

Intestinal Hygiene

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Intestinal hygiene is the maintenance of the intestinal tract in a healthy condition — a prerequisite of health. On the other hand, intestinal toxemia is deleterious and may terminate in the guise of a variety of provoking symptoms. While some still continue to deny this “common denominator” for such diseases as arthritis, allergy, and high blood pressure, for example — few experienced doctors cannot cite at least several instances where intestinal hygienic measures alone restored the patient to normalcy. On a clinical level, the incidence of response is too considerable to be denied.

None deny this

As a matter of fact, the toxic end-products of an unfavorable intestinal environment are a secret to no one: they are organic waste products (histamine, peroxides, guanidine, to mention a few) produced by rancidity of fats, putrefaction of proteins and fermentation of starches. This process is greatly accelerated in the intestinal environment, particularly in the small intestine where most absorption takes place. What happens when these poisons (toxins) reach the blood stream?

The stress is first upon the detoxification system, in the main the liver and kidney. When these fail to carry the overload, the skin, glands and other eliminative organs are brought into the situation. The end result is metabolic overload, lowered resistance, diminished vitality and disorganization of the metabolic balance. The result then extends far beyond the subjective symptoms — gas, bloating, fullness, indigestion and constipation — and metabolic disaster such as arthritis, allergy and others may result. “There’s many a slip ‘twixt the Cup and the Lip!”

Vigilance required

Why then is there a seeming relaxed

vigilance in attending to this basic intestinal hygiene? In general, we believe that the apathy lies in the same vein as the neglect which permits the “counterfeit food” conspiracy to continue. The “therapeutic measures” now in vogue — antacids, laxatives, breath-sweeteners — are merely symptom-dulling remedies, the only reason for which is palliative. The intestinal environment cannot be basically improved in the face of continued ingestion of white flour, refined sugars, synthetic fats and autoclaved (cooked) foods, especially when these form the main profile of the American diet. The basic outline is clear: to change our intestinal environment, we must change our eating habits. The doctor who neglects to make this basic recommendation to his indigestion sufferers is apt to cry, “Alas!”, for according to a recent survey 97% of 1000 patients had — in addition to their “major complaint” — symptoms of gastro-intestinal origin.

“The basic treatment”

The doctor who wishes to treat intestinal complaints successfully must begin with the natural law — unrefined, natural foods, unaltered by man’s tampering provided by mother nature to *not only please the taste*, but also to adequately nourish the body. *Whole grains, whole meat, whole fruits and vegetables* — with all parts intact — should be eaten in as natural form as possible (uncooked). This is one of the few remedies most indigestion sufferers do *not try!!!*

Paul Kouchakoff, M.D., demonstrated how the phagocytes — the scavengers of the blood stream — increased after a cooked meal, showing how cooking of foods overloads our defense system. The daily demonstration of a bout of indigestion after a greasy doughnut, syrupy pancake or synthetic fat-spread bread is all that they need to convince themselves of the effects of these counterfeit foods.

Reprint from
LET'S LIVE
Health in Mind and Body
Magazine
Los Angeles 29, Calif.

Unique responsibility

The primitive races, provided with only their native diet, did not have to think about what to eat; they had only to eat what was on hand. Not so civilized man — like Adam and Eve, he has the choice of good or bad in selecting his foods — and the wrong choice can certainly open up Pandora’s box. This is the unique responsibility which faces us, one which is the more serious because weak laws protect us *only* from those foods which — apparently — result in sudden death . . . the laws for longevity, avoiding disease and providing maximum efficiency through wholesome food *have yet to be made* . . . this “sterile technique” will not propagate the race!

Self-limiting foods

Remember, nature provided built-in appetite appeasers in natural foods. Anyone who has chewed on a piece of natural, whole sugar cane will get the ideal. Yet, I have heard it said that it takes four feet of sugar cane to make one cube of white sugar. Eat one or two slices of whole wheat bread — it’s “filling.” How many pieces of refined white bread can be eaten at one sitting? And, remember this, as natural minerals and vitamins are extracted from these foods, *the less desirable calories are concentrated*. Read “The Neglect of Natural Principles in Current Medical Practice,” a pamphlet by Dr. T. L. Cleave, reprinted from the Journal of the Royal Naval Medical Service, for more information on this subject. (Lee Foundation Reprint No. 95).

Note — Dr. Lee’s article, “The Internal Mineral Bath” has been reprinted and copies are now available. This article, “Intestinal Hygiene,” is the last of a series on the intestinal tract. Reprints are available: Lee Foundation, 612 No. Vermont Ave., Los Angeles 4, Calif. ◆

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