

June 2002

# Dr. Bea's Newsletter

## Longevity and Heart Health

Did you know that back in the 1920's when Dr. Paul Dudley White, President Eisenhower's cardiologist was going to medical school, heart attacks were so rare that they weren't even studied in medical school? And, if the rare heart attack occurred in a patient, it was written up in the medical journals as a teaching tool? Now, of course, we all know that it's the leading cause of death in both men and women. What the heck happened?

There are lots of theories, actually, but no cigar: The preponderance of trans fats in packaged goods has been implicated as has its opposite, saturated fats; the increased stress due to increased population (when rats are put into an overcrowded situation, the stress will cause them to eat each other...) with the concomitant increase in cortisol, the body-destroying stress hormone; the devaluation of the food crops leading to malnourishment; the horrifying increase in environmental chemical contaminants; the terrible quality of OTC nutritional supplements (eg. Safeway, Kirkland, King Soopers), the majority of which have less than 20% bioavailability. Currently, researchers are looking very seriously at the inflammatory nature of heart disease and also the germ theory of heart disease both of which so far, seem pretty promising.

However, as far as I am concerned, there are some issues, if not "truths" to the heart disease question: First of all, heart disease begins in childhood. In the 1950's, during the Korean War, autopsies were performed on soldiers killed in action and it was found that 50% of the young men- mean age 21 - had advanced fatty streaks in their arteries while a full 25% had advanced atherosclerosis. This was shortly after "oleo" replaced butter on recommendation from the American Heart Association; No doubt these young men were lovingly brought up on these harmful trans fats as I was. I don't know about you, but as a grade-schooler, I remember my mother letting me squeeze the polyurethane "oleo" package (leeching plastic poison) to distribute the yellow color (yellow dye #5 poison) into the oleo (partially hydrogenated poison) whereupon I would slather it on my refined white toast (poison).

Secondly, cardiovascular disease is a repair deficiency disorder and an inflammatory disease. The new catch word, "vulnerable (or unstable) plaque" is basically referring to an inflammation of the intima (inner lining) of the blood vessel which is a perfect example of a repair deficit disorder and can be addressed with the appropriate nutrients. Some researchers now think that infectious agents cause cardiovascular disease. For a good overview on the infectious origin of heart disease, see a book called Plague Time by Paul W. Ewald. See also Guns, Germs and Steel by Jared Diamond.

Thirdly, the laboratory tests currently recommended for the diagnosis of heart competence and health are tests of low predictive significance. That is, the usual measure of cholesterol and its subfractions - HDL, LDL and triglycerides - has very low specificity and low predictive significance to the individual. This is probably why over 60% of sudden death from heart attacks occur in people with normal cholesterol levels. I consider cholesterol levels just one very weak predictor of heart disease, and probably a surrogate marker at that. (The Innocent Bystander Hypothesis)

Conversely, there are lab tests, which are of high specificity and significance but are rarely ordered unless we know about them and then beg and scream for them. In my opinion, these tests in order of importance are:

1) **Highly sensitive C-reactive protein:** This is also called cardiac CRP. This important test can tell us if we have inflammation or an incompetent repair deficiency. CRP is elevated in many heart disease patients and a new study of people who died suddenly of various causes finds that "those who succumbed to a heart attack had an abundance of CRP in the blood even though few had had outward signs of heart problems." (*Science News*, April 20, 2002) CRP should be .5 mg/dl or less. Another test for inflammation - just to double check - would be fibrinogen levels: Your values should be less than 350mg/dl.

2) **Homocystein:** These toxic byproducts of protein metabolism are a very strong predictor of heart disease, and very easily modified by supplementation with folate, B6, B12 and betaine. Your values should be under 9.2 umol/L.

3) **LP (a) (or LP little a):** This measures the sticky cholesterol. It's dangerous and it's the type of cholesterol than can cause blockages and hardening especially if it's oxidized by free radical damage. Your values should be 30 mg/dl or less.

