Welcome to the Cutting Edge Health Podcast with Jane Rogers, where we discuss science to help prevent cognitive decline.

Jane Rogers: I have made a very personal decision and I'd like to share it with you. My gut's flora is messed up. I have too much bad bacteria and not enough good. My **[00:00:30]** gut's been that way for years due to too much antibiotic use. I've decided to get a fecal microbiota transplant, FMT for short. I'm going to fly to the UK to get this done because in the US Fecal Transplants are only approved for C. diff., which is a gnarly bacteria that causes diarrhea and inflammation of the colon. In today's episode, I share the conversation I had with the director of the Taymount Clinic in Hertfordshire, England, Dr. Enid **[00:01:00]** Taylor. That's the clinic where I'll be getting the poop of 10 different healthy donors over a two week period to help reconstruct my intestines. Enid, thank you for joining us today.

Dr. Enid Taylor: You're very welcome. It's a pleasure to be here. Thank you for asking me, Jane. Thank you.

Jane: You're welcome. I am very excited to virtually meet you, because next month, I get to meet you in person when I have my own fecal microbiota transplant.

Dr. Enid: Yes, you're coming to good old England, so it'd be nice to welcome you. **[00:01:30]**

Jane: You're getting a lot of people like me from America, aren't you? I understand about one a week.

Dr. Enid: We always have had a lot of American visitors coming to the clinic since we started in 2010, '11. I think the FDA made it very popular because they banned it in America, so that always guarantees something really good about it, I think. Forgive me for being a little bit cynical. If it was inconsequential and didn't do anything, then it wouldn't have garnered that attention **[00:02:00]** from them. The fact that they decide to withdraw it from public access, I think says that there's something really special about this. Certainly, in the early days, we were horrified by people doing it casually and without any kind of medical training. I've only been going to the horror stories, but there were some awful things going on.

We did contact our MHRA, which is the equivalent of your FDA that stands for Medicines and Healthcare Regulatory Authority, and they just didn't want to know. They actually used the term-- **[00:02:30]** There's an ick factor. They didn't like what they were hearing, and they just said it's some weird therapy. Fast forward five years, and they realize that, number one, it's not hurting people. Number two, it's actually making people

well. The rates of improvement for things like Clostridium difficile was just too difficult to ignore. They were getting 68% in trials, and we get 100%.

They decided that, "Well, if this is working and it's not hurting people, then we have to **[00:03:00]** own this as a medicine," so they declared that FMT was a medicine. We then had to get completely compliant with the production of the implant itself. We had to get GMP, which I think is globally recognized as Good Manufacturing Practice. The documentary paperwork that goes with that is a nightmare. Then we had to split the clinic from the production facility because you can't produce something and then use it in the same company because it's a conflict of interest.

We had to split the company into two, create a new entity called the clinic. **[00:03:30]** Then because the clinic could only access the implants by way of a prescription from a physician, we couldn't access our own implants unless we had a medical doctor in residence, on the payroll. Then that meant the clinic had to be CQC, which is Care Quality Commission regulated and registered. We've been through five years of paperwork horror [laughs]. I've gone from being a naturopath to being a civil servant I think.

[laughter]

Jane: Oh, no. **[00:04:00]**

Dr. Enid: It has been very tiring just jumping through the hoops that regulators want you to jump through. For my own self, it's taken me away from patients, it's put me in an office with paperwork rather than in a clinic with people, so that's grieved me a little. Now that we've actually got those compliances in place, I'm kind of finding myself again and I'm back to making kombucha and making coconut yogurt, and giving people advice on sprouting, and literally talking food again, which is where my love really lies. My passion is about health **[00:04:30]** through diet.

Jane: I'm glad you're getting back to what you're passionate about, what you love to do. [chuckles]

Dr. Enid: Absolutely. 10 years ago, I was a 100% raw foodie. I did lots of raw food workshops and promoted it that way and did a lot of teaching. Then I don't know why for some reason, I kind of drifted away from it. Like a lot of people, I had COVID last summer, and it was very, very elegant at Christmas. It looked like another COVID but it didn't test positive, so I don't know what that was. A chest infection. By February, I thought, **[00:05:00]** "I'm really just not feeling very good," and I just remembered all the raw food recipes that I'd built up and I dived back into them. From March this year, I've been 100% raw and I feel so different. My passion's come back.

