

Dr. Jonathan V. Wright's
NUTRITION & HEALING

Vol. 8, Issue 9 • September 2001

The myth of acid indigestion

By Jonathan V. Wright, M.D.

Heartburn, indigestion, dyspepsia, and “acid indigestion” are extremely common afflictions. Thanks mostly to diet and lifestyle factors, and sometimes because of genetics, pregnancy, anatomy, or simple aging, it seems like sooner or later, almost everybody gets an upset stomach in one form or another.

Who hasn't felt the acute burning in the back of the throat and upper chest after eating certain foods? Who hasn't popped a Tums or gulped a “bicarb” to extinguish the acidic flames that seem to roar up from the stomach during a heartburn attack?

If we are to believe what we see in the media, the American populace is awash in indigestion-causing stomach acid. We can't watch TV without seeing dozens of slick commercials for expensive, high-tech drugs like Prilosec,[®] Prevacid,[®] Tagamet,[®] Zantac,[®] Pepcid,[®] Axid,[®] and others, not to mention more traditional low-tech remedies like Tums,[®] Roloids,[®] Maalox,[®] and Alka-Seltzer.[®] All of these products are designed to eliminate heartburn pain by reducing the amount of acid in the stomach.

The myth that underlies conventional “acid indigestion” treatment, and the implied message in all

these commercials—although they never come right out and say it—is that heartburn happens because we've got *too much acid* in our stomachs. As a result, some of that acid flows back—or *refluxes*—into the esophagus, the muscular tube that carries food from the back of

“When we actually measure stomach acid output under careful, research-verified conditions, the overwhelming majority of heartburn sufferers are found to have too little stomach acid production.”

the mouth into the stomach. Since acid does not belong in the esophagus, its presence irritates the delicate tissue that lines the inside of the tube. Heartburn pain is basically a *symptom* of that irritation. If we've got heartburn or other symptoms of a more serious disorder, **gastroesophageal reflux disease (GERD)**, the commercial message is clear: “The less acid we have in our stomachs, the better.”

We are also led to believe that if we simply have other feelings of indigestion, like “that overfull

feeling,” with excess gas, bloating, or belching but perhaps only a little heartburn, this is also due to “too much acid.”

If we believe this, it makes sense that we should all be using these powerful acid-reducing treatments to relieve our heartburn.

According to the manufacturers of these products, long-term acid suppression is an advantage, allowing us to control heartburn “*around the clock*,” perhaps with a single pill.

This kind of extreme heartburn protection may come at a cost to health that is being ignored by the pharmaceutical companies that patent and profit from these drugs; and ignored by the Food and Drug Administration (FDA), which collected truly enormous sums of money to “approve” them. Most importantly, perhaps, the cost to health of these drugs is being ignored by the thousands of physicians who prescribe them. They fail to recognize that the acid-suppression theory that currently governs the conventional medical therapy of “acid indigestion” is seriously flawed. It is based on the myth that “acid indigestion,” heartburn, and GERD are results of too

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This article is excerpted from Chapter 1 of *Why Stomach Acid Is Good for You: Natural Cures for Heartburn and Indigestion* by Jonathan V. Wright, M.D. and Lane Lenard, Ph.D., to be published by M. Evans, New York City, in September or October 2001

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Dr. Jonathan V. Wright's NUTRITION & HEALING

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For questions regarding your subscription, please call reader services at (978)514-7851 (9 a.m.-5 p.m. EST Mon.-Fri.). International call (978)514-7857; fax (410)230-1273. Send cancellations to P.O. Box 206, Baltimore, MD 21203. If, for any reason, customer service is unable to handle your request in a satisfactory manner, you may contact a subscriber advocate. Subscriber advocates can be reached via our telephone hotline, (410)223-2690, or via e-mail at subscriberadvocate@agora-inc.com.

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A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Kent, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

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much stomach acid. The facts say otherwise.

Consider this conveniently overlooked observation: *The incidence of indigestion, "simple" heartburn, and GERD increases with age, while stomach acid levels generally decline with age. If too much acid were causing these problems, teenagers should have frequent heartburn, while Grandma and Grandpa should have much less. Of course, as everyone knows, exactly the opposite is generally true.*

Science has confirmed what common sense tells us. For most of this century, medical researchers have repeatedly and consistently documented an age-related decline in stomach acid. So, if we have less and less stomach acid as the years add up, why do we get more and more heartburn and indigestion? And, more importantly, why are we treating that heartburn and indigestion by taking drugs that wring the last few drops of acid out of the stomach?

