

OMJ

The Spirit of the Liver: The Hún

Dennis Willmont

**Authentication in
Chinese Herbal Medicine**

Eric Brand, LAc

**Successful
Holistic Treatment of
Clostridium Difficile Gut Infection:
Case Study**

Joan Rothchild Hardin, PhD

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*By Frank Yurasek,
PHD (CHINA), MSOM, MA, LAc*



Cover Photo: *By Ellen F. Franklin*

“Continuing the Tradition”...

**Our mission is to inform, educate,
and provide a forum for debate
and exchange of information about
all aspects of Oriental Medicine
and its interface with other
medicines, ancient or modern.**



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contributors

Dennis Willmont

has been practicing shiatsu, acupressure, Taijiquan, and Daoist meditation since 1971 and acupuncture since 1976. In 1969 Willmont received his bachelor's degree in Creative Writing and Philosophy from Bowling Green State University in Ohio. During this period, he took a philosophy course in Comparative Religion and was exposed to ancient Chinese Daoism and its primary text, the Daodejing. He intuitively understood that this text explained something about life and the world so comprehensive that nothing else he had read to date could compare. In particular, it seemed to convey a spiritual perspective that could be practiced in everyday life where the mundane world could be integrated with higher spiritual principles. These teachings became the seed potential that motivated Willmont's future life direction.

Willmont currently maintains a practice in acupuncture, Chinese herbs, whole foods dietary practice, and essential oils in Marshfield, Massachusetts. He is a Certified Instructor for the American Association for Bodywork Therapy of Asia (AOBTA). Willmont has also studied Yang style Taijiquan with Yang Jwing-ming as well as Xingyi, and Baguaquan with Liang Shouyu. His books are used by acupuncturists, teachers, and acupuncture schools around the world.

Eric Brand, LAc,

a graduate of the Pacific College of Oriental Medicine, is a fluent Chinese speaker with extensive experience studying in mainland China and Taiwan. Brand completed a prolonged internship at Chang Gung Memorial Hospital in Taiwan, and he has participated in numerous projects related to Chinese medical translation, herbal research, and TCM politics. He is the author of *A Clinician's Guide to the Use of Granule Extracts* and *The Concise Chinese Materia Medica*, and he has edited a variety of modern and classical texts.

Brand has a passion for Chinese herbal pharmacy, and he travels extensively to study with experts in the field of herbal authentication and quality discernment. He is an author and lecturer for Blue Poppy Enterprises, a TCM advisor to the American Herbal Pharmacopoeia, and the Co-Chair of International Affairs for the AAAOM.

Joan Rothchild Hardin, PhD,

is a Clinical Psychologist in private practice in New York City. A main focus in her clinical practice is to help people become aware of mind/body interactions, especially their 'gut feelings' and other physical manifestations of their emotions, to gain knowledge of their true selves. In an earlier phase of her life she was engaged in social science research projects at the Department of Medical Genetics, New York State Psychiatric Institute; Massachusetts Mental Health Center, Harvard University Medical School; The Medical Foundation (Boston); the Center for International Affairs, Massachusetts Institute of Technology; and the Stanford Research Institute. She was Project Director for the Youth Leadership in Smoking Control Project under a National Interagency Council on Smoking and Health grant to the Lung Association of Mid-Maryland. She can be reached at jrhardin@usa.net.

notes from the editor's desk

The Summer Solstice – the longest interval of sunlight during the year, the most *Yang* moment of the entire annual cycle, the moment when there is so much *yang* that it turns to *yin*, the moment when the *yin* within the *yang* begins to grow.

What a special moment this is! For that one moment everything is so delicately balanced, as though our Earth is a great Dancing Spindle, to borrow an image from one of my favorite fantasy writers, Robin Hobb. Her Spindle is firmly rooted in the ground and suspended from the heavens, by Magic. The flow of *qi* is rather like magic, too. It flows around us and through us and supports us as we move. How like magic that is, especially on a day like the Summer Solstice, when the energies are as extreme as they can be without pulling apart . . . and then the shift occurs, and our Earthly Spindle begins to lean in a slightly different direction, never losing the momentum of its spin; and the cycle continues, toward the Winter Solstice and toward another delicate, though opposite, balance when the energy shifts again.

We have an unusual balance of articles in our Fire issue. We open with an article by Dennis Willmont on the *Hún*, the Spirit of the Liver. Willmont speaks of the Liver as the “end of *Yin* within *Yin* and beginning of *Yang*,” rather the opposite of the Summer Solstice but definitely a part of the balancing act of shifting energies. Willmont’s article is a pre-publication chapter of his book entitled, *The Five Phases of Acupuncture in the Classical Texts*. In this article he takes us through a fascinating discussion of the derivation and the meanings of the word *Hún*.