Jane: Oh, good.

Dr. Enid: To me, it demonstrates how important is what we're feeding ourselves. Food isn't just something you build your body from. Food is what fuels your heart, your soul, your passion.

Jane: Enid, tell us **[00:05:30]** why there's such a difference in what we can do in the United States and what you can do in the UK when it comes to fecal transplants. You can do much more with people with an irritable bowel syndrome diagnosis, for example.

Dr. Enid: We have to be very, very, very careful what we say. That's the only thing. We can be in terrible trouble if we make any claims. The MHRA was very strict with us. We had to take off all the patient testimonials from our website because their opinion was that by showing testimonials, **[00:06:00]** it was steering people who might have the same condition to come and try when there are no global statistics for any particular condition. Right now, all over the world, there are clinical trials going on for ulcerative colitis, Crohn's, and a lot of other conditions. I think Alzheimer's and Parkinson's particularly, are being studied.

When those studies are in and the results can be shared, then we can make more sort of specific suggestions. We can't have anything on the website **[00:06:30]** that might suggest that, "If you've got IBS, come and see us. If you've got asked if ulcerative colitis, come as us." We cannot say that.

Jane: I understand.

Dr. Enid: We can't even publish papers that have been peer-reviewed because our very selection of which ones we're showing is an advertisement. I think in the States, you're allowed to advertise medical processes and medicines. I mean, watching your TV, there are adverts for prescription-only drugs that we can't get, but it's freely **[00:07:00]** advertised in the state. I think you have much more awareness of what's available but it may not be necessarily more accessible whereas we have the accessibility but we can't tell people we're here.

Jane: I won't ask you those questions, but I'll ask you some you can answer easily. Fecal microbiota transplants, that for a lot of people will say, "Ooh, that's poop."

Dr. Enid: I know. It's horrible."

Jane: First of all, tell me about it. Is it an ick factor?

Dr. Enid: When we first started, it didn't have a name, **[00:07:30]** so we call it bacteria therapy. We were quite comfortable with that term. Then a couple of years later, a group

of doctors get together and they, being doctors, they were very literal. It's microbiota, which means the microscopic world. It comes from feces, so it's fecal, and we put it in from one body to another, so it's a transplant. Well, technically, yes but had they had a PR guy in the room, he would have said, "No, no, no, don't call it that." If they'd called it gut flora restoration **[00:08:00]** or lower intestinal gut flora restoration, something like that, it would have been more acceptable.

I like the term gut flora restoration because people know what gut flora is and you know what restoration means. You start saying transplant and people think, "Ooh, stuff from somebody else rejection." It's a whole different mindset, so it's a very badly named process. We wish we had a different name for it.

Jane: Tell me how this process works. What am I going to go through when I'm there? **[00:08:30]** I'm there for two weeks.

Dr. Enid: Okay, you are there for two weeks. First of all, it is very, very quick and utterly painless. In fact, you can hardly feel it. It takes two minutes to administer the actual 60 mil solution. We use a pediatric catheter, so soft silicone designed for babies, so our big bottoms are going to tolerate it without a problem, our grown-up bottoms. Literally, it takes about two minutes to introduce the catheter, gently deliver the solution, and then withdraw. **[00:09:00]** It is utterly painless. We then have you lying in three different positions just to get gravity to sort of help the fluid to occupy your colon.

You have 10 minutes laying on your back, 10 minutes laying on your side, and then 10 minutes sitting up. The therapist does a kind of gentle squeegee action just to help things distribute but we don't want to disturb the colon, we don't want to massage or stimulate. We want to keep everything just slow and accepting. Then during that sort of resting period, **[00:09:30]** it's an ideal time to talk to your therapist. You've got 35, 30, 40 minutes, just one-to-one.

