

Does the Stomach or Intestines Digest Food? Learn The Truth About the Stomach & Intestines!

by [The Goodly Company](#) | Jun 13, 2022 | [Health News](#)

The Answer is Clear and Certain – NO! ABSOLUTELY NO!!! The Stomach and the Intestines DO NOT digest food!

The Stomach and the Intestines are NOT Organs of Digestion but Organs of Contribution!

What Are Their Contributions?

Read the Following Article and Learn the Answers to Questions that Will Change YOUR Life and Save YOUR Life!

Does the Stomach Digest Food? What is the purpose of the Stomach? Does the Stomach Produce Sodium Bicarbonate? Why does the Stomach Produce Sodium Bicarbonate? What is the TRUE Purpose of the Stomach? What is the Purpose of the small intestines? Are Stem cells produced in the small intestines? Does digestion and assimilation of our food ingested take place in the small intestines? Is there a digestive system in the human body? What is the true pH of the stomach and the small intestines? Is there any healthy purpose of HCL in the stomach?

These questions and many more are answered in following article. Please share the truth about the stomach and the intestines.

A New Theory - The Physiology Of The Stomach

An Alkalinizing Organ by Design and Function
and NOT an Acidic ORGAN of DIGESTION



Robert O. Young MSc, DSc, PhD

Does the Stomach or Intestines Digest Food? Learn The Truth About the Stomach & Intestines!

Dr Robert Young

How is acid/base created in the body?

Why to not eat meat and dairy if you want to be healthy.

- 1) The parietal or cover cells of the stomach split the sodium chloride of the blood. The sodium is used to bind with water and carbon dioxide to form the alkaline salt, sodium bicarbonate or NaHCO_3 . The biochemistry is: $\text{H}_2\text{O} + \text{CO}_2 + \text{NaCl} = \text{NaHCO}_3 + \text{HCL}$. This is why we call the stomach an alkalizing organ NOT an organ of digestion. The stomach DOES NOT digest the food or liquids you ingest it alkalizes the food and liquid you ingest.**
- 2) For each molecule of sodium bicarbonate (NaHCO_3) made, a molecule of hydrochloric acid (HCL) is made and secreted into the so-called digestive system – specifically, the stomach (the gastric pits in the stomach) – to be eliminated. Therefore HCL is an acidic waste product of sodium bicarbonate created by the stomach to alkalize the food and liquids ingested.**
- 3) The chloride ion from the sodium chloride (salt) binds to an acid or proton forming HCL as a waste product of sodium bicarbonate production. HCL has a pH of 1 and is**

highly toxic to the body and the cause of indigestion, acid reflux, ulcers and cancer.

4) When large amounts of acids, including HCL, enter the stomach from a rich animal protein or dairy product meal, such as meat and cheese, acid is withdrawn from the acid-base household. The organism would die if the resulting alkalosis – or NaHCO_3 (base flood) or base surplus – created by the stomach was not taken up by the alkalophile glands that need these quick bases in order to build up their strong sodium bicarbonate secretions. These glands and organs are the stomach, pancreas, Brunner's glands (between the pylorus and the junctions of the bile and pancreatic ducts), Lieberkuhn's glands in the liver and its bile with its strong acid binding capabilities which it has to release on the highly acidic meat and cheese to buffer its strong acids of nitric, sulphuric, phosphoric, uric and lactic acids.

5) When a rich animal protein and dairy product meal is ingested, the stomach begins to manufacture and secrete sodium bicarbonate (NHCO_3) to alkalize the acids from the food ingested. This causes a loss in the alkaline reserves and an increase in acid and/or HCL found in the gastric pits of the stomach. These acids and/or HCL are taken up by the blood which lowers blood plasma pH. The blood eliminates this increase in gastrointestinal acid by throwing it off into the Pishinger's spaces or what is called the interstitial fluid compartments of the Interstitium – the largest organ of the human body.

6) The space enclosed by these finer and finer fibers is called the Pishinger's space, or the extracellular space that

contains the fluids that bath and feed each and every cell while carrying away the acidic waste from those same cells. There is no mention of this organ in American physiology text books. There is mention of the extracellular space but not of any organ that stores acids from metabolism and diet, like the kidney. I call this organ the “pre-kidney” because it stores metabolic and gastrointestinal acids until they can be buffered and eliminated via the skin, urinary tract, or bowels.

7) After a rich animal protein or dairy product meal, the urine pH becomes alkaline. The ingestion of meat and cheese causes a reaction in acidic fashion in the organism by the production of sulfuric, phosphoric, nitric, *uric*, lactic, acetylaldehyde and ethanol acids, respectively, but also through the formation and excretion of base in the urine. Therefore eating meat and cheese causes a double loss of bases leading to tissue acidosis and eventual disease, especially inflammation and degenerative diseases.

