**The Shit That Saved My Life**

**By Darcy Thomas**

**Chapter 1: The First Innoculation**

Many folks are repulsed by shit, but I developed a fond comfort around the presence of it during my early travels. While traveling around South and Central America in my late teens, conversations about stool were as common as discussions around your most recent lunch.

When I went to Ecuador, a nun residing there for the last 40 years advised me on how she prevented amoebic parasites. She always brushed her teeth with bottled water and never drank tap water in any form. She advised me to always order, “jugo puro” made only from freshly squeezed orange juice rather than the kind mixed with water.  
  
I took what she said with absolute seriousness. About 10 days into my trip to Ecuador, I went to dinner with a peace corps volunteer named Amy and a newly found friend called Scott. I ordered orange juice with the meal of the day. A girl took our order and left. I suddenly exclaimed, “Oh, No! I forgot to ask if it was jugo puro.”  
  
“Just drink it! You are going to get them anyways,” Amy hissed.   
  
Being a reticent teenager just out of high school not willing to commit to my own decisions, I drank it. Within hours I developed oily egg burps, sulfur smelling farts, and a bloated belly. I was devastated to give in to her harsh commands.

**Chapter 2: A Perilous Ride**

About 1 week later, I ventured to Cuenca to spend time with my sister’s friends, Anita and Jennie. Anita was invited ice climbing with some friends who were guides. She asked if I would like to join them. This was an opportunity of a lifetime. Having never climbed a day in my life, I said, “Sure, Why Not.”  
  
We took a night bus from Cuenca to Quito. I suffered urge incontinence just knowing I would not have access to a bathroom on a South American bus. They prioritized a television rather than a toilet. I went to the bathroom 7 times before boarding our 9 pm bus. The moment the bus started to move my anxiety around needing to go to the bathroom triggered the urge to urinate. My bladder felt seemingly full. What would I do now? I was too uncomfortable to ask the driver to pull over.

The lights went out and all the passengers started to fall asleep. I sat there wide-eyed wondering what I would do. I had a brilliant plan. All travelers carried a roll of toilet paper knowing no establishment provided this luxury. I took mine out, rolled a wad into a ball, and stuffed it into my pants. In the dark bus, I started to relieve myself. My brilliant plan was foiled as the toilet paper saturated with urine. My underwear, pants, and the linen seat below me were instantly soaked with urine.  
  
After sufficiently wetting everything on and around me, the bus stopped.  
“Seriously?” I was surprised that it would pull over for gas this soon. I ran to the front of the bus and mustered the words, “Puedo ir al bano?’ The driver pointed to an outhouse like structure with slats for walls. I opened the door to a dark room. If there was a toilet, I could not see it. I squatted on the ground and peed. It was better than the alternative, sitting in a urine drenched linen seat or being unable to sleep all night due to an intolerable need to pee. Now I was relieved and could finally sleep.  
  
After a reckless fear-filled ride potentially risking my life which shall be saved for another story, we arrived in Quito. After gathering ice axes, hammers, crampons, boots, snow pants, and jackets at various rental shops around town, a group of us met south of Quito in a town called Machachi. It was the closest to Illiniza Sur, a peak reaching 17,218 feet. For experienced climbers, it was a very technical climb. For me, it was a foolish mistake.

**Chapter 3: The Excremental Ascent**

Amoebas are a parasite known as Entaomoeba histolytica. They are transmitted when one consumes contaminated food or water. Back in 1993, farming practices in South America involved human fertilizer. Many folk’s stool was contaminated with Amoebas and their cysts (eggs). When vegetables were inadequately cooked or people drank water or foods exposed to contaminated water, amoebas were easily acquired. The cysts pass through the abdominal system and end up in the intestine where they leave their cyst and become something called a trophozoite that embeds into the intestinal lining. In some cases the cysts can reach the blood stream where they migrate to the lung, liver, spleen and brain.

By the time I went climbing, I had acquired amoebic parasites. It was still the beginning of my travels in South America. I ventured to the mountain with these newfound friends. My bag also contained numerous fibrous homemade whole wheat scones and lentil soup. The 10 of us climbers shared these items for dinner before our morning ascent. We left at 3:30 am, long before dawn, to avoid the melt associated with avalanches. As an amateur I was unsure as to whether or not to take this journey. I argued that there were no strong signs to stay at the refuge, although one might proclaim that the universe strongly discouraged me from this adventure. Instead I ventured out in the dark with the glare of my headlight guiding the way.  
  
