The Prevention of Recurrence in Peptic Ulcer*

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Since the time of Sippy there has been a fairly good assurance that the person with peptic ulcer may be relieved of the outstanding symptoms of his disease but the hope that he may be kept free from a recurrence of his painful affliction is not nearly so well established. In the average case the patient goes into the hospital for a period of weeks, is kept in bed, his diet is largely milk, orange juice and cream. He is given anti acid drugs to neutralize the excess of hydrochloric acid and he is then returned to his home presumably cured. This would be all well and good but for the fact that in an uncertain period of time the patient is back with all the old symptoms and it all has to be done over again. After many such ulcerations and healings the duodenal area becomes more or less narrowed by scar formation, the stomach dilates and the patient moves from the medical to surgical class. Surgery on such patients is really emergency surgery. It takes the case out of a crisis. The resection robs him of a section of his gastrointestinal canal that has a part in the formation of blood. Half of the operated cases continue their lives as undernourished invalids and the other half get no relief. In the recent literature bearing on the subject there is sounded a pessimistic note. "The patient must learn to live with his ulcer," "there is no way of protecting him from recurrence." A recent interview with an eastern gastro-enterologist brought out this rather naive response. To my question, "How long do you regulate the diet of your ulcer patients after they leave the hospital?" the answer was, "Two or three months." "And then" I said, "after that?" "After that I allow my patients to return to a normal diet." Very much interested I asked "What is a normal diet?" The answer: "Oh whatever they have been eating before."

This is the crux of the question. Whatever the patient was eating before was undoubtedly responsible for the ulcer. Since the ulcer is healed by dietary adjustment it could only have been produced in the first place by dietary maladjustment. When we consider that at least half a dozen minerals, twenty-two vitamins, at least three fats, are necessary with biological and mechanical factors such as roughage allergy and water supply, thrown into the equation we may appreciate the fact that some victims of diet deficiency have peptic ulcer and others do not have peptic ulcer. Not all deficiencies are single or are related to a lack of any one substance. The preponderance of evidence is to the effect that all deficiency states are not only multiple but are in varying degrees deficiencies of all of the necessary vitamins and minerals. None but the laboratory animal, for instance, has a deficiency of iron alone. The same set of circumstances which robs the human animal of iron robs him also of other minerals and also robs him of vitamins, and other food elements. No human being ever lives the life of an experimental animal in a laboratory. In real life no scurvy is ever cured by ascorbic acid, no pellegra is ever cured by nicotinicamide, no anemia is ever cured with iron and no beriberi is ever cured with thiamine. With these remedies the outstanding and most distressing symptoms are alleviated but the basic disease still exists. In this same way the peptic ulcer patient is temporarily healed but is never cured. He has vitamins and minerals in his "milk and orange juice" hospital treatment but they are insufficient and are not continued for a sufficiently long time. His condition is like a case of opthalmia resulting from a lack of butter fat. The eye may be treated with antiseptics, hot packs, and a dark room. It will get better but the patient will have a relapse and the relapses will continue until a proper diet is supplied and is supplied over a sufficiently long period of time, namely the life period of the individual. As ordinarily treated the peptic ulcer case carries over a diseased mucous membrane from one recurrence to another and his gastro-intestinal canal is diseased from his pus infected, scurvy mouth to his atonic, spastic colon and his hemorroidal anus. In a completely diseased digestive canal, the most abused area breaks down. We must treat the individual, not the ulcer, if we are to prevent recurrence.

Not all cases of peptic ulcer are turned adrift after the acute episode has passed. Many physicians realize the necessity for a life time dietary regime but prescribe a bland

