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Interview with Professor Tom Borody | marybacon.com | Fitness | Nutrition

8-10 minutes

[Mary Bacon](#) | On 02, Nov 2012

Prof. Thomas Borody is the founder and Medical Director of CDD. His keen interest in medical research led to the establishment of the Centre so as to provide both diagnostic procedures and effective treatments.

Prof. Borody has over 200 articles and abstracts. His knowledge and expertise has been sought after by patients from around the world. The results have seen Prof. Borody become a reviewer for esteemed medical journals such as the Medical Journal of Australia, the American Journal of Gastroenterology, Digestive Diseases and Sciences and The Journal for Gastroenterology and Hepatology and Digestive and Liver Diseases.

Prof. Borody has established novel therapies in gastrointestinal areas such as Inflammatory Bowel Disease, Irritable Bowel Syndrome, Parasite infestation, Resistant Helicobacter pylori and C. difficile. Despite his previous achievements, Prof. Borody continues to conduct research in order to develop and improve treatments.

Radio Interview with Dr Tom Borody, hosted by Mary Bacon

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MB: What are the common digestive disorders that you see in your hospital right now?

TB: Well, these are very common issues, because people have a very long gastrointestinal tract and things go wrong along the way. So, things like Irritable Bowel Syndrome – the old name (IBS) with super infection of the gut flora with various bugs – Inflammatory bowel disease such as Colitis and Crohns are on the increase.. and we are finding more and more patients with Coeliac disease, and of course there has been quite a fad now with Gluten Free diet, to help with various food sensitivities. But there is quite a lot of diseases that's on the increase, but some are on the mark of decrease – like ulcer disease which as almost disappeared.

MB: So, with all these types of conditions that you see how is this impacting people's lives?

TB: Patients have symptoms. These can be intermittent or daily, for example, reflux esophagitis – you may have heart burn 7 out of 7 days. It may wake you up at night, you might be chocking on liquid, and these are the things that interfere with people's lives. If you have severe crones disease, you may not be able to work at all, you may have bleeding urgency, have diarrhoea 15-20 times a day. So these are quite significant disorders, not to mention bowel cancer which sneaks up upon you, so even when you don't see a bit blood one day – you'll be diagnosed with bowel cancer that's been sitting there for years. So, these are very important issues.

MB: And, they are becoming more common now, because so many people are suffering with them – it's really debilitating for them.

TB: Its interesting that I mention bowel cancer, its moving into the younger people for some unknown reason.

MB: So, why is it that people are turning into – you mention the Gluten Free diet, and you mentioned bugs as well? Is there anything that we are seeing that we can do, are any of these things helping at all?

TB: I think people turn to Gluten Free diet because someone suggested they might have coeliac disease, and lets not under estimate the power of Dr Google, they do a lot of searching and someone suggests “why don't you go on this Gluten Free diet” and of course unknown to them – Gluten free diet it helps people who don't have coeliac disease but bacterial overgrowth. If you starve bacteria that should not be there, they producer fewer toxins and you feel better. So they say, I feel so much better – I must have coeliac disease, and you test them right, left and centre, no coeliac disease – but they stay on the gluten free diet, because they feel better.

MB: So what are the tests for Coeliac disease? You can't just get a blood test – can you?

TB: Well, there are blood tests, they're indicative that you should not have biopsy done, the tTg and anti gliadin antibodies and simply B12 being low – or ferritin being low, point to the fact that you might have coeliac disease, and there are also genetic markers such as HLA, DQ2 and DQ8 which can tell you that you if you do have that you can develop coeliac, but not everyone who has these genetics indicates develop coeliac – in fact 30% of the population are positive in DQ2 or DQ8.

MB: Actually, its very interesting listening to the people who are in the Health and Wellness Industry, a dietician that says “Gluten Free” diet won't help you with coeliac and then Prevention Magazine talking about how the gluten free or wheat free has helped people with bloatedness, you know J we are people who love information and Google is another way of finding out your “self-diagnosis” – but that's not really the way to go? Is it?

TB: No, but on the point that it helps – it even helps colitis and Crohn's at times, so one shouldn't just dismiss a patient when they say “I'm on a gluten free diet and I feel better”, they actually feel better. The question is “Why”? and it looks like we're reducing nutrients being delivered to the gut from milk products especially – there's some components that grow different bugs then of course various wheat fibres that are not absorbed that feed the bacteria in the small – and especially in the large bowel/colon.

MB: Now, you have a keen interest in medical research and diagnostics. What diagnostic tests and treatments have you developed?

TB: Well, in the diagnostic area we have – been working for a long time – since 1984 in the Helicobacter field, when the Helicobacter Pylori the cause of duodenal and gastric ulcers were such a fenominum here. We used to see 2 or 3 a day, and now we see 1 every three months. So ulcers have virtually disappeared. So in that area, we developed one of the earlier breath tests which are now available commercially, and another test kit which turns red, as soon as you have a piece of stomach and endoscopy put into it, and more recently we developed a culture system for growing parasites such as blastocystis hominis, where you can just put a small amount of stool with some starch into it – and when you send the specimen through the mail to the pathology lab it grows the bugs, and its one of the most sensitive ways of growing parasites. In terms of therapeutic you asked what treatments, we developed the first called helicobacter – called the triple therapy back in 1984 and its followed by various improvements quad therapy later which is now on the US market called Pylera ® and later its going through the FDA for resisting helicobacter – because 30% of the current available treatment in Australia and US fails to eradicate helicobacter – which has become more resistant. Also treatment for Crohn's disease using antibiotics, and of course we've developed “Fecal Microbiota Transplantantion”.

MB: How do people access these?

TB: Well, the ones that are on the market, your doctor will prescribe the treatments for Helicobacter, or the anti-map therapy for Crohn's disease, you need your Gastroenterologist who is knowledgeable in the field who is happy to prescribe, there are few in Australia, and more in the US, and we of course treat everyone with positive map test for Crohns therapy with antibiotics. So its not that easy to find for those who have not used it in the past. With respect to FMT (Fecal MicrobiotaTransplantation) we are the only ones who routinely do this, although there are quite a few places around Australia that have carried out micro transplantation. Its becoming very popular in the United States, because "Clostridium Difficile Epidemic" has hit the US, and it kills quite a large number of people every day.