The second article is a discussion by Eric Brand of the necessity for authentication of Chinese herbs. Brand neatly summarizes for us what kinds of errors can occur in the identification of herbs; and he provides examples of herbs that are commonly misidentified, along with the consequences of misidentification.

Our third article is a case study of *Clostridium difficile* infection by Joan Rothchild Hardin. *C. difficile* creates Heat Toxins in the bowel, so it seems a fitting article for the Fire issue. What is unusual about this article is that Hardin is a psychotherapist, and she successfully treated herself for this sometimes fatal condition, without antibiotics. Hardin reviews for us the epidemiology and symptoms of *C. diff.* infection and tells us how she put together a health care team to combat it. Her health care team did not include an OM practitioner, and she did not use Chinese herbs; but the process she used is one that an OM practitioner can adapt to our methods, and we all should know when to suspect *C. diff.* infection in our patients.

We end with a book review by former OMJ Editor Frank Yurasek of the *Pocket Atlas of Tongue Diagnosis, 2nd edition*, by Claus C. Schnorrenberger and Beate Schnorrenberger. Yurasek clearly finds it an interesting and useful book.

We hope you enjoy your Summer.



Mary J. Rogel, PhD, LAc

Successful Holistic Treatment of **Clostridium Difficile** Gut Infection: *Case Study*

By Joan Rothchild Hardin, PhD

Abstract *In recent years **Clostridium difficile** bacterial infections of the colon have become a public health crisis. CDIs (**Clostridium difficile** infections) are now more frequent, more severe, more difficult to treat, and more often fatal. Infections typically occur after use of broad-spectrum antibiotics, which eradicate good gut flora along with the targeted bad bacteria. Ironically, the treatments of choice for **Clostridium difficile** are more antibiotics. Because antibiotics do not kill the spores this bacteria forms in the gut, the recurrence rate after treatment with antibiotics is around one in four; and when the infection recurs, it is often more severe. The author describes successfully using supplements and diet to eradicate her own **Clostridium difficile** infection.*

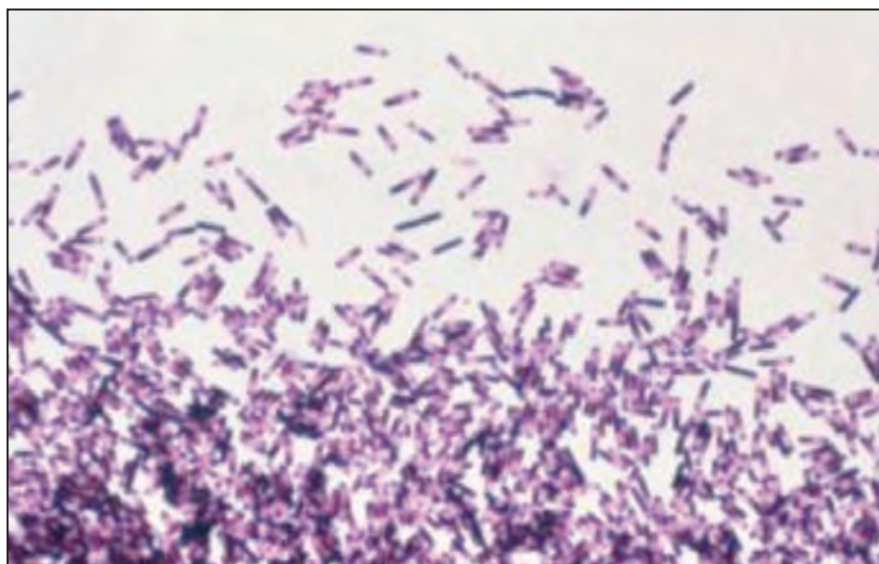
About *Clostridium difficile*

Clostridium difficile (klos-TRID-e-uhm dif-uh-SEEL), often called *C. difficile* or *C. diff*, is an anaerobic, gram-positive, spore-forming bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. Illness from *C. difficile* typically occurs after use of broad-spectrum antibiotic medications, which eradicate good digestive bacteria along with their targeted bad bacteria. This eradication of the good digestive bacteria allows *C. difficile* bacteria to overrun the gut with a vengeance.

In recent years, *Clostridium difficile* infections have become more frequent, more severe, and more difficult to treat. Each year, tens of thousands of people in the United States get sick from *C. difficile*, including some otherwise healthy people who are neither hospitalized nor taking antibiotics. (Mayo Clinic Staff, 2011)

C. difficile bacteria can be found throughout the environment. They live in the soil, air, water, and human and animal feces. Some healthy people carry the spores in their large intestines asymptotically. *C. diff* infections are most common in hospitals and other health care facilities, where a much higher percentage of people have compromised immune systems and easily host the bacteria.

