

The Ironic Truth About Antacids

Hearthburn and indigestion are two of the most common complaints in our society today. This becomes even more obvious when you look at the sales of over-the-counter antacids—Americans currently spend over \$10 billion on them each year.



Dr. David Williams

Antacids certainly aren't new. Ancient clay tablets that are over 3,500 years old describe the use of antacids. In addition to talking about the Great Flood,

the Tablet of Nippur describes a formula consisting of milk, peppermint, and sodium carbonate to treat stomach pain. Sodium carbonate (a carbonate salt) was extracted from the ash of various plants. When diluted with water, it dissolves into a weak acid (carbonic acid) and a strong alkaline (sodium hydroxide). The alkaline component is what neutralizes stomach acid.

Carbonate salts were used for centuries for stomach problems. Alka-Seltzer contains bicarbonate of soda. Other compounds that counteract stomach acid, like magnesium hydroxide, also became popular. In 1872, Charles

Henry Phillips patented Phillips' Milk of Magnesia, which is still sold today. And the number of liquid and chewable antacids sold over the counter has been growing ever since.

Up until the late 1970s, all of the available antacids treated excess stomach acid after the fact. In other words, one would take an antacid after experiencing bothersome symptoms, and the antacids neutralized acid that was already present.

But in 1977, the pharmaceutical industry introduced histamine 2-receptor antagonists, and more recently, proton pump inhibitors (PPIs). These classes of drugs actually prevent the production of stomach acid by blocking certain enzymes in the wall of the stomach.

Antacids have been a huge success in terms of sales (obviously, not as a cure). Sales of over-the-counter antacids continue to rise at a rate of around 7 percent a year. One study found that 1 out of every 10 individuals buys an antacid product at least once a month.

PPIs (Prilosec, Prevacid, AcipHex, Protonix, Nexium, Dexilant, Zegerid, etc.) are the most commonly prescribed and used drugs in the world. In 2009 alone, US physicians wrote 119

million prescriptions for PPIs, and the number has continued to rise.

The best-selling PPI, Nexium, had sales of over \$6.1 billion. In 2014, it became available over the counter. (It always seems odd to me that the length of time the FDA deems that a drug is dangerous enough to only be sold as a prescription seems to exactly coincide with the length of its patent protection. As soon as the patent expires, the same drug miraculously becomes safe enough to be sold over the counter.)

Roughly one in 14 Americans uses an over-the-counter PPI to treat gastroesophageal reflux disease (GERD). GERD has become the most common and costliest gastrointestinal (GI) disorder in the US. Approximately 20 percent of the population experiences weekly symptoms from GERD.

Suffice it to say, both GERD and antacid/PPI medications have been a financial goldmine for the pharmaceutical companies.

The Problem Is Not Too Much Acid...

On the surface, reducing stomach acid with antacids might not sound like such a bad idea. But it is.

In many ways you could say Sir Isaac Newton's third law of

motion—for every action, there is an equal and opposite reaction—applies to body function. In this case, reducing stomach acid may provide temporary relief from heartburn and indigestion, but it comes with consequences.

Our bodies need adequate stomach acid for proper digestion throughout life. Unfortunately, stomach acid secretion naturally decreases with age. Production begins to drop in our 20s, and by age 60 as much as 30 percent of the population suffers from symptoms related to stomach atrophy, which results in little or no production of stomach acid at all.

By age 80, as much as half the population may not be producing any stomach acid at all. Our age-related decline in stomach acid coincides almost perfectly with the age-related increase we see in problems like indigestion, food poisoning, bowel issues, GERD, and many other digestive complaints.

It is important to understand, though, that very rarely is there a problem with too much stomach acid. The far more common problem stems from not enough stomach acid and digestive enzymes. Without adequate amounts of stomach acid and digestive enzymes, food isn't broken down and digested properly. Undigested

food cannot be properly absorbed. It ferments, which results in gas. Gas pressure and stomach distention can push the stomach contents into the esophagus, resulting in the heartburn and esophageal erosion associated with GERD and indigestion. (In chronic cases, repeated stomach distention can enlarge the hole in the diaphragm where the esophagus passes through to reach the stomach below. This can result in a hiatal hernia. See page 5 to learn what you can do about this.)