What's so bad about depleting stomach acid?

Lots. Unfortunately, the conventional medical wisdom refuses to recognize this, which suits the makers of acid-depleting drugs just fine. The problem is that many of the adverse effects associated with long-term suppression of stomach acid may take years or even decades to develop, while clinical trials of most drugs, which might expose these problems, generally last only a few months.

Regrettably, many of the potential consequences of long-term acid suppression, including asthma, allergies, skin disorders, rheumatoid arthritis, insomnia, osteoporosis, gastrointestinal (GI) infection, depression, and many, many more, can take years or even decades to develop. They would *seem* to have nothing to do with stomach acid and therefore would rarely if ever be reported.

GERD: the serious side of heartburn

It wasn't too long ago that heartburn was viewed as largely a nuisance, something we joked about, put up with, blamed on Mother's cooking. Today, heartburn is widely seen by the medical profession as the primary symptom of a potentially dangerous medical condition known as *gastroesophageal reflux disease*, or *GERD*.

When heartburn occurs regularly for months or years, it is said to be *chronic*. People with chronic heartburn may have damage to their esophageal lining (especially the lower end of the esophagus) that begins as mild irritation, but may end up with scarring, constriction, ulceration, and ultimately, in a very small percentage of people, cancer. This is why intermittent or minor heartburn should never be allowed to become chronic.

Although GERD occurs only in a minority of people who have heartburn, given the potential danger of chronic heartburn, today's acid-trumping treatments would seem to be among modern medicine's more important, if underappreciated, marvels. GERD appears to have met its match in these potent drugs that not only relieve heartburn but promise also to protect us against

more serious, even life-threatening conditions.

It's no wonder they have become among the best-selling drugs ever produced. Indigestion/heartburn/GERD is a multibillion dollar cash cow for the pharmaceutical industry. In the U.S. alone, we spent more than \$7 billion on acid-reducing drugs in 1999.

Indigestion and heartburn are not caused by *too much* stomach acid

As you might have guessed, there's something dreadfully wrong with the conventional treatment of heartburn and GERD. The problem is that *very few people ever consistently have too much acid in their stomachs.*

Chronic heartburn sufferers often have their stomachs and esophaguses examined via X-rays and "gastrosopes" (fiberoptic tubes that allow the doctor to look inside the stomach and even take pictures), but in my 30 years of medical practice, not one person who's had these procedures done elsewhere has ever told me that he or she has also had careful measurements made of stomach acid production! When we actually measure stomach acid output under careful, research-verified conditions, the overwhelming majority of heartburn sufferers are found to have *too little* stomach acid production.

Yes, you read that correctly. Heartburn almost never signals *too much* acid, and it may often be associated with *too little!*

This is no secret. This is a well-documented, but little-appreciated, medical fact. It has been confirmed in the scientific literature repeatedly and frequently throughout the last 100 years. For many people with heartburn and/or GERD, the best treatment may actually be *more*

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Conventional treatments for heartburn and GERD: Know your poison.

Conventional medicine treats heartburn/GERD primarily by mopping up as much of the acid "flood" as possible or by drying up the river of acid itself. There are two types of drugs doctors use to do this—acid neutralizers and acid blockers.

To the degree that they reduce the amount of acid available to reflux, these drugs can temporarily relieve the *symptoms* of heartburn and also prevent the damage associated with GERD. Neutralizing antacids reduce gastric (stomach) acidity only modestly but usually enough to relieve heartburn discomfort for an hour or two, perhaps long enough for the offending food and acid in the stomach to move on to the small intestine. The more potent acid-suppressing drugs reduce the acid volume by up to 90% or more, essentially eliminating acid from the stomach for up to 24 hours or longer.¹

Acid neutralizers, commonly referred to as *antacids*, rely on the fundamental chemical fact of life that acid and alkali (also called "bases") *neutralize*, or cancel each other out. Since antacids do not affect the secretion of stomach acid, their effect is short-lived. Antacid products are easily available without a prescription and are widely regarded as extremely safe. For occasional use, they can be useful for reducing heartburn and, when used this way, probably will not cause any harm.

