

# HEARTBURN! REFLUX! INDIGESTION! BLOATING! GAS! GERD!



## WHAT'S THE CAUSE & HOW DO YOU FIX IT???

*(This newsletter will touch on the basics of understanding the problem and fixing it. The next issue will go into more depth on the problems caused by pH alteration and further treatment protocols.)*

Apparently a lot of Americans believe the answer is pharmaceutical, with Nexium raking in \$5.2 billion in 2008 and Prevacid collecting \$3.3 billion in 2007. That doesn't include the sales for Alka-Seltzer, Maalox, Rolaids, Tums, Axid, Pepcid, Zantac, Tagamet, Prilosec, Protonix, etc. We see a lot of these people in our offices and they need a better solution to these problems than temporary symptom relief!

Many millions of dollars have been spent to convince the public that basically ALL of these problems stem from TOO MUCH ACID. How many studies have you seen measuring gastric acidity in these patients??? Plus, how many long term studies have looked at the safety or effect of decades of use of these pH altering medications? It's just common sense and common knowledge: younger people have less digestive problems than older patients and yet we know that gastric acid secretions are higher in younger populations – and there is more digestive upset as you get older – even though stomach acid decreases as we age. Here's another incongruity – if the heartburn and GERD is caused by excess acid, then why do nearly always these patients suffer from gas and

bloating from incomplete food digestion. Gas and bloating is a sign of decreased acid production!

So you should ask this question: If the problem is too little gastric Hydrochloric Acid (HCL), then why do the above medications seem to work so well? And that is the crux of the entire matter. In Jonathan Wright and Lane Leonard's excellent book, "Why Stomach Acid Is Good For You", they state the stomach acidity is one hundred thousand times more acidic than that of the blood and that the stomach lining is well designed to live a lifetime with this high acidity level. As we all learned in college, there is a sphincter at the lower end of the esophagus, termed the lower esophageal sphincter (LES) which remains tightly closed at all times, keeping the food, mucus, acid, enzymes, etc where it belongs – in the stomach. The LES opens briefly only for food or drink you swallowed and if you belch or vomit. Here's the problem – if the LES malfunctions and allows the acidic content of the stomach to regurgitate upward, through the LES and into the esophagus, where its delicate lining now feels the effect of the acid – it won't be happy and you will complain of heartburn!! Was it from too much stomach acid? Probably not. However, it was from normal acidity going to areas where it didn't belong.

Back to the question of why medications give relief. You are basically drying up the river so to speak, there is nothing left to reflux. If there is no acid in the stomach to move into the esophagus – WOW another medical miracle! You can tell your patients that is why their Tums/Prevacid/Protonix, etc, seems to temporarily help them.

Now comes the question that the pharmaceutical industry does not want to look at. What effect on the body does increasing the gastric pH (increasing alkalinity) drastically have and what happens with years of chronic use? To answer this we first need to look at the two categories of meds people use for this:

1. **Acid Neutralizers**: This would be Tums, Roloids, etc. They are the least damaging as they simply supply Mg, Ca, Na or aluminum salts to neutralize the acid. The effects are temporary and the HCL levels return as soon as they dissolve. It is becoming more of a problem now that some doctors are recommending calcium carbonate in these substances to prevent or treat a woman's osteoporosis. If that's not bad enough, some brands contain the heavy metal aluminum – Wright recommends checking for this with Riopan, Maalox, Amphojel, Mylanta, Gelusil and Gaviscon.
2. **Acid Suppressors**: These are much more serious and there are two types:
  - **Histamine Receptor Blocker or H2 Blockers** – the hormone gastrin stimulates gastric histamine receptors which stimulate parietal cells to produce HCL. These drugs block the histamine receptor and a state of hypochlorhydria exists for many hours. Drugs in this class are Tagamet, Zantac, Pepcid and Axid.
  - **Proton Pump Inhibitors (PPI)** – Gastric cells use a proton pump mechanism to move the HCL into the stomach. This mechanism is



blocked and a very serious state of achlorhydria exists for up to an entire day. This would include Prilosec, Protonix, Nexium, AcipHex, and Prevacid.

As you know, if you change the design of the way the body was meant to function, bad things eventually happen. It is the acid food bolus that hormonally stimulates the next alkaline phase of digestion, signaling proper amount of secretions from the pancreas and gall bladder. If you are in a chronic state of hypochlorhydria or achlorhydria, you will not have proper function of the pancreas and gall bladder. Your fat soluble vitamins are not absorbed as well, food allergies may be more problematic and any type of dysbiosis will be worsened.

If a patient comes in to our office on one of these meds or complains of GERD, heartburn, etc, then we know to suspect low gastric HCL. A simple and accurate assessment tool that I use with every new patient is to simply ask “Do you get bloated, sluggish or full feeling after you eat, or do you feel like you could digest nails and get away with it”? However, there are many other local and systemic conditions that are related to low HCL and are diagnostic clues to its possible presence, such as:

- Bloating or belching, especially after eating
- Burning in the stomach, especially after eating
- Chronic Stress
- Fullness or heaviness in the stomach after eating
- Nausea after eating or taking supplements
- Intestinal gas
- Indigestion
- Halitosis/Bad breath
- Diarrhea or constipation
- Food allergies
- Itching around the rectum (can also mean too much acidity)
- Weak or cracked fingernails
- Dilated blood vessels in the cheeks or nose (in non-alcoholics)
- Skin break-outs or acne
- Iron deficiency and pernicious anemia
- Chronic intestinal parasites
- Undigested food in the stool
- Chronic Candida infection
- Age

#### **Diseases Associated With Low Hydrochloric Acid**

- Asthma / Myasthenia gravis / Osteoporosis / Polymyalgia rheumatica
- Diabetes / Reynaud's syndrome / Rheumatoid arthritis / Scleroderma
- Osteoporosis / Sjogren's syndrome / Ulcerative colitis / vitiligo
- Arthritis / Gallbladder disease and stones / Psoriasis / Eczema
- Hepatitis / Acne rosacea / Macular degeneration / Multiple Sclerosis

- Heavy metal toxicity / Herpes / Hives / Hyper and hypo thyroid states
- Thyrotoxicosis / Tooth and periodontal disease / Lupus erythematosus
- Myasthenia gravis / Celiac disease / Sjogren's syndrome

So, that's great, now how do you fix it?