4) I also think it is good to measure **RBC Magnesium** (not serum magnesium which the lab will do automatically unless you specify RBC.) Magnesium is our primary anti-spasm mineral. Since a heart attack is one giant and painful spasm, it's a good idea to see just how you're doing in this area.

Then there are other tests you can order via a lab in Virginia called Serammune Physicians Lab. These tests will measure oxidized fats and circulating antioxidant amounts via a Pantox Profile, which will tell us just how well we are scouring toxins and inflammatory debris from our vessels. The second test they do is called the ELISA/ACT, which measures the immune system burden. Very expensive tests and if you belong to a PPO, they probably won't cover them. Independent insurance companies will usually cover these unique tests when ordered by a medical doctor or me.

And, lastly, here is the best news: Heart disease is reversible, by and large, via natural means. We may need to eliminate toxins, adapt a better, alkaline forming diet, and supply the heart/body with nutrients for optimum health, but in 3 to 12 months, with some good, solid all-American effort, you can reduce your heart attack risks substantially, if not reverse diagnosed heart disease. "Eighty seven percent of all cardiovascular disease can be effectively managed and/or reversed if one applies a comprehensive repair enhancing approach. This means that if 500,000 people succumb to cardiovascular disease, well over 450,000 can avoid this premature end. (*Cardiovascular Health* CD ROM, Russell M. Jaffe, M.D., Ph.D., CCN.) What exactly do we need to do?

- First of all, get on an alkaline forming diet which simply said means lots of fruits and vegetables. You can also ask me for a chart, which shows you what foods are acid and alkaline, and design your diet accordingly. You may also want to purchase pH strips to check your saliva and urine when you first get started just to make sure you are mostly in the alkaline ballpark.

- Then, make sure you are providing your body with the nutrients it needs. We can obtain most of this information by the above mentioned lab tests: Do we need quench overactivity of the free radical toxins, which are breaking, down our blood vessels? Do we need more folate, B12 and B6 in order to lower our homocysteine levels? Do we have a sufficiency of other nutrients, like vitamin C? Do we have high inflammatory markers which need to be lowered?

- We need to identify and eliminate immune body burdens like chemicals, heavy metals, parasites, and molds. For example, mercury is known to increase the risk of coronary heart disease: "In an article published in *Atherosclerosis*, 2000, have a high hair mercury content was one of the strongest predictors that these 1000 men between ages 42 and 60 would have hardening of the arteries manifested by thickening of the carotid artery." (*Total Wellness*, Dr. Sherry Rogers, September 2001).

- Other cardioprotective lifestyles changes are necessary as well: Start a meditation practice to reduce stress, relax on a regular basis by putting your legs up on a chair twice a day for 10 minutes, try acupuncture, massage and other body therapies. Have fun on a regular basis. If you are an A type personality, try biofeedback. Exercise 30 minutes per day. See Sidebar: We are what we think!

Now, let's take different aspects of cardiovascular disease: **Congestive Heart Failure** means that the heart muscle is not pumping well. So, the heart keeps getting bigger and bigger in order to provide a higher stroke volume and before you know it, you have a huge and ineffective heart which doesn't pump very well and leaves nasty fluid in your lungs and ankles making it difficult for you to breath and walk. Bigger is not better here. We need a basic nutritional program with a good absorbable multi-vitamin, some vitamin C to

scour the free radicals, CoQ10 to strengthen contractility, magnesium just because it's so good for the heart and since the liver is probably impaired, some liver detoxification and enhancement.

**Angina:** We will need all of the above as well, and probably lots more magnesium since this is the mineral that can relax the irritability of the coronary arteries.

**Coronary Artery Disease:** This is the obstruction of the blood vessels which lead to the heart and for which people endure angioplasties and bypass surgeries. CAD is very often a flow problem in the liver, so very definitely we must concentrate on getting the liver healthy in addition to doing the supplements mentioned under CHF.

