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EC GASTROENTEROLOGY AND DIGESTIVE SYSTEM

Case Series

Microbiota Retention Enemas, Experience in 9 Procedures

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Received: May 04, 2022; **Published:** May 24, 2022

Abstract

Evacuating enemas are very old procedures. Having been used since the 10th century. Abulcasis, a doctor and also a botanist, described it and since then it has been known as enema. This method was already used in Egypt, in the court of Pharaoh, in Mesopotamia, in China, by the American Mayans, etc. For centuries the enema was used as a popular remedy. In the 18th century, along with bleeding and purging, they were among the most favorite remedies. The daily enemas applied by Louis XIII are of special note; By the way, he rested on holidays.

As of 1958, an avalanche is generated, which translates into different management schemes, which have various defenders, plus all the procedures produce improvement in patients, not only from the terrible Clostridium difficile, but from numerous diseases, which to date are consider that they are around 150.

Our casuistry consists of 8 patients, who were administered 9 microbiota retention enemas (two, one of them). The ailments were diverse, highlighting the Microbiota Disease, already originally treated with Intestinal Microbiota Transplantation, either through panendoscopy, colonoscopy or mixed.

The results were good. No complications appearing.

Keywords: *Microbiota Retention Enema (MRE); Microbiota (M); Clostridium difficile (Cd)*

Introduction

We see the microbiota retention enema (MRE) appearing in 1958, when a doctor from Colorado, United States of America, Dr. B. Eiseman, used it successfully in pseudomembranous enterocolitis [1]. He encourages numerous doctors to carry out this new treatment, since its results were a real success.

There are authors who mention that the Microbiota (M) through any management scheme, be it enema, panendoscopy, colonoscopy, probes, capsules, translates improvement. What makes that at present, there are numerous medical groups, which use some of these methods.

Now, the ERM has more followers every day due to the ease of its application, as well as the minimum undesirable effects. It is better to be attentive to what could happen in the future, since very few years have passed to determine that the process no longer has detractors.

Clinical Cases

We present 8 clinical cases of patients treated with MRE, of which 5 were women and 3 men. Of the 8 cases with MRE, it was carried out in 4 patients, in whom they had already undergone Intestinal Microbiota Transplantation, 5 years, 2 years, 16 months and 1 months ago, because some of the original conditions had arisen.

The ages appear in table 1.

Case 1	49 Years*
Case 2	71 Years
Case 3	70 Years
Case 4	66 Years
Case 5	36 Years
Case 6	73 Years
Case 7	36 Years
Case 8	79 Years

Table 1: *Ages of patients.*

**Two enemas were given one year apart.*

The ailments they presented appear in table 2-2.3.

Case 1	Disease of the microbiota: hashimoto disease; multiple allergies, migraine; functional dyspepsia; atopic dermatitis; anxiety; dyslipidemia; exogenous obesity.
Case 2	Disease of the microbiota: anxiety; dyslipidemia; arterial hypertension; exogenous obesity grade I: IBS, diarrhea variety; functional abdominal pain; rectorrhage for rectal vascular ectasia; SIBO
Case 3	Breast cancer; anxiety; rheumatoid arthritis.

Table 2: *Ailments of our casuistry.*

Case 4	Disease of the microbiota: hypothyroidism; gastric polyps; small hiatal hernia; gastric mucosa tongue, into esophagus; duodenitis; diverticular disease of the colon, preferably right, with giant diverticula above the cecum; spastic colon; microscopic colitis; chronic proctitis; anal skin flap; dyslipidemia; lipomatosis; arterial hypertension; allergy to vitamin B12, seasonal, rhinitis, dust and animal hair, unknown the allergen; osteoporosis.

Table 2.1: *Ailments of our casuistry.*

Case 5	Disease of the microbiota: anxiety; kidney disease (resolved); hashimoto's disease; dyslipidemia; fatty liver; gerd; SII, mixed variety; dust allergy; recurrent pancreatitis; HPV.
Case 6	Disease of the microbiota: functional dyspepsia; irritable bowel syndrome, diarrhea variety; leukemia in remission; anxiety; dyslipidemia; insulin resistance; glaucoma; bilateral cataracts; arterial hypertension; grade II obesity; dermal autoimmune disease; skin cancer on six occasions; neurodermatitis.

Table 2.2: *Ailments of our casuistry.*

Case 7	Severe anxiety; irritable bowel syndrome, diarrhea variety. Gastroesophageal reflux disease. Arterial hypertension. Celiac disease.
Case 8	Progressive cognitive impairment. Anxiety. Insomnia. Arterial hypertension. IBS, Constipation variety. Obesity grade I.

Table 2.3: *Ailments of our casuistry.*

Results

In patient number 1, who was administered 2 ERMs and who had Microbiota Disease and 8 secondary conditions, only Hashimoto's Disease and migraine persist today. The first has substantially reduced and the second has presented a reduction of 50%.

The second patient diagnosed with Microbiota Disease and 9 secondary conditions, only SIBO persists, having reduced the abdominal diameter from 40.94 inches to 35.43.

In case number 3, breast cancer, which required both chemotherapy and radiotherapy sessions, is currently inactive. Anxiety improved by 80%.

Case number 4 with Microbiota Disease and 15 added conditions has remained stable. SIBO was added in the evolution, which yielded with Rifaximin. Abdominal pain on the right side of the abdomen occurs occasionally, requiring medical management. She is the patient with diverticular disease of the colon, with giant diverticula above the cecum. Decreased the hypotensives to a quarter of the dose. Anxiety has not improved.

