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# **Intestine-specific Overstress Diseases of the Organism**

**On the Functional Unity of Intestinal Tract and Immune System**

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Many diseases of uncertain etiology can be caused by intestinal disturbances. As an organ that is frequently “overtaxed“ and which remains relatively symptom-free in the early stages of a disturbance, the intestinal tract seems predestined to take “evasive action“, during which it emits reflex signals. These overstress diseases are often so striking as to make it difficult to perceive the causal connection. Whenever possible, the causal mechanisms of these damages should be taken into account with any therapy.

I would, first and foremost, like to call attention to the intestinal tract’s functional timetable, which, as we know, follows a regular biological rhythm (Table 1). The intestinal tract’s begins during the sleep phase in the early morning

around 3 a.m.. It peaks about mid-morning, and then intestinal activity declines noticeably after about 2 p.m.. Five hours later, along about 7 p.m., intestinal activity is minimal. The segmentation for mixing up the intestinal contents and peristaltic action are gradually phased out. Any remaining intestinal contents just sit there, for the most part, and they are no longer adequately broken down and resorbed.

If the last meal in the evening is too late, too much, too rich and not well balanced, then for the next 7 hours (at least) the intestinal contents will have to be “composted“ - i.e. it decomposes through fermentation, which is set in motion by fruit ingredients, vegetables, salads, sugary foods and drinks. The decaying food

proteins putrefy. The fusel and putrefaction products thus generated can severely disturb the organism during its nightly rest. Gases and decomposition poisons of varying toxicity are generated, depending on the biological quality of the food.

It is clear that even otherwise healthful and nourishing foods, if eaten too late in the day, become increasingly indigestible. Late in the evening, when the intestinal tract is resting, even vegetarian food does the organism more harm than good. The intestine’s mucosa, normally an impenetrable barrier to most poisons, is severely stressed by these putrefaction processes and winds up getting more and more flooded and inflamed. The villi’s lymph capillaries expand and greatly increase in permeability, so



Table 1: the intestinal 24 hour timetable.  
 Arrowed lines = minimal activity; plotted line = high to reduced activity.



that the organism can no longer detoxify itself adequately.

The intestinal tract, which under normal circumstances can be viewed as the body's "purification plant", gradually turns into a "toxic waste dump". Because of intestinal hypomotility, the piled-up metabolic residues and contaminants can no longer be sufficiently excreted in the stool. A large portion of pollutants generated in and distributed by the intestinal tract winds up in the lymphatic fluid and the fat cells, thus putting them beyond the reach of normal metabolic processes.

Considering that even slight disturbance of the process of waste elimination can lead to tissue damage and general health disturbances, it is not hard to imagine that further diseases can arise as a result of the above-described autointoxication. Many patients with problems like these fail to take note of this, often simply out of ignorance. The always-on-the-go citizens of the industrialized west have long since shifted their dietary focus toward the late evening and night hours.

### **The harmonious balance of organism and bacteria**

Under the conditions described, it is easy to understand that the organism's natural rules are being largely ignored. This also probably why the symbiotic relationship between the intestinal tract and the essential microorganisms is upset in many patients. Therapists know how difficult and time-consuming it can be to re-establish bacterial flora once they have been

destroyed. In many cases, cultured symbionts have to be taken for months - not infrequently for years - because, demonstrably, the intestinal mucous membrane cannot simply be inoculated with bacteria like a Petri dish of agar in the laboratory.

Experience has shown that the contact between the colonizing bacteria and the mucosa cells, in order to result in a lasting symbiosis, has to build up slowly, in steps, over time. And a satisfactory microorganismic intestinal recolonization can, basically, only succeed when specific fundamental nutritional principles are adhered to. Dietary immoderation is one of the most widespread problems. It isn't just a matter of too much, it's also the wrong foods and often at the wrong time. Thus, for example, refined sugar and white flour are accepted as a part of the daily diet, even though they have long been decried as symbolic of denatured and non-nutritional food.

