

Physica Radio Field Notes

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Well, Good afternoon everyone! It's Wednesday, it's lunchtime and that means it's time for "Field Notes". My name is Dr. Stephen Atkins and I am your host for this weekly recurring lunchtime segment. As always it's great to be here and I want to thank you all for tuning in!

Today I'm going to talk about a topic that is a common health complaint on virtually every patient that enters my office – digestion!

Now, when I have a patient come in and I take the history, I ask a series of questions that gives me a lot of insight as to the working of their digestive process. So some of those questions may include: "Do you suffer from heartburn or do you have acid reflux? Do you get bloating an hour after eating? Do you suffer from halitosis? Does your body give off a strong odour? Are you a vegan? Is your stomach easily upset by taking vitamins? Do you feel better if you don't eat at all? Do you feel like skipping breakfast? And so on..." The Physica Energetics', BioEnergetic Health Survey is a good basic, foundational questionnaire and gives you a great overview as well as detail.

So let's go look at some of these factors together.

Heartburn or acid reflux. Most of my patients assume that heartburn or acid reflux is due to hyper acidity. That couldn't be anything further from the truth. It is, in fact, usually due to low stomach acid. Many patients think their first course of action is to use an over the counter antacid or acid blocker or they may have already consulted an MD and already been given a prescription for an acid blocking drug like Zantec for instance. As an aside here, acid reflux and heartburn is often confused with heart attacks. However if the patient is having chest pain or a heavy feeling, pain spreading to the arm or shoulder, nausea, sweating, and a general ill feeling, you might want to be aware of that.

Well, whatever the case, symptoms of heartburn or acid reflux are the perfect excuse to educate your patients on the importance of stomach acid and rarely is it a matter of hyper acidity. I have treated thousands and thousands of patients over the years and I don't think I've ever come across a patient who has high stomach acid. Most of the time it is due to an inappropriate timing of stomach acid secretion leading to an increased acid secretion when there is no food in the stomach, which can lead to irritated or inflamed mucosa.

As I say, for most people the problem is usually low stomach acid secretion or another name for that is '*hypochlorhydria*' – *hypo* meaning low and *chlorhydria* meaning stomach acid, which often will lead to an irritated or inflamed mucosa as I indicated.

Hypochlorhydria sets up an ideal environment for conditions like *H. pylori* which is an opportunistic bacterium that seems to prefer the chronically irritated environment of the gastric mucosa.

Now you have to remember that chronic or frequent heartburn may actually have a structural component to it too like a hiatal hernia. This is an out-pouching of the stomach lining through the diaphragm and usually associated with frequent or chronic heartburn. As many of us have learned at Dr. Cass', Academy, it's almost impossible not to have an ICV (ileo cecal valve) complication without having a hiatal hernia and vice versa! This is why I always recommend *Condurango Intrinsic* along with *Black Radish Intrinsic* to my hiatal and ICV protocols. This covers both bases.

While I'm at this point in my presentation let me give you the protocol for ICV and hiatal hernia. *GALT Fortifier*, *Hypo Zymase*, *Condurango Intrinsic*, *Black Radish Intrinsic*, *Green Light*, *Hypothal Code* (remember the ICV is modulated by the hypothalamus... this is why in stressful situations the bowels open!) and don't forget *Phyto Cal-Mag w/Boron*. The ICV is a muscle sphincter right? And if there is an ongoing inflammatory state you might want to add *Inflamma Life Force* (between meals!) and

Inflamma-Tox. If there are challenges with the ICV and hiatal hernia you can go to the bank on parasites, *Candida*, bacteria, etc, problems who just love to congregate in that little valve. So, you'll have to take this into consideration. At the least, this protocol will correct the terrain to the state which makes it inhospitable for pathogens to accumulate in this area.

Another cause of heartburn or acid reflux could be a sensitive *esophageal sphincter*. Usually, the main culprit in this case is just over eating which causes the gastric juices to enter through a stretched esophageal sphincter up into the esophagus. Other things that can cause acid reflux are things like obesity, cigarette smoking, chocolate, eating fried foods, consuming carbonated beverages, alcohol, coffee and stress of all kinds – structural, emotional, mental, glycemic factors, infection, etc.

Now, these and other factors, cause acid reflux by increasing inter-abdominal pressure, a condition that forces the gastric contents up into the esophagus which will irritate the esophageal sphincter and decreases its muscle tone.

When people get bloated within an hour of eating, this is definitely an indication of gastric dysfunction showing us either hypochlorhydria or pancreatic/gall bladder insufficiency. The quick onset of bloating shortly after eating strongly suggests hypochlorhydria as the cause, because low stomach acid can cause gas to build up in the stomach. This is caused by the putrefaction and fermentation of stomach

contents. What remedies are you thinking of here? *Hypo Zymase*, *Flora Syntropy* and *GALT Fortifier*? You are correct!

Let's talk briefly about the vegan diet. Well, vegans tend to be deficient in B12 which is an essential nutrient that is actually difficult to obtain with a vegan diet. Many vegans consume large portions of their calories from carbohydrates. Did you know that a high intake of carbohydrates has been linked to a risk of developing hypochlohydria?

Adequate stomach acid is essential for the proper absorption of B12, vegans are therefore compromised on the supply end and on the digestion end of the B12 issue. Speaking of B12, with all my vegans I automatically head for the *Methyl-B12 Liposome Spray*. Just recently, and you'll probably be getting a notification of this from Physica Energetics....but here's a heads up. Dr Cass has taken out the folic acid and replaced it with 5-methyltetrahydrofolate and hasn't raised the price ...yet...! 5-MTHF is a more readily assimilated and biologically active form of folates and is in a liposome base, it really amplifies the body's ability to assimilate larger quantities than in a capsule and particularly a tablet! Also, you may recall that the B12 is in the form of methylcobalamin for similar reasons. That hasn't changed. Other co-factors are also in this elegant remedy. AND it will also help to correct hypo-methylation! This is an exceptionally effective remedy and not just for vegans! This will actually correct any

type defect in vegans....that is a little clinical pearl that you might want to use on your vegan patients.

Interestingly enough zinc deficiency too has been associated with hypochlohydria and therefore should be assessed.

Halitosis or just bad breath, is indicative of bowel toxemia and either the small or large intestine will have an overgrowth of bacteria or yeast. There are a ton of factors that cause bowel toxemia or dysbiosis. Here is the short list: low stomach acid; slow peristalsis or slow bowel transit time or even bowel sluggishness; constipation; exposure to excessive chemicals in the water, food or air; abnormal bowel flora, things like yeast, Candida, parasites or bacteria, etc.

Now bowel toxemia normally starts with a pre-existing hypochlohydria, because proteins are not digested and broken down adequately in the stomach, and so they form a substrate for bacteria. Yeasts tend to proliferate in this condition and produce excessive amounts of toxic metabolites. I hope you're thinking of Phase 1 and Phase 2 liver detoxification, as well as Phase 3 - biliary insufficiency patterns....

Okay, remember, the liver detoxifies toxins produced from the gut, but if the liver is not functioning optimally or the amount of toxic production overwhelms the metabolic capacities, the toxins can either enter systemic circulation and usually halitosis or bad breath is a result of these toxic metabolites forming on the breath. If the

digestive system is assessed for any dysfunction after you have corrected it, the chances are the halitosis will resolve. Two other factors: 1) halitosis can also be a result of poor dental hygiene, so I always look at my patients mouths and I would encourage you to do the same too; 2) tonsil stones which will typically always have a bacterial and/or parasitic factor contained within it.

If your patients' sweat has a strong odour, that is typically a sign for kidney and liver support. It's also a possible sign of magnesium deficiency. You know the sweat glands are part of one of the body's largest excretory organs and the more the toxic body burden, the more toxic the sweat is likely to be. With adequate liver detoxification and kidney excretion, it is less likely that the sweat glands in the skin (and in general), will need to act as the primary excretory organ.

Obviously there is so much more to consider here that a New York Minute would allow, but let's look at some of the additional treatment remedies I use. But before I get into that, I think you have to understand a few of the other aspects of the GI tract.

The GI tract is divided generally, into four major segments. Your upper GI, which is the oral cavity, the esophagus, stomach and also the pancreas insofar as its exocrine function is concerned. Then we consider the liver, gall bladder, small intestine, and colon or large intestine. So when I treat

digestion I like to assess and treat all four areas.

The human digestive tract can range anywhere, from 20 - 30 feet or 5 - 9 meters in length for you Canadians and Europeans listening. One of the major facts that people tend not to talk about regarding the GI tract is that it releases hormones that regulate the digestive processes; hormones such as secretin, cholecystokinin and grehlin. These are mediated through the exocrine and autocrine mechanisms.

So the upper gastrointestinal tract, the mouth, esophagus, stomach, is actually the second part of digestion. The first part of digestion is initiated when you see food. The hypothalamus (part of the endocrine/hormonal system), is stimulated by the sight of that and that is where you have an increase in saliva produced by the parotid glands. So in actual fact, digestion is hormonally stimulated.

The second phase begins when you actually put food into your mouth and start chewing. The "mash" goes down into the stomach where it becomes a *bolus*. When the bolus goes through the duodenum into the small intestine you have something called *chyme*.

Now being that that is how the *digestive process* lines up, you first and foremost want to make sure that the brain is getting the proper signal to secrete various hormones that are involved in digestion.

So, the remedy I immediately head for is *Hypothal Code*. You wouldn't normally think about this during digestion, but it is absolutely imperative that the hypothalamus is working properly. Remember the hypothalamus is responsible for mediating the signal across the cell membrane which brings sodium and potassium in and out of the cell. Remember RIGHT SPIN and LEFT SPIN? Right spin: good. Left spin: bad, as we say in the Academy. Right spin is indicative of good cellular communication initiated via the hypothalamus. Good cellular communication equals, as in this case, good digestion. Again, can you see the powerful, clinical expertise that went into developing the Restoring Cellular Communication Pathways™ program? The RCCP™ is necessary and inclusive of all the factors that help to establish a powerful terrain and accessible drainage pathways prior to SAFE and EFFECTIVE detoxification.

So precise hormone control is really important and remember, the pituitary and the hypothalamus release a variety of hormones that affect a multitude of organs as in the case of the digestive organ. *Check for Hypothal Code, ReHydrate, Endo Code F & M and the other Organotherapeutic Sarcodes, most of which contain hypothalamus sarcodes in varying potencies.*

Now I talked about hypochlohydria before, which is low stomach acid and the perfect remedy for this is one called *Hypo Zymase*. It has just the right amount of hydrochloric

acid along with the proper ratio of glutamic acid that will actually stimulate your parietal cells to help make hydrochloric acid. Then it has the perfect balance of amylase, protease and lipase to digest protein, fats and carbohydrates and bile salts for the duodenal aspect. Remember DUAL PHASIC! One phase for the gastric and one phase for the duodenum. Perfect!

Another quick little test I like to do on people is, I like to do what is called a Colon Transit Test. This is an easy, simple to use functional test that you can determine how long it takes food to go from the mouth into the toilet. So here is basically how you do it. You have the patient eat a cup of corn. Now if a person has an intolerance to corn you can use beets. I like to use corn because corn is never fully digested!

So, they eat a cup of corn and write the date and time when they eat the corn. Then you are going to have the patient write the date and time they first see the corn in their stool and the date and time when they don't see it anymore.

This will give an idea of how long it takes food to go throughout the GI tract and the results will be one of three. It's either normal; normal digestion takes anywhere from 12 to 21 hours. You have delayed emptying time or quick emptying time.

If someone's digestion is either emptying too quick or too slowly that's another big indicator that they need digestive enzymes.

If someone's digestive system is very slow that's another indicator that you need to give digestive enzymes along with the the proper amount of probiotics. Probiotics not only help with immune function they assist in peristalsis of the GI tract. As a quick aside, *Vitamin B5* (pantothenic acid) is specific to the adrenal glands as you know, but also it is specific to the stimulation of peristalsis!

The probiotic I immediately head for, as I sure most of us are these days, is the *Flora Syntropy*, which is a right spinning probiotic. It's in a spore form so it can survive the gastric juices of the GI tract; it can be taken with antibiotics; it does not have to be refrigerated and also includes something called inulin or FOS (fructoligosaccharides) from organic chicory root, which is the food for the probiotic. So it's a combination of a pre and probiotic.

Now chronic inflammation of the GI tract can also be caused by food intolerances. I didn't mention this before, but that is also a big piece. Dr. Cass has formulated an amazing homaccord detoxifier called *Aller-Tox 1* and this specifically targets food intolerances. You know it's been estimated that 60 - 80% of the population suffers from food allergies or food sensitivities.

And here's another quick way you can teach people how to test themselves for food sensitivities. It's called a Coca Pulse Test. So have a patient sitting and resting and take their own pulse. Let's say their resting pulse is 60. If they intake a single food item and within 10 minutes their pulse has

increased by 10, then you know that person has an intolerance to that food. It's just a real quick, simple way to checking for food intolerance. Try it.

Another remedy I immediately head for is the *Ultimate Phenolics*. Now I don't know if you guys all have any kind of history using this product, but *Ultimate Phenolics* is an amazing phenolic desensitizer. Now phenolic compounds are the colours, flavours, smells, natural preservatives, neurotransmitters, hormonal expressions of the vital force of elements in food and in several other substances. These also make up the reactive agents in foods. When phenolic compounds are inhaled, ingested and consumed, they are often processed too slowly by compromised detoxification systems, thereby creating sensitivity challenges for many people.

Now these phenolic compounds do not act as antigens themselves but they are believed to be capable of becoming antigenic once they enter the body system's of sensitive people. So you can be sensitive to phenolic compounds as these compounds make up the chemicals that are responsible for food families. For example, if you are sensitive to say something like caffeic acid, you are going to be sensitive to things like apples and pinto beans, cauliflower, ripe and green olives, artichokes, red beans, green and red grapes, lima beans, string beans, lettuce, navy beans and carrots. In other words the whole family! So, it's the caffeic acid that is actually the chemical in those foods that

you are sensitive to. It's a really, really interesting thing and perhaps I'll do a little segment on that in the future.

Anyways, that is about all the time we have right now....

In a New York minute, everything can change.

Hopefully this will get you started or at least remind you of what you may have already known, but forgotten.

I'm Dr. Stephen Atkins and this has been Field Notes and I'll see you next week.