



Infection with *Helicobacter pylori* and a proven suggestion for therapy

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An article in the July 2000 issue of "MTA Spectrum" informs us that half the world's population is infected with Helicobacter pylori. This bacterium is classified by the WHO as carcinogenic first-class. The germ is seen as the cause of stomach ulcers and duodenum, and is responsible for certain forms of stomach cancer (adenocarcinoma) or MALT-lymphomas (Mucosa Associated Lymphoid Tissues). As in standard allopathic therapies considerable resistance to antibiotics appear. A new procedure besides the test based on PCR has been developed which seems to have 100% specificity. This new procedure is an examination carried out with the aid of a fluorescent microscope, which not only makes identification of the germ possible, but also the level of resistance within 3 hours. In allopathic medicine (apart from other treatment) medication with antibiotics then begins.

Each era develops certain illnesses which depend on different specific time factors. In times of the plague the causes were poor sanitary and fleas. In times of tuberculosis poor social circumstances and malnutrition were the main

causes. In the present an over abundance of any kind of food and every day stress promotes and causes certain diseases. *Helicobacter pylori* is a so-called trend germ. "All stomach diseases are *Helicobacter pylori*".

Although not every stomach disease is caused by *Helicobacter pylori*, an infection with *helicobacter* should be taken seriously. This germ has already penetrated so deeply into world society, that in the western hemisphere 30% of all 30-year-olds and 60% of all 60-year-old persons with abdominal complaints suffer from infections associated with *Helicobacter pylori*. Even children and adolescents are not immune.

The symptoms are diffuse. The statements about abdominal problems vary and are located in the epigastrium. Sometimes they are accompanied by enteritis or constipation. Complaints are mostly given as pressure over the stomach and in some cases characteristics of a painful gastritis are described. An incompatibility of foods and an intense halitosis are often indicated. In addition disturbances of distant regions of the body are found, as listed below.

There are no typical pathognomonic palpational findings. A gastritis is always responsible, which is caused by the germ itself.

The path of infection paradoxically occurs through the mucous membrane of the stomach. Although the stomach's mucous membrane acidification sets up an extremely acidic milieu for the purpose of reducing germs, *Helicobacter pylori* successfully colonises the stomach by splitting urea with urease into carbonic acid and ammonia. In this brief moment, when the ammonia cloud with an alkaline milieu is built around the germ, it is possible for it to dock at the mucous membrane of the stomach. After docking, acidification is no longer a danger for it. *Helicobacter pylori* penetrates into the genome of the host cell (mucous membrane cell) and engages in the production of histamines. Histamine stimulates acidification and so the germ initiates histamine-producing problems. These are the causes for chronic gastritis and disturbances in distant regions of the body. The chronic inflammation acts as a mutagen (either through chronicity or partial inflamma-



tions) which increases the possibility of carcinogenic degeneration. Thus causing *Helicobacter pylori* to become a carcinogen first-class (WHO). The production of histamine is accompanied by the production of cytokines, phospholipases and phospholipids. This process leads to a local necrosis and to itchiness in combination with skin diseases. The sum of all concomitant phenomena of this infection increases a possible carcinogenic degeneration of the stomach mucous membrane. Carcinogenic materials such as nitrosamines emerge, and at the same time *Helicobacter pylori* destroy vitamin C, which is important to it, as vitamin C inhibits urease and the production of nitrosamines.

The infection occurs in various ways. Predominant factors are a weak mucous membrane of the stomach and the close contact of infected family members. *Helicobacter pylori* also grows in dental plaques and in gum pockets. Although they don't become ill, animals can be transmitters, above all houseflies and cats which touch human food. Cats themselves are immune to *Helicobacter pylori*.

Ways of transmission:

- Familiar genetic disposition (HLA, especially blood type O)
- Lack of or poor oral hygiene, caries, bad teeth glaze, tartar

- Close family and/or partner contact (kissing, cutlery, toothbrush)
- Animals (flies through contact with foods; cats, which themselves don't become infected with *Helicobacter pylori*).