Improperly digested proteins, carbohydrates, and fats can also enter the bloodstream, triggering inflammation, allergic reactions, and tissue damage. Neutralizing stomach acid or limiting its production amplifies these problems. These are just a few of the issues that can result:

- **The inability to absorb nutrients, and therefore deficiencies in protein, iron, zinc, folate, vitamin B12, and calcium**
- **Disruption of beneficial bacterial flora and overgrowth of pathogenic bacteria, yeast, and fungi**
- **Gastrointestinal issues, including bloating, cramping, nausea, vomiting, diarrhea, constipation, and poor gastric mobility**
- **Gastric and duodenal ulcers**
- **Insomnia and mood disorders**

Here are some of the other

serious issues that come from the use of antacids and PPIs.

Premature Death

One of the latest research studies found that PPIs were associated with as much as a 25 percent increased risk of early death from all causes.

This study was interesting because it found a “graded” relationship between PPIs and early death. In other words, the longer a patient took the medication (30 days, 60 days, 90 day, a year, and so on), the higher their risk of death. This helped rule out that their findings might be a fluke. It was clear that there was a direct relationship between PPI usage and early death. ([BMJ Open 2017;7:e015735](#))

Cardiovascular Problems

Another study found that adults who use PPIs are 16–21 percent more likely to experience a heart attack than people who don't take these drugs. What makes this finding even scarier is this higher risk even applies to individuals without any prior history of cardiovascular disease. ([PLoS One 2015 Jun 10;10\(6\):e0124653](#))

PPIs apparently decrease the body's production of nitric oxide in the cells that line the blood vessels. Nitric oxide is a natural compound the body produces from the amino acid L-arginine to help relax and

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Dr. Williams works with Healthy Directions, LLC, to develop his unique formulations that supply many of the hard-to-find nutrients he recommends. Dr. Williams is compensated on the sales of these nutritional supplements and health products, which allows him to continue devoting his life to worldwide research and the development of innovative, effective health solutions.

dilate (open) the blood vessels. This increases blood flow and lowers pulse pressure, which in turn reduces the work of the heart and keeps you from dying from a heart attack. (As a side note, erectile dysfunction drugs like Viagra and Cialis work by prolonging the effects of nitric oxide, allowing extra blood flow into the penis.)

Brain and Kidney Problems

The idea that PPIs decrease nitric oxide helps explain why they've also been linked to higher rates of kidney failure and vascular dementia.

In the study above, the lead author, John P. Cook with the Houston Methodist Research Institute, stated that the vascular cells exposed to PPIs had a "fried egg" look when examined under the microscope. This is a clear marker for accelerated cell aging. When exposed to PPIs, vascular cells were unable to produce nitric oxide and they aged rapidly. And they couldn't proliferate or divide, which is essential to repair any damage to the blood vessels.

Kidney stones are also an issue. Calcium-containing antacids can predispose you to kidney stones. And sodium-containing antacids can be dangerous for patients with kidney or liver diseases.

Vitamin B12 Deficiency

Vitamin B12 is necessary to make oxygen-carrying red blood cells. Stomach acid is required to liberate B12 from food. Antacids and PPIs impede this process.

B12 is the most common deficiency among the elderly and is associated with almost every neuropsychiatric disorder ranging

from dementia and depression to schizophrenia.

A contributing factor to the widespread B12 deficiency problem is the current epidemic of type 2 diabetes. The most popular diabetes drug, metformin, depletes B12. Combine metformin use with antacids and PPIs, and you have a recipe for certain disaster.

One natural alternative to metformin is berberine—a plant alkaloid isolated from the bark and roots of several different herbs including goldenseal, barberry, yerba mansa, and Oregon grape. For centuries, berberine has been used in the Orient as an antimicrobial and to help control blood sugar. More recently, with the surge in type 2 diabetes, it has gained more recognition in this country.

Studies have shown that 500 mg of berberine taken twice a day can be as effective as metformin. And berberine has the added benefit of lowering triglycerides, LDL cholesterol, and blood pressure. Another overlooked benefit of berberine is that it helps reduce intestinal permeability. ([Eur J Pharmacol 1999 Feb 26;368\(1\):111-8](#)) ([Metabolism 2008 May;57\(5\):712-7](#))

Poor Mineral Absorption

The breakdown and absorption of iron and zinc requires adequate amounts of stomach acid. If you're trying to restore your iron or zinc levels, taking antacids will only make it more difficult, if not impossible.

Osteoporosis and Osteomalacia

PPIs and antacids, particularly those that contain aluminum, reduce calcium absorption and

increase the risk of fractures, such as those in hip (by as much as 44 percent), wrist, spine, ribs, and other sites.