**Atherosclerosis and/or plaque formation:** This used to be thought of as a bone-like precipitant of calcium and other minerals leading to mechanical obstruction of blood flow leading to an increase in platelet aggregation, this in turn leading to heart attacks and strokes. Most think that this is irreversible unless horrendous physical interventions like angioplasty, chelation and replacement are utilized. However, the "assumption that plaque is irreversible has never been proven. All blood vessels, even the large ones like the aorta, femoral and carotid arteries are capable of repair - losing fatty streaks and formed plaques." (Jaffe et al.) It may take awhile - 4 to 6 years - but a slow and persistent lifestyle change with nutritional supplementation can work.

We need to eliminate any bacterial causes as well: "Current evidence implicates bacteria such as *Porphyromonas gingivalis* (a cause of gingivitis) and *Chlamydia pneumoniae* (a cause of pneumonia) as a cause of atherosclerosis." (*Plaque Time: The New Germ Theory of Disease*, Paul W. Ewald, 2002, p. xviii). Of paramount importance is the elimination of any gum disease. Research has found that people with periodontal disease are more likely to suffer strokes and coronary artery disease - both conditions associated with inflammation of the blood vessels. Around 30% of people over 50 suffer from severe periodontal disease. (*Journal of Periodontology*, 1/2002) Also read Weston Price's book, *Nutrition and Physical Degeneration*.)

This means that, similar to the situation discovered a few years ago regarding ulcers being caused by bacteria, heart disease could, in theory, be healed by a round of antibiotics.

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## Women's Special Circumstances:

Women experience heart disease differently than men. We have more silent heart attacks, rather than the "elephant on the chest MI" that men tend to experience. We may have a heart cramp or angina or a dull, aching discomfort beneath the breastbone. Our pattern is different, too. Men usually experience symptoms after exercise or exertion and improve with rest, while women have symptoms that come and go with no obvious cause and may not improve with rest.

Women's symptoms are often misdiagnosed as heartburn. We might have back discomfort, pain or tingling in the jaw, elbow or left arm. Tightness in the throat, new and unusual shortness of breath during everyday activities or at rest, nausea, a feeling that "burping" would resolve a feeling of fullness, light-headedness or dizziness and disproportionate sweating with activity. We might have unusual fatigue.

Any of these symptoms could happen at rest or even awaken you at night. I know that we could have any or all of these symptoms at any time and not be having a heart attack. The key is that if it is serious, the symptoms will keep reappearing and won't go away. (*Women Are Not Small Men* Nieca Goldberg, M.D. and *Healthy Heart* [pamphlet] Susan Lark, M.D.)

As far as laboratory testing and women, it seems that high iron levels have been implicated in atherosclerosis, and that, even in conventional thinking, high cholesterol levels don't seem to matter as much, especially in elderly women.

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## We Are What We Think!

Everyone knows what the placebo effect is - the reference to the fact that health benefits are produced by a treatment that should have no effect (the famous sugar pill), but do you know what the nocebo effect is? This evil twin of the placebo effect means that if you assume the worst, then it will probably happen. It's a self-fulfilling prophecy. Ten years ago, researchers stumbled onto a striking finding: Women who believed that they were prone to heart disease were nearly four times as likely to die as women with similar risk factors who didn't hold such fatalistic views. (*JAMA*, 2/2002)

I know this all sounds very woo-woo, but I strongly believe that what we tell ourselves shapes our very lives. Our consistent and persistent thoughts will eventually manifest into reality with our positive thoughts, creating good things (placebo) and our negative thoughts creating bad things (nocebo). It's just as easy to have positive thoughts as it is to have negative ones; the trick is catching yourself when you are telling yourself your negative stories. It takes practice.

My method is to push a mental "delete" button if I catch an evil nocebo - thought in my consciousness and awareness. I then replace it instantly with a comforting and much healthier placebo - thought. Both Woody Allen and I tend to worry about our health. At least I have figured out that this is not a good thing, so I use my delete button a lot and I have taped little signs beside my bed, on my bathroom mirror and on my computer with wonderful placebo-affirmations specifically designed for my personal nocebos.

