Quantum Medicine Update

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New Breakthroughs in Treating Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is estimated to affect 15-20% of adults. Also known as leaky gut syndrome, some IBS sufferers have constipation (difficult or infrequent bowel movements); others have diarrhea (frequent loose stools, often with an urgent need to have bowel movements); and some people experience both.

Although mainstream doctors call IBS a functional disorder, it is only because they are unable to detect any sign of disease when the colon is examined in isolation from other organs and systems of the body. IBS causes a great deal of pain, discomfort and distress, and may cause damage to the intestines and liver, and interfere with or even block nutrient uptake causing chronic malnutrition.

Defining Caustive Factors

This article will attempt to examine the causes, consequences, and clinically proven remedies that help to reestablish gut health and enhance gut repair routines. With the help of new Quantum Medicine™ test protocols and computerized regulation thermography, we have discovered that a high percentage of IBS sufferers have duodenitis, dysbiosis, stagnant lymph flow and drainage in the deep lymph channels of the gut, silent/hidden dental foci, and dysregulation of the extracellular matrix caused by xenobiotic toxicity.

The primary inducers and promoters of IBS are:

1. *pH reversal of the GI tract* – the Standard American Diet which is high in animal protein and refined and heated foods void of enzymes typically results in an anabolic pH that is too acid. With cellular pH lowered there is a concomitant elevation in stomach pH (lowered acid and pepsin production) and a production of acid instead of alkaline bile. Acid bile burns the duodenum causing duodenitis which interferes with the release of pancreatic enzymes and bicarbonate. In turn, maldigestion results in stubborn and treatment resistant gut infections and gut permeability disorders. One study examined 94 patients who developed IBS after acute gastroenteritis. Since none had IBS prior to this illness, the correlation of IBS with dysbiosis and gut-related infections was supportive of this contention.[1] Another study documented a correlation between gut dysbiosis and IBS by revealing how 9 out of 18 patients showed significant overall improvement (as measured by mean value of all symptoms) when taking acidophilus, as compared to the placebo control phase of the study.[2]

2. *Undiagnosed duodenitis* – My earlier research confirmed a high incidence of duodenitis in patients with constipation, diarrhea, bloating, and flatulence that is only aggravated by the common nutritional practice of prescribing digestive enzymes that are derived from *aspergillus* fungi.[3-4] In turn, duodenitis results in disturbances of the gall bladder and intrahepatic biliary tract with a resultant backup of toxins (as transulferation pathways become compromised and deficient)[5-9] leading to xenobiotic excesses in the deep channels of the lymphatic system. As lymph nodes become swollen and congested with xenobiotics, they lose their ability to protect the body against infection. This is especially true when the deep lymph channels of the gut become congested.[10] Since lymph capillaries, unlike the blood, are very permeable to proteins and foreign toxins, dental toxins and infections, these factors slowly find their way into lymph channels and clog and choke off the lymph-generated immune responses in the gut and elsewhere in the body. Close to 80% of individuals with duodenitis have hidden pockets of infection where wisdom teeth have been extracted in the past.[11-12] My earlier 1980 research uncovered duodenitis as a potential of dysbiosis and gut inflammation. This is supported by research that reveals how bacterial overgrowth of the small intestine alters gastrointestinal mucosal integrity and increases inflammation that downregulates nutrient uptake in the gut.[13]

3. *Cyclic Infections, Dental Foci and Endotoxins* – Pleomorphic infections from dental foci, food, and airborne microbes can lead to serious incapacitating infections. Sepsis is the most common cause of death in the noncoronary intensive care unit with 700,000 new cases each year. *Endotoxins* (the deadly agents of sepsis) leak into the lymph system, the stomach and duodenum from dental foci altering genetic expression and causing massive inflammation accompanied by blood clots in small blood vessels with concomitant damage of the lymphatic system and organs of the body. These pro-inflammatory states of abnormal physiology make the body extremely sensitive to chemicals and odors, leading to MCS and lifelong allergic symptoms that require seasonal or constant medication. And, in a high percentage of cases, these infections may lead to the virus proliferation, tumor formation and serious life-threatening illness. For example, *H. pylori* infection, a cause of gastritis and duodenitis, has also been found in dental pathogens by other researchers.[13] *H. pylori* colonization was reported in 97% of 125 males and 53 females with dental disorders. Other researchers examined the relationship between *H. pylori* in the stomach and oral cavity and found a high correlation with *H. pylori* in both dental plaque and the stomach, documenting that dental disorders are a likely source of infection in the stomach and duodenum.[14]

14. *Neurohormonal dysregulation* – Undetected hypothyroidism and neurohormonal dysregulation contributes to IBS and is often the cause of constipation and mitochondrial oxidative stress.[15-17]

Support and Stabilization of the GALT Immune System Integrity

Gut associated lymphoid tissue (GALT) represents nearly 60% of the immune system, and can promote and induce gut inflammation. This is especially true in cases of maldigestion and duodenitis when undigested food constituents trigger inflammatory responses.[17] The interaction of these undigested food constituents with GALT and gut flora results in immunological activation and villous atrophy, with a shift toward proinflammatory reactions.[18-19]