8) During heavy exercise, if the the resulting lactic acid was not adsorbed by the collagen fibers, the specific acid catchers of the body, the organism would die. The total collection of these fibers is the largest organ of the body called SCHADE, the colloidal connective tissue organ or the interstitial fluids of the Interstitium. NO liquid exchange occurs between the blood and the parenchyma cells, or in reverse, unless it passes through this connective tissue organ or the interstitial fluids of the Interstitium. This organ connects and holds everything in our bodies in place. This organ is composed of ligaments, tendons, sinew, and the finer fibers that become

the scaffolding that holds every single cell in our bodies in place. When acids are stored in this organ, which includes the muscles, inflammation and pain develop. The production of lactic acid is increased with the ingestion of milk, cheese, yogurt, butter and especially ice cream.

That is why I have stated, “acid is pain and pain is acid.” You cannot have one without the other. This is the beginning of latent tissue acidosis leading to irritation, inflammation and degeneration of the cells, tissues and organs.

9) The more acidity created from eating meat, cheese, milk or ice cream the more gastrointestinal acids are adsorbed into the the collagen fibers to be neutralized and the less sodium bicarbonate or NaHCO_3 that is taken up by the alkalophile glands. The larger the potential difference between the adsorbed acids and the amount of NaHCO_3 generated with each meal, the more or less alkaline are the alkalophile glands like the pancreas, gallbladder, pylorus glands, blood, etc. The acid binding power of the connective tissue, the blood, and the alkalophile glands depends on its alkali reserve, which can be determined through blood, urine, and saliva pH, including live and dried blood analysis as taught by Dr. Robert O. Young. The saliva pH is an indication of alkali reserves in the alkalophile glands and the urine pH is an indication of the pH of the fluids that surround the cells or the Pishinger’s space or the interstitial fluids of the Interstitium.

10) The iso-structure of the blood maintains the pH of the blood by pushing off gastrointestinal or metabolic acids into the connective tissue or the Pishinger’s space or the

interstitial fluids of the Interstitium. The blood gives to the urine the same amount of acid that it receives from the tissues and liver so it can retain its iso-form. A base deficiency is always related to the deterioration of the deposit ability of the connective tissues or the Pishinger's space or the interstitial fluids of the Interstitium. As long as the iso-structure of the blood is maintained, the urine – which originates from the blood – remains a faithful reflected image of the acid-base regulation, not of the blood, but of the tissues. The urine therefore is an excretion product of the tissues, not the blood. So when you are testing the pH of the urine, you are testing the pH of the interstitial fluids of the Interstitium that surround every organ, gland and tissue.

11) A latent “acidosis” is the condition that exists when there are not enough bases in the alkalophile glands because they have been used up in the process of neutralizing the acids adsorbed to the collagen fibers. This leads to compensated “acidosis.” This means the blood pH has not changed but other body systems have changed. This can then lead to decompensated “acidosis” where the alkaline reserves of the blood are used up and the pH of the blood is altered.

Decompensated “acidosis” can be determined by testing the blood pH, urine pH and the saliva pH. The decrease in the alkaline reserves in the body occurs because of hyper-proteinization, (eating Meat and Cheese!) or too much protein, and hyper-carbonization, or too much sugar. This is why 80 to 90 year old folks are all shrunk up and look like prunes. They have very little or no alkaline reserves in their

alkalophile glands. When all the alkaline minerals are gone, so are you and your battery runs down. The charge of your cellular battery can be measured by testing the ORP or the oxidative reduction potential of the blood, urine or saliva using an ORP meter. As you become more acidic this energy potential or ORP increases.

12) If there is not enough base left over after meat and cheese or sugary meal, or enough base to neutralize and clear the acids stored in the connective tissues, a relative base deficiency develops which leads to latent tissue acidosis. When this happens the liver and pancreas are deficient of adequate alkaline juices to ensure proper alkalization of the food in your stomach and small intestine.

13) Digestion or alkalization cannot proceed without enough of these alkaline juices for the liver and pancreas, etc., and so the stomach has to produce more acid in order to make enough base, ad nauseam, and one can develop indigestion, nausea, acid reflux, GERD, ulcers, esophageal cancer and stomach cancer. All of these symptoms are not the result of too much acid or HCL in the stomach. On the contrary, it is the result of too little base in the form of sodium bicarbonate!

14) Therefore, the stomach is NOT an organ of digestion as currently taught in ALL biology and medical texts, BUT an organ of contribution or deposit. It's function is to deposit alkaline juices to the stomach to alkalize the food and to the blood to carry to the alklophile glands!!!!

