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Hi, everyone. Today, we're talking about reflux and indigestion. As you know, we've been focused on the topic of gastrointestinal conditions as we're trying to get more people about our new online program called the gut puzzle, where we talk about a step-by-step approach to really how to go through, and improve your own gastrointestinal system with dietary protocols, and assessment forms, and questionnaires, and all the things that are really important to be able to figure out what to do.

Now, today's topic is on reflux and indigestion. And there's a few things you really need to know about this, and some clinical considerations that are really important. First of all, when you're looking at reflux and indigestion, you got to realize that if it's an ongoing thing, where you're having symptoms all the time of reflux and indigestion, that's a really red flag that there's things going on.

So, one of the things that we do know is that the gastrointestinal tract and the microbiome have been getting a lot of attention in research studies, and how they impact overall health. There's even a new paper that just got published, where they showed that individuals that end up with severe COVID reactions and adverse effects have different microbiomes than those that do not.

And one of the key things is just the health of their microbiome, and so forth. So, one of the things to take into account is really, how our health is impacted when our health, when our GI tract microbiome is not healthy. So, one of the factors could be related to how we deal with infections, other issues, lots of research has been published with the health of the microbiome being different in patients that have chronic depression versus patients that don't.

And change, the microbiome can actually change symptoms of depression. Everything from energy, to mood, to cardiovascular disease, to neuro degeneration, to our general immune system is really based upon how health our gastrointestinal system is. So, that's a red flag if a person constantly has indigestion, and reflux symptoms.

And simply trying to hide the symptoms of reflux with anti-acid doesn't fix the gut, it's really a red flag that something's going on. It's a major issue. And then, having chronic indigestion, and just expecting to have an ingestion, we need certain meals is also a red flag that you have some things that are impacting your gastrointestinal tract.

So, what we want to do is we want to discuss, what are these things really mean, and what are the far-reaching effects? So, first of all, if you have tums, if you have anti-acids, if you're using those regularly, you've got a gastrointestinal imbalance. It's just that simple. And you have to realize that if you have constant reflux, and constant



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indigestion, there's something wrong with your gut, which means that your overall health can now be less efficient than it needs to be.

And this will lead to far-reaching effects over a period of time. So, you have to have a healthy gut to prevent disease, and to stay healthy, and to have ideal immune function, and healthy mood, and healthy energy levels. So, not all of us can get some indigestion here or there, if we gradually change our diet, if we get exposed to certain pathogens.

But if it's a regular thing, if it's a common thing, then there's a problem. So, the first thing to really think about is if you have indigestion and reflux, does it happen all the time, or is there specific meals that can cause it? Some people will know like, I'm going to go out, I'm going to have, let's say, Italian food. So, I need to bring tums with me. Because I know if I have Italian food, I'm going to have this reaction.

That's not a good idea. That's actually telling me that there's something that's involved. So, if you can predict a food that's going to cause indigestion, you really want to look at, is that meal really high in protein? If it's a protein issue, then that's a hydrochloric acid issue. Is that food really high in carbohydrates and starch? That could be a pancreatic enzyme issue, or is it really due to that meal being really high in fat.

So, those are the first things, and that could be more of a gallbladder issue. And these are things we talk about in the Gut Health: Solving the Puzzle program we have. Again, if you haven't checked that program out, please go to [drknews, D-R-K-N-E-W-S.com](http://drknews.com). And we're launching that program just in a few days. Now, when you're looking at the most common symptom is reflux.

So, a lot of people have reflux. Actually, anti-acids are some of the top prescribed medications in the world. And what reflux is letting us know is that there's a person that's having difficulty with their balance of hydrochloric acid release, that they're not releasing digestive enzymes, hydrochloric acid being the main enzyme that's released in the stomach to digest proteins.

And hydrochloric acid is really critical because it also allows for the gastrointestinal tract to change its pH. It's very acidic, so it can neutralize pathogens. It can create a sterile environment for the gut, all the way down to the small intestine, even the large intestine. It can impact things like microbiome diversity.

Now, what happens when people don't have enough proper hydrochloric acid release in their stomach is that, first of all, they may just have a hard time digesting protein. They just feel like they have a brick in their stomach after they eat. They just feel like just food stays in their stomach for a long period of time. And that's one part of it.

Another part of it is other people tend to have like burning acid reflux symptoms. And they'll have to take something like an anti-acid to get rid of those symptoms. That also



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happens actually, when you have low hydrochloric acid. So, hydrochloric acid helps digest proteins, and foods, and changes the pH of the stomach.

But also, if it's not being released properly, and you give yourself a really high load of carbohydrates and protein, you may have an adverse reaction response where you pump up way too much HCl than you need to because your physiology in your gut is abnormal. Also, if proteins can't be broken down effectively, they actually putrefy, and create microorganisms that are even more acidic than HCl.

And that causes some burning, and reflux, and some irritation in the stomach lining. So, paradoxically, which seems strange, when people actually have symptoms of burning and reflux is usually a sign that they actually don't have enough hydrochloric acid. And for people, so that's one group. And the other group is people that just feel like they just can't digest protein.

So, typically, when people have low hydrochloric acid, and this is only one of two groups, those that just don't feel like they can digest protein well, have brick in their stomach. And then, those that get symptoms of burning and reflux, especially when they eat foods very high in carbs, very high in protein, and they just have a hard time digesting those. So, those reflux symptoms are a red flag.

That means your body may not be producing enough hydrochloric acid. And if it's not producing enough hydrochloric acid, you may have some long-term health issues. One of the key things is you have to have proper release of hydrochloric acid, tubes, or minerals, especially calcium. So, you get calcium malabsorption issues because you need to have that acidity to absorb calcium, also other essential minerals.

Iron deficiency start to happen when you don't produce enough hydrochloric acid. B12 deficiencies are really common to happen when you start to have hydrochloric acid deficiencies. And if you have a hydrochloric acid deficiency, even if you take a multivitamin, or a B12 supplement, you're not going to absorb it, because you need to have that acidity of the stomach in order for that absorption process to take place.

So, one of the things, it's a summary, so if you have reflux symptoms all the time, or if a person has reflux all the time, it's a very strong indication they may not have enough hydrochloric acid. And in the long term, that's going to lead to vitamin deficiency. Well, that's going to lead to mineral and calcium deficiencies, B12 deficiencies, and iron deficiencies.

Those nutrients are totally dependent upon hydrochloric acid for ideal absorption. And then, those can lead to far-reaching effects downstream, lots of studies on B12 deficiencies increasing things like dementia, BOO disorders, depression, high homocysteine patterns associated with cardiovascular disease, calcium, especially in your early years, really important for improving your bone densities.