Some people like to be left alone to just drift away. You'll find in the clinic rooms there's some lovely murals so you can just disappear into the horizon. We've cut, I think, a lovely compromise between clinical standard of cleanliness and a little bit of spirituality with some nice murals and somewhere to be mentally, some soft music, and the clinic smells nice too. We've tried to address the senses to kind of put you at **[00:10:00]** ease because stress is the number one enemy for most things. If you're stressed, your body won't accept and tolerate and relax well enough. It's all about just making you feel looked after.

Jane: Thank you, good.

Dr. Enid: In that time with the therapist, you can talk about diet, what to do to feed these new microbes. We have a very, very simple approach to diet. We don't give

people diet sheets, and we don't give lots of food programs. We just try and say that the most important **[00:10:30]** thing is diversity. What you feed your microbiota on will dictate how many you keep. We're going to give you 10 different donors from 10 different days. Somewhere in that 10 is going to be everything we hope that you need.

Some you will keep and retain and some you will just let fall by the wayside because your lifestyle won't match all of those 10 people. The trick to having a healthy microbiome **[00:11:00]** is to have a wide diversity. My husband **[unintelligible 00:11:02]** together, we started this clinic. He's the microbiologist. He kept saying, "Diversity on the plate equals diversity in the gut," and he said it so many times I had the letters printed in vinyl. It's on the clinic wall. You'll see it when you go in there [laughs]. The more diverse your foodstuffs, the more different species you will maintain. Diversity is the key to health.

We give you a sheet, a grid, a white clean grid with 50 squares, **[00:11:30]** a special magic pen, and we say, "Write in each square the ingredient of what you're eating." For example, if you have toast and marmalade for breakfast, you would write wheat for the toast, yeast, butter, sugar, and oranges. Then comes lunchtime, you maybe have a cheese sandwich but you've done wheat, you've done yeast, you've done butter, oh, you can put the cheese down. In the evening you have pasta and tomato sauce. **[00:12:00]** A lot of people do so it's wheat again. Oh, let's put tomatoes.

You think you're eating a wide variety of foods, but it often boils down to the same 20,21 foods. If you go and sit somewhere in some of the fast food joints, and I've been in trouble for mentioning names, I won't mention names, but any fast food joint, it's quite fun to look at the menu and just see how many squares you could fill in from that whole menu. One in particular that I visited, I got to 19 foods and that was including the **[00:12:30]** desserts as well. It's not enough.

Jane: That's not enough.

Dr. Enid: It was a very famous anthropologist and he did some studies with Tanzanian tribes who hadn't been infected by modern living, the Hadza tribe. He found that they were eating something like 150 different foods in a month. That's where I got the idea from. I thought, "Well, how about 50 in a week?" See if you can make 50 in a week because we've got supermarkets. These poor people had to walk miles to find cherries and berries and roots. We've got supermarkets, so **[00:13:00]** how about 50 a week? That's where the idea came from.

Jane: It's a good idea.

Dr. Enid: Looks simple. Of course, it's a bit sneaky, because you're never on or off a diet. If you're filling in your food grid, and then your friend comes around, she's got a

bottle of something sparkling and she's got some chocolates, well, you can enjoy the drink, and you can enjoy the chocolates and fill in your grid, so grapes. Yeast, I've done yeast already. Chocolate, I've done sugar, milk. Oh, cocoa, so I'll put the cocoa down. **[00:13:30]** You can fill in your grid with your little indulgencies. The next morning, you're not going to say, "I'm off the diet, I'll just eat what I like." You're never on or off, you are still tracking your diversity.

It's not something you can fall off, or stick to with discipline, it's just a record. The sneaky bit is that you and I both know that the greatest diversity, the greatest number of different types of food is found in the vegetable and fruit kingdom. Without **[00:14:00]** telling people to eat 10 a day of your fruits and veggies or 5 a day, no rules at all. We just give them the grid. We know that if they eat lots of meat and cheese and eggs and all the rest of it, they'll fill the top row. They've got to start looking in fruits and vegetables to get the variety in there.

Jane: It's a great idea.

