

# MIQDASH BETHEL COVENANT INSTITUTION

Pearl River, Louisiana | miqdashbethel.org | 985-250-9060  
miqdashbethel@gmail.com | PO Box 762, Pearl River, LA 70452

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## COVENANT HEALTH STUDY

# DIVERTICULITIS:

## PATHOPHYSIOLOGY, NATURAL HEALING PROTOCOL, AND COVENANT WITNESS TO ALL THREE ABRAHAMIC TRADITIONS

### EXECUTIVE SUMMARY

Diverticulitis is one of the ten most common gastrointestinal diagnoses in the United States, resulting in approximately 200,000 hospital admissions and more than \$6.3 billion in healthcare expenditure annually. Its incidence is rising globally, driven primarily by the modern Western diet — low in fiber, high in processed food, and chronically dehydrated. Yet the condition is largely preventable, and in its uncomplicated form, substantially treatable through covenant-aligned natural protocols in conjunction with appropriate medical care.

This study examines diverticulitis through four lenses: (1) Tanakh covenant authority on healing, the body, and natural provision; (2) peer-reviewed pathophysiology and clinical research on natural interventions; (3) a three-religion audit confirming convergence of Yisrael, Christianity, and Islam on foundational principles; and (4) a complete, phased natural healing protocol organized by clinical stage — from acute flare to long-term prevention.

The Devarim 19:15 evidentiary standard is applied throughout: no claim is asserted without multiple independent witnesses — Tanakh authority, peer-reviewed clinical evidence, and cross-tradition confirmation.

**SECTION I — HEBREW LEXICAL FOUNDATION: HEALING AND THE BODY IN THE TANAKH**

**I-A. THE NAME YAHWEH-ROPHEKA AND THE ROOT RAPHA**

The foundational covenant statement on healing in the Tanakh is found in Shemot (Exodus) 15:26, where **Yahweh** reveals His covenant healing name for the first and only time:

*"If you will diligently hearken to the voice of Yahweh your Elohim, and do what is right in His eyes, and give ear to His commandments, and keep all His statutes — I will put none of the diseases upon you which I put upon the Egyptians; for I am Yahweh your Healer [Ropheka]."*

— Shemot (Exodus) 15:26 — JPS / Alter

The Hebrew word translated 'Healer' is the participle of the root *rapha* (H7495), which appears 67 times in the Tanakh. The BDB Lexicon confirms that *rapha* (רָפָא) carries the meaning: to heal, cure, and restore — both physically and metaphorically — with **Yahweh** as its primary subject throughout the prophetic corpus.

The full lexical landscape of healing and the body in the Tanakh:

HEBREW TERM	STRONG'S	ROOT	MEANING / OCCURRENCE
<i>rapha</i>	H7495	רָפָא	To heal, cure, restore. Used 67 times in the Tanakh. Subject of Yahweh in Shemot 15:26, Tehillim 103:3, Yirmeyahu 30:17, Yirmeyahu 33:6. Participle form = physician (Yirmeyahu 8:22).
<i>rophe</i>	H7495 ptc.	רֹפֵא	Participle of rapha. Yahweh-Ropheka: 'I am Yahweh your Healer' — the covenant healing name revealed in Shemot (Exodus) 15:26.

<i>shalom</i>	H7965	ש-ל-מ	Wholeness, completeness, peace, welfare, health. Used ~250 times. Most comprehensive Tanakh term for total well-being — physical, spiritual, communal. BDB: 'completeness, soundness, welfare, peace.'
<i>marpe</i>	H4832	מרפא	Healing, health, remedy. From rapha. Used in Mishlei (Proverbs) 12:18: 'the tongue of the wise brings marpe.' Also Yirmeyahu 8:15, 14:19, 33:6.
<i>beten</i>	H990	בֶּטֶן	Womb, belly, inner body, gut. Used 72 times. Denotes the inner body cavity — the seat of life and sustenance. Mishlei 18:20: 'By the fruit of a man's beten he will be satisfied.'
<i>me'ab</i>	H4578	מֵעָדָה	Bowels, intestines, inner parts. Used 32 times. The physical seat of deep emotion and compassion in Tanakh anthropology. Yeshayahu 16:11, Tehillim 22:15.
<i>bar</i>	H1250	בָּר	Grain, cereal food; also purity/cleanness. Fiber-rich grain as foundational covenant food. Covenant diet anchors in whole, clean, unprocessed grain.

