



## Digestion: Upper GI Pathology and Assessment Transcript

Hello and welcome to our upper GI Pathology and Assessment Module. I'm excited to share with you lots of different resources that you can use to help assess what's going wrong in your client's upper GI track and what some of the pathologies are that actually can occur there.

Before we begin, let's just make sure that you're aware that any of the information I'm presenting here is not intended to replace a one on one relationship with the qualified healthcare professional and it's also not medical advice.

When you're presenting to your clients, you need to be really careful and make sure that they are aware that what you're presenting and what I'm presenting here today is intended as a sharing of my knowledge, information, clinical research, and clinical experience over many years.

I encourage you and you should encourage your clients to make their own healthcare decisions based upon your research and in partnership with a qualified healthcare professional. This is especially true for folks who are on any medications.

Just want to make sure that the things that we talk about in terms of nutrition are not going to interfere with the protocols.

What can go wrong? I'll need to stop here before we go into what can go wrong. Now I want to make sure that you're really clear on the anatomy and physiology of the stomach and the pancreas.

I didn't go into all the little details of showing you every single cell and how you memorize all that. They make you do that in medical school. I don't see the point. I don't remember all that stuff. I remember the big picture. If I needed to, if I was looking histologically at somebody's MRI or an ultrasound and I wanted to understand, I would.

I didn't think that was important. I want you to get the function and really own the function and own what could go wrong and then what you can do about it or how you can help people. You can get more details. If you want to get into really understanding each cell then how it produces in the various stimuli, no problem. I'm giving you that on the site. I'm giving you some anatomy and physiology.

I highly recommend that you do that. I also highly recommend that you watch the videos. If you watch every single one of those videos, you will learn more about digestion than you ever really want to know.

What can go wrong with this process? We know things go wrong. All of you have experienced upset stomachs and digestive problems and have issues related to it. We know things can go wrong. When you understand what can go wrong, you have a mind, a detective mind that will help you to take their symptoms, take their presentation and turn it into a little slew thing of, "Oh, it sounds like they're making too much stomach acid. Oh, it sounds like they have too little stomach acid. Oh, it sounds like the acid's in the wrong place. I can GERD."

Acid in the wrong place like GERD which is Gastroesophageal Reflux, which is where the stomach contents goes up, esophagus wasn't intended to have that kind of protection, because it's not supposed to have acid. It has a little bit of mucus but not at the level of mucus that the stomach has to protect it.

If you have the foods going down into the duodenum, and your pancreas or your gallbladder are not working appropriately to secrete the bicarbonate to neutralize, then they're not suppose to have acid either. You got to have some mucus to protect them but nowhere near where the stomach does.

That's where you get a duodenal ulcer, a peptic ulcer. It's in stomach but a duodenal ulcer is in mouth in the duodenum and that is very common as well.

The other thing, so too little acid, you wanted to be able to distinguish if you see this, say somebody brings in their reports from a doctor or you're talking to a doctor about this person. Maybe they'll talk to you in terms of achlorhydria, which is no stomach acid or hypochlorhydria, which is low stomach acid, or hyperchlorhydria, which is too much stomach acid.

We talked about what can go wrong with the stomach in terms of no acid, low acid, too much acid. What happens if you have too much acid? If the stomach makes too much acid, it can cause ulcers and it can cause gastritis. Gastritis is an inflammation of the lining of the stomach and ulcer is actually where that inflammation has been going on for a while and it eats away.

It eats through the mucus and into the underlying tissue and you get basically holes, that's what ulceration's are. They're holes, they're wounds in the lining. Here's the deal with this, excess stomach acid is almost always a diagnosis that's placed on a situation where really it's too low of stomach acid.

It's really rare to make too much acid. It happens in young people, but as we age, our HCl production naturally goes down. One of the things that's really critical for making HCl is zinc. If we don't have enough zinc we can't make HCl. Here's the deal, we talked already about some of the things that can go wrong, right?

Your body doesn't produce enough hydrochloric acid or it produces too much hydrochloric acid or it produces no hydrochloric acid. You need to have zinc in order to make hydrochloric acid. You need an alkaline bloodstream. You need to be alkaline. It seems odd, but you need to be in an alkaline tissue state to make hydrochloric acid, okay?

I debated whether I should go into the whole process of how hydrochloric acid has made and all but we could be here for three days. When I did digestion it was a whole semester, three months. We're not going to do that.