Acid blockers include *histamine H₂-receptor blockers* (or H₂-blockers) and *proton pump inhibitors*.

Currently available H₂-receptor blockers include Tagamet® (cimetidine), Zantac® (ranitidine), Pepcid® (famotidine), and Axid® (nitazidine). These drugs reduce acid levels by throwing a roadblock right in the middle of the process that leads to acid secretion. While they can be effective for hours at a time, the long-term, continuous suppression of gastric acid secretion may have important adverse consequences for our health that are largely ignored by practitioners of conventional medicine. In addition, these drugs all have well-documented adverse side effects, most of which involve GI disturbances, such as constipation, diarrhea, nausea, vomiting, and yes, heartburn.

Currently available proton pump inhibitors (PPIs) include Prilosec® (omeprazole), Prevacid® (lansoprazole), Aciphex® (rabeprazole), and Nexium® (esomeprazole). These are the most potent of the acid-suppressing drugs. They work by blocking the action of the "proton pump," which secretes stomach acid. Just one of these pills is capable of reducing stomach acid secretion by 90 to 95 percent for the better part of a day. There are many serious concerns associated with the use of PPIs. The most common adverse effects include diarrhea, skin reactions, and headache, which can sometimes be severe.²⁻⁴ Other adverse effects, which occur less frequently, include impotence, breast enlargement,⁵ and gout.⁶ These and other adverse effects directly related to profound suppression of gastric acid secretion by these drugs are a major concern that is being completely ignored by practitioners and supporters of conventional medicine.

Citations available upon request.

Heartburn

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acid, not less. This may sound like throwing gasoline on smoldering embers, but paradoxical as it seems, many knowledgeable physicians have successfully treated tens of thousands of people with indigestion, heartburn, and other diseases related to deficient stomach acid with natural, inexpensive acid supplements (along with various other natural remedies) for the better part of a century.

Once the treatment is completed, indigestion becomes largely a thing of the past, and the patients no longer need to take powerful, expensive, and potentially dangerous (over the long term) acid suppressing drugs.

The real cause of heartburn

Well, you might ask, if heartburn isn't caused by too much acid, then what is it caused by, and why do those drugs seem to work so well? After all, it certainly appears that lowering stomach acid does relieve heartburn and help heal the esophageal damage associated with GERD.

Stomach acid does cause the symptoms of heartburn (although not other forms of indigestion), and it is responsible for much of the damage seen in cases of GERD. Exposure to acid causes the burning feeling of heartburn, and chronic exposure can cause GERD. The argument is with the mistaken concept that it takes "too much" stomach acid to do the damage.

The truth is, even a *small* amount of acid *in the wrong place* (such as the esophagus) can cause symptoms and, ultimately, tissue damage. (After all, stomach acid must be strong stuff, if it can help reduce even a tough beefsteak into the equivalent of beef soup in an hour or so.)

For these reasons, lowering the

acidity of the stomach often does help relieve the symptoms of heartburn and indigestion and reduce the damage of GERD. But this relief is temporary.

Heartburn and GERD are not diseases of stomach acid. Rather, they are diseases of muscle, specifically the muscular valve (or sphincter) that guards the lower end of the esophagus, known as the **lower esophageal sphincter (LES)**. It normally opens wide to permit swallowed food and liquids to pass easily into the stomach, but, except for belching and vomiting, this is the *only* time the LES is intended to open. It's supposed to shut down soon after the food has passed, blocking any acidic stomach juices from making the return trip up the esophagus. If the LES is working normally, it doesn't matter how much acid we have in our stomachs—it's not going to make it up into the esophagus. On the other hand, if the LES is asleep

at the switch, even a small amount of acid could reflux back up the esophagus under the right conditions.

Scientists have found that in cases of heartburn or GERD, the LES opens briefly when it's not supposed to. If there's even a small amount of acid or anything else in the stomach, and it happens to be in the vicinity of the LES when the valve pops open inappropriately, the result is *reflux*. The primary symptom of reflux is, of course, heartburn. If reflux happens too frequently and exposes the esophageal lining to too much acid over too long a period, it causes GERD. Once an area has become inflamed or irritated, any amount of acid will tend to advance the destructive process, ultimately to the formation of one or more ulcers.