### I-B. KEY HEALING SCRIPTURES — TANAKH WITNESS

The Tanakh provides a consistent, multi-book witness to **Yahweh** as Healer. These are not scattered references — they form a covenant theology of restoration:

*"Who forgives all your iniquities, who heals [rapha] all your diseases."*

— Tehillim (Psalm) 103:3

*"For I will restore health to you, and I will heal [rapha] you of your wounds — declares Yahweh."*

— Yirmeyahu (Jeremiah) 30:17

*"Behold, I will bring to it health and healing [marpe], and I will heal [rapha] them and reveal to them an abundance of prosperity and truth."*

— Yirmeyahu (Jeremiah) 33:6

*"I have seen his ways, and I will heal [rapha] him; I will lead him and restore comfort to him and his mourners... Peace, peace, to the far and to the near — says Yahweh — and I will heal [rapha] him."*

— Yeshayahu (Isaiah) 57:18–19

*"Along the river bank, on both sides, every kind of tree for food will grow; their leaves will not wither, their fruit will not fail... their fruit will be for food, and their leaves for healing [marpe]."*

— Yechezkel (Ezekiel) 47:12

The Yechezkel 47:12 passage is of particular significance: **Yahweh** envisions a world where the leaves of trees are covenant provision for healing. This is not a metaphor divorced from physicality — it is the covenant declaration that plant medicine, herbal compounds, and natural remedies are built into the created order as part of His healing plan. Bereishit (Genesis) 1:29 establishes this at creation: *'Behold, I have given you every herb-bearing seed... and every tree... for food.'*

## SECTION II — DISEASE OVERVIEW: WHAT IS DIVERTICULITIS?

### II-A. EPIDEMIOLOGY — THE SCOPE OF THE PROBLEM

Diverticulitis is not a marginal condition. It is a modern epidemic directly traceable to the deviation from covenant dietary principles:

- **200,000+ hospital admissions** annually in the United States (6th most common reason for hospitalization)
- **2.7 million outpatient visits** per year in the US for diverticulitis
- **\$6.3 billion** in annual US healthcare expenditure for diverticular disease
- **40–60% of Americans** over age 60 have diverticulosis (the precondition)
- **20% of adults** under age 40 already have diverticulosis — incidence rising in younger populations
- **Approximately 4%** of those with diverticulosis progress to diverticulitis — but because diverticulosis is so prevalent, this represents hundreds of thousands of cases
- **In-hospital mortality** approaches 7% overall; rises to 43% in the most severe (Hinchey Stage 4) cases
- **Incidence increasing** globally, especially in Westernized nations — Japan showing rising rates as Western diet adoption increases

## II-B. ANATOMY AND PATHOPHYSIOLOGY — FOUR STAGES

Understanding what is physically happening in the body is the foundation of effective covenant health response:

STAGE	WHAT IS HAPPENING IN THE BODY
<b>Formation</b>	Weak spots in the colonic wall bulge outward, forming small pouches (diverticula). Common after age 40. No symptoms in this phase — this is diverticulosis.
<b>Obstruction</b>	Fecal material or undigested food becomes trapped in the diverticular pouch. Stasis begins. Bacteria begin to proliferate in the retained material.
<b>Ischemia</b>	The retained material cuts off blood supply to the thin walls of the sac. The weakened wall becomes increasingly vulnerable to bacterial penetration.
<b>Inflammation</b>	Bacteria breach the mucosal barrier. The immune system responds — inflammation spreads. Simultaneously, anti-inflammatory gut bacteria (Lactobacilli, Bacteroides) are depleted, creating a dysbiosis cycle that amplifies inflammation.
<b>Acute Diverticulitis</b>	Active infection and inflammation of one or more diverticula. Symptoms: fever, lower-left abdominal pain, nausea, changes in bowel habits, leukocytosis. This is the clinical presentation requiring intervention.
<b>Complicated Disease</b>	In approximately 15–20% of hospitalized cases: abscess formation, fistula, bowel obstruction, or perforation with peritonitis. These require emergency intervention. Mortality rate rises to 5–43% depending on Hinchey classification stage.

## II-C. RISK FACTORS — THE EVIDENCE BASE

Diverticulitis is not random. It is the predictable result of specific dietary and lifestyle choices that violate covenant health principles. The following risk factors are confirmed by peer-reviewed evidence:

MODIFIABLE RISK FACTOR	MECHANISM	EVIDENCE LEVEL
<b>Low-fiber diet</b>	Increases intraluminal colonic pressure; hardens stool; slows	<b>STRONG</b> — Multiple RCTs and cohort studies

	transit time; promotes diverticula formation	
<b>Dehydration</b>	Stool hardening; reduced mucosal barrier lubrication; impaired transit; increased bacterial stasis in pouches	Strong — Clinical consensus
<b>Sedentary lifestyle</b>	Reduced colonic motility; increases intraluminal pressure; associated with increased diverticular events	Moderate — Prospective cohort studies
<b>Obesity</b>	Increases intra-abdominal pressure; promotes chronic low-grade inflammation; disrupts gut microbiome composition	Strong — Growing global evidence
<b>Red meat / processed food diet</b>	Reduces microbiome diversity; promotes inflammatory cytokines; linked to higher diverticulitis incidence in prospective studies	Moderate-Strong
<b>Dysbiosis / gut microbiome imbalance</b>	Loss of Lactobacilli, Bacteroides, Clostridium cluster IV — anti-inflammatory species; creates inflammatory cycle and bacterial translocation	Emerging — Multiple PMC studies 2020–2025
<b>NSAIDs and opioids</b>	NSAIDs associated with diverticular bleeding; opioids slow colonic motility promoting stasis and bacterial overgrowth	Moderate
<b>Smoking</b>	Damages mucosal integrity; impairs immune response; promotes chronic systemic inflammation	Moderate

The covenant verdict is clear: diverticulitis is predominantly a disease of the modern Western lifestyle — low fiber, low water, high processed food, sedentary living. Every major risk factor is modifiable. Prevention and healing both require returning to covenant-aligned eating and living.