C. difficile bacteria are passed in feces and spread to food, surfaces, and objects when people who are infected fail to wash their hands thoroughly. The popular alcohol-based “hand sanitizers,” so frequently used even in hospitals in lieu of adequate hand washing, are ineffective against spore-forming bacteria and do not kill *C. diff*. The bacteria produce hardy spores that can persist on surfaces for weeks or months. People who have touched a surface contaminated with *C. difficile* may then unknowingly ingest the bacteria spores.



*Figure 1: Clostridium difficile organism
(National Institutes of Health)*

Successful Holistic Treatment of **Clostridium Difficile** Gut Infection: *Case Study*

People with healthy gut immunity do not usually get sick from *C. difficile*. Our intestines contain millions of bacteria, many of which help protect the body from infection. When broad spectrum antibiotics destroy most of the helpful gut flora, the sparse healthy bacteria remaining in the gut are then no match for the hardy *C. difficile*, which can quickly grow out of control.

The chief risk factor for the disease is prior exposure to antibiotics. The most common antibiotics implicated in *C. difficile* colitis are cephalosporins (especially second and third generation), ampicillin/amoxicillin, and clindamycin. Less commonly implicated antibiotics are the macrolides (i.e., erythromycin, clarithromycin, azithromycin) and other penicillins. Other agents reported to cause the disease include aminoglycosides, fluoroquinolones, trimethoprim-sulfamethoxazole, metronidazole, chloramphenicol, tetracycline, imipenem, and meropenem. Even brief exposure to any single antibiotic can cause *C. difficile* colitis. A prolonged antibiotic course or the use of more than one antibiotic increases the risk of disease. Even antibiotics traditionally used to treat *C. difficile* colitis have been shown to cause disease. (Abera, F.N. 2011)

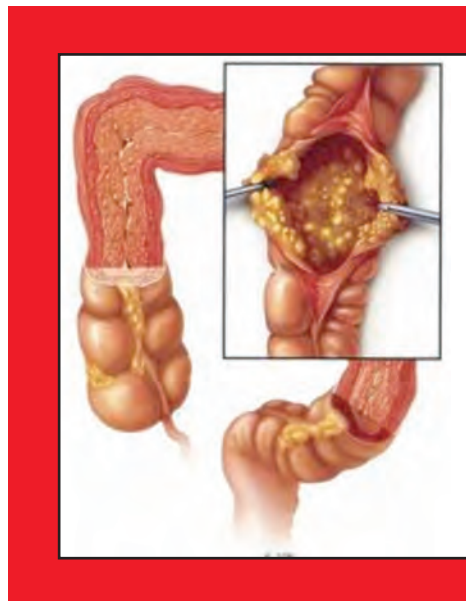


Figure 2:
*Large Intestine colonized by
Clostridium difficile bacteria*

Once established in the gut, *C. difficile* produces toxins that attack the lining of the large intestine. Toxin A is an enterotoxin that causes fluid secretion, mucosal damage, and internal inflammation. Toxin B is a more potent cytotoxin but is not enterotoxic. Toxin B causes mucosal damage consisting of plaque-like lesions that may lead to the formation of a pseudomembrane and pseudo-membranous colitis; severe cases may be fatal. Not all strains of *C. difficile* produce both toxins. (RapidMicrobiology.com)

With our widespread overuse of antibiotics, an even more aggressive strain of *C. difficile* has emerged that produces far more toxins and has a

higher mortality rate. The new strain is more resistant to pharmaceuticals and has shown up in people who have not been hospitalized or taken antibiotics, including apparently healthy people in the community and peripartum women. This strain of *C. difficile* has caused several outbreaks of severe and fatal illness since 2000. The new epidemic strain was identified in 2004. (Mayo Clinic Staff, 2011) It produces greater quantities of toxins A and B, making it much more virulent. It is also more resistant to the antibiotic group known as fluoroquinolones. (Centers for Disease Control & Prevention website, 2010)

Symptoms of *Clostridium difficile* Infection

Some people who have *C. difficile* living in their guts never become sick, though they can still spread the infection. *C. diff* illness usually develops during or shortly after a course of antibiotics, but symptoms may not appear for weeks or months afterward.

The most common symptoms of mild to moderate *C. difficile* infection are:

- ◆ Watery diarrhea three or more times a day for two or more days.
- ◆ Mild abdominal cramping and tenderness.

In severe cases, *C. diff* causes the colon to become inflamed (colitis) or to form patches of raw tissue that can bleed or produce pus (pseudomembranous colitis).