Regarding case number 5, with Microbiota Disease and 11 additional conditions, there is only GERD activity and anxiety has decreased by 10 points (Hamilton Scale). This patient had been operated on for a Nissen fundoplication, but no sign of a surgical process was found in the panendoscopy. Hashimoto's disease has not been fully controlled, but it is less incisive. He points out that the heartburn has not subsided and that he sleeps semi-sitting up. Abdominal distention subsided completely and can eat certain irritants.

In case number 6, who also had a Microbiota Disease with 12 added diseases, after a month he presented a totally liquid evacuation, for which the following were administered: *Lactobacillus LB, Lactobacillus fermentum* and *Lactobacillus delbrueckii* and the evacuation subsided. She has lost 5 kilograms in a month. Since we add general measures, as we have done in all cases.

Patient number 7 with severe anxiety, irritable bowel syndrome, diarrhea variety. Gastroesophageal reflux disease. High blood pressure and celiac disease, she has controlled her process. On two occasions vomiting and diarrhea occurred in number of 2, in the last two months, when eating gluten. Or she overeats. So, she insists on going back to the gluten-free diet.

Finally, patient number 8 with Progressive Cognitive Impairment, plus 5 added pathologies, regularized her bowel movements and tended to reduce her anxiety, after starting to walk for an hour daily.

Comments

We believe that the Gut Microbiota has revolutionized the world of medicine, even though many doctors continue to disdain the important microorganisms that constitute it.

The procedure to administer the M is extremely simple, of course you have to have experience in rectal examinations, since if it is done at home, by people without knowledge, problems may arise, not only due to the lack of an adequate procedure, but due to the lack of basic knowledge in matters of the Intestinal Microbiota and digital rectal examinations [2].

There are different protocols for the administration of the M through rectal enema, and all of them focus on recurrent Cd infection, I believe that it should not vary in the case of other pathologies [3,4].

We handle the following procedure:

- Liquid diet the night before.
- Complete fast until after the enema.
- We perform the procedure in a bathroom, accompanied by a person as our assistant.

The microbiota prepared with 250 grams of feces and saline solution must be one liter, transferred in a cooler or with ice and emptied into an enema bag, with a capacity of 1,500 ml, with a transport tube of 5 to 6 mm of internal diameter. 128 centimeters in length and plastic stopper device for flow control. The proximal end should be blunt at the tip, with a nearby hole, lubricant and disposable plastic protector.

The fixed bag is placed approximately one and a half meters high, without bending the transport tube and comfortably reaching the patient. The plastic stopper device must close the flow. 20 centimeters from the tip upwards are abundantly lubricated.

Patient who can stand, will be stripped to the waist, wearing preferably plastic sandals, leaning and leaning against the back of a plastic chair, which will not move. We perform touch and rectal dilation with the right index finger, with enough lubricating jelly.

Once the anus is dilated and giving the patient security, the right index finger inserted into the rectum is accompanied by the plastic tube and serves as a guide. The plastic tube is taken with the left hand, inserting 20 centimeters. The index finger of the right hand is extracted, taking the plastic tube on the edge of the anus, with the index finger and thumb of the right hand, so that it does not come out.

The shutter is gradually opened to start the enema, which should take approximately 5 minutes to administer. If there is abdominal pain, close the tube, wait a few seconds and administer the microbiota again. The tube is removed and the procedure is terminated.

If the microbiota were to leak during the procedure, do not be alarmed, since one liter of solution is applied on purpose and up to 200 ml can be lost. No problem.

The patient bathes. And he can have breakfast and take his medication, calmly. Adding a 2 milligram loperamide tablet.

Conclusion

ERM is a complete success and is usually a simple procedure to carry out. It is worth adding that the Donor must be fully studied and the necessary tests.

It is advisable to have performed the following studies on the recipient: Complete blood count. Platelets. 27 element blood chemistry. *Giardia lamblia* in copros [3]. Vitamin D, selenium, zinc, copper, iron, vitamins A, C and D, B-12 and folate. Thyroid profile and, where appropriate, anti-thyroid antibodies. To treat the deficiencies that appeared.

If there is a history of colonoscopy, the MRE can be performed.

Bibliography

1. Eiseman B., *et al*. "Fecal enema as an adjunct in the treatment of pseudomembranous enterocolitis". *Surgery* 44.5 (1958): 854-859.
2. Olanrewaju J., *et al*. "Fecal Microbiota Transplant via Retention Enema in Severe *Clostridium difficile* Infection". *Journal of Gastroenterology* 113 (2018): S119-S120.

3. Rupawala AH., *et al*. "Management Severe and Severe/Complicated *Clostridoides difficile* Infection Using Sequential Fecal Microbiota Transplant by Retention Enema". *Clinical Infectious Diseases* 73.4 (2021): 716-719.

4. Ramai D., *et al*. "Fecal Microbiota Transplantation (FMT) with Colonoscopy Is Superior to Enema and Nasogastric Tube While Comparable to Capsule for the Treatment of Recurrent *Clostridioides difficile* Infection: A Systematic Review and Meta-Analysis". *Digestive Diseases and Sciences* 66.2 (2021): 369-380.

Volume 9 Issue 6 June 2022