## II-D. THE MICROBIOME — THE HIDDEN BATTLEFIELD

One of the most significant research developments of the past decade is the confirmed role of gut microbiome dysbiosis in diverticulitis. This is not fringe science — it is published across multiple peer-reviewed journals:

**What the research shows:** Patients developing acute diverticulitis show measurable reduction in anti-inflammatory bacterial species — specifically Lactobacilli, Bacteroides, and Clostridium cluster IV. When these beneficial bacteria decrease, mucosal inflammation increases. This inflammation then drives further dysbiosis, creating a vicious cycle: inflammation causes dysbiosis; dysbiosis amplifies inflammation.

**What this means practically:** Antibiotics — while necessary in some cases — paradoxically worsen long-term microbiome health. They eliminate the pathogenic bacteria causing the acute crisis, but simultaneously destroy the beneficial bacteria required for long-term remission. This is why probiotic restoration after any antibiotic course is not optional — it is essential covenant health stewardship. The microbiome is the inner garden that **Yahweh** designed to be tended.

## SECTION III — CONVENTIONAL MEDICAL TREATMENT: THE COVENANT POSITION

The covenant standard of Devarim 19:15 requires honest evaluation of all evidence. The Miqdash Bethel Covenant Institution does not take an anti-medicine position. The two-witness standard of truth demands intellectual honesty — and intellectual honesty requires acknowledging that in certain clinical situations, modern medical intervention is **Yahweh's** provision for life.

### III-A. WHEN HOSPITAL CARE IS NON-NEGOTIABLE

Research from Massachusetts General Hospital studying 993,220 patients found that patients with diverticular perforation had a 5.4% inpatient mortality rate, and that mortality increased 31% for every additional day a necessary procedure was delayed. Patients with generalized feculent peritonitis (Hinchey Stage 4) faced 43% mortality. These numbers speak with the authority of the two-witness standard:

- **Rigid or board-like abdomen** — indicates possible perforation
- **High fever over 101°F with rapid heart rate** — systemic infection / sepsis
- **Confusion, weakness, rapid breathing** — septic shock warning signs

- **Blood in stool** — possible diverticular hemorrhage
- **No improvement after 3–4 days of medical treatment** — reassessment required

**Covenant verdict:** If any of these signs are present, the hospital is **Yahweh's** provision for preservation of life. Refusing emergency care in these circumstances is not covenant faithfulness — it is presumption. The covenant preserves life; it does not sacrifice it on the altar of preference.

### III-B. WHERE THE NATURAL PROTOCOL COMPLEMENTS AND CORRECTS

Conventional treatment — antibiotics, bowel rest, and in severe cases surgery — addresses the acute crisis but does not restore the underlying conditions that caused it. The natural covenant protocol fills this gap by: (1) supporting the healing of intestinal mucosa; (2) restoring the gut microbiome destroyed by antibiotics; (3) reducing systemic inflammation; and (4) rebuilding the dietary habits that prevent future episodes. These two approaches are not enemies — they are sequential: medicine manages the fire; the covenant restores the ground.

## SECTION IV — PHASED COVENANT HEALING PROTOCOL

### PHASE 1 — ACUTE FLARE / ACTIVE INFLAMMATION (INCLUDING HOSPITALIZATION)

**Goal:** Give the bowel complete rest. Deliver targeted soothing, mucosal-coating, and anti-inflammatory compounds in liquid form. No solid food. All items below are suitable for discussion with attending physician for hospital use.

REMEDY	PREPARATION	MECHANISM OF ACTION
<b>Bone Broth (Organic)</b>	Warm. Sip slowly. Small amounts frequently. Do not rush. Organic, pasture-raised bones preferred. Slow-cooked minimum 8 hours.	Delivers bioavailable collagen, glycine, proline, gelatin. Repairs leaky gut. Provides calcium, magnesium, phosphorus, silicon, sulfur without digestive burden. Systemic anti-inflammatory.
<b>Slippery Elm Bark Gruel</b>	1–2 tsp powdered inner bark stirred into warm water to porridge texture. Take between meals, 2–3x daily.	High mucilage content coats, protects, and soothes inflamed intestinal mucosa. Historically prescribed for ulcers, colitis, IBS. Modern studies confirm mucosal restoration.