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So, you have healthy bone densities older, and then other essential minerals, everything from muscle cramping to overall general health can be impacted. So, it's a red flag when you have ongoing heartburn and so forth. Also, if you don't have enough hydrochloric acid and when you eat, you get this paradoxical burning type symptom from various factors, you also are prone to getting infections.

The most common one being H. pylori infections, and other pathogens. So, your first line of defense against any type of ingesting, any pathogen is to have the acidity of your stomach by releasing hydrochloric acid to neutralize them. So, those are things that also happen when people have these reflux symptoms. So, the bottom line is, is reflux is a serious red flag that your digestion is off.

If you don't address it, you may have ongoing mineral and vitamin deficiencies that take place. You may not be able to break down your proteins very well over a period of time. Those can also start to promote what's called loss of tolerance, you start to react to more food protein so you get more food sensitivities. And you also, from north to south, start to throw off your ability to diversify your gut.

And it leads to a whole host of health problems. So, something so simple as reflux indigestion can be a really serious red flag when you look at the big picture of a person's overall health. So, one of the things that you want to do is to correct that. Now, remember, taking anti-acid or tums is just going to alkalize the stomach, get rid of symptoms, but it's not going to fix the underlying issue, which first of all, to optimize your gut health.

And the big picture of things is to actually get your acidity up. Now, there are some people that have ongoing chronic reflux symptoms that actually end up with an ulcer. And there's some people that have some reflux symptoms and don't end up with the actual gastric lining injury called the gastric ulcer or duodenal ulcer. So, we're going to find out which group you're in.

So, if you have heartburn, and reflux, one of the ways to distinguish where you're at without doing advanced imaging and studies is just to see how you respond to apple cider vinegar. So, we call this an apple cider vinegar challenge. So, if you notice heartburn, next time you get reflux, you want to take two tablespoons of apple cider vinegar, you can just take two tablespoons, and drink the episode of vinegar.

If that's too sour for you, you can mix it with some water and drink it, but you need at least two tablespoons. And then, you want to see what happens to reflux symptoms. And if you notice that your reflux symptoms surprisingly go away, when you take something like apple cider vinegar, that strongly indicates that your reflux symptoms are really due to lack of hydrochloric acid that you actually need more acidity to get rid of your symptoms.



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And in those cases, you definitely want to either use apple cider vinegar with each of your meals to help digest your food, or start taking hydrochloric acid digestive supplements. Now, we go through all this in the gut puzzle program. But I just want to share with you the essential concepts that hopefully, if you're just listening, you can incorporate into your lifestyle now, and see some improvements in your health.

If, on the other hand, you take the apple cider vinegar, and your reflux symptoms get much, much, much worse, that's a sign that you may actually have irritation, or a pre-ulcer, or actual gastric ulcer. That the extra acidity actually irritated your stomach lining. And in those cases, you may need to heal your stomach lining first.

So, if you actually have a gastric ulcer, and you have significant reflux symptoms that made worse by taking apple cider vinegar, you probably want to go see your physician. You probably want to make sure you don't have an H. pylori infection. It's a bacterial infection that causes ulcers. And then, at the same time, you got to be careful because the conventional approach is to give you more anti-acids.

But sometimes you need an antibiotic protocol to get rid of it, to get rid of the H. pylori infection. Other times, you just have a gastric ulcer, and you may just want to try to heal it. Now, diglycerides licorice that you can buy at the health food store, DGL, diglycerides licorice is a very effective compound that's been shown in numerous studies to help heal gastric ulcers.

And it also has very powerful antioxidant, anti-inflammatory effects, very known, very little side effects at all, if any, for most people. And DGL can be something that can be used to heal the stomach lining. And then, if you take DGL for a period of time, you can introduce apple cider vinegar in maybe two to three weeks later, and see if you can tolerate it.

And if you took some diglycerides licorice, and then you can handle apple cider vinegar, you're on your way to fixing your chronic reflux, maybe you've had for five, 10 years. And then, at that point, you can then maybe even step up to taking actual hydrochloric acid supplements for a period of time. And sometimes people just need a little bit of stomach acid to really improve their gut, and so forth.

So, those are the key things that you really want to understand about hydrochloric acid issues. Now, if you have ongoing... so the next question is like fine, you have heartburn, you establish, and you do the apple cider vinegar challenge. You figure out whether you have an ulcer, or if you just need to just have enzymes. The next question is why do you have low hydrochloric acid issues?

And this is really important too. And this is like going deeper. So, at the surface level, you first want to just go into the reflux, and then at that deeper level, you want to ask yourself why, right? So, actually, if we make even a better analysis here, you first want



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to look at reflux. Then, you want to do the apple cider vinegar challenge. Two tablespoons, again.

You can take the two tablespoons directly before you eat with your meal or directly after. And I say directly within the first five minutes, two to five minutes. Now, you take the apple cider vinegar challenge, you see if you have an ulcer, you see if you don't have an ulcer, and then next question is why do you have it? And if you respond one way or the other, you got to ask yourself why you have low hydrochloric acid?

Well, number one reason for most people is just because of age. As we get older, we just don't make enough hydrochloric acid. So, if you're starting to get to age 50, age 60, you just may not make as much digestive enzymes just like you just may not recover as much from a workout, or various other things. Your hearing goes down over a period of time, or maybe your vision goes down over time.

We all have some type of reserve of cells, and they start to become less efficient over time. So, one of the things that becomes less efficient over time is just our ability to make digestive enzymes. So, as you get older than age 40, and especially as you go into 50 and older, you're going to have some loss of parietal cell function. Meaning, you just may not make as much enzymes as you used to.

In those cases, just supplementing with a digestive enzyme, or take an apple cider vinegar with each meal can really help optimize your GI tract. Now, if you're young, and you're like below 40, you're in your 20s and 30s, and you have heartburn, that's a serious red flag. Because that's not due to aging. And the most common cause of that would be actually an *H. pylori* bacterial infection of the gut.

And these *H. pylori* bacterial infections can last for decades, for years. So, you want to make sure that that's being tested with someone who has any type of hypochlorhydria type symptoms. Now, conditions like hypothyroidism can cause inability to produce hydrochloric acid, brain to gut access disorders, things like traumatic brain injuries that disrupt that pathway can impact hydrochloric acid dysfunction.

Just having chronic inflammation in the gut like having an ongoing gluten sensitivity, and you continue to eat gluten, or milk, or gluten and dairy sensitivity, and continue to eat those things can cause you to have chronic need to neutralize your stomach and change your pH where hydrochloric acid can be important. So, these are the things you have to think about, but that's the reflux story.