Signs and symptoms of severe infection include:

- ◆ Watery diarrhea 10 to 15 times a day
- ◆ Abdominal cramping and pain, which may be severe
- ◆ Fever
- ◆ Blood or pus in the stool
- ◆ Nausea
- ◆ Dehydration
- ◆ Loss of appetite
- ◆ Weight loss (Mayo Clinic Staff, 2011)

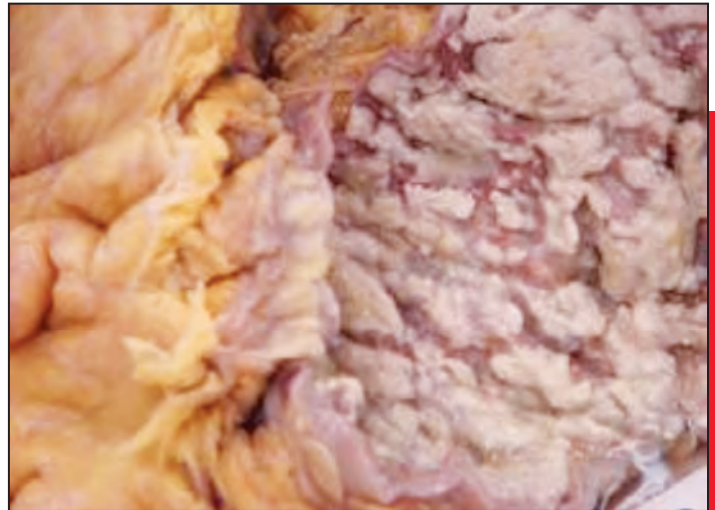


Figure 3: *Clostridium difficile* bacteria growing inside a colon.

Prevalence

Clostridium difficile infection rates doubled between 1996 and 2003. With the incidence and severity of *C. diff* infection rising throughout the United States in the last 10–20 years, determining the actual prevalence of the disease has become a priority for public health officials and researchers.

People are most often infected in hospitals, nursing homes, or other long-term care institutions, but *C. diff* infections in the community are also increasing. Most recent estimates include:

- ◆ 3,000,000 Americans become infected during a stay in a health care facility each year.
- ◆ 20,000 Americans become infected in community settings each year.

(continued on the next page)

Successful Holistic Treatment of **Clostridium Difficile** Gut Infection: *Case Study*

According to the Centers for Disease Control and Prevention (CDC), 30,000 people die every year from *C. diff* infections: 9,000 from a hospital acquired onset; 3,000 from hospital acquired, post-discharge onset; and 16,500 from nursing home-acquired disease.

The rate of *C. difficile* acquisition is estimated to be 13% in patients with hospital stays of up to 2 weeks, and 50% in those with hospital stays longer than 4 weeks. Of those infected in hospitals, 25,000 – 75,000 (1% to 2.5% of all cases) will die and 250,000 to 300,000 (10% of all cases) will suffer from severe or complicated disease, including pseudomembranous colitis (infection of the colon with an overgrowth of *C. diff* bacteria), sepsis, shock, and toxic megacolon. (Jarvis, Schlosser, Jarvis, & Chinn, 2009; Khanna & Pardi, 2010)

In the US, recurrent *C. difficile* infections are estimated to cost nearly \$10 billion in excess hospital expenses each year. (Vedantam & Tillotson, 2011)

Pharmaceutical Treatment of *Clostridium difficile*

The usual medical treatment for *C. difficile* includes stopping antibiotics given for other purposes and, ironically, treatment with more antibiotics: metronidazole (Flagyl) for mild symptoms or vancomycin (Vancocin) for more severe infections. (Mayo Clinic, 2010) While a proper regime of these antibiotics usually eliminates the infection, the bacteria can re-emerge from residual spores in the gut – usually with a vengeance – weeks or months later. (Vadantam & Tillotson, 2011) About 25% of *C. difficile* infections treated with metronidazole or vancomycin recur. (Mayo Clinic Staff, 2011)

A newer antibiotic, fidaxomicin, a macrocyclic RNA polymerase inhibitor, has a narrow spectrum of activity which is almost *C. difficile* specific. This drug appears to have a higher clinical cure rate than vancomycin, and fewer patients relapse following initial treatment. From the results of a recent Phase III trial, fidaxomicin has been deemed “extremely promising” for treating *C. difficile* infection and preventing relapses. (Poxton, 2010) In clinical trials, the recurrence of infection in patients treated with fidaxomicin vs vancomycin was about 15% vs 25%. (Poxton, 2010)

Other antimicrobial treatments under development include ramoplanin, an antibiotic that blocks bacterial cell wall synthesis, and CB-183,315, which disrupts the bacterial cell membrane function. For persistent cases of *C. difficile* infection, an unusual approach called fecal bacteriotherapy, or fecal transplant, has proved successful. A saline-diluted solution of fecal matter from a healthy donor is created and introduced into a CDI (*C. difficile* infection) patient’s GI tract using a catheter or enema. Once inside the patient’s gut, it reestablishes a normal healthy gut flora.

