



DR. JONATHAN V. WRIGHT'S

NUTRITION & HEALING

July 1999 Volume 6, Issue 7

- Herbs To Shrink Uterine Fibroids
- Science Doubts Wild-Yam Claims
- Feds Snoop On Doc By Helicopter
- Healthy Assimilation of Nutrients
- Who Fights For Medical Freedom?
- Don't 'Chicken Out' Of Eating Eggs
- Exotic Chinese Herbal Heals Burns

Importance of Good Digestion

by Jonathan V. Wright, M.D.

Inadequate digestion and assimilation of nutrients is a common but little-known problem with consequences ranging far beyond our digestive tracts. It's a frequent accompaniment of many health problems not classified as "digestive"; arthritis (both rheumatoid and "degenerative"), asthma in childhood, acne rosacea, bursitis, chronic fatigue syndrome, depression, diabetes (types 1 and 2), gallbladder "attacks," lupus, macular degeneration, multiple sclerosis, osteoporosis, "shingles" (herpes zoster), and many cases of cancer... and even this list is by no means complete! Unfortunately, inadequate digestion and assimilation is an ever-more-frequently encountered problem as we simply grow older. So, even if we're following the best possible diet plan for a particular ailment, if the food we're eating is incompletely digested or assimilated, our bodies won't get all the nutrients possible from it, and we won't recover as completely or rapidly as we might.

Hypochlorhydria (low or no stomach acid) is one of the most common digestive malfunctions often accompanying other seemingly unrelated health problems. (Hypochlorhydria and the other problems of digestion and assimilation which follow can be problems "all by themselves," too.) Other digestive malfunctions include low levels of pancreatic digestive enzymes, malabsorption due to allergy, inadequate or inappropriate bile

flow (usually due to gallbladder removal), and "lectin incompatibility." Sometimes a cause or causes for poor nutrient assimilation can't be found; unfortunately "digestion and assimilation research" isn't popular or well-funded.

Hypochlorhydria. As we grow older, all body systems age and slow down in their functions. When we're fifty or sixty, we can't run as fast or jump as high as when we were twenty or thirty. Our vision may not be as good; our hearing may be declining. And as many grandpas and grandmas know, our stomachs frequently don't work as well, either.

A major function of a normal stomach is to make an extremely strong acid, hydrochloric acid, which (at the end of the stomach's digestive process) normally has a "pH" of approximately 2. Stomach-lining cells which secrete hydrochloric acid and also secrete pepsin, a major protein-digesting enzyme. Pepsin does its job best in the highly acidic environment provided by hydrochloric acid. Acting together, hydrochloric acid and pepsin can reduce even the toughest piece of meat to liquid "meat soup."

As the stomach "slows down," making less hydrochloric acid, less pepsin, and doing its job of digesting food less well, symptoms of "indigestion" usually develop. Bloating after meals, belching, gas, a feeling that "the food's just sitting in my stomach," and heartburn are common.

(continued on page 2)

Enemy of the State

by Jonathan V. Wright, M.D.

Readers of *Nutrition & Healing* are likely aware of the FDA's guns-drawn invasion of Tahoma Clinic, May 6, 1992, in what the local newspapers quickly termed "The Great B-Vitamin Bust." As one newspaper noted, the armed, kick-in-the-door raid appeared to be in retaliation for a lawsuit filed against the agency the prior year.

Nutrition & Healing also has published in this column details of many other police-state actions and unjustifiable seizures, multimillion-dollar fines, and imprisonment visited on physicians who've inadvertently run afoul of one or another of the tens of thousands of frequently incomprehensible Medicare and Medicaid regulations.

But this is the first time we've actually come across surveillance helicopters used against a peaceful, law-abiding physician! (Perhaps the much-maligned "conspiracy theorists" aren't as far out as government and the media want us to believe.)

Since 1943, the Association of American Physicians and Surgeons has been one of the few voices raised for the free, private practice of medicine. AAPS is the only physicians' organization which still believes in and promotes the as-written meaning of the Constitution of these United States. AAPS Executive Director Jane Orient has been interviewed and quoted extensively in our pages before; your editor admires her as one of the more principled and rigorous philosophers and social observers of her generation.