My harness was linked to a rope attached to three others. The climbers on my line were Doug (an experienced guide from Montana), Anita (my sister’s friend and the only other woman), and Tom (a US doctor with prior climbing experience). I was in the middle on the line. The other 6 men were on 2 separate rope systems. We started our ascent by kicking steps into the snow. About 30 minutes into the climb my stomach started to rumble. I experienced cramping and an intense desire to defecate. There appeared to be a ledge up above. Maybe I could pull over and take a dump. When I reached that spot I realized it was a mere reflection. I sighed contemplating my next move. I was barely 19 and did not want to reveal my intestinal distress to these strangers. I was not that kind of girl, at least not then. I climbed 10 more minutes but the clenching grabbing sensation pulled at my gut. I did not know if it was the amoebas, the whole wheat scones, or the altitude. Whatever it was I did not give a shit, I just wanted to take one. I kept climbing until I realized it was “do or die”. I could not focus on my climb any other way. I did what I would do as if I was squatting in the woods or sitting on the toilet. The theme of the weekend became waste removal by whatever means possible. I felt a heavy and full softness in my underpants between the harness straps around my upper thighs. Despite what lay in my pants, I no longer had to focus on what to do. I could climb again.  
  
Unfortunately, not more than 30 minutes later, the cramping returned. At this point I did not need to contemplate what now. I just let loose and out it came allowing me once again to focus on climbing rather than the discomfort clenching my inner organs. Every 30 minutes or so, the sensation recurred and my feces turned to watery diarrhea pushing out through the belt wrapping my thighs and eased its ways down my tight leggings. I no longer hesitated to relieve the haunting discomfort. The load had descended down the inner contours of my right thigh all the way to my knee. I had minimal clothes with me for the next 3 months and would have to salvage these leggings. One good thing about my clothing was that my snow pants were rented. The next party using them would never know what happened in them.  
  
After about 6 episodes of defecation turning to watery diarrhea, my bowels were completely empty. Nothing else came. It was about 8 or 9 in the morning at that time. I could finally focus on the climb rather than my bodily functions.  
  
After another 6 hours of climbing and getting lost, I feared never resurfacing in the real world or being a corpse that provided nourishment to the other climbers as in the movie **Alive**. They were also trapped in the Andes as was I. To my surprise, we finally made it back to the refuge and soon after, headed our separate ways, some to Quito and others to Cuenca. I journeyed back to Quito in my shit filled leggings and coveralls. We took an overcrowded chicken bus back to the city, standing in the aisle next to passengers with bags of grain, chickens, and many other farm products. I was internally apologetic for any odors I emitted. Arriving alive yet severely malnourished and dehydrated after not eating nor drinking all day, my 19 year old body was relieved.

**Chapter 4: Shared Tales of Woe**

I met many travelers on my journey. All were overly willing to confide their digestive hardships to each other. We all struggled. One of those travelers I met was a girl named Pippa from Australia. We roomed together in Santiago, Chile. In discussing our travel experiences, she mentioned the time she acquired worms. She reported, “I was shitting and vomiting simultaneously. I didn’t know what side to put in the toilet. I pulled a 2 foot worm out of my butt!” This was one of many conversations spoken about our feces. It was commonplace at dinner to discuss these circumstances with other travelers in those days. This marked the beginning of my comfort around shit stories of all kinds. I no longer carried shame nor embarrassment around such topics.

**Chapter 5: Quistes**

Before leaving South America, I went to the Clinica to test my “heces” revealing “Amoebas y Quistes” or amoebas and their cysts. I had heard the best way to treat them was with Flagyl otherwise known as metronidazole. I took it once upon returning. The oily egg burps and fetid gases disappeared until I traveled again.

**Chapter 6: Back Again**

Years of school and travel were prevalent in my life, leading me to Spain, Costa Rica, Columbia, Nicaragua, and Panama. Each country was ended with a stool test and every time amoebic cysts were revealed. I had no symptoms so I gave up treating them. I followed my last trip to Costa Rica with a 2 day dose of Tinidazole, an antiparasitic from the same class as metronidazole. It does the same thing in 2 days that flagyl does in a week. I had a layover in Florida and visited an old friend and employer in Naples Florida. Edith was terribly worried about me. I told her I was treating intestinal parasites. I was violently ill, shitting little balls of black intestinal lining and writhing in pain on her floor. I finally resurfaced from this terrible experience and decided I would never take such meds again.  
  
