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# **BIO/TECH NEWS**

*Inside Information on Breakthroughs and Innovations in Bio/Science and Technology*

## **Death Begins in the Colon**

**Important, life-saving steps you can take to help reverse— even completely prevent— digestive disorders and diseases!**

If you are over the age of 30 and have been eating a typical American type diet for most of your life, then it is a most urgent matter that you familiarize yourself with the information contained in this issue of the Bio/Tech News. We cannot urge you strongly enough to take time to read it over very carefully. *This could be some of the most important information you will ever read.* After you have read it, we think you'll agree with us when we say we're convinced the information contained here could go a long way towards the prevention of massive amounts of suffering and disease.

One out of every three Americans suffers from some type of functional gastro-intestinal disorder (perhaps you're one of these?). The next time you're in a crowd, look around you and realize that more than one in every three persons you see probably has some sort of functional bowel disorder. And if you're in a group of senior citizens, the numbers jump to more than one out of every two!

This is serious! In fact, the official statistics reveal that more Americans are hospitalized each year due to diseases and disorders of the digestive tract than for any other group of disorders!

Human suffering aside, the impact of this epidemic problem on business and personal productivity is almost unfathomable: some 200,000 American workers miss work every single day due to problems related to the digestive system, incurring losses totalling \$50 Billion per year!

But as you'll read in this issue of the Bio/Tech News, you'll discover that things don't have to be this way. New research in the BioSciences has revealed that there is a ridiculously easy, highly-effective way to virtually guarantee that you, your family and your employees can have healthy, clean and disease-free

*Please see next page >>>*

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digestive tracts throughout the rest of your lifetimes. And the solution is so simple, you'll wish you'd have known about it years ago!

Medical treatment for colon cancer and related digestive diseases can run into the tens, and even hundreds of thousands of dollars. So, if we can show you in this single issue of the Bio/Tech News how you can help “stack the odds in your favor”, how you can help to minimize—or even virtually eliminate!—the risk of crippling and costly digestive disorders from your life, then we've performed an extraordinarily valuable service for you...a service which could ultimately save you a fortune in health-care and medical costs, prevent months or even years of anguish and pain, and even put a real “bounce” back into your step, to boot! This, of course, is exactly what we'd like to see, so please continue reading...

## Death Begins In The Colon...

The human suffering and the social, medical and economic costs of the gastro-intestinal diseases and disorders which have become so common here in the United States are nothing short of enormous, representing a huge share of our annual health care expenditure as well as a large loss of productivity.

Up to 100 million Americans suffer from intermittent and/or chronic forms of digestive diseases and the estimated total cost in lost work, lost wages, and medical costs is over \$150 *Billion* per

year. It is also estimated that some 200,000 workers miss work *every* day due to digestive problems. Health statistics also show that *more Americans are hospitalized due to diseases of the*

*digestive tract than for any other group of disorders.*

The **annual** sales of prescription and over-the-counter drug products used for digestive diseases is approximately \$2-2.5 *Billion* per year and shows no signs of abating. The following breakdown is a “barometer” of sorts which adequately demonstrates

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**NOTICE/DISCLAIMER:** The challenge for us at the Bio/Tech News is that we know our Subscribers don't want to have to wait around on the “men in white coats” to verify what seems to be clear as crystal to a person with a bit of down-home, plain-folk, common sense. Our Subscribers not only have plenty of common sense, but they are also savvy enough and sophisticated enough to recognize that much in this life is yet unanswered. Nevertheless, they want what we're able to come up with and report on despite the sometimes-obvious gaps in understanding; and, they want this information right now. They want to read about subjects now which might someday turn out to be “tomorrow's news”...perhaps months or even years down the road, and which most people may never even hear about, even then. So...our Readers pay us for our considered opinion, speculation, guesses, intuition—you name it—based upon the homework we do as we research various breakthroughs in BioScience and Technology. We've been doing this kind of thing for more than a decade now and *thousands* of Subscribers have been more than satisfied to get what we can give them now, knowing that there is often a long lag-time before the explanations for various phenomena ever come around. Since much of our reporting covers material which is “cutting edge”, you need to know that if you are looking for all kinds of scientific documentation—the kind of thing you'd find in a stodgy, peer-reviewed scientific journal—then you're going to be disappointed. Oftentimes, there's just not a whole lot of this kind of “science” available. Sometimes, all we may have to go on is a little bit of theory, a bit of “common sense”...and a number of reported experiences. Often, we find ourselves having to “fly by the seat of our pants”, sometimes speculating about why or how a product may work, but not knowing for sure. But, if we waited around for all the “science” to be done, then most of us would end up dying of old age before the obvious could be confirmed!

