ETERNAL HEALTH

with
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MAY NEWSLETTER ARTICLE

Do drugs that suppress acid production pose a risk?

The story about pharmaceuticals that are used to reduce acid production bears repeating. Doctors are prescribing them as if they are a universal panacea. Often this is inappropriate and potentially dangerous. We desperately need stomach acid to digest protein and protein is the most essential of nutrients. We need it to make things like hair, skin, nails and DNA. Without protein our bodies would shrivel and become crippled and decrepit. I often find that patients are lacking in protein, usually not because they aren't getting enough in their diets, but for the reason that they aren't breaking it down sufficiently to digest it, which is the prime function of stomach acid.

Gastroenterologists and a legion of allied physicians love prescribing drugs called proton pump inhibitors, as they substantially reduce acid production, which might help to manage some of the most common complaints that trouble us, including indigestion, stomach pain and reflux or heartburn. My experience and research suggests that reactions to foods including yeasts and gluten are common triggers for symptoms like heartburn and stomach discomfort, indicating that simply avoiding these foods rather than taking medications that undermine acid production would be an easier solution, but this appears to be ignored by most physicians.

The question is whether we pay a price for our reliance on medications which might deprive us of essential nutrients, like protein, as well as iron and vitamin B12, with these also needing adequate amounts of acid for their absorption.

It is probably more difficult to assess protein status so research hasn't gone there but what the data do demonstrate is that in older patients and those who are malnourished vitamin B12 deficiencies do occur. Iron appears to be spared and is not compromised. What acid also does is to neutralise bacteria and if we lower acid bugs may thrive. Indeed research does confirm that a number of bacteria are able to assert themselves once acid production is suppressed by proton pump inhibitors, causing infections in the bowel that are associated with bloating, diarrhea, and malabsorption, which might once again lead to nutrient deficiencies.

In those who might have an increased risk of having brittle bones (elaborated in my book 'You Have The Power,') and developing fractures taking these medications will heighten this possibility.

The review which examined the potential downside of proton pump inhibitors concludes that 'no therapy is completely without risk - whether pharmacologic, surgical, or psychological, and no matter how benign or straightforward. Consequently, no drug, procedure, or treatment plan should be ordered without a valid indication. Even with an indication, the risk-benefit ratio of the therapy prescribed should always be considered. If the indication for the proton pump inhibitor is weak or uncertain, then even a slight risk tips the balance away from the drug, and the drug should be discontinued.'

As noble as this proposal is, all too often, unfortunately, it does not translate into reality and we ignore this at our peril.