Basically, you need some zinc and you need to be in an alkaline environment and those parietal cells will go to town and make HCl. It's really rare to make too much. It's really rare. It happens sometimes in very high strong nervous people that are young. It's really rare.

Most of the problems that people have when they have burning in their stomach or they perceive it, they call it their stomach. It could be their esophagus, it could be their duodenum or it could be their stomach. By the way, some people say duodenum. I've always been taught and said, "Duodenum" so that's how I say it, but if you say duodenum it's the same thing.

Usually, the burning sensation that people get in their gut is related to acid in the wrong place or a degradation of the mucus protecting lining. If the stomach, if you put substances in and we'll show you what those are in a little bit, that degraded and wreck up the stomach lining, make it so that those mucus cells don't produce enough mucus anymore.

Then you're going to get symptoms when you put food into your stomach every time your stomach secretes a hydrochloric acid. Too little acid is more common than too much acid. We have a differential diagnosis thing we can show you in a little bit where you can really differentiate between a burning is a common symptom, so you have to go on other things.

If you indeed have too much acid, you can get ulcers and yes gastritis and ulcers are probably should be in the other order. If you have a wearing way of your mucus membrane, you can get ulcers and gastritis even when you have too little acid, okay?

Most likely, the acid problem, the burning is either mucus problem or the acids in the wrong place. Again, it's a mucus problem because that part doesn't produce the mucus. The other thing that's really common happens a lot, is an H. Pylori infection.

H. Pylori is a bacteria that can contribute to ulcers. H. Pylori can also contribute to guess what? Leaky gut, which means that H. Pylori can contribute to symptoms throughout your body. Here's the deal, H. Pylori thrives in an acidic environment.

If you are trying to get your stomach under control and you take hydrochloric acid, you can actually make the H. Pylori worse. I had somebody with that that happened and we didn't know she had H. Pylori until we went back. We had done one stool test on her and it didn't show H. Pylori so we thought she were clean, we were fine.

Then she just keeps showing signs and I went to a different lab, which actually does four stool sample. We'll talk more about that when we do our assessment program, but they do actually four samples and it's a pain in the neck to do or pain in the other end to do, but you give four samples and you find stuff.

When she went back and did it there, we found the H. Pylori and then we knew what we were dealing with and we used some herbal treatments to get rid of the H. Pylori and her longstanding headaches, daily headaches went away. She had them for years, many years. She started to lose weight. Isn't that interesting? All kinds of things cleared up when she cleared up that H. Pylori infection.

They contribute to ulcers. She didn't have ulcers. She had more lower GI stuff, but she still had H. Pylori, so it doesn't always come up in ulcers, but when people have ulcers, it's a very common underlying cause.

There's some debate about whether or not is it a natural inhabitant and it's just there when somebody has an ulcer? I've done enough test where people don't have it then I know that it's not.

We used mastic gum, which is a treatment for H. Pylori and we also used something called, "Matula tea." Then she just did general gut stuff like just really the good food and mucousy, mucilaginous herbs and things like that.

Yeah, and it worked. She got rid of it in about two months. H. Pylori is a biggie stomach cancer. What is stomach cancer? That's not good. If you look at this picture here, you can see, this is actually a picture of a stomach cancer and there's little blobs there. These guys are tumors.

I think actually in terms of tumors, one is an ulcer. They don't look that much different at this surface. Stomach cancer is predisposed when you have these other things going on. When you have ulcers, you're predisposing yourself to stomach cancer because you've taken away some of the protective barrier there.

You've caused your immune system to have to work hard H. Pylori. It's a strain on your immune system if you're carrying that around for years. It takes away time that your body can be using towards building things back up and getting rid of the cancer cells that we all grow everyday, that we naturally get rid off.

When you're diverting your immune system attention somewhere else like H. Pylori, yeah. The protocol for H. Pylori that I found to be very effective was that mastic gum and the matula tea and then I'm only in since some of the other things we'll talk about in a bit.

Enzyme insufficiency, we're getting into the pancreas realm. The first group we talked about was more related to what can go wrong with the stomach, but down below we are talking about pancreatic insufficiency. If your pancreas is not making enough enzymes, or your load, you're eating too much food or too much processed quick food for your pancreas to be able to keep up with, you're not going to have enough enzymes.