15) There is a daily rhythm to this acid base ebb and flow of the fluids of the body. The stored acids are mobilized from the connective tissues and Pishinger's spaces while we sleep. These acids reach their maximum (base tide) concentration in this fluid, and thereby the urine (around 2 a.m. is the most acidic). The acid content of the urine directly reflects the acid content of the fluid in the Pishinger's spaces, the extracellular fluid compartments of the body. On the other hand, the Pishinger's spaces become most alkaline around 2 p.m. (the base flood) as then the most sodium bicarbonate (NaHCO_3) is being generated by the cover cells of the stomach to alkalize the food and drink we have ingested.

24) Of all the ways the body can buffer metabolic and dietary acids, the excretion of protein (the eating of meat and cheese) generated acid residues is the only process that does not add sodium bicarbonate back into blood circulation. This creates a loss of bases which is the forerunner of all sickness and disease. In the long run, the only way to replace these lost bases is by eating more alkaline electron-rich green foods and long-chain polyunsaturated fats. Eating meat and cheese is definitely hazardous to your health. That is why I say, "a cucumber a day keeps the doctor away while eating meat, cheese and even an apple creates more excess acid in the colloidal connective tissues, leading to latent tissue acidosis in the interstitial fluids of the largest organ in the human body – the Intersitium.

16) If your urine is not alkaline by 2 p.m. you are definitely in an ACIDIC condition and lacking in alkaline reserves.

The pH of the urine should run between 6.8 and 8.4 but ideally 7.2 or greater.

17) After a high protein meal or meat or cheese, the free acids formed such as sulfuric, phosphoric, uric, and nitric acids stick to the collagen fibers to remove them from the blood and protect the delicate pH of the blood at 7.365. The H⁺ or proton ions from these acids are neutralized by the next base flood, the sodium bicarbonate produced after the meal. The H⁺ or proton ion combines with the carbonate or HCO₃, converts to carbonic acid, H₂CO₃, which converts to CO₂ and H₂O. The sulfuric and other acids from proteins are neutralized as follows where the HR represents any acid with the R as its acid radical (SO₄, PO₄, or NO₃) HR + NaHCO₃ <=> H₂O + NaR (Ca, Mg, K)⁺ CO₂.

18) Medical doctors and savants are not taught in medical school and therefore do not understand or recognize latent tissue acidosis. They understand and recognize compensated acidosis and decompensated acidosis. In compensated acidosis, breathing increases in order to blow off more carbonic acid which decreases PCO₂ because of the lowered carbonate or HCO₃. When the breathing rate can no longer get any faster and when the kidneys can no longer increase its' function to keep up with the acid load, then the blood pH starts to change from a pH of 7.365 to 7.3 then to 7.2. At a blood pH of 6.95 the heart relaxes and the client goes into a coma or dies.

19) Metabolism of a normal adult diet results in the generation of 50 to 100 meq of H⁺ or proton or acid per day, which must be excreted if the urine acid-base balance is to

be maintained. A meq is a milliequivalent which is an expression of concentration of substance per liter of solution, calculated by dividing the concentration in milligrams per 100 milliliters by the molecular weight. This process involves two basic steps; 1) the reabsorption of the filtered sodium bicarbonate or NaHCO_3 and, 2) excretion of the 50 to 100 meq of H^+ or proton produced each day by the formation of titratable acidity and NH_4^+ or ammonium. Both steps involve H^+ or proton secretion from the cells of the kidney into the urine.

20) Sodium bicarbonate (NaHCO_3) must be reabsorbed into the blood stream, since the loss of NaHCO_3 will increase the net acid load and lower the plasma NaHCO_3 concentration. The loss of NaHCO_3 in the urine is equivalent to the addition of H^+ to the body since both are derived from the dissociation of H_2CO_3 or carbonic acid.