How about the serious nocebo statements like "I'm scared to death," or "I'm worried sick," or less threatening nocebos like "That's a pin in the butt" or "This is a pain in the neck." Or since we are dealing with the heart this month, some nocebos could be "heartsick," having a "heartache" or acting in a "heartless" manner? On the more positive side, how about "heartened," "light-hearted" and "large-hearted?" Since we are all so highly suggestible, I strongly suggest that all of us find our personal voodoo statements/curses and eliminate them instantly. Most of us are unaware of the power our words carry. (*Dr. Mercola, Newsletter*, May 18, 2002; *The Washington Post*, April 30, 2002; *Healing Words*, Larry Dossey M.D. *The Four Agreements*, Don Miguel Ruiz)

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## Parkinson's Disease

Certainly the celebrity of Janet Reno, Muhammad Ali and Michael J. Fox has brought Parkinson's Disease into its Warholian 15 minutes of infamy. I can only guess and hope that because of this recent attention, it is a disease just waiting to be explored, its' cause found and hopefully cured. Parkinson's is a terrible disorder with which to be diagnosed and I can only imagine the awful sensation of having my mind still and calm yet not being able to stop moving. As MJF said referring to his daily arrhythmic dance of dyskinesia only partially quelled by L-dopa, "I couldn't be still [as a hyperactive kid] until I could literally no longer keep still." (*New York Times*, May 14, 2001)

What is Parkinson's? We all know the symptoms: Hand tremors, rigidity, mask-like faces, slowness of motion (bradykinesia), small handwriting (microcoglia), fatigue, disturbance of posture and gait. Average onset is about 60, but it can be diagnosed like MJF's at age 28. It occurs in one part of the brain called the *substantia nigra* which produces the neurotransmitter, L-dopamine which controls movement; eighty percent of the dopamine-producing cells in the substantia nigra must be gone before the characteristic signs and symptoms of Parkinson's appear.

What causes Parkinson's? Herein lies the rub: No one really knows. I personally suspect that its initial cause is a pesticide or heavy metal exposure. This could have happened in youth. For example when I was a young girl growing up in Richmond, Indiana, I remember the DDT truck spraying it's poison while we rode our bikes behind it. Why don't I have Parkinson's? Maybe because I have a good liver detoxification

system and was able to get rid of the DDT before it started destroying the dopamine receptors in my substantia nigra. Maybe my friend [boy], Dickie, with whom I used to ride bikes was not so lucky and is now suffering from Parkinson's?

It's interesting to note that when MJF was in his early twenties he was working on a film project in Vancouver, British Columbia. This would have been the late 70's. One hundred and twenty five people worked on the project and four came down with Parkinson's disease, which is an astounding percentage. Was there a virus that people contracted? Perhaps a chemical or heavy metal exposure? What set this disease in motion? Researchers are definitely in agreement that this Parkinson's "cluster" warrants investigation.

Scientists are currently exploring a phenomena called misfolded proteins. Simply said, our cellular machinery should identify misshapen proteins and recycle them safely. When this process goes awry, misfolded proteins accumulate into tiny spherical particles inside cells and wreak havoc: Like "...consequences of a garbage strike. Trash accumulates, streets are clogged and daily life is disrupted. Eventually things can come to a stand still." Researchers think that because of genotypic inheritance (e.g. the APOE-4 allele is notorious for nasty early onset diseases, including Alzheimers) and then a random environmental exposure on top of this genetic legacy, some of us may be more apt to have incompetent disposal systems. In the case of Parkinson's these misfolded proteins aggregate as plaques in the substantia nigra. Scientists are now exploring how to slow down this process of amyloid and plaque *aggregation* (*New York Times*, 5/12/02)

I am very clear on one thing: We must keep ourselves free of excess chemicals and heavy metals in order to keep our brain neurotransmitters functioning at high levels. None of us wants Parkinson's or Alzheimers or any other neurological disorder and in this case, an ounce of prevention is certainly worth it. I can check you for heavy metal and chemical burdens.