(continued on page 5)

INSIDE

FEATURE ARTICLE

Page 1

Doctor Wright comments on the importance of inadequate digestion and assimilation of nutrients as a common problem with big consequences.

BOTANICAL

Page 3

Herbalist Kerry Bone looks at whether plants can deliver progesterogenic activity in the bodies of menopausal women. What about wild yam?

COMMENTARY

Page 1

As the federal government has continued to get bigger, many in the bureaucracy have been attacking independent doctors, some even using helicopters.

Importance of Good Digestion (continued from page 1)

(Oddly enough, a small minority of individuals with low or no stomach acid and pepsin have no symptoms at all, an observation also made in a major medical textbook in 1941.)

The logical solution to this problem is "replacement" hydrochloric acid and pepsin, widely available as "betaine hydrochloride-pepsin" or "glutamic-acid hydrochloride-pepsin" capsules at natural-food stores and many pharmacies. When "digestive replacement therapy" is taken with meals, more-normal digestion is restored and symptoms of "indigestion" are eliminated.

Space does not allow a longer discussion of why inadequate stomach acid might cause "burning" symptoms, relieved by restoring more-normal acid levels, and why the use of antacids and "acid blockers" also relieves these same symptoms. However, it's not only logical but obvious to natural-medicine practitioners that aggravating an already-low hydrochloric-acid situation with antacids and "acid-blockers" will worsen, not improve, digestion, and interfere with

the digestion (and therefore assimilation) of many important nutrients. In the vast majority of cases, antacids and "acid-blockers" are a classic example of "short-term gain, long-term loss," as they literally cause malnutrition.

When partial or complete "stomach failure" happens as part of "normal aging," it's very likely that "digestive replacement therapy" in the form of betaine hydrochloride-pepsin or glutamic-acid hydrochloride-pepsin will be necessary indefinitely to maintain the best health possible. However, there are other circumstances besides "normal aging" associated with "stomach failure."

In 1931, Dr. George Bray had stomach acid tests done for two hundred asthmatic children between six months and twelve years of age. One hundred sixty (80%) were found to have hypochlorhydria (low stomach acid). He also reported that a significant number of children with eczema, migraine, hives and hay fever also had hypochlorhydria. (Based on these observations and other evidence, there's a very effective natural treatment for childhood asthma discussed in *Nutrition & Healing* for February 1995.)

Fortunately, nearly all hypochlorhydric-children's stomachs can recover to normal once the cause is removed. In childhood, the cause is nearly always allergy, particularly cow's-milk allergy, although other allergies can be involved.

As noted above, poor stomach function is often part of many health problems. Improving the stomach's digestive function with the "digestive replacement therapy" of betaine hydrochloride-pepsin or glutamic-acid hydrochloride-pepsin will help improve these problems by improving the available supply of essential and non-essential nutrients.

Although it's been your editor's observation that inadequate stomach function affects protein digestion and mineral assimilation the most, hypochlorhydria can affect nearly anything we ingest. Just a few years ago, Japanese scientists wondered why most people would respond to certain botanical remedies (herbs), but a minority wouldn't. Their research found that a principal reason was that inadequate stomach acidity led to poor digestion and utilization of the herbs, so their effectiveness was notably less than in individuals with normal stomach function.

In your editor's experience, the "average" adult replacement amount for optimal digestion and assimilation is five to seven of the "ten-grain" (650 milligram) capsules taken in the first part of each meal. However, it's always wisest to consult a physician skilled and knowledgeable in natural medi-

cine to determine whether hydrochloric-acid-pepsin replacement therapy is indicated, how much to use, and how to use it.

Low pancreatic digestive enzymes. Once the "acid phase" of digestion is completed by a normal stomach, the fully acidified "food slurry" is dumped into the upper small intestine (duodenum). The acidity accompanying the food causes the release of at least two "digestive hormones," secretin and cholecystokinin (CCK), from the duodenum into the bloodstream. (CCK release also is stimulated by fats and oils.) CCK stimulates the gallbladder; secretin stimulates the pancreas to secrete bicarbonate and a group of digestive enzymes including amylases (starch-digesting enzymes), lipases (fat-digesting enzymes), proteases (protein-digesting enzymes), and elastases (elastic-tissue-digesting enzymes). All of these enzymes function best in the alkaline environment provided by the bicarbonate.