Researchers are also working on various types of vaccines to arm the immune system to fight CDI at various stages of the infection. (Vedantam & Tillotson, 2011)

My Personal Story: How I Vanquished *Clostridium difficile* Holistically

Repeated Use of Antibiotics

In 1984 I was found to have mitral valve prolapse (MVP). At that time, and for many years afterwards, the American Dental Association (ADA), on the advice of the American Heart Association (AHA), required people with MVP to take mega doses

of antibiotics prophylactically before and shortly after any dental visit to reduce the possibility of developing infective endocarditis (IE) from increased oral bacteria released into the blood stream during dental cleanings and procedures. Eventually the AHA and ADA reversed their recommendation, deciding that (A) the risks of adverse reactions to antibiotics outweigh the benefits of prophylaxis for most people, (B) it was unclear that pre-medication actually prevented IE, (C) bacteria from the mouth can enter the bloodstream during daily activities like tooth brushing and flossing, and (D) bacteria causing infections can become resistant to antibiotics if those drugs are used too often. (American Dental Association, 2011)

But for me, this policy reversal came too late. Those mega doses of antibiotics, along with doses other doctors had prescribed for this and that over the years, had already done damage to the flora in my gut; and I myself had not yet wised up to the dangers of antibiotics and gone searching for non-pharmaceutical treatments for what ailed me.

My Battle with *Clostridium difficile*

Too frequent use of antibiotics over many years, low gut immunity, and low adrenal functioning came together to create a perfect welcoming situation for *C. difficile* to overpopulate in my gut.

Here is my story of how I vanquished a prolonged and quite nasty infection of *C. difficile*, less virulent than the newer strain and not fatal, but still an experience that caused me much distress:

I began having increasingly intense and frequent diarrhea in the spring of 2010 while on vacation. The diarrhea worsened after I got home and I often felt weak, so I consulted my principal health care professional, Denice Hilty, DC, of Transformational Healthcare in New York City. She provided me with a GI Panel test kit, and we sent stool and saliva samples to a trustworthy lab for a stool enzyme immunoassay culture specific to *C. difficile's* A & B toxins along with tests for gut parasites, other bacterial infections, and SIgA (gut immunity as measured by saliva). Results revealed a *C. difficile* infection (A and B toxins) along with moderate amounts of other bacterial infections and a parasite I most likely picked up on a cruise the year before. My gut immunity was also quite low, making me more susceptible to infection.

Since it was years of antibiotics that had diminished the healthy flora in my gut, allowing *C. difficile* to take hold, it made little sense to either Dr Hilty or me to use more antibiotics to try to get rid of the infection. Also, I had learned that *C. diff* infections treated with antibiotics have a high chance of recurring: about one in four. (Mayo Clinic Staff, 2011)

Instead, She Recommended:

Prebiotics:

Digestive (Enzyme Research Products)

Dose: 3 capsules 3X/day before meals

Large doses of probiotics to repopulate the good bacteria in my gut:

Repleniss, a synbiotic providing 7 nitrogen packed doses each containing 50 billion microorganisms, (Interplexus)

Dose: 1/day for 14 days

HyperImplante, a 7 strain mega-synbiotic with 2 nitrogen packed doses, each providing 400 billion microorganisms, (Interplexus)

Dose: 1 packet/day for 2 days



*Figure 4:
Spores formed
by Clostridium
difficile that
protect it from
being killed off.*

(continued on the next page)

Successful Holistic Treatment of **Clostridium Difficile** Gut Infection: *Case Study*

BroccoMax (Jarrow Formulas) - a supplement made from broccoli seeds, which kills *C. difficile*

Dose: 2 capsules 2X/day

Quantum Allicidin Complex (Premier Research Labs), a supplement made from a wild garlic extract, which breaks open the biofilms, mucopolysaccharide sacs *C. difficile* forms to protect against being killed off

Dose: 2 capsules 3X/day

Increased to 3 capsules 3X/day after three months

During the time *C. diff* ruled my gut, I noticed that even small amounts of gluten, dairy, any processed food, refined sugar, and high fructose corn syrup always set off bad bouts of diarrhea, so I went on a bland, modified non-inflammatory diet, avoiding those foods. Odwalla and Naked juices diluted with water, plain live-culture yogurt, poached salmon or white meat chicken, and fresh soups worked well.

While my gut had definitely not reached complete balance after about three months, it had normalized some - and I began to have hope.

