Feeding the Digestive Tract
Calming Foods for Regularity and Intestinal Balance
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When the digestive system is off-kilter, the whole body suffers. Besides the fact that nutrients are not being adequately absorbed for everyday body functioning, digestive disorders are just downright uncomfortable. Gas, bloating, and constipation—all symptoms that are best left at the "commode." In fact, digestive symptoms are one of the leading reasons Americans miss work. While fiber is important for the health and regularity of the digestive tract, there is much more to consider. Healing the gut properly and promoting regularity requires eating the right foods, removing any aggravating substances, as well as supporting the system with the right nutrients.

African Fiber Wisdom

A British researcher by the name of Denis Burkett, MD, along with his colleague Hugh Trowell, MD, observed and studied the native African culture for many years back in the 1950s. The work of these two medical pioneers paved the way for the link between dietary fiber and chronic disease. They noticed that Africans eating their traditional diet had between one and three substantial bowel movements every day and that the transit time (amount of time between ingestion and excretion) was 24 hours or less. Basing his conclusions on extensive studies examining the rates of diseases in various populations and his own observations, Burkitt believed that there was a strong connection between the Africans' ease of elimination and the very low incidence of various bowel symptoms, such as hemorrhoids, appendicitis, constipation, ulcerative colitis, and even colon cancer. He also found few instances of other chronic degenerative diseases like arthritis, heart disease, and diabetes. The researchers attributed the Africans' robust bowel health and absence of disease to the high amount of fiber in their diet, both soluble and insoluble. Burkitt noticed that only after succumbing to a Westernized diet of processed grains and sugars did the native people develop symptoms of digestive upset, obesity, and diabetes.

While the amount of fiber is certainly a key component of why this native culture experienced such vibrant health, there are other factors that are part of the picture. Their traditional diet also includes high amounts of fermented foods, which provide beneficial flora to the intestines, along with bitter vegetables and herbs, like dandelion, which stimulate bile and peristalsis (the wave-like contacts of the intestines). They consume liberal amounts of foods rich in fat-soluble vitamins (such as insects and dried shrimp), and they soak and germinate their high-fiber foods, like grains and legumes, to increase their digestibility. Ultimately, fiber should not be the sole bearer of praise, but what must be addressed are all the components, including preparation methods, as well as other habits, such as water consumption and exercise.

Steps to Gut Healing

We have established that fiber, although important, is only one piece of the puzzle for optimal digestive function. The goal is to have between one and three substantial bowel movements every day, with a transit time of 24 hours or less. There are many dietary habits that can be incorporated to encourage the same easy elimination as experienced by the traditional African cultures.

Fitting in Fiber: Fiber can be separated into two categories: soluble and insoluble. Although fiber is indigestible by humans, it is readily munched on and fermented by health-promoting intestinal bacteria to produce short-chain fatty acids that the cells of the intestinal tract use as an energy source. Most foods contain both soluble and insoluble fibers; however, one or the other predominates in any particular food. Understanding the differences between the two fibers is not as important as actually consuming high-fiber foods on a daily basis. Soluble fiber is high in oat bran, pears, apples, certain vegetables, legumes, and psyllium seed husks. This form dissolves in water and turns into a gel-like substance.
during digestion that binds to unwanted materials, like toxins, and carries them out of the body. Insoluble fiber does not dissolve in water, so it “sweeps” the colon and softens stool, which helps move it through the intestinal tract in less time. For this reason, insoluble fiber has a greater laxative effect. Examples of insoluble fiber-rich foods are whole grains, nut and seeds, and certain vegetables like broccoli and carrots. Overall, high-fiber foods provide moisture-retaining bulk so that waste matter in the colon won’t become dry and tightly-packed. The increasing reliance on processed, “fiberless” foods has caused a fiber-shortage in typical American diets. The recommendation for older children and adults is 20 to 35 grams daily. Try to consume fibrous foods such as the tried-and-true dried plums (aka prunes), flaxseed meal, colorful vegetables and fruits, along with whole grains like brown rice and oats.

**Healing Fats:** Fats are incredibly important for the health of the intestinal tract. Coconut and coconut oil are especially healing and contain unique medium chain fatty acids (MCFAs). Unlike other fatty acids, MCFAs are absorbed directly from the intestines and sent straight to the liver, where they are mostly burned as fuel. Coconut oil soothes inflammation and plays a role in healing injury in the digestive tract. Its antimicrobial properties also affect intestinal health by killing troublesome microorganisms. Butyric acid, another special fatty acid found only in milk fat (butter and ghee (clarified butter)), is the primary fuel for the colonic walls. Supplementation with butyric acid has been shown to improve the function and integrity of the intestine. Finally, vitamin D, which is found in certain fatty foods like egg yolks, butter, and cod liver oil, is important to colon health; a lack of this nutrient may contribute to constipation and other colon disorders.