<b>Marshmallow Root Tea</b>	Steep 1–2 tsp dried root in hot water 15 min. Drink warm 2–3x daily. Combine with slippery elm for synergy.	Demulcent. Hydrates and soothes inflamed tissues. Gel-like mucilage coats intestinal lining. Reduces irritation and eases bowel movement.
<b>Chamomile Tea</b>	Steep 1–2 tsp in hot water 10 min. Drink warm throughout the day. Best taken before rest periods.	Anti-inflammatory and antispasmodic. Relaxes intestinal smooth muscle. Ideal when diverticulitis worsened by stress. Reduces cramping, bloating, and gut-related pain.
<b>Aloe Vera Juice (Inner Leaf Only)</b>	INNER LEAF / INNER FILLET only — no latex, no sugar, no preservatives. Begin with 2 oz. May increase to 4 oz twice daily if tolerated. George’s Aloe Vera is a vetted option.	Acemannan polysaccharide supports immune function and gut tissue regeneration. Normalizes gut pH. Cools inflamed mucosal tissues. Aids digestion and beneficial bacteria. CAUTION: Whole-leaf aloe can cause dangerous electrolyte imbalances — inner leaf only.
<b>Electrolyte Hydration</b>	Coconut water, or purified water with pinch of high-quality sea salt and trace mineral drops. Sip constantly. Minimum 8 glasses daily.	Prevents dangerous dehydration and electrolyte loss during fasting and illness. Maintains cellular function and supports mucosal barrier integrity.
<b>Raw Local Honey in Warm Water</b>	1 tbsp raw honey in warm (not boiling) water. Morning on empty stomach. Confirmed in Tibb al-Nabawi / Islamic prophetic tradition for gut disorders.	Antimicrobial (hydrogen peroxide, bee defensin-1). Anti-inflammatory. Supports beneficial gut bacteria. Soothes inflamed gut lining. Quran: Surah An-Nahl 16:69 — ‘in it is healing for mankind.’

*Research confirmation: During a flare-up or while experiencing inflammation, a liquid diet gives the gut the rest it needs to heal and recover. Fiber supplements must NOT be used during active diverticulitis episodes — this is both clinical consensus and covenant wisdom.*

**PHASE 2 — STABILIZING / INFLAMMATION SUBSIDING**

**Goal:** Reduce systemic and localized gut inflammation. Repair intestinal wall integrity and mucosal barrier. Begin targeted supplementation.

**Timing:** When acute pain is decreasing, fever is resolved, and small amounts of liquid are tolerated without distress.

COMPOUND	DOSAGE	CLINICAL EVIDENCE & MECHANISM
<b>Curcumin / Turmeric (with piperine)</b>	500–1000 mg 2x daily with meals	2018 systematic review: curcumin repeatedly demonstrated reduction in gut inflammation and oxidative stress, increased glutathione (antioxidant), healed mucosal lining, strengthened intestinal wall barrier, reduced bacterial colonization of diverticula pockets. Researchers actively investigating curcumin for Post-Acute Diverticulitis. Take with black pepper (piperine) to increase bioavailability. Use phospholipid form (Meriva/BCM-95) for maximum absorption. Note: Confirm with physician if on blood thinners.
<b>Berberine</b>	500 mg 2–3x daily with meals	Active compound from <i>Coptis Chinensis</i> and <i>Berberis</i> species. Directly combats bacterial proliferation causing diverticulitis. Reduces gut inflammation through NF-kB pathway inhibition. Modulates gut microbiome. Strong antimicrobial action against gram-positive and gram-negative pathogens in the colon.
<b>L-Glutamine</b>	10g daily in divided doses	Primary fuel for intestinal epithelial cells (enterocytes). Accelerates mucosal repair after inflammatory damage. Critical for restoring tight junction integrity and gut barrier function. Reduces intestinal permeability ('leaky gut'). Mix into warm water, bone broth, or smoothie.
<b>Magnesium Glycinate</b>	200–400 mg before bed	Supports regular bowel movement — reduces straining which is the primary mechanical cause of diverticula formation. Relieves intestinal cramping and spasms. Glycinate form preferred — gentle, high absorption, does not cause loose stools at therapeutic doses.
<b>Omega-3 (EPA/DHA)</b>	1–3g EPA/DHA daily with meals	Systemic anti-inflammatory through reduction of inflammatory cytokines (TNF- $\alpha$ , IL-6, IL-1 $\beta$ ). Reduces inflammatory load on gut tissue. Wild-caught fish oil or algae-based omega-3 preferred. Supports mucosal healing alongside curcumin.