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diet, and easily digested diet which is lacking in nutritive essentials and which provides no work for the digestive apparatus to perform. This acts like a splint on the arm. It (the splint) is a good thing for a sick arm but it is a very bad thing for an arm which is not acutely sick. After the acute stage has passed the ulcer patient should have gradually added to his diet roughage and food which is not easily digested. A function not used is a function lost. A healthy mucous membrane in a well fed person will stand a good deal of stimulation from roughage with not only no ill effect but with good effect. This is natural and normal. This is one of the reasons why whole grain flour should be used as soon as possible after the acute stage of the disease has passed. The so called enriched flour is still lacking in many vital elements, and so it is a menace to these patients since it engenders a false sense of security. It should be forbidden the ulcer patient for life. Sugar furnishes calories without vitamins or minerals. It is a slow poison for the ulcer patient. It and the white flour constituting over fifty per cent of the food intake of the average individual dilutes whatever good food the person takes to the danger point. All foods containing sugar or white flour are permanently forbidden. Honey contains all necessary minerals, (many trace minerals) and can thus be used freely for sweetening. Other forbidden foods are canned and packaged foods. These have been robbed of their value by the application of high heat and by long storage. They are stale and worthless. They crowd out good foods. Exceptions; Sea foods; the iodine content is the same for all practical purposes in the canned as in the fresh oyster, shrimp, lobster and salmon; and canned acid fruits and vegetables. The acid in tomatoes, strawberries, cranberries, gooseberries etc., protects in a considerable degree against destruction of vitamins by heat. The foods which are allowed are milk, (a minimum of a quart a day), meat raw fruits and vegetables, eggs, cheese, whole wheat and sea food.

The principal reason for the use of milk is that it is the best source of calcium. There is no need to neutralize excess acid with drug store alkalis. Milk will relieve the pain and furnish other valuable elements. Orange juice should be used in the amount of 10 to 12 ounces a day. It is also alkaline in its effect and furnishes vitamin C and trace minerals. Biscuits, bread, muffins, waffles, pancakes and other such foods made of whole grain flour with no admixture of white flour can be used at a relatively early date after the acute episode but these must be started gradually. The same is true of raw fruits and vegetables. Of the latter after complete healing, the patient should consume a minimum of from a pound to a pound and a half a day. Any fruit or vegetable that can be served cooked or raw should always be eaten raw. Fresh meat, rare when possible should be eaten daily in amounts from three to six ounces. No salt meat except occasional ham or breakfast bacon is allowed. Most persons eat too much salt and there is a constant lack of proper balance between sodium and other alkalis in the blood of the average person. The pernicious encouragement of unrestricted salt eating in industrial plants during the hot months is undoubtedly the cause of much disease and loss of manpower hours of work. Eggs, cheese, butter, and cottage cheese may be used daily but one or two meals a week should contain one of the sea foods previously mentioned. The optimum diet is one in which every item contributes some vitamins or minerals or both as well as the usual carbohydrate and protein and fat. Without vitamins the carbohydrates complete their cycle in bodily metabolism not as carbonic acid gas and water but as the poisonous pyruvic acid. The fats and proteins undoubtedly are incompletely metabolized resulting in poisons when the necessary enzymes, vitamins and minerals are not present in sufficient quantities in the food so there is a positive or toxin producing side to the question as well as the negative or deficiency side. All sweet drinks are forbidden except lemonade or other fruit drinks. All cake, cookies, pastries, and other sugar and white flour mixtures are forbidden. If more alkali is needed to combat excess acid than is present in milk a powdered milk such as Horlick's malted milk may be used to thicken the natural milk or powdered cheese may be so used. To sum up: the idea is to reject non vitamin non mineral foods and to use natural high vitamin high mineral foods and to keep this up for life. The partly destroyed foods which have had high heat applied must be accepted at least in part as in the case of pork which must be well done and beef which can be eaten rare and milk which must be pasteurized. To the extent to which these foods have been reduced in vitamin content by heat and storage to this same extent we fail to achieve the

optimum in nutrition. For this reason and for the reason that deficiency diseased persons have an increased requirement for vitamins and minerals depending on the time of such starvation and its degree, we must resort to concentrates. Calcium may be supplied in milk, iron in meat and iodine in seafood, but the two latter are furnished best during the first few months by adding to the diet and to the concentrates; syrup of iron iodine half strength, a dram once a day. All fat soluble and the water soluble vitamins must be used to make up for past dietary sins. These minerals and concentrate supplements are kept up along with good diet for months or years according to the individual needs of the patient. Ordinary synthetic commercial vitamin preparations do not meet the requirements of these cases so I have had a capsule made to my own orders. As yeast protein causes many bad side effects an aqueous extract is made from seven grams of high potency yeast, three drops of wheat oil is mixed with 75 milligrams of ascorbic acid and to this is added cod liver oil concentrate. To this are added the synthetics. This gives a mixture in which the wheat oil acts as an anti oxidant and the yeast extract contains the biotin, para-aminobenzoic acid, the choline, and the other sixteen necessary B elements. These are usually left out or are present only in infinitesimal amounts in commercial vitamin preparations.

