

Acid-Lowering Drugs (antacids) Increase the Risk of Food Poisoning

Lyle Loughry, August 2008

Recently, we've seen numerous reports in the media about the increase in food-borne illness, or food poisoning ... most recently the big Salmonella outbreak in tomatoes and certain hot peppers earlier this summer. While the media may be doing a legitimate service in making the public aware of "poisonous" fresh produce, they miss a really important side of the story: the fact that susceptibility to food-borne illness can be increased by the use of common acid-lowering drugs.

Perhaps it isn't so much that there is more Salmonella and E. coli in our midst, after all. Maybe it's the fact that more people are taking more acid-suppressing medications than ever before, leaving them less resistant to the germs. Some experts believe this is absolutely the case!

According to Leo Galland, MD, director of the Foundation for Integrated Medicine in New York City, author of Power Healing and Superimmunity for Kids, and a leading expert in nutritional medicine, the increase in food-borne illness can, in fact, be influenced by the use of acid-suppressing medications. This includes proton pump inhibitors (PPIs) such as omeprazole (*Prilosec*), lansoprazole (*Prevacid*), esomeprazole (*Nexium*) and others, which carry important risks few people understand.

HOW DO ACID SUPPRESSANTS MAKE YOU VULNERABLE?

The average person thinks that stomach acid is naturally-occurring, and that it is primarily responsible for digesting food, but Dr. Galland points out another important, but generally unknown, function. ***"Stomach acid is necessary to kill the germs unavoidably present in the food and drink that we all consume. Using drugs that take away the acid can weaken our defenses against acquiring a food-borne intestinal infection."*** Numerous studies have demonstrated the association that exists between the bacterial infections of *Salmonella*, *Listeria* and *C. difficile* and the use of acid-suppressing drugs. In addition, use of acid-suppressors has also been linked to *community-acquired pneumonia*, found in children and young adults.

There is yet another complication: When the stomach's acid is suppressed, it allows for bacteria and yeast to grow more abundantly in the stomach and upper intestine, creating a dangerous imbalance in the intestinal "flora." Bacterial overgrowth may actually aggravate symptoms like bloating, belching or heartburn, and may be the reason why use of proton pump inhibitors

increases the risk of acquiring pneumonia, says Dr. Galland.

A 2006 study from the University of Pennsylvania discovered still another serious side effect of the acid-suppressing medications -- a 44% increased risk of hip fractures for people taking a PPI longer than one year. Dr. Galland states that 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. There have been a number of other studies, as well, that have documented additional, more subtle nutritional deficiencies associated with acid-suppressors, adversely affecting bone remodeling or bone metabolism. This presents a long-term problem, because throughout our lives, not just during the "growing" years, our bones must completely replace themselves, cell by cell, every 10 years.

A NATURAL APPROACH:

According to Dr. Galland, expanding use of acid suppressing medications is particularly upsetting because most PPI users don't really need the drugs. Alternative methods and natural substances treat reflux effectively and safely. If these fail, then, and only then, should drugs be considered, and only for a short period of three to four weeks. Dr. Galland's first advice for soothing such digestive symptoms is surprisingly simple. "Eat smaller meals," he says, "and always chew food well. Eat early in the evening, at least three hours before bedtime, and sleep with your head and upper back elevated six or so inches so that gravity works in your favor." (Good advice for anyone diagnosed with a hiatal hernia, as well.)

Calcium can be helpful in treating reflux, according to Dr. Galland, because it strengthens the valve between the stomach and the esophagus, while also stimulating the lower part of the esophagus to contract and expel food back into the stomach. However, the calcium supplement that contributes to this function must be in a form that will quickly dissolve and be assimilated by the body. Ironically, most popular calcium-containing antacid tablets fail to do that, and are not very effective as antacids. An alternative to chewable calcium tablets is to open a capsule of calcium citrate, mix with water, and drink. Calcium is best taken immediately following a meal. People with an ongoing reflux problem should do this routinely, after every meal, until the symptoms are completely gone.

Lyle's Personal Note (1): Dr. Galland is correct about antacids being the problem he described, but I have to take issue with his suggestion of an

"alternative." When he suggests opening a capsule of calcium citrate, mixing it with water, and drinking it, he shows his ignorance about natural supplements.

Health professionals, with very few exceptions, acknowledge that humans are not supposed to consume soil as a food source for minerals, but most of them will overlook this fact where mineral supplementation is involved. When they recommend Tums, Rolaids, Oyster Shell Tablets or Calcium Citrate, they demonstrate their lack of awareness of how very little of the calcium in those products becomes available to the cells in our bodies. Read the labels of your calcium supplement.

If the label says *Calcium Citrate*, as Dr. Galland recommends, you might think it comes from oranges, NOT SO, it's *calcium carbonate* processed with lactic and citric acids, used to alter the baking properties of flour! Most calcium is sold in the form of *calcium carbonate*. This is an *inorganic* form of calcium, typically ground up oyster shells, chalk or extracted from limestone rocks. It is used in the manufacture of paint, rubber, plastics, ceramics, putty, polishes, insecticides, and inks; and as a filler for adhesives, matches, pencils, crayons, linoleum, insulating compounds and welding rods. This combination is what the good doctor is recommending as an "alternative." Is it any wonder there are 200,000 Americans who die from digestive disorders, every year?