The language of the actual Terms and Conditions of Subscription Agreement says, in part—

“...I am subscribing to the Bio/Tech News for information purposes only. I understand and accept the fact that the newsletter may contain not only opinion, but also a certain amount of speculation, conjecture and guesswork. But this is what I am paying you for! In addition, and as part of that information I am paying you to provide, I expect to be given advice and specific recommendations for various products and/or services and the names of specific vendors and/or service-providers who, in your opinion, can help me make my Life, my Health and my Financial Bottom Line only better and better from now on.”

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Regarding the use of the term “cure”, we want to be absolutely clear about the fact that we are not comfortable with this term and are therefore reluctant to use it in our descriptions involving the use of various natural and/or nutritional substances, no matter how startling and amazing the results may appear to be. Rather, if a nutritional product seems to be helpful to you, instead of calling it a “cure” we think it is often far more accurate to suggest that the product may be providing your body with whatever specific “raw material” it needs in order for it to effect its own God-given, innate healing and repair process. In other words, the nutritional substance itself is not a cure. It does not make you well, per se. Rather, it is simply something which your body employs to enable itself to once again function properly. Once your body has regulated itself, various troubling symptoms and disorders tend to resolve themselves and ultimately often completely disappear.

Nothing contained in this Report has been evaluated by the FDA nor is it intended to be, nor should it be construed to be, any kind of recommendation of any product or service in the diagnosis, cure, mitigation, treatment, or prevention of any disease, nor should it be construed to be any kind of attempt to either prescribe or practice medicine. As always, it is our stated policy to encourage our readers to always, always, always consult with a competent, well-informed health practitioner before making any significant decisions regarding one's health.

the fact that these diseases present a significant public health problem and contribute substantially to our overall health care costs—

**Laxatives**—\$1.3 billion

**Antacids**—\$1 billion

**Antihemorrhoidals**—  
\$250 million

**Antidiarrheals**—\$225 million

**Here's a list of some of the very common diseases and disorders that are directly related to the colon:**

**Cancer of the Colon and Rectum (Colorectal Cancer)** is the third-most common form of cancer overall in the United States. This year alone, there will be approximately 150,000 new cases in this country and approximately 50,000 related deaths. Perhaps as many as 1 in every 10 Americans will eventually develop colon/rectal cancer and between 5-10 million Americans who are alive today will die of this disease.

**Constipation**— Many people in this country (as many as one in every four) struggle with this *extremely dangerous* problem. Constipation has been implicated in the cause of numerous diseases and disorders (see below).

**Appendicitis**—One of the most common abdominal emergencies here in the U.S. It has been estimated that more than 300,000 appendices are removed each year in this country.

**Diverticular Disease (Diverticulitis/Diverticulosis)**—In 1900, this disease was almost unknown. It is now the most common disorder of the large bowel in the United States. It is reportedly present in more than one-third of those in our population who are over 40 and in up to two-thirds of those who are over 80 years of age.

**Hemorrhoids**— Are believed to be present to some degree in nearly half of all people over the age of 50. Approximately 1 million new cases will be diagnosed this year.

**Benign Tumors**—Have been reported to be present in one-third of all autopsies done on patients over the age of 20.

**Irritable Bowel Syndrome** (including Spastic Colon) is the most common functional gastrointestinal disorder, affecting 10-20% or more of the population.

**Ulcerative Colitis**

**Crohn's disease**

**And, that's not all...**

Perhaps all of this doesn't surprise you. But take a look at the following **categories** of diseases and disorders that can also be related either directly or indirectly to the colon:

### CARDIOVASCULAR

**Hypertension**

**Cerebrovascular disease** (Atherosclerosis; Aneurysm, Stroke, etc.)

**Ischemic Heart Disease** (Atherosclerosis; Angina, Heart attack, etc.)

**Varicose Veins**—Estimated to affect 10-20% of all adults in our society. One researcher has stated that over half of all urbanized Western people would develop varicose veins if they lived long enough.