Dr. Enid: No rules. Where there are no rules, there's no resistance and there's no rejection. It's trying to keep people aware of their eating without them feeling that they're being controlled **[00:14:30]** or rule-based. It doesn't need to get broken. That was the basis behind it. I have actually written a book to go with it. You'll get one of those when you come to the clinic.

Jane: One of the things I'm nervous about and if I tell anyone I'm going to get a fecal transplant, they say, "Is it safe? What are the risks? How is it screened?" A lot of really important questions and how do you answer those?

Dr. Enid: Well, we've been doing this for quite a long time now. We find that the list of things we're screening **[00:15:00]** for is continually growing. For example, of course, the last two years we've added COVID-19 to the list. Finding somebody in the world who had a test that was affordable, that would take fecal material and test it for COVID transmission, that was a six-month project. Of course, we found it now. It's in Germany so we have to use that.

There's been a couple of instances where FMT was carried out on some very, very sick people without being screened for **[00:15:30]** a particular E. coli, which is ESBL. A sub-species of E. coli, which is quite dangerous if people **[unintelligible 00:15:36]** really poorly. That group, and it is a group, that's now on the list. As we go through the experience that we're gaining, we are getting more and more refined and more and more sophisticated with the testing. It is as safe as our current knowledge will allow us to make it. The scrutiny we go through with our regulators every year is second to none. They literally **[00:16:00]** will not allow us to miss anything out or minimize anything.

Jane: That certain strain of E. coli, that did not happen in your lab because you test for that. That happened in an American lab providing fecal material for our C. diff. in this country.

Dr. Enid: Yes. absolutely. We looked at their screening, and they weren't even testing for some of the things that we were already testing for, which is why it's so important to be regulated and why I kick against the documentation but it's what keeps us safe. It's about quality and safety, which it's got **[00:16:30]** to be safe.

Jane: I can have a peaceful mind about this.

Dr. Enid: You can indeed.

Jane: You haven't had problems.

Dr. Enid: My particular path to this, sometimes you meet people in alternative and complementary medicine and they've got a particular tragedy to talk about. They've lost a parent and they didn't know enough to save the parent or whatever. My own journey was my youngest daughter. When she was 19, she developed Crohn's. By the time she was 30, I was just coming to the end of my studies as a naturopath. **[00:17:00]** She had the worst possible conditions with Crohn's. Crohn's can be moderate, it can be really nasty, you can get fistulating Crohn's where it literally burrows a hole into another part of the body. She had that going on and to cut a long story short, she was in the hospital and her bowel ruptured. She was pregnant at the time, so of course, the baby was lost.

Jane: Oh, no.

Dr. Enid: She had to have emergency surgery. They didn't do it quickly enough. Her whole abdomen was full of bacteria. This is why I say there's no such thing as good bacteria because if **[00:17:30]** it's in the wrong place it's pretty bad. If it's not in your gut and it's actually in your peritoneal cavity, it's really bad no matter what its name is. I have watched her get very close to leaving us. She woke up with a colostomy bag that she had for two years. We managed that. She had the wound dehisced, it wouldn't close. She's had so many problems. Finally, I found a surgeon who would put it all back together again. She lost her fallopian tube, so she couldn't conceive naturally.

Jane: Oh, no.

Dr. Enid: [00:18:00] The end of the story is she's got two beautiful children that they've had through IVF, which has cost her a fortune, but it's got a happy ending. She's totally in remission now. She's settled, and she's under control. She's had some FMT as well. She's got two beautiful children aged two and four. They're absolute apples of my life. It showed me very, very close to home, what can go wrong. I learned a great deal from it.

My tragedy was I wasn't ahead **[00:18:30]** of her I was behind her. She said to me when she was in ICU, she said, "If I had your FMT I wouldn't be here." I said, "Yes, but we weren't ready. We weren't ready. We weren't ready."