What kind of supplements might we take to help detoxify neurological chemicals and metals? Reduced glutathione is one of the most important components of the liver's detoxification system. You might also want to look at mixed aminos (Thorne's Metaplex) succinic acid or DMSA (Thorne's Captomer), N-acetyl-cysteine (NAC), glycine. Parkinson's patients also demonstrate a profound deficiency in CoQ10. Neuronal membrane enhancers like phosphatidylserine would be good as would acetyl-l-carnetine. Antioxidant protection in the form of bowel tolerance doses of vitamin C, alpha lipoic acid, vitamin E and ginkgo would be good too. (*Townsend Letter*, David Perlmutter, M.D., July 2001) Recent news has also revealed that a folate deficiency is linked to Parkinson's. (*Jour Neurochemistry*, Jan 2002) and minocycline, an antibiotic seems to protect the class of brain cells that die in Parkinson's. (*Science News*, 12/8/01)

## Newsbriefs

**Mammograms on Trial:** *Or the Case of the Stubbornly Elusive Data.* It seems that the Heisenberg Principle of Uncertainty is alive and well in the thorny embroilment of researchers over the latest mammography data. If you recall, Heisenberg implied that we cannot observe something without changing it or there is no such thing as an independent observer who can observe data without manipulating or influencing said data. The April 27, 2002 issue of *Science News* revealed that researchers are now wading through and re analyzing all of the recent disparate data around the efficacy of mammography.

Some researchers have concluded, "there isn't enough evidence to support the claim that routine mammography has lessened deaths from breast cancer." Other researchers, looking at the exact same data, mind you, came to the opposite conclusion, or that mammograms do in fact save lives. So to paraphrase the infamous Dane, To Screen or Not to Screen; that is still the big question.

**Smart Kids:** The *New York Times* (5/4/02) cited a recent Danish study which "demonstrates a robust association between the duration of breast feeding and adult intelligence." (*JAMA*, 5/02/02). However, if a child is breast-fed longer than nine months, the opposite appears to happen: In the latest study of adults, those who were breast-fed less than one month as infants scored a mean of 99.4 on an I.Q. test. Those fed

from seven to nine months scored a mean 106 on the [I.Q.] text. Those breast-fed longer than nine months showed a dip in the mean score to 104.

**Vaccinations:** Thimerosal is a preservative used in vaccinations that contains approximately 49.6% ethyl mercury per vaccine dose. When the CDC's recommended schedule of vaccines is given during the first 18 months of life, the total mercury load from thimerosal could be as high as 237.5 mcg of ethyl mercury, which is in excess of the EPA's safety guide lines. (*Am J. Clin Nutr*, 2001; 74: 833-839) If you choose to vaccinate your children, ask for mercury-free vaccinations.

**Organic Produce:** I am a happy camper. This year I purchased a single share in Monroe Organic Farms near Greeley. Every Thursday night they will deliver my share of seasonal produce to a convenient pick-up location in Boulder. I won't have any say in what my surprise bundle contains, but will receive whatever they harvest from June to mid-October with most produce coming in peak harvest time of July, Aug and Sept.

The list says that I will get lots of strange and wonderful produce like edamame, herbs and cut flowers along with the more ordinary vegetables/fruits like potatoes and sweet corn, cantaloupe, and watermelon. I am also happy about supporting my local organic farmer who is still unaffiliated with agribiz. And what's more, I have roughly figured that I would probably pay the same or less at Whole Foods for what I am paying for my single share of Monroe Farms. Possible downside? The errant frosts, such as have already destroyed most of the early spring crops of strawberries and asparagus, or the unexpected ravaging insects that can also decimate crops in the wink of a potato bug's eye.

A recent study has shown the organic fruits and vegetables contain far less pesticide residue than conventionally grown food (*Food Additives and Contaminants Journal*, May 2002) and are nutritionally superior, by far. In the past 60 years crops have become demineralized: Iron is lower by 32%, calcium by 29%, magnesium by 21% and potassium by 6%. Maybe organic farms will help reverse this trend. (*Nutrition Science News*, 9/01). You can go on their web-site [monroefarms.com](http://monroefarms.com) if you are interested.

