

GERD

DIGESTION

NATURAL TREATMENT FOR GERD 2

HCL & NUTRIENT ABSORPTION 4

FREE HEALTH QUESTIONNAIRE 5

CANCER, B₁₂ & HCl SUPPRESSION 6

The acronym GERD stands for **Gastroesophageal Reflux Disease**. All patients do not have the same symptoms, but many have some or even all of the following:

- Heartburn (the most common symptom, a rising, burning sensation in the chest)
- Sour or bitter taste from regurgitation of stomach contents
- Difficult or painful swallowing
- Belching
- Chronic sore throat
- Waterbrash (sudden excess of saliva)
- Hoarseness
- Bad breath

In GERD, the lower esophageal sphincter opens spontaneously, for varying periods of time, or does not close properly, and stomach contents rise up into the esophagus. The main symptom is heartburn, but patients may also experience a dry

cough, asthma symptoms or trouble swallowing. GERD can also lead to inflammation of the gums and erosion of tooth enamel.

Certain medications for reflux may increase your chance of getting osteoporosis. Use of the drugs has been linked to hip fracture in people over 50, according to research appearing in the *Journal of the American Medical Association* (2006;296:2947-2953). What is most shocking is what University of Michigan researchers found—A study performed on mice done by researchers from the University of Michigan Medical School at the Howard Hughes Medical Institute showed that acid suppressing medications (proton pump inhibitors, like Prilosec and Prevacid) actually contribute to bacterial overgrowth, and may actually aggravate the condition that they are designed to treat.

NATURAL TREATMENT OF GERD

Most medications for GERD focus on suppressing HCl production. Unfortunately, acid production is the body's defense mechanism designed to kill the invading microbes. Interfering with acid production by using omeprazole (a proton pump inhibitor, like Prilosec) interferes with the body's defense against these bacteria. These drugs also interfere with nutrient absorption.

Supplements can help you to give relief to patients suffering from GERD as well as helping them to get off of the drugs. Deglycyrrhizinated licorice, or DGL is one of the more popular choices. It is effective at soothing irritated stomach and esophageal linings. People with high blood pressure should be cautious and monitor their blood pressure when taking this product. Glycyrrhizin can raise blood pressure; it is an adrenal stimulant. Although it has been removed to avoid blood pressure problems, some still remains and there are patients who are sensitive to it. DGL can raise blood pressure in some patients.

For most patients, the dietary changes and simple supplementation are enough to relieve heartburn. Sometimes other steps are needed.

Diet is perhaps the best way to get this symptom under control.

- You need to eat slowly and chew food completely.

- Don't drink with meals.
- Eat plenty of fresh produce.
- Don't eat between dinner and bedtime.
- Avoid refined sugar
- Avoid white, refined grain (in stubborn cases, have them avoid all grain and dairy).
- Avoid deep-fried foods and hydrogenated oil.

Not Everyone is the Same: A Number of Issues can Cause GERD

Bacteria may be Part of the Problem

Sometimes bacteria can cause reflux symptoms. What is even more surprising is that low stomach acid favors an environment that allows bacteria to grow—creating bacterial gastritis. So antacids may be exactly the wrong thing to do. *Helicobacter pylori*, the bacterium that is implicated in gastric ulcers, is frequently a cause of heartburn (even when there is no ulcer present). Sometimes it is necessary to take a product that can keep the bacteria in check. There are a number of herbs that can accomplish this, but it is a complex subject and it is best to get professional advice.

WholeHealthWeb.com

Whole Health Web is a site designed to teach people about the value of natural health care.

Our goal is to inform you and to help you to start a conversation with your doctor about natural health care.

Most of our articles are about scientific research. We will also provide opinion pieces provided by natural health practitioners.

Visit us often, as we are continually adding new content.

It may seem counterintuitive, but many people who have acid reflux actually are not producing enough stomach acid. Traditional medicine does not recognize underproduction of HCl as a health problem. Many times, however, giving HCl helps the pylorus to relax, facilitates stomach emptying and keeps the gastric contents out of the esophagus. Once again, it may be best to get professional advice. HCl supplements may aggravate symptoms, even if HCl is needed. This is especially true of people who have been taking Prevacid or Prilosec.

Patients who need HCl often have symptoms that can give clues. Fingernails break easily, they have gas or bloating immediately after a meal, a distaste for meat is common, vitamin supplements cause nausea, you may see a coated tongue (there are other causes of this); Itchy anus (there are other causes of this).

Got Health Questions?

We've Got Answers!

Now more than ever before, it's important to take an active role in our own health care. But with the masses of information out there, how do you know what you can trust?

Whole Health Web offers free, reliable, scientific-based answers to the top health questions facing Americans today. Our articles and information are based on years of clinical research, experience and the most trusted sources for health information.

So, if you've got questions about your health, then look no further. Whole Health Web is your complete resource for reliable, accurate information.

[Click here](#) to visit [Whole Health Web](#) now to get access to a variety of free resources and information.



HCl AND NUTRIENT ABSORPTION

In natural health care we often talk about hypochlorhydra, or decreased production of hydrochloric acid in the stomach. It is a concept that seems to escape traditional medical thinking. There is some research that supports some of the ideas we have about stomach acid.

One study, published in the *Journal of The American College of Nutrition* (1991;10(4):372-375), looked at the role of acid secretion on zinc absorption. It was a small study, utilizing 11 subjects. The acid inhibitor cimetidine was given (one gram/day) by mouth for three days. Zinc absorption was reduced after cimetidine administration. To ensure that the reduction in zinc absorption was not specific to cimetidine, another H₂ antagonist ranitidine was also tested 300 mgs per day for 3 days and 300 mgs before the test meal). It also reduced zinc absorption.

Another study, published in the *American Journal of Medicine* (May, 1998;104:422-430), looked at B₁₂ levels in patients with Zollinger-Ellison Syndrome who were being treated by suppressing stomach HCl production. The 131 subjects had been treated with either omeprazole (mean duration of therapy was 4.5 years), or with an H₂ receptor antagonist (mean duration of therapy was 10 years). Vitamin B₁₂ levels, but not serum folate or any other hematological parameters, were significantly lower in those treated with omeprazole, especially in those who had omeprazole-induced sustained hyposecretion or complete achlorhydria. The duration of omeprazole treatment was inversely correlated

with vitamin B₁₂ levels, but not folate levels. Six percent of the patients developed subnormal vitamin B₁₂ levels during follow-up. Patients with Zollinger-Ellison syndrome treated with H⁺-K⁺-ATPase inhibitors should have serum vitamin B₁₂ levels monitored since they may be at risk for developing vitamin B₁₂ deficiency.

Stomach HCl production may be a factor for anemic patients who do not respond to therapy. In some older studies (*Lancet*, [April 16, 1966:845-848] and *British Journal of Haematology* [1966;12:728-736]) both showed a connection between low stomach acid production and iron deficiency anemia. Granted, these are old studies, but there are not many studies that look into the underproduction of stomach HCl thus are worth mentioning.

There are approximately 64.6 million prescriptions written for GERD medications in the United States on an annual basis. The medication is, of course, a band aid. The goal should be to get patients relief without having to take the drugs. Another goal should be to supplement nutrient deficiency caused by these drugs. It is a safe bet that if iron and zinc are in short supply, other minerals are needed as well. It may be a good idea to take a multi-mineral supplement, an amino acid supplement and some vitamin B₁₂. Vitamin B₁₂ is plentiful in the diet and deficiency is usually due to problems with absorption. For that reason, deficiency is usually treated with B₁₂ injections. However, research has shown that a very high oral dose (in excess of 2 milligrams) works very well.

HOW HEALTHY ARE YOU?

FINDING OUT IS EASY AS 1, 2, 3!

Right Now, You Can Take Advantage Of Our Free Online Health Assessment Tool.

JUST FOLLOW 1, 2, 3!

1. Visit our website to take the **FREE** online health assessment.
2. Print the results.
3. Bring your results to your natural health practitioner.

TAKE OUR FREE ONLINE HEALTH ASSESSMENT NOW!

Visit: www.WholeHealthWeb.com
And Take Your Free Health Assessment Now!



WholeHealthWeb.com

Visit often, as we are
continually adding new content

Disclaimer

All content found in this newsletter and on the WholeHealthWeb.com website, including: text, images, audio, or other formats were created for informational purposes only. The Content is not intended to be a substitute for professional medical advice, diagnosis, or treatment.

Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on this website. Links to educational content not created by WholeHealthWeb.com are taken at your own risk.

We are not responsible for the claims of external websites and education companies.

CANCER, B₁₂ AND HCI SUPPRESSION

It is clear that the medications used to suppress stomach acid production to treat GERD can create a vitamin B₁₂ deficiency. Vitamin B₁₂ deficiency can lead to pernicious anemia. Research, appearing in the journal *Cancer* (February 1, 1993;71:745-750) linked pernicious anemia to cancer.

Pernicious anemia causes a chronic atrophic gastritis, which reduces intrinsic factor secretion and B₁₂ absorption. It occurs frequently in individuals with Scandinavian ancestry. This may have an autoimmune basis. Stomach cancer is 3 to 5 times more likely in patients with pernicious anemia. These individuals have also been noted to have an increase in other types of cancer. In a recent study from Sweden, 2,021 men and 2,496 women with pernicious anemia were evaluated over an 18-year period. A total of 553 cancers were diagnosed in this cohort. This was significantly higher than the expected cancer

standardized incident rate of 1.4 for each sex. There was an excess in stomach, esophageal and pancreatic cancers. In men, there were elevated rates of myeloid leukemia as well as cancers of the buccal cavity, rectum, biliary tract and other unspecified leukemias. Among women, significantly elevated rates were found for multiple myeloma as well as for cancer of the liver and endocrine glands. The greatest risk was usually found in the ages of 60 to 69 years. There is a suggestion that long-term gastric acid suppression may lead to high gastrin levels and subsequent trophic effects, increasing the risk of cancer. There may be a potential concern about the long-term use of drugs to suppress acid production. Patients with pernicious anemia should be monitored for cancer, especially those of the stomach, esophagus and pancreas. There should be a high index of suspicion for other cancers as well.