It is it's painful but those lessons you don't forget and the motivation is from the inside. It's deeply inside my soul why we're doing this. I can understand why people come to the clinic with-- Anything that's wrong with the gut affects the whole behavior. **[00:19:00]** It's like when you're sick, you're in your inner child. You're either wanting mommy to put her arm around you and say, "It's okay, we've got you," or you're having a tantrum because the taxi was late, I couldn't find the clinic and I can't find my hotel and where's this was. You just know that that person is just ill at ease because they're not well.

We train the staff to scoop them up and look after them and no matter how they're presenting because when gut's not right, none of you is right. **[00:19:30]** That's what we have to address.

Jane: The Americans that you have come over almost once a week to get fecal transplants. The intake person when I first was looking into this, she said, "We cannot believe the antibiotic use in the United States," and I've had it since I was three and four every single year and I'm turning 61 in two weeks. My gut is a mess and that's why I'm coming to you. Are you amazed with the amount of antibiotic use we're doing here and how should we stand up against **[00:20:00]** those prescriptions.

Dr. Enid: I think, like you, I was on antibiotics since I was tiny. I've had bronchial asthma as a child. At one point, I was given antibiotics prophylactically. In case I got a chest infection, "Let's give her some antibiotics." By the time I got married and I was having my first child, thrush was an everyday occurrence. It was just part of my life. I don't think I delivered a very good microbiome to my children anyway because I didn't have one myself. What they thought was some kind of salpingitis, **[00:20:30]** some kind of fallopian tube infection was actually just my appendix. It was IBS, basically. When I look back on those days with the knowledge we have now, yes, the continual use of antibiotics and the misdiagnosis of IBS was a big problem.

Certainly, people arriving in their 50s and 60s have struggled with this condition in their lives. Often people will be functioning, will be thinking themselves healthy, but the **[00:21:00]** body's on its last reserves, trying to keep you upright and cheerful when a lot of things are going wrong that are hidden. I wish I had a pound for everybody who said, "Well, I've been through every test. I've been to see every doctor and they can't see anything wrong. I've had colonoscopies, I've had endoscopies and they can't find anything." I just think, "Can't they make the small leap mentally that if you can't see anything wrong, what's wrong must be invisible, i.e microscopic."

When **[00:21:30]** you think about how we are conceived and how life itself starts, it starts beneath our vision. It starts invisibly. If the life of a human being, something so profound and so powerful can start under your visual awareness, it stands to reason that something can be wrong inside of you that is equally invisible but equally powerful. They don't seem to make that leap from the visible, the measurable, the machine registerable to **[00:22:00]** something that may be so important but is not physically visible. I'm a little bit frustrated as to why they can't make that leap. If I can't see it, then it must be microbiological.

Jane: This just speaks right to me. I understand this and I understand why I'm going and why I've made the decision to get the fecal transplant. Talk to this audience about the financial component of this because it's an investment.

Dr. Enid: It's not a cheap treatment. It's not an **[00:22:30]** expensive procedure. I would say that it's probably about the same price now as it was 10 years ago. We haven't put the price up. The economies of scale have kicked in. The more we did, the more we could afford to take more people on but the testing is getting, as I said, more and more varied. We're getting a longer list of things that we have to do and it's getting very difficult to hold the price steady. I think it will go up soon. It is around about the £4,000 mark. I think in terms of dollars that's going to be **[00:23:00]** about $4500, $5,000.

Jane: That's where I'm budgeting.

Dr. Enid: Of course, you have to travel to get here. You have to stay in a hotel. We did actually create two patient houses locally with multiple lots and one shared kitchen. I'm going to be really honest to say that that's just been too time-consuming. We became hoteliers and that's a whole raft of other problems that we aren't trained for, we didn't study for, so we don't want to do it anymore. Whilst we were preparing the two houses, two **[00:23:30]** hotel chains sprang up between the houses and the clinic. We have a travel lodge and a Premier Inn on our doorstep. It's like, "Oh, why did we do that?" We've sold one of the patient houses and the other one is in preparation for sale because we want to focus on our core function which is looking after patients not looking after broken toilet seats and gas boilers that won't come on and noisy neighbors. [laughs] You can imagine.

Jane: No, that's not what you're trained for.

Dr. Enid: Not what we're here for.

Jane: No, **[00:24:00]** I've read a lot of research about FMT. One of the things that I was really excited about, if Alzheimer's is an age-related disease, okay, if we can slow the process of aging, then you can help prevent some of these age-related diseases. With a fecal microbiota transplant, the research is now showing that if you get poop from a

young person, you then will exhibit in your eyes **[00:24:30]** and in other places in your body a younger you. If you get poop from an older person, it's going to age you. I remember writing to your receptionist and saying, "How old are those donors?" It looks like for me, all the donors are going to be younger. This will help my biological age. It'll help keep me younger and prevent age-related disease, right?

Dr. Enid: I totally believe so. We have a cutoff of 55 for donors. In fact, I think we were actually talking about **[00:25:00]** cutting it off at 50, but certainly, it depends on the individual because you'd get very habitual as you get older. I don't know. This is a generalization, but all the people going shopping will go through the same aisles in the supermarket and pick up the same foods and their choice tend to get narrower. Especially if their income is compromised, then they wouldn't be a donor. We select donors for people who can afford to make good choices, they can afford organic foods, they can afford to go to the best supermarkets. **[00:25:30]**

As you get older, your choices tend to narrow. Yes, there were some mice studies. I don't know if you've read that one where they breed sterile mice and from the same litter, they froze some embryos. One litter, they were predisposed to developing Alzheimer's. I don't know how they do that, but they predisposed this litter. They let one litter be gestated and be born and they were matured to the point they were showing signs of Alzheimer's. **[00:26:00]** Then they took out the freezer of the other one and when they were still young, they took fecal matter from the young ones and gave it to the older ones and the Alzheimer's started to recede.

It was indicating that there's something about the youth that the younger mice were actually giving some kind of protection. You can imagine that that's an absolute gold pot of reward for somebody who can do some tangible studies to show that that's actually relatable to humans. I know there's study going on in Austin, in Texas, **[00:26:30]** on Alzheimer's for that very reason. There's studies going on for obesity. If you can actually find something and there's been various speculation about Christensenella minuta being the species that's present in skinny people and absent in obese people. Is it causal? We don't know.

There's a lot of rainbows with pops of gold at the end and there's a rainbow of obesity, there's rainbow of Alzheimer's, there's a rainbow of Parkinson's. These things are plaguing our population. If we can find a way **[00:27:00]** to resolve them, it's going to be extremely popular.

Jane: How quickly are we going to have that information? What's the timeline on some of these studies so that you can say, "You know what? FMT helps Parkinson's. You bet it does because of this research and now I'm allowed to say that."

Dr. Enid: Yes. COVID interrupted everything.

Jane: Will it be a year or--

Dr. Enid: What we found is it takes between 10 or 15 years for medical science to actually admit that something is a valuable fact. If you go back to the doctors who were working on H. pylori, **[00:27:30]** he found that there was a bacterium, Heliobacter pylori, that was causing duodenal ulcers. He wasn't being listened to but he ended up taking a drink that was a solution of this particular isolated bacterium and giving himself an ulcer which he then resolved with his three-pronged treatment, which was Bisodol and a particular antibiotic, then the substance. He had the cure and he demonstrated the disease. **[00:28:00]** It still took over 10 years to accept that, "Yes, he had identified the cause of duodenal ulcers and he had identified the resolution for it."

These trials that we talk about with using FMT for Parkinson's and Alzheimer's, they are going to be long-term trials. They're going to be between two and five-year trials themselves. COVID interrupted everything, so add another two or three years for that. Then add 10 years for it to be **[00:28:30]** accepted. We're talking 15 to 18 years before anything will be in the public awareness. It's frustrating I know, but we've been doing this for 10 years and all we've got so far is an acknowledgment that clostridium difficile responds. It does so much more than that but they're just not ready to open their minds.

Jane: It's important for someone my age possibly to consider jumping on this now even though the research has not come fully around.

