

Acid Blockers: What Patients Need To Know

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Do you have patients on acid blockers? Better yet, are you asking your patients about their medications? It's an important question because while acid blockers provide short term relief, they can have long term effects on your patient's health.

In the news, we regularly hear about how dangerous the bacteria on food can be. What seems interesting to me, however, is that some people eat the food and get violently sick, some get mildly sick, and still others never skip a beat? Why is that? Maybe it's not so much that there is more salmonella and E. coli in our midst, but instead, maybe it's that people are taking more acid-suppressing medications than ever, which leaves them less resistant to the germs.

Remember, as we suppress the amount of HCL in the stomach, we are also affecting other functions.



Here are a few that come to mind: healthy HCL "turns on" pepsin which is a key player in protein digestion, proper HCL activates secretion which "turns on" pancreatic digestive enzymes and the correct stomach pH "turns on" cholecystokinin which activates healthy fat digestion.

One of the forgotten roles and certainly one of the main roles of HCL is to kill the bacteria that are on our food. I have heard microbiologists say that if we could see all the bacteria

on our food, we would think twice about eating it. Healthy HCL function kills many of the bacteria that can cause GI distress.

Jonathon Wright, MD has been a major proponent of HCL therapy for years. He has his patients swallow a little radio transmitter capsule to measure HCL levels. He finds a high percentage of his patients do not have too much HCL but are actually deficient in HCL.

In his book "Why Stomach Acid is Good for You," he discusses how bacteria is destroyed by healthy HCL levels. He shares a study in India where a cholera epidemic found some villagers very sick and yet some people did not contract the disease. Public health officials found that the people who did not get sick had healthy levels of HCL.

We know that acid blockers allow the pH in the stomach to rise above the optimal 1.5 -2.0 level. A couple of things happen when the pH rises too high. Elevated stomach pH is conducive to the growth of bacteria normally found in the small intestine, bacteria that should stay in the small intestine. The mildly acidic environment does not destroy many of the common bacteria that are unavoidable from our mouth and nose.

As I mentioned, bacteria and fungus from food thrive in a wet warm medium. Healthy stomach acid will kill many of those bad boys from our food; but if our healthy stomach acid is suppressed by drugs, the bacteria proliferate. Now our GI tract has to mount a major invasion as these critters multiply and proliferate.

So we're back to the question, do we need more controls on the bacteria in our food or more options for treating digestion problems naturally? The "DIRTY LITTLE SECRET" about these acid suppressing drugs is that the manufacturers originally only suggested 16 weeks of therapy while allowing the tissues to cool down and repair. The drugs were never intended to be lifelong therapies. However, money talks and if people can take a pill and be pain free, a whole new over the counter market has evolved. Who's thinking about tomorrow when we can have relief today?

Another interesting note, stomach cancer is on the rise and the bacteria H-pylori has been associated with it. Could it be that the drugs we are taking for temporary GI relief could be changing the pH of the stomach and actually causing all kinds of serious side effects?

A 2006 study from the University of Pennsylvania demonstrates a serious side effect of acid suppressing drugs, a 44% increased risk of hip fractures for people taking proton pump inhibitors longer than one year. This is likely due to the fact that insufficient stomach acid limits nutrient absorption particularly of calcium and other minerals essential for bone growth like zinc and copper.

Numerous studies have documented other more subtle nutritional deficiencies associated with acid-suppressors. For instance, acid blockers may adversely affect bone remodeling or bone metabolism. This is problematic all throughout our lives, not just while growing, our bones need to completely replace themselves cell by cell every 7-10 years.

So here's the point. As we educate our patients about acid blockers, we can treat them, heal their stomach and eventually get them off acid blockers. Patients who are on acid blockers don't know the negative effects. If you address the issue, most will be open to treatment.

Ask your patients if they are on these drugs and if so, diagnose the causes and treat them aggressively. Tell your patients, "the long terms benefits are worth it."

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