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## The Yogurt and the *Helicobacter pylori*: The Pharmacology of a 21<sup>st</sup> Century Email Correspondent, a Microhistory

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### Introduction

Despite the increasing number of patients seeking medical advice online<sup>1, 2</sup> and the numerous case studies of *Helicobacter pylori* infections written from the medical professional's point of view<sup>3</sup>, there are few case studies from the patient's perspective. In this paper, we take a microhistorical approach relying on archived emails to look at how one patient used the internet to find a cure for an *H. pylori* infection which could not be treated with the usual penicillin-based antibiotics. The patient's story, told through a series of email messages, suggests that, although care must be taken when accepting online advice, this trend can lead to beneficial outcomes for the patient.

### Background

Microhistory became popular in Italy in the 1970s by the desire to illuminate small-scale life that social science history was unable to detail as it delved into large-scale generalized studies that distorted reality on the individual level. Put another way, microhistorians focused on those single isolated places, single extraordinary though historically insignificant events and on individuals who did not follow the paths of their average fellow countryman within the small-scale, those who are obscure, strange, different, disadvantaged, exploited, on the margins of society, the 'exceptional normal' among us. The individuals in microhistorical works are frequently those whom R. M. Tristano describes as "little people", especially those considered heretics.<sup>4</sup>

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<sup>1</sup> See for example Tan, S. S., & Goonawardene, N. (2017). Internet Health Information Seeking and the Patient-Physician Relationship: A Systematic Review. *Journal of medical Internet research*, 19(1), e9. <https://doi.org/10.2196/jmir.5729>

<sup>2</sup> See for example: 1) Diaz, J. A., Griffith, R. A., Ng, J. J., Reinert, S. E., Friedmann, P. D., & Moulton, A. W. (2002). Patients' use of the Internet for medical information. *Journal of general internal medicine*, 17(3), 180-185. <https://doi.org/10.1046/j.1525-1497.2002.10603.x> 2) Wong, C., Harrison, C., Britt, H., & Henderson, J. (2014). Patient use of the internet for health information. *Australian family physician*, 43(12), 875-877. 3) Kuehn BM. (2011) Patients Go Online Seeking Support, Practical Advice on Health Conditions. *JAMA*. 2011;305(16):1644-1645. [doi:10.1001/jama.2011.509](https://doi.org/10.1001/jama.2011.509) And many many more.

<sup>3</sup> See for example: Wu, M. S., Lee, W. J., Wang, H. H., Huang, S. P., & Lin, J. T. (2005). A case-control study of association of *Helicobacter pylori* infection with morbid obesity in Taiwan. *Archives of internal medicine*, 165(13), 1552-1555. <https://doi.org/10.1001/archinte.165.13.1552>

The Italian microhistorian Giovanni Levi put it this way in an article on the methods of microhistory: “Microhistorians have concentrated on the contradictions of normative systems and therefore on the fragmentation, contradictions and plurality of viewpoints which make all systems fluid and open.”<sup>5</sup> He continues, that the methodology used in examining the lives of these individuals is often referred to as “thick description,” a technique often used by cultural anthropologists like Clifford Geertz.

**Microhistory Example 1; Place.** A standout microhistory of a place is Emmanuel Le Roy Ladurie’s *Montaillou: Cathars and Catholics in a French Village 1294-1324*, tr. Barbra Bray, Scolar Press, (1978). A book that examined the lives and beliefs or collective mentalities of ordinary people, in this case the people of Montaillou, a small medieval village in the Pyrenees with only around 250 inhabitants, at the beginning of the fourteenth century.

**Microhistory Example 2; Event.** An important milestone microhistorian of an event is Robert Darnton and his book, *The Great Cat Massacre and Other Episodes in French Cultural History*, *Vintage Books*. (1985). Equally influenced by Clifford Geertz and the approach of “thick description” in cultural anthropology, which aimed to gain greater insight into what appeared alien to the late modern mentality, Darnton examined a group mentality where killing cats might be funny. Apprentices, feeling exploited by hard working conditions, frustrated at the inequities between the bourgeoisie and the working class, where the printer owners’ cats were being looked after better than they, half-killed the cats, put them through a symbolic mock trial, found them guilty, and hanged them.

**Microhistory Example 3; Individual.** A third microhistory example and one of an exceptional normal individual is Carlo Ginzburg’s, *The Cheese and the Worms; The Cosmos of a Sixteenth-Century Miller*. Baltimore, The Johns Hopkins University Press, (1980). In the book, Ginzburg examines the heretical and challenging religious beliefs and cosmological world of Menocchio (1532-1599), an Italian miller from a small village, and the two Roman Inquisitions he sustained at the hands of the Catholic Church. The book’s title comes from Menocchio’s words that he used to describe how “the world was born from rotten matter”<sup>6</sup>: ‘I have said that, in my opinion, all was chaos, that is, earth, air, water, and fire were mixed together; and out of that bulk a mass formed – just as cheese is made out of milk – and worms appeared in it, and these were the

<sup>4</sup> (R. M. Tristano, “Microhistory and Holy Family Parish: Some Historical Considerations”, U.S. Catholic Historia, Catholic University of America Press, 14 (3, Parishes and Peoples: Religious and Social Meanings, Part Two): (1996), (23-30).