**Deep Vein Thrombosis**—Is believed to occur in 20-30% of all surgical patients and in over 40% of those undergoing major surgery.

**Pulmonary Embolism**—Is responsible for thousands of deaths here in the United States.

### METABOLIC

**Diabetes**—Especially *Diabetes Mellitus*, type II—“adult onset diabetes”; It has been estimated that 3-10% of the population eventually develops known diabetes and that a much greater proportion have the disease undetected.

**Gall Stones**—Found in over 10% of all autopsies.

**Kidney Stones**

**Obesity**

**Gout**

### OTHER

**Rheumatoid Arthritis**

**Autoimmune disorders**

**Pernicious Anemia**

**Multiple Sclerosis**

**Psoriasis**

**Thyrotoxicosis**

If you recognize yourself in any of the above, you're certainly not alone. Although in our society problems associated with our “bowels” are just not discussed in polite company, it is fairly safe to say that *almost everyone experiences them*. Symptoms of functional gastro-intestinal disorder (constipation, abdominal pain, a feeling of incomplete evacuation after defecation, urgency, loose or runny stools, mucus, scybala [hard fecal matter], straining at stool, bloating/distension, and/or heartburn) are extremely common today...even among apparently healthy people! **The next time you're in a crowd, look around you and realize that more than one in every three persons you see probably has some sort of functional bowel disorder! And if you're in a group of senior citizens, the numbers jump to more than one out of every two!**

If you're beginning to conclude that Western society is sick, you're not far from the mark. The really remarkable thing, however, is the fact that things just don't have to be this way. Beginning in the late sixties and early seventies and continuing on up through today, there has come to be a substantial and mounting body of scientific and medical evidence which powerfully suggests that *most of the above diseases and disorders are, for the most part, easily preventable*. In other words, there is no need for so many of us to have these kinds of problems.

In this special report, we will give you some of the fascinating background which lies behind the “F-Hypothesis” and will make some specific recommendations to help you keep yourself in the best of health. And, if you are one of the many millions who are presently afflicted with any of the problems mentioned above, this important information could turn out to be a real Godsend for you.

\* \* \*

## Doctor Sleuth

Epidemiologists are modern day medical detectives. The science of Epidemiology is the study of the spread, prevention and control of disease in either a community or specified group of persons. A "community" for the epidemiologist can be as small as a neighborhood or as large as a continent. A "group" is more or less a categorical type of definition and can be defined in a wide variety of ways (for example, second-generation Italians living in Kansas, anyone over 65 who wears dentures, new-born infants whose mothers are intravenous drug users, etc.). An epidemiological group can also range from very small to very large in size.

Now, although Epidemiology is a specialty field in medical science, just about every practicing physician finds himself doing epidemiological detective work at one time or another. By way of illustration, suppose a local pediatrician begins to notice an increase in the number of children coming to him presenting pre-asthmatic kinds of symptoms. The first one or two cases don't seem to be out of the ordinary. But by the time he sees eight, then ten, and then twelve kids with the same problem, he starts to wonder if there might be a connection.

As he looks into the matter, he finds that they all live within a three-mile radius of one another. As he looks further, he discovers that they all attend the same elementary school, a building about 15-20 years old. Aha!...he's now onto something. The thought occurs to him that, after a rather damp winter, the weather is finally warm enough that the school would now be using

its air-conditioning system for the first time this year. And so, as our Doctor Sleuth continues his investigation, it turns out that a particular mold/mildew had been growing in the damp cooling apparatus and was being blown all over the school via the system's ductwork. Finally, upon further investigation, it is determined that this mold/mildew is the very same allergen which has been causing so many problems for his young patients.

This doctor had, for the time being at least, become a medical Sherlock Holmes. Even though his specialty field was Pediatrics, by force of circumstance he found himself practicing the kind of medical detective work which falls into the category of Epidemiology. This kind of thing is not at all uncommon. As a matter of fact, it would perhaps be fair to say that some of the best epidemiology that has been done has begun this way.