It doesn't matter how much acid there is in the stomach. As long as the LES stays closed, heartburn and reflux won't occur. (Remember, stomachs are "built" for the very

CLINICAL TIP 95

Menstrual clotting and vitamin K

Decades ago, a woman in her 30s came to me about a problem with easy bruising. She'd get bruises with no memory of a bump or blow that might have caused them. After taking her health history and doing a physical examination, I advised her to try vitamin K, 10 milligrams daily. (For the record, flavonoid supplements can also work quite well for this problem if vitamin K doesn't—and vice versa.)

When she returned several months later, she noted that her easy bruising had completely cleared up. She also observed that the painful heavy clotting she'd had with every menstrual period since her late teens had also completely cleared up. "Doesn't vitamin K *help* blood to clot?" she asked. "Why did my menstrual blood *stop* clotting?" At the time, I didn't have an answer for her, but since her bruising and menstrual clotting were gone, I recommended she continue the vitamin K, although at a lower amount, raising it again only if symptoms recurred.

In the decades since, I've found a much-belated answer to her question: Vitamin K appears to help *properly regulate* blood clotting, helping it to happen when it should and *not* happen when it shouldn't.

I continue to recommend vitamin K supplementation to women who report all degrees of clotting with menses, from minor to major. Without exception, the clotting has disappeared within just a few cycles. I've come to consider menstrual clotting as a clinical sign of vitamin K deficiency.

purpose of containing and working with very strong acid—acid that is 100,000 to 1,000,000 times stronger than the acidity of our blood.) Instead of pointing the accusing finger at “excess” stomach acid, we should really be eyeballing that old, asleep-at-the-switch gatekeeper, the LES.

Repairing the cause of indigestion and heartburn—the natural way

A much more sensible—but less profitable—tactic is to treat the underlying cause of the problem, repair it, and become heartburn- and indigestion-free, un beholden to the pharmaceutical gods like Prilosec,[®] Zantac,[®] their cousins, and their descendants.

With treatment that addresses the *cause* of the symptoms, indigestion can almost always be eliminated and (as a consequence of addressing the cause) overall health improved. Given the right environment and enough time to heal itself, an irritated or injured LES often returns to its normal, healthy state, eliminating heartburn. Even the more severe condition of GERD can often (*but not always*) be brought under control by this approach to treatment.

The first step is to have your stomach function tested. If the test results indicate low levels of stomach acid, supplementing with either betaine hydrochloride-pepsin or glutamic-acid hydrochloride-pepsin before meals is advisable. I usually recommend taking one capsule (5, 7 1/2, or 10 grains). After two or three days, if there are no problems, use two capsules in the early part of the meal, then three capsules several days later. The dose is gradually increased in this steplike fashion until it equals 40 to 70 grains per meal.

Applied judiciously at the appropriate times and accompanied

by certain dietary and lifestyle modifications, these treatments can help return digestion to normal, restore the GI environment to near normal conditions, eliminating indigestion, heartburn, and even GERD for good.

It should be noted, however, that treatment with hydrochloric acid can be dangerous and should only

be used when testing indicates a need. If this is the case, the process should be carefully monitored by a physician. Though problems occur rarely, they can be bad ones. Hydrochloric acid should never be used at the same time as aspirin, Butazolidin, Inodacin, Motrin, or any other anti-inflammatory

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So much to say:

Because it is such a common problem, and because learning as much as possible about it is so important, I have teamed together with my colleague Lane Lenard, Ph.D., to write a book titled *Why Stomach Acid Is Good for You: Natural Cures for Heartburn and Indigestion*.