<sup>5</sup> Levi Giovanni, “On Microhistory”, in Peter Burke, ed., *New Perspectives on Historical Writing*, University Park, Pa., (1991), (p. 107).

<sup>6</sup> Quoting Carlo Ginzburg from *Microhistory - Serious Science* (serious-science.org).

angels... and among that number of angels there was also God, he too having been created out of that mass at the same time..."<sup>7</sup> Ginzburg's book, based on records made during Menocchio's trials for heresy including his testimony, during which, he "spoke freely because he felt he had done nothing wrong", reveal not only the defendant's beliefs but also the possible influences on them in the form of lists of various books including the Bible, *Il Lucenario de santi*, Boccaccio's *Decameron*, and possibly the Quran among others.<sup>8</sup>

### Microhistory and Collective Mentalities

Knowledgeable of M. Foucault's encouragement of microstudies by his discussions of power and systems of thought at the level of the factory, the school, the family, and the prison<sup>9</sup>, and encouraged by a long list of milestone 19<sup>th</sup> and early 20<sup>th</sup> century anthropology/sociology/psychology pioneers touting the study of collective mentalities<sup>10</sup>, Le Roy Ladurie's microhistory focused on the mind-set of a medieval village, Robert Darnton's on the thought attitudes of an artisanal group, and Carlo Ginzburg on the mentality of an individual, so that microhistory, if it wants, can cross paths with the history of mentalities.

In Menocchio's case, whilst the mentality of one non-average member of society is a mentalities example, it is not by Carlo Ginzburg's admission a collective mentalities one, however, according to Peter Burke: "Carlo Ginzburg's study of Menocchio was designed to undermine the history of collective mentalities, though he came to employ his hero as a spokesperson, however eccentric, for traditional peasant culture, so that mentalities, thrown out the door, came back in through the window."<sup>11</sup>

This rationale has been supported by Émile Durkheim who believed that the individual was a mere expression of collective life, and even societies that prized individualism contain an abundance of collective beliefs and values present in the individual consciousness. Because individual consciousness was dependent upon collective consciousness, agreed Karl Lamprecht, the historian should study collective history using economics, art history, but especially psychology.

Indeed, this interplay between individual and collective mentalities is highlighted by

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<sup>7</sup> Quote from The Cheese and the Worms-Wikipedia.

<sup>8</sup> See [https://en.wikipedia.org/wiki/The\\_Cheese\\_and\\_the\\_Worms](https://en.wikipedia.org/wiki/The_Cheese_and_the_Worms) Wikipedia retrieved August 26, 2022

<sup>9</sup> One example of his microstudies is: Michel Foucault, *Surveiller et punir. Naissance de la prison*, (1975), *Discipline and Punish. The Birth of the Prison*, New York, Random House, (1977).

<sup>10</sup> J. Herder (1800) coined the phrase popular culture; J. Burckhardt (1860) studied renaissance mentality; W. Wundt (1858-62) studied collective mentalities of the 'people of nature'; E. Durkheim (1896-97) investigated collective consciousness; K. Lamprecht (1891-1915) cultural history is social-psychology; M. Mauss (1906) used the term *mentalité*; J. Huizinga (1919) concerned with forms of thought, collective attitudes, the history of feelings; C. Blondel (1920s) influenced Lucien Febvre's *Toutillage mental*; Lévi-Bruhl (1922) studied primitive mentality; K. Mannheim (1936) was concerned with styles of thought; and E. V. Pritchard (1939) studied anthropological belief systems of the Azande and introduced the idea of collective mentalities to Britain.

<sup>11</sup> P. Burke, "Strengths and Weaknesses of the History of Mentalities", *History of European Ideas*, Vol. 7, No. 5, (1986), p. 443.

Roy Porter<sup>12</sup> when he describes how the second earl of Chesterfield in 1690 treated his piles with two hot bricks and pouring white wine vinegar upon them three or four times an hour. His individual mentality to do such a home treatment converges with what everyone else at the time was also collectively doing, domestic medicine. Here, as Thomas Zeldin has mentioned<sup>13</sup>: “... ‘unifying mentalities’; the common assumptions, attitudes and values that unite not disunite ordinary (French)men.” is the important connector within the history of collective mentalities.

**Microhistory example 4’ The Yogurt and the *Helicobacter pylori*** What follows are a series of emails received by one of the authors. They are a case study, a kind of microhistory, of how the writer of the emails, henceforth referred to as the correspondent, dealt with stomach pain. The emails were selected from the authors’ archived messages using the search terms *pylori*, *gastritis*, *stomach*, *endoscope*, and *antibiotics* among others.

