

nutrient supplements, and pure water, it can save not only your gallbladder, but your life. Remember my old doctor friend who was wise enough to learn new medical procedures to save thousands of people from unnecessary band-aid surgeries. This is the way you should proceed also.

### HIATAL HERNIA, INDIGESTION, HEARTBURN, REFLUX, GERD AND ESOPHAGITIS

What is the biggest and strongest muscle in the body? The back? The legs or thighs? How about the big muscles of your arms? Well, the strongest muscle in the body is the diaphragm, the muscle that separates the chest from the abdomen. And strangely enough, it is a muscle you don't have to think about—unless you run into trouble.

#### *Diaphragm Strain (Hiatal Hernia)*

One day, after playing volleyball, I felt a little odd. Soon, the oddness became downright uncomfortable. I was slightly dizzy, I had trouble concentrating, I was weak and trembly, and my heart was starting to palpitate. Heart attack? No, only a diaphragm strain! Unfortunately, not one physician in 1,000 would recognize this. If it were you, you'd end up in the hospital, undergo thousands of dollars in tests, and potentially be harmed by iatrogenic (doctor- or drug-induced) testing or treatments.

I was simply treated by my local chiropractor. He knew how to effectively stretch my diaphragm back to its normal position, freeing the stomach from its trap in the diaphragm and allowing normal breathing and diaphragm action to resume. The entire treatment took less than two minutes and was 100% effective immediately.

My case was relatively benign. I had the experience to recognize what was happening. But it can become very serious. The palpitations can become severe. Gastrointestinal problems like vomiting and reflux can ensue. You can faint or become extremely weak. You can suffer a severe backache or headache. In some cases, you feel that you are going to die. Remember, the diaphragm is the strongest muscle in the body. Without its proper action, you can't

breathe.

Worse yet, millions of people carry around the damage from a strained diaphragm for years or for life! It is estimated that up to half of all Americans over age 60 may suffer from a hiatal hernia (diaphragm strain). A huge percentage of these people have not only stomach and reflux problems, but heart and related circulatory problems as well, all caused by the weakness in the diaphragm.

The danger of an undiagnosed hiatal hernia is that folks are treated with dangerous drugs for a suspected stomach, heart, or circulatory problem that, when properly diagnosed, would be corrected in the same fashion I was treated. So, if this sounds like you, please take note. Even if a gastroenterologist puts a scope down into your stomach and pronounces you do not have a hiatal hernia, still have it checked out. This condition is often impossible to diagnose via standard medical procedures.

#### *Is it Gastroesophageal Reflux or Hiatal Hernia or Both?*

A diaphragm strain or hiatal hernia can cause not only the problems described above, it can also produce severe, chronic heartburn, indigestion, and reflux. Billions of dollars are spent yearly on medical treatments for the *symptoms* of this condition.

The catch-phrase diagnosis for *heartburn* these days is gastroesophageal reflux disease (GERD). In fact, most heartburn and reflux occur when acids from the stomach are allowed up through the muscular opening in the diaphragm into the esophagus. Although your stomach lining is designed to handle these acidic compounds, your esophagus is not. Constant acid reflux can eventually damage, ulcerate, or even cause a pre-cancerous condition (Barrett's Esophagus) in your lower throat.

No one knows for sure what causes GERD. However, we have found that many GERD sufferers have *inadequate* digestive enzymes (acids) or faulty digestive enzyme production and distribution in their stomach and intestines. For most sufferers, the cause of the problem falls into one or more of four general categories:

1) Poor diet, poor food combining, overeating, and a high refined-carbohydrate-sugar intake.



2) Poor or inadequate digestive enzyme function in the stomach, pancreas, and small intestine.

3) Prescription drugs that contribute to reflux problems.

4) Mechanical problems in the diaphragm like a hiatal hernia or diaphragm strain (as discussed previously).

For numbers one and two, relief is pretty easy. Number three can often be readily solved by working with your MD to get off the offending medication. And even if you have mechanical problems (as in number four), or a combination of problems, relief is most often possible. In most cases, it boils down to whether or not you can break bad habits to solve the problem and prevent serious throat disease.