**"Every Patient's Nightmare":** Is the heading on a New York Times editorial dated sometime last March. The piece goes on to describe this poor-originally healthy and very generous-guy's descent into recovery hell and subsequent death after donating half of his liver to his brother. He - Mike Hurwitz - became sick three days after surgery and was thereupon subjected to "woefully inadequate" post-surgical care at Mount Sinai, the famous teaching hospital in New York City.

The surgeon never checked on him and post-op care was left to doctors in training who didn't evaluate his condition appropriately. Too few nurses and a single first-year resident staffed the transplant unit. Mr. Hurwitz developed an abnormally rapid heartbeat, hiccups and nausea and the doctor when he was called at a bookstore, chose not to return to the hospital to examine him. Mr. Hurwitz died 4 days post-op, from an unusual bacterial infection. More disturbing news: Mount Sinai pressured Mr. Hurwitz' wife to let the hospital conduct an autopsy rather than leave that task to the city's medical examiner. (Oh, the brother? The liver transplant recipient? He is healthy and well.)

Why am I telling you this awful story? Because, if you do need to be hospitalized, please, please take an advocate with you. Have them spend the night. Make sure you advocate has no problem speaking up or behaving like the squeaky wheel that you will need when you are recovering from your surgery/serious illness. If your advocate has some sort of medical training, all the better. We were all brought up to think that medical doctors were near god-like and ultimately trustworthy. However, more and more we have come to realize the awful truth that health care providers are harried and overworked and underpaid (especially the sleep-deprived bottom feeders of the medical hierarchy-interns.) They do make mistakes and don't always have your best interests in mind.

**More on coffee:** As you have probably gathered by reading my past newsletters, I do like my coffee. And because I like my coffee, I shamelessly scour the research literature for studies, which tell me I don't have to give it up. As David Letterman once quipped, "If it weren't for coffee, I'd have no identifiable personality whatsoever."

Here's the latest in my battalion of supportive literature. *The American Dietetic Association* at their 2000 annual meeting offered these reassuring words: Drinking up to three cups of coffee a day poses no risk at all - not to the heart nor to the elevation of blood pressure nor to the creation of arrhythmias. Even 5 cups a day didn't make anyone's heart more likely to skip a beat. Also Harvard researchers reported that women who drank six or more cups a day weren't anymore likely to have a heart attack than women who drank only one or two cups. Bone thinning isn't any more likely in women who drink coffee either. (*Am. Jour Clin Nut*, 6/97)

What's more, coffee even seems to be good for something: English researchers discovered that volunteers who drank coffee in the morning performed better than nondrinkers on tests involving learning new information. Coffee is also very good for brain activity in the elderly. *The Int'l Jour Sports Med*/Aug 99 reports that attention, psychomotor skills and long-term memory all improved during the few hours after volunteers drank caffeinated beverages. Caffeine may also boost levels of brain-cell calcium, a mineral that is important in memory. Lastly, the compounds in coffee loosen the grip of bacteria that cause tooth decay by at least 40%. (*Jour Agri and Food Chemistry*, 3/02)

**More Bad News for Those of Us Sensitive to Wheat:** They are going to put wheat in ice cream now! Apparently, it prevents ice crystals from growing in ice cream that sits in the freezer too long. Better mouth feel and all that. I responsibly read all labels like the goody two shoes wheat sensitive person that I am but I never thought I would have to read ice cream labels. Start looking for "wheat" ice cream in about two years.

