



Chlorophyllin: Is it Effective Odor Control?

107

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Odor is what informs those around you that you have a problem with your bowel or bladder control. It is what forces the incontinent person to become recluse. This was also the case with patients with colostomies before good stoma appliances became available, which was about thirty to thirty-five years ago. Since the output could not be directly controlled, attention was turned to control of the odor.

There were several ways in which odor was addressed; changes in diet and medication. The medications used were charcoal in various forms, which is still used commonly today, and a product that is seldom seen today, chlorophyllin. With the appearance of enterostomal therapy as a nursing specialty and the subsequent rapid improvement in stoma care and supplies, chlorophyllin has all but been forgotten. Should it have been? Chlorophyllin is very closely related to chlorophyll, the green pigment found in most plants that converts the sun's energy and carbon dioxide to sugar and oxygen. Without chlorophyll there would be no oxygen, no food, no people and no incontinence. By adding sodium and copper to chlorophyll the pigment can be dissolved in water and becomes chlorophyllin.

Chlorophyllin has interested scientists and physicians for many years. It has been used to cleanse and accelerate the healing of open wounds, to decrease the inflammation in radiation burns and, principally, to decrease odor in patients with colostomies or who were incontinent of urine or feces. Scientists have felt that chlorophyllin was capable of killing a number of bacteria and could also detoxify a number of mutagens, chemicals that could cause the sort of genetic change that is characteristic of cancer. Like all potential wonder drugs, there is also evidence that it may not be quite as much a cure all as was originally hoped.

Yet chlorophyllin has been all but forgotten by physicians in this country, but not in the former Soviet Union, where annually clinical studies are still published concerning the effectiveness of chlorophyllin in the treatment of a number of disorders from gonorrhoea to tuberculosis to leukemia. Since many of these publications are not available in the United States, only Western

literature can be evaluated for the purpose of determining the real benefits of chlorophyllin.

In this Western literature there are older reports as described above that are purely descriptive. For instance, some describe several patients who apparently derived symptomatic relief using chlorophyllin to decrease urine odor due to incontinence, or decrease skin pain that resulted from radiation burns after pelvic radiotherapy. Objective measures of improvement were seldom described and the observers of alleged improvement, though unintentionally, were subject to several biases in forming their observations. Strict observance of scientific method, though tedious and arcane, would have assisted all interested readers of this article in judging whether chlorophyllin would truly help them.

In the absence of such needed scientific proof, it can at least be said that chlorophyllin, taken as a tablet, has been extensively used in the past for the treatment of fecal and urinary odor. In cream form it has been used for a number of wound related problems including non-healing or severely irritated radiation therapy burns. Chlorophyllin might be effective in both forms. The color green will pop up in all sorts of strange places as a result of such therapy, and that may be why this drug is not seen as much any more. Urine and feces will turn green. Green pigment in clothing is extremely hard to wash out (like grass stains). Aside from that, there seems little if any evidence that chlorophyllin can cause any harm.

So chlorophyllin may be worth a try. It is certainly a drug that needs to be rigorously investigated by the medical community for all of its proposed benefits.

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