### ***What to Do for Diet and Digestion Problems***

When it comes to numbers one and two, perform this experiment: For one week, eat only protein and vegetables. Before each meal, drink half a glass of water. With each meal, take from one to three **Zypan** and one to three **Okra Pepsin E3** tablets (both from Standard Process).

In fact, a good way to test if you have too much or too little stomach acid is to do the Zypan test. Simply take two Zypan tablets with your meal. If your digestion improves, you have too little stomach acid and should continue to use Zypan. If you get a tingling or light burning, you have too much stomach acid; in that case, use one to three **Gastrex** tablets (from Standard Process) instead of Zypan. The rest of the therapy will be the same.

While on your experimental week, eat until you are **only three-quarters full**. This is critical, because the stomach needs a little extra space to churn and swirl its contents with the digestive enzymes. If your stomach is stuffed completely full of food, the swirling and churning will force food into the esophagus simply because there's not enough room in your stomach.

Food allergies can also cause heartburn and GERD. Some of those that most commonly cause GERD are wheat, sugar, chocolate, onions, tomatoes, and citrus. If you are not getting the expected results from other therapies, and if you suspect food allergies, see "The Elimination Program" on page 5.

### ***Prescription Drugs***

As stated, drugs can also be a cause of GERD problems. The most common problems come from muscle relaxants, asthma drugs like theophylline, and beta antagonists. Since antacids are most often **not necessary**, if your doctor prescribes them, be sure to read the next article, "Indigestion: How Do You Spell Relief?" on page 18 of this report.

### ***Mechanical Problems (Hiatal Hernia)***

Nowadays, thousands (perhaps millions) of people are being treated with drugs and even surgery to correct GERD, while no attention is paid to the mechanical or structural causes of the problem. Even those doctors who suggest a nutritional/dietary approach generally ignore mechanical/structural causes. That's not surprising since probably not one in 1,000 physicians knows how to detect and correct the underlying mechanical causes of GERD.

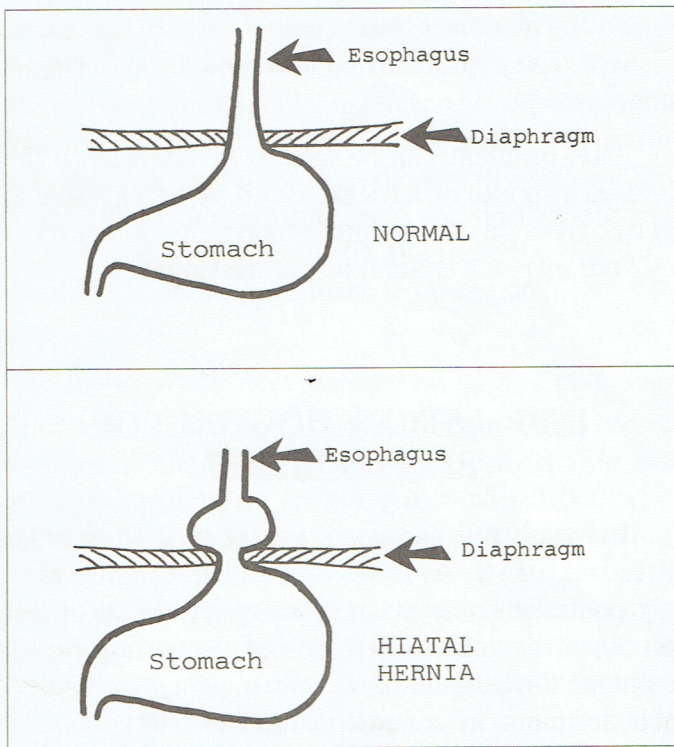
Thanks to people like George Goodheart, DC, and in particular the now-deceased Richard Van Rump, DC, the critical information needed to detect and correct hiatal hernia and mechanical causes of GERD is available. It is usually a chiropractor or kinesiologist who knows how to perform this service. But you can often detect and treat a GERD problem yourself with the right data.

