

## Putting medical and nutrition news into historical, scientific and just plain practical context.

Published by Healthy Choices for Mind and Body

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- 2) Change standards of beauty and health to those that do not define us by our weight and do not promote eating disorders, including anorexia, bulimia, binge eating disorder, and compulsive overeating that may lead to obesity; and
- 3) Interpret health-related news within the context of existing medical knowledge to enable individuals to apply it to their own lives.

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## We Need Our Intestinal

### Bacteria

by *Ann Gerhardt, MD*  
*subscribe @ [www.drgsmedisense.com](http://www.drgsmedisense.com) 6/5/08*

Bottom line at the top: Keep the bacteria in your colon healthy and they will help to keep you healthy.

Stool contains mostly bacteria, not undigested food. My hospital patients say, “I can’t have a bowel movement, since I haven’t eaten in days”, but this is wrong. As long as bacteria can grow in the colon, we make stool. Granted, bacteria do grow better if we feed them our undigested food, which occasionally appears in the stool, but stool is mostly bacteria.

Frequent stools, bulky with bacteria, are a good thing.  
*continued on page 2*

## We Need Our Bacteria, *continued from page 1*

Many Americans don't drink enough water to prevent rock hard stools, eat enough fiber to feed our colonic bacteria to bulk up the stool, or exercise enough to stimulate bowel movements. Correcting these three things would cure most constipation.

We really need our bacteria. From the time we are born, we share our bodies with bacteria. As we pop into the world, millions of bacteria transfer from Mom onto our skin, into various orifices and throughout our intestinal tract. The colon normally contains trillions of non-pathogenic bacteria, which keep us and the gastrointestinal tract healthy. Throughout the rest of our lives these microbes play a critical role in digesting food, metabolizing drugs and maintaining over-all health.

We, in turn, provide food to sustain our bacteria's existence. Disruptions in this symbiotic relationship may lead to inflammatory bowel disease, vaginal infections, irritable bowel disease and possibly obesity.

Our symbiotic bacteria nourish us by making vitamins that we absorb into our system. Bacteria make B12, necessary for normal memory, balance and red blood cell production. Only animal foods (or vegetables contaminated with manure fertilizer and not washed very well) contain preformed B12. Strict vegan vegetarians need their colonic bacteria to prevent B12 deficiency.

Bacteria make vitamin K, necessary for clotting, bone formation and preventing stiff, calcified arteries. Critically ill patients, who are unable to eat vitamin K-rich vegetables and whose bacteria are knocked-out by broad-spectrum antibiotics, incur vitamin K deficiency after about a week.

Our bacteria feed the cells of our colon. Bacteria ferment fiber and undigestible sugars to very short-chain fatty acids. The cells lining the colon use these fatty acids to stay nourished. In fact, they nourish the colon far better than do any nutrients coming from the bloodstream or undigested food. Bacteria are actually the main reason that it is healthy to eat fiber. Without it we would have a puny population of bacteria and a poorly fed colon unable to function well.

Organisms in the gut usually do not injure it or cause disease. A mucus layer, the barrier cells lining the colon, and patches of immune cells interspersed just



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under this cell layer protect the colon from bacterial infection. These defense mechanisms do not completely block out all bacteria – Healthy intestinal bacteria penetrate the barrier layer to a modest extent. Being non-pathogenic, they don't cause disease, but do evoke a "tolerogenic" immune response, which tells the immune system that these bacteria are OK and don't need to be killed. This allows our colonic bacteria to reside in harmony in the colon.

Our bacteria help to keep the immune system 'primed', at the ready to attack pathogenic (really bad) bacteria. If our bacteria and colon are kept healthy, the barrier cells and colonic immune system work well to prevent most infections, or at least keep them mild. Only when particularly invasive or toxin-producing bacteria enter the colon does sickness result.

Our colonic bacteria also influence the whole-body's immune responses, probably by stimulating 'cytokines'. These molecules circulate through the whole body to regulate cells to spur or squelch inflammation.

At times the normal balance of healthy bacteria gets upset, possibly because of food poisoning, excess laxatives, or having been treated with antibiotics, which can kill off healthy colonic bacteria. With an upset bacterial balance or a predominance of pathogenic bacteria, the bowel will not function well, possibly making us feel sick.

The 21 feet of gastrointestinal tract comprises distinct segments, each of which has its own bacterial residents. Our colons house the greatest and most diverse bacterial population. Some ferment fiber to gas, affecting our social popularity, but making us healthier. Some generate gases which smell worse than others.