- First, **you don't want to minimize the seriousness of what can happen from untreated GERD.** It can go down the path to esophagitis, esophageal ulcers to cancer. So your patient must get proper treatment. It's my experience that the vast majority of the GERD/heartburn type cases will respond favorably to conservative care; however, never let them get to that ulcerative stage or refer them to the appropriate medical provider.
- **NERVE SUPPLY:** There is typically some compromise in the LES muscle function and gastric balance due to altered nerve supply. I adjust if necessary, the C3-5 area for stimulation of the phrenic nerve to the diaphragm (*this is also the correction for many of the chronic hiccup cases*). The diaphragm also receives innervation from T6-11 intercostal nerves and has attachment at the T12-L3 levels. I adjust or mobilize fixations in those areas. The vagus nerve supplies innervation throughout the area, so check especially for upper cervical vertebral dysfunction and the need for cranio-sacral therapy. Sympathetic fibers from the lower 7 or 8 thoracic levels give nerve supply from the esophagus distally to the transverse colon, including the LES and pyloric sphincters. This is obviously part of the reason chiropractors have traditionally had good success with many digestive cases.
- **HIATAL HERNIA:** I check for a hiatal hernia on a supine patient by putting pressure upward and to the left on the stomach into the epigastric area, observing whether this weakens a previously strong pectoralis major sternal muscle. If positive, I manually pull the stomach inferiorly on exhalation while the patient is standing against the wall or my treatment table. If there is a hiatal hernia and/or GERD instruct the patient not to sit upright after a large meal but stand or walk or lay back in a recliner ten or twenty degrees.
- **ADRENAL FUNCTION:** If the parasympathetic/sympathetic supply is imbalanced, as in fatigued adrenals, that may be part of the reason for LES or gastric dysfunction also. Typically we see a relationship between hypochlorhydria and adrenal function and both need to be addressed. If you don't have my adrenal assessment and treatment protocols, let me know.
- **OFFENDING SUBSTANCING:** Remove irritating substances such as coffee, alcohol, chocolate, nicotine, tea, etc;
- **FOOD ALLERGIES:** Gluten and dairy allergies are frequently present and tomatoes occasionally.
- **SUGARS/REFINED CARBOHYDRATES:** Avoid refined sugars and refined carbs (which you need to be doing anyway if adrenal imbalance is present).
- **CHEW YOUR FOOD:** Eat slower, chew food well and avoid very large meals.
- **MORE PURE WATER:** Mercola recommends no other liquid intake than one gallon of pure water or 1 qt/50 pounds of body weight per day.

Here is my nutritional protocol for treatment:

- I use Nutri-West's **Hypo-D**. It's a two-phase supplement with HCL, Pepsin and Papain for the acid phase and pancreatic enzymes and bile salts for the alkaline phase. I start carefully with one tablet with a meal. After a few days move that two tablets/meal for a few days. They may need up to 6 tablets per meal for awhile. Later, you can reduce the dose. Very rarely, you may find a patient with a thinned gastric lining that cannot tolerate the HCL supplementation. In those cases, try Nutri-West's **Hyper-D**, which is just like **Hypo-D**, but without the HCL. Some people, for whatever reason, have lost the ability to produce adequate amounts of HCL and need some HCL the rest of their lives. Others can discontinue it altogether. If the patient just needs HCL, use the product **Ges-Cid**, which has just the acid phase support with HCL I rarely use it, as I primarily use **Hypo-D**.
- If the GERD has irritated the esophagus, I use a product from Nutri-West that works a very high percentage of the time in giving quick relief and support for the healing process of the inflamed areas of the esophagus. It's called **Total Upper G-I** and contains L-Glutamine, Okra, Stomach, Folic Acid, Vitamin A, Aloe Vera, NAG, Bromelaine, Duodenum, DGL, Cabigen Extract, Slippery Elm and Mg Chelate. I find it to be a good mucilaginous coating substance with calming and healing effect. Chew two tablets with as little water as possible to wash it down after meals or as needed.
- I use Nutri-West's **B-Complex** and consider additional vitamin B-12, which is almost always deficient in these low acid states, especially in the elderly, using Nutri-West's sublingual **B-12 Lozenge**.
- If there has been chronic NSAID use, long term use of PPI's, H2 Blockers or antacids, antibiotics or H. Pylori presence, then I always use Nutri-West's wide spectrum probiotic called **Total Probiotics**.
- Patients that have been on long term acid suppressants or blockers will have poor digestion of their food and supplements and will generally be in suboptimal health and nutritional status. For that reason I like to use a strong, balanced multiple called **Core Level Health Reserve**.
- All mineral absorption is affected in hypochlorhydria, however calcium and iron depletion may especially become an issue and the macro and micro minerals in the **Core Level Health Reserve** may not be adequate, especially in a female trying to protect bone density. In that case, I would add **Core Level Bone Matrix** or **Total Calcium**.

If you have further questions or want to talk to Dr. Eriksen about this feel free to call at 329-3600.