THE TUESDAY MINUTE

THIS WEEK'S TOPIC

The Importance Of Hydrochloric Acid In Digestion

"It's a vicious cycle and can only be overcome if we take the time to explain that hydrochloric acid is an essential component of digestion."

A patient can never experience "true wellness" unless they have a healthy digestive system. Think about that for a second. That means if patients bloat or belch after a meal, experience constipation, diarrhea, stomach, or intestinal pain, their digestive system is not working right.

Poor digestion means poor vitamin and mineral absorption. It also means proteins and fatty acids can't be properly utilized for repair and cellular regeneration. Turning to over-the-counter acid blockers or prescription drugs may reduce the pain, but they are not treating the cause. Most acid reflux, ulcers, and other digestive problems are due to h-pylori or insufficient hydrochloric acid rather than an excess of hydrochloric acid.

"Lack of hydrochloric acid results in protein putrification and carbohydrate fermentation which result in the formation of acids and sulfur compounds that burn the stomach." Hydrochloric acid does not have a tendency to burn the stomach. Not enough acids result in the production of other acids that "do" burn the stomach. The use of scripted or over-the-counter pharmaceuticals further reduce the production of hydrochloric acid." It's a vicious cycle and can only be overcome if we take the time to explain that hydrochloric acid is an essential component of digestion.

Hydrochloric acid has multiple health benefits, and the physiology of the stomach is designed for high concentrations of this essential acid.

Here is a partial list of conditions that can be linked to hydrochloric acid deficiency in the literature. Addison's disease or hypocortical function, asthma, Celiacs, Crohn's, dermatitis, diabetes, eczema, small intestinal bacterial overgrowth or SIBO, Graves' disease or hyperthyroid, hypothyroid, autoimmune disorders like lupus, rheumatoid arthritis or myasthenia gravis, pernicious or B12 anemia, osteoporosis, or osteoarthritis.

I've never seen it in the literature, but if low hydrochloric acid contributes to these conditions, chemically lowering hydrochloric acid with script meds should contribute to these conditions as well. The following are lab tests which suggest a need for

hydrochloric acid: serum globulin over 2.8 or below 2.4., serum phosphorous below 3.0, BUN above 15, serum gastrin below 45, an increased urinary indican, an increase of meat or vegetable fibers in a stool test and a decrease in mineral levels especially calcium, magnesium, zinc, and iron.

Having mentioned these tests, Dr. Harry Eidenier and his balancing body chemistry group have correlated blood tests, stool tests and other comprehensive tests on over 10,000 patients between 1978 and the present. Included often was the use of the Heidelberg radio telegraphy machine to measure stomach acid.

Interestingly, they found that symptoms are often the best rationale for a clinical trial regardless of the lab tests. Here are the symptoms that suggest a need for hydrochloric acid: gas, burping or bloating especially when eating protein, bad breath or body odor, asthma, food or environmental allergies, intestinal parasites, loss of the taste for meat, and pancreatic or biliary dysfunction. If two or more of these symptoms are present a clinical trial of hydrochloric acid should be considered.

The therapy for hypochlorhydria is as follows: take 2 tablets of Hydro-Zyme or HCl-Plus with each meal, in the middle of the meal, for 2 days. Taking hydrochloric acid in the middle of the meal is very important. We want to mimic and support normal physiologic function. After 2 days, add one more tablet of the product, again in the middle of the meal.

So, on Monday, take 2 tablets for breakfast, lunch, and dinner in the middle of the meal; Tuesday, take 2 with each meal; and on Wednesday, take 3 tablets with each meal. Thursday, take 3 tablets with each meal. On Friday, take 4 tablets with each meal. Once the patient experiences a warmth in their stomach they should cut back one tablet or capsule. Maintain that dose until a warmth occurs again and continue to cut back on the dose until a maintenance dose is reached.

It is rare, but if hydrochloric acid therapy burns the patient's stomach because the stomach is too sensitive, the therapy should be discontinued and a stomach healing program should be instituted. After 30 days, return to the protocol at one tablet in the middle of each meal and then increase one tablet every other day as discussed.

Below, you can review an earlier Tuesday Minute related to this issue.

Dr. Jonathon Wright, author of the book Why Stomach Acid is Good for You, says the stomach makes anywhere from 60-70 grains of hydrochloric acid per meal. A grain is 60 mg. HCL-Plus contains about 2 grains. Hydro-Zyme contains 2.5 grains per tablet and Betaine Plus HP contains 11.66 grains. Start with HCL-Plus or Hydro-Zyme and switch to Betaine Plus HP after the first bottle. One Betaine Plus HP is the equivalent of about 4 Hydro-Zyme tablets.

Because this is such an essential issue, Dr. Greg Peterson and I host a webinar to discuss this subject in greater depth. Details about the webinar can be found on this page.

Having a thorough understanding of digestion gives us the confidence to confront any myths patients believe about the pain relieving effects of over-the-counter acid blockers and prescription medications. And as with any subject, the more nuances we understand, the better.

Thanks for reading this week's edition. I'll see you next Tuesday.