A few bacterial interlopers, often acquired from  
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**We Need Our Bacteria,** *continued from page 2*  
contaminated food or unwashed hands, may grow unchecked and damage the colonic lining. Sometimes a severe, bloody diarrhea ensues. A bacterial imbalance in inflammatory bowel disease may cause the disease, not because of infection, but because of an immune response gone hay-wire.

Usually healthy bacteria out-number the unhealthy ones, keeping them in check. Predicting whether one has a healthy bacterial population may not be as simple as growing them to see what's there. It is possible that the balance of species may be as or more important than any individual one. How the bacteria interact in the colonic community may be more important for health, and that will be very difficult to assess.

One of the major colonic bacteria species is E. coli. There are multiple strains of E. coli, and the common ones are healthy for us. However, some cause disease, as evidenced by recent food poisoning outbreaks involving a fatal strain (E.coli O157:H7) that produces a toxin. Other types are 'entero-adherent-invasive' and implicated in inflammatory bowel disease.

As overweight people lose weight, regardless of how they accomplish it, their colonic bacteria change. The Bacteriodes population declines in favor of other fermenters. Some scientists suggest that the change in bacteria contribute to weight loss, and others feel the association is the other way around.

Even if we could characterize our bacterial stow-aways in great detail today, that wouldn't tell us which types hung out in our colons last year and which will dominate next year. Each time we are sick, empty our colons with laxatives or take heavy-duty antibiotics, we incur the risk of altering the collective's composition, possibly affecting our health. ¶

## Colon Cleansing Diets

by Ann Gerhardt, MD

subscribe @ [www.drgsmedisense.com](http://www.drgsmedisense.com)

6/5/08

**Bottom Line at the Top: Cleanse your lifestyle, not your colon, to achieve health.**

People have promoted colon 'cleansing' programs for over 60 years, long before the age of mass-marketing made them popular. The current versions, with appetizing names like Colon-Blow and Master Cleanse, sell for about \$70 per month for multi-component packages of pills, powders and dietary prohibitions.

Draconian diets and "cleansing" programs appeal to people who blame their aches and lethargy on 'toxins' and parasites, rather than their own diet and lifestyles. Since many people have an aversion to stool, the concept of colon cleansing is appealing as their snake-oil of choice. Some find the concept so appealing that they pay thousands of dollars to spend vacation time at spas for daily enemas, draconian diets and group exercise. All for something that could be achieved by water, exercise, stress reduction and a healthy diet.

Colon cleanse products come in two types. One type contains only non-prescription laxatives and a severely restrictive, short-term diet. The other employs a variety of components, typically fiber, herbs, probiotics (healthy bacterial supplements, see *Probiotics* article, this issue), laxative and a strict diet, promising to flush out poisons, induce weight loss, rid the body of parasites and instill vigor and health.

The "flush" part requires laxatives, usually herbal irritants to whip the colon into moving or 'osmotic' agents, which pull water into the colon to make soft stool. The weight loss part necessitates severely restrictive diets, usually just fruit, along with profuse water intake. The "rid the body" part uses gums and fiber to supposedly sequester the bad stuff and 'detoxifying' herbs.

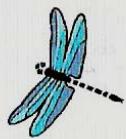
Positive Internet testimonials abound, but websites promoting these products aren't going to publish complaints. One has to search a bit deeper to find comments from people who endured headache, lethargy, stomach-aches and light-headedness to lose a few pounds they quickly regained. No good study of these programs exists, mostly because a truly blinded

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**Colon Cleanse Diets, continued from page 3**  
trial (the patient and doctor don't know which treatment is used) is impossible because of drastic visual changes in the 'cleanse' group's stool.

To believe that these programs will help, one has to buy into the notion that our food is full of toxins, our body's toxin-removal systems can't deal with them and that "cleanse" products are capable of cleaning the body through the colon. In actuality, 1) people typically die of eating too much food, not too many toxins; 2) our liver, immune system, lungs and spleen competently rid the body of most of the toxins we do consume; and 3) the colon has no capacity to secrete or expel toxins from inside our body. The only things the colon secretes are mucous, sodium, chloride and a few proteins from the immune cells in its wall. "De-tox" just isn't in the colon's job description (see "We Need Our Bacteria", this issue.).