To the statement previously made that in peptic ulcer cases the whole alimentary canal is diseased a further note may be added to the effect that the nervous system of the patient is always affected in an adverse way. These persons are irritable and unstable, they are starved generally and specifically. In many cases the nervous symptoms overshadow the ulcer symptoms. The reason is that the nerve disease and the ulcer both go back to a common cause; an over supply of refined carbohydrates which causes a dangerous reduction of the vitamin and mineral concentration in the blood stream. Peptic ulcer is never caused by nervousness. It is associated with it. Sedatives and alkalis ordinarily used are of only temporary value and the need for them rapidly diminishes when the patient is put on proper treatment. Stresses and strains and emotional upsets do not cause ulcer but bring into more prominence conditions which already exist. The threshold is lowered for particular responses. In each of the following cases one or more phases of the question is presented. All are free from symptoms and are apparently cured.

Case 1. Age 36. Male. Feb. 18, 1943. P. C. S. Recurrent attacks for several years. Typical two hour pain after meals. Twice in hospital. Treated without interference with work.

Note: Typical cases need no hospitalization.

Case 2. Feb. 20, 1943. J. A., Minatare, Nebr. Age 52. Several hospital experiences. Told he has allergies to raw onions and cucumbers. After one month eats both without any bad reaction.

Note: Many supposed allergies vanish after the nutrition of the person is improved.

Case 3. March 1942. L. E. K. Age 56. Tarry stools off and on since 1924. Dull pain after meals not relieved by alkalis. Has bleeding piles. Hemoglobin 60, Systolic blood pressure 100. Constant fatigue.

Note: Many cases have a history which extends back from 10 to 20 years.

Case 4. April 2, 1943. M. S. Has excess gas as principal symptom, little pain, many recurrences. X-ray pictures show ulcer. Much loss of time.

Note: X-ray may show ulcer lesion in cases having atypical symptoms.

Case 5. Jan. 1941. P. H., Lexington, Nebr. Age 65. Long history of hyperacidity, hospital treatments and repeated x-ray examinations. Two surgical operations at a well known midwest clinic several months apart, no relief.

Note: The failure of ordinary treatment and surgery does not contraindicate proper dietary treatment. Much ability to secrete digestive fluid remains even after part of the stomach lining has been replaced by scar tissue and part of it has been removed by surgery. Restoring nutritional elements for which the patient has been starved for several years may permit a badly crippled stomach to function without distress.

Case 6. W. H. Age 26. Typical ulcer syndrome. First treated in 1940. Drafted in the army when he experienced recurrence as a result of army diet. Army would not furnish diet or concentrates which he needed.

Note: Apparently it is impossible to get proper dietary or medical treatment for prevention of recurrence of peptic ulcer in the army.

Case 7. L. R., Arapahoe, Nebr. Age 46. Ulcer history for several years, many recurrences. One operation at a well known midwest clinic. No relief.

Note: A recent authoritative study of the disease by Geo. J. Huer of Cornell concludes that of surgery is not successful in relieving symptoms when the first operation is done subsequent operations are likely to prove useless.

Case 8. H. J. Age 52. Arthritic. Badly crippled in all joints. Does a little light work only as he is easily fatigued. Has an attack of peptic ulcer every spring.

Note: In arthritic and rheumatic patients ulcer is seasonal, some having the attacks in the spring and fall. Some of these patients will have light attacks while under treatment. The attacks last only two or three days.

Case 9. May 26, 1923. R. O. Age 29. Several hospital experiences. Between attacks has stomach

pain while riding farm implements. This is a common complaint among farmer victims of this disease. It indicates a lack of complete healing in the ulcer area or irritation of the entire gastro intestinal canal.

