

# Always, *Always*, **ALWAYS**

## Begin with the g. I. system!!

by Ronald L. Myers, CNC

(PART 1)

If you have known and worked with me for any length of time you have probably heard me say this many times. If you read eBytes you have read this statement more than once in these issues. This issue is being written to organize all the information on supplemental treatment of the G.I. system in one place for ease of reference; and if you only remember the title you are ahead of the game in treating and getting results for your patients.

After we have been doing nutrition for awhile this can seem very basic and maybe even a little boring. Let me encourage you to remember that the G.I. system is central to everything in the human body. NUTRITION RUNS THE BODY!!!! Our only means of obtaining nutrition is through the G.I. system (in a normal situation).

### **SUCCESSFULLY TREATING GASTROINTESTINAL DYSFUNCTION**

The human body has been designed to operate on micro-nutrients contained in food. Therefore, if we are to enjoy optimum health it is essential that we be able to adequately digest our food to allow assimilation of these life-giving, health-maintaining nutrients. However, in America today, digestive problems are rampant. Antacid use is astronomical. This is a sad state of affairs, because most people suffering from indigestion suffer due to not enough digestive acid. Antacids provide relief while contributing to the problem. They neutralize the acids of putrefaction and fermentation but they also destroy the essential digestive acids as well. Patients need to be told the truth about the importance of good digestion and how to maintain it!

Up to 50% of patients referred to gastroenterologists, suffer from functional gastrointestinal complaints. G.I. specialists, as well as general practitioners, consider these conditions difficult to understand and treat because they do not fit into previously learned *disease categories*.<sup>1 2</sup>

### **POSSIBLE CAUSES**

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<sup>1</sup> Merck Manual, The Merck, Sharp and Dohme Research Laboratories 15<sup>th</sup> Edition, 1987.

<sup>2</sup> Ogorek, C.P., et al; Idiopathic Gastroparesis is associated with a multiplicity of severe dietary deficiencies; Am J Gastroenter; 1991 April; 86 (4): 417-23.

We will look individually at each of the various causes of gastrointestinal dysfunction as shown by current peer-reviewed research and clinical experience.

**1) NSAID use.** *This meta-analysis study concluded that NSAID users are at approximately three times greater risk for developing serious adverse gastrointestinal events than non-users. Additional risk factors include age greater than 60 years, previous history of gastrointestinal events and concomitant corticosteroid use. The risk appears to be greater during the first three months of use.*

*Serious, adverse gastrointestinal events are classified as:*

- 1) *Gastrointestinal bleeding;*
- 2) *Need for gastrointestinal surgery;*
- 3) *Death, from gastrointestinal causes.*<sup>3</sup>

**2) Autonomic imbalance.** *Excessive Type A behavior recorded by means of a questionnaire was shown to be much more frequent among patients with nonulcer dyspepsia (NUD) than among healthy control subjects. Type A behavior is characterized by excessive drive and ambition and a constant sense of time urgency as well as hostility. (Sympathetic dominance)*<sup>4</sup>

**3) Antacid use.**<sup>5</sup>

**4) Dietary deficiencies.**<sup>6</sup> *Adequate water is absolutely necessary for the production of HYDROchloric acid.*<sup>7</sup> *The human gastrointestinal system needs 7 to 8 liters of WATER daily to function normally.*<sup>8</sup> *Thankfully, most of this water is reabsorbed, but some is lost daily due to urination, perspiration, breathing etc. and must be replaced by intentionally drinking water. It is true that water is contained in many foods that we eat, fruits and vegetables primarily. But with more and more Americans eating a diet high in refined and fast foods, which are relatively poor sources of water, the best answer is to intentionally drink water every day. The water we drink should be pure. City water straight out of the tap is not what I consider to be pure water. Pure water does not contain fluoride and chlorine. A point of use Reverse Osmosis purification system is probably the best source of pure water available today.*

*Other factors needed for the human body to produce HCl are thiamine, zinc, sodium, chloride and...gastrin. Most people coming into your office have need of thiamine and zinc. It is easy to document these needs using blood chemistry and the Zinc Taste Test (see eBytes Issue 2, zinc). Thiamine need can be established on blood chemistry by an increased Anion Gap with a decreased CO2.*

<sup>3</sup> Gabriel, S.E., Jaakkimainen, J., Bornhardier, C.; Risk for Serious Gastrointestinal Complaints related to use of Nonsteroidal anti-inflammatory drugs; *Ann Intern Med*; 1991 Nov. 15; 115(910); 787-92.