Most programs prescribe severe dietary restriction, typically only fruit or liquids, for a limited time, often 3-10 days. Of course they lose weight. If followed for only a short time, water-weight is lost without significant nutrient deficiency. Too many people carry on for too long (if a little is good, less is better), but such starvation causes vitamin deficiencies, muscle breakdown, and blood sugar irregularities. The weight is all quickly regained.

One website uses the "Supersize Me" movie to prove that we eat toxins and need a colon cleanse to get rid of them. In the movie, the previously healthy young man stuffs himself with fast food for a month and not only gains 30 pounds, but feels sick and lethargic. That proves that eating three huge fast food meals a day is unhealthy. He needs his previous lifestyle, not a colon cleanse.

*continued on page 5*

"TAKES OFF INCHES" by Ann Gerhardt, MD  
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One Sunday morning I headed out for a long racewalk workout, which took me past a church. Throngs of mostly old people (old being defined as looking older than me) converged on the church and I weaved my way through them. A few blocks away, a neatly coifed, make-up masked, 70-ish woman, apparently walking to church from her fab-40's home, observed my intense wiggle-walking. She smiled sweetly and said, "Takes off inches, doesn't it?"

I almost stopped and gave her a lecture. But would she have understood, even if I had spent an hour doing so? The notion that one exercises only to lose weight or inches, ground into us by everyone from Shape Magazine to doctors, is too firmly entrenched in our collective psyche.

I wonder which inches she was talking about. I'm not a big person. In fact I'm getting shorter all the time, as my scoliosis scrunches my previously upright spine into something resembling a Chee-to. I certainly don't need to lose top-to-bottom inches. I doubt she could see under my loose T-shirt that the scoliosis has eliminated what little waist I used to have and adding an inch. Exercise won't take away my boney distortion. That leaves over-all inches - Now I'm no super-model, but I doubt that anyone would say I need to lose inches.

So what was she thinking??? My guess is, she wasn't. The concept that one could exercise because it feels good, energizes, calms my neuroses, helps me sleep and hopefully prolongs my puny life probably hadn't occurred to her. Or if it did, as an "Oh, yes, of course, dear" acquiescence, it certainly wasn't the thought that escaped her mouth.

She parroted prevailing dogma: You can never be too thin. Do whatever it takes to get there, and the only reason to get out and enjoy the brisk fall air is to lose inches or weight. We went from a physical species, farming, hunting and walking where we needed to go, to one that seemingly has no reason to be physically active, except to lose the weight that we gain by being inactive. Make sense to you? ¶

## **Colon Cleanse Diets**      *continued from page 4*

Conventional weight loss programs routinely cajole people to consume water. Without it we can't 'burn' fat. With it, people usually feel better – more energy, less muscle cramping, more clear thinking.

Unfortunately people comply with the 2-quarts-of-water-per-day prescription better when it comes with a program in a box than if it's a life-long commitment.

Products that contain fiber and gums claim that they "absorb toxins and create a spongy, gelatinous mass which removes toxic waste matter stuck in the folds and crevices of the colon". Testimonials assert that the mucoid ropes of glumpy seaweed-looking stuff, cholesterol stones and worms passing from their rectum prove that their bodies contained huge amounts of toxins and parasites.

**What that mess really proves is that the product's gums and fiber congeal very well into convincing, alien muck.** Nothing like this appears during the laxative prep for a perfectly clean colonoscopy with a pristine bowel lining. Since the colon is completely incapable of pulling bad things out of our body, I can only believe that it is what is going in, the fiber, herbs and gelling product themselves, that clump to produce these colonic monsters.

We don't need psyllium husks and other fiber products to feed our healthy bacteria if we get fiber from beans, whole grains, fruit and vegetables. We don't need gums to pull toxins out of our body – the colon can't extrude toxins and, if we are having good bowel movements, any toxins already in the colon pass out by themselves.

We don't need to upset our colon's bacterial balance with laxatives if we drink water, eat fiber, exercise and don't stress. A colon emptied by laxatives loses both

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its healthy and pathogenic bacteria and there is no guarantee that healthy ones will preferentially return.

Every product contains some type of laxative, typically cascara, aloe vera, senna, rhubarb and/or slippery elm. Cascara sagrada, promoted as a "very mild and effective, natural, herbal laxative" is in fact a strong laxative. Senna contains compounds called hydroxyanthracene glycosides, also potent laxatives. Naturalists claim that cascara and senna cause no dependency, and that they condition bowel muscles to function better when the laxative is discontinued. Wrong. The bowel becomes just as dependent on cascara and senna as it does on prescription laxatives.