Okay. Now, another major... and that's one of the most common gastrointestinal disorders. And here's the thing, you have people that have reflux symptoms for 10, 15 years. That 10 to 15 years of having reflux symptoms is going to have far-reaching effects on your health. You may be calcium deficient for 10 to 15 years, because you don't have enough acidity to absorb it.



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You may end up with significant changes in your microbiome, which can increase your inflammatory states, and promote all types of diseases over a period of time. So, it's a big deal. So, reflux is not just some trivial thing. If you have reflux all the time, it's a red flag that your gastrointestinal tract is unhealthy. Now, we also wanted to talk today about gallbladder sludge.

Because in previous talks, we talked a lot about the gallbladder, and people always asking me if we can do a talk on the gallbladder. So, let's talk about that. Now, one of the key things to remember is that you can end up with gallbladder problems. It is more common in females as you age. Now, the main risk factors for having... and when we say gall bladder problems, this is what we're referring to.

We're not referring to gallstone obstruction. Gallstone obstruction is pretty rare. Gallstone problems means that in your gallbladder, which is a little sack, next your liver, your liver makes something called bile, and the gallbladder contracts and releases bile. And then, bile helps digest fats. And then, the bile also has things called bile salts, which are there to digest fats.

But bile salts also bind to receptors in the gut, called FXR receptors, and TGR receptors, and it modulates how your gastrointestinal system functions. So, the release of bile does two things, it helps break down fats. And it also helps activate, and improve your gastrointestinal function by activating receptors through bile salts. So, it's really important to have a healthy gallbladder.

So, when we say we have a gallbladder problem, what happens is that this bile starts to get thick. And when it first starts to get thick, it forms into what's called gallbladder sludge. And the way this is identified is with an abdominal ultrasound, someone will do an abdominal ultrasound. And then, we'll see the actual sludge formation in the gallbladder.

And then, they'll write a report saying this patient exhibits gallbladder sludge. Now, from there, it can then go into gallstone formation. If the gallbladder sludge continues to be thickened and thickened, they'll eventually form stones, and those will be called stones. And then, at some time, for some people, those gallstones can cause obstruction.

Now, people have gall bladder problems, when they walk into the healthcare system, they really don't do anything for it unless you get a gallstone obstruction. The gallbladder sludge, they don't really care about it, they don't really think it has any impact on health. And there's no real treatment for the gallbladder unless she gets severe gastrointestinal pain, and distension, and bloating.

And then, they'll just remove the gallbladder, or if you have a gallbladder obstruction, they'll remove the gallbladder. But outside of that, there's millions and millions of people that have gallbladder sludge that are having significant maldigestion and malabsorption issues that get totally overlooked in the conventional healthcare model.



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Now, risk factors for having prone to being gallbladder, what the research has shown is especially if you're female, you have a much higher risk than a male. Just being over age 40 is another risk factor. So, as we get older, is another major risk factor. And Native-American, Mexican-American are more prone to gallstones.

Just being overweight or obese, having any insulin resistance, pre-diabetes puts you at risk for gallstones. If you're constantly on yo-yo diets, where you lose a lot of weight really quickly, that's been shown to be something that helps form gallbladder sludge. Lack of physical activity helps form gall bladder sludge. Research has shown just going through the process of pregnancy can really increase risk for developing gallstones.

It's another risk factor. Diet high in fat, diet low in fiber. And then, if you take any type of estrogen replacement, where there's oral contraceptives, or natural estrogen replacement therapy, those all increase your risk for developing gallbladder sludge or gallstones, and having a gallbladder be inefficient. So, if you start adding these up, let's say you're over 40, you go on yo-yo diets all the time, you have some pre-diabetes issues, you're sedentary, there you go.

You had enough of those. You start to have your bile turn into sludge. Now, when that happens, the most common thing that'll you'll notice is you really have maldigestion, specifically when you eat fatty foods. It could be fried foods, it could be foods really high in oils, it could be cheeses, it could be anything that has a lot of fat content in it, since your gallbladder can't digest it.

And when your gallbladder doesn't have healthy bile, because it's all sludged up together in the gallstone to break down your fats, you can get severe bloating and distension. And even reflux, burping when you eat fats. So, if you ever eat foods, and you get burping, bloating, and distension, or if you ever take things like fish oil capsules, and you really start burping up fish oils, that is a major sign that you have some gallbladder maldigestion issues.

And we go through diets, and everything in that gut puzzle course that we're teaching. But I'm going to give you some of the key things and mechanisms to understand about it in a second here. But I want to let you know, first of all, that it's a big deal. So, just like maldigestion and reflux is a big deal, because it's letting you know you're not producing hydrochloric acid to absorb essential minerals, and sterilize your gut, and to impact your microbiome diversity.

When you have gallbladder sludge formation, and inability to have healthy bile released, there's going to be some major problems. First of all, you're going to have some problems with vitamin, fat soluble vitamin absorption. So, it's going to be very easy for you to become deficient in Vitamin D, Vitamin A, Vitamin E, Vitamin K, these are essential nutrients for all types of things.



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There's been an explosion of research on Vitamin D in the past 20 years. And even to the point where routine health exams are now checking Vitamin D levels with individuals because the research is overwhelming of how it can impact various chronic diseases. So, if you've ever had your Vitamin D levels checked, and you've taken Vitamin D, and it's never gone up, you may have a gallbladder issue.

And if you have a gallbladder issue, you can take all the Vitamin D you want, if you can't absorb it, it's not going to have any real impact on you. So, be wary of that. Now, Vitamin A, Vitamin A is essential for the lungs, essential for the heart, it's essential for your epithelium of your nasopharynx, and essential for your immune system.

You can really impact your overall gut barrier, immune barrier, lung barrier health, your general immune cell function, when you're vitamin A deficient. Vitamin E, really important for your skin, really important for your heart. So, you don't want to have anything impair your ideal nutrient intake. So, gallbladder problems being a red flag of having bloating, and distension, or a really big deal.

Now, in addition to developing essential fatty acid, fat-soluble vitamin insufficiencies like Vitamin A, Vitamin D, Vitamin E, Vitamin K, you could also develop insufficiencies of what are called essential fatty acids. Essential fatty acids are oils that you get from things like nuts, and seeds, and avocados, and fish. And these oils are critical for your brain function.

They're critical for your skin, the critical for your blood vessels, the critical for thinning out your clotting factors. So, if you have a gallbladder issue, you can be, again, eating, taking flaxseed oil, and fish oils, and not having all the benefits because you can't absorb them because your body is not releasing bile. You have to release bile in order to break down these essential fatty acids, and fats, and things that contain fat-soluble vitamins into absorbable compounds.