I then consulted with David Miller, MD, on-site nutritionist at Lifethyme

Natural Market in New York City. He pointed out that *Harrison's Internal Medicine* recommends the yeast *Saccharomyces boulardii* as a treatment for *C. difficile* and suggested adding:

Saccharomyces boulardii + MOS (Jarrow Formulas)

Dose: 2 capsules 3X/day

Note: If you have yeast allergies, ask your doctor if you can take *Saccharomyces boulardii*. Because *Saccharomyces boulardii* is a live yeast, you must not drink alcohol for it to be effective. Alcohol will kill the yeast. It is important to drink a lot of non-alcoholic liquids when you take this product. (PWA Health Group, 1996)

Sauerkraut, organic if you can get it! A few tablespoons or more 3-4 times a day (D.I.F. Miller, MD, personal communication, 2011)

Saccharomyces boulardii is a probiotic yeast that survives stomach acid and colonizes the intestinal tract. It helps protect the beneficial microbiota and enhances immune function of the intestinal tract. (Jarrow.com, 2011)

MOS (MannanOligoSaccharide) is an oligosaccharide from the cell walls of

S. cerevisiae that can discourage bacteria from adhering to the epithelial cells and reduce their proliferation. (Jarrow.com, 2011)

Why Fermented Foods Are Good for Our Guts

Fresh, homemade, lacto-fermented sauerkraut, or the kind that comes in a jar in the refrigerated section at Whole Foods and elsewhere, is very good for treating diarrhea. My favorite is Bubbies. It is not organic, but I like the taste of it quite a lot and found I could eat it many times a day, a few forkfuls right out of the jar or as an accompaniment to poached salmon or white meat chicken at meals.

Live, lactic acid fermentation is the simplest and usually the safest way of preserving food. Before we had refrigeration, canning, and chemical preservatives, humans in every culture preserved foods by fermenting them - sauerkraut, tempeh (fermented soybeans), miso (fermented soybean paste), kimchi, dry sausages, pickles, cheeses, yogurt, kefir, bread, beers, and wines, among others.

We stopped eating those digestion-enhancing foods so much when we started relying on foods kept "fresh" by refrigeration and other artificial means. What we gave up in turning away from fermented foods was ingesting enough

of the friendly bacteria our bodies need to maintain good health, the prebiotics and probiotics created by natural fermentation.

The fermentation process develops vast amounts of lactic acid bacteria, the friendly bacteria our guts need to

Final Repairing of the Damages from the *C. Difficile* Infection

maintain good health. The numbers of different lactic acid bacteria in live sauerkraut can reach concentrations of 10 (to the 8th) to 10 (to the 9th) per gram. (Probiotics-lovethatbug.com; Zdenka Samish, Etinger-Tulczynska, & Bick, 1963)

Successful Outcome

Six months after starting on these supplements, limiting my diet, and eating sauerkraut, my gut felt well. Two months later, repeat testing confirmed that *C. difficile* no longer ruled.

Since the infection cleared seven months ago, to make sure it does not return I have continued (and will continue) to take:

The prebiotic Digestive (Enzyme Research Products)

Dose: 2 capsules 3X/day before meals

Saccharomyces boulardii + MOS (Jarrow Formulas)

Dose: 2 capsules each morning

Quantum Allicidin Complex (Premier Research Labs brand)

Dose: 2 capsules 3X/day

There are additional benefits to taking the botanical supplement Allicidin on an ongoing basis. It provides broad spectrum immune support, especially for the mouth, ovaries, uterus, prostate, gastrointestinal, and urinary tracts as well as heart and artery support.

I also sought the advice of a nutritionist, Carol Hornig, MS, CNS, to assist in my healing from *C. difficile*. She is the former Chief Nutritionist at Strang Cancer Prevention Center and now works in a private practice called Deep Nourishment: Emotional, Nutritional, and Spiritual Healing, located in West Hurley, NY. We have appointments by phone.

Carol has discovered, by urine testing, that the integrity of my intestinal tract was compromised by the *C. difficile* infection, creating a moderate amount of bowel toxicity. I have excess leukocytes in my urine, and I am carbohydrate intolerant. Carol is consulting with Dr Hilty, and the three of us are working together in an ongoing process of figuring out how to address these issues. I am now on an alkalinizing/carbohydrate intolerance diet and also taking these additional supplements:

Total Probiotics (Nutri-West)

Dose: 2 each morning

Formula 14, for the carbohydrate intolerance (Enzyme Solutions)

Dose: 2 3X/day, just prior to meals

(continued on the next page)

Successful Holistic Treatment of **Clostridium Difficile** Gut Infection: *Case Study*

Importance of Retesting for *Clostridium difficile*

Since *C. difficile* overruns are known to recur, the importance of doing a repeat stool sample retest after you think your *C. difficile* infection is gone cannot be overstressed. Your health care provider should provide you with another GI Panel test kit to be sent to a trustworthy lab for a repeat stool and saliva enzyme immunoassay culture specific to *C. difficile's* A & B toxins to insure the infection has been eradicated.