Upwards of 50% of the general population over age 60 may have the structural weakness likened to a hiatal hernia, when a portion of the stomach or stomach contents are allowed up through the diaphragm into the chest cavity or esophagus (see schematic). The general complaints of this condition are indigestion, heartburn, angina, vomiting, ulcers, left-arm pain, palpitations, difficult breathing, or just plain chronic fullness and bloating.

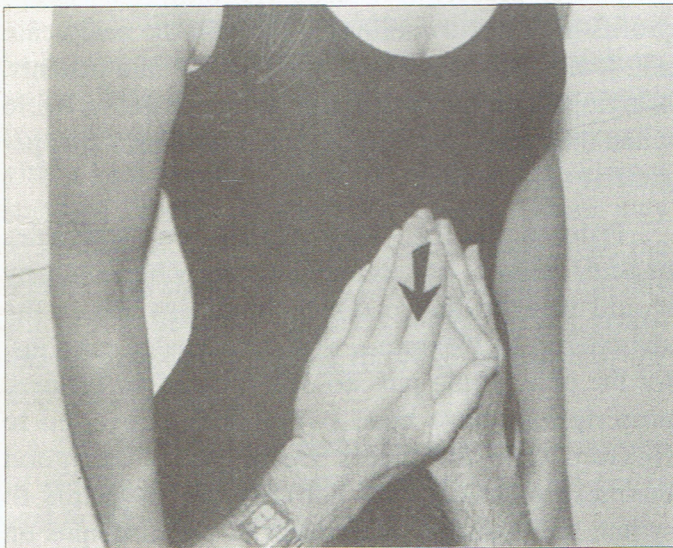
### ***Diagnosis and Treatment***

If you wish to test someone else or yourself, try this treatment with the help of a partner. You will need a watch or clock with a second hand. For the sake of my instructions, your partner will be the patient. (Reverse roles if you are the actual patient.) Have your partner hold his or her breath for as long as possible. Record the time in seconds. Now place your hand on the upper abdomen just under the "V" of the breastbone and ribs [see photo].





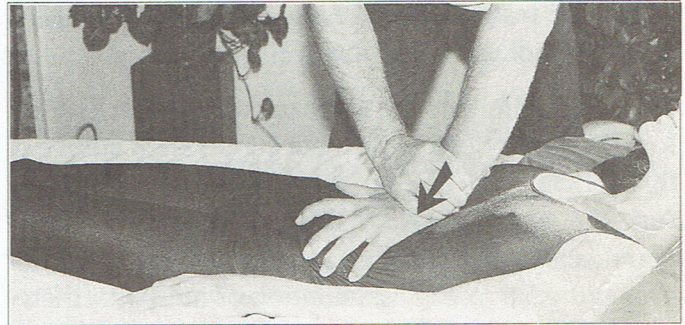
Use a steady, heavy, inward and downward pressure for ten to 15 seconds while the patient relaxes and breathes normally. Repeat this three or four times. Now test your partner's breath-holding time again. Compare this time with the original. If the breath-holding time increases by 50% or more, this is diagnostic of hiatal hernia or a mechanical problem with the diaphragm and stomach.



The procedure used in diagnosing this problem is also the same procedure used to treat the condition. While it may have to be repeated several times until successful, it will usually provide some immediate

relief from the first treatment.

If you have problems with the standing treatment, you can also perform the treatment with the patient lying down with the head and shoulders supported by pillows [as shown in the next photo]. In this case, you will use the fleshy part of your hand and wrist to apply the inward and downward pressure. Your hand makes contact under the ribs, slightly left of center. Apply pressure inward and downward toward the patient's left foot. Hold the pressure the same as in the standing treatment.



In all cases, be sure you are *free of the patient's ribs and rib ends*. Ribs can snap (especially if the ribs are brittle). If you are squeamish, or if the patient is old and has brittle bones, *it is best* to have a professional perform this therapy. Generally chiropractors, osteopaths, and kinesiologists know how to perform this treatment. To find a referral for one of these doctors near you, call the International College of Applied Kinesiology (1-913-384-5336) or e-mail ICAK@dcikansascity.com.