Remote effects of *Helicobacter pylori*

The remote effects on other organs is possible through the production of histamine. In any case this seems to be true for migraines, because with the metabolism of histamines, serotonin is also increased. In some cases the appearance of a primary carcinoma of the liver after infection with *Helicobacter* is observed. Generally the exact genesis of the primary carcinoma of the liver has not yet been completely clarified, and this is also true with regard to *Helicobacter*. The triggering of individual factors through *Helicobacter* is discussed.

The local cells of the mucous membrane and the submucous tissues are destroyed by the increased production of histamines through *H. pylori*. During this process phospholipids and phospholipases are released.

Phospholipase metabolises phospholipides into arachidonic acid, and arachidonic acid decay into the inflammatory factors histamine, serotonin and prostaglandin E2. All three

further increase itchiness, inflammation and chronicity. Pruritus is especially notified with enteral allergic skin diseases, such as neurodermatitis.

Remote effects on

Skin: chronic urticaria, rosacea, neurodermatitis

Liver: primary liver-Ca

Migraine: can be explained through the increased production of histamine if serotonin is also increased.

Proof

The proof of the antigen of *Helicobacter* is confirmed through an examination of the faeces. For a better overview of the gastro-intestinal milieu and the immunological reaction in this area, an additional determination of the secretory IgA (sIgA) and the pancreatic elastase, as well as the inflammatory markers PMN-elastase from the faeces makes sense.

As already discussed, the immunological weakness of the digestive tract is a possible entrance for an infection with *H. pylori*, therefore the diagnostic of enteral allergy is of interest. Through these parameters the survey of pathological processes in the digestive system is possible, and an infection with *H. pylori*



may be just the tip of the iceberg.

Faeces diagnostics:

- *Helicobacter pylori*-antigen in the faeces
- Secretory IgA (sIgA)
- Pancreatic-elastase-1 Inflammatory markers (PMN-Elastase)
- Enteral allergy diagnostics (IgG)

Therapy

The changing of the milieu comes first. In chronic processes the intracellular milieu should be treated in particular. At the beginning stage of therapy the alkaline powders work too slowly and the inflamed areas are painful, thus bismuthate (Bismutum subnitricum D4, 2-4 tablets daily) is given in the first week to neutralise and inhibit the production of acids. From the second week onwards, a combination of ALKALA N powder 2x1 tsp. daily in warm water and CITROKEHL 2x1 tablets daily are recommended. If pain occurs after application of ALKALA N powder it is useful to give intermittent

alkaline infusions (Spagyra, Groedig/ Austria, Tel. ++43-6246 72370) 2-3x per week 250 ml slowly intravenously. The absolutely essential microbiological therapy starts with FORTAKEHL 5X, 3x1 tablet daily for 10 days. This changes to a combination of MUCO-KEHL 5X 1x1 tablet in the morning and NIGERSAN 5X 1x1 tablet in the evening from Monday to Friday; and during the weekend FORTAKEHL 5X 3x1 tablet daily. This therapy should be applied for at least 2-3 months. From the second week, RECARCIN capsules (1x1/ week) are added, also SANUKEHL Prot 6X drops (in the evening 1x5/d orally, 1x5/d rubbed in the area of the stomach).

Deep immunological processes on the humoral and cellular level are released with this treatment, therefore a good function of the intestinal mucous membrane (IgA), and Peyer's patches (REBAS 4X capsules 2x1 daily) is required. Because of the chronic gastritis some dietary facts should be considered. Foods that increase acidity are to be avoided, as well as all intestinal antigens,

such as milk, egg products and other individual antigens, foods, which contain histamine and other biogenic amines (pork, sauerkraut, red wine).

Furthermore, an increased supplementation of vitamin C should be used. In the beginning 1-5 grams daily is necessary. At the start of the therapy oral vitamin C may produce pain at the inflamed and necrotic areas of the mucous membrane. In this case infusions with vitamin C work very well.

Literature

Dr. med. Konrad Werthmann: "Ratgeber für Allergiker und chronisch Kranke" Semmelweis Verlag, Hoya, Germany.

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