement

I, Amy C. Brown, have no conflict of interest with regard to this Letter to the Editor.

References


Amy C. Brown

Department of Complementary & Alternative Medicine, John A. Burns School of Medicine, University of Hawaii at Manoa,651 Ilalo Street, MEB 223, Honolulu, HI 96813, USA

E-mail address: amybrown@hawaii.edu.

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