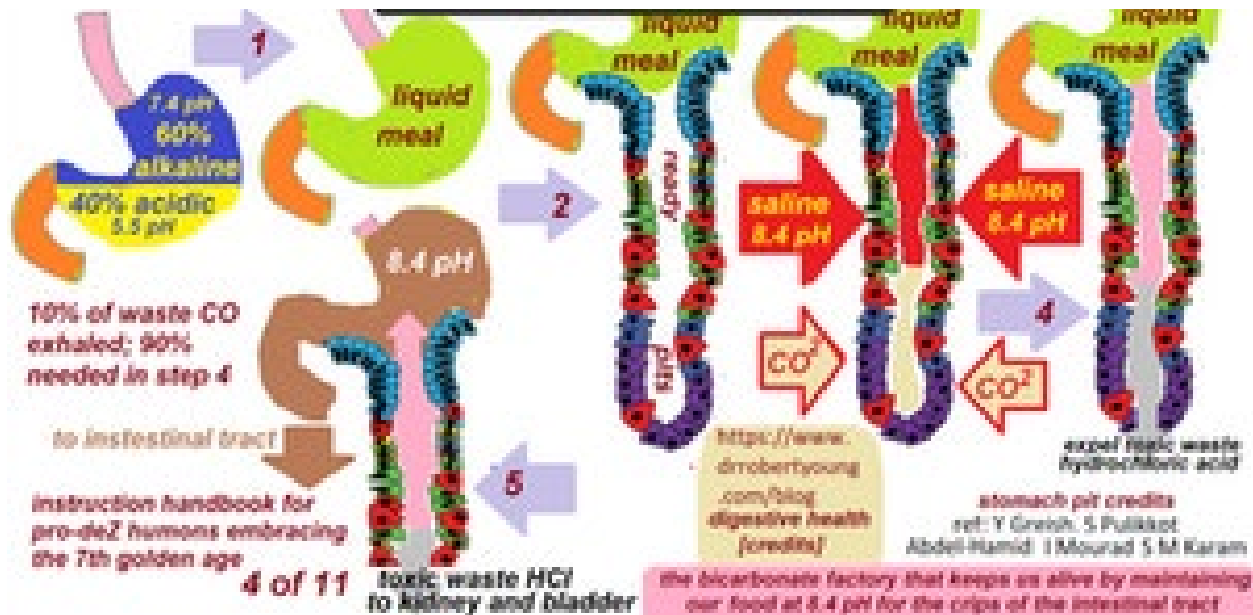
21) The biochemistry is: $\text{CO}_2 + \text{H}_2\text{O} = \text{H}_2\text{CO}_3 = \text{HCO}_3^- + \text{H}^+$. The normal subject must reabsorb 4300 meq of NaHCO_3 each day! The secreted H^+ or proton ions are generated within the kidney cells from the dissociation of H_2O or water. This process also results in the equimolar production OH^- or hydroxyl ions. The OH^- ions bind to the active zinc-containing site of the intracellular carbonic anhydrase; they then combine with CO_2 to form HCO_3^- ions which are released back into the kidney cells and returned to the systemic circulation. Second, the dietary acid load is excreted by the secretion of H^+ or proton ions from the kidney cells into the urine. These H^+ or proton ions can do one of two things: the H^+ or proton ions can be combined

with the urinary buffers, particularly HPO_4 , in a process called titratable acidity (The biochemistry is: $\text{H}^+ + \text{HPO}_4 = \text{H}_2\text{PO}_4$), or the phosphate buffering system or the H^+ or proton ions can combine with ammonia (NH_3) to form ammonium as follows: $\text{NH}_3 + \text{H}^+ = \text{NH}_4$.

22) This ammonia is trapped and concentrated in the kidney as ammonium which is then excreted in the urine.

23) In response to acid load, 36% of the H^+ or proton goes intracellular in exchange for the release of Na^+ (sodium) into the blood stream. 15% of the acid goes intracellular in exchange for K^+ (potassium) – common in diabetics. 6% of the H^+ or proton or acid goes directly into the cell to be buffered by intracellular processes. 43% is buffered extracellularly (blood and interstitial fluids) as NaHCO_3^- or sodium bicarbonate combining with H^+ or proton to form H_2CO_3 or carbonic acid which breaks down to CO_2 or carbon dioxide to be released by the lungs. 10% of CO_2 or carbon dioxide is excreted through the lungs and 90% is used by the body/stomach/intestines to reabsorb alkaline minerals and make sodium bicarbonate for buffering gastrointestinal, metabolic, respiratory and environmental acids.

The biochemistry is: $\text{CO}_2 + \text{H}_2\text{O} = \text{H}_2\text{CO}_3 = \text{HCO}_3 + \text{H}^+$.



24) Of all the ways the body can buffer metabolic and dietary acids, the excretion of protein (the eating of meat and cheese) generated acid residues is the only process that does not add sodium bicarbonate back into blood circulation. This creates a loss of bases which is the forerunner of all sickness and disease. In the long run, the only way to replace these lost bases is by eating more alkaline electron-rich green foods and long-chain polyunsaturated fats. Eating meat and cheese is definitely hazardous to your health. That is why I say, “a cucumber a day keeps the doctor away while eating meat, cheese and even an apple creates more excess acid in the colloidal connective tissues, leading to latent tissue acidosis in the interstitial fluids of the largest organ in the human body – the Intersitium.

Medical doctors and savants are not taught in medical school and therefore do not understand or recognize latent tissue acidosis. They understand and recognize compensated acidosis and decompensated acidosis. In compensated acidosis, breathing increases in order to

blow off more carbonic acid which decreases PCO₂ because of the lowered carbonate or HCO₃. When the breathing rate can no longer get any faster and when the kidneys can no longer increase its' function to keep up with the acid load, then the blood pH starts to change from a pH of 7.365 to 7.3 then to 7.2. At a blood pH of 6.95 the heart relaxes and the client goes into a coma or dies.