

# Misconception and Misbehaviour towards *Helicobacter pylori* is Leading to Major Spread of Illness

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## Abstract

This study aimed to demonstrate that the antibiotic violence has rendered a domestic bug (*Helicobacter pylori*) to become wild in attitude instead of getting rid of it.

The widespread prevalence and the challenges constituted by *H. pylori*; namely its close relation to acid peptic disease, gastric carcinoma and lymphoma have led to the widely-established medical concept that *H. pylori* eradication should be a necessary attempt. The flare up of these medical problems indicates that the current combined antibiotic therapy is not an effective measure to control all the challenges related to the stomach bug. *H. pylori* colonized the stomach since an immemorial time; the antibiotics could force *H. pylori* to migrate to another shelter which would render it to become a source of illness.

The scientific interest of this study was focused on three groups of clinical conditions associated with *H. pylori* dyspepsia; chronic and recurrent colitis, uncontrolled hypertension under medication and newly discovered diabetes mellitus in adults. Eradication of *H. pylori* was done by natural measures; colon care and colon clear.

All patients became free of any dyspeptic symptoms. The integral colonic function has been easily resumed in 33 patients. 15 patients were able to quit their antihypertensive pills and maintain normal blood pressure values. The diabetic condition has been successfully and permanently corrected in 10 newly discovered patients.

On conclusion, Migration of *H. pylori* is associated with reasons of etiologic pathology due to accumulation of toxic amounts of ammonia somewhere in the body.

**Keywords:** *Helicobacter pylori*; Antibiotic violence

## Introduction

The widespread prevalence and the challenges constituted by *Helicobacter pylori*; namely its close relation to acid peptic disease, gastric carcinoma and lymphoma have led to the widely-established medical concept that *H. pylori* eradication should be a necessary attempt. The annual cost associated with peptic ulcer disease in the United States is estimated to be 6 billion dollars and gastric cancer kills over 700,000 people every year in the world [1,2].

*H. pylori* is an extremely common bacterium which is considered by quite many investigators upon statistical basis or relative association with some diseases to be pathogenic bacterium that is able to alter the host physiology; subverting its immune response and allowing it to persist for the life of the host. The prevalence of *H. pylori* remains high; over 50% in most of the world, although existence rates are dropping in some developed countries. The drop in *H. pylori* prevalence could be a double-sided matter; reducing the incidence of gastric diseases while increasing the risk of allergies, auto-immunity and esophageal diseases [2,3].

The latest reports in literature demonstrate a definite flare up of many medical challenges related to *H. pylori* through immune or different unknown reasons. Thyroiditis, autoimmune pancreatitis, immune thrombocytopenic purpura and acute inflammatory demyelinating polyradiculoneuropathy are examples of these challenges [3-6]. These autoimmune medical challenges related to *H. pylori* are sufficient to render the matter that *H. pylori* can reside hidden somewhere in the body be taken seriously.

The list of diseases potentially related to *H. pylori* continues to grow, however, explanations of how *H. pylori* could contribute to extra-gastric diseases lag far behind clinical studies. A number of host factors and *H. pylori* virulence factors act together to determine which individuals are most predisposed and susceptible or are at the highest risk of disease. These factors include bacterial cytotoxins and polymorphisms in host genes responsible for directing the immune response [2,7,8].

*H. pylori* could migrate or get forced or migrate to the colon under the influence of antibiotic violence where it will continue producing ammonia for a reason or no reason, unopposed or buffered by any acidity unlike in the stomach leading to accumulation of profuse amounts of ammonia; gastric juxta-mucosal ammonia of *H. pylori* is

strictly liberated in response to any acidity approaching the gastric mucosa. Accumulation of excess ammonia in the body is known toxic that could lead to adverse biological effects in the body among predisposed disadvantaged population. Ammonia is smooth muscle tonic and therefore; excess ammonia in the colon could be spastic causing multiple colonic spasms [9-12].

## Aim

This study aimed to demonstrate that the antibiotic violence has rendered a domestic bug (*H. pylori*) to become wild in attitude instead of getting rid of it.

## Design and Setting

Prospective study done in Balghsoon Clinics in Jeddah/Saudi Arabia during 2012/2013

## Patients and Methods

The scientific interest of this study was focused on three groups of clinical conditions associated with *H. pylori* dyspepsia; chronic and recurrent colitis, uncontrolled hypertension under medication and newly discovered diabetes mellitus in adults. The patients were randomly included in the study without selection. The rectal spasm was detected by proctoscopy or sigmoidoscopy, while the multiple colonic spasms were demonstrated by colonoscopy. The management of cases constituted eradication of *H. pylori* by natural measures employing the senna purge and vinegar therapy.

