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Normal bowel flora may play a role in inflammatory bowel disease. An article appearing in the *Scandinavian Journal of Gastroenterology* (2001;36(Suppl 234):29-40) discussed the role of bowel flora and intestinal permeability. The cells lining the intestine form a barrier that selects what gets inside of the body and what stays outside of the body. If these cells fail to act as an effective barrier, intestinal permeability becomes an issue (sometimes called "leaky gut"). This article states that increased intestinal permeability leads to a lack of tolerance to bacteria that normally exist in the bowel. There is evidence of the immune system working against the bacteria that exist in the bowel, perhaps even overreacting. The makeup of the bacteria is different in these patients, and may predispose to immune issues.

In patients with inflammatory bowel disease, the bacteria tend to invade the mucosa (lining of the intestine). Research appearing in *Gastroenterology* (January 2002;122 (1):44-54) compared colonoscopic biopsies in 305 patients with 40 normal controls. Patients with inflammatory bowel disease had much higher

concentrations of bacteria invading the intestinal lining than did the healthy subjects. A normal, healthy intestinal lining has the ability to act as a barrier to bowel bacteria; it appears that this ability has been compromised in patients with inflammatory bowel disease.

The *Scandinavian Journal of Gastroenterology* article mentions that taking probiotics is sometimes helpful; patients with Crohn's disease tend to have less Bifidobacteria, and more Bacteroides, Eubacteria and Peptostreptococcus. Probiotics are supplements composed of living bacteria that, when taken, can be beneficial to the digestive tract. Generally these are lactic acid bacteria, like Lactobacilli, Bifidobacteria (the species found to be in short supply in patients with Crohn's disease), and Streptococci. These bacteria can release antibiotic-like substances, reduce the pH in the intestine, improve the absorption of nutrients and help stimulate the immune system.

A good product to consider here is **BioDoph 7 Plus**, which is a high potency probiotic from Biotcis Research.

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HYPOCHLORHYDRA

Natural health care recognizes the concept of hypochlorhydra in a way that traditional medicine does not. We link hypochlorhydra to allergies, dysbiosis, fatigue, nutrient deficiency, arthritis, and even gastric reflux. If there is not adequate stomach hydrochloric acid, proteins are not digested and minerals are not absorbed. Undigested food in the intestine feeds dysbiotic bacteria and may also cause bacteria to grow in the small intestine, where they are not typically found.

Traditional medicine does not make much of hypochlorhydra, but there are some studies implicating it in disease patterns. Some of them look at the consequences of using proton pump inhibitors to shut down acid production. Proton pump inhibitors are used to control stomach acidity and gastric reflux. Use of the drugs has been linked to hip fracture in people over 50, according to research appearing in the *Journal of the American Medical Association* (2006;296:2947-2953). This may be due to a loss of protein and mineral digestion and absorption due to the lack of stomach acid. No one has proven the mechanism, but it is a reasonable assumption that there is interference with nutrient

absorption.

A study in *Scandinavian Journal of Gastroenterology* (2010;45(2):133-8) concluded that malabsorption of dietary calcium is a cause of osteoporosis. Dissolution of calcium salts (e.g. calcium carbonate) in the stomach is one step in the proper active and passive absorption of calcium as a calcium ion ($\text{Ca}(2+)$) in the proximal small intestine. Stomach acid markedly increases dissolution and ionization of poorly soluble calcium salts. If acid is not properly secreted, calcium salts are minimally dissolved (ionized) and, subsequently, may not be properly and effectively absorbed.

A study in *Digestive Diseases and Sciences* (2010 May;55(5):1349-55) links low acid secretion to esophageal squamous-cell carcinoma. Stomach acid also protects against prion infection according to an animal study published in *Scandinavian Journal of Gastroenterology* (2011 Dec;46(12):1418-22).

In natural health care we recognize that most chronic health problems start with digestion and that having adequate HCl and pancreatic

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Nutritional Products for Healthcare Professionals

enzymes are crucial to good health. Dr. Harry Eidenier correctly pointed out that we need to treat the digestive system "from the North to South". In other words, when you treat digestion, start initially with HCl and pancreatic enzymes. Biotics Research has a product, **Hydrozyme**, that contains both HCl and pancreatic enzymes.

Dr. George Goodheart (among others) postulated that gastric reflux was actually due to a lack of HCl in the stomach. He said that acid was necessary for the pylorus to open. If there is too little acid, the pylorus does not open in a timely manner. When that happens, pressure builds up in the stomach, forcing the contents into the esophagus creating burning and discomfort. It may seem counterintuitive, but taking a product like **Hydrozyme** or **HCl-Plus** can actually help patients with reflux.