Once you get a list of doctors near your home, call them up and tell them you are a *Health Alert* reader and you want to know if they are familiar with correcting a *hiatal hernia* with the technique described in this article. The one who tells you that he or she does this treatment all the time is most likely the one you want to visit.

### ***How Many Treatments?***

The general rule is to treat until successful. In some instances, the problem within the muscle of the diaphragm is so great, treatment may need to continue periodically throughout life. In most cases, relief comes quickly. With some people, during treatment, the stomach will actually be pulled back through the diaphragm out of the chest and into the abdomen with a feeling similar to pulling a cork out of a bottle. In general, treat daily, then three times



per week, then weekly, then bi-weekly, then monthly, and so on.

While the dietary changes are absolutely necessary when it comes to indigestion, the reason so many doctors and patients fail to manage this problem is that the mechanics of the stomach are overlooked. So keep this in mind. And even if your doctor tells you that you do not have a hiatal hernia or any problem in your diaphragm, perform the test I've recommended anyway. It is diagnostic and no matter what your doctor's tests say (including x-rays and scope tests of the GI tract), treatment is needed when your diagnosis is positive.

If you eliminate the mechanical problem and follow the dietary and nutritional supplement advice in this article, you will be performing a vital service for your entire body. Instead of making yourself permanently sick with antacids, you will allow for proper digestion and assimilation of nutrients, thereby providing your body with its priceless source of energy and life. If you need more information about what to eat and what not to eat, as well as what to combine with what, see "Food Combining—The Instant Cure" in this report on page 7.

### ***Return to Hands-On Healing***

Health care professionals of all types have gotten away from hands-on healing. Every day, the body is inundated with all kinds of forces, some emotional and many physical. Occasionally something gets knocked out of place. For the most part, the body is capable of adjusting itself back to normal. But sometimes, something gets stuck.

This occurs all the time in the spine, and now you know it can also occur in the diaphragm and stomach. To think that all treatment should be shots, prescriptions, vitamins, or some other non-physical therapy is absurd. There is a time when the doctor's hands need to be placed on the patient and some form of force or adjustment needs to be delivered. If this is the situation with you (such as the hiatal hernia problem), all the pills, shots, potions, and lotions in the world will not suffice.

Remember, bodies get stuck and often need some physical help. In particular, the problem with the diaphragm and hiatal hernia is serious and extremely common. It is almost always treated improperly, and

the wrong treatment causes untold cases of iatrogenic disease. The cost is astronomical and the suffering unnecessary.

This problem can be treated at home with the help of a spouse or a friend. But if you feel frail and at risk from this or any other treatment, do not try on your own. Go straight to a professional.

### **INDIGESTION: HOW DO YOU SPELL RELIEF?**

It wasn't too bad when everyone spelled relief R-O-L-A-I-D-S. After all, these little beauties simply neutralized the mash of nasty gasses and acids produced by too much foods of the wrong types combined improperly, and almost always in a stomach deficient in adequate digestive enzymes and acids. But at least they didn't block stomach acid at its source—like the newer antacid drugs like Prilosec, Prevacid, Nexium, and others.

Relief for the manufacturer of Prilosec, once the patent ran out, came in the form of the "ol switcheroo." With Prilosec about to become cheap because the patent was ending, both the public and doctors were simply brainwashed with a **half billion dollar** advertising campaign to switch over to the newer prescription drug Nexium. This keeps profits high while continuing to drain the healthcare pot. It also makes millions more people into patients bringing them into the high-cost prescription world when they could have done just as well on a cheaper generic acid blocker.

Prilosec was the #2 best selling drug with sales of **\$4.61 billion**—not exactly a sum any big company would want to let go down the drain. Hence the switcheroo to Nexium—with 1,300 sales reps just for the new purple pill. To date 42% of all Prilosec prescriptions have been switched or converted to Nexium. The producers are engaging in "good business practices" by enticing big hospitals to switch to Nexium with an offer of big discounts on the drug. This one discount alone saves a major hospital **\$300,000 a year!** And that is just one hospital in one state.

Consequently, resident-physicians will be trained to dispense Nexium, and many patients will be