As much of the correspondent’s thoughts as possible have been included in an attempt to give a thick description of the case being studied here. Many of the thoughts and ideas expressed in the email hark back to the authors’ previous essay<sup>14</sup> on collective mentalities, especially common but mistaken notions of health and illness. To remain as faithful as possible to the correspondent’s thoughts, the messages have not been edited except to remove parts that do not pertain to the story. Even the typos have been left in since they are significant and perhaps reveal something about the correspondent’s state of mind. Dates and the occasional comment are offered to help give some context to this history. As in example 3 above, the correspondent speaks freely about his problems and beliefs about the problem. While the actions described and the emotions expressed are unique to the correspondent, many of us can perhaps identify with the correspondent’s story and perhaps even learn from the situation he found himself in, and in that sense again, this case study, or microhistory, reveals something about our collective mentality regarding illness.

June 12, 2013 “On Mon I went to the doc as my stomach had been hurting after I eat, gave me pills, maybe they work, but I still have pain, 8 days now, so could be gastritis, ulcer, cancer, euro tunnel, helicobacter, so I signed up for endoscope on the 18th next week.”

July 7, 2013 “*pylori* test results on wed. if negative, must be alcohol, I suppose, the silent killer in a silent stomach (stress made the pain), so who can drink when one knows that the juice is burrowing into ones layers? So the wife saved me, otherwise I wouldn’t have known till it was too late. No sun, no sake, no stress, no snacking. I hope it is *pylori*, can have a beer!”

<sup>12</sup> Roy Porter Student Prize Essay The Bounds of Domestic Healing: Medical Recipes, Storytelling and Surgery in Early Modern England. *Social History of Medicine*, Volume 26, Issue 3, (August 2013), (Pages 451-468).

<sup>13</sup> T. Zeldin, *France 1848-1945*, Oxford, (1973-1977), see Conclusion, Vol. 1.

<sup>14</sup> Messerklinger, Josef and Valentine, Andrew (2021) *Collective Mentalities Yesterday and Today*. Toho University Liberal Arts Bulletin No. 53.

July 10, 2013 *“Went to the doc sometime back, as I have said, and you know, ‘cos of stomach ache. Gave me meds. Ache continued, meds ran out, went back, more meds, and would I want an endoscope? Had that. That doc said, no pylori. But he didn’t test. I thought... Okay, I want the test. had that. Result today. Positive. Now why didn’t they test me up front? Certainly the endoscope doctor should have. I get the meds. Go to the pharmacy...wait... Got to thinking, I am allergic to penicillin, on my form, in the file, surely he wouldn’t give me penicillin-\*based drugs, now would he? The pharmacist came over, doc phoned through, ypu can’t have these meds. Ok, he must have prescribed others. I wait. Nope, go on back to the reception. They give me change as they over charged. They said go home. But pylori can only be curd with meds, anti-biotics, want some. Go and speak to the doc. he said all the meds are penicillin based. hard luck, go home, cancer coming. Checked on the web, non-penicillen-based meds available, 60 percent effective. Why not prescribe those? he said, if he were me, he would do nothing. Die early, why don’t I. Why plan on retirement, won’t be here. There is an endoscope place next to my house and supermarket, will go and speak to him on the way home. He will probably want to test me, then prescribe. What a dance!”*

July 11, 2013 In response to a suggestion that since most people with *H. pylori* have no symptoms and that the stomach pain was caused by stress: *“The stress was a trigger of the pain, and the pylori is the cause of the gastritis. The endoscope doc said he saw no scarring and evidence of pylori. But you must be tested to see if you have it, he said I didn’t. But I do. Malpractice. Yesterday, a different doc didn’t give me meds, he should at least have done so, the non-penicillen kind, which in the article you have, just attached, is seen as standard.”* (Referring to this Wikipedia article: [https://en.wikipedia.org/wiki/Helicobacter\\_pylori](https://en.wikipedia.org/wiki/Helicobacter_pylori))

July 11, 2013 In response to this question: you said that you didn’t have any scarring: do you really have atrophic gastritis? *“well, only one guy, the endoscope guy, said I had, the one who said no pylori, just believed him. Even if it isn’t atropic, which is an extent, still gastritis. Reason I believe him is that a year ago I had an endoscope and the guy, nuther one, said mild gastritis. After that, I just figured, take care, it will go away, never took it seriously, he didn’t. Pissed off pink, not so dark, but what do I know, need a normal stomach to compare it to, mine at normal. Maybe I am making up the red spots, I seem to remember them, but can’t be sure now. he gave me photos, but in black and white. he has the color ones. Saw them yesterday, I asked, is that pink there, a strong pink the gastritis, he said, no, it is the light from the endoscope showing bright pink reflection. No scarring, no holes, just ag, tho he could see it, I thought all looked well. No blood. middle aged to young, so may be inexperienced, tho the guy who refused me meds was old, so who knows.”*

August 8, 2013 *“Am nailing down my battle to kill pylori (off Amazon), know what to eat, tho’ some things are perplexing. If you ever get it, will inform.”*

August 9, 2013 *“trying lactobascillus extracts in concentrated pill form next, give honey*

*a reast, not that I distrust the latter or know too much about the former save good advice given, belief and trust go a long way."*

