The Sitting Toilet - An Inconspicuous ‘Carcinogen’?

By Wallace Bowles:

Efficient Elimination

Almost everyone who changes habit and squats, rather than sits, for defecation experiences benefit. This includes people who are regular and believe they do not have a problem with constipation.

Sitting for defecation as a possible factor in cancer development has not yet been examined clinically. A study of anatomy shows, however, that humans are designed for defecation primarily by squatting. Repeated use of the sitting toilet results in, or aggravates, many common conditions. This is supported anecdotally by people who improve their health by changing posture for defecation from sitting to squatting..

Commonly there is rapid relief from constipation, and improvement in haemorrhoid conditions within seven days. In general, children with bed-wetting problems have normal control after a few weeks. Women with bladder weakness and incontinence have normal control after about three months. Men with uncomplicated lower urinary tract symptoms often improve after three months and normal function is usually regained after six months. A five year old boy with Crohn’s Disease (a serious inflammatory bowel condition) had a remarkable recovery. The risk of bladder infections is likely to decrease when women squat to urinate.
About 75% of the world’s population squats and is relatively free of the bowel and bladder problems that plague people in the west, who prefer to sit on elevated toilets. Cancers are significantly more common in western countries than in others.

Orthodox cancer treatments have been described within the profession as ‘a qualified failure’. A few medical doctors, and many natural health practitioners, have ardently advocated prevention of cancer in terms of changes in lifestyle. Many factors can be involved and while diet is accepted as a large factor, posture for defecation may well be shown to be of almost equal importance.

In considering cancer, or almost any medical condition, a basic flaw in thought processes is the importance given to finding a single cause. Cause/effect relationships depend upon more than one factor, and factors operate in combination. Because of this, a ‘scatter-gun’ approach to overcoming cancer seems reasonable.

Lifestyle factors are conducive to health or illness depending on whether they help or hinder - nutrition, water quality, air quality, harmful habits (smoking, drinking to excess) exercise, rest and relaxation, mental attitude, and - elimination. Every little bit helps. Rather than try something and drop it when it doesn’t seem to be having a positive effect, an acceptance, that every positive influence towards good health is incremental, can only help cancer treatments succeed.

Elimination of toxins is an essential action in any approach to cancer treatment. The organs of elimination should rid the body of unwanted toxins and residues. This includes dead body cells - about 10 million cells die and are replaced every second.

Squatting, rather than sitting for defecation, results in easier, faster and more complete bowel movements. More complete elimination helps the detoxification process. Bowel elimination is at the macro level, clearing the way for earlier stages of detoxing to be effective. Detoxing at the cellular level helps cells to function aerobically - utilising oxygen from the bloodstream. When blood becomes 'sludged' because of inappropriate food intake, inadequate exercise, ineffective elimination, and additional factors in combination, cells can begin to obtain energy anaerobically - by fermentation - and tumours develop. Efficient bowel elimination means more effective detoxification.

(Ross Horne, in his book Cancerproof Your Body, draws attention to the Navajo Indians who have a very poor diet but they have very little cancer. The only significant difference between their lifestyle and that of the general population as Ross explains, drawing on relevant research, is that they squat for defecation.)

Taking into account what is known about cancers other possible effects on cancer development, relating to sitting and squatting for defecation, follow.

Constipation

Again referring to Ross Horne's book, Ross points out that, "Professor Aviles, of the Biochemistry of Cancer Department, Guadalajara, Mexico, found that out of 7715 cancer patients examined over a 15 year period, 99% had suffered from constipation and that the degree of malignancy was parallel to the degree of constipation."

Easy, efficient bowel elimination would seem particularly important to help prevent cancer and to help in any recovery treatment.

Constipation can be broadly classified as:
1. firm stools, and 2. obstructive

Research published in 1966 (Tagart) shows a significant difference in anal canal shape between the seated and squat postures. His research showed that in the sitting posture the anal canal was, in general, sharply angled or kinked. In the squat posture the anal canal was, in general, straightened. Health conscious people may eat high fibre foods and have normal daily bowel movements but are unaware of the benefits from squatting.

Squatting opens the bowel physiologically whereas, in sitting, bowel content has to negotiate a kink in the anal canal. That is, we experience 'obstructive constipation' when we sit for bowel movements. To avoid obstructive constipation we must squat. It gets worse.

Sitting, obstructive constipation can be more pronounced if we strain. Pressure receptors are activated by coughing and sneezing to close the bowel more firmly and may act consistently to any downward pressure. Straining downwards could be interpreted by the receptors as a cough or sneeze and the anal canal would close more firmly. This appears to be the case because some people, hospitalised for chronic constipation, have been found to be “pushing against an unyielding pelvic floor”.