\* \* \*

## Alimentary, My Dear Watson

Many, if not most, of the above-listed diseases and disorders have become characteristic of **modern** Western civilization. Available evidence suggests that **most, if not all of these disorders were rare or uncommon in the Western world less than one hundred years ago and that the prevalence of each has greatly increased during the last 50 years.** Hmmmm...looks as though this has the makings of a real medical detective story, doesn't it?

What's more, for years now researchers (such as Cleave, Trowell, Burkitt, and others) have known that all these diseases are almost unheard of in communities which still adhere to their traditional way of life. In developing countries in Asia and Africa, for example, documented evidence has proven the rarity of diseases such as diverticular disease, appendicitis,

bowel cancer, adenomatous polyps, ulcerative colitis, varicose veins, deep vein thrombosis, pulmonary embolism, hemorrhoids, and hiatus hernia.

**But as these countries develop and begin to adopt Western customs, a rise in the frequency of these disorders follows almost just as surely as night follows day.** They first appear and then become common in the upper

socioeconomic groups and in the more urbanized communities, (which are, of course, the first groups to become "Westernized"). In Africa, this has been the case with appendicitis, ischemic heart disease, diabetes, obesity, gall stones, varicose veins, venous thrombosis, and hemorrhoids. The same kind of thing has happened in Japan since World War II, particularly in the urban communities.

Race has nothing to do with it, either. Although non-Westernized Black Africans are rarely, if ever, afflicted with these diseases, they are nevertheless just about as common among Black Americans as they are among White Americans. And, as far as the Japanese are concerned, an increase in the incidence of these diseases/disorders has been observed among those who have moved from Japan to the more Westernized culture of Hawaii. It has been estimated that, compared with the incidence reported in Japan, adenomatous polyps of the large bowel are now three times as common in the Hawaiian Japanese; that bowel cancer is at least seven times as common; and, diverticular disease and ischemic heart disease are also much more common.

In addition, it has been observed that many of the diseases characteristic of modern western society are not only associated geographically as mentioned above but are also frequently found associated with one another in individual patients. These diseases have also been related to one another in their time of emergence, both historically in the Western world as well as more recently in developing countries. What's more, the order in which the frequency of each type of disease/disorder rises in these communities as they begin to adopt a Western way of life is constant enough to be, for all practical purposes, predictable.

Now, it doesn't take a Sherlock Holmes to begin to wonder about the possibility of there being a common cause of these diseases and disorders which has something to do with some sort of *environmental* factor rather than a genetic one. As a matter of fact, lots of researchers have wondered about this...

\* \* \*

## The F-Hypothesis

As it turns out, the result of the investigations by many over the years has led to a much more specific conclusion than merely some sort of ambiguous, or mysterious “environmental factor” which is somehow involved in the cause of these diseases and disorders. Rather, many have become far more specific about the cause, supporting what has come to be known as the “**F(iber)-Hypothesis**”.

In the 19th century, Graham here in the United States tried to draw attention to the need for roughage in the human diet, as did Allinson in Great Britain. Interestingly, Allinson’s peers ended up having his name removed from the medical register for the “unethical practice of selling whole wheat bread”!

The brothers John and William Kellogg were strong supporters of bran. They complained of the fact the then modern diet (*circa* 1900) had insufficient bulk and roughage to stimulate the bowels to proper action. Then, when one of the brothers began making commercial products (as you know, Kellogg’s is still a major manufacturer of breakfast cereals) the brothers came to be at such odds over this they eventually ended up taking each other to court!

In the 1920s, the British surgeon Arthur Rendle-Short became the first doctor to argue convincingly with abundant epidemiological and other evidence that cellulose-depleted diets played a dominant role in the causation of appendicitis.

Sir Robert McCarrison worked among the tribesmen of northern India and attributed their good health to their largely vegetarian diet and their consumption of minimally processed foods.

Prior to World War II, the English surgeon, Sir Arbuthnot Lane believed that many ailments were related to what he termed “bowel stasis”, the stagnation of colonic contents.

The basic idea behind the “bowel stasis school” is somewhat analogous to the kinds of problems you might imagine to occur when a major sewer pipe backs up. Although the concept of bowel stasis has been pooh-pooed (no pun intended) by a number within the medical community, current re-

search is beginning to demonstrate its significance.

