

Causes of chronic GORD

In part 2 of this three-part series, DR RONALD D WHITMONT looks at the effect of traditional and alternative treatments for gastro-oesophageal reflux disease

COMPLEMENTARY MEDICINE

Futile lifestyle changes? Conventional wisdom advocates a series of seemingly logical but ultimately ineffective modifications of lifestyle that actually increase the risk of developing chronic gastro-oesophageal reflux disease (GORD).

These modifications include raising the head of the bed at night, not lying down within three hours after eating, wearing loose-fitting clothing, eating only small and frequent meals, avoiding spicy foods, and eliminating the consumption of food in the evening before bed.

Complying with these modifications actually weakens the lower oesophageal sphincter (LES) and, over time, further reduces the chances of recovery from GORD.

If a muscle or a sphincter like the lower oesophageal sphincter is weak, then stressing it with exercise is one of the best ways to strengthen it. Avoiding exercise and eliminating stress will ultimately weaken the muscle more, leaving room for dependency on medications rather than cure.

Cold-turkey withdrawal of medications in cases of GORD is usually associated with a significant worsening of symptoms. This, of course, encourages long-term adherence to these products and fosters the belief that this condition is incurable. The real reason why treatment withdrawal is so difficult is that the condition is actually made worse by these treatments!

Conventional treatment does not cure GORD, but it can make it less noticeable.

There is a known association between GORD and a condition known as Barrett's Oesophagus (BO). BO carries an increased risk of cancerous transformation of the

oesophagus. This condition requires periodic monitoring by a gastroenterologist.

GORD does not cause BO or cancer of the oesophagus, nor do conventional medications protect against the incidence of either of these conditions.

GORD is more common if the bacterium *H. pylori* has been eradicated from the stomach. When *H. pylori* is eliminated (through the use of antibiotics), there is an increased tendency to develop



Conventional treatment does not cure GORD

GORD and its associated complications. The probiotic *H. pylori* appears to protect the LES, prevent GORD and BO, and reduce the incidence of cancer of the oesophagus.

Alternative treatment, lifestyle changes

A combination of lifestyle changes can help strengthen the LES and promote a healthier digestive tract while lowering the incidence of GORD and other GI disturbances. Treatment involves dietary modification, supplementation, specific physical exercises, and homoeopathy.

Smoking cessation and weight loss (if obese) offer universal benefits to most medical conditions, including GORD.

Refined carbohydrates



SPICY RELIEF: Consumption of foods such as cayenne pepper and ginger reduces the symptoms of chronic indigestion and GORD

have been found to directly contribute to the incidence of GORD. Elimination of refined sugars and highly processed foods while substituting complex carbohydrates and whole grains significantly reduces the risk of GORD. Whole-food-based vegetarian diets also assist in preventing GORD.

A diet high in complex carbohydrates and low in simple sugars is helpful in maintaining LES integrity. Whole foods that include the skins of fruits and vegetables, whole grains, seeds, and foods with high-fibre content in their natural

state are beneficial. Highly processed and refined foods low in fibre should be avoided altogether.

High-fibre diets not only assist the LES but also stimulate gastric motility and peristalsis, leading to more-rapid emptying of the stomach contents into the small intestines. When food is emptied more rapidly from the stomach into the intestine, it is less likely to regurgitate backwards through the LES into the oesophagus.

Eating meals slowly and chewing thoroughly is also

an effective means of reducing the risk of developing GORD, since gastric emptying is slower when food is inadequately chewed. Food may back up in the stomach and lead to regurgitation if it is consumed too rapidly without proper chewing.

There also appears to be evidence that consumption of spicy food, including cayenne pepper and ginger, reduces the symptoms of chronic indigestion and GORD. Capsaicin is a chemical in red pepper that blocks nerve signals and leads to diminished pain sensation.

Ginger may contain similar ingredients. Evidence suggests that these spices relieve symptoms of GORD, but they probably don't cure it.

Next week: Part 3 on more alternative treatments for GORD

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Coconut oil treats acne

BY LOUISE MCCOY

If you had a choice of remedies for acne, would you choose lauric-acid-filled nanobombs delivered by gold nanoparticles straight to the membrane of the offending acne bacteria? Or would you choose to apply coconut oil to your face and let nature take its course?

Lauric acid is only one of the antibacterial, antifungal, and antiviral substances in coconut oil. If you chose the nanobombs, you can read about it on ScienceDaily: "Treat Acne With Coconut Oil and Nano-Bombs". One would wonder why anyone would choose a medication using nanoparticles to deliver part of a natural substance (coconut oil) that contains even more ingredients with skin-healing properties: capric acid and

vitamin E. Although nanoparticles are now being used to deliver medications to certain bodily sites, their long-term side effects are little-known.

Benefits

On "Coconut Oil Reviews", on the acne.org website, 28 people shared their experiences using unrefined, organic, extra-virgin coconut oil.