Consider a kinked garden hose while watering. Your immediate action is to unkink the hose. Unless you do you will not be able to obtain an adequate flow and the hose might blow off the tap. When a garden hose is just kinked sufficiently to restrict water flow, the angle of kink is similar to the kink in the anal canal when we sit. With a kinked garden hose, water pressure increases through the hose. With the kinked anal canal, there is pressure build up through the colon from peristaltic waves moving the faecal mass and, as well, the muscle which forms the kink is actively attempting to keep the bowel closed. That is, there can be abnormal pressure in the bowel when the anal canal is kinked, even with watery bowel content.

The water tap location, with increased pressure, can be related to the position of your appendix and ileocaecal valve. Appendicitis occurs when the appendix lumen, or tube, is impacted with faeces. Is it coincidental that, about 50 years after the first sewer mains were constructed in London and Thomas Crapper and his contemporaries produced sitting toilets by the thousands, that removal of the appendix became the most common surgical operation to be performed - and still is? Appendicitis is almost unknown in countries where populations have a high fibre diet and squat for defecation. Appendicitis means an inflamed appendix. Let’s look at inflammation.

Inflammation

Inflammation is known to enhance tumour growth.

Beyond 1-2 mm in diameter, tumours require an adequate blood supply for further growth. Several studies have shown that calorie restriction or ‘restricted eating’ - limiting frequency of meal breaks and confining the daily calorie needs to an intake over about 6 or so hours - produces significant anti-tumour effects. These effects are not abolished if high-fibre, low calorie foods eg fruit and salads, are eaten in moderation during the eighteen hour restricted period. The anti-tumour effects appear to be attributed to elevated melatonin production as well as heightened adrenal activity.

However, if there is inflammation in any part of the body, it cancels the anti-tumour effect of restricted eating and tumour growth continues. Haemorrhoids are injured, inflamed haemorrhoidal cushions. Most western people (including some children) suffer from haemorrhoids at some time during their lives.

People who develop swollen haemorrhoids usually are first aware of a trace of blood. Initially there is no pain because there are no pain receptors at the anorectal angle, the kink in the anal canal where the haemorrhoidal cushions are located. Haemorrhoidal cushions are a normal part of human anatomy.

Researcher Dr. B.A. Sikirov has shown that almost all haemorrhoids heal and do not recur after people make an habitual change to squatting for defecation in response to a strong urge. We can stop this common injury and thereby reduce inflammation of the pelvic region by this simple lifestyle change - by squatting for defecation.

If a reduction in Western diseases is to be achieved, it will not be by improving treatment but by eradicating causal factors. And one of the causal factors of haemorrhoids I am emphasising - Doctor Sikirov's research suggests it is the most important factor - is failure to squat.

Carcinogens

A popular concept by orthodox medical professionals is that colon cancer develops because carcinogens in body wastes remain in contact with the bowel wall for long periods of time - that is, there is a long transit time between the intake of food and the elimination of waste from the bowel.

Diet is a large factor in transit times but, when people change to the squat posture fordefecation, they find that squatting results in easier, faster and more complete bowel movements. Some people have reported a noticeable increase in the volume of faeces excreted during the first few weeks of making this habitual posture change.

A more complete release from the bowel of possible carcinogens can only be helpful.

Polyps

"In countries where the prevalence of large bowel cancer is low, polyps of the bowel are rare... In Africa polyps are extremely rare. For instance, only six patients with polyps were detected over a period of thirteen years in a South African hospital with over 2000 beds and high medical standards." (Dr Denis Burkitt, MD FRCS FRS)

Most bowel cancers begin from polyps. Some polyps are haemorrhoids which have become fibrous and elongated. By avoiding haemorrhoids at least some types of polyps can be avoided.
Squat fordefecation to help avoid haemorrhoids and the risk of polyps is reduced.

Injury

Injury is known to initiate some cancers. A medical journalist of the 1950's wrote, "Most cancers develop in late middle age, and are concurrent with long-standing toxaemia and chronic irritation." (Fraser Mackenzie, How to Avoid Cancer)

Toxaemia and chronic irritation - a formidable combination. From what is known of cancer development, ‘irritation’ can be either physical or psychological. Physical irritation would, of course, include injury with attendant inflammation. Sitting for defecation leads to three types of injury because of the restrictive kink in the anal canal - tissue injuries, internal pressure injuries and pelvic floor nerve stretch injuries.
A continuing injury can make healing extremely difficult, in fact, impossible.

