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IN THE DIGESTIVE MANNER ~
COMPARISON OF BIOLOGIC, *ALTERNATIVE* DOCTOR TO THE STANDARD DOCTOR
adapted from http://www.royalrife.com/digest.html

The subject of digestion is an area of health in which the differences between standard orthodox medicine and *biological medicine* are strikingly obvious. For example: A patient visits a physician and complains of heartburn. What will the treatment be? "My doctor said 'Mylanta"' is what the ads tell us. More likely, acid blockers will be prescribed. The "purple pill Nexium!" Clearly the plan here is to block or suppress symptoms. No time is spent trying to discover the root of the problem. No testing is done to see if the person actually has excess stomach acidity. If such testing were to be performed, the M.D. and patient would both quickly learn that *excessive acid is not the problem.* However, the "Mylanta" or "Tums" or acid blocker is chosen. Now the hapless victim can no longer perform normal digestion at all. Mineral recovery from foods requires acid for absorption; B-12 requires acid for absorption; and proteins require acid for digestion. Normal stomach acid also kills parasites and bacteria including Helicobacter pylori, a bacterium which is a causative agent in ulcers, and in stomach cancer. Health is now certain to decline.

A biologically oriented doctor, on the other hand, will try to find out what is really wrong and attempt to aid the body in performing its normal functions. This is not simply a slightly different approach from standard medicine - it is a totally opposite approach. The goal is to help normal things to happen, not stop things from happening. But before we talk about what the biological doctor would suggest, let us briefly outline the main points of how the digestive system works. This is useful information and can save you and your family a lot of pain, sickness and grief.

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THE MECHANICS AND CHEMISTRY OF DIGESTION
YOU ARE NOT WHAT YOU EAT.
YOU ARE WHAT YOU DIGEST, ABSORB AND ASSIMILATE.

IN THE MOUTH

When food is chewed, it is broken down into small particles and glands inside the mouth secrete amylase, an enzyme that begins breaking down carbohydrate, which is digestion. This is why we generally should not drink liquids with meals - we need to chew food enough that it can easily be swallowed - not just washed down with liquid. The prerequisite is that we drink enough water all through the day, so that we are not so thirsty at mealtime that we fill the stomach with water before we begin the food.

IN THE STOMACH

When food arrives in a normal healthy stomach, cells there release hydrochloric acid (HCl) and protein digesting enzymes. But there is a problem. Making HCl requires a lot of energy and production declines after age 35 or so in most people. Also, certain conditions such as low salt intake or food poisoning or certain infections (notably the Helicobacter bacterium) can damage the cells that make HCl. So now when the food arrives in the stomach, there is little or no HCl to greet it. Proteins begin to putrefy and may feel like they "just sit there". Carbohydrates begin to ferment producing gas and chemicals that are very irritating. Now we have burping, reflux into the esophagus, and even into the throat, and heartburn." Correct treatment is to *supplement HCl* (betaine hydrochloride) at the end of each meal. After trying this, people often report how good they feel and how they enjoy being free of pain. It is important to start off with a small dose as your stomach may not be used to having normal acid there. Stop immediately if adding HCl causes pain. Treat for Helicobacter pylori, then try again.

Sometimes the stomach is irritated right away by the food, and it's muscular action, a rhythmic churning and one-way pushing from the esophagus to the pyloric valve (peristalsis) is disturbed because the food is allergenic. The muscles try to push the food back up and out the way it came, and reflux results. Further on in the bowel, more irritations occur because of the allergic rejection. In this case, diagnosis

and food avoidance or limitation and rotation can ease the discomforts. Furthermore, without HCl secretion in the stomach, food allergies will be a likely consequence later one, as poorly digested food precedes allergy.

IN THE SMALL INTESTINE
DUODENUM

As the food moves into the upper end of the small intestine, the duodenum, the pancreas releases bicarbonate and other alkalinizing minerals to neutralize the stomach acid, and a new set of enzymes to continue digestion, now in an alkalinizing environment. When fat enters the duodenum, the liver releases bile, that acts like detergent and reduces fats to small globules so that the pancreatic lipase (lipid enzyme) break down fats. Cells that line the small intestine release enzymes to break down starches and sugars, and activators that make the pancreatic enzymes work. Fermented and putrefied foods that arrive here can damage these cells, further upsetting digestion and making a person very sensitive to carbohydrates, and alter reactions to other foods in ways yet undefined, for example, most likely contributing to obesity.

When a person eats raw food, the food itself contains enzymes. It has been estimated that raw food contains, on the average, enough enzymes to do about 60% of the digestion of that food. Cooked foods contain no enzymes, as enzymes are proteins destroyed in cooking. Most of us eat nearly all of our calories as cooked food. The body then has to provide *all the enzymes* needed for digestion. This is not a natural state. Eventually, fats, proteins and carbohydrates are not completely digested. Undigested foods can be absorbed and cause allergic reactions. Undigested proteins cause the red blood cells to stick together and this greatly reduces circulation resulting in everything from headaches to fatigue. Every cell in the body is effected.

Undigested proteins also oxidize into uric acid crystals which can collect in the joints and cause joint pain and gout. Correct <u>treatment for all this is to take an enzyme just *before* each meal.</u> One capsule is enough for small meals, two for larger meals.

BACK TO THE HEARTBURN
REFLUX - HIATAL HERNIA

One other thing: "acid reflux" may be related to hiatal hernia. A hiatal hernia distorts the shape of the stomach and allows backup to take place into the esophagus. You may try to correct this with a physical maneuver. Have the person lie on their back and you kneel by their head. Place the bony spur on the heel of your right palm (near your wrist) just off the edge of the bottom of their breast bone in the soft area there. Place your left palm on top of your right hand. Apply firm pressure at a 45 degree angle toward their back and their feet. Hold this for one minute. This pulls the stomach back into position. If done correctly, relief will be noticed in a few hours. The correction may last for weeks to months, or forever. The digestive process should be free of pain and should go almost unnoticed. In most cases this can be achieved by helping the body do what it needs to do.