## Results

All patients became free of any dyspeptic symptoms. The integral colonic function has been easily rectified in 33 patients. 15 hypertensive patients were able to quit their antihypertensive pills and maintain normal blood pressure values although they were inadequately controlled in spite of regular follow up of medications and extreme carefulness about their life style. The diabetic condition has been successfully and permanently corrected in 10 newly discovered cases.

## Ethical Considerations

An informed signed consent was taken from all patients, they were made aware about safety of the natural colon clear remedy; they were free to quit the study whenever they like. The research proposal was approved and the study followed the rules of the Research Ethics Committee of Balghsoon Clinics in Jeddah, Saudi Arabia.

## Discussion

Most of the diabetic and hypertensive patients in the world are inadequately controlled in spite of regular follow up of medications and strict carefulness about their style of life; this could further indicate the presence of a missed underlying pathology [9-11].

A general impression has developed that the antibiotic violence has forced *H. pylori* to migrate in panic to the colon and the rectum. Migration of *H. pylori* will be accompanied by accumulation of profuse toxic amounts of ammonia in the colon which will lead to multiple colonic and a high rectal spasm. This matter is manifested by marked constipation and passage of small pieces of dried stool which

have been observed as integral intensity of *H. pylori*-related dyspepsia. These spasms are so resistant to ordinary laxative measures leading to loss of the integral colonic function and set up of a state of irritable or spastic colitis [9].

The development of multiple colonic spasms with subsequent severe constipation and interference with the integral colonic function will establish a colonic re-absorption error with retention of fluids, salts and toxins inside the body. This could lead to hypertension which is expected to remain inadequately controlled without correction of the underlying colonic re-absorptive error. Hypertension, a disease of rich, is now flaring up as a challenge among poor population. Some reports consider hypertension in developing countries a consequence of progress and life style changes. In spite of that, traditional risk factors do not appear fully sufficient to explain the rising figures of hypertensive illness [11,13,14].

Accumulation of profuse toxic amounts of ammonia in the colon constitutes a biological toxic stress to the body that could lead to stress diabetes among disadvantaged susceptible people. Administration of oral hypoglycemic drugs to a stressed pancreas means an insistence to flog a tired horse turning a potential condition into an established chronic illness with consequent flare up of the diabetic phenomena all over the world. Traditional risk rules are not sufficient to explain the dramatic spread of diabetes all over the world; this indicates that traditional measures employed to control the problem can never be adequate or decisive [9,10].

Misconception of most investigators about the nature of *H. pylori* and their misbehavior towards it is possibly leading in great part to the major spread of pathologic conditions associated with *H. pylori* existence. *H. pylori* colonized the stomach since an immemorial time; [7] as if both the stomach and the bug used to live together in peace, harmless to each other. This also indicates that the commonest natural habitat of *H. pylori* is the stomach; if *H. pylori* is kicked outside the stomach by antibiotics, it will become a foreign structure the tissues and is rendered a poison itself by causing local tissue pathology or becomes a source of poison by encoding autoimmunity or by leading to accumulation of profuse toxic amounts of ammonia somewhere in the body [7,9]. Recurrence of *H. pylori* existence is un-avoidable or hardly avoidable; [7,8] as if it is a matter of natural existence of a bacterium. Existence of abnormal-behavior *H. pylori* strains is essentially a sanitary conflict before it is a medical challenge, [7] sanitary problems are treated with antiseptic measures but not antibiotics. If investigators and therapists keep these findings in consideration, most of the challenges associated with *H. pylori* would disappear. Moreover, the continued flare up of the medical problems associated with *H. pylori* indicates that the current combined antibiotic therapy is not an effective measure to control all the challenges related to the stomach bacterium.

The senna leaves extract purge effectively and readily kills and expels all migrated colonic *H. pylori* strains. Vinegar therapy maintains colon clear by interference with re-set up of abnormal-behavior *H. pylori* strains due to interference with the energy metabolism and respiratory chain metabolism of *H. pylori* via inhibition of the pyruvate dehydrogenase complex according to the rules of feedback regulation and product inhibition with consequent inhibition of pyruvate metabolism which is the main source of energy production by for *H. pylori* [7,9-12].

The dramatic response achieved in this study confirms the concept that the etiologic pathology associated with *H. pylori* was simply the

colon-spastic and toxic effect of ammonia produced by *H. pylori* in the colon. The integral colonic function was resumed by rectifying the multiple colonic spasms, blood pressure values were maintained with quit of antihypertensive medications by correction of the colonic re-absorptive error and recovery of the newly discovered diabetic condition was achieved by elimination of the biological toxic stress situation via mere natural eradication of *H. pylori* from the colon.

## Conclusion

It seems that most of the budget of searching and researching after *H. pylori* should be redirected towards raising the standard of life and ensuring sanitary water supply for poor population, patient and family education as regards misbehaviour in food habits and antibiotic abuse, and orientation in primary health care units as concerns natural measures towards *H. pylori* dyspepsia.

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