Biotics Research Corporation, in effort to further the education of Healthcare Professionals and their patients, is pleased to offer several significant and useful practice building tools, all included in a weekly email, the **Biotics Bulletin**.

- **Tuesday Minute** - weekly video clip, full of nutritional education & clinical pearls
- **Weekly Product Feature** - product specific, informational summary
- **Supplement FAQ** - patient-friendly product descriptions
- **Monthly Newsletter** - filled with research, condition-specific topics, product education, and recommended protocols
- **Upcoming Seminars** - seminar announcements featuring world-renowned speakers
- **Upcoming Events** - nationwide tradeshows & symposiums exhibited by Biotics Research
- **FREE Webinars** - up-to-date topics of interest presented by a variety of knowledgeable professionals having a thorough understanding of the subject matter. Conveniently scheduled and lasting one hour; webinars are recorded and archived on our website at www.bioticsresearch.com for easy reference

VITAMIN U

Vitamin U is not actually a vitamin, but is instead a term used to refer to a substance called S-Methylmethionine. It's found in several different types of food, notably cabbage, and has been used as a supplement. Whether taken as a supplement or from foods, vitamin U has been shown to be able to treat a variety of gastrointestinal conditions, including ulcerative colitis, acid reflux, and peptic ulcers. Some studies show that it can also help prevent liver damage by protecting the organ from the effects of high doses of acetaminophen. Additionally, it may be able to reduce allergies and sensitivities to cigarette smoke and improve cholesterol levels. Many people also choose to use this vitamin as part of a detox program, since it may be able to help the body get rid of environmental toxins.

The effects of S-Methylmethionine were first studied by Cheney (Calif Med. 1956 Jan;84(1):39-42). He concluded, "A clinical study was undertaken to evaluate the effectiveness of concentrated cabbage juice in the treatment of peptic ulcers. Patients at San Quentin Prison with a diagnosed ulcer crater were treated in a double blind control experiment. They were given either concentrated cabbage juice or placebo. The evaluation of the

merit of this treatment was based upon repeated x-ray examinations of the ulcer crater. A period of 22 days was allowed for ulcer crater healing time. The results of this experiment indicated concentrated cabbage juice to be effective in healing of peptic ulcer." Cheney published five other similar studies in the 1950s. A more recent animal study showed methionine derivatives may possibly be of benefit for ulcerative colitis (*Gut*. 1996 Jul;39 (1):77-81.)

With that in mind, Biotics Research developed **Gastrazyme**. It is a source of vitamin U and other nutrients known to combat inflammation and assist with healing in the gastro-intestinal tract. Use with ulcers, hiatal hernia, acid-reflux, excess HCl production, heartburn, sour stomach and as a source of chlorophyll.

This concept is so effective that the pharmaceutical industry has looked into it. A double-blind randomized study investigated the role of sulphhydryl-containing agents in the management of recurrent attacks of ulcerative colitis was published in *Pharmacology* (1992;45(6):307-18). It found that that sulphhydryl-containing agents play a key role in the treatment of and protection against ulcerative colitis.

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INFLAMMATORY BOWEL DISEASE & VITAMINS

According to research appearing in *Pediatrics* (2006; 118(5): 1950-61), there is a link between low vitamin D levels and the incidence of inflammatory bowel disease. The study involved 130 subjects who were between the ages of 8 and 22, 94 with Crohn's disease and 36 with ulcerative colitis. Vitamin D deficiency was present in 34.6% of the subjects. Serum vitamin D levels tended to be even lower in patients with dark skin. Also, the level of deficiency was related to the amount of inflammation present. Inflammation was measured by erythrocyte sedimentation rate (ESR), which is a general test that indicates the presence of inflammation; a high ESR indicates inflammation. The ESR was inversely related to vitamin D levels. (It is assumed that these types of patients may benefit from **Bio D Mulsion** from Biotics Research).

Inflammatory bowel disease is the name of a group of disorders that cause the intestines to become inflamed (red and swollen). The

inflammation lasts a long time and usually comes back over and over again. Inflammation often leads to ulceration and eventually scar tissue can form. Inflammatory bowel disease is a term used to refer to two diseases, Crohn's disease and ulcerative colitis.

In a study that appeared in the journal, *Nutrition* (epublished ahead of print on April 8, 2011), the amount of undercarboxylated osteocalcin was measured in 47 patients with Crohn's disease and in 40 patients with ulcerative colitis. The levels were found to be significantly higher in these patients as compared to healthy controls. The buildup of the undercarboxylated osteocalcin is likely due to a deficiency of vitamin K. Also, the severity of the disease in the Crohn's patients was proportional to the vitamin K deficiency. Low vitamin D levels were also found in patients with inflammatory bowel disease when compared to healthy controls. Consider the use of **Bio K Mulsion** from Biotics Research for such patients.