August 10, 2013 in response to an article about *Helicobacter pylori* and probiotics from *The Journal of Nutrition*<sup>15</sup>, which suggests probiotics helps manage the infection, and another published on the National Library of Medicine website PubMed.gov,<sup>16</sup> which suggests that lactobacillus reduces density of *h. pylori*, and a link to a blog from a clinic in Tokyo explaining treatment options.<sup>17</sup> *"Hi, Thanks for the articles. The first says probiotics helps limit pylori activity or density, it does not eradicate it, only anti-biotics will do that (but your doctor in tokyo said 60% success rate and difficult in the over 50s so experience has a different opinion to journal studies). I knew the limiting part, hoped for the killing part, waiting to go the leap to non-penicilin anti-biotics, which by accounts looked at have a less chance of success and not for the weakly infected so much (wait for the ulcer...), if one can be easily infected again, or people live with it in say 50% of the population, why bother? But at present all is relatively calm inside me .....Bit confused actually."*

August 13, 2013 *"The pylori is (I hope) being limited, the gastritis too. New sup- ply of manukka on the way."* And an explanation of the test results: *"The pylori was beyond the threshold of 2.5 at 3.0, and I guess whilst you can have a false negative I doubt you can have a false positive, so I do think I have it. the gastritis I hope is sub- siding, and if the triggers are not there, no pain. I assume until more pain comes that things are on hold, a 6 month later endoscopy might be required to confirm."* And in a follow-up message, further explanation of the results: *"according to the american journal of gastroenterology, in a study of the cciuracy of the test, they declared the 13c urase test was accurate."*

August 29, 2013 In response to trying kimuchi instead of an idea of using sauerkraut to control acid levels in the stomach: *"From my reading I undersatnd thus: That pylori lives in the stomach wall hiding from high acid, it protects itself in an alkaline jacket and gets involved in reducing stomach acid to a level it can replicate. Hence mal diges- tion/absorbtion later on. If one wer to higher the levels of stomach acid, the pylori would only reduce it, and come out in force, and it would hurt the stomach lining any- ways. If one were to reduce it, they come out and play. Skuned both ends. It seems then, that a balance would be prefered. But how to do this? Avoiding the high acid triggers like alcohol, smoking, spices, etc., and avoiding the lowering stuff like baking soda (tho one guy says this tricks the bugger to come out so you can nail it, but vague*

<sup>15</sup> Lesbros-Pantoflickova, Drahoslava; A1 Corthésy-Theulaz, Irène; Blum, André L. (2007) "Helicobacter pylori and Probiotics", *The Journal of Nutrition*, Oxford University Press. vol.137 no.3 URL <https://doi.org/10.1093/jn/137.3.812S>

<sup>16</sup> Cui, Y., Wang, C. L., Liu, X. W., Wang, X. H., Chen, L. L., Zhao, X., Fu, N., & Lu, F. G. (2010). Two stomach-originated Lactobacillus strains improve Helicobacter pylori infected murine gastritis. *World journal of gastroen- terology*, 16(4), 445-452. <https://doi.org/10.3748/wjg.v16i4.445> or <https://pubmed.ncbi.nlm.nih.gov/20101769/>

<sup>17</sup> [http://blog.livedoor.jp/meguro\\_watanabein/tag/ピロリ菌](http://blog.livedoor.jp/meguro_watanabein/tag/ピロリ菌)

*on thi afterwards as the stomach is 2 hr after eating, empty would be better I think). Anyways, to my point, sauerkraut is penned to be good at raising the level if low, and lowering if high. Just the ticket. Do you know where I could get spome decent sauerkraut, you may not think of organic as best, but at least not full of chemicals (peanut buters differ, some chronically toxic in the supermarket, others good off theose shelves, washingpowders too, you get my drift)."*

August 30, 2013 first message in response to the suggestion that the ideas in a link (no longer active) that promoted a bone broth and liver diet to cure an *h. pylori* infection were nonsense: *"What is the nonsense? The stomach acid bit? The pylori lessening the stomach acid? The surkraut balancing the acid levels? Wanting sauekraut and not kimchi (but that is spice, and spice causes more HCL, sour I suppose doesn't, or if vinegar, it does? Hmmm....."*

August 30, 2013 second message in response to a suggestion to "listen to your body" and eat what the body wants: *"Yes agree, getting ideas off the web, and mulling them over, not a direct apostle to their subscribes. you help in bouncing things. Eat kimchi every night. But didn't that come from somewhere to eat it? My stomach didn't have the idae. Honey works, yogurt works, I know that...makes me feel better. Yes, the koreans preach kimchi and red ginseng that cures all. Too much salt in saurkraut, will do the kimchi at home, thanks for alerting me to that. Listen to my body...need a stethascope sometimes, hard to understand it. Try soil next..."*

September 1, 2013 in a thread about finding treatments on the internet: *"I trusted the doctor about the gastritis because it was visible, and stopped drinking myself, he said drink on a full stomach not empty. The same doctor said no visible signs of pylori in the stomach, no scarring or ulcer, but I have it. And doctors are blind to health and nutrition, blinders. They see what they want to see and say nothing sometimes, left to the patient to cure himself, educate himself."*