Your food is not going to be fully digested. That is not just an issue of, "I won't get those nutrients," but those undigested food particles go further down and irritate the lining of your small intestine and contribute to the leaky gut.

The other thing you can get is pancreatitis. Pancreatitis is most common in people who drink a lot of alcohol. Alcoholics for sure, but people who just like to drink on a regular basis are putting themselves at risk for pancreatitis.

When your pancreas is inflamed, it doesn't just affect your digestive and your digestive enzymes, it affects your blood sugar levels, because that's how we maintain our blood sugar levels via insulin and glucagon secreted by the pancreas.

Pancreatitis is really serious and really go careful. If you drink, make sure you don't do it on a regular basis. Make sure you don't do it too excess. There are other things. It could be an infection and you can get pancreatic cancer.

Pancreatic cancer is one of the most deadly cancers there are although healing cancer, some doctors have successfully worked with people with pancreatic cancer. These are some of the things that can go wrong.

We're going to look at what could we do if these things are going wrong? Let's look at how to analyze some of these things. I want you to be able to differentiate based on symptoms between low stomach acid and excess stomach acid.

You can do this via questionnaire, my online questionnaire for digestion and there's section for low stomach acid. There's a section for excess stomach acid. You know that some of the symptoms are the same.

Here's how you differentiate them. With low stomach acid, you're more likely to get a lot of belching and aching one to four hours after eating. Whereas with the excess stomach acid, it's more likely to be pain in your stomach, a burning or an aching one to four hours after you eat.

With the low stomach acid, you usually feel gas almost immediately after the meal. It immediately isn't working for you and you feel full. You just feel full. You still maybe feel hungry than it just feels like, "Oh, my stomach feels like it's stuffed."

With excess stomach acid, you most likely are hungry an hour or two after eating because your body's continuing to produce the acid and your natural response that your brain has to that, the signal that comes from producing stomach acid is, "Oh, I must be to eat."

With the low stomach acid, a lot of times you get an offensive breath, almost a metallic type breath. When you see that and you smell that, you go, "Oh that person must have low stomach acid."

Also people with low stomach acid often have difficult bowel movements or even constipation. With low stomach acid, they may find that eating vegetables, lots of raw vegetables aggravates them.

I know some people when their stomach acid is real low, that even the green smoothies start to aggravate them when they do a lot of it, if they're doing three or four of them a day, on a cleanse. Sometimes we have to get them to just lightly steam their vegetables before they blend them in order to give everything a chance to heal.

You're going to see undigested food particles in the low stomach acid person, definitely. If you're chewing your food pretty well and you see a chunks of food coming out the other end, you probably have low stomach acid.

On the excess, they will get temporary relief by taking anti-acids. The low stomach acid may not and certainly they will from things that coat the stomach. The whole approach, the medical approach is to give an anti-acids whenever anybody reports burning even if they don't know for sure and also it can be diagnosed for sure whether it's low or high.

With the excess stomach acid when you rest and calm down, generally those digestive problem subside and they don't really do that with the low stomach acid. Definitely heartburn due to the spicy foods, because with the excess stomach acid, there truly is a breakdown in the membranes.

All right, so let's look at some of the ways that you can look at your stomach and physically assess. On the one side is the physical exam and we're going to go through this in a lot more detail. I'm just going to go over it, gloss over it now. We'll go through a lot of detail, incorporate some of the Ayurvedic stuff and the Chinese medicine stuff when we do our assessments program.

This on the physical exam side, that's more related to, the first two are related to points, what are called, "neuro-lymphatic points." Those are points that are related to particular organs and it's in the system of applied kinesiology that's used by a lot of alternative practitioners.

You might get of a tender spot inch below the end of the sternum, but towards the left rib case. If you go straight down your breast bone to the bottom where you have that little pointy thing, that's called your xiphoid process.

Then you go out towards the left rib case, you might feel a really tender spot there. Then also, between the 6th and the 7th, and the 7th and the 8th ribs on the left, so I usually under the breast on women and just go straight down below the nipple line about two, the second rib down below the nipple.

Just go down those ribs and see if you find one, but down the nipple line and I have a little bit of a tender spot there. You can rub on those and you can teach your people to rub on those on a daily basis. I've done this with people and I had tremendous results.

It's really some explain meridians in Chinese medicine and it has to do with your digestive fire. The way that you could approach this with people is say, "I want you to put your finger right here and just poke around there and see if there's any tender spots there. If they do, you say, "I want you to do this everyday. Just take a few minutes to just rub on those spots."