Case 10. H. J. R. Age 44. Ulcer recurrent with cataracts in both eyes. Recommended that ulcer be treated before submitting to eye operation.

Note: Ulcer patients will go through operations on other parts of the body with less danger of complications if the ulcer is healed first. This patient had been advised to submit to surgery to relieve symptoms of partial obstruction but the stenosis proved to be inflammatory as all symptoms cleared up with dietary treatment.

Case 11. June 17, 1943. Age 56. W. K. Ulcer syndrome. Had gone through several cures including one vitamin cure. Recurrence in the usual time. Had decay in every tooth and a foul case of pyorrhea. All teeth were removed.

Note: The mouth must be put in a healthy condition in every case and all other foci of infection cleared up. Vitamins without minerals do not produce the best results.

Case 12. June 30, 1943. H. L., Fremont. Age 84. Recurrent attack with hospitalization. Teeth all out 25 years ago. Badly adjusted dentures. Inability to chew well so does not eat raw fruits or vegetables or meat. Corrected tooth problem and advised the juice of one lemon with meals.

Note: In extreme age ulcer may exist without acid. In these cases it is better to acidify the meal with lemon juice than with hydrochloric acid. Apparently the proper ph when the food is in the stomach is what is needed.

Case 13. July 9, 1943. J. K., Nashville, Nebr. Age 69. Ulcer syndrome off and on for 20 years. Many efforts at cure, finally resorting to surgery. The operation left a large ventral hernia. He was then assured that the hernia was responsible for his failure to obtain relief. Advised to have no further surgery. All teeth were in and in a very bad state of decay. They were removed.

Note: Hernias or other mechanical conditions are sometimes blamed for the ulcer syndrome.

These thirteen cases have been chosen for this report because each case presents an interesting phase of the ulcer question. All recovered, are free from pain and did not have recurrences. All came with ready made diagnosis, having been in the hands of careful medical men. These cases were chosen partly because of the fact that they were particularly bad cases. If the extreme cases may be healed by dietary methods then the less severe ones will not need discussion. One reason for this statement is that it is impossible to draw the line between so called cases of hyperacidity and ulcer. As a matter of fact they are different degrees of the same disease. Thirty years ago Sir Berkly Monyhan stated that every case of hyperacidity is a case of ulcer. We are nearer accepting this as a truth today. Academic hairsplitting adds nothing to the practical aspects of the problem. The treatment is the same for the early case as for the late case except that the more extreme case will not respond without larger doses of concentrates. According to Christopher's Surgery peptic ulcer afflicts from 10 to 15 per cent of the whole adult population of England, France, Germany and the U. S. This means that the potential cases number a good deal more. If we include all the dyspepsia victims, acid stomachs, and chronic indigestion sufferers, then a modest estimate would include at least half of the adult population. The countries mentioned by Christopher are the sugar and white flour eating countries. Statistics show that more or less devitalized and demineralized foods constitute 60 to 70 per cent of our daily diet. The optimum which we achieved before the days of milling and heating and canning was 100 per cent high vitamin and mineral containing foods and this high percentage is necessary for optimum daily maintenance. Since milling and heating removes both vitamins and minerals and not singly but in a group they must be put back in a group and any failure to do so is like a failure to replace missing keys in a musical instrument. Ulcer patients are weeping from the denuded surface small quantities of blood or serum daily, they all need iron.

There are only three known areas in the U. S. where there are sufficient amounts of iodine in the soil. Iodine deficiency is therefore nearly universal. The quantities needed for optimum health have been very much underrated, these quantities must be raised to ten times or a hundred times the maintenance dose when severe deficiency has existed over a relatively long period of time.

In estimating the diet habits of an individual, alcohol must be regarded as a refined carbohydrate. The third of a pound of sugar daily which is the American average consumption is equal to a pint of whiskey.

Conclusions: Peptic ulcer is a deficiency disease reflecting a relatively high intake of refined carbohydrates and an inadequate amount of all vitamins and food minerals. A high vitamin and mineral diet should be prescribed along with cod liver oil concentrates and all water soluble vitamins, the concentrates to be used in large doses for a limited time, the high vitamin-high mineral diet to be kept up for life.

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