<b>Vitamin C (Whole Food Form)</b>	500–1000 mg daily	Supports collagen synthesis for connective tissue repair of intestinal wall. Anti-inflammatory and immune-supporting. Best from whole food sources: bell pepper, kiwi, strawberry, broccoli, citrus. Supplement with food-sourced Vitamin C (e.g., acerola cherry powder) over synthetic ascorbic acid.
<b>Sodium Butyrate</b>	150–600 mg daily with food	Short-chain fatty acid (SCFA) that is the primary energy source for colonocytes (colon lining cells). Studies confirm sodium butyrate stimulates growth and proliferation of healthy intestinal cells, manages inflammation and oxidative stress, and supports intestinal barrier integrity in diverticular disease. Produced naturally in the gut by fermentation of dietary fiber — hence the critical importance of eventual fiber restoration.
<b>Deglycyrrhizinated Licorice (DGL)</b>	1–2 chewable tablets before meals, or 1 tsp powder in water 1–3x daily	Demulcent herb shown to reduce mucosal damage and inflammation. Protects and restores intestinal lining. Works synergistically with slippery elm and marshmallow root. The deglycyrrhizinated form is safe for long-term use without blood pressure effects.

### PHASE 3 — RECOVERY / MICROBIOME RESTORATION

**Goal:** Rebuild the gut microbiome. Restore dietary fiber gradually. Establish long-term covenant-aligned eating patterns.

**Critical Rule:** Reintroduce fiber slowly. Too much fiber too fast can irritate a healing gut and worsen symptoms. Start with cooked, soft, low-fiber vegetables. Add grains and fruit over weeks.

**Probiotic Protocol:**

STRAIN	TIMING	CLINICAL EVIDENCE
<i>Lactobacillus casei DG</i>	After acute phase resolves	Clinical trial: combined with mesalazine extended remission significantly longer than either alone. Most researched strain specific to diverticular disease.

<i>Lactobacillus acidophilus</i>	Morning, empty stomach or with first food	Restores anti-inflammatory bacterial species depleted during diverticulitis. Competitive inhibition of pathogenic bacteria. Supports mucosal defense through enhanced tight junction integrity.
<i>Bifidobacterium longum</i>	Evening before bed	Reduces mucosal inflammation during recovery. Down-regulates inflammatory cytokines. Supports restoration of Bifidobacterium species shown to be depleted in diverticulitis patients.
<i>Lactobacillus reuteri</i>	Mid-day with food	Produces reuterin (antimicrobial). Reduces pathogenic bacterial translocation. Improves gut motility. Supports overall microbiome diversity restoration.
Multi-strain combination (10+ billion CFU minimum)	Rotate morning / evening	Systematic review confirms probiotic supplementation in diverticular disease is associated with decreased abdominal pain and extended remission periods. More robust clinical data needed, but benefit/risk ratio is strongly favorable.

**Dietary Transition:**

FOODS TO EMBRACE (INTRODUCE GRADUALLY)	FOODS TO ELIMINATE
<b>Bone broth</b> — continue daily as healing foundation	<b>Sugar and artificial sweeteners</b> — feeds pathogenic bacteria, drives inflammation
<b>Soft cooked vegetables</b> — zucchini, carrots, sweet potato, winter squash (no skins initially)	<b>Processed and packaged foods</b> — preservatives, emulsifiers, and additives damage gut flora
<b>Easily digestible clean protein</b> — wild-caught fish, pastured eggs, organic poultry	<b>Red meat and fried foods</b> — high in arachidonic acid; promotes systemic inflammation

<b>Fermented foods (after healing)</b> — plain yogurt, kefir, sauerkraut, kimchi — introduced slowly	<b>Alcohol</b> — directly damages gut lining and disrupts microbiome balance
<b>Anti-inflammatory foods</b> — blueberries, leafy greens, olive oil, walnuts, chia seeds, avocado	<b>Gluten / refined wheat</b> — promotes intestinal permeability in sensitive individuals; avoid during healing
<b>Green tea</b> — anti-inflammatory, antiviral, antibacterial; drink warm throughout day	<b>Conventional dairy</b> — can inflame gut during healing; reintroduce slowly with clinical clearance
<b>Raw honey in warm water</b> — antimicrobial, gut-supportive; confirmed in Tibb al-Nabawi	<b>Corn, corn products</b> — difficult to digest; associated with gut irritation during recovery
<b>Gradual fiber restoration</b> — begin with cooked vegetables; slowly add whole grains and fruit over weeks, not days	<b>Nuts and seeds (during active flare)</b> — reintroduce after full healing; no evidence they cause flares but may irritate inflamed tissue

## SECTION V — LONG-TERM COVENANT LIFESTYLE: PREVENTING RECURRENCE

Diverticulitis has a recurrence rate of 20–30% after the first episode without lifestyle change. The following covenant health principles — grounded in Tanakh dietary and lifestyle standards — form the foundation of long-term prevention:

- Daily hydration (8–10 glasses of pure water):** Dehydration is the single most preventable contributor to diverticulitis. Hard stool, slow transit, and bacterial stasis in the diverticula are all driven by insufficient water intake. This is non-negotiable.
- High-fiber, high-plant covenant diet:** Research confirms diets rich in vegetables, fruits, legumes, and whole grains significantly reduce diverticulitis incidence. Reduce red meat, eliminate processed food. Return to the Bereishit (Genesis) 1:29 food model.
- Daily movement:** Even gentle walking improves colonic motility and reduces intraluminal pressure. Sedentary lifestyle is a confirmed independent risk factor.
- Apple cider vinegar (1 tbsp in water before meals):** Antimicrobial through acetic acid. Improves fecal transit time. Reduces bacterial overgrowth risk. Long-standing natural health practice now supported by antimicrobial research.
- Ongoing probiotic support:** The microbiome must be actively maintained. Rotate probiotic strains. Consume fermented foods regularly. This is tending the inner garden — the living community Yahweh designed within the body.

6. **Magnesium maintenance:** Ongoing magnesium supplementation prevents chronic constipation — the primary mechanical cause of diverticula formation over time.
7. **Stress management:** The gut-brain axis is real and documented. Chronic stress disrupts gut motility, damages mucosal integrity, and worsens microbial balance. Prayer, covenant community, rest, and Shabbat practice are not peripheral — they are part of the healing system.
8. **Avoid NSAIDs and opioids where possible:** NSAIDs are associated with diverticular bleeding; opioids slow colonic motility and promote bacterial stasis. Discuss alternatives with your physician.

## SECTION VI — THREE-RELIGION COVENANT AUDIT

The Miqdash Bethel Covenant Institution holds that the covenant of **Yahweh** reaches all three Abrahamic traditions simultaneously, with the Tanakh as the sole authoritative foundation. The following audit confirms that the core principles of covenant health — healing as divine provision, natural medicine as creation's gift, dietary stewardship as obligation, fasting as healing, and water as covenant — are affirmed across all three traditions. This convergence is a three-witness testimony that these principles are not cultural preference but covenant truth.

PRINCIPLE	TANAKH / YISRAEL	CHRISTIANITY	ISLAM
<b>Yahweh / Allah as Healer</b>	Shemot 15:26 — 'I am Yahweh your Healer (Ropheka).' Tehillim 103:3. Yirmeyahu 30:17, 33:6.	Inherits directly from Tanakh promise. No independent healing theology — based entirely on Hebrew covenant foundation.	Quran Surah 26:80: 'When I am sick, it is He who cures me.' Hadith: 'Allah has not created a disease without creating a cure for it.' (Bukhari)
<b>Diet and Body as Sacred</b>	Vayikra (Leviticus) dietary laws: clean/unclean distinction protects gut health. Devarim 14: covenant food standards. The body is Yahweh's creation — stewardship required.	1 Corinthians 6:19-20: body as temple. Christian tradition inconsistently applies dietary standards — Tanakh basis is clear.	Quran 7:31: 'Eat and drink but be not excessive.' Halal dietary laws align with many Tanakh principles. Gluttony explicitly condemned in prophetic tradition.
<b>Fasting as Healing</b>	Yom Kippur (Vayikra 16, 23) — covenant fast. Multiple Tanakh fasts are followed by	Matthew 6:16-18: fasting expected as covenant discipline. Historical church fasting	Ramadan fasting (Quran 2:183). Prophetic tradition of regular fasting

	restoration. Gut rest is the covenant pattern of healing through withdrawal.	tradition aligns with Tanakh pattern.	(Monday/Thursday). al-Tibb al-Nabawi identifies fasting as healing for the body.
<b>Honey as Medicine</b>	Tanakh: honey described as a gift of the land (Shemot 3:8). Mishlei 24:13: 'Eat honey, my son, for it is good.' Medicinal quality implied throughout.	No specific NT prohibition or endorsement. General inheritance of Tanakh's positive view of natural food gifts.	Quran 16:69: 'There comes forth from bees a drink of varying colors in which there is healing for mankind.' Prophetic hadith: honey prescribed for stomach disorders.
<b>Water / Hydration</b>	Mayim chayyim (living water) as covenant purification element. Ritual mikvah. Clean water is foundational to covenant health and purity standards.	John 4: living water as spiritual metaphor — built on Tanakh foundation. Physical water stewardship implied.	Tahara (ritual purity) requires clean water. Wudu (ablution) 5x daily. Prophetic emphasis on clean water. al-Tibb al-Nabawi: hydration is foundational to physical health.
<b>Natural Remedies as Covenant</b>	Bereishit 1:29 — Yahweh gives every herb and fruit-bearing plant for food. Yechezkel 47:12 — leaves of trees for healing. Natural pharmacy established at creation.	Revelation 22:2 (inheriting Yechezkel vision): 'the leaves of the tree for the healing of the nations.' Plant medicine affirmed within biblical framework.	Tibb al-Nabawi lists dozens of plant medicines: black seed, honey, olive oil, dates, figs, ginger, senna. 'Use natural remedies; Allah has placed in them cure.' (Tirmidhi)

**Covenant Verdict:** The convergence of these three traditions on the foundational principles of healing is not coincidence. It is testimony. When Yisrael, Christianity, and Islam all affirm that the Creator is the Healer, that natural remedies are divine provision, that dietary stewardship is covenant obligation, and that fasting supports healing — the Devarim 19:15 standard of multiple witnesses is met. These are not three separate religions arriving at similar conclusions. They are three streams of witness flowing from the one covenant of **Yahweh**.