If you've guessed that "if there's not enough acidity released by the stomach, then secretin won't be released; if secretin isn't released, the pancreas won't be stimulated, and there won't be enough bicarbonate and pancreatic digestive enzymes, either," you're completely correct. Many of those with low stomach acid have low pancreatic enzymes, too, as a result.

In some cases, the use of hydrochloric acid-pepsin replacement therapy will trigger the "cascade" of "hydrochloric acid>secretin<pancreatic enzymes and bicarbonate" but it doesn't always. In those cases, "pancreatic digestive enzymes" (generically termed "pancreatin") must be used as well. Mimicking what occurs in our insides, these always should be taken after meals, after the food has had adequate time to undergo the "acid phase" of digestion.

Some individuals have insufficient pancreatic digestive enzymes despite perfectly normal stomach function. It's possible to detect insufficient pancreatic enzymes with a microscopic examination of a stool specimen, looking for an excess of undigested fat, starch, or vegetable fibers.

As is the case with weak stomach function, cases of inadequate pancreatic function also increase with age, and interfere with optimal nutrient digestion and assimilation. (The "classic" exceptions to this rule are children with cystic fibrosis; children with autism and other neurologic disorders frequently have low pancreatic function secondary to low stomach acid production.) Symptoms are fewer, including indigestion starting an hour or more after meals, and excess "lower bowel" gas.

(continued on page 6)



Editor:

Jonathan V. Wright, M.D.

Managing Editor: Scott Stanley Jr.

Production and Marketing:

Publishers Management Corp.

Publisher: Nutrition & Healing, Inc.

Subscription Rates:

One Year: \$49

Two Years: \$98

Subscription Offices:

Nutrition & Healing

c/o Publishers Mgmt. Corp.

P.O. Box 84909

Phoenix, Arizona 85071

(800)528-0559 or (602)252-4477

Fax (602)943-2363

Nutrition & Healing is a private health letter based upon the practice and research of its Editor, who is a medical doctor and nutritional specialist. This journal is not intended as an advisory on specific cases but as a forum of popular and professional enquiry on issues of nutrition and healing. In all cases we urge readers to discuss the Editor's ideas on these issues with their own health-care practitioners. Copyright 1999 by Nutrition & Healing, Inc. All rights reserved. Unauthorized reproduction of this newsletter, or quotation except for comment or review, is illegal and punishable by law.

Importance of Good Digestion (continued from page 2)

Allergic malabsorption. Decades ago, researchers asked wheat-allergic individuals to take capsules containing the same amounts of zinc on days when they avoided wheat, and then on days when they ate wheat. On the "wheat-eating" days, the same individuals absorbed significantly less zinc from the capsules than on "non-wheat-eating" days.

Unfortunately, there's been very little research work concerning allergy and nutrient absorption. Clinically, however, physicians working with food-allergic and food-sensitive individuals observe that extra attention to nutrient assimilation is very necessary, and that avoidance and/or desensitization of food allergies and sensitivities often is associated with improved nutritional status.

Allergic malabsorption does not appear to be associated with age.

Inadequate or inappropriate bile flow. Bile (secreted by the liver, stored in the gallbladder) is important to the proper digestion and assimilation of fats and oils. Like weak stomach or pancreas function, the function of the liver and gallbladder can decline with age, leading to inadequate bile flow.

Bile imparts the majority of the "color" to the stool, so it's a very simple matter to "guesstimate" whether the overall flow of bile is adequate. If the stool is "too light" in color, attention to "liver support" with botanicals including silymarin ("milk thistle"), phyllanthus amarus, dandelion, and many, many others can be very helpful. If liver support isn't effective enough, "bile salts" in tablets can be taken after meals. (Effectiveness is easily monitored by monitoring stool color.) Often a visit or two to a natural-food store provides enough ideas to help; sometimes a natural medicine practitioner is necessary.

"Inappropriate" bile flow is another matter, almost always associated with gallbladder removal. The "reservoir" of bile stored in the gallbladder is small, usually varying between twenty and fifty cubic centimeters (two-thirds of an ounce to an ounce and two-thirds), but it serves a very important function. When a relatively large amount of fat or oil (fatty meat, oily fish, fried food) is deposited into the duodenum, like strong acidity it stimulates the release of CCK. CCK causes the gallbladder to contract, squeezing out all the bile just in time for it to be "dumped" onto that fatty or oily meal to facilitate its digestion and assimilation. If the gallbladder is no longer present, then there's no "reservoir" of bile to be dumped and more than small amounts of fats or oils are improperly digested and assimilated.