So, when there's a gallbladder issue, it's just beyond getting bloating, distention when you eat fats, it's the fact that you're getting a fat-soluble vitamin deficiency potential being developed, you may start to deficiencies in essential fatty acids. So, a whole host of effects down the stream, specifically neurodegeneration, and cardiovascular disease. So, those are the things that are related to essential fatty acids.

Now, just straight before we take questions here, let me go over some of the things you can do if you have a gallbladder issue. Now, one of the biggest drivers of gallbladder issues, is basically the vicious cascade of sedentary lifestyle, and high insulin levels. Now, a big clue to that you may have some insulin issues is that when you eat a meal, you get really tired.

If you eat a meal, and get really fatigued, especially if it's high in carbohydrates, and high in sugar, you need to take a nap, that's a sign that you have some degree of insulin



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resistance, and your pancreas is putting up more insulin. And the job of insulin is to carry glucose, and starches, and sugars that you digest into glucose into your cells.

And insulin activates and promotes lunch formation. So, sometimes you have to fix a gallbladder issue by really looking at lifestyle. So, sedentary lifestyle in combination with just eating, and getting tired, and fatigued all the time, and covering up is going to promote gallbladders. You had that with being over 40, and being on birth control at some point for a period of time in your life, taking estrogen replacement, having multiple kids in your lifespan.

It's very easy to have all these risk factors change your physiology, where you promote gallstone issues. So, lack of sedentary lifestyle insulin surges, that's a big deal. And if you do have gallbladder issues, you really have to go through a process of just going off all fats for a period of time, and then taking some nutrients that can thin out the bile.

Now, one of the most effective, and well published nutrients that actually thins out bile are flavonoids down in coffee. So, coffee actually does thin up bile. Now, assuming you don't have any reason to not be able to drink coffee. Like, for example, if you have hypertension, high blood pressure, you don't want to be drinking coffee. Some people just get too jittery.

They can't handle the stimulant of coffee. But if you can tolerate coffee, coffee has been shown to help thin out the bile. And then, nutrients like beetroot have been shown to be very effective in thinning out the bile, ginger extract, a compound called phosphatidylcholine, the amino acid taurine, the botanical dandelion root, milk thistle, they've all been shown to have some effect in thinning out the bile.

So, a combination of beetroot, and ginger extract, and taurine, and phosphatidylcholine can be helpful. A lot of times health food stores have product manufacturer makes just for the gallbladder. It usually has many of those things are in there to really give and provide a broad spectrum. But those are the key things that really involved with helping on thinning out the bile.

Ginger extract is very effective, very cheap. That's one way to do it. Beetroot extract is also not that... very cheap that can be used to help with those pathways. So, those are the summary of those things. So, as we get to questions here, let me just do a quick summary. So, the key concept is if you have indigestion, if you have reflux, it's a red flag, that you have something really, really off that is going to impact your health over a period of time.

You're putting yourself at major risk, if you don't identify the cause, and manage it for malnutrition over a period of time, which have effects. You can lose the ability to optimize your microbiome diversity, you can impact your sterility to your gut, you can throw off your gut function. And these things then have major impacts on various



conditions. So, anyways, we have a lot of questions. My wonderful wife, Dr. Andrea Reyes is here to help me.

Hi.

And she helps me figure out how to read these questions that go by quickly.

Here's a lot of questions.

A lot of questions. Okay.

Yeah. Okay. So, the major question is, if you don't have a gallbladder, it's been removed, then what do you, same things, what do you do?

Okay. First of all, you had a gall sludge problem probably before. There're mechanisms that were in play that means you have to have your gallbladder removed. So, you probably had gallstone formation. With the exception of having a random infection in your gallbladder, if you've had your gallbladder removed, you've had some obstruction, or some severe bloating and distension associated with your gallbladder imbalance.

So, those mechanisms don't just go away when you get your gallbladder removed. They're still there. So, maybe with some sedentary lifestyle, insulin resistance, and some susceptibility of genes. Maybe your body doesn't process estrogens the same way as other people genetically, but those factors are all still there. Now, once the gallbladder, it's cut out, there's the duct called the cystic duct that now becomes the new gallbladder.

And it pushes out and becomes the new gallbladder. So, your cystic duct starts to store bile, and that makes you more prone to having mal digestion because you just can't store as much bile. So, you almost have to treat yourself as you always have like you still have a gallbladder issue. So, you still have to limit your fats. You may need to take digestive enzymes, especially lipase, to help you digest your foods.

You may need to take things like taurine, phosphatidylcholine, green tea on a regular basis to optimize your digestion and health. But it basically, when you've had your gallbladder removed, the underlying mechanism physiology that thicken your bile are still there. And once your gallbladder is removed, your cystic duct becomes your new gallbladder.

And that will also thicken, and you still have to treat those underlying symptoms. So, for a lot of people that had their gallbladder removed, they get this honeymoon phase where they feel better, the bloating and distension is gone, their pain is gone. And then, within a very short period of time, they still have all these mouth digestion symptoms whenever they eat fats. So, you're going to get similar issue with those things. Okay.

Okay. So, Leah is asking, can gallbladder sludge down regulate the HCl production in the stomach?



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Well, no. The gallbladder sludge can't down regulate the HCl production in the stomach, it actually goes the other way. Because remember, there's a concept that we always talk about in the gut, which is north to south. So, when you ingest your foods, hydrochloric acid activity, the acidity of those digestive enzymes move from the stomach into the small intestine, and that acidic pH from hydrochloric acid is what causes the gallbladder to activate and contract, in addition with having fat in the small intestine.

So, it's also many people have gallbladder issues sometimes because their HCl levels are too low, and they can really thin out their bile, they can't get that reflux working. So, it really works north to south, not south to north. So, it's usually, HCl that cause the gallbladder issues, not the other way around. And you could have both, and listen, a lot of people have both. A lot of people have hydrochloric acid deficiency and gallbladder sludge formation. Yeah.

Okay. Cynthia is asking when you suggest going off all fats, does that include liposome sublingual supplements?

Yeah, pretty much. So, when you're trying to thin out your bile, let's say you do it for 30, 60-window, you really want to go off of that. And even though your body needs essential fatty acids, and fats, and oils, you just need to give your gallbladder a break. And it's not a long-term treatment protocol or diet. So, you're off, let's say all sorts of fats for 30, 60 days, maybe you're drinking coffee, maybe you're taking botanicals, and amino acids to help thin out your bile.

And then, afterwards, you want to see if you can start to tolerate them. I'll give you an example. What I've done in my practice many times, I'll have patients come in, and sometimes we'll put them on a fish oil product or something. And they take a capsule fish oils, and then we get the email. This is really making me burp. I really can't take it. Is there any other option?