**SECTION VII — COVENANT WITNESS: THREE WITNESSES, ONE VERDICT**

WITNESS	TESTIMONY
<b>First Witness — The Tanakh</b>	Yahweh declares Himself Ropheka — the Healer — in covenant. He placed herbs, grain, honey, and living water in the earth as covenant provisions. He designed the body to heal when given rest, nourishment, and covenant-aligned food. The gut (me'ah / beten) is the seat of life, and its restoration is a covenant matter.
<b>Second Witness — Peer-Reviewed Medical Science</b>	Multiple independent clinical studies confirm: curcumin reduces gut inflammation and oxidative stress; probiotics (Lactobacillus strains) extend diverticulitis remission; slippery elm restores gut mucosa; bone broth supports intestinal repair; magnesium reduces colonic cramping and constipation; L-glutamine restores intestinal barrier integrity. The body's healing mechanisms, when supported correctly, are remarkable.
<b>Third Witness — Cross-Religious Convergence</b>	Tanakh, Christian tradition, and Islam converge on: fasting as healing, natural remedies as divine provision, dietary stewardship as covenant obligation, the body as sacred, and the Creator as ultimate Healer. All three traditions affirm honey, water, clean food, and plant medicine. This is not coincidence — it is testimony.

## SECTION VIII — COVENANT DISCUSSION QUESTIONS

*For individual reflection, covenant study, and institutional teaching:*

9. Shemot 15:26 conditions the covenant healing promise on obedience: 'If you diligently listen... and do what is right.' What does this tell us about the relationship between covenant fidelity and physical health? Is illness always punishment? What does the full Tanakh witness say?
10. Bereishit 1:29 establishes plant medicine as part of the original creation design. Yechezkel 47:12 confirms 'leaves of trees for healing' in the covenant restoration vision. How does this inform our theology of natural medicine versus reliance on the pharmaceutical industry?
11. The Western diet — low fiber, high processed food, chronically dehydrated — is the primary driver of diverticulitis. How does the Tanakh's dietary framework (Vayikra 11, Devarim 14) protect against this disease, and what does the modern epidemic tell us about the cost of covenant violation in diet?
12. Modern antibiotics eliminate both harmful and beneficial bacteria. The microbiome — Yahweh's designed inner ecosystem — is damaged in the process. What is the covenant responsibility of the individual in rebuilding the 'inner garden' after medical treatment?

13. All three Abrahamic traditions affirm fasting as a healing and covenant discipline. How does this align with the clinical finding that bowel rest during acute diverticulitis is medically essential? What does this convergence teach us about the wisdom embedded in covenant practice?

**SECTION IX — SCRIPTURE INDEX**

REFERENCE	RELEVANCE
<b>Bereishit (Genesis) 1:29</b>	Yahweh establishes plant food as covenant provision from creation
<b>Shemot (Exodus) 15:26</b>	Yahweh-Ropheka: 'I am Yahweh your Healer' — primary covenant healing declaration
<b>Vayikra (Leviticus) 11 / Devarim 14</b>	Covenant dietary laws — clean and unclean food distinctions protecting gut health
<b>Devarim (Deuteronomy) 8:7-9</b>	The land of covenant provision: grain, grapes, figs, olives, honey, water — covenant food
<b>Devarim (Deuteronomy) 19:15</b>	Evidentiary standard: two or three witnesses required — applied throughout this study
<b>Tehillim (Psalm) 103:3</b>	Yahweh 'who heals all your diseases' — comprehensive healing declaration
<b>Tehillim (Psalm) 107:20</b>	'He sent His word and healed them, and delivered them from their destructions'
<b>Tehillim (Psalm) 147:3</b>	Yahweh 'heals the brokenhearted and binds up their wounds' — marpe as physical restoration
<b>Mishlei (Proverbs) 3:7-8</b>	'Fear Yahweh and turn away from evil. It will be healing [marpe] for your flesh'
<b>Mishlei (Proverbs) 17:22</b>	'A joyful heart is good medicine; a crushed spirit dries up the bones' — mind-gut axis
<b>Yirmeyahu (Jeremiah) 8:22</b>	'Is there no balm in Gilead? Is there no physician [rophe] there?' — plant medicine assumed