I was incredibly careful to avoid street food on all of my future journeys, something I was not advised against on previous travels. In the past, I explored everything sold on the streets including tacos with raw veggies, tortillas with avocados and chick peas, and much more. It all looked so healthy unlike our Doritos and corn nuts. What I did not know in a country with little to no processed food was that “healthy” was determined by the way the food was grown and handled. The food was fertilized with parasite infested human feces. The people serving street food prepared it with their soiled hands or with hands washed in parasite laden water. It was easy to get amoebas if you were not extremely careful about where and what you ate or drank.

**Chapter 7: More Quistes**

Other trips followed including India. I went to a seemingly healthy restaurant there. They served me a glass of water. I wrongly assumed it was sanitary, but the first sip retriggered oily egg burps and a flatulent belly. I knew the amoebas were back. As careful as I had been, I was unable to avoid a small accident here and there.

While in India, I travelled to see a Tibetan doctor who was the Dalai Lama’s prior physician. I had read about him and he was my main pursuit in India. After taking my pulse, looking at my tongue, and holding a cup of my urine up to the light, Dr. Yeshi Dhonden gave me pellets that looked like rabbit stool. I ate these relieving a sad case of the runs. Instead they constipated me. A few days later, I returned and was given another set of pellets. My stool normalized. I did not know if they took care of the amoebas or just treated my current circumstance.

**Chapter 8: A US Resurgence**

For many years, aside from one more trip to India, I mostly traveled in developed countries. I was going through medical school at the time. Being a doctor is about promoting health in others. However, I was terrified of my residency, a time when it seemed near to impossible to maintain any semblance of health for oneself.

The residency I chose was full of alternative minded individuals. One classmate joked that the question to ask all applicants at Lawrence was, “What developing country is your main interest?” We all loved to travel and wanted to use our medical skills abroad.

Lawrence also had the reputation of protecting its interns (first year students) unlike most residencies that abused their interns. I made it through that year relatively unscathed. It was the next year that caused me to suffer. They put the burden of work on the 2nd year residents. I dreaded this year and contemplated leaving my family medicine training for a completely osteopathic residency focused only on hands-on treatment. I believe I made the wrong choice staying in family medicine.  
  
During Christmas break, all of the interns had time off. At this time, 2nd year residents held down the fort covering all medical rotations alone. I was put on my least favorite rotation during this time, Internal Medicine. It also happened to be my birthday. There were 2 teams on medicine during the month. Normally every 2nd year had an intern working with them but this time, we were alone. I had an incredibly arduous rotation. The person covering the other medicine team had an easy load. He refused to help me out. I powered through seeing up to 15 patients a day when we were supposed to cap at 10. I was exhausted and stressed out. About midway through my rotation, I developed oily egg burps and flatulence. I was horrified that my amoebas were revisiting me in my own country, something that had never happened before. Where had they been all these years? They must have taken up residence somewhere in my body. The stress of residency must have triggered their release.  
  
I had recently read an article in the New England Journal of Medicine about a 27 year old Cape Verdean woman who was deteriorating rapidly for unknown reasons. She became unconscious in the intensive care unit. Nobody could figure out what was wrong with her. They ran a battery of tests on her and put her on various drugs to help but nothing was working. She ended up in a coma and died shortly after. Upon her death, an autopsy was performed to find out the cause of death. They discovered amoebic cysts in her brain. I was horrified.  
  
I started research on amoebic parasites and cysts. Not many American doctors knew what to do with them, because it was not a common problem in the USA. However in my research, I discovered that they are the 2nd highest cause of morbidity in parasites around the world after malaria. The medication most commonly used to treat them is flagyl, also known as metronidazole. In my research, I learned that this medication unfortunately only kills the parasites. This was the only class of medication I had ever used, and they didn’t kill amoebic cysts. My body was ridden with cysts since 1993. Nothing I had taken killed them. Who knows if they had infested my liver, my lungs, my brain, the areas most commonly inhabited by amoebic cysts.