And it's like, "Okay, well, now we have a fish oil capsule challenge." So, then we might put the person, take him off of fats for 30 to 60 days, and then really have them take flavonoids and things that thin their bile, give the gallbladder a break, control their insulin. So, then having gone these constant insulin surges, make sure they're not sedentary.

And then, at the end of that 30 to 60 days, have him take that one capsule again and see if it still causes burping. And if it doesn't cause burping, then we know the gallbladder is better. If they still got burping, then we have to continue with that diet, maybe for another 30 days. So, sometimes if you know exactly what meal content caused burping for you, you can think of that as a way you can challenge yourself, and that's how you know how long you need to be off of that to really fix your gallbladder.

Sometimes you can't get your bile salts, your bile thin enough with just diet restriction, and things like green tea, and taurine, phosphatidylcholine. You may actually have to



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use bile salts, and bile salts are available at any health food store over the counter, Amazon. And bile salts or Ox Bile salts, maybe call, you start really slow with them like one capsule, and then you just take it with each meal.

Bile salts activate these FXR receptors in the gut, and they can change motility. So, if you take too much, you can get serious diarrhea, increased bowel movement, so you have to be very careful of your dose. And some people can't even tolerate one bile salts, but if you can, if you really need to thin your bile out, and that's really the most effective way. Just going to be very careful with the dosage. Okay, next question.

So, a lot of people are asking, they're saying do you have any alternatives to hydrochloric acid or apple cider vinegar? Because they're saying, which you might want to answer, they cannot take either.

Right. So, if you can't take apple cider vinegar or hydrochloric acid, most likely do because it causes reflux and burning. That's a sign that you may have thinned out your gastric lining, having a gastric ulcer. And in those cases, one of the best things to take is diglycerides licorice, DGL. And DGL will help improve the lining of your gut lining. You can also take glutamine.

Glutamine is an amino acid that can help support your intestinal cells to regenerate. And then, if those aren't working, and you still have reflux and burning and can't tolerate, you absolutely need to get tested for H. pylori infection. That's important. Because the H. pylori organism furrows into the lining of the stomach, suppresses these cells, parietal cells from releasing HCl.

They constantly damage, and create injury to the stomach lining. So, that's also another key thing. If you have reflux, and can't take apple cider vinegar, can't take HCl, and you take things like DGL and glutamine, listen, it should work within 30 days. And after 30 days, you still have symptoms, you definitely can be tested for H. pylori.

Okay. So, can you please say, again, for how long have to be off fats?

So, off fats, think of it this way, you want to give your gallbladder... if your gallbladder is not working well, you got to give it a break. And you got to let the bile thin out. So, you have to go off fats for 30 days, 60 days, 90 days.

Say that again, 30-

Thirty days.

Or 60.

Sixty days or 90 days.

Three zero, six zero, nine zero.

Yeah.



Okay. All right. Sorry, no one can understand you.

Sorry. [crosstalk 00:36:23] my words to me, bring my mic closer.

It's good.

And your biggest clue if you need to go longer is you still can't digest fats well. So, you might try for 30 days, and then go to some kind of fatty meal you weren't able to tolerate before, and see if you can tolerate it. And if you still can't tolerate it, you need to go longer.

Okay. So, now, a few questions. What is the best method to test for H. pylori? And part of that is what labs can you order to test H. pylori, ulcers, gastritis?

Okay. So, if you want to test for H. pylori infection because you're getting reflux burning, and you can't heal it, then you can do the gold standard test, is what's called the Urea Breath Test, all your conventional labs do it. You can also do what's called an H. pylori stool antigen test, and all your conventional labs do it. So, if you get either of those two tests done, it can be very accurate.

You can also check antibodies, but the problem with antibodies, so it's a blood test to check for H. pylori, is that the antibodies can stay high for up to two years. So, it could be past exposure, or past an infection, doesn't necessarily mean that you're getting rid of it. And if you do get rid of H. pylori organism, and needed a baseline antibody test, you'll see your antibodies get higher.

So, looks like you're getting worse, but you're not getting worse. You just haven't been more efficient fighting. So, the best test are the breath test and stool antigen tests, which can be done by any conventional medical lab.

Okay, perfect.

Your primary care provider can easily do that for you.

Yeah. Okay. Nancy is asking, what causes low HCl in the first place?

Right. So, that was one of the things we talked about what causes low HCl in the first place. So, once you find out you have a low HCl, you're going to go with why do I have it? So, the most common cause for people 40 and older is just aging. Your actual parietal cell, your pancreatic reserves go down just like all different cellular function goes down as you get older.

People under 40, the most common cause is H. pylori, and then there's like also, a timeline, once people get 65 and older, they keep getting reflux and H. pylori over and over again. They get this vicious cycle. So, then, it goes back to H. pylori. So, H. pylori aging is the most common. Hypothyroidism has been shown to cause hypochlorhydria until the thyroid levels are maintained, and TSH levels go back to normal.



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You can still have hypochlorhydria. Any chronic inflammatory issue like celiac disease or chronic gluten, dairy sensitivity, anything that causes chronic gut inflammation can cause that. So, sometimes you have to really follow a gluten dairy-free diet. If you know you're sensitive to those foods, and then you'll see the hypochlorhydria go away. So, those are the most common causes.

So, funny, people were asking about Hashimoto's and gallbladder issues, are those two commonly linked together?

Yeah. So, they are. So, the longer and longer took for someone that had Hashimoto's... so, let's say if Hashimoto's, your thyroid gland got destroyed, and your TSH levels went up, and you were hypothyroid for 10 years, or five years before someone finally decided to run a thyroid test, and see if they may have hypothyroid.

Being in a thyroid hormone deficiency state, but not having enough thyroid hormones, because your gland is destroyed from Hashimoto's and can't produce it, does promote gallbladder sludge formation. So, the longer it took for someone diagnosed with hypothyroidism, the more likely, I should say, you can add another risk factor to the fact of getting gallstones. And also, not producing enough hydrochloric acid. So, those are all key factors for both hydrochloric acid issues and gallbladder issues.

Okay. So, then, you were talking about diglycerides licorice a while ago. And so, someone was asking, how long is it safe to take DGL for, and does DGL raise blood pressure?

Okay. So, diglycerides licorice, DGL does not raise blood pressure.

Does not.

Does not. Glycerides licorice does. So, within licorice, there is a component called glycyrrhiza. And glycyrrhiza is the compound that increases blood pressure. So, for people that have really low blood pressure, and they're trying to get the blood pressure, you want to actually use licorice root extract to really help them retain their... what licorice does, it helps retain sodium.