If you also notice signs of low protein like poor quality nails, skin, and hair or if they have a lot of dental decay, that could be a sign of low stomach acid because when you have low stomach acid, you don't digest enough protein. You may be eating plenty of it but it's remember what you digest and what you assimilate.

Then on the Reagan's side, I have a list of tests and these tests are ones hat we will talk about the HCl challenge. I have a slide to show you how to do that and I also have a handout on your page. I want you to make sure that you do this with caution and you really be careful with people, because if you do an HCl challenge with somebody and they have gastritis or an ulcer, it will make them worse.

I usually only recommend the HCl challenge after we've done a number of other things to try to correct the low stomach acid. There's something called a, "Heidelberg test," which is very expensive machine, not that many doctors have them, but they actually how do you swallow a pill with a radio transducer in it. It does these measurements all through and you have to retrieve it from your poop and then bring it into the lab and they will read it and let you know how well the stomach acid is performing.

Now, after I just said about the HCl challenge, it doesn't mean I never put people on HCl. Sometimes they need to go on HCl. If somebody's had a longstanding low stomach acid problem and they haven't been able to get relief, you could just give them back their life by putting them on HCl.

Again, you have to be really careful. Often times when I'm giving somebody HCl, I'll proceed it with some slippery elm drink to coat, to protect the membrane and go really easy if you give them one. I'll tell you how to do it in a minute when you can see the instructions.

If somebody has low zinc on doing a zinc taste test, that might be a sign that they have low stomach acid because zinc is required and it's a catch 22 here. Zinc is required to make enough stomach acid, but stomach acid is required to absorb the zinc so all your minerals, your alkaline minerals require acid to cleave away their carriers.

Another test is the H. Pylori test. We'll talk more about whether the blood is better, the stool is better, when to do which one. Low ferritin, low iron, and low stuff in your bloodstream like low calcium even, low protein, low bun, low phosphorous, things that are low suggest that you're not absorbing your minerals or your protein.

With the protein you can go up or down. There's some compensation mechanism that happens when you're not getting enough protein but your body compensates by raising the protein somewhere probably because it's breaking down your stores to try to get the protein levels up in the butt.

We'll go through a lot more details on all of these when we get to our assessments program. The HCl challenge, I'm going to talk you through this. Again, do this carefully. If you're going to do this with somebody, make sure that you are constantly checking in with them and that they are not somebody that you think might have ... You won't do this with somebody who has GERD or reflux. Do not do this with somebody who has GERD or reflux, it will hurt.

If they're just having other signs of well then you suspect low stomach acid, they're constipated, they're getting bloated right after they eat their belly swells up, then you might want to do this.

However, usually what I do is I start with the bitters. My approach to low stomach acid is to get them on bitters. Bitters are particular herbs or foods that are very bitter. The bitter sensation stimulates a reflux under the tongue that then stimulates your stomach, your parietal cells in your stomach to produce HCl.

Then it also stimulates your gallbladder to secrete some bile into the lumen. It also stimulates your liver to make more bile. Your liver makes the bile, your gallbladder stores it so that it's there for quick release.

When you take some of these bitters 10 or 15 minutes before meal, it primes the pump, it moistens the digestive track, it gets it ready for food. That's my favorite approach. Let me tell you, there's reality and there's ideal and most people don't like to take bitters. It's just been my experience and maybe you'll have better results with it is why they taste too bitter.

Can I add some Stevia to sweeten it? No. You can't add Stevia or Xylitol or anything to sweeten it because it's the bitter taste that you need to have on your tongue that stimulates the digestion to start.

What are in bitters? I have a list of it further long. You'll get to see a long list of bitters. You can make your own formula. You could buy individual tinctures and make a formula. You could juice dandelion and mustard green or arugula and have a little ounce of juice that you swish around your mouth before your meals.

A lot of people just don't want to do that so we go with the HCl challenge. It's a home test to see if they need stomach acid and how much they need. You basically start with one standard dose capsule. It's usually five to 650-milligrams in a capsule. Not a tablet because tablets will start to breakdown in your mouth and in your esophagus.

I don't think they even make tablets. You want something that's going to survive intact all the way down to your stomach. That's where you wanted to open up. You wanted to contain both HCl and some pepsin.