Softening of the bones (osteomalacia) is another problem. It is usually accompanied by aching bone pains (often referred to as rheumatism).

In addition to inadequate amounts of calcium in the system, osteomalacia has also been linked to the use of antacids containing aluminum hydroxide. I have seen tremendous reductions in deep, aching bone pains after stopping the use of antacids and increasing calcium intake.

Sarcopenia

For years I've been warning about the upcoming epidemic of sarcopenia (degeneration and loss of muscle tissue). This condition results from a lack of weight-bearing exercise, combined with inadequate amounts of protein in the diet and/or digestive issues, like insufficient stomach acid, that prevent the breakdown and assimilation of protein.

Some studies now show that more than 60 percent of nursing home residents have sarcopenia. It will soon become as common as osteoporosis.

Bowel Diseases and GI Issues

Stomach acid is necessary to break down protein into its smaller building blocks called amino acids. Mucous membranes in the GI tract secrete mucin, a protective substance made up of glucose and amino acids. Mucin combines with water and protects the GI tract from acid, enzymes, and mechanical damage. Protein and amino acid deficiencies result in a

reduction of mucin production. A lack of mucin increases the risk of cancerous lesions, ulcerations, and intestinal permeability.

Intestinal permeability can be compared to having an intravenous drip of toxins on a 24-hour basis. Intestinal permeability allows undigested proteins and other food particles, as well as pathogens, to enter the bloodstream and travel to every organ, triggering inflammation throughout the body.

The damage and symptoms it can cause are practically limitless. Some of the diseases directly linked to intestinal permeability and the resultant inflammation include Crohn's disease, ulcerative colitis, cancer, asthma, and even heart disease.

When you disrupt the pH of the stomach with antacids and PPIs, it also alters the beneficial bacterial flora throughout the entire GI tract. This class of drugs has also been shown to increase the risk of developing *C. difficile* infections by threefold. ([*J Am Coll Cardiol* 2007 Oct 16;50\(16\):1561-9](#))

Depending on the type of antacid, these products can cause either diarrhea or constipation as well.

The magnesium salts in antacids are known to cause diarrhea. Aluminum hydroxide-containing antacids react with hydrochloric acid in the stomach to form aluminum chloride, which delays stomach emptying, and intestinal mobility and can lead to constipation.

Neonatal Problems

Antacids can lead to functional disturbances in potentially sensitive organs in the fetus, such as the central nervous system and the kidneys. This results from

the absorption of the aluminum in aluminum-containing antacids. (This accumulation can also pose a problem in adults.)

Antacids that contain calcium carbonate can temporarily suppress neonatal parathyroid hormone production, leading to neonatal seizures and hypocalcemia.

Antacids that utilize sodium bicarbonate can induce maternal and fetal metabolic alkalosis and fluid overload. And antacids containing magnesium salts can lead to kidney stones and hypotonia (decreased muscle tone), resulting in respiratory distress and cardiovascular impairment in the fetus.

Even with all these serious potential problems, the FDA still considers antacids safe to use in all phases of pregnancy...if they are used for only short periods of time.

Food Allergies/Poisoning

It's no coincidence we're seeing a dramatic increase in food allergies and food poisonings at the same time sales of antacids and acid-blocking medications are going through the roof.

Granted, our food supply now comes from every corner of the planet, which makes it more difficult to monitor bacterial contamination. However, stomach acid is one of the primary protective mechanisms involved in the destruction of harmful bacteria and other pathogens that enter the digestive tract.

Suppressing stomach acid opens the pathway for pathogenic bacteria to enter the GI tract, trigger an inflammatory response, and ultimately overcome the beneficial bacterial in our intestines.

Without the beneficial bacteria to produce butyric acid and other protective factors, the intestinal tract is highly susceptible to damage. Inflammation leads to ulceration, which destroys areas of the mucosal lining of the intestinal wall.

These "breaks" in the intestinal wall allow disease-causing bacteria, toxins, and undigested food particles to pass directly into the bloodstream. This damage to the integrity of the intestinal wall results in leaky gut syndrome (or intestinal permeability).

Studies have shown that intestinal permeability is present in all individuals with food allergies and/or hypersensitivities. In fact, the degree of sensitivity or allergy is directly related to the degree of permeability.