Acne, well-known to almost every teenager, is an inflammation of the oil glands, especially on the face. It seems counter-intuitive to put oil on skin already oily, and many people hesitated to use coconut oil for that reason. But after trying it, they were pleasantly surprised to see their skin become more normal.

Not all of them had acne – some had dry skin or eczema – but most of them benefited from applying coconut oil even though there were several individual methods of

application. Some would wash their face, apply a little oil, either steam their face or just



Benefits reported included the disappearance of wrinkles

wait a few minutes, and then wipe it off. Others left it on overnight.

There was a wide variation in sensitivity to the oil. Four people found coconut oil made their acne worse, but most

found the oil brought noticeable improvement.

The benefits they reported, along with clearing up acne, were healing scars, making pores smaller, and causing wrinkles to disappear. Generally, the total health of the skin is enhanced by coconut oil.

Although acne was greatly improved or cured in 21 cases, some broke out in whiteheads and stopped putting the oil on their faces. One waited two weeks before stopping. Others felt this was a detoxifying event and allowed the whiteheads to clear up.

Good to eat

Several people felt the oil was unsuitable to put on the face, at least at first, and used it on legs, arms, hands, and feet. For those who can put coconut oil on their faces, it does not cause the eyes to smart as many creams and oils do. Some chose to eat it – from two to six tablespoons a day,



One acne treatment is coconut oil

in smoothies, on ice cream, in soups, or just plain.

Coconut oil has not been widely recommended by the media. One person had had acne for 25 years before discovering this use of the oil. For others, it was up to 12.

Coconut oil is very greasy and shiny when first applied, which almost everyone listed as a con. This did not prevent some from rubbing it all over their bodies after a shower, putting on flannel sleepwear, going to bed, and waking up with silky skin in the morning. The oil is a solid up to 27

degrees Celsius. Warmer than that, it becomes liquid. Most people found a little bit goes a long way. Since it is non-toxic, it can be applied daily, even several times a day.

"Coconut Oil Reviews" mainly addressed coconut oil and acne, but many other skin conditions respond to coconut oil. See: coconutdiet.com. It could be the dermatologist's best friend or worst enemy. After a while, people would tell their friends, and, since it isn't a prescription item, dermatologists might have to take up another specialty.

Changing your health from ordinary to fabulous

FITNESSTIPS101

Do you honestly feel fantastically healthy, or would you describe your general health as ordinary? Do you look and feel trim, taut, and terrific, or do you wake up in the morning not liking what you see and how you feel?

While many of us blame stress, fast-paced living, and getting older for not feeling so hot, there are many simple ways you can put some zing back into your step.

Eat right

To maintain or regain good health, it is important to eat a well-balanced and nutri-

tious diet. Pizzas, alternated with Chinese takeaways, and a Starbucks run in the morning, do not count. Overly refined, fatty, and salty foods are clogging your arteries, increasing your blood pressure, and playing havoc with your weight.

Aim to consume some fresh and colourful fruits and vegetables on a daily basis. Select low-fat, high-quality proteins such as fish, poultry, tempeh (soy cake), eggs, and the like. Cut any visible fat off meat. To ensure maximum nutritional content, make sure that the carbohydrates you consume in breads, pastas, and grains are whole and not overly processed.

Avoid sugary foods and

drinks, as that instant sugar high is quickly replaced by the dreaded sugar slump. The refined sugars in cakes, biscuits, and sweets, are just increasing your chances of gaining pounds and type 2 diabetes.

Work out

Incorporating some aerobic exercise into your daily activity will have you losing inches and feeling better. Even a 30-minute brisk walk around the block each day will provide good cardiovascular fitness, lower your blood pressure, and decrease your chances of getting type 2 diabetes. The extra exercise will increase the oxygen travelling around your body,

and you will instantly have more energy.

Sleep

Your body needs good-quality sleep on a regular basis to recover and heal. Recent studies have shown that people who make a habit of sleeping less than five hours a night have a much higher incidence of weight gain and mood disorders. So an easy way to reduce belly fat is to make sure you are getting enough sleep.

Hydrate

Water contains no calories, carbs, or fat grams. Drinking water speeds up the process of eliminating nasties from your body. Being in a perpetual

state of dehydration is bad for your kidneys and shows in your skin condition.

One of the first signs of needing to fill up the water tank is feeling tired and lethargic. So when the afternoon fatigue kicks in, reach for a glass of water before you reach for yet another coffee. Caffeine, tea, and alcohol are all diuretics, which means that they are actually drying you out.

Most experts recommend drinking at least four good-size glasses of water daily. For those who exercise, the fluid requirements are much higher.

Eat better, sleep better, work out, and drink plenty of water – four simple and inex-



Do you wake up in the morning not liking what you see?

pensive steps to improve your general health. You, too, can reinvent yourself from feeling grumpy and ordinary to cheerful and fantastic.