Since the GALT lymphoepithelial tissues communicate reciprocally with the neuroendocrine system by way of messenger molecules such as cytokines, prostaglandins and peptides,[20] the digestive tract is an integral part of the nervous, immune, and hepatic systems.[21] Increased intestinal permeability in the gastrointestinal lumen is a direct result of the release of local and systemic proinflammatory cytokines.[22-23]

Maintaining and stabilizing acid base metabolism is necessary to correct hypochlorhydria and maintain the proper pH of stomach acids and bile secretions from the gall bladder.[3-4] When the pH gradients of the digestive tract are altered, dysbiosis and resultant endobiosis disrupts neuroendocrine regulation and immune functions.

GALT can be stabilized to maximize neurohormonal and immune mechanisms by the following support measures:

1. Correction of duodenitis and/or gastritis with appropriate nutritional complexes designed to soothe, heal and restore gastrointestinal mucosal integrity while gently activating the flow of bile and pancreatic enzymes. (Note: traditional digestive enzymes as commonly used by most alternative practitioners will aggravate these conditions and increase gut permeability and dysbiotic gut situations. Packaging nutritional complexes with transmembrane proteins or protein carrier complexes is necessary to boost nutrient uptake necessary to fuel repair mechanisms).[24]

2. Appropriate detoxification of the liver, lymphatic system and gastrointestinal tract of heavy metals and other xenobiotics with the simultaneous support of GALT. (Patients who get sicker with crisis reactions that are blamed on detoxification do so because GALT is not properly supported and maintained and duodenitis is blocking liver detoxification mechanisms).[5,6,12]

3. Appropriate oral chelation and removal of heavy metals and xenobiotics. (This is necessary because mercury vapor in saliva combines with hydrochloric acid forming mercuric acid thereby reducing its ability to promote proper digestion while destroying friendly bacteria in the gut. Opportunistic organisms (yeast, fungi, etc) compete for mucosal surfaces

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making most anti-yeast and anti-fungal supplements ineffective until proper measures are taken to remove mercury and other xenobiotics from the gut walls. Mercuric acid and HCL inactivation results in putrefaction, indigestion, heartburn, bloating and constipation alternating with diarrhea).

4. Appropriate meridian/organ resonant support allows remedy effects that are multidirectional rather than unidirectional with "short fuse" effects and crisis symptoms or the induction of a toxin overload in the body. (The use of quantum nutrition™ – matched to meridian-organ frequencies – seems to synchronize and improve the functional status and biocommunication of the body's energetic-physiological networks. By boosting organ reserve, this methodology enhances the performance of physiological systems so they function closer to their levels of optimal performance. Moreover, the fine-tuning of meridian energies, provides an extra margin of physiological capacity as nourishment can penetrate deeper into the *quantic* world of cellular atomic and sub-atomic processes where deep repair mechanisms can be augmented).

In summary, gut mucosal cells in IBS sufferers need to be bathed with concentrated food extracts combined with novel methods of transporting nutrients through carrier and channel proteins via high-energy complexes of synergistic ingredients.* New approaches in assessing and balancing pH with energetically-treated water and mineral ion supplements and breakthrough methods of detoxification that maintain GALT integrity are invaluable in IBS patients. Since all IBS patients have inefficient nutrient uptake by the villus cells, the proper use of co-transporter complexes of protein can help to stabilize colonic mucosal function,[25] aid in proper water absorption and stool formation,[26] and decrease the activity of parasitic bacteria in the gut while reducing insulin resistance and its inherent conditions associated with oxidative stress.[27]

Finally, the impact of IBS on human life is enormous. Intense therapeutic efforts are required along with expanding awareness and diagnostic sensitivity as currently taught in Quantum Medicine™ Seminars. With a mounting number of resistant microorganisms and a rise in acute and chronic organ dysfunction from sepsis, therapies that reduce sepsis morbidity and mortality, aid in chaperoning nutrients to their intracellular locations, and attempt to understand the inflammatory patterns underlying IBS will aid physicians in the battle against IBS.[28-30] According to the 1999 Nobel Prize winner, Dr. Gunter Blobel "each protein carries in its structure the information needed to specify its proper location in the cell."[30] Novel, multi-faceted treatment approaches that address factors underlying the disorder will provide quick patient recovery and lead to an improved outcome for IBS patients.

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* The novel methods of transporting nutrients through carrier and channel proteins via high-energy complexes of synergistic ingredients are available through NutraSpectrum, Inc. 1153 Mid-Valley Drive, Olyphant, Pennsylvania 18447 USA; 866-688-7277. The statements made in this article regarding these types of nutritional/phytochemical products have not been evaluated by the Food and Drug Administration. These nutritional concepts or the formulations tested in the author's clinical research are not intended to treat, cure, or prevent disease. All the above research was done on the author's own time without compensation from any funding source or private/professional corporation. The author is not employed nor is a consultant of any nutritional or medical instrumentation company.

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