This reference guide is set to be published by October, and will offer an in-depth look at the issues touched on in this month's *Nutrition & Healing*, including the following:

- The pharmaceutical industry spends billions trying to convince us that “acid indigestion” comes from too much stomach acid, even though a casual reading of the scientific literature on the subject reveals that the opposite is true.
- As we age, stomach acid levels do not increase, as we would expect from the increase in heartburn associated with age. In fact, for many people, acid levels decrease.
- Overuse of neutralizing or buffering antacids, and ordinary use of powerful acid-suppressing drugs, can inhibit the absorption of essential nutrients and impair the digestion of protein, minerals, and a few vitamins.
- The resulting *malnutrition* can, over many years, lead to depression, osteoporosis, arthritis, and other chronic degenerative diseases that reduce the quality of our lives and may ultimately shorten our life spans.
- The best way to treat “acid indigestion” is not with less stomach acid but (almost always) with more.
- Replacement acid in the form of safe, inexpensive substitutes for endogenous (internally produced) stomach acid, such as betaine hydrochloride and glutamic acid hydrochloride, enhances digestion, and heartburn, indigestion, bloating, and gas eventually vanish.
- The improved digestion and absorption of essential nutrients that results from appropriate acid replacement, combined with natural supplemental digestive enzymes and elimination of toxins and allergens, improves health, extends life, and alleviates the symptoms of a long list of diseases associated with low stomach acid production.
- In many of us, improving the naturally occurring, gradual “digestive failure of aging” will help restore energy and improve health, thus extending life.

Calming an overactive thyroid with nature's soothing herbs

The thyroid gland, located in the neck, secretes hormones that regulate metabolism. At times, thyroid activity becomes too high—resulting in a condition known as hyperthyroidism. Over 4 million people in the United States experience hyperthyroidism, but, because the onset of symptoms is gradual, many cases go untreated until they become severe.

Grave's disease is one of the most common underlying causes of hyperthyroidism. In this condition, the immune system disrupts the functioning of the thyroid gland, causing it to become enlarged and to secrete too much hormone.

Symptoms of an overactive thyroid include weight loss that accompanies an increased appetite, a racing heart, heart palpitations, raised blood pressure, increased sweating, soft fingernails, diarrhea, tremors, restlessness, and irritability.

Mainstream treatments for hyperthyroidism include use of prescription drugs like beta-blockers (which treat symptoms of hyperthyroidism like heart palpitations, without addressing the underlying cause of the condition), antithyroid drugs (which only relieve symptoms as long as the drugs are continued and can cause a resurgence of the condition when they are stopped), radioactive iodine treatments (which can cause the thyroid to become underactive—a condition known as hypothyroidism), and, of course, surgery (which also leads to hypothyroidism).

Fortunately, there are natural alternatives to the mainstream treatments for hyperthyroidism: two key herbs—both members of the mint family—that have been used by herbalists for many

generations to calm an overactive thyroid. These herbs are bugleweed and motherwort.

Bugleweed (*Lycopus virginicus*) is native to America. Its European cousin, the gypsywort (*Lycopus europaeus*) can also be used. In laboratory testing, bugleweed has demonstrated significant antithyroid activity. It is thought to act by binding to the hormone responsible for stimulating thyroid activity.^{1,2} In cases of Grave's disease, there is an autoantibody that is thought to stimulate the thyroid. Bugleweed also locks on to this antibody, reducing its stimulant action.^{2,3}

The initial research on bugleweed was performed by applying the herb directly to isolated thyroid cells. Results were promising, so, in 1994, researchers began testing on laboratory animals, giving them oral doses of the herb to determine whether oral supplementation would have the same effects. They found that when bugleweed was taken orally, it had the same thyroid-calming effects.⁴ Bugleweed also decreased output of the main thyroid-stimulating hormone.⁴

Several clinical studies conducted in Germany in the 1940s to 1960s found that bugleweed extract was beneficial for numerous symptoms of hyperthyroidism.⁵⁻¹⁰ The German government supports use of bugleweed for mild thyroid overactivity.¹¹

The research has shown that alcoholic extracts of bugleweed are more active than water extracts, so it is better to use a tincture rather than a tea.

In rare cases, extended therapy and high dosages of bugleweed preparations have resulted in an enlargement of the thyroid, so it's important to take it under careful supervision of a physician know-

ledgeable in natural medicine. (For a referral to one in your area contact the **American College for Advancement in Medicine, ACAM**, at 800-532-3688.) When your thyroid function returns to normal, you should work with your physician to taper down your dosages; if bugleweed supplementation is continued for a long period of time following relief from hyperthyroidism, it may cause the gland to become underactive. However, keep in mind that the dosage should be decreased gradually, since sudden discontinuation of bugleweed can cause increased symptoms of hyperthyroidism.¹¹

Bugleweed may cause side effects like headaches, enlarged thyroid size, and increased hyperthyroidism symptoms in some people. And bugleweed should not be taken during pregnancy.