Haemorrhoids and anal fissures are examples of tissue injuries. Diverticulitis and some hernias are examples of internal pressure injuries. Bowel incontinence, bladder incontinence, irritable bowel syndrome, Hirschprung’s Disease, bed-wetting, impotence and certain prostate disorders can all be associated with pelvic floor nerve injury.

Anal canal injury is initially masked from our consciousness by the absence of pain receptors at the anorectal angle. This absence of pain receptors is interesting. If there were pain receptors at this kink we would be in an almost constant state of pain. The kink is an energy efficient method of containing bowel content. It is the main continence controlling mechanism. The anal sphincter ‘fine tunes’ this ability but is secondary to the anorectal angle in its importance. (Anal sphincters have been surgically removed and the patient can remain continent, but sever the puborectalis muscle, which pulls the anal canal into the kink, and incontinence is inevitable.)

My approaches to the medical profession to conduct clinical studies, for confirmation or denial of the benefits of this posture change, have been unsuccessful. However we shouldn’t need clinical studies to encourage people to avoid injury in the same way that we wouldn’t hesitate to whisk a small child away from a power point if he or she was pushing a metal object into it.

If people are suffering from a manifestation of bowel or bladder injury, they are subject to an ‘irritation’ which, in combination with toxaemia, could be involved in cancer development.
Nerve Stretch Injury - A Clarification

Muscles need a nerve supply to function. The pudendal nerve, from sacral vertebrae 2-4, supplies muscles of the pelvic floor. Nerve stretch injury to the pudendal nerve of mothers during childbirth is not uncommon and they often suffer from bladder incontinence as a result. Many women suffer from bladder weakness and incontinence without having delivered a child, so a different mechanism is involved.

Men also have a pudendal nerve and one of its functions is to supply nerves in the prostate. Four types of nerves in the prostate have been identified and the density of all four nerve types is “significantly different” in men with obstruction problems when compared with controls. What is the common injury involving the pudendal nerve?

The common injury mechanism for men and women is the forced opening of the anal canal kink when seated for defecation, leading often to bed-wetting in children, bladder weakness and incontinence in women and prostate disorder in men.

When people with bowel incontinence have a bowel movement, their perineums descend to a degree consistent with a nerve stretch of about 20% or 30%. Nerves are “irreversibly injured” when stretched by as little as 12% of their length, so nerve destruction would seem certain for many people from the effects of seated defecation.

“Irreversible injury” sounds permanent, but all is not lost. Destroyed nerve fibres downstream from the stretch injury do not re-grow. But, by avoiding repetitive injury, nerves can re-grow from the active side of the stretch injury or from adjoining tissue. Muscles become functional again. Many women with bladder incontinence have regained normal control simply by changing posture for defecation to squatting.

When sitting the perineum is lax, lending itself to nerve stretch injury during evacuation. In contrast, when squatting the muscle cradle forming the pelvic floor is firm, protecting against nerve stretch injury. Squat for defecation and, with a firm pelvic floor and straightened anal canal, pelvic floor nerve stretch is minimal.

And some good news? Nerves re-grow at about the same rate irrespective of age. An agile 92 year old woman regained bladder control within 3 months by squatting for defecation. However, squatting is not for the infirm.
This example is given to indicate that we are never too old. As long as we remain agile and squat for defecation, pelvic floor injury and inflammation can be minimised.

Summary

The available evidence strongly indicates that long term use of the sitting toilet lends itself both to toxic build-up and to gradual injury. An approach to cancer prevention and treatments should include both effective elimination of toxins from our bodies and avoidance of ‘irritation’.

If, by squatting for defecation, toxic waste is more easily eliminated, constipation is relieved; inflammation is reduced; foods containing possible carcinogens pass through more quickly; polyp growth risk is reduced; and pelvic floor injury risks are reduced significantly, are these not sufficient reasons to make this posture change a permanent habit and help you feel confident that it can help any cancer treatment succeed?
And when multifactorial should be understood as factors in combination, every positive action we take to improve our health can help the immune system do its task more effectively.

Recommended Reading:

Cancerproof Your Body, Ross Horne (Collins 1996). Pages 72-76 of this book contain references to constipation and squatting versus sitting for defecation.

Prostate Disorder - Causes and its Cure, Andrew Tobin (National Direct Publishing, Locked Bag 1800 Regency Park SA 5006, or Tel: 1800 642 424).

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The Culture of the Abdomen, F.A. Hornibrook (Penguin 1957, first published 1924).
Tissue Cleansing Through Bowel Management, Bernard Jensen (Bernard Jensen Enterprises, California).
Don't Forget Fibre in Your Diet, Denis Burkitt (Collins).