It causes sodium retention, and it gets blood pressure back up. For people that don't want to impact a blood pressure, but just want to heal their gut, this is why manufacturers have always made DGL diglycerides licorice doesn't have the glycyrrhiza component to raise blood pressure. So, that's the licorice itself has lots of flavonoids that help heal lining in the gut, and lots of antioxidants that are very effective healing the stomach lining.

But the glycyrrhiza activates a hormone called 11-beta hydroxysteroid dehydrogenase, which causes sodium retention. And that's why the DGL form is made. So, you want to use DGL. What was the second part of that question, or was that it?



How long is it safely used for?

You can use it indefinitely. There're no problems using DGL. You should also know that if you take DGL, your stool color can change. Especially, if you take a lot to more of like a blackish, bluish color, which switches a concern because people confuse that with rectal bleeding, and as long as no blood, and if you get any change in your stool color, stop DGL. If it goes away, it's most likely DGL. Add it back in if it comes back, and it's most likely DGL. Okay. But DGL can be taken long term. It's basically licorice extract. Its botanical. DGL itself can be taken long term no problems.

Okay. What are the differences in symptoms of gallbladder sludge versus SIBO?

So, gallbladder sludge and SIBO have very characteristic differences. They both have bloating and distension. With SIBO, anything, any kind of sugar, any kind of starch, any kind of fiber will cause bloating and distension. In gallbladder issues, it's very specific to just fats. So, that's the key way to tell the difference. So, if you just have some olive oil, and you get bloating and distension, that's not SIBO.

That is gallbladder. If you have any kind of sugar, or fiber, but there's no fat in it, and you get distension, that's most likely SIBO. And then, by the way, in the gut puzzle program, we go through all the ways to figure all this stuff out. And then, we got diet plans for you, and [inaudible 00:42:45] recommendations and all that for you.

That's a common question for you right now.

That's the key thing, too, is these gut things, we did these talks, they try to share information people, and get people to know about the program. But we realize, even if we write a book or do anything, it's not going to really get people to figure out what they need to do for their gut. You really need to go through a step-by-step thought process, understand the concepts north to south, how to differentiate different types of conditions for different types of protocols.

So, you also don't end up taking 100 supplements you don't need... that don't really work, that can cause more maldigestion because you can't handle them all. But there's specific symptoms for specific patterns. Yes.

Okay. So, Shawn is asking, if one requires eight 650-milligram Betaine HCl capsule to digest a moderate protein meal, is that something one should expect to do for the rest of their life? Or will and can stomach acid production eventually improve with better digestion? Can you raise your stomach, your-

Yeah. So, if you have to take whatever, like eight capsules of hydrochloric acid to digest your meals, that's also a red flag. So, always, always, if you have chronic HCl, always get checked for H. pylori. And if you don't have H. pylori, then that is what it is. Listen, some people, another major cause when people have chronic hydrochloric acid issues is their gut degenerates.



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People that have early Parkinson's disease 10, 20 years before they even have a tremor are going to start having maldigestion issues. So, there's no rules. It's just the fact that you get to listen to your body, see what it responds to. But if you end up like you're 50, and you have to take hydrochloric acid, you might need to take it ongoing. And here's how you'll know.

Your body will tell you. It's not a theory. It's not anyone's thought or philosophy. You just won't feel like you're digesting your protein, and you take some enzymes, and you feel like you are. And you notice that if you forget your enzymes, you get really bloated and distended. And then, you take them, you feel fine. So, outside of any theories, you'll know if you need to take it once you understand how it works.

Okay. So, a follow up to that. Is there any danger in taking digestive enzymes long-term, like down the road regulation of one's own endogenous production-

Yeah. So, taking digestive enzymes are not going to cause any endogenous reflexive lack of production on your own. It's not how this works. You basically have censored sees how much is in there, and then produces, and synthesizes them. Now, if you've been taking enzymes for a while, your feedback loop can become sluggish, but doesn't mean your cells are going to also degenerating, not going to make him... it's not like a muscular cell.

So, you may not take enzymes for a while, and the first few meals you eat without enzymes, you may not feel so fine. And then, you might go back within two or three days, and not feel like you need enzymes at all, if you just need it for a short period of time. So, there's some adaptations, if you've been taking enzymes for a long period time to let your GIs tract, to figure out how much to release.

But there's no suppression, and generation of your own endogenous production by taking enzymes. Use your memory, different foods have different acidities all the time. You're like you're always playing with different alkaline acid ratios, just for the food to eat.

Okay. Sorry, endogenous versus exogenous.

Endogenous means your own body is making it exogenous, means you're taking it.

Right. Yes, thank you. Okay. Kim, is a water-soluble Vitamin D assimilated any better than none?

All vitamin, Vitamin D?

As in the Ds, yeah.

Water-soluble Vitamin D. That's impossible.

I didn't think that was a thing.



It's not possible.

Okay.

Vitamin D is fat. You can't make it water soluble, unless you break it down. So, I don't understand the question. But no, Vitamin D requires you to have bile, however you take it.

Okay.

It's absorbent.

I understand. And I know you answered this, but I need to throw this out there again. Abby is asking, what if reflux is from carbs, not fat?

So, reflux from carbs can be two things. First of all, the most common thing is that it's just the pancreatic enzyme deficiency. So, that's one thing. But also, carbs, if you have a lot of starch, that also impacts how much your HCl production too. So, if you already have low stomach acid and load up on a lot of starch, you made up with some reflux because your HCl is low.

So, you can still do the apple cider vinegar challenge. Next time you have a carb meal that would normally cause that, take a couple tablespoons of apple cider vinegar and see if it helps you. If it does, you may need some hydrochloric acid. If it doesn't help you, then you may want to try some pancreatic enzymes. And you just may need to take some pancreatic digestive enzymes.

When you go to the health food store, you might see that were digestive enzyme. You got to see what's actually on the product. There're things like amylase, lipase, sucrase, anything you see with the ASC is pancreatic enzymes. And you see the word hydrochloric acid, that's different, that's stomach acid.

So, there are supplements at the health food store that have HCl, which is stomach acid enzymes, but there's pancreatic enzymes. And they're just used as digestive enzyme. They're used for digestive enzymes, look at the label, see what they are. And maybe a combination of both HCl and pancreatic enzymes or just may be pancreatic enzymes. So, yeah, just things you should know about.

And Kim meant Vitamin A.

Vitamin A?

Instead of vitamin D.

Listen, all vitamins are fat-soluble. If someone is telling you it's water-soluble, say way.

Okay. Really quickly. So, I'm going to just try to explain this a little bit. But maybe you can help. Your reference to water/fat-soluble isn't about how it's delivered to the body,



but how the body metabolize it. Some people are saying, will I get a dried Vitamin D? And so, that's different, right?