For example, in the past it was thought the large intestine was not really too involved in absorption (the principal absorptive functions being to conserve water and electrolytes secreted into the gut during digestion). However, recent research has demonstrated that, among other things, the colon does in fact participate in protein absorption. This is extremely significant inasmuch as the colon is the major site of exposure to the bulk of endogenous bacterial proteins, enterotoxins, and breakdown antigens, which may be involved in the pathogenesis of a number of diseases, including ulcerative colitis and Crohn’s disease, food allergies and allergic gastro-enteropathy, bacterial enteritis (from toxins produced by *Escherichia coli*, *Shigella*, *Vibrio cholerae*, etc.), and certain extra-intestinal immune-complex diseases.

Immune complexes resulting from the interaction of circulating antibodies to absorbed antigenic protein, particularly bacterial breakdown antigens originating in the colon, have been implicated in the pathogenesis of some forms of chronic active hepatitis, glomerulonephritis, myocarditis, and the arthritis associated with inflammatory bowel diseases. Even a role in the pathogenesis of celiac disease and of collagen-vascular diseases, such as systemic lupus erythematosus, has been postulated.

As research continues to come in, the bowel toxemia, “you-need-to-keep-the-pipes-open” school looks as though it will in the future be completely vindicated.

Around the year 1932, Cowgill and Anderson in the U.S. supported the use of wheat bran because of its “laxative” effect on the bowels. A few years later, a researcher and later family physician

by the name of Ted Dimmock demonstrated the role of fiber in treating constipation and piles.

After World War II, three of the pioneers most responsible for the early development of the Fiber Hypothesis emerged: Cleave (Great Britain), Trowell (East Africa), and Walker (South Africa). T.L. Cleave was a physician in the Royal Navy and successfully treated constipation in sailors at sea by using Miller’s bran. He was one of the first to draw attention to the relationship between certain characteristically Western diseases and diets.

Dr. Hugh Trowell worked as a physician in East Africa for some 35 years. He was the first to list in a medical textbook diseases which are common in the West but rare in Africa. He suspected that the bulky stools passed by Africans were somehow protective against some of these diseases. He was the first to coin the term, “dietary fiber”. And, he was one of the first, if not the first, to suggest that fiber could confer protection against diabetes, obesity, and ischemic heart disease.

During the war years, Walker began to recognize a relationship between fiber intake, large stools, and a low incidence of certain gastro-intestinal diseases, and has subsequently made significant contributions to this subject.

Another name that needs to be mentioned is Dr. Denis Burkitt, the famous cancer researcher. Burkitt’s connections with 150 Third World hospitals enabled him to confirm many of Cleave’s epidemiologic observations and even to add to his list of Western diseases explicable in terms of fiber-depletion and refined carbohydrate. Burkitt’s interest in the Fiber Hypothesis was stimulated by Cleave’s suggestion that there was in all of this an enormous possibility of massive disease prevention.

Others heartily agree. Thomas MacKeown, epidemiologist and medical historian of Birmingham University, England, has asserted, **the recognition that the chronic, noninfective diseases characteristic of modern Western culture are due to factors in the environment which can be controlled**

## may prove to be the greatest medical advance of the 20th century.

Although the exact mechanisms are still not completely understood, the correlation between lack of dietary fiber and the onset of Western diseases and disorders is, in the minds of many researchers, almost undeniable. Just on the weight of the epidemiological evidence alone, an incriminating finger can be forcefully pointed at the lack of fiber in our Western diet.

Take, for example, the onset of Diverticular Disease in Great Britain (a similar situation occurred here in the United States around the same time). As late as 1860, a **daily** intake of 21 ounces of stoneground wheat mixed with rye, together with oatmeal porridge, was not uncommon. But the diet changed considerably around the years 1870 to 1880. Improved milling methods removed an increasing amount of the fiber from flour. At the same time, increasing prosperity, improvements in rail and sea transport and in refrigeration made other foods cheap and available to most people. [In theory, the amount of fiber in a diet may also be reduced not only by the refining of flour and other cereals but also by the substitution of refined sugar in place of unrefined foodstuffs that were previously eaten. In practice, these two processes occur together—Ed.] Meat consumption doubled and refined sugar and jam (which has a high refined sugar content) became part of the diet of even the poorest classes. The intake of refined sugar almost doubled between 1860 and 1890. These changes were accompanied by a fall in the consumption of bread. This trend has continued up to the present except for the years of the two World Wars.