Dr. Enid: Yes. I would and I do. I do avail myself of my own medicine. If **[00:29:00]** we were ever given antibiotics for anything, maybe it's an ear infection or you have a cut. My husband, he was such a great example. We were **[unintelligible 00:29:08]** around in the waves in New Zealand playing body bows, and we should have known better at our age. He stepped into a hole under the water and he couldn't see. He ripped his Achilles tendon. It was pretty nasty.

Then by the time he got back to England and had it operated on, he was practically dissected from the knee to the ankle. It was an extensive surgery. This blood supply to the **[00:29:30]** skin around the heel is very, very poor. It was a long time healing and he got the typical redness and **[unintelligible 00:29:38]** cover of Staphylococcus aureus infections. He went to the doctor said, "I've got staph aureus." He's a very know-all patient. Anyway. He was telling the doctor, "I need some antibiotics for this. He was given something pretty heavy-duty."

He had stored his own feces ahead of this because we've got the facilities, so he did it. Then he had the antibiotics. **[00:30:00]** Do you know towards the end of the antibiotics, he was really horrible? I mean, I'm a devoted wife, but there are times I just wanted his **[unintelligible 00:30:06]**. He was so disagreeable, so miserable. He just wasn't the man I married. He was really changed, and he stuck his tongue out and it was black like

he'd been eating licorice. It had actually formed this black furry coating. I just couldn't believe that was just antibiotics. Anyway, he finished the antibiotic course.

He got his implant back from his own **[00:30:30]** blood feces. About five o'clock one evening, he did the implant. Now, he says he felt different at bedtime, but I just noticed that the next morning he woke up, he was my husband again.

Jane: Thank God.

Dr. Enid: Mr. Nasty had left and Mr. Nice was back. I noticed a difference in his temperament and his mood and his depression and his emotions immediately that morning. His tongue was pink again. Overnight it had resolved. Now, he's got photographs of this black tongue because it had to be seen to be believed. **[00:31:00]** The biofilm from his mouth had been affected by the fecal implant in the other end of the system. Within 12 hours, it had normalized. We don't quite know what the mechanism is. Does the conversation between your immune system and the new incoming bacteria across the membranes of your gut, does that go systemically and then affect everywhere? Or does it travel through the biofilm **[00:31:30]** very, very rapidly through the whole digestive tract? We don't really know, but there was another really good example of this.

We had a lovely girl, actually from America, beautiful-looking girl. She was in one of the videos that we had on our website that we had to take down. Beautiful white teeth. She came to us for digestive disturbance and she said that, "Incidentally, every six weeks, I get a green film growing on my teeth." She'd had tried every home tooth polish and everything I can think of, but the only thing that shifts it is going to my dental surgeon **[00:32:00]** and getting a scale and polish. She was doing that every two months. She was due for that to recur when she was with us.

She said, "I was a bit nervous coming to England at that time, but I thought, 'Well, you might have dentists as well.'" [chuckles] During the FMT procedure and the two weeks, this green film on her teeth and we know it's Streptococcus **[unintelligible 00:32:21]** It just did not recur. In the video she's made for us, she has a beautiful face, and these lovely white teeth, and she just doesn't go back for this scale **[00:32:30]** and polish anymore. Again, was that traveling through the biofilm to get to her mouth, or was it going through the body and coming through systemically? We just don't know. There's so many things we don't know, but we are delighted when these things happen, of course.

Jane: I was reading that people like me who have trouble with their gut, have trouble eating out and they start eating more and more and more at home, which I do. I get sick almost every time I go out to eat.

Dr. Enid: Oh, do you?

Jane: Yes. **[00:33:00]** I'm so hopeful that getting a better gut flora will help me be able to occasionally go out to eat, novel concept. My husband will love it. He loves to eat out instead of home cooking all the time.

Dr. Enid: Well, you're in California, you are the home of the raw foodies. You should be able to get some really good restaurants. I mean, I would say go for organic. Absolutely go for organic.

Jane: I do.