Many patients with intestinal disturbances and various allergies are unaware that the extra effort required to metabolize industrially-produced refined sugar overtaxes the metabolic system, and that the body's coordinated hormonal and enzymatic functional cycles can only manage this task by forcing changes in the natural course of the processes. These patients are always astonished when they are told that the industrial processing of many food products involves the removal of "secondary" substances, and that the organism has to supply these (in fact vital) ingre-

dients from its own hormone, enzyme, vitamin and mineral reserves, in order to be able to metabolize these foods.

One of the earliest consequences of this overtaxation frequently evinces itself in clinical practice as a progressive deterioration of the intestinal milieu through the destruction of many necessary bacterial strains and symbionts. The chronic inflammations of the intestinal mucous membrane, which can be triggered in this fashion, interfere to a significant degree with the internal microorganisms' defensive functions. Experience has shown that the intestinal tract's four-level defensive system, which depends on a steady state within the microbial flora for its own stability, is weakened by the above-described processes.

### **A breeding ground for mycoses**

Even this (early) phase of impaired immunity is often accompanied by an increase in the symbiotic, apathogenic *Candida* colonies in the intestinal tract. Here, a change in the organism's "ecology" has thus taken place even before fungal growth begins. Experience has shown that, even in this early phase of intestinal function disorders, when there are usually not yet any significant laboratory findings, an antimycotic therapy should be initiated. Once a *Candida* mycosis has spread, the fungally-infested intestine can quickly become a focus of infection for the entire rest of the body.

The acidic intestinal environment, which promotes fungal growth and which is usually present in these



cases, must immediately be neutralized and re-equilibrated with a high-alkaline diet. The best results are achieved in these cases by prescribing and administering ALKALAN, combined with a reduction in the intake of acidifying foods. Moreover, the use of EXMYKEHL 3X suppositories reinforces, via the broad basis of its isopathic ingredients, the body's defensive functions against incipient fungal growth (Table 2).

### **Evasion phases and overstress diseases of the intestinal tract**

Initially, this damage to the small intestine is, as we know, well "camouflaged", because it evokes barely noticeable local symptoms. It is only after continued functional deterioration that the first signs - often little noted by the patient - surface, such as a bloated feeling in the intestines, meteorism, flatulence and cramps. The above-described nutritional habits put an

increasing burden on the body. The connective tissue reacts with increased fat deposition and swells up. The cells, which have to live and function in this overstressed milieu, react after a while with chronic irritability and later, possibly, with unchecked growth.

It is known that this tissue intoxication mimics diseases in certain phases, but these are simply the body's evasion phases. The body is continually trying to divert incoming toxins, in order to unburden the toxic terrain and thus delay the onset of a strong inflammatory reaction or a neoplastic phase. Fundamentally, many stubborn and therapy-resistant ailments, as well as many chronic ones, are camouflaged in this manner. The connections are often not clear and difficult to diagnose, precisely because so often a certain disease with its own symptom picture diverts one's attention.

For this reason, therapists occasionally fail to pay enough attention to the possibility of a causal chain of events.

On the other hand, if a patient comes into the clinic with unequivocal intestinal complaints and another seemingly unrelated disease picture, the possibility of a causal connection of course springs more readily to mind. But it is more frequently the case that one is faced with an independent regularly-recurring disease, which is, not infrequently, problematic because it is resistant to therapy, such as neurodermitis and allergies.