Now, if the change from a high-residue diet containing plenty of fiber to a low-residue, fiber-deficient diet is responsible for the appearance of this disease, then it would be expected to have developed and become a common problem within the span of a generation (about 40 years) after 1880. This has, in fact, been the case...not only for Diverticular Disease, but also for many of the previously-cited diseases and disorders. These diseases have become com-

mon not only in Great Britain but also here in the United States and in other Western nations where over-refined carbohydrates—from which much of the plant fiber has been removed—are consumed.

### Beneficial Effects

Over the past 20 years or so, more and more research has begun to focus on fiber's specific role in the prevention of the above-mentioned diseases. Sometimes the connection is a relatively simple one and really seems to make nothing other than "good, common sense". [For example, see the comments on varicose veins, below—Ed.] At other times, the situation seems to be far more complex [such as fiber's *exact* role in preventing some of the metabolic diseases—Ed.]. In any event, here are some of the more notable, beneficial effects of dietary fiber on the human colon:

**1) Increased Fecal Weight**—One of the best established properties of dietary fiber is its ability to increase fecal output. The association of a large fecal output with a low incidence of disease of the large bowel has been noted by a number of researchers. Fiber produces bulkier, softer stools, thereby reducing the need to strain and increasing the feeling of complete emptying.

**2) Increased Frequency of Defecation**—Most people in Western culture defecate at least three times per *week*. By way of contrast, defecation at least twice *each day* should be the norm. It would not be unfair to say that *Western society is constipated*. Controlled studies have established a link between colorectal cancer and constipation, particularly in women. In two of these studies, having only three stools per week over a long period of time was considered a risk factor. What's more, benign and even malignant breast disease has been said to be a consequence of constipation.

There is strong evidence that diverticular disease is the direct result of raised intraluminal pressures resulting from straining at stool due to varying degrees of constipation. This greatly increased intraluminal (as well as

intra-abdominal) pressure is readily transmitted down the superficial leg veins and is perhaps in many instances the cause of varicose veins. The same basic line of reasoning holds with the cause of deep vein thrombosis—the possible effect of these pressures on the deeper veins—and also hemorrhoids as well as hiatus hernia. Diverticular disease, varicose veins, and deep vein thrombosis are closely associated with one another epidemiologically and tend to be associated within the *same* individuals.

In all probability, problems like these are simply the consequence of an intestine that is having to continually struggle with our modern, fiber-deficient diet.

**3) Decreased Transit Time**—“Transit time” is the duration between the initial time when food enters the body by ingestion and the time the digested remainder of the same food finally passes from the body in the stool. Transit times range anywhere between three to four days in many people who regularly consume the typical, low-fiber, Western diet. By way of contrast, the transit times of African villagers eating high-fiber diets have been reported to be 35 hours or less. A short transit time is important in that it decreases the time in which various toxins and carcinogens may be exposed to the bowel [See the comments on “bowel stasis”, above—Ed.].

**4) Dilution of Colonic Contents**—For example, studies have shown a significant correlation between the concentration of bile acids and colon cancer incidence. It has also been shown that the dilution of colonic bile acid concentration appears to exert a protective action. In addition to bile acids, the dilution of chemical poisons (environmental), toxins (microbial) and/or other carcinogens by fiber in the colon is an important factor currently being researched.

**5) Increased Microbial Growth**—The large intestine contains a luxuriant mixed culture of bacteria, most of which are anaerobes (i.e., they live and thrive in the absence of oxygen). About 400 species have been isolated.

The number of organisms in colonic and fecal material has been estimated at  $10^{10}$  to  $10^{11}$  per gram, which means that we have more microbial organisms than human cells! Believe it or not, 45-55% of the mass of material you pass in your stool is microbial. Through fermentation, these microorganisms conclude the digestive process. This bacterial action has a direct bearing on salt and water absorption from the colon, on the excretion of toxic substances, and on nitrogen and sterol metabolism, and it may influence intermediary metabolism in the colonic epithelium, liver and peripheral tissues.