Even if you didn't know that we need the acidic environment of the stomach to properly break down protein, calcium, and other essential components, the increased incidence in fatal food poisonings we've started seeing should be a tipoff that something is amiss. This becomes even more apparent knowing that the greatest threat is to the very young and the very old—the ones producing the least amount of stomach acid.

(It would certainly be interesting to see how many of the middle-aged adult victims of food poisoning were also users of antacids or acid-blocker medications...another detail the manufacturers of these products wouldn't want the public to know.)

Autoimmune Diseases

To date, no one knows exactly what causes autoimmune disorders

What to Do for a Hiatal Hernia

It's not a foolproof test, but some doctors screen for hiatal hernia by having the patient take a deep breath and hold it. The patient should be able to hold it for 40 seconds. If not, and there are no other problems, it is possible there's a hiatal hernia.

If a patient's stomach is stuck up the hole of their diaphragm, the first order of business is to get it out.

There are two ways of doing this:

First, drink a glass of room temperature or slightly warm water first thing in the morning when you get out of bed (no coffee, tea, juice, or cold water).

Next, while standing, bring your arms straight out to your sides and then bend your elbows so your hands are touching your chest. Stand on your toes as high as possible, then drop

on your heels so that you get a pretty good jolt.

Do this about 10 times in a row. Then, while standing with your arms still up, pant short quick breaths for 10 to 15 seconds. That's it!!!

Warm water acts like a weight in the stomach. Being warm, it doesn't cause the stomach to cramp; instead, it relaxes it.

Spreading your arms stretches the diaphragm and opens up that hole in the back. Dropping down on your heels jerks the stomach out of the hole. Panting tightens up the diaphragm muscle to close the hole.

Note: You'll need to do this exercise every day, not just until everything feels normal. It's important to strengthen the diaphragm.

Also, don't stuff yourself with large meals, and don't sit in an overstuffed chair or lie down right after you eat. The food your stomach is churning and digesting and will have nowhere to go

but back up into the hole toward the esophagus.

If you visit drwilliams.com and search by the term *hiatal hernia video*, you will be able to watch a clip that illustrates this technique.

A second method to get your stomach out of the hole in your diaphragm will work if the hernia is a stubborn one. When I'm using this technique, I have the person stand, preferably on a slight incline leaning backwards against a wall.

I place one of my hands on top of the other with my fingers pointing toward him or her and gently push them into the person's stomach (right under the ribs, in about the middle of the abdomen). I then tell the person to breathe in and out four or five times as I gently move my hands over the stomach. Then with a quick, gentle thrust toward the person's feet, their stomach is pulled down like a cork being pulled out of an upside-down champagne bottle. ■

like rheumatoid arthritis, Graves' disease, lupus, and type 1 diabetes.

However, we do know that there is a strong connection between these diseases and leaky gut syndrome. Undigested proteins, which the immune system treats as foreign objects, exacerbate each of these conditions.

Research is particularly strong when it comes to the lack of stomach acid and rheumatoid arthritis. For example, one study out of Sweden found that, out of 45 rheumatoid arthritis patients, 16 individuals (36 percent) had virtually no stomach acid, and those with

the most chronic cases were the ones with the least amount of acid. ([*Ann Rheum Dis 1986;45:475-83*](#))

Natural Remedies for Heartburn and GERD

If you suffer from heartburn, or GERD, there are natural remedies and techniques that address these issues. Here are some supplements and other suggestions that work because they address the underlying causes of these conditions.

Hydrochloric Acid and Digestive Enzymes

As I mentioned earlier, stomach acid secretion decreases with

age. Without adequate amounts of stomach acid, as well as digestive enzymes, food isn't broken down and digested properly. This not only leads to malnutrition, but also indigestion.

Gas pressure and stomach distention often play a key role in pushing the stomach contents into the esophagus, which results in heartburn and the esophageal erosion associated with GERD and indigestion.

Taking a digestive enzyme supplement that contains hydrochloric acid (HCl) aids in the digestion process and can help compensate

for the decline in their production/secretion. I prefer, and have had the best luck, with products containing betaine HCl.

Typically, the dosage appropriate for each individual can be determined by a “loading test.” This basically means you gradually increase the amount of betaine HCl you take until you have too much acid in your stomach, then back down slightly to the correct maintenance dose. Here’s how it’s done.

Take one capsule (for example, 500–700 mg of betaine HCl with 100–175 mg of pepsin) at the beginning of your first meal. The meal should be a complex one that contains both protein and fat, not a simple meal of mostly carbohydrates, such as salad, soup, or fruit.

