

The Saccharine Disease

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The word 'saccharine' (pronounced like the river Rhine, which sharply distinguishes it from the word 'saccharin' for the chemical sweetener) means related to sugar. The term 'saccharine diseases' refers to all those conditions advanced here as being due to the taking of sugar, either ordinary table sugar or sugar which is formed from the digestion of the starch contained in white flour, white bread, polished rice or other refined carbohydrates. An alternative, if clumsy, term for the disease would be 'refined carbohydrates disease'.

Constipation

In the refining of sugar beet, sugar cane or whole cereal grains a vast amount of vegetable pulp or fibre is removed. In the saccharine conception the direct result of eating foods containing the refined carbohydrates is constipation, due to the intestinal contents taking a longer time than is normal to complete their passage. Consequently some seven million people in Great Britain today are taking aperients regularly.

Such constipation produces conditions like diverticulitis which is now so prevalent in older people. The loaded colon is also responsible for pressure effects on the veins coming up from the legs and on the veins of the wall of the bowel itself. The former results in some five million people in this country having varicose veins and the latter in about as many people having haemorrhoids.

The indirect result of the loss of fibre through the refining process is a serious degree of over-consumption, especially of sugar. An average of 5 oz of sugar per head is eaten daily in this country. This amount of sugar is contained in a

tough sugar beet nearly the size of a child's head. Ask yourself: who would eat a sugar beet this size each day and if any one did what else would he be eating that day? It is obvious then that the removal of fibre does lead to over-consumption. There has, in fact, been an eight-fold increase in the consumption of sugar over the past 150 years.

Obesity

This over-consumption is responsible above all for obesity and obesity is normally produced solely by the refining of carbohydrates. Obesity does not occur under natural conditions because the fibre-dilution in natural foods prevents it. No wild creature ever gets overweight from eating as much food as it desires; it merely breeds faster.

There is a moral here and it concerns calories. A teaspoonful of sugar and an ordinary apple each contain much the same number of calories. But while it is easy to eat too many teaspoonfuls of sugar, whether in tea or in other foods, it is impossible to eat too many apples—the fibre-dilution prevents it. Therefore, the prevention of, and attack on, obesity must be centred not on calories but on the avoidance of refined carbohydrates—refined sugar (table sugar) and refined flour (white flour and white bread). Natural fruits, sweet vegetables and wholemeal flour should be taken in their place.

Lack of exercise is not a key factor in the cause of obesity. This can be proved by looking at animals in a zoo—their exercise is enormously reduced and yet they never get fat because they are fed on their natural food. But domestic animals fed on refined grain get fat very easily, and this principle is often used in the fattening of farm animals.

Of course to reduce overweight some fasting is needed, but this should mainly involve avoiding fats (so as to make the patient burn up his own fat). Unrefined carbohydrates such as vegetables and raw fruit should not be omitted from the diet. In weight reduction all bread eaten should be wholemeal and at least two days old in order to make one slice as satisfying as several slices of fresh white bread.

Diabetes, Coronary disease

The impact of highly concentrated sugar on the pancreas is likely to produce diabetes. I am convinced too, that coronary disease, which is so intimately related to diabetes and a high blood sugar, also results from a high consumption of refined carbohydrates.

Another result of over-consumption is a great increase in bacterial activity in the bowel, the organisms subsisting on a food surplus that under natural conditions would never be there. These bacteria cause appendicitis, cholecystitis which leads to gallstones, and above all, they cause infection of the urine. This latter has become a veritable scourge at the present time, especially among women.

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After treating such cases in the Navy, during World War II when antibiotics were not readily available I am convinced that the secret of success in treating such infections lies above all in the careful elimination of sugar and white flour and their replacement by natural carbohydrates.

Ulcers

In addition to the loss of fibre resulting from the refining of carbohydrates there is also considerable loss of protein. Protein is the main neutraliser of the body's gastric acid and in my opinion this loss of

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protein is the main cause of gastric and duodenal ulcers.

My theory is supported by the fact that such ulcers are absent in those peoples of the world still consuming unrefined carbohydrates. Furthermore, in the Japanese prisoners of war camps in the last war gastric and duodenal ulcers became a 'plague' when the natural, unrefined brown rice was supplanted by refined, white rice.