The implications of the presence of such a large anaerobic organ in the human body are just beginning to be explored. These microflora, besides being directly antigenic due to cell constituents, produce a number of chemical compounds, many of which may have a direct effect on the immune system and the body's resistance to infection. Some of these compounds may be beneficial, such as antibiotic-like and immune-stimulating substances. The *lactobacilli*, for example, synthesize many antimicrobial substances such as lactic acid, acetic acid, benzoic acid, hydrogen peroxide and, perhaps most important, natural antibiotics. Two of these, Acidophilin and Bulgarican, possess a wide spectrum of beneficial activity against food-borne pathogens [Most Americans have very little knowledge about the direct relationship between their present state of health and the billions of beneficial microorganisms that live in their intestinal tract. Be sure you read the issue of the **Bio/Tech News** titled, "Critters", which contains a wealth of information you need to know concerning these kinds of highly-beneficial "gut bugs" and which ones you should be taking in supplement form—Ed.].

Other microflora have been shown to be pathogenic, having the ability to produce a wide-range of harmful compounds, such as carcinogens and tumor promoting substances, organic amines, exotoxins and endotoxins as well as other antigenic proteins and polysaccharides. Diabetes mellitus, bacterial meningitis, myasthenia gravis, thyroid disease, ulcerative colitis,

psoriasis, lupus erythematosus, dermatomyositis and pancreatitis are some of the various diseases/disorders in which the microflora of the human gut have been implicated.

Another common inhabitant of the human bowel is the yeast, *Candida albicans*. Normally, the growth of candida is kept in check by many of the other bowel microflora and the normal function of the immune system. When this balance is disrupted, as it is by the administration of broad-spectrum anti-microbial drugs or by immunosuppression from steroids, chemotherapy or disease, the *candida* can proliferate. The overgrowth of *candida* in the gut poses a continual challenge to the immune system and may cause or facilitate many diseases, ranging all the way from unexplained chronic fatigue to chronic inflammatory conditions.

**6) Altered Energy Metabolism**—There is a small body of literature, dating back to 1909, which shows rather consistently that reduction of caloric intake leads to inhibition of tumor growth. Dietary fiber enhances fecal energy loss. One possible ex-

planation for the difference in colon cancer rates between developed and underdeveloped countries may be in the fiber present in the diet and/or the ratio of fiber to calories.

**7) Adsorption of Organic And Inorganic Substances**—Some types of dietary fiber exhibit highly adsorptive qualities. It has been suggested that bile acids might be rendered promotionally inert if they were bound in the intestinal tract (dietary fiber does in fact bind bile acids and salts). More research is currently being done in this area.

**8) Production of Hydrogen, Methane, Carbon-dioxide and Short-chain Fatty Acids**—Dietary fiber serves as a chemical substrate for colonic fermentation and thus may be a precursor of short-chain fatty acids (SCFA). It has been suggested the presence of SCFA in the colon tends to reduce the colonic pH, thereby inhibiting carcinogenesis. Although observations of SCFA are still new, the role of SCFA in the colon offers a promising lead to cancer researchers.

\* \* \*

## Sinkers... or Floaters?

Seems a bit crude, but your stools can tell you quite a bit about your prospects for continued health. As a rule, they should be *easy to pass* and should be *soft*, tending to *float*. If they are hard and consistently sink—being either firmly shaped or pellet-like (making them difficult to pass without straining)—then it's a good bet that you aren't getting much in the way of dietary fiber. *You should be concerned about this.*

In addition, if you have a long transit time, your intake of dietary fiber is low. If you want to get a quick approximation of your personal transit time, eat a decent helping of whole-kernel corn during a meal and then don't eat anymore of it until you begin to see the corn begin to pass in your stool. The time it takes from the meal to the stool is your "transit time". Many professionals think normal transit times should be *no longer* than 18-24 hours,

and that frequency of defecation should be *two or even three times per day*. This, of course, only makes sense. After all, the colon isn't a stainless-steel holding tank! Nevertheless, the person on a typical Western diet holds approximately *eight meals* worth of undigested food and waste material in the colon (as compared with a person on a high-fiber diet holding only *three*)!

\* \* \*

## Conclusion—

By now, you're probably way ahead of us so far as conclusions are concerned. The obvious one would be the need to increase the amount of dietary fiber in

your diet. But *how you go about doing this is the question*. Many people think that just because they eat some salad and fruit and make their sandwiches with commercially produced “whole wheat” or “oat bran” type bread, they are on a high-fiber diet. They would be quite startled to find that they are getting only a small amount of the needed dietary fiber.