The other thyroid-calming herb is known as **motherwort** (*Leonurus cardiaca*). Traditionally, motherwort has been used to treat heart palpitations, but it also has an effect on an overactive thyroid, especially in alleviating the cardiac symptoms of hyperthyroidism. While there haven't been any clinical trials on motherwort, it is used in Chinese hospitals for heart problems.¹² There are no reported side effects from motherwort, but, like bugleweed, it should not be used during pregnancy.

In addition to the herbs mentioned above, there are a number of foods that can decrease overactive thyroid function. They include vegetables from the Brassica family—cabbage, broccoli, Chinese greens, etc.—soy foods, millet, and possibly garlic.

Heartburn

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medications. These medications themselves can cause stomach bleeding and ulcers, so using hydrochloric acid with them increases the risk.

Keep in mind that this particular benign, *natural* solution involves *replacing* something the body is *missing*. It avoids using synthetic chemicals the body is ill-equipped to handle.

It's your choice

Fortunately, you don't have to wait until the FDA, the AMA, and the many other alphabet-soup agencies that control the conventional wisdom in medicine today (and almost always follow the pharmaceutical industry line) see the "error of their ways." (Hint: It's never going to happen because there's so little profit in the natural—unpatentable—acid, vitamin, mineral, amino acid, herbal, and other supplements that can be used to eliminate heartburn, indigestion and to treat related diseases.)

Heartburn is usually a benign condition, but if you suffer from it regularly for months or even years at a time, it can be a sign of a serious disease, such as an *esophageal ulcer* or *Barrett's esophagus*, a serious condition that can lead to a fatal form of cancer. Thus, the first step to take in treating your heartburn is to consult a physician who can rule out ulcer and Barrett's and who will then guide and support you in treating your heartburn/GERD the natural way. For a referral to a knowledgeable physician who, when you utter the words heartburn and indigestion, won't automatically reach for the Prilosec,[®] contact the American College for Advancement in Medicine at (800)532-3688. 🍓

If symptoms disappear, what's so bad about suppressing stomach acid?

Acid-neutralizing agents and acid-suppressing drugs minimize heartburn symptoms, reduce the risks of GERD, can help heal ulcers, and are generally considered by conventional medicine to be safe. So what's the harm? Does it really matter that they suppress stomach acid so much? It *does* matter for several important reasons:

The relief anti-acid drugs offer is temporary. Heartburn stays away only as long as acid levels stay suppressed, and acid levels stay suppressed only as long as we keep taking the drugs. If we stop taking them, we risk heartburn's return, sometimes with a vengeance. It's not uncommon for people using Zantac,[®] Prilosec,[®] or even Tums[®] to take them daily for years and years at a time in order to avoid a relapse. Now that many of these drugs are available over-the-counter and are promoted as being equivalent to (in terms of safety and ease of use, at least) and much more effective and longer-lasting than old-fashioned acid neutralizing products, people are even more likely to overuse them.

The drugs disrupt the natural gastrointestinal environment. Although widely believed to be safe and well-tolerated, acid-blocking drugs, by their very nature, cause profound changes in the internal environment of the stomach and intestines. These changes have been associated with a wide range of ailments. Decades of research have demonstrated that chronically low levels of stomach acid can be harmful in the long run, causing poor digestion, which leads to inefficient absorption of nutrients from food, which leads to malnutrition.

The drugs only relieve the symptoms. Like many of the "wonder drugs" that have become available in this age of pharmaceutical-dominated medicine, neither anti-acid drugs nor traditional neutralizing antacid products do anything to cure the underlying causes of heartburn or GERD. They only temporarily suppress the major symptom—heartburn. Symptom suppression is the standard treatment strategy for many diseases in conventional Western medicine today. Think of acid-blocking treatment like drying up the river after a flood but never repairing the faulty dam that's causing the flooding.

It's possible to become dependent on anti-acid drugs. Once a person starts taking anti-acid drugs, they may become dependent, or at least *reliant*, on them. Since they work only as long as you keep taking them, stopping treatment commonly triggers an acid "rebound" which can be quenched only by—you guessed it—taking more acid suppressing drugs. Although the rebound is typically short-lived, lasting a couple of days at most, not many people are willing to "tough it out" and endure the heartburn when they can quickly squelch it by getting back on their acid blocker.

