

GERD: *underlying Causes and Treatment*

Jonathon Wright MD's book titled "[Why Your Stomach Needs HCL](#)" is a landmark book to describe the need for HCL in many chronic illnesses. However with the advent of the stomach medications things have become more complex as we deal with the side effects of the drugs. We are also dealing with an increase of refined foods, GMO foods and a hurry sickness across America like we have never seen. Dr. Dietrich Klinghardt, MD, PhD quotes a study in Germany where subjects are given an allergy test to determine their food sensitivities. Subjects are then asked to inhale their food as fast as they can for one week. The same allergy test was repeated to see if the number of allergic foods has changed. According to Dr. Klinghardt (I have not seen the study and couldn't read it in German anyway) the number of food sensitivities went up dramatically. I spend a lot of time trying to convince people to eat slow and chew their food. If we don't get our patients back to the basics of digestion, the nutrients won't work for long.

Please rule out and or adjust for hiatal hernia as a complicating factor.

I will describe the protocol used for GERD below but keep in mind I chose the things which are applicable to that patient. I have also included the products to consider for ulcers as well. I use the products highlighted in bold. Remember lack of hydrochloric acid results in protein putrefaction and carbohydrate fermentation which result in the formation of acids and sulfur compounds that burn the stomach. "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 reduce the production of hydrochloric acid." It's a vicious cycle and can only be overcome if we take the time to explain that hydrochloric acid is an essential component of digestion.

For more information see "Acid Blockers" what your patients need to know ([TM # 171](#)), and "The Importance of HCL in Digestion" ([TM # 265](#)).

GERD PROTOCOL

FIX Digestion based on Lab tests, or Chapman reflexes

Gastrazyme	4 -10 tablets with each meal until stool turns green
Bromelain Plus CLA	2-3 capsules with each meal
Beta-TCP	3-5 capsules, 3 times a day
BioDoph-7 Plus	1 capsule, 2 times a day between meals

Tuesday Minute

Considerations if relief is not present in 30 days, use Bennett or Chapman reflexes to determine best choices.

IPS	2 capsules with each meal
Bio-HPF	3 capsules, three times a day

Further Options to consider for ulcers in addition to Gastrazyme and Bio-HPF

POA- Phytolens	2 capsules with each meal for 1 week; then 1 capsule, three times a day with meals.
NutriClear	1 serving, twice a day
Whey Protein	1 serving, twice a day (use modified coca pulse test to make sure food allergy to isolated whey does not complicate the problem.)
GSH-Plus	2 capsules with each meal
L-Glutamine	6000 mg per day between meals with juice
ADP	5 tablets, three times a day for 2 weeks; then 3 tablets, three times a day for the following 3 weeks. Start with 1 ADP and increase every day to assure the oregano won't add further irritation to the stomach

Dietary considerations:

Eight full glasses of pure water daily. Eliminate all grains, dairy products, processed foods, hydrogenated fats and oils, caffeine, alcohol, lettuce, and spicy foods. Eliminate all known sources of food allergies or sensitivities. Until the inflammation and bleeding is controlled, lightly steam fruits and vegetables, and limit pork and beef (use veal, skinless chicken, and fresh fish in lieu of beef and pork)

Reminder: Ulcers both gastric and peptic are frequently the result of hypochlorhydria (protein purification and carbohydrate fermentation) resulting in the formation of sulfur compounds, lactic acid, and pyruvic acid which tend to irritate the stomach and intestines. Therefore supplementation with HCL is generally required **but only** after the bleeding and inflammation are controlled.