

# Too Little Acid, Not Too Much

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With more than 60 million Americans suffering from acid reflux or Gastroesophageal Reflux Disease (GERD) at least once a month, it's no surprise acid blocking medications are one of the top selling class of drugs in the world. What is the difference between acid reflux and GERD? Why do so many people have trouble with acid reflux? And how can we correct these seemingly similar challenges?

Acid reflux is often times used interchangeably with GERD, and is simply the reflux of stomach contents back up the esophagus. Acid reflux is really what's happening to the upper GI tract which is often given the label GERD. Some wait to diagnose GERD until damage to the esophagus has occurred. But more often than not, acid reflux and GERD are regarded as the same condition.

Perusing the popular medical sites on the web you will find a long list of potential causes and triggers of acid reflux, none of which being too much acid production. So why then the treatment with acid blocking medications? It seems pharmaceutical companies and many doctors forgot what they learned from *Guyton's Textbook of Medical Physiology*. It states: "Feedback inhibition of gastric secretion plays an important role in protecting the stomach against excessive acidity, and maintaining optimal pH of about 3.0 for function of the digestive enzymes and process." Rarely does our body lose the ability to regulate itself. And the condition of acid reflux is not an instance of loss of control, but a symptom of challenged health.

The two most common contributing factors of acid reflux are a hiatal hernia and a weak lower esophageal sphincter (LES). A hiatal hernia occurs when part of the stomach bulges up through a hole (the hiatus) in the diaphragm. When the stomach is above the diaphragm, the LES is inhibited and every breath you take can pump acid back up the esophagus. The LES is the valve at the end of the esophagus that allows food into the stomach and keeps food and acid from backing up. When the tone or strength of the LES declines, the valve does not work properly and allows acid to reflux up the esophagus. Consider the LES an anti-reflux valve.

If we can understand what causes a hiatal hernia and a weak lower esophageal sphincter, we can correct and prevent a majority of the acid reflux cases. A hiatal hernia can be caused by any abrupt trauma to the

stomach, hard coughing, vomiting, or sneezing attacks. Although the conventional treatment for a hiatal hernia involves surgery, many hands-on practitioners who have experience with kinesiology use a manual correction that is very quick, easy, and effective. In the case of the hiatal hernia, one does not have too much acid, just acid in the wrong place. The journal *Gut*, 2009 demonstrates the importance of looking at acid reflux as more than an excessive acid problem. They state: "The high prevalence of coexisting GI symptoms with people who have acid reflux reinforces the concept that GI disorders extend beyond the location of the symptoms."

The tone of the LES is dependent upon many things. One of which is low stomach acid. This has been recognized since 1986 when it was published in the *Journal of Clinical Pathology*. They found a strong association between hypochlorhydria (low stomach acid) and acid reflux. And the idea of too little acid is still supported today. In May of 2009, the journal *Gastroenterology* published a study that found patients with a weakly acidic stomach (due to alkaline bile reflux) may cause GERD. Any health challenge that contributes to sub-optimal health has the potential to lower our stomach HCL production. Therefore, getting and staying healthy is the best way to maintain optimal levels of stomach HCL. Additionally, taking HCL orally can quickly increase stomach acid levels and lower pH (more acidic) and increase the strength of the LES.

Theoretically then, if this is true, treating acid reflux and GERD with acid blocking medications shouldn't be effective and could be contributing to the underlying cause of acid reflux. Surprisingly, the research supports just that. The Italian *Journal on Gastroenterology, Nutrition and Dietetics* published in September of 2009: "A significant proportion of patients have persistent symptoms even during high dosing of proton pump inhibitors." The rate of failure for these types of drugs seems to fall between 40 and 80 percent. The journal *Gastroenterology* July, 2009 states: "Proton pump inhibitor therapy for 8 weeks induces acid-related symptoms in healthy volunteers after withdrawal." Maybe its time we revisit our conventional strategies and consider more natural, safe, and effective solutions.

In addition to the efficacy concerns for using acid blocking medications, the safety has concerns as well. The *American Journal of Medicine*, 2009 states: "Proton pump inhibitors (PPIs) are among the most widely prescribed medications worldwide. Despite an acceptable safety profile, mounting data demonstrate concerns about the long-term use of PPIs. Despite study shortcomings, the collective body of information overwhelmingly suggests an increased risk of infectious complications and

nutritional deficiencies.” Even more of a concern, these medications are given to children and infants despite research demonstrating their ineffectiveness. The *Annals of Pharmacotherapy* February, 2010 states: “Clinical trials reveal that PPI therapy is not an effective treatment for common infant GERD-associated symptoms.” With the lack of efficacy and safety in these medications, it is mind-boggling they are the second more popular class of drugs prescribed in the U.S.

In addition to having your hiatal hernia corrected, and maintaining or increasing your stomach HCL concentrations, these solutions are effective and necessary to completely ameliorate and prevent acid reflux.

- Eat a plant-based diet – Maintaining proper acid levels and pH in the digestive tract takes more energy than any other process in the body. The most amount of energy, vitamins, minerals, antioxidants that you can find in food comes from plant-based foods like fruits, vegetables, legumes, gluten-free grains, and raw nuts.
- Eliminate common allergenic and inflammatory foods – Foods such as chocolate, coffee, citrus, dairy, gluten, and fried fatty foods exacerbate acid reflux symptoms and contribute to inflammation of the gastrointestinal tract. Eating allergenic foods, foods you are sensitive to, and foods that are pro-inflammatory increase gastric gas and pressure and can overwhelm the LES and push stomach contents up the esophagus.
- Consider taking zinc – Zinc is the rate-limiting mineral in the production of HCL by the parietal cells in the stomach. A daily dose of 40-60mg of zinc arginate and zinc glycinate combined should be sufficient to restore zinc to optimal levels and support good HCL production.
- Do Not drink water before or during a meal – Although this has been heavily promoted as a way to control portions, it limits digestive capacity. The journal *Digestive Diseases and Sciences*, 2008 supports this recommendation and explains water increased gastric pH above 4 after 1 min of consumption. They conclude: “Water and antacid immediately increased gastric pH.”

Considering acid reflux or GERD a sign of a health challenge, rather than a problem of too much acid, will likely result in a more desirable outcome. Acid reflux and GERD can be caused by a number of factors, and each can be addressed with natural solutions that are safe and effective.

If you would like more information, or would like to schedule an appointment to address your acid reflux, call Pure Health at 612-886-1874.