Then take two capsules at the beginning of your second complex meal, and three capsules at the beginning of your third complex meal. Keep adding an additional capsule with each meal you eat until you feel heartburn or irritation.

Note the number of capsules you took when you began to experience discomfort. At your next meal, you should take one less capsule than that. This will be your maintenance dose.

Note that whenever you have a meal that contains mostly carbohydrates, you should take only one-third to half of your full maintenance dose.

As your body’s normal acid production resumes, you will again experience the irritation that helped you identify the proper dose. When this discomfort recurs, reduce your dose by one capsule with each meal until the irritation is no longer recurring. This means

that you may eventually end up not taking any betaine HCl at all.

Apple Cider Vinegar

Another way to increase acidity and improve digestion in the stomach is to drink some apple cider vinegar. It may not be sufficient to correct problems in individuals with extremely low or no stomach acid secretion, but for those with more minor issues, it can be effective and is certainly inexpensive too. I certainly wouldn’t call it a “cure-all” for gastric problems but it is worth a try. Taking 1 or 2 tablespoons mixed with water at mealtime is the recommended method.

Bitters

Bitters, a traditional remedy for centuries, may also be of help. These are bitter herbs and herbal tinctures that have been shown to stimulate the secretion of a wide variety of digestive juices including HCl, pepsin, gastrin, bile, and pancreatic enzymes.

Some of the herbs considered to be bitters include gentian root, hops, milk thistle, fennel seeds, ginger, peppermint, yellow dock, wormwood, caraway, goldenseal root, and barberry bark. Since bitters come in many forms, it’s best to follow the label recommendation for dosing with each product.

Pineapple/Bromelain

Another simple remedy that helps with protein digestion is raw pineapple, which contains the enzyme bromelain, a proteolytic (i.e., breaks down protein). In fact, bromelain is the primary component of many meat tenderizer products. So, eating a slice of raw pineapple with a meal can help in the digestion and assimilation of protein.

Probiotics

Taking a quality probiotic is essential to facilitating the proper function, protection, and repair of the GI tract.

The antacid-induced disruption in the bacterial flora throughout the GI tract impedes the digestive process on many fronts.

First, bacteria throughout the GI tract help protect the lining of the intestines, and their metabolic byproducts feed intestinal cells. An overgrowth of pathogenic bacteria, viruses, or fungi impedes the complete breakdown of complex carbohydrates, resulting in excess fermentation, gas, pressure, cramping, regurgitation, and acid reflux.

Depending on the severity and length of time heartburn, indigestion, or other GI symptoms have been a problem, and how long antacids and/or acid blockers have been used, it could take anywhere from a couple of weeks to several months for a probiotic to start to turn things around. The addition of fermented foods, which naturally contain beneficial probiotic bacteria, can speed up the process.

There’s been a lot of talk about the need for prebiotics, the complex, high-fiber carbohydrates that “feed” probiotics or the beneficial bacteria. Although fiber is typically a good thing, until things are under control and GERD and other symptoms have lessened, a diet very high in indigestible fiber is not the best option. The additional gas formation could delay improvement.

In no way do I want to downplay the importance or benefit of fiber. It’s just that excess fiber can create a problem.

Many people these days have become dependent on fiber supplements to relieve indigestion and/or chronic constipation. If the only way you're able to resolve constipation is by consuming additional amounts of fiber, then it's a strong indication you need to replenish the number and variety of beneficial bacteria in your gut with probiotics and fermented foods.

Also keep in mind, simple sugar, fructose, and artificial sweeteners have been shown to feed pathogenic bacteria and help them overpopulate the GI tract. To have any chance of establishing healthy bacteria in the gut, these need to be either totally eliminated, or at least significantly restricted.

Melatonin

Melatonin is another supplement that has helped many suffering from dyspepsia.

Studies have confirmed this. In one, half of the people in a group of 60 individuals with dyspepsia were given either melatonin or a placebo at bedtime for 12 weeks. Over half of those taking the melatonin (17 people, or 56.7 percent) experienced a complete resolution of their problems. An additional nine (30 percent) reported partial improvement. Only two patients in the placebo group reported any degree of improvement.

Few have made the connection between nightshift work, melatonin, and indigestion. Working overnight hours interferes with the production of melatonin. Studies have shown that 75 percent of individuals with this work schedule suffer from gastrointestinal problems. And peptic ulcers are five times more frequent in this

group compared to the general population.