You take the HCl after you've taken a few bites of food not on an empty stomach or at the end of the meal. If you take HCl on an empty stomach, you are guaranteed to have some brain pain. Guaranteed. It's going to eat a hole on your stomach. You have to take it with food. It has to be buffered.

I recommend that you take a few bites of food. You take your HCl. The first day you're just taking one and you're going to really watch to see if you have any discomfort or warm sensation in your gut.

If you do, then you don't need HCl or it's not advised for you to take it and stop and go back to the bitters. If you don't the next day, you would take two. Here's the thing you have to be aware of that nobody else talks about. You have to make sure that when they're testing, they're testing on the same type of a meal.

If on Monday, they test it on a bowl of broccoli soup. Let's put it the other way, on Monday they test it on steak and fries and vegetables and everything's fine. They're going to test it on Tuesday but Tuesday their meal is salad and broccoli, it's not the same. You're peeling apples and oranges.

What I recommend is you only try this at your heavier meal, so you have a lot of food to buffer it. A higher protein meal. You would say it's your dinner meal or your lunch meal. You just test it the one time that day.

The next day you test it on the same type of a meal. All of these is written up in detail. This is a one little page summary but the page that I have for you on the site is five pages long, because I have a little chart for you to keep track of things.

I also talk a lot about how to be careful. You got to be careful with this. Do not try this on anybody unless you've already tried it on yourself. Do not try it on yourself until you've read everything and you've read the whole handout and you understand it, okay?

Don't ever open up a hydrochloric acid tablet and capsule and say, "I'm just going to take part of this." If you do that, yes if you want to take half, what you're going to have to do is dump half of it to throw away or put in another empty capsule that you have and then close it up again, but don't ever try to take it as a powder.

It will hurt. You'll hurt yourself it gets in your mouth. If somebody's doing this and they do feel pain or burning or warm sensation that's uncomfortable, you can take things to soothe it down. A chiseler of slippery elm and 8-ounces of warm water makes a thick, nice, soothing tea. A quarter cup of aloe vera juice, very demulcent and very soothing.

You could take a half teaspoon of baking soda in water to neutralize that acid you just put in. The next meal, you go back to the dose that cause no pain. If you tried two and it didn't work, you go back to one.

Let's look at evaluating GERD, Gastroesophageal Reflux Disease or heartburn, most people call it heartburn. Why? Because when it happens, it happens in their chest and it's close enough to the heart that people say, "Oh, I got heartburn." That's how it came about.

One of the symptoms can be that it feels like food's trapped behind your breastbone. If somebody says, "I eat food but it just doesn't feel like it goes down. It feels like it's just trapped. I feel a burning pain in my chest a little bit after eating. If I bend over, I lay down, it is so much worse. It's so way worse than bed."

When you're doing a history with people, you're going to want to ask these questions. They say to you, "Oh, I just want to get some help. I want some nutritional approach to my burning pain that I have."

You have a whole bunch of questions that you're going to ask about timing, about what makes it better what makes it worse. If they say to you, "Oh I have this pain and every time when I go to bed I can't sleep because as soon as I lay down I feel this burning in my chest." That's a sign that they have GERD.

Nausea after eating. That can be something else, but if they have nausea after eating and they were having problems when they lay down, they probably have some GERD going on.

Difficulty swallowing and sometimes even sore throat. I had people have had really bad sore throats and we've gotten them on DGL licorice. When they have the acids coming up into their throat and making their throat sore, we prescribe DGL licorice as a lozenge so they can suck it and have it dissolve in their throat.

A DGL licorice can come as a powder or capsules. I always prefer doing things in powders and it tastes really good so you can mix it up with just about anything and have a drink. If you have this going on on this GERD thing, you have hiccups. A lot of people have a hoarseness or change in their voice, they'll say, "You know what, my voice got deeper. I don't understand this. I can't seem to get my normal voice back."

Some of them might actually notice the regurgitation of food, that little bit of food coming up into the esophagus. Some of them don't notice the food, they just notice the burning or they notice the sore throat.

Some of them don't even notice the burning in their esophagus, they notice it in their throat and possibly a cough or wheezing. The cough would come from that constant irritation in the throat.

Let's look at what could cause GERD or heartburn. Number one, overeating. When you overeat, your EP on your ability, your body's ability to handle it. When you're overeating and your stomach is super full, it's likely that the contents are going to regurgitate back up into your esophagus.