September 4, 2013 first message *"And with age has coming intrenchment, too old too quick, must bring more lightness into my life, more humour, less caring, and then less anxiety, I am over being anxious and old, I am born again, being japanese almost killed me, it wormed its way in like pylori. Speaking of which, your bone broth and liver diet<sup>18</sup>, my take on this is that the guy was tested negative after this because he had starved his pylori of starch/sugar/carbs, whether they died or retreated I dunno, more likely retreated and burrowed in for a long siege. I am also trying to starve the bastards but not at starving myself too much..... Oh, and saurkraut? was gotten from the local market, german made, tasted, well, not my favorite taste, but will enjoy it every night with salt limited mentality."*

September 4, 2013 in response to links sent (<http://www.mygutsy.com/> and <http://www.mygutsy.com/is-h-pylori-the-cause-of-allergies-brain-fog-hypothyroid-autoimmune->

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<sup>18</sup> NB: apparently, the irony was lost on the correspondent.



disorders-adrenal-fatigue/) “Yes, I have read this site, where I got the pylori hiding and diluting the high acid all the time in the stomach from, that seems reasonable doesn’t it, if the acid is too high it will dilute it to favor itself (but I didn’t get the bit about the baking soda getting the bacteria to come out), she does hit the panic button where things can go wrong, but they sure can, and she might have put too much faith in the harmless cures, still, the artical does go over much of the ground covered by alternative sites in one site and in depth. So you think the pylori doesn’t affect the stomach acid? Food does. It was the doc, my doc, who said it is the food and drink and smoking that do the damage if pylori is there (I gues it does damage even if the pylori isn’t there) and not the pylori itself, something like that, still confused. Thought I had it. I was thinking the pylori was eating my starch, carbs, sugar and leaving me with nothing save protein and veg, but that can’t be absorbed because the pylori was diluting my acid levels and weak acid causes malbreakdown and less absorbtion later, hence lsing weight, but I seem to have stabilize at 64 kg, must be the lack of beer and carbs, been careful, and the tiredness is from a new weight and the summer, still…”

September 4, fourth message in response to rebuttal about plan to starve the *h. pylori*: “I read that whole wheat, grains, they generate (wrong word) hydrogen, this pylori eats, so eat less grains. So carbs are okay to eat, and sugar (by which I mean, the pylori isn’t interested in it).”

September 4, 2013 sixth message in response to an explanation (perhaps erroneous) of the function of the stomach, mainly to break food down chemically: “So, basically, you eat anything you like, it all gets into hydrogen anyway. This could mean that manuka honey or the like just produce hydrogen like the other foodstuffs and whilst they might have limiting functions also add to the peril, so counterproductive.”

September 4, seventh message in response to an explanation (also, perhaps erroneous) that oral antibiotics are absorbed into the body and do not work on *h. pylori* directly from inside the stomach: “So, the killing or limiting of pylori can only be done through blood? Hence honey won’t do anything to the critters, only help the stomach. No aches. So, stop the natural cures that aren’t based on reality?”

September 4, 2014, finally “I am trying to be an educated sceptic, but fall victim to what I want to believe I suppose, plus I do try to find the faultlines but without you I am lost! Honey … what was I thinking … I imagined the bacteria in the tummy fighting the good fight with the bad guys in there hand to hand combat, really. Or get absorbed into the wall and heatseeking missile them. drink lactobacillis blood?” and then “I will stop ordering the honey and study more, rely on yogurt, kimchi, sauerkraut, local food that I would have anyways.”

February 28, 2017 “It appears, that to get ride of my pylori, if I can, wil cost. Non-penicillin anti-biotics not covered by health insurance and unavailable at hospitals, doc at my hospital investigated for me, doc here at the company looking, so far no one will give me the drugs. If I find one to do so, 50 percent chance of success, unlike penicil-

*lin route, so I may be forced to live with it, no ulcer or cancer, and as one doc said, it ain't serious, it ain't cancer. So I am supposed to wit til and then act? All docs have said to me, you got gastritis, not one of them has said, must be pylori, kill it, they all said nothing, chew your food said one, maybe they know it is useless, or okay to live with, or too lazy or busy to talk to a n\*\*\*\*\*. reason I'm thinking of acting is the pain, no pain, I do nothing."*

August 31, 2017 *"Because I think pylori is making inroads into my health it didn't before (loss of weight, yes attributable to no meat, but yet I feel... and pain that I had not before), I have given yogurt and honey enough chance to prove itself, it is now time to do the anti-biotics, breath test to confirm I have it, and see if honey etc did anything, then do the mes one week, [wife] says don't, ruins the bacteria you have, no way back, but I feel I have come as far as I can (5 years) with being as yet unscathed. Anyone for a gastric ulcer? Not me, it is plying on my mind. I hope that makes a difference."*

September 12, 2017 *About to start 10-day course of antibiotic treatment for Helicobacter pylori. "The reason I chose to do anti-biotics was because I have atrophic gastritis, a thinning of the stomach lining, and pylori may be stealing my nutrition, weight loss, try to kill the bastard once as no regrets.*