Obviously, the best thing to do is to commit yourself to a change in your diet, *decreasing* or even *eliminating* highly-refined flours and sugars, processed foods, foods containing large amounts of animal fat, fried foods, etc. and *increasing* the amount of whole grains, fruit, raw vegetables, etc. In addition, maintaining a good exercise

regimen along with the above is considered beneficial.

Equally obvious, however, is the reality that *few of us are either willing or able to be so radical*. What’s more, it would be almost *impossible* for most of us to maintain this kind of diet while we’re out in the workaday world. There are just too many business lunches, meetings, seminars, etc. to be able to have much in the way of control over what we eventually end up eating. Put all of this together with the fact that most of us eat a number of meals per week under pressure and on the fly, and the prospects of having a good, consistently healthy diet are minimal.

\* \* \*

## So What’s A Person To Do?

**S**o, what’s a person to do? What we do personally is try to watch what we eat—within reason, of course—and make sure that we **consistently take a good, dietary fiber supplement**. If you are not used to taking fiber, you should start easy and let your body get gradually accustomed to it.

After looking at [and using!—Ed.] lots of different products over the years, it is our opinion that **the best fiber supplements not only contain various combinations of dietary fiber, but also a special combination of herbs**. We think it’s important to have a variety of dietary fibers, since different types of fiber exhibit different characteristics in the bowel. And, the various special herbs and herbal combinations are desirable, having been recognized by Master Herbalists to be extremely beneficial in dealing with a wide range of gastro-intestinal problems and having been used in this way for hundreds of years.

Fiber supplements usually come in powder form and are normally taken with a favorite juice. Based on extensive personal experience, we can say there are at least two real drawbacks to fiber in this form: First, once you stir 2-4 tablespoons of fiber powder into your juice, you have to drink it down right away before the fiber “gels” on you. Of course, this is the kind of bulking characteristic you want when you take fiber, but you want it to occur *after* you’ve swallowed it, not before!

Otherwise, it’s a rather unpleasant experience, trying to swallow a thickened, gelatinous “drink”. What’s more, if the fiber product contains any herbs [As we think it should!—Ed.], then there is no juice on this earth which can adequately mask the strong, sometimes bitter taste these herbs supply. Even if you like the taste of your powdered fiber at first, we can just about guarantee you that, after a few weeks of the routine, you’re going to find it harder and harder to take the stuff. So...what’s a person to do? **The best, most convenient and pleasant alternative we have found is to take a fiber and herbal combination in capsule form**. If you can swallow capsules, this is the only way to go, in our opinion. That way, you can completely avoid the rather unpleasant experience of standing over your sink day after day, trying to suppress your gag-reflex as you try to down a thick, often bitter-tasting glass of fiber. **Instead, get yourself a good, all-natural fiber/herbal supplement in capsule form**. Based on personal experience, we think this is the only way to go, *long term*. And...**it’s important that you consider this crucial matter of**

**increasing your fiber intake to be a long-term, life-long proposition.**

**Recommend you check out the Fiber from [Power Formulas, Ltd.](http://www.powersformulas.com) which contains four different types of dietary fiber, 14 different herbs and comes in easy-to-swallow capsules. Hands down, it’s one of the best Fiber formulas out there. 100% moneyback guarantee if you’re not 100% satisfied with it in every way. Go to [www.powersformulas.com](http://www.powersformulas.com) to find out more.**

\* \* \*

## One Final Word...

**O**ne thing you need to understand about the kinds of problems we have covered in this report is the fact they never develop overnight. **Therefore, their prevention must be a sustained, consistent effort over the course of your individual lifetime. In other words, you need to begin making the necessary changes now and continue with them for the rest of your life.**

We hope we’ve convinced you of the need to **increase the amount of fiber in your diet**. Start paying attention to what you eat and **make sure you take a good, all-natural fiber supplement**. If people in Western society would only begin to increase the amount of dietary fiber they consume on a daily basis, there is no doubt in our mind that we would begin to see a rapid decline in the kinds and types of diseases and disorders which unnecessarily afflict us today.

Now, you know what to do. So please, make up your mind and...

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