In this instance, the possible causal connection and reflex intestinal function disorder cannot immediately be made out. Most immediately helpful is therefore a thorough examination and, above all, a comprehensive patient-

Skin and Blood Cleansing Tea (Informarius Rovit)	Mobilization of built-up residues and pollutants in blood and tissues
Orthosiphonis drops (Informarius Rovit)	Improvement of kidney function and excretion of dissolved substances
Euporbium S ampoules Euphorbium S metered spray (Heel)	Treatment of inflammatory nasal sinus processes and improvement of secretion drainage
ALKALAN	Restoration of acid-base equilibrium
EXMYKEHL	Mycosis prophylaxis and treatment of ongoing fungal growth
<i>FORTAKEHL</i>	To support the essential re-establishment of symbiosis in cases of abnormal bacterial flora and destruction of the mucous membrane
Hylak forte Merckle	Symbiotic regulation

Table 2: Therapy plan for intestinal function disturbances and their sequelae, such as sinusitis, etc.



history interview as to the patient's exact dietary habits.

### **Weakening of the nonspecific defense mechanisms**

One of the earliest symptoms, under the conditions described, is the intestinal tract's causing an ever-escalating immune system dysfunction. The cause of many allergies can lie here, since allergies which are triggered by the intestines are often panallergies, and the afflicted patients have become hypersensitive to so many substances that in these cases a specific hyposensitization has little hope of success.

Nor does testing for individual allergens make much sense when the entire immune system is disturbed due to restricted intestinal function. Purely symptomatic treatment of these "overstress diseases" has little chance of healing at all, because the suppression of symptoms deprives the organism of important detoxification options, forcing it to retain its pollutants and thus to prepare the way for a cellular reaction. Clinical experience has shown that it instead makes more sense to focus on the diseased intestinal tract with a thorough cleansing, thus gradually enabling it to resume its natural functions and to divert the long-term buildups of residues and toxic substances via natural pathways.

Various organs, particularly those colonized by bacteria, suffer permanently from these disorders. Thus, chronic nasal and sinus inflammations are not at all infrequently reflex evasion phases

caused by restricted intestinal content metabolism. This can likewise include chronic respiratory tract diseases such as allergic or asthmatic bronchitis, as well as eczemas, which in their turn can frequently be directly related to asthmatic symptoms.

Neurodermitis claims the largest share of intestinally-triggered diseases, because with this disease picture, the overstressed intestinal tract - and the thus likewise overtaxed liver function - makes a very large-scale attempt to divert the pollutants and toxic substances via the skin. The skin should fundamentally be viewed as a parameter for the current condition of the intestines and the liver, and thus exhibits, in the neurodermitis disease picture, striking and unambiguous overstress symptoms. Therefore, intestinal cleansing and detoxification of the body are the highest-priority therapeutic steps to be taken with this disease picture. When the overburdened organism is offered other, more natural detoxification and unclogging options - as is, experience has shown, quite feasible via the kidneys or a liver activation - in most cases, the chronic, eczematous and agonizing skin symptoms recede.

Experience has shown that the complex of chronic diseases that can be caused by the intestines is large and fairly diverse. All kinds of reactions are possible: various dermatoses, chronic suppurations, furunculoses, copious perspiration, as well as neuralgic pains and muscular irritations. Skin and mucous membrane mycoses can

also present a striking appearance. Stronger excretory phases, such as chronic diarrhea, which the organism utilizes to divert toxins, are basically always evasion phase candidates.

These causal connections can be seen more clearly in the following example: a 41-year-old man was plagued with chronic sinusitis for 6 years, during which time, he underwent numerous surgical operations, and each time - besides left and right side turbinate-bone removal and nasal polypectomy - both maxillary sinuses were scraped out.

The patient suffered sinusitis relapses at ever-shorter time intervals, accompanied by mucous membrane proliferations in the region of the nasal sinuses. In the meantime, festering cysts also formed in the maxillary sinuses, which were then therapized either with antibiotics or by being irrigated on an outpatient basis. During this time, the patient also developed a case of subacute sinubronchitis.

During all these years, the desperate patient had sought out a number of different ENT specialists. Allergy tests carried out at intervals had revealed a hypersensitivity to a growing number of allergens. Initially, it was "merely" to household dust and some grass pollen forms that hyposensitization therapies were performed, but these brought the patient no noticeable relief.

