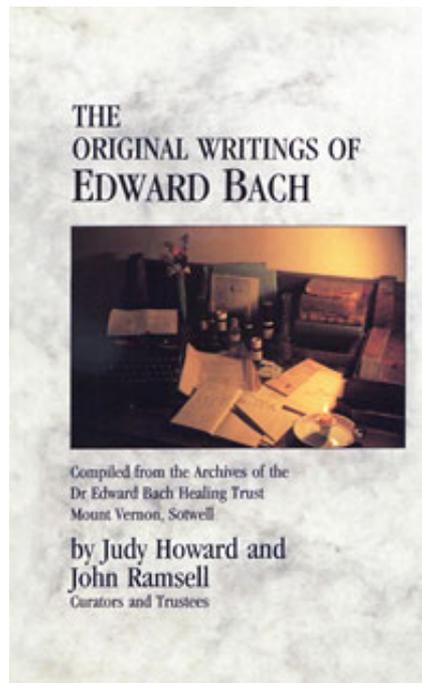


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The Problem of Chronic Disease.

By EDWARD BACH, M.B., B.S., D.P.H.

FROM the earliest records of medical history we find evidence that what we know to-day as intestinal toxaemia was consciously or unconsciously recognized, as evidenced by the drugs and remedies used by the earliest physicians, many of which were laxative and liver stimulating and hence intestinal cleansing in their effect. Throughout the ages of medical science similar efforts by different methods have been attempted, and even today much of modern treatment by diet, drugs, and even surgery is based on similar conceptions.

The alimentary canal must of necessity be of the utmost importance. Its superficial area is greater than that of the skin surface of our bodies; moreover, it has the power of absorbing from that in which it is bathed — a property not possessed by our external surface in any similar degree; you may sit in a bath of potassium cyanide with no ill-effects, a very small amount of which would be fatal in the stomach; you may wash in water loaded with typhoid or diphtheria or other bacilli without harm, but if a microscopical amount enters the mouth the result may be serious or fatal.

The content of the tract is the fluid in which we live; from which we obtain our fluid and our food; it is to us similar to the water in which the unicellular amoebae moves. It is essential that it should be pure and contain the necessaries of life, and free from any substances which if absorbed may be harmful to the body and against which there is no protective mechanism.

It is surely one of the marvels of Nature that she has been able to cope with such diversity of intestinal content as that with which different races have tested her powers of adaptation. Consider the varying diets of different countries; think of the vastly varied composition of the intestinal content as a result; and yet the races, generally speaking, survive. As yet the

penalty Is not death — merely disease; not extinction - merely degeneration.

In all probability the human race was originally intended to live on raw material, the fruits and foods of the tropics, and the human alimentary canal was evolved to deal with such a diet; yet offshoots of that race have migrated to temperate climes and many nations live almost entirely on food which has been cooked, completely altering the intestinal content — and yet the race survives; but humanity does not escape entirely. It may live, but it suffers; it suffers from a hundred and one diseases, from a lowered standard of health and strength and a loss of physical vitality.

It is against all probability that human nature will for some time if ever retrace its steps and return to a primitive condition, and even if that ultimately is the result it does not concern us; we are interested in those countless millions of this, our age, and the age of the near future, who will demand to live as we do today and yet cry aloud for health and relief from suffering. We have to meet present needs, not stand idly waiting for an ideal future.

When a race lives on unnatural food, the intestinal content changes chemically, physically and bacteriologically. All these factors matter, but in people such as those with which we are dealing the bacteriological change matters most.

The chemical and physical characters can be brought somewhat within range of normal by a diet not too far removed from that of civilization by the addition of fruit, salad, &c., and by such means the extreme variance from the normal in both the chemical and physical condition can be remedied even within the limits of diets which are not incompatible with the modern possibilities of private home and public restaurants. I mean that it is possible to lunch and dine daily at many restaurants and select such food as will keep the intestine reasonably clean without being considered mentally deranged or even very exceptional. But although this may be accomplished it does not of necessity follow that it is in itself sufficient to cure disease.

In a few cases it may be so, but where there has been an infection of long standing, or where the infection is deeply seated, the bacterial element will resist for at any rate a long time the improvement in the intestinal content, and other

methods have (o he devised to hasten its removal; hence the greater **importance** of the bacterial infection as opposed to the **abnormal** chemical and physical state, owing to the greater difficulty in correction.

Has it ever occurred to you what difference there is between the content of the large intestine of an individual living on raw food and one living on cooked food?

In the latter instance such as is met with in civilized people the content is foul in odour, dark in colour, alkaline in reaction; containing many products of putrefaction such as indol. and the **bacterial** content is composed of *Bacillus coli*, streptococci and spore-bearing organisms. Contrast this with the healthy individual who lives on raw material.

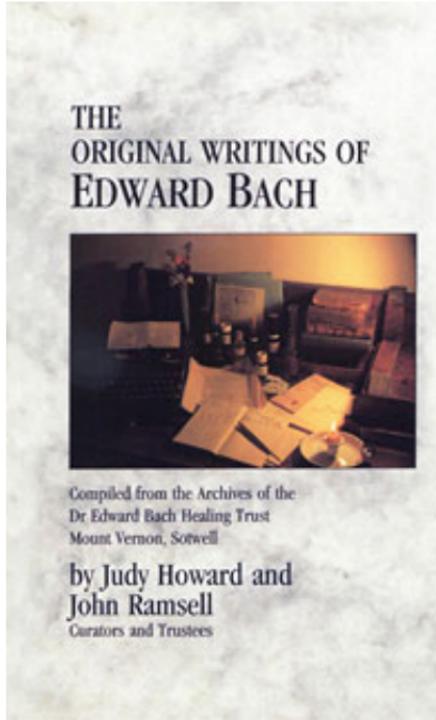
The large intestinal content is of no odour, light in colour, acid in reaction; free from putrefactive products, and the **bacterial** content consists of the lactic acid bacilli together with some *Bacillus coli*.

To any conversant with this contrast it is in itself grounds for serious thought.

In many cases cure can be accomplished without alteration of even an unnatural diet, where no amount of dieting would give marked benefit, though I do not deny that the combination would be better and more lasting.

The essential point about a suitable diet is that whilst supplying the needs of the body it should tend to keep the reaction of the large intestine slightly acid - instead of alkaline, as is much more usual in western civilization. The acidity depends on the growth of the lactic acid bacillus, and this organism, again, needs the presence of starch to ensure its multiplication. Ordinary forms of starch are converted to sugar long before the colon is reached, but uncooked oatmeal, or better still, crushed nuts, are convenient means of **supplying** a starch that remains largely unconverted to sugar in the upper part of the bowel.

I do not feel that it is yet proven that the class of bacteria which is the subject of this paper are the cause of disease. I am not certain. They may be the result, but I do maintain that this group of organisms of which I am about to speak are persistent in patients; that they are associated with chronic disease, and



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