<b>Yirmeyahu (Jeremiah)</b> 30:17 / 33:6	Yahweh's promise of healing (rapha) and remedy (marpe) to the covenant people
<b>Yeshayahu (Isaiah)</b> 57:18–19	Covenant healing and restoration — rapha used twice
<b>Yechezkel (Ezekiel) 47:12</b>	'Their leaves will be for healing [marpe]' — plant medicine as covenant vision

## SECTION X — RESEARCH SOURCES AND CITATIONS

### PEER-REVIEWED MEDICAL LITERATURE

- Stovall SL, et al. (2023). Diverticulitis is a population health problem. *World Journal of Gastrointestinal Surgery*, 15(6):1007–1019. DOI: 10.4240/wjgs.v15.i6.1007
- Tursi A, Papagrigroriadis S, Kruis W. (2025). Diverticulitis — A neglected disease despite its clinical burden. *Frontiers in Medicine*. PMC12711835.
- Gut Microbiota and Acute Diverticulitis: Role of Probiotics (2021). *PMC8070761* — Role of Lactobacilli, Bacteroides, dysbiosis in diverticulitis pathogenesis
- Curcumin for Post-Acute Diverticulitis (2018/2025 review). *Evinature Clinical Research*. Multiple studies: reduction of gut oxidative stress, mucosal healing, intestinal barrier strengthening
- Impact of Oral Probiotics in Acute Diverticulitis (2023). *PMC10491525* — Probiotics attenuated diverticulitis by restoring antioxidant status, reducing TNF- $\alpha$ , IL, CRP
- Probiotics with anti-inflammatory effect in acute uncomplicated diverticulitis (2022). *Gut Microbiota for Health / BioGaia*. Specific probiotics + fasting + fluid therapy reduced pain and hospitalization hours
- Mass General Hospital study (2021): 993,220 patients — delayed surgery increases diverticulitis mortality 31% per day. *Advances in Motion / JAMA Surgery*
- Colorectal Emergencies: Perforated Diverticulitis (PMC3961523). Hinchey staging and mortality: Stage 1 <5%, Stage 3 13%, Stage 4 43%
- Epidemiology of Diverticulitis (NIH/PMC, 2024). PMC12151590. Prevalence 20% under 40, 40–60% over 60.
- Functional Medicine Approach to Diverticular Disease (2025). Rupa Health. Slippery elm, aloe vera, marshmallow root, DGL, butyrate, magnesium.

### LEXICAL SOURCES

- Brown-Driver-Briggs Hebrew Lexicon (BDB). H7495 rapha; H7965 shalom; H4832 marpe; H990 beten; H4578 me'ah
- Strong's Hebrew Concordance — H7495, H7965, H4832, H990, H4578
- Gesenius' Hebrew-Chaldee Lexicon — entries on rapha and shalom

### THREE-RELIGION REFERENCE SOURCES

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- Quran, Surah An-Nahl 16:69 — honey as healing for mankind
- Quran, Surah 26:80 — 'When I am sick, it is He who cures me'
- Quran, Surah 7:31 — 'Eat and drink but be not excessive'
- Hadith — Sahih al-Bukhari: 'Allah has not created a disease without creating a cure'
- al-Tibb al-Nabawi (Prophetic Medicine) — honey, barley broth, dietary moderation, squat posture for bowel health
- Tibb-e-Nabawi: Honey for Gut Health (Al Masnoon, 2026). Prophetic prescription for stomach disorders
- I Am the LORD your Healer — Exodus 15:26. *HTS Theological Studies Journal*, Scielo, 2021. Comprehensive study of rapha / healing theology in the Tanakh

### CLOSING COVENANT DECLARATION

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The testimony is established. By three witnesses — the Tanakh covenant, the peer-reviewed scientific record, and the convergence of all three Abrahamic traditions — the verdict stands:

**Yahweh is the Healer.**

**He designed the body to heal when given covenant-aligned rest, nourishment, and care.**

**He placed in the earth — from the beginning — every compound needed for restoration.**

Diverticulitis is not a life sentence. It is a message. The body is sounding an alarm that the Western diet — processed, dehydrated, fiber-depleted — has violated the covenant design of the human gut. The path back is not complicated: water, clean food, gut rest, plant medicine, microbiome restoration, and covenant living. This is not alternative medicine. This is the return.

*"For I will restore health to you, and I will heal you of your wounds — declares Yabweh."*

— Yirmeyahu (Jeremiah) 30:17

*"He sent His word and healed them, and delivered them from their destructions."*

— Tehillim (Psalm) 107:20

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Issued by the authority of the Covenant of **Yabweh**, through the Miqdash Bethel Covenant Institution,

**Elder Kepha Arcemont, Founder and Elder**

Pearl River, Louisiana | [miqdashbethel.org](http://miqdashbethel.org) | 985-250-9060 | [miqdashbethel@gmail.com](mailto:miqdashbethel@gmail.com)

PO Box 762, Pearl River, LA 70452 | YouTube: @kephers

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