

Stomach and Bowel Disorders

Jan De Vries



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Contents

Foreword by Hayley Mills	
Chapter 1 Abdominal Pain	
Chapter 2 Dyspepsia and Indigestion	
Chapter 3 Hiatus Hernia	
Chapter 4 Gastritis	
Chapter 5 Duodenal Ulcers	
Chapter 6 Gastric Ulcers	
Chapter 7 Pancreatitis	
Chapter 8 Gastroenteritis and Food Poisoning	
Chapter 9 Appendicitis and Peritonitis	
Chapter 10 Colitis and Ulcerative Colitis	
Chapter 11 Diverticulitis and Diverticulosis	
Chapter 12 Crohn's Disease	
Chapter 13 Coeliac Disease	
Chapter 14 Constipation	
Chapter 15 Food Allergies	
Chapter 16 Irritable Bowel Syndrome	
Bibliography	
Useful Addresses	

Foreword

As patron of the Jan de Vries Benevolent Trust, let me first say what an honour it is to be invited to write the foreword to this book.

The work of the Trust is centred around holistic forms of medicine, the best known being homoeopathy, osteopathy and acupuncture, which are increasingly being used in conjunction with orthodox medicine by the medical profession. This complementary medicine, as it is known, is successfully treating twentieth-century diseases such as Candida albicans, irritable bowel syndrome and ME by treating the person as a whole, as opposed to selective treatment. In the following pages Jan de Vries discusses reasons behind today's widespread health problems related to drinking, smoking, overeating and, of course, stress, and the exciting medical options now available to us.

Jan de Vries is one of Europe's foremost practitioners of complementary medicine, and for over thirty years has helped bring holistic healthcare to a point where demand is greater than qualified practitioners can supply.

The Trust, set up in his name, aims to maintain and improve research and training into holistic medicine, and increase the number of qualified practitioners who in turn are helping to build bridges between orthodox and complementary healthcare. It also strives to provide patients with much needed financial support for both orthodox and complementary treatment.

This practical handbook will provide help and guidance to those people interested in complete health, and royalties from sales of this book go to the Trust.

HAYLEY MILLS

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CHAPTER 1

Abdominal Pain

There is no better place than at the beginning of the first chapter to relate a personal experience from 1987 which is relevant to the subject of this book. It had been quite a stressful year and I had had to make some extremely difficult decisions relating to patients as well as to my business. I was not sleeping very well at that time and I became somewhat alarmed by spells of inexplicable abdominal pain.

I often point out to patients that abdominal pain should never be ignored, because frequently this is a signal that something, somewhere, is not as it should be. I probably ignored the initial warnings because I was so busy, but I eventually reached the point where the pain became so obvious and persistent that I was forced to seek the help of a specialist. I had discussed the matter with a colleague with whom I had worked for many years and she insisted that I speak with a friend of hers. We spent the best part of a Sunday together and he made plenty of notes and thoroughly checked me over. Afterwards my colleague received the following report:

You will recall our conversation regarding Jan de Vries. For that last couple of weeks he had had epigastric pain radiating into the lower part of his chest and on one occasion down his left arm. He finds that the discomfort comes on daily about 4 o'clock. His appetite is normal. There is no change in his weight.

In the past he has been fairly well, apart from some left flank discomfort thought to be due to spastic bowel, and he has previously had an IVP for a suspected renal calculus. Physical examination revealed a rather fit-looking man. Blood pressure was 145/185. The chest was normal to examination, apart from a slight end expiratory wheeze. He had no palpable lymph nodes. The heart was normal. He had no epigastric tenderness on palpation. The central nervous system was intact.

The following investigations were carried out. An ECG was normal. Hb. 14.8 g/dl, W.C.C. 6.9, EST 1mm. Sodium and potassium were normal. His urea was slightly elevated at 9.4 mmol/l. but with a normal creatinine. I do not think that this result is of any major significance. Blood sugar, random, was normal.

Urate normal. His liver enzymes were normal, Alk. Phos. normal. Serum proteins, calcium and cholesterol were all within the normal range.

A chest X-ray was done and looks normal, although I have not had the report. A gastroscopy was done and this showed a normal oesophagus. The stomach was essentially normal, apart from the pre-pyloric area where there was intense pre-pyloric oedema with haemorrhage. The endoscope was passed into the duodenum with some difficulty because of the spasm. In the duodenum there was widespread haemorrhage duodenitis with a small superficial ulcer in the duodenal cap. There is little doubt that Jan de Vries has had duodenal ulcer disease, probably for some time.

I have spoken with him as to advised treatment, but have not arranged to see him again. Obviously if problems continue I will be happy to do so.

Well this report more or less reflects what can happen if we pay insufficient attention to our health. It was a feeble excuse to claim that I had been too busy looking after the well being of so many other people. Deep down I had known that something was wrong, and my suspicions were confirmed by the tests. Stress was the cause of the abdominal pain, which eventually revealed itself as an ulcer.

Fortunately, there was no need for me to follow the advised drug treatment, because I knew perfectly well which natural remedies to select for my problems. This left me with the dilemma of finding the necessary recovery time, because many of my patients come from far afield and appointments are made a long time in advance. However, with some careful rescheduling, I managed to ease my workload slightly and I was rewarded; once I had been made to see reason, I worked very hard towards recovery.

The primary reason for including the report at the very beginning of this book is to stress the importance of paying attention to the alarm signals produced by the body. I stress this point in my book *Body Energy*, where I mention a number of examples of physical symptoms which indicate that some function or other is impaired. It is likely that a persistent niggling pain or a recurring bout of indigestion can alert us that something is wrong. It is easy to forget that today's stress can result in fairly serious future problems such as irritable bowel syndrome, an ulcer, or many other non-specific digestive problems. Too often it is an indication that we pay insufficient attention to sensible dietary management.