After much research, I discovered that the 2 drugs which kill amoebic cysts are iodoquinol and paramomycin. Even as a doctor, I had never heard of them. Out of desperation to get rid of my cysts once and for all, I treated myself. No other doctor would prescribe them to me. They either knew nothing about treating cysts or they were concerned about the consequences.  
  
I ordered the lesser of 2 evils, iodoquinol, at the pharmacy in Greater Lawrence Family Health Center. They did not have it. Desperate to rid myself of these cysts, I asked, “Do you have paramomycin?”  
  
“Yes, we do,” They replied. They had it in stock. I filled a 10-day course of this medication.  
  
I had not reviewed the medication, but I was impatient to treat something I feared might take my life. Despite my resistance to taking any medications, the benefits far exceeded the risks. I took paramomycin with flagyl. The recommendation was 7 to 10 days. I decided to go hard and take the full 10 days to be sure. Flagyl caused an acrid metal taste in your mouth. Eating repulsed me. I suffered through a full week of meds. On my 7th day after taking meds, I drank some kombucha and jumped on my bike. While riding, my stomach began to churn. I pulled my bike over as my abdomen jumped to my throat releasing everything I had consumed on the pavement beside me. The meds may have been part of the mix but at that point I could not bear to swallow another pill. Flagyl mixed with alcohol has the side of effect of a disulfiram reaction which causes vomiting. I forgot that kombucha contains a small percentage of alcohol. I may have been suffering from this reaction by drinking Kombucha. Even though I wanted to make sure these buggers were dead, I was unwilling to take these medications another day. I deemed my treatment sufficient. From that point forward, I never experienced oily egg burps or any other sign of parasites. As far as I could tell, the medications had killed them. What I did not realize was that the medications had nearly killed me.

A number of months later I developed bloody floating stool. I had read that floating stool was a sign of inflammatory bowel disease. I have heard varying data on this since that time but the change in bowel habits plus bleeding was most significant. I had vague discomfort in my belly but nothing overwhelming. My skin burned easily in the sun when it had not previously. New spots developed on my skin that had not been there before. My life was full of stress at this time. From my perspective, the consumption of these strong medications, while possibly saving my life, nearly ended it. Paramomycin had finally obliterated the amoebic cysts but also destroyed any healthy gut flora that remained.   
  
When this happened, I started to research the side effects of paramomycin. It was not recommended to anyone with colitis or other inflammatory bowel disease. I had bowel issues and struggled with wheat since traveling in South America in 1993 yet I never developed a known case of colitis. I wondered if there was a latent version waiting to be expressed.   
  
I visited a gastroenterologist. He listened to my story and said, “I think you have IBS (irritable bowel syndrome) and hemorrhoids.” He suggested a sigmoidoscopy rather than a full colonoscopy. With the assumption of hemorrhoids, he saw no reason to look much beyond my rectum. He then asked me to eat a fibrous diet full of grains. I was doubtful but heeded his suggestions. After eating many grains for a few weeks, bloating, gas and abdominal cramping surfaced. I switched to my usual low grain diet and felt much better. Two months later, unsedated and after a light colon prep, he stuck a camera in my buttocks and looked at my rectum and sigmoid colon.  
  
“Hmm, interesting. Not what I expected,” he said as he pointed to the camera revealing red lines of inflammation. He said, “You have colitis, well proctatitis,” which is inflammation in the rectum and possibly sigmoid colon. It is a disease most commonly found in gay men and those who have a lot of anal sex. That was not my case. His initial assumption of hemorrhoids and irritable bowel syndrome was wrong. I knew that. It was inflammatory. He suggested a specific diet but no further evaluation or intervention.  
  
With the avoidance of wheat and grains, the discomfort and bleeding resolved. I did relatively well despite using no meds, but my stool never sank again.  
  
  
  
**Chapter 9: A Child is Born**  
  
I graduated from my residency wondering if the stress of my previous medical life was contributing to the weakness in my skin, hair, teeth and overall health. I assumed it was just a normal consequence of a stressful life. Since no doctor could find any measurable problems, I ignored it, got married and had a baby.

When I got pregnant for the 2nd time, I decided to evaluate my stool by a company that looks in depth at the bacterial and parasitic content of your feces. My reason for doing this test was to make sure the amoebas were really gone. I wanted to be sure. My stool test showed the presence of 2 nonpathogenic parasites. They did not note any amoebas although they found one parasite that looked like amoebas. I worried that maybe they misdiagnosed it.  
  