*I read and it is commonly held belief that first line treatments for non-penicillin is hard and 50 percent successful, and that Levofloxacin, my evening anti-biotic, kills the swine 100 percent of the time, as a fourth line treatment, so I was thinking, why take first line, then second etc to kil it which means more anti-biotics, right? Just hit it once and with a good hammer.*

*Today and last night, reading on Levofloxacin, the risks, though small, are 1) retina detachment (after three days of using it, current use not past use), and 2) collagen screwup that can and has ripped ligaments like the achilles tendon (and I have already weak tendons, ripped them in the foot...). I fear taking it even though it might kill it, the risk is beyond.....*

*The other anti-biotic, Clarithromycin, the morning one, bad for your heart, whilst mine is strong, it has arithmyia, heart attcks are common apparently, and it causes not delays premature births (given to delay them but has the opposite effect). Okay, I'm not pregnat, but still, these drugs are powerful, as you mentioned.*

[...]

*Clarithromycin and Metronidazole are the two commonly used first line non-penicillin treatments, I could ask for Metronidazole to replace Levofloxacin?*

*Then again, LG 21...but the honey didn't work, and only can you kill the bug through blood poisoning.*

*Maybe, as I have only 10 years left to live, I can survive with pylori and the honey and such to smooth the lining of the stomach?*

*Only take the anti-biotic in my case when the ulcer appears?*

*I think I should back out, and tell the doc, don't you? At the cliff edge I gained wisdom."*

September 19, 2017 *"5 years ago, breath test, scored 3.1. Then 5 years later, scored 10.1, this in February this year. Then the company said they did a blood test for me (but the doc never showed me the report, just said I was negative, I was pushing him for info on which hospital to go to for non-insurance anti-biotics as my hospital here said they would give me a letter as they didn't do it or hand the non stuff out, the doc phoned my house to say, yes, I said we could, but we can't, when I cahnged doc at the same hospstal he said yes we could and do...go figure, anyways, maybe the doc was just getting me off his back or was being nioce, dunno), but the blood test came back negative, but the blodd test is unrelaible, so wanted to confirm and a month later took the breath test again after the blood one, 10.0. H10.0, H means High, but the web says H9.9 is low, H80 high, H2.5 normal, go figure. You need the breeath test."*

September 24, 2017 *"Last day of anti-biotics tomorrow."*

October 2, 2017 *After the antibiotic treatment. "My stomach still bothers me, painful, dull ache, comes and goes, I wonder how long it will be like this...best to view it as forever and get on with living, but sometimes it prevents you from that, sure, focus elsewhere, say it isn't life ending, WWI toghness, laugh, give thanks it isn't more serious...doesn't relly help, pain is still there. Like ignoring neighbors, works sometimes but like toothache they still exist. 10 November, breath test, we after that doc visit, we'll see what happens, more meds, or live with it, or die from it..."*

October 19, 2017: *Over a week since the correspondent found that he had tested negative for Helicobacter pylori. <y gas pains are hard this morning, am walking like a duck, walking, yoga, trying to get the gas out. had yogurt, crampng and feels like my stomach is wringing out like a dish cloth. This crampng is new, pylori a new stage for me or after anti-biotics shock rehab? God knows. Just pain and uncomfortable, not WWI...yet.*

## Discussion

The overall impression of these email messages and the conclusions drawn from them will depend on the reader and their particular point of view. A historian might see them as a snapshot of the age of email, a microhistory and an example of our collective mentality regarding health and medicine. For the ordinary reader, the messages can be read as a story analyzed as such. The linguist will find the language interesting, while a medical professional might comment on the content of the messages.

Ordinary readers will find in these emails a narrative, unrestrainedly told, of how one man, the correspondent, overcame a problem. Told in the first person, the story

begins with an irascible protagonist complaining about a common problem, stomach pain. Although making light of it at first, the mention of a doctor's visit and medication foreshadow a bigger problem. While the setting is ambiguous, the reader can imagine the events unfolding in doctors' offices, the local pharmacy, and in front of the correspondent's computer. A histrionic reading suggests several themes, from courage to suffering to survival and finally to empowerment; the correspondent bravely faces a medical problem, his stomach pain, which is eventually confirmed to be an *H. pylori* infection, and he fights courageously to get it treated. However, the correspondent suffers not only from a medical problem but also from uncertainty and doubt. In the end, in order to survive, the correspondent must overcome resistance from some medical professionals and empowers himself with knowledge so that he can get the proper treatment. The enervating plot contains twists that leave the reader wondering what will happen next – will the correspondent have to live with the *pylori* infection or will he find an alternative cure for it – and several conflicts, between the correspondent and nature (the *pylori* bacteria) and between the correspondent and other people, the dismissive doctors as well as doubting friends as well as his own doubts and uncertainty.