Food for Thought: What We Lost When We Gained Refrigeration, Canning, and Preservatives

If you have access to the November 22, 2010, *New Yorker*, be sure to read “Nature's Spoils: The underground food movement ferments revolution.” This fascinating article makes it quite clear how we have come to have overruns of *C. difficile* in epidemic proportions – without ever actually mentioning *C. difficile*.

The article is about Sandor Katz, a self-avowed “fermentation fetishist,” who argues that Americans are killing themselves with cleanliness. Katz gives lectures and demonstrations around the country to spread his gospel of sauerkraut, real dill pickles, and all foods transformed and ennobled by bacterial lacto-fermentation. (Bilger, 2010)

While I am not about to harvest wild acorns or dumpster dive, as Katz advocates, my struggle with *Clostridium difficile* awakened me to the importance of including lacto-fermented foods in my diet. So I now drink kombucha tea (some brands even contain *Saccharomyces boulardii*), make a point of eating real dill pickles, live-culture yogurts, miso soup, and forkfuls of sauerkraut at least a few times a week – and take to heart arguments for eating fermented foods. (Cheeseslave.com, 2009)

Conclusions

I refer to *C. difficile* as the “cockroach of gut bacteria.” Like cockroaches, they have evolved to resist destruction. In the case of *C. difficile*, the bacteria form spores that burrow into the lining of the colon where they wait until an effective antibiotic is out of the system. When the coast is clear, the spores burst open, and the bacteria re-enter the large intestine and take over again.

Since it was essentially long term overuse of antibiotics that caused *C. difficile* to find a welcoming environment in my gut, I had no desire to take more antibiotics to attempt to vanquish it.

The combination of supplements, described above, that my alternative health care providers recommended worked well. The most recent GI Panel retest, done in

May 2011, 13 months after I first became ill, was negative for *Clostridium difficile*. Traces of *Candida* and moderate amounts of other bacteria were found. Even though my SIgA is now high, most likely indicating a hyperimmune and/or an autoimmune response to something, Dr Hilty thinks my gut immunity is fighting off some infection but probably is disorganized overall and not optimal due to the

long-term stress it has been under. So there is still work to do to get me back in balance.

As Dr. Hilty says, “We are constantly exposed to ‘bugs.’ A strong, healthy, balanced body and immune system is the best prevention for any infection or disease.” (D. Hilty, DC, personal communication, 2011) She is working with me to balance my gut immunity

and heal my adrenal and other hormonal imbalances with the long term goal of supporting a robust immune system so I can fight off any further exposures to *Clostridium difficile* and prevent other diseases from making a home in my body.

What I Hope You Will Take Away From This Article

Contact with *Clostridium difficile* is almost impossible to avoid.

- ◆ It has been turned into a very serious bug by our over- and mis-use of antibiotics and our modern processed/preserved diets.
- ◆ Its spread can be limited by using good sanitary habits like old-fashioned hand washing with soap. Alcohol-based hand sanitizers and most common disinfectants do not kill *Clostridium difficile*.
- ◆ Judging by my experience, an infection can apparently be cured without resorting to antibiotics.
- ◆ Maintaining an alkalinizing diet, eating naturally lacto-fermented foods, and creating a strong immune system will make your body an inhospitable place for *Clostridium difficile*.

The Peggy Lillis Memorial Foundation

The Peggy Lillis Memorial Foundation was founded by Peggy Lillis’s two adult sons who, in honor of their mother’s needless death from *Clostridium difficile*, vowed to raise awareness of the growing *C. difficile* epidemic and advocate for solutions and prevention within healthcare and public health systems. It is an excellent source of information on *Clostridium difficile* and can be found at <http://www.peggyfoundation.org/>.

Peggy Lillis’s colon became overrun with a virulent *C. difficile* infection after she took a routine course of broad-spectrum antibiotics for a dental infection. She was sick for only six days before she died.



Figure 5: Washing hands with soap and water kills Clostridium difficile. Alcohol based hand sanitizers and most disinfectants do not.

Successful Holistic Treatment of

Clostridium Difficile

Gut Infection: Case Study

Treatment Summary

Testing

If a patient of yours is experiencing serious diarrhea, it is important to test for *Clostridium difficile*, which can become debilitating, is highly contagious, and possibly fatal. Provide the patient with a GI Panel test kit from a trustworthy lab, and send the stool and saliva samples for a stool enzyme immunoassay culture specific to *C. difficile's* A & B toxins. It would be a good idea also to test for other bacterial infections, intestinal parasites, and fungal infections in the gut, as well as for gut immunity in the same panel.