Yeah. I don't understand it. I don't understand the question.

Okay.

So, I'm going to skip it. Listen, all, Vitamin A, Vitamin D, vitamin K are all fat-soluble. I don't care if it's dried. I don't care if its liquid. I don't care if it's emulsified, it's all fat-soluble. No matter how you take it, even if it's emulsified, like emulsified is the most common way people help absorb, you still have to have bile break down of that fat particle so it can be absorbable.

So, it's easier for emulsified. Maybe this is what they're referring to. Maybe easier for emulsified Vitamin A, emulsified Vitamin A or D to get absorbed. You'll see that all the time in nutrition manufacturers. But as far as absorbing it into essential nutrients, you still have to have bile break down that fat structure to an absorbable subunit. Especially, for the nutrient. So, anyways.

Okay. Leah is saying, what about pepsin that is usually with HCl, is that-

Yeah. Pepsin and HCl are fine. You can take both of them together. Some manufacturers will use pepsin with HCl, but really, the key settlement ingredient you're looking for is HCl.

Okay. Monica, what about acid reflux in children?

Acid Reflux in children is almost always H. pylori. Almost always H. pylori. You got to get tested for H. pylori and I got to tell you, H. pylori can pass from family member to family member. So, be aware of that, and you may have one child that has symptomatic H. pylori, and the mom doesn't have any symptoms at all.

They get the child treated for H. pylori with heavy antibiotics in the conventional approach, and then it comes back, and it keeps coming back because family members also have H. pylori. So, you may need to test other family members, parents, if you have a child with H. pylori, and make sure everyone is treated at the same time.

Yeah. Okay. Can you give any tips on managing silent reflux?

Silent reflux. I'm not sure what silent reflux means. I would assume it may mean like they don't have heartburn, but they have heart symptoms. They feel like they're having a heart attack.

I don't know. Okay, sorry.

Yeah.



What about passing gas? No bloating, is passing gas normal? You're saying, if you're belching or burping, that's not normal. How about gas when?

Well, gas is gas, it's just fermentation. So, if you have a change in your diet, you also need a lot of fiber. Maybe you're butt not used to eating lots of beans, and you have a lot of fiber, you're going to have some increased fermentation. You're going to have some gas. So, gas is not-

But that's for every meal?

Yeah. So, gas, when you have a change in your diet, especially fiber intake, is going to be normal. But having gas after every meal, no matter what is just wrong. You really need to check that out. You need to figure out what's going on. So, everyone's going to have occasional gas bloating, especially with an increase intake of fiber or changing.

People are giving examples of what silent reflux is. Is it GERD? Is it LPR? I don't know. It's hard to-

Thank you everyone for joining and thank you everyone that... when I sign in, some people say hi and thank you. I don't want to distract. But thank you for saying that. It's really nice to see people log in.

Yeah, it is. Okay.

And by the way, don't forget to join our Facebook page. And then, you'll be notified whenever we have these talks.

Perfect. What about coffee enemas to help with bile sludge?

Oh, coffee enemas. Okay. So, yeah, coffee enemas, coffee enemas get... people overreact with coffee and I don't know why for some reason. It's just-

What do you mean, overreact?

Meaning, oh my God, you can't be trusted because you're talking about coffee, and it was the healthcare field. I've had that happen to me on some Amazon reviews. But it's a way, you can definitely cause a change in your bowel. So, the thing with coffee is coffee enemas can be very effective for helping with gallbladder sludge. Because caffeine activates nicotinic receptors.

These are called acetylcholine nicotinic receptors, just mood muscles receptors of the gallbladder, and of the small intestine. And that's how it causes people to have an urgency to have a movement. Now, there was a study that was published that looked at the effect of gallbladder contraction between a coffee enema and oral caffeine intake.

And even though was slightly better with a coffee enema, just drinking coffee seemed to have a significant impact, very close to coffee enema. So, it seems like as far as



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gallbladder, contraction is concerned, because you want... so if the gallbladder sludge, if your gallbladder is not contracting, you can't break down that sludge.

Just like it gives like, you make a protein shake, or something, and it's all sludge in the bottom, you have to shake it to get it to thin out. So, the gallbladder has to contract just like you're shaking your container, or the protein powder to move. And this is why sedentary lifestyle, lack of activity really causes gallbladder sludge because every time you activate and exercise, you change your autonomies, and you get some contraction and movement.

What coffee does is coffee causes those smooth muscles of the gallbladder to contract so you can break away some of that sludge. So, coffee enema is slightly more effective, but even just drinking caffeine can be effective. And again, the caffeine activates smooth muscle receptors that causes the gallbladder to contract.

Okay. Jen is asking, can you have low stomach acid and sludgy bile without reflux?

Yes. It's very, very common. You could have no reflux symptoms at all. And you just have low HCl. So, every time you eat protein or fat, you get some distended and bloating, but no reflux. You like you have a brick in your stomach, and then you eat fat, and you have it. And very, very common to have both without any reflux symptoms. Most people that have low hydrochloric acid do not have reflux symptoms.

Okay. Does coffee not block phase one of liver detox though?

No, coffee does not block phase one of liver detox. Coffee actually provides flavonoids and nutrients that are used in phase one oxidation reduction pathways. Anything that provides antioxidants does not block phase one.

Okay, okay. People are really so happy with this talk.

Oh, great, thank you.

It's a lot of-

See, there's a confusion out there with what to do for your gallbladder. And then, SIBO gets really, really popular. Everyone thinks they have SIBO, and everyone thinks they have mast cell activation syndrome. And then, gluten sensitivity was really popular for a while. And then, everyone thought they had celiac disease. People thought they had [inaudible 00:55:38] and celiac disease.

Lots of people, and then everyone, everything that was wrong with someone's health related to leaky gut, and people don't understand that they have [inaudible 00:55:47] microbiome. This is why we actually had to create a synchronized online program with multiple videos and a step-by-step process because people were going to get... and I



could tell you as a person who's taught healthcare practitioners for many years, a lot of health practitioners don't get it.

So, by the time you get a person, even finding a healthcare practitioner that can get it, and they can walk a person through it, your chances of finding someone like that is very slim. But if you read everything that's out there, there's a problem. So, this is why we think there's definitely a need for the online program like the gut puzzle, which we're promoting with all these different talks. So, again, check that out.

Okay. So, you've went through this a little bit, but maybe say it again. Christy is saying, so how does low stomach acid cause reflux? If stomach acid is low, how?

So, if you don't have enough stomach acid, there's a couple things that happen. First of all, if you can't digest proteins very well, you can get some protein putrefaction that can change the microenvironment is actually more acidic than not. But really, what happens is, when you don't have a regular state of hydrochloric acid production, they're just proteins, you start to have imbalance of how you surge out HCl.