One study found that 37 percent of nightshift workers took antacids several times a month. Shift workers also report using the following drugs several times a month: pain relievers (58 percent), antacids (37 percent), cold and allergy medicine (30 percent), and stimulants/depressants (10 percent).

Just about everyone knows that low melatonin levels interfere with sleep. Now we can add dyspepsia and GERD to the list of problems linked to a disruption of melatonin and poor sleep habits. I would venture to guess very few individuals have any idea a lack of melatonin could be the underlying cause of their chronic gastrointestinal problems.

Typical recommended doses for melatonin range from 0.2–20 mg. It's a very wide range since melatonin's effects can vary dramatically from person to person. However, 2–3 mg taken about an hour before bedtime works for most people.

Support Your Pancreas

Overacidity can be a result of poor pancreatic function.

Your digestive system works in a defined order. The contents of the stomach are mixed with acid, then the contents enter the small intestine, where compounds from the pancreas are added to neutralize this acid.

When the pancreas can't neutralize the acidic stomach contents, it flows into the intestine and wipes out the beneficial bacteria. Obviously, the answer isn't to inhibit the production of stomach acid with acid blockers or antacids.

Supplementing with a complete digestive enzyme product is recommended.

Also, to reduce the workload of your pancreas, it's very important to eliminate manmade and modified fats like margarine, corn oil, etc. Fried and heavily processed foods are also a problem and place an undue burden on the pancreas. When you combine the age-related drop in stomach acid secretion with our current society's addiction to antacids and our diet of highly processed fats and sugar, there's little wonder indigestion has become such a common problem.

Deglycyrrhized Licorice

Chronic dyspepsia or indigestion can result in damage to the lining of the esophagus, stomach, and intestines. This is often associated with a burning or "heavy" feeling in those areas.

One of the best products I've found to accelerate the healing in these areas, without blocking the secretion of stomach acid, is deglycyrrhized licorice (DGL).

DGL is a natural product available over the counter, and studies have shown it works as well as Tagamet or Zantac, but without the side effects. DGL often provides relief rather quickly because it promotes protective mucous secretion and stimulates the growth of new, healthy cells in the gut.

DGL is most effective when chewed, not just swallowed. Enzymatic Therapy makes a chewable DGL that I've recommended and used successfully for years (enzymatictherapy.com).

Chewing one to three tablets after a meal or when you experience

burning speeds up the healing process and typically doesn't have to be taken more than a month.

Bone Broth

Bone broth is an excellent tool to help heal the gut. It is a natural probiotic and loaded with beneficial compounds.

In addition to being an excellent source of trace minerals, it contains gut-healing elements such as collagen, gelatin, and the amino acids proline and glutamine.

I personally consume bone broth regularly, and I also take powdered gelatin and glutamine daily, not just for gut health, but for my joints as well.

You can find a great (and very easy-to-make) bone broth recipe on my website, drwilliams.com. Enter the phrase *bone broth* in the search box to find it.

Theanine

It's also important to mention that mucin production requires the essential amino acid theanine. ("Essential" means it can't be produced by the body and has to be taken in supplement form.)

Some of the best sources of theanine happen to be eggs, meat, and dairy products—the same food items that our society has been warned to cut back on due to fat and cholesterol.

In reality, though, eggs are one of nature's most complete and nutritious foods. In fact, the consumption of whole, free-range eggs could probably eliminate most nutritional deficiencies in this country.

The public is also finally starting to realize that hormone-free beef

and organic whole dairy products can, and should, be part of a healthy diet. Their theanine content is just one reason for this.

Lesser Known Gastric Healers

In my research and clinical work, I've found that many of the traditional remedies used to improve digestive stomach issues have the added benefit of decreasing intestinal permeability. I suspect this is one of the reasons for their continued success throughout the ages.

Some of these include glutamine, aloe vera gel/juice, chamomile, caraway, fennel seed, chia seed, hemp seed, marshmallow root, slippery elm bark, gamma oryzanol, modified citrus pectin, and cabbage juice or powder.

In Closing...

The use of antacids is another situation where we are treating the symptom while ignoring the underlying cause of the problem. The side effects and long-term health issues associated with reducing stomach acid are serious.

The research is there and the pharmaceutical companies know it. But they also know treating symptoms is far more profitable than curing problems.

Hopefully, you'll think twice before going down that path. The majority of the population won't have a clue until it's too late and the damage has been done.

Until next month,



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