

Clinical Tip 7

If you've had your gall bladder removed...

Did anyone advise you about the use of "bile salts," particularly after meals containing fats or oils? No? Well, consider this:

A few years back, I worked with an individual who had discovered on her own that taking 100,000 units daily of vitamin A would prevent repeated ulcerations of the corneas of her eyes. Her eye doctor observed that the treatment worked, but was concerned about vitamin A toxicity, so she had a blood test done. The laboratory reported low-normal blood levels, verified on repeat testing.

During her first visit, she noted that she'd had her gall-bladder out years ago, prior to the onset of her recurrent corneal ulcerations. She was advised to use tablets containing bile salts (Cholacol, Standard Process Laboratories) after meals. After six weeks, a blood test showed that she had a higher-than-normal vitamin A level. Over time, she cut back to 30,000 IU vitamin A daily, which kept her corneas ulcer-free while maintaining normal blood levels.

Gallbladders act as more than "storage reservoirs" for bile produced in the liver. When we eat anything containing fats or oils, and the fat or oil empties into the duodenum from the stomach, a hormone is released which (among other things) causes the gallbladder to contract, "squirting" an increased amount of bile down the bile duct to where it joins the pancreatic duct, mixing with pancreatic digestive enzymes until it's dumped into the intestine just as the fat or oil arrives. There the bile is necessary to "emulsify" (like soap does grease in the sink) the fats or oils for absorption. All fat-soluble essential nutrients are processed this way, including vitamins A, D, E, K, and the essential fatty acids.

So what happens when the gallbladder is removed? There's no reservoir or other storage place for bile, so there remains just a "trickle" from the liver at all times (no extra "squirt" to arrive "just-in-time" to handle the fats and oils, and the chances of fat-soluble essential nutrients being emulsified properly are substantially less).

What to do? If the gallbladder is gone, how do we know if we need to use bile salts or not? Well, hopefully it's not lunch time as you're reading this, but...when circumstances present themselves, check the color of stools. Are they approximately the same color we scrape off our shoes after a walk in the park? Or are they considerably lighter, even yellow, or very light tan? If so, it's very likely due to insufficient bile flow, and you're likely "underabsorbing" those essential fat-soluble nutrients.

So...get out the bottle of bile salts, start using them after meals. There's no exact quantity to advise...instead, "keep an eye on things" until stool color has achieved a more-expectable tone. Frequently, several tablets are needed after fish meals or others with more fats and oils, and less at other times. It's all "trial and error," and likely necessary for as long as we want to stay optimally healthy despite an absent gallbladder.

What a nuisance! If only the gallbladder were still there, "automatically" doing its job without us having to think about it! If our surgeons had only read about the work of Dr. James Breneman, who demonstrated clearly that even when we're having acute "attacks" of gallbladder pain, we can keep our gallbladders and stop the "attacks" permanently by identifying and eliminating our food allergies (see *Nutrition & Healing*, August 1995). But since our surgeons haven't read about this, at least they could tell us about taking "replacement" bile salts after we've had our gallbladders out to help us stay optimally healthy.