<sup>4</sup> Uvnas-Moberg, K., et al, Personality Traits in a Group of Individuals with Functional Disorders of the Gastrointestinal Tract and their Correlation with Gastrin, Somatostatin and Oxytocin levels; *J Psychosom Res.*, 1991; 35 (4-5): 515-23.

<sup>5</sup> Steinmetz, O.K., et al, Care of the gut in Surgical Intensive Care unit: Fact or Fiction; *Canadian J Surg*, June 1991; 34 (3): 207-215.

<sup>6</sup> Ogorek, C.P., et al.

<sup>7</sup> *Your Body's Many Cries for Water*, Batmanghelidj, F., Global Health Solutions, 1995.

<sup>8</sup> *Pathophysiology. Concepts of Altered Health States*, Porth, C., J. B. Lippincott, 4<sup>th</sup> Edition, 1994.

## **COMMON SUBJECTIVE INDICATORS OF HYPOCHLORHYDRIA**

- Loss of taste for meat
- Halitosis
- Ulcers
- Belching
- Gas/bloating shortly after eating (especially a protein meal)
- Heartburn
- Body odor
- Food and/or environmental sensitivity
- Intestinal parasites
- Pancreatic or biliary dysfunction
- Asthma or other upper respiratory problems

## **CLINICAL MARKERS OF HYPOCHLORHYDRIA**

- Serum Globulin greater than 2.8 or less than 2.4
- Serum Phosphorus less than 2.9
- Serum Gastrin less than 40
- BUN less than 10
- Serum Calcium less than 9.4
- MCV greater than 89.9 or MCH greater than 31.9
- Total Protein greater than 7.4 or less than 6.6
- Serum iron less than 50
- UA – increased indican
- TMA – mineral deficient
- Health Assessment Form – Category I Section A

Hypochlorhydria, if not corrected, can lead to dysfunction of other organs of digestion, the pancreas and gallbladder specifically. Peer-reviewed studies have shown that for the hormones of digestion (cholecystokinin and secretin) to release properly the chyme entering the pylorus must be pH 3.0 or less.<sup>9</sup>

The human gastrointestinal system is a pH-regulated system; the regulation begins in the stomach with adequate production of hydrochloric acid, which is dependant on the correct release of the hormone gastrin by the mucosal cells in the gastric antrum, the distal non-acid secreting segment of the stomach.

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<sup>9</sup> IBID

The pharmaceutical industry has convinced the general public that excess production of hydrochloric acid is the reason for ulcers, upset stomach, etc. Over-the-counter and prescription medications to neutralize acid have been popular for many years. It is interesting to note that several studies using gastro-telemetry equipment have shown that most peptic ulcers are not due to **excess** hydrochloric acid; but are mainly due to a need for hydrochloric acid! What you know that most of your patients do not know is that lack of hydrochloric acid results in protein putrefaction and carbohydrate fermentation. This results in the formation of lactic acid, pyruvic acid and sulfur compounds that will burn the stomach. The mental picture of a dog chasing it's tail can help your patient understand what is going on here: They do not have enough digestive acid which results in the formation of compounds that will burn their stomach; which results in the use of an antacid which gives temporary relief but will further reduce the level of hydrochloric acid; which results in the formation of more compounds that will burn their stomach; which results in the use of an antacid... What your patient needs to understand is that hydrochloric acid is naturally produced by the stomach and is seldom present in excess—and it has a VERY important reason for being there!