DR JOHN BRIFFA

ON THE PULSE



Vitamin B12 aids persistent dry cough

GENERALLY in practice we're able to make significant headway with all sorts of people with all sorts of health issues, be they a 57-year-old man with type 2 diabetes or a 23-year-old woman with irritable bowel syndrome. And yet, I do inevitably come across patients I don't seem to be able to help in any meaningful way, and this includes a handful of patients I've known over the years who suffer from a chronic, dry, tickly cough. These are individuals for whom conventional causes of cough, such as asthma, have been investigated and excluded.

I have, with these individuals, tried the sorts of approaches that one might expect from a naturally oriented doctor (e.g. identification and elimination of foods that might be triggering the problem, immune support if there's any suspicion of compromise here, herbal approaches to soothe the throat and surrounding regions). But I have to say, hand on heart, that the results have generally not been good. Reading a study published online on January 19th in the *American Journal of Clinical Nutrition*, I feel I may have found a missing piece in the puzzle regarding the causes of, and potential cure for, a persistent dry cough.

Study on vitamin B12

This study focused on vitamin B12, and the fact that a deficiency in this nutrient can lead to nerve damage. Could B12 deficiency lead to enhanced reactivity in and around the throat? And if so, might B12 supplementation help reduce this as well as the symptoms of chronic cough?

This study focused on 42 individuals with chronic, unexplained cough. Twenty-seven of these were found to be deficient in vitamin B12 (<200 pmol/L). The remainder (15 people) were not B12 deficient.

The investigators found "laryngeal hyper-responsiveness" (to histamine) was significantly more common in individuals with B12 deficiency than those without.

This finding is interesting and consistent with the investigators' underlying hypothesis. But all this finding does, in essence, is link B12 deficiency with hyper-responsiveness in the throat – that does not mean that B12 is causing the hyper-responsiveness.

However, the investigators went a step further by treating the participants of this study with B12 to judge the effect. Individuals were treated with the following protocol:

- 1000 micrograms (1 mg) of

B12 (in the form of cyanocobalamin) by intramuscular (IM) injection daily for five days, followed by; 1000 micrograms of B12 by IM injection weekly for three weeks, followed by; 1000 micrograms of B12 by IM injection once a month thereafter.

Cough reduced by half

In the individuals who were not B12 deficient to start with, this treatment regime essentially did nothing for them. However, it was a dif-



Could B12 deficiency lead to reactivity in the throat?

ferent story in the group who were deficient. Here, B12 therapy reduced the "hyper-responsiveness" in the throat significantly. Perhaps most important of all, cough symptoms reduced by about half in this group (though they were unchanged in the group who were not B12 deficient to start with).

This is just one study, and as the authors point out, there is no other study like it, apart from one in Colombian children which found that giving them nutrient-fortified (including B12) snacks reduced coughing. However, bearing in mind how persistent cough symptoms can be, I know I'll be on the lookout for B12 deficiency in the future.

I'll be particularly keen to explore this possibility in individuals who fall into an "at risk" category. In this study, the most likely underlying cause of B12 deficiency was "inadequate intake of foods from animal origin". Another potential underlying factor was low stomach acid secretion (stomach acid is required for the efficient absorption of B12).

Dr John Briffa is a London-based doctor, author and health writer with a special interest in nutrition and natural medicine. Practical advice about all aspects of health and wellbeing can be found at www.drbriffa.com

Cancer and depression not always linked

BY JACK PHILLIPS

CANCER patients may not necessarily have a higher chance of being depressed, according to a new study published in January.

The researchers analysed 24 studies of more than 4,000 individuals and found that around a sixth (16 per cent) suffered from depression and a third had mood disorder (31 per cent).

Cancer patients only had a "modest" level of depression within the first five years of diagnosis, according to Medscape, which cited the report, which was published in the journal *The Lancet Oncology*. The researchers noted that because of the modest rate, "depression is not an invariable complication of cancer".

The report found that there was no significant difference between the occurrence of depression and mood disorders in palliative and non-palliative care settings, which

may mean that the differences in the settings of cancer care and the stage of the cancer could have been overemphasised, according to *HealthDay*. That means people who expect to die from their cancer and people who are getting treatment intended to cure it did not show big differences in depression or other mental health symptoms.

The depression rate for cancer patients is "about the same as the rate seen in primary care settings", the writers said, according to *HealthDay*.

Patients' age and sex had no bearing on the results. Due to the prevalence of mood disorders, doctors should be "vigilant for other related emotional problems such as anxiety, adjustment disorder or simply any form of significant distress", the report said, according to *HealthDay*.

The researchers said that depression should still be a concern for doctors, noting that "there is still an urgent need" for programmes to screen for depression among cancer patients.