



A Rational Approach to Indigestion

By Michael T. Murray, ND

The term indigestion is often used to describe heartburn and/or upper abdominal pain as well as a feeling of gaseousness, difficulty swallowing, feelings of pressure or heaviness after eating, sensations of bloating after eating, stomach or abdominal pains and cramps, or fullness in the abdomen. The medical terms used to describe indigestion include functional dyspepsia (FD), non-ulcer dyspepsia (NUD) and gastroesophageal reflux disorder (GERD).

These are among the most popular diagnoses in North America and yet several review articles have concluded “that the efficacy of current drugs on the market is limited at best.” The “at best” signifies the fact that often these drugs cause more problems than they help. The most popular are acid-blocking drugs, which work by blocking one of the most important digestive processes—the secretion of hydrochloric acid by the stomach.

Digestion Blocking

Although blocking the production of stomach acid can reduce symptoms, it

also substantially blocks a normal body process. Acid-blocking drugs are associated with numerous side effects, such as digestive disturbances like nausea, constipation and diarrhea. Nutrient deficiencies can also appear as a result of impaired digestion. Here are some additional concerns that you typically will not find on patient handouts from the pharmacy on acid blockers:

- *Pneumonia*—People using acid blockers were 4.5 times as likely to develop pneumonia as were people who never used the drugs. Apparently, without acid in the stomach, bacteria from the intestine can migrate

upstream to reach the throat and then lungs to cause infection.

- **Increased fractures**—People taking high doses of acid-blocking drugs for longer than a year had a 260 percent increase in hip fracture rates compared to people not taking an acid blocker. Evidence suggests that these drugs may disrupt bone remodeling, making bones weaker and more prone to fracture.

- **Vitamin B12 insufficiency**—Acid-blocking drugs not only reduce the secretion of stomach acid, but also intrinsic factor (a compound that binds to and assists the absorption of vitamin B12). Vitamin B12 deficiency is among the most common nutritional inadequacy in older people. Studies indicate that 10 to 43 percent of the elderly are deficient in vitamin B12 making them at risk for a number of health conditions including dementia. Many elderly placed in nursing homes for Alzheimer's disease may simply be suffering from vitamin B12 deficiency.

The Natural Approach

In the person with chronic indigestion, rather than focus on blocking the digestive process with antacids, the rational approach is to focus on *aiding* digestion. Indigestion can be attributed to a great many causes, including not only increased secretion of acid but also decreased secretion of acid and other digestive factors and enzymes. In fact, most nutrition-oriented physicians believe that lack of acid—not excess—is the true culprit in many patients with indigestion.

The first step is eliminating common dietary causes of GERD/NUD including overeating, obesity, coffee, chocolate, fried foods, carbonated beverages (soft drinks) and alcohol. In many cases, simply eliminating or reducing the causative food(s) or beverage(s) is all that is necessary to completely relieve GERD/NUD. Other tips include decreasing the size of portions at mealtime, chewing food thoroughly and eating in a leisurely manner in a calm, relaxed atmosphere, and not eating within two hours of bedtime.

There are a number of natural products that can be very effective in relieving GERD/NUD. Although much is said about hyperacidity conditions, a more common cause of indigestion is a lack of gastric acid secretion. Hydrochloric acid (HCL) supplementation can produce complete relief of indigestion in many individuals.

Lack of digestive enzymes from the

pancreas is another functional cause of indigestion. Typically when heartburn, abdominal bloating and discomfort, and gas occurs within the first 15 to 30 minutes after eating, it is usually a lack of HCL secretion, if it occurs after 45 minutes, it is usually a sign of lack of pancreatic enzymes. Keep in mind that the secretion of pancreatic enzymes is triggered by the HCL secreted in the stomach. So, sometimes taking HCL supplements can lead to improved release of pancreatic enzymes.

Digestive enzyme products are the most effective treatment for pancreatic insufficiency. These preparations can

How to take HCL

Since not everyone can have detailed gastric acid analysis to determine the need for gastric acid supplementation, here is a popular practical method to help retailers determine need and/or dosage:

- Have customers begin by taking one tablet or capsule containing 500 to 600 mg of hydrochloric acid (HCL) at their next large meal. If this does not aggravate their symptoms, at every meal after that of the same size they should take one more tablet or capsule. (One at the next meal, two at the meal after that, then three at the following meal.)

- Customers should continue to increase the dose until they reach seven tablets or when they feel warmth in their stomach—whichever occurs first. A feeling of warmth in the stomach means that they have taken too many tablets for that meal, and they need to take one less tablet for that meal size. It is a good idea to try the larger dose again at another meal to make sure that it was the HCL that caused the warmth and not something else.

- After it has been established the largest dose that they can take at their large meals without feeling any warmth, customers should maintain that dose at all meals of similar size. They will need to take less at smaller meals.

- When taking a number of tablets or capsules, it is best to take them throughout the meal.

- As one's stomach begins to regain the ability to produce the amount of HCL needed to properly digest their food, they will notice the warm feeling again and will have to cut down the dose level.

include enzymes from fresh hog pancreas (pancreatin) or vegetarian sources, such as bromelain and papain (protein-digesting enzymes from pineapple and papaya, respectively) and fungal enzymes. I have observed that the best results are found from multi-enzyme preparations that focus on the vegetarian and fungal sources. They are definitely more resistant to digestive secretions and have a broader range of activity. Customers should simply follow label instructions for proper dosage.

Another valuable natural product for indigestion is peppermint oil placed in special capsules that are coated to prevent their breakdown in the stomach (enteric-coated). This has been shown to be quite helpful in improving gastrointestinal function in individuals suffering from the irritable bowel syndrome (IBS), a common functional disorder of the large intestine characterized by some combination of: abdominal pain; altered bowel function, constipation or diarrhea; hypersecretion of colonic mucus; dyspeptic symptoms (flatulence, nausea, anorexia) and varying degrees of anxiety or depression.

In several double-blind studies, enteric-coated peppermint oil (ECPO) has been shown to be effective in relieving all symptoms of IBS in approximately 70 to 85 percent of cases within a two- to four-week period. In addition to its effects in IBS, enteric-coated peppermint oil exerts benefits in NUD and GERD. The usual dosage of enteric-coated capsules containing peppermint and caraway seed oil is one to two capsules (200 mg/capsule) up to three times daily between meals. **VR**



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