

# Suffer From GERD?

*"Once we understand the underlying causes of GERD, we can develop effective intervention and treatment."*

Let's consider some of the underlying causes of GERD; because once we understand them, we can develop effective interventions. One of the biggest problems is gas and pressure caused by fermenting undigested food.

The GI system is designed to have one way valves that restrict digested chyme from traveling from south to north. Ideally, the changes in pH should look like this: the mouth should be alkaline, the stomach acidic, the small intestine alkaline and the bowel acidic. Lack of hydrochloric acid results in protein putrefaction and carbohydrate fermentation which results in the formation of acids and sulfur compounds that burn the stomach and other tissues. Gas and pressure from fermentation cause one way valves and /or sphincters to malfunction.

The differences in pH are to restrict or contain bacteria and enzymes into the areas where they were designed to



function. Recently, Dr. Abbas Qutab shared how a young girl was virtually "cured" of rheumatoid arthritis at age 23 by eradicating dislocated bacteria with the emulsified oregano product ADP and the "3 Step Detox" program. Aberrant or displaced bacteria give off toxins and gas as part of their metabolism. The toxins can be a major stimulant of the chemical messengers called cytokines that turn on and off inflammation.

The gas on the other hand can cause pressure. We all know the odoriferous effects

if the pressure forms at the lower end of the bowel. But if that pressure is expressed at the upper end of the bowel meaning the stomach or small intestine, the one way valves that are designed to separate pH, enzymes and fluids become weak allowing contents to mix into the wrong landscape.

Dr. Bill Ellis taught me 30 years ago that gastric ulcers were often caused by a "floppy" or "spongy" pyloric valve. The pyloric valve should open one way and only let the acidic chyme go into the small intestine where it

would be alkalized with bicarbonate from the pancreas and bile. The "pH" in the stomach around 1.5-2.0 should change to 8 to 8.5 in the small intestine. The tissue in the stomach was designed for that acidic climate. But if the mildly alkaline fluids flush back north into the stomach due to a "spongy" or "floppy" valve, it can be very caustic to the stomach tissue. By the same token, if the lower esophagus sphincter that separates the esophagus from the stomach is compromised, the acidic chyme will burn the esophageal tissue. What forces one way valves to open the wrong way? Gas or pressure from undigested food or unwanted bacteria.

Dr. Qutab shared an effective protocol for GERD as an off handed comment while teaching his course on blood chemistry. Even though the seminar focuses on objective ways to assess the body, it is loaded with clinical pearls on a whole array of topics. Dr. Qutab's protocol centers on reducing gas and fermentation, and then healing tender tissues.

First, stop eating the foods that are fermenting and causing pressure. He's developed an anti-inflammatory diet and recommends foods people can eat rather than emphasizing the things they can't eat.

Next, make sure the food that is eaten is digested. He utilizes a product called Bromelain Plus CLA a vegetable based enzyme that works in a broad pH range. Also, make sure the pH of the small intestine is not suitable for the overgrowth of yeast or bacteria that may live in the large bowel by enhancing healthy bile production. Healthy bile production also reduces putrefaction of fats and oils again reducing gas and pressure. Use

Beta-TCP which contains organic beets, taurine, vitamin C and pancreatic enzymes. The next step of his protocol is to use Gastrazyme to put out the oxidative fires and heal the tissues. But here is the uniqueness of his program. Use a higher dose of Gastrazyme until the stool turns green. The green stool is an objective marker showing that the GI tract has absorbed as much chlorophyll as it can. Then reduce to 3-4 tablets, three times a day for 30 days.

Dr. Qutab shared with me personally that he has gone as high as 10 tablets, three times a day, for a few weeks until the desired color and effect is achieved. He explained that it's important to tell the patient that this is a short term process to heal the stomach and surrounding tissues. You can see the protocol Dr. Qutab discussed and several caveats that I have found as well below.

Once their stomach has been healed, assess them to see if they need hydrochloric acid for digestion. Hydrochloric acid does not have a tendency to burn the stomach. Not enough healthy acid results in the production of other acids that "do" burn the stomach. The use of scripted or over-the-counter pharmaceuticals further reduces the production of hydrochloric acid.

It's a vicious cycle and can only be broken if we take the time to teach our patients that hydrochloric acid is an essential component of digestion. And once patients understand the process they will become outspoken experts when they see their friends and family reaching for that dangerous "purple pill."

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