*The Lancet*, 2002: 359:150-157: Researchers report that probably 1 in every 120 to 300 people in the United States and Europe are wheat sensitive, much more than was previously thought. *Neurology Journal*, 2001, vol 56, p85 reported that when gluten was removed from the diet of 13 patients with gait abnormalities, chronic headaches and white matter abnormalities on MRI consistent with the diagnosis of Multiple Sclerosis, all symptoms went into remission. "Food is more than calories and micronutrients to prevent deficiency and disease; food is a signaling system. We eat information...which ultimately influences many of the functions of our body." (*Jeff Bland in Functional Med Update*, May 2002)

So what really happens? Here's the scenario: You are sensitive to wheat. You eat an onion bagel. Your sensitive gut gets angry with you and creates an inflammation to pay you back or at least to get your attention. Not content with just getting angry with you, the gut tattles on you by sending angry memos to the brain telling it how bad a person you are for eating the bagel and the brain - the CEO of your body - then creates really scary symptoms that will for sure get your attention. You go to your medical doctor who scares you to death by telling you that you have MS ("See that white stuff on your brain here on the MRI? Well, that's how we KNOW you have MS...") and you go home prepared to end up like Annette Funicello or Richard Pryor. It all started with an onion bagel. Find out if you are sensitive to wheat.

**The Elaine Move:** Remember the old Seinfeld episodes? Elaine would whack Jerry hard on the chest with both hands saying something like "Get Outta Here?" It was a hysterically funny comedic move and practically knocked Jerry (and me) to the floor every time. Well, I wouldn't do that to anyone if I were you. Apparently a light blow to the chest may be fatal. It's called *commotio cordis* or chaotic heart and can happen in the Elaine Move, or to baseball players struck in the chest by a ball, or in hockey players hit by a puck or in karate maneuvers. If we are smacked in the chest in just the right way, the electrical circuits are shorted and the heart fibrillates or just out and out stops beating. There will be no bruises or structural damage but you may be prosecuted for manslaughter. So just stop, O.K.? (*Science News*, 12/01)

Prilosec and Prevacid Drawbacks: Heart burn and reflux ain't fun and that's why antacids are the biggest OTC and prescription drug purchase in the US of A. It seems logical that if you have the burning of gastritis the only obvious thing to do is to reduce the amount of acid in the stomach. Right? Maybe not. More than 75% of people with gastritis test positive for *Helicobacter pylori*, a bacterium that can cause the burning sensation in the stomach. What happens is that the stomach will trigger an over production of hydrochloric acid as a primary response to bacterial colonization. So, if you inhibit acid production with the

most popular proton pump inhibitors like Prilosec and Prevacid you will be interfering with the stomach's natural defense mechanism. (*Gastroenterology and the Am Jour of Physiology*, Jan 02)

Look at it this way: When the brake warning signal in your car lights up, it is just a warning that your brakes are going out and may stop working on the next steep hill and kill you. So, don't turn the brake warning light off. Get your brakes fixed. The burning in your stomach is a warning signal that you have bugs in your stomach and if left untreated could lead to peptic ulcers and stomach cancer and could possibly kill you. Artificially reduced stomach acid can also increase your risk of food poisoning and parasites. So don't turn the burning signal off with PPI's. And don't get mad at your stomach - it's only doing its job. Instead, get your stomach fixed.

In a recent online survey of over 4200 patients taking Prilosec or Prevacid, it was found that 60% of respondents continued to experience daily heartburn symptoms. These people also took non-prescription meds like the H2 blocker agents Pepcid, Maalox and Tums in a further effort to quench the fire. So, thanks to the body's innate wisdom, it seems that nothing will work to reduce the burning until you rip all the band-aids off and fix it right by killing the offending bugs. (*Business Week*, Jan 8, 2002)

Other things can cause heartburn too: 1) a common culprit is a hiatal hernia, which can be managed by chiropractic adjustments. 2) Continuing to eat foods you are sensitive to may set up a heartburn syndrome. 3) A reduction in hydrochloric acid or pancreatic enzymes can cause a feeling of fullness and pain, and can be easily fixed with digestive aids. 4) Chronic dehydration or not drinking your daily 2 or 3 quarts can cause heartburn, as can 5) Drinking too much water while you are eating thereby diluting the digestive juices. 6) And finally, just being older can cause heartburn since we simply don't have the digestive fire of a 20-year-old. Rx: Eat lots of fresh garlic and burn those bugs away, take your digestive enzymes (HCL before a meal and pancreatic enzymes during or after a meal) and if you have any of the aforementioned bugs, get rid of them.