As the years went by, new tests revealed allergic reactions to



nearly 15 different substances (including birch pollen, hazelnuts, lindens, cotton cloth, various kinds of flowers, cosmetic ingredients, and more). Every hyposensitization treatment performed failed to reduce the patient's permanent nasal sinus symptoms. Nor did the month-long use of corticoid nasal sprays and allopathic anti-inflammatory medications succeed in improving the patient's condition. With this disease history behind him, the man turned up at our practice. Except for restricted nasal breathing and a chronic irritation cough caused by nasal secretion drainage, the physical examination turned up nothing unusual.

The laboratory findings revealed an elevated BSR and a slight leukocytosis. Both were accountable for by the chronic inflammatory condition. In addition, IgE and IgG were elevated - also no surprise considering the allergic situation. A suspicion of mycosis infestation was not confirmed by the cultural and serological analyses. On the other hand, the laboratory urine findings stood out, indicating an elevated pH value.

But the most illuminating was the patient interview. He told of regular digestive problems after eating: bloated feeling, abdominal cramps, heartburn, occasional nausea; he had also noticed that he could not tolerate fat and protein. Also, he often had diarrhea. Several times a year, he developed very itchy eczema in the anal region, which then disappeared after a while. All symptoms, with the exception of the digestive complaints, devel-

oped over longer time intervals and had up to now been considered by the patient to be tolerable and not significant. The patient was a swimming-pool attendant and had, due to shifting working hours, become accustomed over the years, to take his main meal of the day in the late evening, after work.

#### **Therapy in special clinical cases**

The strong and continuing readiness on the part of the body to increase mucous membrane secretion, pus formation and proliferation must be seen as a clear signal of possible evasion phases and overstress diseases. Further therapeutic steps derive from this aspect of the situation.

A recommended internal examination of the intestinal tract yielded no indication of growths, larger polyps or tumor-related diseases, so that these possible causes of the intestinal functional disturbance could be eliminated. As a first measure, the patient was strongly advised to change his dietary habits: to avoid acidic and acid-forming foods and to increase his consumption of alkalizing foods; to make lunch his main meal of the day and to have his evening meal before 6 PM at the latest.

In order to aid the body in its eliminatory processes, the intensive use of a proven skin and blood cleansing tea was prescribed (Infirmarius-Rovit), which thoroughly floods the organism and thus initiates an intensified mobilization of the built-up residues and pollutants out of the blood

and tissues. If at all possible, colonic hydrotherapy - a thorough and effective form of intestinal cleansing - should definitely be performed. It is also recommended, in this detoxification phase, to employ a good kidney function agent (Orthosiphonis Complex drops), which accelerates the excretion of the dissolved substances via improved kidney function.

Due to the chronic and already pronounced therapy-resistant inflammatory condition of the sinuses, and the presumably long-term overtaxing of the intestinal mucous membrane, LATENSIN and RECARCIN were also administered at the same time in alternation (one ampoule of each once a week). During the entire time of treatment, the pronounced chronic sinusitis was treated with Euphorbium S (one ampoule per week) and, by the patient himself, with the Euphorbium S metered spray (Heel).

In order to achieve a rapid and necessary re-establishment of the acid-base equilibrium in the entire digestive tract, the patient was given ALKALA N. For mycosis prophylaxis and to combat any possible fungal growth that might already have been triggered, EXMYKEHL 3X (once a day) was prescribed.

In the second week of therapy under this treatment, a defensive reaction set in, such as is to be expected when a feebly-reacting and chronically sick organism is deliberately stimulated. For about a week, all of the patient's above-



named symptoms flared up to varying degrees. The most conspicuous elimination reaction was copious perspiration.

During the course of the third week of treatment, large quantities of built-up pus secretion flowed out of the nasal sinuses, accompanied by a slight fever; after a few days, the flow became watery and clear. At this time, nasal breathing became considerably easier for the patient and the (up to now) chronic pressure pain in his head abated noticeably.