Minerals are either *organic* or *inorganic*. The question is, Would you rather get your calcium from concrete . . . or green salad? This fact will help you answer correctly ... **The body cannot get proper nutrition from inorganic minerals.** It is designed to get nutrition from living plants. **FACT: Virtually no over-the-counter calcium product is *organic*.**

The absorption factor of these inorganic, chemical isolates ranges from less than 1% to 5%. For example, studies prove that about 2% of the popular *calcium carbonate* is absorbed (not assimilated) by the body! **Where does the other 98% go?** You need to know that significant amounts of unabsorbed calcium left in the body will interact with other inorganic compounds to form stones, deposits in joints, or in muscles (notably the heart muscles), causing serious health issues like gallstones, arthritis, and atherosclerosis. University studies show that the bioavailability of *organic/ionic* minerals, found in food and a few quality supplements, is greater than that of isolated *inorganic* mineral salts or chelates, some **8.79 TIMES greater!** Taking USP (United States Pharmacopoeia) forms of isolated nutrients is the equivalent to sending your mail without addressing the envelope. The nutrients never get to where they're

needed.

For a comprehensive article on calcium, go to the **Featured Health Articles** section of this website, and consider the article, ***What You Really Need to Know About Calcium***, and its companion-piece, ***What You Really Need to Know About Magnesium***. It's the most accurate and thorough information you'll ever find on calcium and magnesium. After you've read the articles, you'll probably know more about this subject matter than your attending physician.

The biggest difference in minerals now, compared to 45 years ago, is that some companies have decided to industrially produce human-made versions of minerals, attached to peptides, and then the drug, grocery and health stores sell tons of them to unsuspecting victims (customers)! Aside from being the worst form of "junk food," these cheap substitutes are no bargain, either.

When the main problem is not heartburn or reflux but rather stomach pain, Dr. Galland recommends these natural stomach-soothing substances...

Licorice root -- use DGL (deglycyrrhizinated licorice, in which the compound glycyrrhizin, associated in some studies with increases in water retention and sometimes high blood pressure, has been removed). This serves as a stomach tonic, as it soothes the stomach lining.

L Glutamine powder -- an amino acid that helps support the gastrointestinal system.

Cabbage juice and/or carrot juice, both known to be stomach-soothers and helpful for inflammation in the stomach.

Gamma oryzanol -- this is an antioxidant derived from rice bran that also helps to relieve inflammation of the stomach.

Lyle's Personal Note (2) These are excellent suggestions to bring about temporary relief from the symptoms of gas, bloating, heartburn, etc., but they do not address the cause of these problems. This is typical of any "modern medicine", allopathic solution. The permanent solution is to be found in enzymes, which will prepare ingested foods for their trip through the digestive tract, and probiotic supplementation which can control the harmful bacteria and unchecked yeast growth in the stomach and upper intestine, eliminating the need for acid-suppressing medications in the first place.

For more important information on this specific issue, visit the **Nutritional Supplement** section of this website and consider *Digesticol*, an extraordinary, broad-spectrum enzyme formula with S.E.T. (subtle energy technology), and *Floracol*, a powerful, broad-spectrum natural probiotic formula, also infused with frequencies. To learn more about subtle energy technology, visit the **Featured Health Articles** on this website, and consider the *Harnessing Bio-Energy* article. You're in for a treat.

WITHDRAWING FROM ACID-SUPPRESSING DRUGS:

If you are one of the millions on the acid-suppressor drug bandwagon, and you want off the wagon, it is recommended that you not try to stop, cold turkey. With people who regularly take those drugs, the body has adjusted to the lack of stomach acid by increasing the number of acid-producing cells it makes. Suddenly taking away the PPI can lead these extra acid producers to work overtime, resulting in painful acid overload, so it's better to plan to wean yourself slowly -- possibly taking several months to taper off the pharmaceutical drugs.

Lyle's Personal Note (3): The term, "acid-suppressor drug bandwagon" is just a sterilized medical term for "addiction." Modern medicine's solution--**MORE DRUGS; just the solution you don't need!**

Conclusion: Building up your digestion in a healthy way and getting off the acid suppressants will not only help your stomach, it will protect you from all sorts of illnesses that go way beyond your stomach walls.

(FYI, my wife and I take all but three of the supplements listed on that page, daily, and we haven't needed the services of "modern medicine" e.g. doctors, drugs or hospitals, for over thirty (30) years, thanks be to God. If you want to talk about any of those wonderful all-natural supplements, contact me at ultrahealth@cs.com, or anywhere in the U.S. and Canada, call TOLL FREE, **800-829-9913**. To your excellent health, *Lyle Loughry*).