### **SILVER BULLETS FOR HYDROCHLORIC ACID USE**

Studies conducted in 1984, 1989 and 1992 on over 500 patients to determine the need for hydrochloric acid indicated that the subjective indicators for hydrochloric acid need were as accurate if not more accurate than the laboratory findings (serum gastrin, total globulin and urinary indican were assessed). Conclusion—*if your patient has the subjective indicators of hydrochloric acid need and the laboratory findings are normal, hydrochloric acid therapy should be initiated regardless of the laboratory findings!*

What about the patient who has indicators of need for HCl (clinical or subjective or both) who complains that acid containing supplements aggravate their symptoms? In the broad majority of cases, this does NOT mean HCl is not needed. The clinical picture they are presenting is most often due to long-standing inflammation and/or gastric erosion caused by lack of hydrochloric acid with resulting formation of organic acids and sulfur compounds which have damaged the stomach. With this clinical picture consider the following supplementation for 30 days BEFORE beginning hydrochloric (**Hydrozyme**) acid supplementation:

**Gastrazyme** – 5 tablets with each meal (3 times a day).

In severe cases, increase dose until the patient's stool turns green.

**IPS** – 3 capsules on arising and at bedtime.

**Intenzyme Forte 4** – right before each meal (3 times a day).

At the end of the 30 period, reduce the above schedule by 50% and initiate **Hydrozyme** at 1 tablet with each meal. If the patient tolerates **Hydrozyme** at 1 tablet per meal increase the dose to 2 tablets per meal and continue to increase until the hydrochloric acid begins to cause a burning sensation in the stomach. At this point, the dose of **Hydrozyme** should be reduced to the level where the subjective indicators are controlled and the product does not cause burning. The additional therapy of **Gastrazyme**, **IPS**, and **Intenzyme Forte** should not be required after the patient has reached a dose of 2 – 3 tablets of **Hydrozyme** per meal.

If H-pylori bacteria infection is present or suspected, clear the patient for seven days with **Nutra-Clear** and after 7 days add the following: **ADP, Bio-HPF, Gastrazyme** and **IPS**. The author of *Your Body's Many Cries for Water*, Dr. F. Batmanghelidj, reports based on treating over 3000 gastric patients with water, that a high percentage of those presenting with H-Pylori infection were not drinking adequate pure water.

### A FINAL THOUGHT

**Always, always, always treat the G.I. system from NORTH to SOUTH!! Support south as needed.**

As stated above, if the chyme entering the pylorus is greater than pH 3.0, the hormones of digestion do not adequately stimulate pancreas and gallbladder function. As we age, our ability to produce hydrochloric acid may decline. The most reasonable course of action is to advise the patient of how to change their eating habits, encourage them to drink enough water, and supply the missing ingredient.

A question I am frequently asked revolves around the use of **Hydrozyme** as compared to **Betaine Plus HP** or even **HCl-Plus**, which do I prefer? The short answer is, I prefer **Hydrozyme**. In the space left in this issue I will explain why. **Betaine Plus HP**, which was designed for BRC by Dr. Jonathan Wright, contains 700mg of HCl and 10mg of pepsin per capsule, that's it. It is Dr. Wright's belief that high dose HCl is beneficial to those presenting with hypochlorhydria. And, **Betaine Plus HP** certainly requires the patient to take fewer pills than **Hydrozyme** to reach gram dosages. (I am not disagreeing with Dr. Wright, just stating my preference and why.) Let me say here that I do not use **HCl-Plus** as a digestive aid, but on an empty stomach as a systemic acidifier where I would not want to recommend phosphorus.

So why do I like and recommend **Hydrozyme** over **Betaine Plus HP**; results is my one word answer. And, if I might belabor the point, **RESULTS** are the name of the game with nutritional supplementation. Insurance doesn't pay for it. The patient has spent their money and they want to see **RESULTS**. I agree that the most important element in gastric juice is HCL, but the other nutrients contained in **Hydrozyme** generally enhance the results the patient experiences.

Let's look at the components of **Hydrozyme** and what they contribute to the effectiveness of the product. Each tablet contains 150mg of HCl and 10mg of pepsin.

B6 is present to enhance decarboxylation, transamination and deamination of amino acids as well as to facilitate fatty acid metabolism.

Pepsin provides protein, fat and carbohydrate digesting enzymes.

Glutamic acid is the primary energy source for the small intestine.

Pancreatin provides protein, fat and carbohydrate digesting enzymes.

Ammonium chloride provides raw material for HCl production by the stomach.

If your patient needs more HCl, you can give them 1 capsule of **Betaine Plus HP** with their dose of **Hydrozyme**. Even at 5 or more **Hydrozyme** with a meal, to me, it is the superior product.

**Available from Viotron International, Ltd.**

**(800) 437-1298**