**Hydration:** Water and other liquids add bulk to stools, making bowel movements easier. Excess caffeine acts as a bowel irritant and diuretic and therefore should be limited. However, drinking green tea, which contains small amounts of caffeine, may help reinoculate the bowel with helpful flora because it inhibits the growth of harmful organisms and promotes the growth of beneficial species. Decaffeinated tea may be a better choice in the initial stages of healing. Another digestive system healer is broth, such as can be made from chicken or beef. The American researcher Francis Pottenger pointed out that gelatin, found in high amounts in broth, attracts and holds liquids, and also facilitates digestion by attracting digestive juices to food in the gut.

**Ancient Preparation Techniques**

**Soak high fiber foods:** The practice of soaking and germinating grains, legumes, nuts, and seeds is shared throughout many cultures. Soaking these foods in water begins germination of the seed, which increases enzymatic activity as much as six times. Basically, sprouting predigests components of these high-fiber foods, changing their composition in a number of ways. It is believed by many that fibrous foods that have not been soaked or fermented may irritate the villi in the small intestine, leading to poor absorption and digestive difficulties.

**Fermented foods:** Our ancestors consumed high amounts of fermented foods, which contribute to beneficial flora in the intestines. The beneficial “bugs” in our gut promote digestion by secreting needed enzymes, encouraging peristalsis, and assisting with food breakdown. Some gut flora-supportive foods include fermented dairy products like yogurt and kefir, fermented soybean tempeh and miso, and raw cultured vegetables. Consume these foods raw or just warmed to save their flora-flourishing properties.

**Rule Out Digestive Aggravators**

Consuming foods that one is sensitive or allergic to can be a contributing cause of constipation and other digestive symptoms. Some of the most common allergy-causing foods include wheat, corn, eggs (especially whites), and dairy products. Food sensitivities or allergies should be identified and the offending foods eliminated. A double-blind trial found that chronic constipation among infants was
triggered by intolerance to cows’ milk in two-thirds of those studied.\textsuperscript{16,17,18} Removal of milk cleared up the issue. Other digestive aggravators include white sugar, white flour, and damaged fats, such as margarine and fats found in fast foods and processed foods.

Digestive health is like a puzzle: fiber is one piece, but without the other pieces, it will not be complete. Consuming the best gut-healing foods, preparing food properly, and avoiding the digestive aggravators are all factors to incorporate in order to experience robust digestive function, and thus vibrant overall health.

\textsuperscript{2} Pizzorno, Joseph., N.D. \textit{Textbook of Natural Medicine} 2\textsuperscript{nd} Ed. Churchill Livingstone. 1999.
\textsuperscript{3} Cowen, Tom, M.D. Ask the Doctor about Constipation. Found at \url{www.westonaprice.org} on September 2, 2004.
\textsuperscript{5} Kritchevsky D. Protective role of wheat bran fiber: preclinical data. \textit{Am J Med} 1999;106(1A):28S-31S
\textsuperscript{6} Kamen, Betty, PhD. \textit{New Facts About Fiber}: How fiber enhances your health. Navato, CA. 1997
\textsuperscript{7} Fife, Bruce, M.D. \textit{The Healing Miracles of Coconut Oil}. Healthwise, Colorado Springs, CO. 2001.
\textsuperscript{8} Levin, Buck, PhD. R.D. 1994. Intestinal Permeability and Nutritional Support for Intestinal Integrity. \textit{Quarterly Review of Natural Medicine}. Nutrition Research Review
\textsuperscript{9} Kurgan, A. Health help. Fluid + fiber = frequency. Home Care Provid. 1996 Jan-Feb; 1(1): 30
\textsuperscript{13} Hobbs, Christopher, Pro-life Therapy with Probiotics, The Use of Acidophilus and other Beneficial Bacteria as Dietary Supplements. 1996. Found on \url{www.healthy.net}.
\textsuperscript{15} Zand, Janet, LAc, OMD. \textit{Smart Medicine for Healthier Living}. Avery Publishing Group. 1999
\textsuperscript{17} Daher S, Solé D, de Morias MB. Cow’s milk and chronic constipation in children. \textit{N Engl J Med} 1999;340:891