Laxatives and liquid diets don't make the colon healthy. In fact, they accomplish the opposite. The colon has an extensive immune system that helps our whole body and depends on our healthy, symbiotic bacteria. That function is lost by starving the bacteria with a liquid diet and washing them away with a laxative flush.

After this "therapy", the colon takes a while to function again. The colon somehow needs to re-acquire normal bacteria and renew its lining. Until that happens, there may be nausea, loose stools and bloating. The programs that include probiotics at least address this need by trying to replace healthy bacteria.

The best way to de-tox is to not tox in the first place. Clean out the junk food and eat a variety of all the food groups, including organic vegetables, fruit and whole grains. Consume two quarts of water a day, to give the body's "cleansing" mechanisms a chance to work. ||

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## Getting the most out of your loved one's doctor, by Ann Gerhardt, MD 6/5/08

**Be a good hospital visitor.** The staff and doctor will be much more eager to spend time in the room, give information and provide over-the-top care if it doesn't feel like a battle.

### Bad visitors:

Loud.  
Spill over into the room-mate's side of the room.  
Act like they are the visitor and the patient is the host who should do the talking and entertaining.  
(Why, oh why do visitors think the role of the patient is to recount every symptom, event and procedure leading to and occurring after hospitalization? Presumably a person is in the hospital because of illness and might not be up to telling the same story over and over.)

Complain without helping.

Bring in food in conflict with the ordered diet.

Bring in drugs (legal or illegal).

Fight with the patient or staff.

### Good visitors:

Quiet, and considerate of the patient's needs for rest.

Sit quietly, reads to the patient, or does most of the talking & entertaining.

Family helps doctor and staff with patient's medical information.

Take medications to the hospital only if OK with the doctor and they are not available in the hospital pharmacy.

Bring in food only if OK with the doctor and the patient is having trouble eating and might eat favorite foods not available from the hospital kitchen.

Help, not hinder. Let's nursing staff know when something is amiss.

Help to keep patient safe. ¶

## Probiotics, Living Medicine.

by Ann Gerhardt, MD

6/5/08

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**Bottom line at the top:** Healthy bacteria, taken as a supplement, may aid recovery from infectious diarrhea and other medical conditions characterized by an imbalance of organisms in our bodies.

Common events, like food poisoning, excess laxatives and antibiotic use, can disrupt our colon's healthy balance of bacteria and interfere with normal colonic function. One way of restoring the bowel's function and bacterial balance is to use probiotics.

Probiotics are a group of non-pathologic, living microorganisms which may confer a health benefit. They are now available in capsules. Some contain only one bacterial species, such as *Lactobacillus acidophilus*, while others contain mixtures.

Probiotics are not new, only the name is. Before the probiotic revolution we prescribed yogurt, which is a form of probiotic, containing live *Lactobacillus* bacteria. These bacteria ferment milk to make yogurt and give acidophilus milk its name.

**How they work:** Probiotics regulate the balance of bacteria in the colon and interfere with the ability of pathogens to cause infection. They make colonic contents more acidic, which is a good thing. They secrete proteins which directly kill other bacteria, or stimulate the immune system to do so.

Probiotics block pathogens' ability to bind to and establish themselves in crypts and folds of colonic tissue. The question is, how? Since a few billion probiotic bacteria in a capsule are vastly out-numbered by the colon's bacteria, the likelihood that they work by direct interference or replacement is minuscule.

Instead, their major contribution to colonic health probably resides in widespread effects on the intestinal immune system. They regulate the good and bad 'cytokines', molecules that influence inflammation. They also stimulate helpful lymphocytes and suppress the inflammatory ones, thus regulating the immune response to viruses and bacteria. Some of these properties are observable only with living organisms, while others can be accomplished even if they have died, probably because of released proteins.

Because of the multiple effects on different cells and cytokines in the intestinal immune system, we cannot attribute probiotics' beneficial effects to a single mechanism. In turn, different probiotic bacteria differ from

*continued on page 7*

each other, and no single probiotic bacterium is capable of all potential probiotic beneficial tasks. The differences probably relate to their unique surface molecules and products they secrete. Thus, each probiotic might prevent disease by some pathogenic bacteria but not others.