A woman in her late thirties had recurrent ulcerations of the corneas of both eyes until she found she could prevent them with 100,000 units of Vitamin A (not beta-carotene) daily. Her ophthalmologist was understandably nervous, and had her do a "serum Vitamin A" test, which came back "low-normal."

Help Defend Dr. Wempen

Yet another highly-respected "alternative" medical practitioner is under attack in California, a state whose "medical authorities" are particularly hostile to and repressive of any physician not practicing according to the "party line." And once again, the "authorities" are investigating where no patient complaint or alleged injury exists, but rather a complaint from an insurance company.

This time the persecutee is Ronald Wempen, M.D., a member of the American Academy of Environmental Medicine. The facts of Dr. Wempen's alleged offense have been reviewed by a committee of three former presidents of AAEM, who state in print that Dr. Wempen has not only done nothing medically wrong, but that his actions were fully in compliance with AAEM guidelines. Dr. Wempen also is supported by a very active patients' group, including the individual whose insurance company sparked the witch-hunt.

Further details can be found at <http://www.specnedfoundation.org>. Your editor asks that all possible support be given to Dr. Wempen! □

Years before she had her gallbladder removed because of recurrent "gallbladder attacks" (a result of food allergy, see *Nutrition & Healing* for August 1995). She had not been advised to take tablets of "bile salts" after every meal containing more than a little fat or oil. When she did so, she was able to prevent her recurrent corneal ulceration with less than 50,000 units Vitamin A daily. She was advised to continue bile salts after meals indefinitely, particularly meals with much fat or oil. (As her gallbladder was gone, "liver support" wouldn't help as she had no "reservoir" of bile to be "dumped" onto larger quantities of fats or oils.)

Most individuals who've had their gallbladders removed don't have such dramatic consequences. However, if the gallbladder is gone, it's wisest to consider taking "bile salts" after fatty

or oily meals unless levels of all "fat-soluble" essential nutrients (Vitamins A, D, E, K, and linoleic and alpha-linolenic acids found in omega-3 and omega-6 fatty acids) are known to be normal. It's definitely wisest to check with a practitioner skilled and knowledgeable in natural medicine about this one!

Lectin incompatibility. This is the basis of the recently popular "eat right for your blood type" diet. Lectins are "glycoproteins" ("sugar" molecules capping amino-acid chains protruding from cell walls, almost like signposts. Lectins are also called "cell recognition markers") that can "stick" to certain other dissimilar lectins causing "agglutination" (clumping). [Blood types "A" and "B" are characterized by specific lectins that stick to each other. If a blood type A individual is given type B blood, this dissimilar lectins clump (clot) causing "transfusion reactions." All lectins present or absent on our blood cells are also present on all our other cells, including intestinal cells.]

Not just human cells, but all cells, both animal and plant, have many specific lectins on their surfaces. Theoretically, if we eat food containing lectins which "stick" to our intestinal (and other) cells, digestion and assimilation can't proceed very well as "everything will be stuck together." Feeding animals large quantities of "incompatible" lectins has produced severe intestinal damage, conclusively proven by biopsy and photomicrograph.

Unfortunately, there's no controlled research at all concerning the effect of lectin incompatibility on human nutritional status. While some individuals have significant help with various health problems by following a "lectin-specific" diet ("blood-type" diet) others have had no success at all. Lectin incompatibility and human health is a very intriguing subject area deserving of much more research!

In summary. If we have obvious gastrointestinal symptoms, it's very likely that one or more of the problems just discussed is involved. But even if we have a health problem not ordinarily connected with the gastrointestinal tract, it's best to make certain that digestion and assimilation of nutrients is operating as well as possible if we're to improve or recover using diet, vitamins, minerals, and botanicals. And even though symptoms usually accompany digestive/assimilative problems, they don't always, especially in small children or older adults. Especially if health is not improving as we think we should, the area of digestion and assimilation is an important one to check. □