Dr. Enid: The word restaurant covers from the sinful to the amazing, and sometimes I despair. I mean, I went to a **[00:33:30]** restaurant the other day. It was supposed to be South African theme and there wasn't a salad on the menu, not a single salad. I ended up having a side of coleslaw and some halloumi fries and that wasn't very raw. It's difficult, but if you find a restaurant that you trust, that the quality of the food is good, and the source of it is organic, then yes, you should be able to tolerate a wider diversity, which is the whole point, isn't it? The diversity of--

Jane: I can't wait.

Dr. Enid: I mean, I wouldn't recommend that you try **[00:34:00]** and go to fast food joints. I won't mention them.

Jane: No, I don't do that.

Dr. Enid: I get into trouble if I mention their names, but don't go to fast food joints and expect to have a good experience because your body won't tolerate it. If your microbiome is balanced, which is hopefully what we achieve in the 10 days-

Jane: Excellent.

Dr. Enid: -you should be able to tolerate a wider variety of good quality safe foods. I say safe as opposed to preservative ridden and processed. That's the whole point. We **[00:34:30]** do see a lot of people who say, "I'm down to three foods that I tolerate." There was an extreme one, we had a very nice young man who came with his father, who's probably about 23 and he could only eat white rice. He'd been eating white rice for four years, breakfast, lunch, and dinner just white rice. He was the color of white rice. He had blonde hair as it happened, but he also had a very, very white **[unintelligible 00:34:51]** He was like a little ghost.

During the first week, we just proceeded as normal. By the Friday, the father said, **[00:35:00]** "He's beginning to say he's hungry. What should I do over the weekend?"

because you have a break over the weekend. We said, "Well, we'll just proceed really slowly. Let him have one or two foods to try and then see if there's any reaction. One or two foods at a time." Monday morning came and they came bouncing in. He had much more energy about him and the father looked really sheepish. He looked really uncomfortable. He said, "What's wrong? Some things have changed here." He said, "You said go slowly, but it was **[00:35:30]** like he had four years worth of hunger suddenly burst."

He said, "I took him to a restaurant and I couldn't stop him from ordering so many different things. He ate every single one and he's been fine." This young man, he had roses in his cheeks, he had a sparkle in his eye, and the energy from him-- Now, these are non-clinical observations. I don't have a form to fill in to say what I've observed. Cheeky, and it isn't a clinical presentation. Sense of humor **[00:36:00]** isn't, but he just seemed to be present. It's like he came into the clinic sketched in pastels and suddenly he was in multicolor oils. He had just come back to himself.

Jane: How beautiful. What a great story.

Dr. Enid: He was lovely, and we call him white rice boy. It was one of our favorite stories. He was back to normal. He was a little ghost when he came in and suddenly he was a 23-year-old, full-bloodied, cheeky young man when he went home. Absolutely delight. **[00:36:30]**

Jane: Great story, Dr. Taylor, this has been wonderful.

Dr. Enid: [laughs] it's a very rewarding space to be in.

Jane: I can tell.

Dr. Enid: When it works really well like that, it's so gratifying and people say to us, "Not only have you made my husband well, but you've returned me to being his wife, from being his carer." That's a subtle, but very powerful shift. Isn't it?

Jane: Very.

Dr. Enid: You're changing lives by just giving people back to themselves. It's just lovely, and it's such a simple thing. We're just putting biology back into medicine. **[00:37:00]**

Jane: Thank you for the work you're doing, and I am so excited to meet you next month.

Dr. Enid: I look forward to it immensely. You are in the great hands with our staff. I mean, we have some very, very lovely staff. Do you know who your therapist is yet?

Jane: Not yet.

Dr. Enid: You haven't been assigned one yet? I think sometimes the things shift around a bit, but we've got some really dedicated and passionate staff. I mean, you have to be passionate about poo to do what we do.

[laughter]

Dr. Enid: [00:37:30] You can't be in this space unless you really have a vision of what it does.

Jane: Oh, Dr. Taylor, thank you very much.

Dr. Enid: You're very welcome.

Jane: You have a great day.

Dr. Enid: And you. It's been lovely talking to you. Thank you for listening and letting me go on and on. [laughs]

Jane: Oh, it was delightful. Thank you.

Dr. Enid: Thanks.