### Parasitology: stool x3

<table>
<thead>
<tr>
<th>Sample 1</th>
<th>PARASITOLOGY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few Blastocystis hominis</td>
<td>Intestinal parasites are abnormal inhabitants of the gastrointestinal tract that have the potential to cause damage to their host. The presence of any parasite within the intestine generally confirms that the patient has acquired the organism through fecal-oral contamination. Damage to the host includes parasitic burden, migration, blockage and pressure. Immunologic inflammation, hypersensitivity reactions and cytotoxicity also play a large role in the morbidity of these diseases. The infective dose often relates to severity of the disease and repeat encounters can be additive.</td>
</tr>
<tr>
<td>Rare RBC</td>
<td>There are two main classes of intestinal parasites, they include protozoa and helminths. The protozoa typically have two stages; the trophozoite stage that is the metabolically active, invasive stage and the cyst stage, which is the vegetative inactive form resistant to unfavorable environmental conditions outside the human host. Helminths are large, multicellular organisms. Like protozoa, helminths can be either free-living or parasitic in nature. In their adult form, helminths cannot multiply in humans.</td>
</tr>
<tr>
<td>Rare Yeast</td>
<td>In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and or blood, fever, nausea, or abdominal pain. However these symptoms do not always occur. Consequently, parasitic infections may not be diagnosed or eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, and decreased immune function.</td>
</tr>
</tbody>
</table>

### Sample 2

<table>
<thead>
<tr>
<th>None Ova or Parasites</th>
<th>Giardia intestinalis (lamblia) is a protozoan that infects the small intestine and is passed in stool and spread by the fecal-oral route. Waterborne transmission is the major source of giardiasis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare Yeast</td>
<td>Cryptosporidium is a coccidian protozoa that can be spread from direct person-to-person contact or waterborne transmission.</td>
</tr>
</tbody>
</table>

### Sample 3

<table>
<thead>
<tr>
<th>Rare Blastocystis hominis</th>
<th><em>A trichrome stain and concentrated iodine wet mount slide is read for each sample submitted.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare Yeast</td>
<td><em>A trichrome stain and concentrated iodine wet mount slide is read for each sample submitted.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GIARDIA/CRYPTOSPORIDIUM IMMUNOASSAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Within</strong></td>
</tr>
<tr>
<td>Giardia intestinalis Neg</td>
</tr>
<tr>
<td>Cryptosporidium Neg</td>
</tr>
</tbody>
</table>

**Comments:**

- Date Collected: 09/09/2013
- Date Received: 09/10/2013
- Date Completed: 09/18/2013
INTRODUCTION

This analysis of the stool specimen provides fundamental information about the overall gastrointestinal health of the patient. When abnormal microflora or significant aberrations in intestinal health markers are detected, specific interpretive paragraphs are presented. If no significant abnormalities are found, interpretive paragraphs are not presented.

Microscopic yeast

Microscopic examination has revealed yeast in this stool sample. The microscopic finding of yeast in the stool is helpful in identifying whether the proliferation of fungi, such as Candida albicans, is present. Yeast is normally found in very small amounts in a healthy intestinal tract. While small quantities of yeast (reported as none or rare) may be normal, yeast observed in higher amounts (few, moderate to many) is considered abnormal.

An overgrowth of intestinal yeast is prohibited by beneficial flora, intestinal immune defense (secretory IgA), and intestinal pH. Beneficial bacteria, such as Lactobacillus, colonize in the intestines and create an environment unsuitable for yeast by producing acids, such as lactic acid, which lowers intestinal pH. Also, lactobacillus is capable of releasing antagonistic substances such as hydrogen peroxide, lactocidin, lactobacillin, and acidolin.

Many factors can lead to an overgrowth of yeast including frequent use of antibiotics (leading to insufficient beneficial bacteria), synthetic corticosteroids, oral contraceptives, and diets high in sugar. Although there is a wide range of symptoms which can result from intestinal yeast overgrowth, some of the most common include brain fog, fatigue, recurring vaginal or bladder infections, sensitivity to smells (perfumes, chemicals, environment), mood swings/depression, sugar and carbohydrate cravings, gas/bloating, and constipation or loose stools.

A positive yeast culture (mycology) and sensitivity to prescriptive and natural agents is helpful in determining which anti-fungal agents to use as part of a therapeutic treatment plan for chronic colonic yeast. However, yeast are colonizers and do not appear to be dispersed uniformly throughout the stool. Yeast may therefore be observed microscopically, but not grow out on culture even when collected from the same bowel movement.

Parasites

Parasites were detected by microscopic examination in this stool specimen. Intestinal parasites are abnormal inhabitants of the GI tract that live off and have the potential to cause damage to their host. Factors such as contaminated food and water supplies, day care centers, increased international travel, pets, carriers such as mosquitoes and fleas, and sexual transmission have contributed to an increased prevalence of intestinal parasites.

In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and/or blood, fever, nausea, or abdominal pain. However, these symptoms do not always occur.

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Consequently, parasitic infections may not be diagnosed and eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, decreased immune function, and fatigue.


Blastocystis hominis

Blastocystis hominis was identified in this specimen. Blastocystis hominis is a common protozoan found throughout the world. Blastocystis is transmitted via the fecal-oral route or from contaminated food or water.

Whether Blastocystis infection can cause symptoms is still considered controversial. Symptoms may be compounded by concomitant infection with other parasitic organisms, bacteria, or viruses. Often, B. hominis is found along with other such organisms. Nausea, diarrhea, abdominal pain, anal itching, weight loss, and excess gas have been reported in some persons with Blastocystis infection.

Metronidazole has been the traditionally considered the most effective drug (recommended adult dosage varies from 250 mg bid for 5-7 days to 750 mg tid x 10 days). Iodoquinol is also an effective medication (650 mg tid x 20 days). Recommended therapy can also eliminate G. lamblia, E. histolytica and D. fragilis, all of which may be concomitant undetected pathogens and part of patient symptomatology. Various herbs may be effective, including oil of oregano. Limit refined carbohydrates in diet.

For more information:


References:


