

DIGESTION

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NATURAL TREATMENT OF GERD

GERD symptoms include heartburn, sour or bitter taste, difficult or painful swallowing, belching, chronic sore throat, waterbrash, hoarseness, and bad breath. It can also lead to inflammation of the gums and erosion of tooth enamel. Serious complications include Barrett's esophagus, as well as esophageal adenocarcinoma.

Americans spend around \$10 billion per year treating GERD. Up to 60% of the population at some time during the year experience symptoms of GERD. Certain medications for reflux may increase the risk for 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). In University of Michigan Medical School at the Howard Hughes Medical Institute, it was determined that acid suppressing medications (proton pump inhibitors, like Prilosec and Prevacid) actually contribute to bacterial overgrowth, and these bacteria serve to aggravate the condition.



Fresh cabbage juice helps soothe irritated esophageal tissue

Supplements, like deglycyrrhizinated licorice, can also help.

OBVIOUSLY, RELIEF IS MORE THAN JUST A PILL

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

- 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
- Avoid deep-fried foods and hydrogenated oil.

Most people get results with these simple changes. Sometimes patients need additional digestive aids, to avoid common allergens or other treatments in order to get results.

INFLAMMATORY BOWEL DISEASE AND PROBIOTICS

Inflammatory bowel disease (IBD) is the name of a group of disorders that cause the intestines to become inflamed (red and swollen). The inflammation lasts a long time and usually comes back over and over again. Inflammation often leads to ulceration and eventually the formation of scar tissue. IBD includes Crohn's disease and ulcerative colitis. Although the cause of the disease is unknown, it may be due to the immune system attacking the intestinal tract. Symptoms include abdominal pain, cramping, diarrhea, or bloody stools. The patient may also have fatigue, loss of appetite, anemia, dehydration and fever. Severity of symptoms vary from patient to patient. Inflammatory bowel disease symptoms can be mild in some patients, but severe cases can develop serious complications, like rectal bleeding, anemia, deteriorating bowel function, bowel obstruction, fistulas, peritonitis, shock, malnutrition and problems with growth in children. It can also increase the risk of getting colorectal cancer. It is estimated that 600,000 people in the United States have either Crohn's disease or ulcerative colitis.

Bowel flora may play a role in inflammatory bowel disease (Crohn's disease and ulcerative colitis). An article appearing in the *Scandinavian Journal of Gastroenterology* (2001;36(Suppl 234):29-40) discussed the role of bowel flora and intestinal permeability in these diseases. The intestinal tract is a long tube that goes from the mouth to the anus. The food you eat and everything inside the intestinal tract is still technically outside of the body. The cells lining the intestine form a barrier that selects what gets inside of the body and what stays outside of the body. If these cells fail to act as an effective barrier, increased intestinal permeability may become a problem (sometimes called "leaky gut"). This article states that increased intestinal permeability leads to a lack of tolerance to the bacteria that normally exist in the bowel. There is evidence of the immune system working against the bacteria that exist in the bowel, perhaps even overreacting. Also, the makeup of the bacteria is different in these patients.

In patients with inflammatory bowel disease, the bacteria tend to invade



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the mucosa (lining of the intestine). Research appearing in *Gastroenterology* (January 2002;122 (1):44-54) compared colonoscopic biopsies in 305 patients with 40 normal controls. Patients with inflammatory bowel disease had much higher concentrations of bacteria invading the intestinal lining than did the healthy subjects. A normal, healthy intestinal lining has the ability to act as a barrier to bowel bacteria; this ability has been compromised in patients with inflammatory bowel disease.

The *Scandinavian Journal of Gastroenterology* article mentions that taking probiotics is sometimes helpful; patients with Crohn's disease tend to have less Bifidobacteria, and more Bacteroides, Eubacteria and Peptostreptococcus. Probiotics are supplements composed of living bacteria that, when taken, can be beneficial to the digestive tract. Generally these are lactic acid bacteria, like Lactobacilli, Bifidobacteria (the species found to be in short supply in patients with Crohn's disease), and specific Streptococci. These bacteria can release antibiotic-like substances, reduce the pH in the intestine, improve the absorption of nutrients and help support the immune system.

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HYPOCHLORHYDRA

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. In natural health care, low stomach HCl is linked to allergies, arthritis, dysbiosis, SIBO (small intestine bacterial overgrowth) and various nutrient deficiencies. There is some research that supports some of the ideas alternative practitioners 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 milligrams per day for 3 days and 300 milligrams 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. Two older studies (*Lancet*, [April 16, 1966:845-848] and *Br J 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 they are worth mentioning.

*Happiness is
nothing more
than good
health and a
bad memory.*
**Albert
Schweitzer**

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H. PYLORI

Patients with heartburn may actually be suffering from gastritis that is commonly caused by *Helicobacter pylori*. Despite the highly acidic environment of the stomach, *H. pylori* is able to persist, thought to be due primarily to its characteristic spiral morphology, and its high motility. Acute *H. pylori* induced gastritis is associated with hypochlorhydria, and colonization is speculated to have the ability to modify the net gastric acidity, by virtue of the substances the bacterium secretes. *H. pylori* infestation is associated with a dysregulation in the function of the gastric epithelial barrier, as well as with increased epithelial permeability. Additionally, the inflammatory response to *H. pylori* is well documented, implicated to result in cellular proliferation and gastric mucosal damage. *H. pylori* components have been demonstrated to act directly on gastric epithelium and to induce an increased release of cytokines. These actions have been primarily attributed to the up-regulation of inflammatory markers, including COX-2 and IL-1 β . To curtail this deleterious effect

on the gastric mucosa, a comprehensive blend of phytochemical nutrients, known to have a positive impact on the gastrointestinal tissues, may aide in healing and repairing these tissues. Select herbs are recognized as possessing anti-pylori activity, noted to downregulate inflammatory markers associated with *H. pylori* infestation and correlated to gastric inflammation. Additionally, the use of select herbal components has demonstrated a positive effect in reducing the antigens associated with *H. pylori*.

Patients who have been taking acid suppressing medications (proton pump inhibitors, like Prilosec and Prevacid) often suffer severe flare-ups when the medication is discontinued. According to research, these drugs actually contribute to bacterial overgrowth, and aggravate the condition.