Supplements and Diet

Table 1 lists the supplements that helped me vanquish the *C. difficile* infection that took over my gut.

Table 1
Supplements that Vanquished My *Clostridium difficile* Infection

Name	Manufacturer	Function	Dosage
Digestive	Enzyme Research Products	Prebiotic: boosts Immune response	3 3X/day, before meals
Repleniss	Interplexus	Probiotic: increases good bacteria in the gut	1 packet/day 14 days, before b'fast
Hyper-Implante	Interplexus	Probiotic	1 packet/day for 2 days, (following Repleniss), before b'fast
BroccoMax	Jarrow Formulas	Antioxidant made from broccoli seeds, Detoxifies <i>C. diff</i>	2 2X/day
Allicidin Complex	Quantum Premier Research Labs	From wild garlic extract, breaks open biofilm sacs <i>C. difficile</i> forms to prevent being killed off	2 3X/day
Saccharo-mycetes <i>boulardii</i> + MOS	Jarrow Formulas	A live probiotic yeast, colonizes the gut, protecting beneficial microbionics & enhancing immune function. MOS discourages bacteria from adhering to the epithelial cells & reduces their proliferation	2 3X/day

Tables 2 and 3 list the foods that were well-tolerated and the ones I needed to avoid during the time my gut was overrun with *Clostridium difficile*.

Table 2: Foods Consumed During the *Clostridium Difficile* Infection

Foods	How Much	Why Eat
Organic, lacto-fermented sauerkraut	A few Tbsp 3-4 X/day - more if you can	The fermentation process develops vast amounts of lactic acid bacteria, friendly bacteria our guts need to maintain good digestive health
Other naturally fermented foods – live culture yogurts, kefir, miso, tempeh, kimchi, dried sausages, pickles,	Whatever you can eat	Same reason as for sauerkraut
Fresh fruit & vegetable juices	As much as you feel comfortable eating	Easily digested
Fresh soups	Same	Easily digested
Poached organic fish & skinless chicken breast	Same	Easily digested

Table 3: Foods I Needed to Avoid During the *Clostridium Difficile* Infection

Foods	Why Avoided
Gluten	My gut became inflamed after eating any sort of gluten-containing food
Dairy (except live culture yogurts & kefir)	Same as with gluten
Refined & high fructose corn syrup	Same as with gluten
Processed foods	Eating any processed foods set off bouts of diarrhea within minutes of consumption

I continue, and will continue, to take supplements that encourage a healthy gut flora and are known to discourage an overrun of *C. difficile*. Table 4 lists these supplements.

Table 4: Supplements I Continue to Take Post *Clostridium difficile* Infection

Name	Manufacturer	Function	Dosage
Digestive	Enzyme Research Products	Prebiotic	2 3X/day, before meals
Allicidin Complex	Quantum Premier Research Labs	Kills <i>C. diffi</i> sacs, supports immunity	2 3X/day
Saccharomyces boulardii +MOS	Jarrow Formulas	Probiotic, protects against <i>C. diff</i>	2 1X/day

(continued on the next page)

Successful Holistic Treatment of

Clostridium Difficile

Gut Infection: Case Study

Retesting

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It is important to repeat the lab testing several months after your patient reports having normal bowel movements again. *C. difficile* is highly contagious and also famous for recurring after treatment with antibiotics; so, even though you are not treating with these drugs, you and your patient will want to be sure the *C. difficile* Toxins A & B stool test is now negative.

Please Note:

I am neither a physician nor a physical health care provider. Any description of how I treated my own *Clostridium difficile* infection is just that, a description. The approach I took, on the advice of two trusted holistic health care professionals, was successful, and my gut is now free of *C. difficile*.

I offer this information to you in the hope you will consider helping other people suffering with this debilitating, potentially fatal, intestinal infection to regain their health without exposing them to massive doses of antibiotics. The widespread use of antibiotics is generally agreed to be a major reason *C. difficile* infections have reached epidemic proportions, and there is evidence that *C. difficile* is developing strains resistant to these antibiotics.

Furthermore, while a regimen of the recommended antibiotics will usually eliminate a *C. difficile* infection, the infection frequently returns with a vengeance weeks or months later because antibiotics cannot penetrate the spores to kill the *C. difficile* bacteria protected inside.

When it comes to my own body and the health of my loved ones, my creed is 'First, do no harm.' My view, formed from personal experiences and many experiences of family members and pets with the iatrogenic properties of pharmaceuticals, is that alternative treatments and remedies should be tried first since they are generally gentle. Then, if they do not work, pharmaceuticals might be considered. ●

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