And you can get this really abnormal, huge surge of hydrochloric acid because you don't have any baseline hydrochloric acid. And then, you get that immediate reflux symptoms. If your body has some degree of normal hydrochloric acid production, you never have these huge abnormal surges after you eat protein. And this is why it's strange for people that when they have reflux, and burning when they take something like apple cider vinegar, or even hydrochloric acid, it's all of a sudden, all the burning goes away by taking more acid. But that is actually what happens with majority of people, and the one-

Because they usually get... sorry.

Yeah, go ahead.

They're usually given something to suppress the burning feel.

Yes, yeah. And they're in shock, because they're told to take alkaline anti-acid, and then they end up taking up something more acidic, and they're like, "Wow, that actually did work." But remember, for people that have ulcers, they will have irritation from that. And that means you have to heal the lining of the stomach.

Okay. Got you. So, then, Stephanie is asking, is there any test to determine HCl levels? And are they individualized for everybody? Right.

So, there is the gold standard test to measure hydrochloric acid level. It's called the gastric Heidelberg test. And this test involves a person swallowing a capsule with a string on it. This is an excellent study, swallow a capsule with a string on it. And by the way, they use the same capsule with everyone. They don't like to use-

No, they don't?



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Yeah. They do. They clean it, so they can't keep throwing away these capsules. These capsules are expensive, by the way.

Okay. Sorry.

They tend to use all this capsule, and then you take an alkalizing drink, and then they time how, and then once the capsule is in your stomach, they'll get an accuracy of the pH of your stomach. So, there's some clues right away, what's going on with your stomach. But then, you take a predetermined alkaline solution, and then alkalize your stomach, and then they measure how long it takes for stomach to become acidic enough.

Again, and that's the laboratory way of testing it. No one does that test anymore. There're a few gastroenterologists that still do the test. There're some naturopaths that in their office do that kind of testing still, but it's not a commonly utilized test. So, if you really need a quantitative measurement, you got to find someone that does a gastric Heidelberg p acidity test. Outside of that, sometimes your biggest clue is just how you respond to food and supplements like we talked about.

Okay. A couple more. So, Dawn is asking, then how do you know if you're taking too much HCl?

The thing is that the stomach and your gut have very good feedback loops when it's working well to manage it. So, if you take too much HCl, and for most people, they wouldn't even notice anything if their stomach line is healthy. There could be a point you get a little bit of irritation, a little bit reflux if you take way too much. Instead of taking two capsules of HCl, you take 10.

And by the way, the way you would notice how much HCl you need is you start with one capsule. And then, the next time you know, and see how you feel with your bloating and distension, and then if that's okay, then you add another cap. And then, if you feel like that maybe wasn't as ideal, you add another capsule, and you work your way up, and let's say you get to three capsules.

And then, you feel like no bloating, indigestion. There's no point for you to take more. But if you end up taking like 10 for some reason because you're just curious what happen, you may get a little reflux and burning for a few minutes, but it's not going to be long, and then it goes away. So, you just want to stick to the dose that really gets rid of your bloating and distension. There's no reason to go past that.

Okay. Just hold on, two more. Will the gut class address if you don't have a gallbladder? Sorry, this is a-

Yeah. So, in the gut health puzzle program, we have at drknews, D-R-K-N-E-W-S.com, we go through gallbladder step by step. We go through HCl step by step. We go through everything step by step with information booklets, workbooks to help you go



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through the process. So, yeah, it's intended for us to help you identify what's going on, and then give you the strategies to help resolve it to.

Okay. Two more.

Two more questions.

When is the best time to take HCl with a meal?

Right. So, the question, this is a really common question people ask by HCl digestive enzymes, like when you take it. So, you can take it right before you eat. Let's say the first two to five minutes before you eat. You can take it with your meal. As you're eating your food, you take some, or you can take it right after within the first two to five minutes. You can go longer, but those are the ideal scenarios. Any one of those scenarios will work, help digest your food.

You may want to experiment to see what you like best. Some people feel better when they take it directly with their meal. Some people feel better after they eat. Whatever you do is still going to work if you follow those guidelines. But there is a personal preference to it that you may want to experiment for yourself.

I'm sorry, there's still two questions.

Okay.

I'm sorry. Okay. This is a common one. Do you treat H. pylori before SIBO or can you treat them at the same time?

You can actually treat them at the same time. Basically, with the SIBO issue, you're going to have to go on a fodmap diet to get rid of that change in your gut environment.

Say that silly, fod.

Fodmap diet is a diet people use for SIBO, and F-O-D-M-A-P stands for fructose, lactose saccharides, disaccharides, monosaccharides. And basically, remove all sugars, and fibers, and follow this F-O-D-M-A-P diet. And you have to change your environment. You can actually do that in conjunction with supporting the gallbladder, or treating H. pylori, or wherever you need to at the same time.

Okay. Can decaf coffee work the same for gallstones as opposed to caffeine?

Can decaf coffee work the same way? Decaf coffee still has about 60% caffeine in it. It can still help a gallbladder function too. So, if you drink decaf... and I would encourage you not to drink decaf, because to decaffeinate coffee uses a lot of chemicals that you don't want in your body.

Why would you do that?



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It would be better for you to just dilute your coffee from natural coffee beans instead of taking decaffeinated, decaf. Decaf is not non-caffeinated. Just find a way to figure out how you can dilute your coffee. Maybe get an Americano, and only have one shot, and have lots of water in it or something like that. But I would just encourage you, if you're going to drink coffee, don't drink decaffeinated. There're too many chemicals involved.

It's just like you dislike coffee a lot. Okay, sorry. Last question. Okay. Someone, people are asking, if my stomach got much worse after I tried the apple cider vinegar, how do I calm it down? What-

Right. So, if your stomach is a lot worse after the apple cider vinegar, you could technically take an anti-acid to help symptoms right away. But that's not the best thing. You can still just take DGL. You can just take diglycerides licorice if you have it. If you don't have it, you're going to be burning for a few hours. That's just the way it is. But DGL will work right away. It's a helpful way to do it.

So, maybe if you're going to try the apple cider vinegar, have a little-

If you suspect you may have an ulcer, you may want to have some DGL at a time. And DGL is just good for you to take to help your gas plenty, it has lots of antioxidants. So, it's not like it's something that will hurt you if you take it. Anyways-

Good night, Dr. Kharrazian.

... thank you so much for joining us for today's talk. Please check out the gut puzzle program. Gut Health, figuring out the puzzle at drknews, D-R-K-N-E-W-S.com. And please follow us on Facebook, and we'll see you guys for the next talk. Thank you so much. Bye everyone.