

Short Communication

Acid Reflux Discussion

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Like many “WWII kids,” both my mother and mother-in-law took Tums on a daily basis for their acid indigestion; it was like a grownup version of bubble gum for their generation. By the 1980s, “acid indigestion” had become “GERD” or just plain old “heartburn,” and in the early 1990s that old standby Tums was largely replaced by prescription acid reflux medications known as Proton Pump Inhibitors, or PPIs. Some of the most common PPIs are Prilosec, Prevacid, or Nexium, and they brought a lot of relief and drastically reduced the number of patients referred to GI doctors for endoscopies. Of those who were sent for testing, some were found to have an ulcer (with H. Pylori bacteria as the underlying culprit); sadly, in rare cases a tumor was found. By the 2000s, over-the-counter acid reflux medications were everywhere, including Walmart, Costco, and neighborhood pharmacies. By 2010s, warnings began to appear about the side-effects of these medications, including kidney disease, heart disease, infections, bone fractures, and

other disorders [1]. Recently, Zantac for heartburn was taken off the market, due to a link with stomach cancer [2].

That easy relief had brought long-term problems

I have written about the common triggers of heartburn or GERD- namely, foods like spices, chocolate, MSG, alcohol, etc., and how I effectively eliminated these triggers. I didn’t question the medications. Then one day I was listening to Jonathan Wright M.D. on the radio, and he mentioned that acid reflux was not caused by an *overproduction* of stomach acid but an *underproduction*. I couldn’t believe my ears! One lone M.D. was disagreeing with an one pill industry...a thirteen-billion-dollar industry. My interest piqued, I bought *Why Stomach Acid Is Good For You: Natural Relief From Heartburn, Indigestion, Reflux and GERD*, written by Dr. Wright and Lane Lenard, PhD. In it, they recommend that gastroenterologists test for the

production of hydrochloric acid (HCL), which is the enzyme that breaks down protein. I also found this interesting, as I don't believe doctors immediately test for HCL deficiency as a heartburn cause; they just prescribe anti-acids based on signs and symptoms. If that doesn't do the trick, they refer you to a GI specialist or cardiologist. It made sense that what mainstream medicine thought was an overproduction of HCL is actually the body's attempt to compensate for an underproduction. In other words, the body increases the production of HCL in order to offset a shortage. I decided that the next time a patient came in complaining of acid reflux, I would evaluate him or her for decrease HCL. In my muscle testing procedure, I can determine if there is an HCL block due to stress or something else. Sure enough, the patients I tested could not maintain muscle strength when I put a sample of HCL in their hands. By removing the block to HCL, I re-established the HCL production, and in time, the patients were able to wean themselves off acid reflux medications. Some patients I didn't even treat for heartburn; I just suggested taking HCL supplements after a protein meal and this often stop their experience of symptoms. GERD aka "Gastro Esophageal Reflux Disease," has been around for a long time, though exactly how long we're not sure. Some historians contend that ancient Romans vomited during and after meals so they could keep eating; however, it's possible that such overindulgence simply brought on bouts of acid ingestion (aka dyspepsia). As for modern times, we have Drs. Maurice Feldman and Julius Friedenwald to thank for their 1925 discussion of heartburn and its possible connection to hiatal hernia [3]. A hiatal hernia happens when the upper part of the stomach and LES (lower esophageal sphincter) move above the diaphragm (the muscle wall separating your stomach from your chest), resulting in food and acid backing up into the

esophagus. A hiatal hernia can occur in people of any age. In 1934 gastroenterologist Asher Winkelstein described reflux and attributed the symptoms to stomach acid. Since the introduction of the endoscopy in the 1960s, the medical approach has become much more sophisticated, and it is possible to rule out other possible diseases or underlying triggers, such as:

- Zollinger-Ellison syndrome, which can be present with increased gastric acidity [4].
- A high blood calcium level, leading to increased acidity.
- Scleroderma and systemic sclerosis, which can feature esophageal motility dysfunction.
- The use of medicines such as prednisolone.
- Visceroptosis or Glénard syndrome, in which the stomach has sunk into the abdomen, upsetting acid secretion of the stomach.

There are very few, if any, absolutes in medicine, and it's true that there could always be a hidden factor causing GERD*. The first step, before you commit to taking PPIs, is to get tested for HCL. For more information, check out this video of Dr. Wright explaining the test.

<https://www.youtube.com/watch?v=G 2cZ-MSv10o>

For instruction for taking the test, check out

[http://tahomaclinic.com/wp-](http://tahomaclinic.com/wp-content/uploads/2019/03/PH-instructions-2019.pdf)

[content/uploads/2019/03/PH-instructions-2019.pdf](http://tahomaclinic.com/wp-content/uploads/2019/03/PH-instructions-2019.pdf)

Whether it's through this test or the muscle testing method I use, once we know about your body's acid production, I can simply reset the nervous system and body, and eliminate GERD once and for all.

References

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