This strategy leaves much to be desired for people with heartburn, but it works great for the pharmaceutical companies. If the drugs actually cured heartburn/GERD, the companies wouldn't make nearly as much money as they do by selling drugs that provide only temporary relief.

Natural Response



Regulating an erratic menstrual cycle

Q: I'm a 23 year old woman, and have never had regular menstrual periods. They happen, but vary from 2 to 8 weeks apart. I've been examined by my family doctor, and by a gynecologist. They both say everything appears to be OK, and that there's nothing to do unless I want to take birth control pills to "regulate" them. Neither one particularly recommends that as I'm otherwise healthy and right now I don't need birth control. Are there any vitamins or herbs I could use?

---K. H., Cedar Rapids, Iowa

A: I'm happy to read that the birth control pills weren't highly recommended, as there's no point in taking a synthetic hormone you don't need or have a use for!

Actually, a small amount of whole, natural thyroid (1/2 grain to 1 grain) taken daily with two or three kelp tablets usually regulates periods within two to four months for otherwise healthy young women. After a few months, the thyroid supplement can usually be discontinued. Even though this treatment works in the overwhelming majority of cases, the results of thyroid blood tests (when done) are almost always normal.

Higher dose thyroid supplementation usually requires a prescription, but there is a low dose supplement called Thyroplex (for Women) available containing 1/4 grain thyroid. Two of these daily are safe on a temporary basis for nearly all younger women and usually do the job. Thyroplex is available through the Tahoma Clinic Dispensary (tel. 888-893-6878; Internet www.tahoma-clinic.com), with which I am, of course, affiliated, and through Life Enhancement

Inc. (tel. 800-543-3873; Internet www.life-enhancement.com).

Combating the signs of "aging"—naturally!

Q: Our 86-year-old mother has become more forgetful, is doing less and less, isn't reading or sewing much at all any more (her vision is fine with glasses), and most of the time she seems a little depressed. But when we talk to her about it, she says "I'm fine," and when there's a social occasion, she actually can muster up the energy to act like her old self for a few hours. She let us take her to a neurologist who told us she doesn't think Mother has Alzheimer's disease or "organic brain syndrome," just that she's getting older.

Mother lives with us, so we can make sure all her food is nutritious, and we give her a multiple vitamin-mineral tablet, as well as some "memory supplements." None of this seems to make any difference. What else can we do?

---D.P. & R.P., Brownsville, Texas

A: Your mother's situation isn't at all unusual for someone her age, but it doesn't necessarily need to stay that way. One of the simplest, safest, and least expensive things to try would be twice-weekly injections of vitamin B₁₂, folic acid, and B-complex. (At the Tahoma Clinic, we always teach the patient or family members to give the injections at home.) Very frequently, several weeks of these injections will make a noticeable difference in energy, low-grade depression, and even memory in folks over 80.

Particularly when people age, the foods they eat, as well as

vitamin-mineral tablets (a minor point: switch to capsules), don't break down and absorb as well, often because of declining digestive capability. Giving some of these nutrients by injection can do the job when swallowing them doesn't.

If the injections are effective or even partially effective, it's advisable to have several tests done, starting with a "fasting plasma essential amino acid" determination. (Essential amino acids must be digested from our diets, as our bodies can't make them.) In individuals over 80 who respond to B-vitamin injections, the essential amino acid test finds low levels of essential amino acids in an overwhelmingly large majority. Since these essential amino acids are transformed into both body proteins and neurotransmitters, supplementing them can improve strength, depression, and memory.

It's also important to check for minerals, and do tests for digestive efficiency (stomach acid test, stool test for digestion).

Since the "trial injections" (even though extremely safe) require prescriptions, and since the above suggestions are a lot to handle on your own, contact the American College for Advancement in Medicine at (800)532-3688 or the American Association of Naturopathic Physicians at (703)610-9037 for a referral to a physician skilled and knowledgeable in nutritional therapies.

To make an appointment with a Tahoma Clinic doctor, call the Tahoma Clinic: tel. (253)854-4900.