Analyzing the messages linguistically, the language usage tells another story. No mere textese, the disregard for proper usage and the tone of the messages make the correspondent sound comical, like “a half-wit, ranting, Taliban,” as one informant put it. The many typos, the repeated misspellings, for example, of sauerkraut, and the use of made-up words like “*malbreakdown*” suggest messages written in haste and from an author too busy with his own thoughts to worry about usage. On the other hand, the haste only adds to the comical tone, the whimsical inclusion of “*euro-tunnel*” in the first message an example of incongruity, the bitterly sarcastic remark said about one doctor, “*if he were me, he would do nothing. Die early, why don't I.*” an example of aggression and a way of releasing anger.<sup>19</sup>

On the other hand, another informant thought the tone was combative and assumed the correspondent and reader were “frenemies.” For example, in the first message on August 30, the correspondent rebuffs an assertion made about a website being “non-sense” with what seems to be a rebuke: “*What is the nonsense?*” This is followed by a barrage of questions castigating the reader, bullying him to concede.<sup>20</sup> Furthermore, the disregard for proper usage itself shows disrespect towards the reader.<sup>21</sup> But it is

<sup>19</sup> Attardo, Salvatore, ‘Theories of humor and their levels’, *The Linguistics of Humor: An Introduction* (Oxford, 2020; online edn, Oxford Academic, 17 Sept. 2020), <https://doi.org/10.1093/oso/9780198791270.003.0003>, accessed 17 Sept. 2022.

<sup>20</sup> Which the reader does sarcastically, adding fuel to the fire. From the reader's archives: *see, there are all kinds of cures on the internet. medical science refuses to use them, though, because big pharma can't make a profit on them.*

<sup>21</sup> Or as one of the authors would put it, proper usage “shows sophistication, education, dedication to the small as meaningful, respect for others.”

not only the correspondent haranguing the reader but also the reader who seems to provoke the correspondent. For example, the question to the correspondent, “you said that you didn’t have any scarring: do you really have atrophic gastritis?” suggests that the reader doubts the correspondent’s self-diagnosis and is dismissing it as another one of the correspondent’s complaints about his health. No gentle readers here, but a story of conflict, disruption, and readjustment.<sup>22</sup>

Another way of analyzing the messages, however, is to examine the correspondent’s use of indirect speech acts to express his feelings, and both the humor and the irritability may simply be a reaction to poor health.<sup>23</sup> From the start, the correspondent expresses frustration through his attempt at humor, (the previously mentioned inclusion of euro tunnel in the list of possible ailments.) Other speech acts performed in the messages can be interpreted not only as black humor, but also as anger, for example, the sarcasm in the message dated July 10, 2013, and doubt or even fear as expressed in the question at the end of the message dated September 12, 2017. Overall, in these messages we see the correspondent reaching out for reassurance, seeking approval, and writing to vent frustration.

From a medical standpoint, the misconceptions and misinformation contained in the messages illustrate the importance of patient education. Although patients cannot be expected to become medical experts, their doctors should help them understand enough about their disease to enable them to make informed decisions about care. Mistaken notions about disease and medical care – sometimes caused by misapplied common sense as when the correspondent “...*imagined the bacteria [from yogurt] in the tummy fighting the good fight with the bad guys [the h. pylori] in there hand to hand combat*” like disinfectant applied to a cut on the skin – can lead to doctor/patient miscommunication.<sup>24</sup> Doctors and healthcare professionals, whose opinions should carry more weight than a fellow English teacher’s, can at least guide patients to reliable sources of information; naively relying on the internet as a source of medical information, after all, can be risky, as Capurro, Coghlan, and Pires (2022) explain. It can lead to unnecessary self-diagnoses and treatments which can cause more harm than good. In the case studied here, dubious or perhaps misinterpreted online information may have contributed to some of the worry, which in turn caused more anxiety and stomach discomfort.<sup>25, 26</sup> Furthermore, some of the misinformation (the use of Manuka honey,

<sup>22</sup> Curtis, Phillip (1934) “Lost: The Gentle Reader.” *The Atlantic*. June issue.

<sup>23</sup> Although the constant joking can be interpreted by some as self-indulgent nonsense and thus annoying.

<sup>24</sup> See also: Wong BO, Clapp JT, Morris AM. (2022) Misinterpretation of Surgeons’ Statements on Cancer Removal—The Adverse Effects of “We Got It All”. *JAMA Oncology*. Published online September 15, 2022. doi:10.1001/jamaoncol.2022.3769 retrieved September 16, 2022.

<sup>25</sup> “the detrimental psychological effects of people being labeled as having a disease.” Capurro D, Coghlan S, Pires DEV. (2022) Preventing Digital Overdiagnosis. *JAMA*. 2022;327(6):525-526. doi:10.1001/jama.2021.22969

<sup>26</sup> See also a study into overdiagnosis of cancer in Taiwan (Gao, Wen, Wu, and Welch: 2022) which found that “The epidemiologic signature of rising incidence and stable mortality suggests overdiagnosis. Gao W, Wen CP, Wu A, Welch HG. Association of Computed Tomographic Screening Promotion With Lung Cancer Overdiagnosis Among Asian Women. *JAMA Intern Med*. Published online January 18, 2022. doi:10.1001/jamainternmed.2021.7769

yogurt, or sauerkraut as a cure) caused the correspondent to delay seeking reliable treatment and waste money on ineffective alternate treatments.<sup>27</sup>