Nor is this all: in a section of the German army at Stalingrad, cases of gastric and duodenal ulcers were reduced to nil when the troops had to eat crude, unrefined carbohydrates from the fields, such as raw turnips and potatoes. Yet these ulcers were normally so prevalent in the army that the Germans had to form special ulcer battalions for such cases.

Dental decay, pyorrhoea and many skin complaints are also caused by eating refined carbohydrates.

Unless the basic cause of all these conditions is removed (that is, the eating of refined carbohydrates) no local treatment can be expected either to produce lasting relief or prevent the appearance of another of these manifestations. For example, suppose someone has a troublesome haemorrhoid and it is satisfactorily injected. If no change in the diet is made, what is to stop another haemorrhoid appearing later, or, to stop all the teeth being lost later from pyorrhoea?

The natural diet

The only diet for Man which is truly scientific is his natural one, that is, the one to which he is adapted by evolution and which is therefore not subject to short-term changes of opinion.

Thus, when one is on a natural diet it is essential not to eat anything unless one really wants it. An enormous amount of automatic eating takes place today, without there being any real desire to eat. This often occurs in schools and in institutions where one either has to eat what one is offered, even though one does not fancy it, or go with-

out. Sometimes it may be better to do just that and make up for it later, even at some extra expense to oneself.

Very often one eats something for the sake of politeness, or food may be eaten just to save it from being wasted.

But to eat anything that is not wanted is a most unnatural act and can have serious consequences, for this unwanted surplus of food is never properly digested and may cause the notorious acid eructations from the stomach into the back of the throat, or cause bacterial putrefaction in the intestines, with the production of dangerous, evil-smelling products never seen in Nature (the Eskimos eat the faeces of the reindeer as a vegetable).

When absorbed into the bloodstream these evil-smelling products can cause skin diseases or other more serious conditions. So the first golden rule for a natural diet is: 'If you don't want it, don't eat it.' And this decision is best made before going near the table.

The second golden rule is to avoid any food that has been greatly altered from its natural state. 'A little of what you fancy does you good' is by no means reliable if the food has been much altered from its natural state.

Such altered foods are most typically those containing refined carbohydrates, particularly white bread, pastry, cakes, biscuits and other confectionery should be avoided and on the other white or brown sugar, jams, ices, chocolate and sweet drinks.

It is easy to substitute a true whole meal bread and wholemeal flour for the first group, although it must be remembered that many breads today are not truly wholemeal and do not contain the bran which is so vital for the treatment of constipation, (this natural, unprocessed bran is available from health shops, and corn chandlers, and is taken in tablespoonful doses before meals, either in porridge, in milk with breakfast cereals, in soup, or just washed down in water.) Anyone can prove for oneself the effect of this unprocessed bran on

the behaviour of the bowel and it is suggested that every nurse should do just this, since she is so liable to encounter constipation troubles in her patients.

The cost of the bran is negligible and the use of this natural material is now spreading all over the British Isles. The part played by bran in the saccharine conception is minute, but it constitutes the thin end of a very big wedge, starting with its influence on the choice of bread.

But the main problem with the natural diet is how to avoid foods containing refined sugar. The answer is to take foods that are naturally sweet such as raw fruit, or dried fruit such as raisins. Thus instead of putting sugar into a rice pudding, eat a banana with it or sweeten it with raisins. Tinned fruits must be avoided as they so often contain added sugar.

The malt sugar in beer is a refined carbohydrate and this explains its immensely fattening effects. There are also reasons why honey can be just as fatal as ordinary sugar and similar reasons for not taking the chemical saccharine.

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Other than avoiding refined carbohydrates there are no restrictions on the type of food that can be eaten in a natural diet. Thus meat, fish and eggs may be taken as desired. The only drawback of the natural diet is its slight extra expense—but one's health is surely worth that.

Finally, it must be remembered that the natural diet is essentially preventive and arrestive. For damage already sustained by the consumption of refined carbohydrates—such as a decayed tooth—medical, surgical and dental treatment may well be imperative.

References

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2. Cleave, T.L. Varicose veins and venous thrombosis in the legs, Nursing Times May 30, 1974.

(Courtesy: Nursing Times)