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*o the Quite Numerous Members
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Just as we have a "sound barrier" in aeronautics which had to be broken before the space age" could begin, so in the healing arts we have a "professional barrier" which has to be broken before the interrelationships of such ills as ulcers, colitis, hemorrhoids, gingivitis and peridontoclasia can be accepted. The cause, cure and prevention of all degenerative diseases—ulcers, arthritis, cancer, cataracts, multiple sclerosis, mental disease, etc. — will establish the "modern age of medicine". But preceding correction and prevention must come a "breakthrough" of the existing barriers between the medical doctor, the dental doctor, and the osteopathic doctor. From this breakthrough will come an understanding of the chain reaction of degenerative diseases, and a pooling of knowledge for the conquest of civilized man's "killer diseases".

In this first of a series of articles let us deal with degenerative ills of the digestive tract. When anything is wrong with the digestive tract from mouth to anus the symptoms of trouble occur throughout that tract though one symptom may differ in degree of severity from another, and these from patient to patient.

Gingivitis or peridontoclasia, diseases of the gums, will appear to some degree in a

patient suffering from ulcers, colitis or hemorrhoids. When the severity of these symptoms is great throughout the entire digestive tract, the all-inclusive name given the disease is Sprue. However, when the degree of severity of symptoms is greatest in the mouth, producing gingivitis or peridontoclasia (inflammation of the gums), the patient goes to the dental doctor for symptomatic treatment. Treatment may consist of scaling the teeth, medication of the gums or, in extreme cases, surgery. When the most painful symptom is ulcers (ulcer of the duodenum creating stomach pain, particularly if the patient's meals are late or omitted), the patient will go to a medical doctor for alleviation of discomfort by means of drugs and/or the Sippy diet; or the patient may go to an osteopathic doctor for correction of a spinal lesion associated with ulcers. If the chief annoying reaction is colitis (inflammation of the colon and intestinal tract resulting in frequent loose stools with pain and mucus), the patient will go to a medical doctor who will prescribe drugs and/or a bland diet. If hemorrhoids (a tightening of the sphincter muscles to prevent escape of liquid feces leading to swelling of the blood vessels in the area of the anus), the medical doctor and/or the osteopathic doctor will recommend surgery. But—how many patients have return visitations of these ills requiring increasingly strenuous

measures for the achievement of comfort? Why?

Perhaps we mistake comfort for a return to health, whereas removal of symptoms does not necessarily indicate removal of cause. If we are to seek causes and the means of eliminating them, why not "break through" and recognize that any time that one of these symptoms of disease of the digestive tract occurs all the others are present to a greater or lesser degree.

In gingivitis or periodontoclasia the inflamed gums indicate imbalance of the calcium-phosphorus levels of the blood; in ulcers there is too great a production of hydrochloric acid of the chief cells of the stomach as opposed to secretin formed in the small intestines to fortify the cells of the stomach against being digested by its own acids; in colitis there is inflammation of the walls of the colon and intestines; in hemorrhoids there is tightening of the sphincter muscles of the anus with consequent swelling of the blood vessels in that locality. In short, some factor or factors lead to irritation of the entire digestive tract in varying degrees, with symptoms differing according to the location of the irritation within the digestive tract.

Present day treatments do what? Drugs and scaling of the teeth remove local symptoms of oral discomfort when treatment is localized in the mouth, but the other

lesser symptoms of the digestive tract go untreated. The Sippy diet provides frequent feedings to use up the excessive hydrochloric acid of the stomach, drugs coat the stomach lining with alleviation of the ulcer pain; drugs calm the colon and intestinal walls temporarily, and colitis is in abeyance; surgery removes the swollen blood vessels, the immediate discomforting factor in hemorrhoids.

Why don't these measures have a permanent effect? (1) Because the treatment is localized, and is not directed towards correction of the entire digestive tract, (2) because (a) the scaling of teeth and medication of gums corrects only the food entrance, omitting the area of food absorption, (b) the Sippy diet merely gives the excess hydrochloric acid something to work on, it doesn't stop the production of excess hydrochloric acid, and drugs don't cure but only ease pain, (c) the bland diet is a deficient diet since it is notably lacking in vitamins, minerals and proteins (the diet lacking roughage may minimize irritation of inflamed areas, but does not strike at the cause of the irritation), (d) surgery only removes the result of the tight sphincter (the swollen blood vessels), but does not solve the problem of the liquid feces. That the basic cause of these ills has not been corrected through these measures would seem to be indicated by (1) the continuance of the lesser symptoms of digestive tract

trouble when only the most serious symptoms are treated, (2) by a persistent reappearance of symptoms after varying lengths of time.

Expressed simply and physiologically, what is the important factor in each of these difficulties? In the dental difficulties there is lack of balance in the saliva of the necessary constituents for a healthy mouth (saliva is developed from the blood) in ulcers there is an imbalance between hydrochloric acid and secretin; in colitis there is an inflamed lining of the colon and intestines making them incapable of coping with an adequate diet; in hemorrhoids there is the abnormal strain of the sphincter muscle trying to cope with the abnormal liquefaction of the feces. In short, there is a lack of chemical control of the body secretions and excretions. The answer should be restoration of chemical control. Chemical efficiency of the body, therefore, should be the basis of treatment.

When chemical correction (the increase in the efficiency of body chemistry) is utilized by medical doctors, dental doctors and osteopathic doctors in addition to their localized treatment for ulcers, or colitis, or hemorrhoids, or gingivitis, or periodontoclasia, then the rest of the digestive tract will be corrected simultaneously.

Ninety-eight percent of people have dental disease. Dental ills are the easiest of the degenerative ills to locate and ob-

serve; they require the least drop in efficiency of body chemistry before making their appearance. If dental ills go untreated as far as basic cause is concerned, then efficiency of body chemistry decreases still further, and the chain reaction of increasingly severe degenerative ills begins.

When war is threatened we rush troops and diplomats to the area where disaster is threatened. By a show of force and arbitration we often can prevent local friction from blossoming into wholesale conflagration and chaos. So with the body, if we rebuild our own bodily defenses at the first sign of weakness we can prevent more serious ills. Dental disease is the first sign of breakdown within the organism, and it is also our most universal complaint. So if we don't let dental disease, our first line of defense, become an opening wedge in the decrease of efficiency of our body chemistry, we should prevent the encroachment of the more serious degenerative ills such as arthritis, cancer, coronary disease, and ulcers. When it is too late to use preventive measures, corrective measures can still be utilized. With restoration of chemical efficiency there will be disappearance of degenerative ills.