Further variability relates to the host (i.e., you). Each person's response to a given probiotic formulation will vary. At least some of an individual's response depends on the types of bacteria already living in their colon, with which the probiotic must interact.

**Uses:** Probiotics have proven benefit for infectious diarrhea, including that caused by food poisoning, rotavirus and travelers' diarrhea. Probiotics also help some people with recurrent vaginal yeast or bladder infections.

"Pouchitis", an inflammation of a remnant pouch created after removal of the colon, improves with probiotics.

At times antibiotics can disrupt the healthy bacterial balance in the colon, so that a toxigenic bacteria, *Clostridium difficile* may grow, causing a type of antibiotic-associated colitis. A probiotic containing *Lactobacillus casei*, *Lactobacillus bulgaricus* and *Streptococcus thermophilus*, taken for 2 weeks longer than the course of antibiotics, reduces the chance of this happening.

Probiotics may alleviate irritable bowel syndrome symptoms (see related article, *Irritable Bowel*, this issue). In one study a probiotic mixture reduced gas passage, abdominal distention, pain and borborygmi (I've always liked that word – it means loud bowel sounds).

*Lactobacillus* species normally exist in our stomachs and are relatively able to resist killing by stomach acid. They might contribute to suppression of *Helicobacter pylori*, a water organism that causes gastritis and stomach ulcers. Some strains of *Lactobacillus* and *Bifidobacterium* used in probiotics are able to keep *Helicobacter* in check and block it from causing disease. Probiotics do not eradicate *Helicobacter pylori* by themselves, but aid antibiotics in accomplishing the goal.

Probiotics are often used as adjuncts to treatment of inflammatory bowel disease, including Crohn's colitis and ulcerative colitis. In these diseases the colon's bacterial and immune balance is upset, leading to inflammation, pain, diarrhea, bleeding, bowel obstruction and abscesses. Probiotics help to restore a healthy balance and counter the inflammation. They work best in mild disease rather than severe, established disease, in which their effect may be overwhelmed by an ongoing and robust inflammatory response. Probiotics also prevent relapse in patients whose disease has temporarily abated.

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Stress may put us at risk for intestinal inflammation. Rats subjected to chronic psychological stress have dysfunctional colons, in which the lining is less able to block out bacteria and is more likely to become inflamed. Probiotic exposure helps to prevent the breakdown.

Claims that probiotics cure a myriad of other diseases abound. We are in the phase of discovery, in which excitement about potential probiotic uses exceeds the speed with which studies can be done. In the meantime, promoters tout extraordinary and widespread benefits of this 'new' therapy before studies can verify them. The claim that probiotics reduce symptoms of food allergies and lactose malabsorption fall into this category of claims.

**Caution:** Probiotics are not always healthy. Live bacterial probiotics should not be used in patients with acute pancreatitis. A recent study showed they cause death due to loss of circulation to the bowel (ischemic colitis). Those people whose job it is to make recommendations have suggested we avoid probiotics in critically ill patients with compromised small bowel function, generalized inflammation or poor circulation.

**Formulation:** Typical bacteria used in probiotic combinations include various species of *Lactobacillus* (abbreviated L.), *Bifidobacteria* (abbreviated B.), *Streptococcus* and *Saccaromyces*. Not all species within these genus' are safe as probiotics. The following have been studied, with beneficial effects in at least some disease conditions: *Streptococcus thermophilus*, *L. acidophilus*, *L. salivarius*, *L. helveticum*, *L. rhamnosus GG*, *L. casei*, *L. johnsonii*, *L. paracasei*, *L. reuteri*, *L. gasseri*, *B. adolescenti*,  
*continued on page 8*

## **Probiotics, Living Medicine** *continued from page 7*

B. lactis, B. infantis, B. breveBb99, Saccharomyces boulardii, and Propionibacterium freudenreichii ssp. shermanii JS.

The labeling of many probiotic products is substandard, so it's often not clear how much of which bacteria are in the mix. A label will say how many billion bacteria were put in the capsule, but give no estimate of how many are still alive over time. There is no standardization for reference dose or

the dose that may be effective for any given condition. I usually recommend a probiotic with multiple different bacterial species, because one bacterial type usually does not accomplish all desired effects.

**Dose:** Capsules generally contain billions of bacteria. There is no way to tell which bacterial types you need or whether you need the 'live' capsules that require refrigeration or not. Take with meals, about three times a day, usually until symptoms abate. ¶

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