The bigger issue was that there was absolutely no E. Coli in my intestine. E. Coli is the pathogenic bacteria often found in one’s urine. It is not pathogenic in the intestine. In fact it is essential in assisting with digestion as well as absorption of certain nutrients especially protein. It is also important in waste removal from the intestine. If E coli was missing from my gut, I cannot imagine how many other essential bacteria were also absent. The potent antibiotics I had taken to kill my amoebic cysts back in residency likely also eradicated many essential gut flora like E. Coli.  
  
I contemplated how I could get E. Coli back into my gut. My partner was born and raised in Asia having minimal exposure to any antibiotics. Aside from some dietary factors, he was incredibly healthy. I pulled out one of my medical websites and read about stool transplants. I knew they were used with great success for the treatment of C. dificile, or Clostridium Dificile, a disease which can be fatal for some people. C. dificile is a bacteria that resides in many people’s guts but with overuse of certain antibiotics it can dominate and cause infection and inflammation. Mild symptoms include watery diarrhea and cramping. More severe infections cause frequent watery malodorous diarrhea, cramping, bleeding, pus, nausea, weight loss, dehydration, fevers, and possibly kidney failure or something called toxic megacolon that can kill you. Certain medications like flagyl and vancomycin are used to treat it but often fail and have a very high medication cost. Stool transplants lead to quick resolution at a much lower cost than recurrent antibiotics that may or may not work.

Despite lack of research beyond C. dificile, a stool transplant seemed to be the best way to replenish essential bacteria in my gut. I was willing to experiment with this in my own colon.  
  
A well-known medical website provided a detailed description of how to do it on one’s own. I was intrigued to try it on myself. My partner was willing to assist me. I saw no negative consequence for I was putting something unsterile, stool, into an otherwise unsterile location, one’s rectum. I performed the procedure on myself twice with relative ease.   
  
I felt no immediate relief, but over time changes were drastic. I was able to tan again in the sun. I formed no new spots on my skin although old ones remained. My hair felt more youthful and vibrant. My digestive issues were not cured but better. I still avoid wheat and many grains but my stool transplants were small. I birthed a daughter who is incredibly healthy emotionally and physically and can eat whatever she wants. My son, on the other hand, struggles with his digestion and emotions. I wonder if some of his health issues might have been solved with me doing a stool transplant before he was born.

**Chapter 10: Where do we go now?**

In my residency one of my attendings always said, “It all begins in the gut.” I believe there is truth to that. I wonder how many health problems could be relieved or ameliorated with a simple stool transplant.

This story is a call to research on the topic of stool transplants which I believe have great potential benefits for the health of our society. With decades of unhealthy eating habits, poor quality soil, inhumane treatment of animals, most people in this country are lacking healthy gut flora. We need to find donors from countries that rotate crops, compost their waste to enrich the soil, raise animals with kindness, and do not have a prevalence of parasites. Certain isolated regions like Bhutan and Nepal or areas within the “Blue Zones” (regions with the highest percentage of centenarians) including Ikaria Greece, the Nicoya Peninsula Costa Rica, Sardinia Italy, Okinawa Japan, and Loma Linda USA, may elucidate some potential healthy donors.

While much research is currently being released on the benefits and risks of fecal transplants, we are still in need of more. A recent study on stool transplants resulted in a death. This poor outcome highlighted an even greater need for further research.

I have many patients seeking a healthy recovery from numerous maladies. As an osteopathic physician who treats patients with my hands, I get numerous folks coming to me as a last resort. I often recommend probiotics to recolonize one’s gut with healthy flora. However, passage through the stomach often denatures these healthy bacteria making treatment minimally effective. The number of bacteria in a probiotic is limited compared to the trillions actually found in one’s intestine. Other means to help recolonize the gut with healthy flora include a diet replete with fermented vegetables and avoiding inflammatory foods. These recommendations require years of limiting and challenging changes in lifestyle and eating habits. Adequate research on stool studies may reveal a quicker more direct method that helps millions of people live healthier and happier lives.

More studies would need to be performed to evaluate for any benefits. I believe there are many. I am hoping this call to research may aid many of my suffering patients in finding the extent that shit can save their lives as it saved mine.