At first, intestinal function only improved slightly. Lasting and (for the patient) perceptible improvement was only achieved through the use of FORTAKEHL in the sixth treatment week to support the necessary re-establishment of symbiosis, in conjunction with the administration of bacterial substances via Hylak forte (Merckle).

After two months, the 41-year-old man was symptom-free. Treatment was continued for an additional three months on a three-week rhythm, during which the patient steadily improved. All told, it required five months of treatment to heal the damage that the intestines and nasal sinuses had sustained over the years. Since then, many cases of chronic sinusitis have been healed with this therapeutic plan, or, in very stubborn cases, made significantly milder.

The course of this therapy was described in great detail, because this example can illustrate how important it always is to pay

attention to the body's excretory and evasion phases and, when you suspect this is so, to establish the connection with the other ailments. Experience has shown that, besides the frequently encountered inter-relationships between intestines and nasal sinuses, there exist the aforementioned direct relationships of the intestines with the joints, with nerve irritations, chronic headaches, dermatoses and quite often with various types of allergies. In these cases as well, in addition to the specific treatment of the overstress diseases, a directed improvement and normalization of the disturbed intestinal functions is crucial to therapeutic success.

I would like to close with yet another case from clinical practice, in which a somewhat shorter description illustrates another example.

This case dealt with a 23-year-old woman who had been suffering for 2,5 years from severe diffuse hair loss. By the time she came to us, she had already undergone various forms of therapy, which had not been able to halt the severe hair loss. This included 6 months of cortisone treatment, which brought about no noticeable improvement of the hair problem either.

With this patient as well, none of the laboratory values stood out, nor did the physical examination yield anything significant. However, during the patient history interview, the patient answered a question concerning any unusual skin conditions by mentioning a

dinner-plate sized, moist eczema on her right thigh which, every year, would build up for about ten days, and which she had up to now been able to get rid of with a cortisone salve.

As far as her dietary habits were concerned, the patient had a pronounced intolerance for fat and protein, which often caused heartburn, strong bloated feeling, nausea and short spells of diarrhea. The number of different foods that didn't agree with her had continued to grow. It is astonishing how often patients like this accept these limitations and complaints and consider them barely worth mentioning. We also found out that this young woman was in the habit of eating out with a friend late in the evening at least three times a week.

Keeping all the factors in mind, the first suspicion concentrated here as well on the intestinal tract as overtaxed organ. Even though only short-term, the eczema was suspected of being the body's evasion phase and detoxification attempt. A nutritional deficiency of the scalp and hair could very easily be due to restricted function of the intestinal mucous membrane and an inadequate resorption of food substances.

Therapeutically, we began by prescribing skin and blood cleansing tea in order to increase the flushing out of the built-up pollutants. For mycosis prophylaxis, EXMYKEHL was prescribed and the acid-base equilibrium was re-established with ALKALA N. The patient was also advised to



take the daily intestinal activity cycle into account when setting her mealtimes. The intestinal tract was treated simultaneously with FORTAKEHL (one ampoule weekly) and Hylak forte (taken orally). To combat the hair loss, the patient was prescribed Viviscal tablets. This is a very effective preparation of an especially nutrition rich mixture of active marine active ingredients such as algae, which supplies the entire organism, but especially the hair roots, with over 60 different minerals, vitamins, trace elements and amino acids.

After about three weeks, intestinal function improved markedly due

to a combination of changed dietary habits and the medications. At this point, no significant reduction hair loss could yet be noted. After another three weeks of this therapy, hair loss declined and new hair growth began, which during the further course of the treatment built up to a robust and revitalized hair structure.

The entire treatment covered about three months. The once yearly eczema has not developed as of one year after the end of therapy. Further examples of diseases triggered by overtaxed intestines could be adduced indefinitely. What is important at the end of this exposition is the realization

that the intestinal tract, as one of the body's large detoxification organs, has a decisive influence on the function of other organ systems.

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