Finally, contrary to the argument above, the authors believe that this microhistory presents an example of a good patient – assertive, skeptical, persistent, actively involved in his own care and taking responsibility for his own treatment. The correspondent knew that something was wrong with him physically, and yet the first doctor he visited – a doctor who perhaps hoped that he would simply “cooperate” and do as he was told – did not offer any help. As we see in the message dated July 10, 2013, the correspondent reports the doctor saying “*hard luck, go home, cancer coming. Checked on the web, non-penicillen-based meds available, 60 percent effective. Why not prescribe those? he said, if he were me, he would do nothing.*” And in the message dated July 11, 2013, the correspondent reports that “*he [the doctor] didn’t take the gastritis seriously.*” Instead, of accepting the doctor’s advice, however, the correspondent educated himself and engaged the healthcare system until he found appropriate treatment.<sup>28</sup> Fortunately, now there are websites like the one provided by Mayo Clinic that try to educate patients on what they should be doing.<sup>29</sup> And like the many studies that have investigated the qualities and characteristics of “the good doctor”<sup>30</sup> or “the good nurse”, perhaps we will see more studies on what makes a good patient.

So rather than being burned at the stake like Menocchio was for his heresy, the correspondent merely had to suffer a bit longer with his *H. pylori* infection while making strident efforts to educate himself on medically proven cures for it and looking for a doctor who would help him. These efforts came at the expense of trying some unproven cures such as yogurt and honey first. This is in contrast to someone who might have ignored the stomach pain, reasoned it away, and been satisfied with reassurances from the doctor and websites such as the one managed by John Hopkins, which states that “*H. pylori* is common. Many people have it. Most people who have it won’t get ulcers or show any symptoms.” while ignoring the rest of the statement: “But it is a main cause of ulcers.”<sup>31</sup> Instead, the correspondent persevered until he found a cure for his *pylori* infection and a doctor willing to give him proper treatment. So,

<sup>27</sup> Especially in the case of Manuka honey, which can cost from ¥3,000 to ¥12,000 per 250g jar as of this writing.

<sup>28</sup> See: Vahdat, S., Hamzehgardeshi, L., Hessam, S., & Hamzehgardeshi, Z. (2014). Patient involvement in health care decision making: a review. Iranian Red Crescent medical journal, 16(1), e12454. <https://doi.org/10.5812/ircmj.12454>

<sup>29</sup> <https://www.mayoclinic.org/patient-visitor-guide/preparing-for-your-visit/how-to-make-the-most-of-your-appointment> November 8, 2019

<sup>30</sup> See for example Rizo, C. A., Jadad, A. R., & Enkin, M. (2002). What’s a good doctor and how do you make one? Doctors should be good companions for people. *BMJ* (Clinical research ed.), 325(7366), 711, and: Borracci, R. A., Álvarez Galesio, J. M., Ciambone, G., Matayoshi, C., Rossi, F., & Cabrera, S. (2020). What patients consider to be a ‘good’ doctor, and what doctors consider to be a ‘good’ patient. *Revista medica de Chile*, 148(7), 930-938. <https://doi.org/10.4067/S0034-98872020000700930>

And here: Sellman, Derek (2011) *What Makes a Good Nurse: Why the Virtues are Important for Nurses*. Jessica Kingsley Publishers

<sup>31</sup> <https://www.hopkinsmedicine.org/health/conditions-and-diseases/helicobacter-pylori> Retrieved January 22, 2022

by taking a more active role in his healthcare, the correspondent greatly improved his outcome.<sup>32</sup>

### Conclusion

While traditional history is a useful way of describing trends and the larger events that have shaped our world, it often misses small but important details – day-to-day life for ordinary people in a small village in Europe, the rebellion of a group of apprentices in France, an ordinary person's defense after being accused of heresy. The fourth example cited at length above shows how one individual educated himself about a health problem. Unfortunately, it also provides an illustration of and anecdotal evidence for the trend toward the distrust of science<sup>33</sup>. The messages express a real frustration, which is met with humor but is nonetheless the result of dissatisfaction with the answers being given. As with religious heresy in centuries past, when medical authorities do not satisfactorily explain questions that the patients have, they turn to other sources for answers.

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<sup>32</sup> Hibbard, J. H., & Greene, J. (2013). What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs. *Health affairs (Project Hope)*, 32(2), 207-214. <https://doi.org/10.1377/hlthaff.2012.1061>

These sources also note that as a result doctors may have to take more time with each patient, which affects costs, and it may also require that doctors treat patients as a partner rather than as the subject of medical treatment.

<sup>33</sup> See for example, <https://harvardpolitics.com/young-americans-growing-distrust-science/>, <https://www.psychologytoday.com/us/blog/intentional-insights/201807/distrust-in-science>, [https://www.nature.com/articles/nbt1199supp2\\_14](https://www.nature.com/articles/nbt1199supp2_14), <https://www.britannica.com/story/what-makes-people-distrust-science-surprisingly-not-politics>, and many more.