Another one is vigorous exercise after eating. You finish eating and then you go for a 3-mile run. Probably not a good idea. A walk would be okay but a vigorous exercise is probably not a good thing right after eating.

Drinking alcohol affects the LES, the lower esophageal sphincter as just caffeine. It keeps it from staying close and causes it to allow contents to go up. If you wear tight garments, especially if you wear really tight at the top, you wear a bra that's really tight, that can cause your stomach to regurgitate. If you're having really tight waistbands that can cause you to have some regurgitation.

If you eat right before you lay down, you may not have a chance to have the sphincter really shut down all the way and way down and boom the contents start to roll up. Of course smoking, smoking affects everything.

It damages just about all kinds of tissue. You shouldn't be smoking. Stress. How does stress relate to GERD? That's what we always have heard, right? "Oh, you got a stomach ulcer. Really? Got GERD." It's because of stress. Yeah, what happens during stress is that cortisol levels go up.

When cortisol levels go up, you're being prepared for fight-flight. What happens? Sphincters stop functioning properly. The enzymes go down. The secretions in the stomach decrease. Naturally, in these times of stress, you're more likely to have GERD.

Let's look at some of the things that can affect stomach secretions. Since stomach secretions are so important, right? Your hydrochloric acid is very important. Your pepsin is important. Your mucus is important.

What kind of things can cause abnormalities in your stomach secretion? You can have an auto-immune disease. You can have an auto-immune disease that attacks intrinsic factor or that intacts the aligning of your gut.

If you have chronic unrelenting stress, it's just all the time your nervous system is on overdrive. It's going to be hard for you to relax. When you're not in that relax state, your secretions go down.

Another thing could be nasty bugs. Bugs being bacteria, viruses, parasites. If you're eating a lot of processed foods, and you don't have a lot of greens, first of all you're not getting the minerals that you need to create the stomach secretions.

Second of all, you're not getting the nutrients that your body needs and the minerals it needs to go into making them. Certain drugs affect to your stomach secretions and can turnoff or down the secretion of your hydrochloric acid and your pepsinogen and the mucus. There's a list to all medications.

If you ask people, you always should be asking people what medications are you on. You may not know the medications but you write them down and then you can look them up to see if they happen to fall on any of these list that we told you you don't have to keep them on.

Okay, so H. Pylori, we already talked about that. That affects the secretions in the stomach. Chronic overeating. If you're constantly feeling your stomach up too much, your body can't keep up with it.

Other hormones can have an effect on it. If you have a thyroid or an adrenal problem, your secretions may not be adequate. There seems to be a particular predisposition for certain groups to have a genetic tendency to make more acid, like the native/Pima, Hispanic, North Eastern European descents.

Then there's gastric irritants. There's things that everybody knows are gastric irritants. They don't list it on everybody's list of gastric irritants even the ones that the straight, non-alternative doctors will tell you alcohol, coffee, cigarettes, any allergens that you have on your food. Get them out.

If you know you're allergic to it, you shouldn't be eating it. Then finally on sufficiency of zinc can affect the secretions for sure B1 and folate. B1 is really important for beefing up the lining of your digestive track to really help you create a protective lining.

Let's look at what kind of symptoms you get of pancreatic deficiency. Again, you will be asking them these questions and I highly recommend that you organize your questionnaires in such a way that it makes it easy for you to interpret.

Clear sign is gas and bloating and indigestion to half an hour to several hours after eating. Now immediately, not in five or six hours but pretty close an hour to several hours. You get gas and bloating that lasts for one to two hours after eating.

You have chronic constipation, diarrhea or alternating, which means you might be labeling yourself as having IBS and maybe you don't have IBS, irritable bowel. Maybe what you have is pancreatic deficiency.

If you see a lot of undigested stool, undigested food in the stool, these are questions you have to ask people. If they get frequent bubbles or grease in the toilet bowl, like their stool is bubbly or they're sticks, they call them "skitters" where they stick the toilet bowl, that's a sign.

They have undigested food particles leading to foul smelling stools. That can be mucus like, greasy or poorly formed. Now it doesn't mean that a person has to have all of these. If they have any of them, then it can be an issue. It can be pancreatic deficiency.

That soluble vitamins like say somebody says, "I have been taking Vitamin D and my levels don't seem to go up." It could be that they're not making enough lipase and they're not digesting their food the way they should or they're taking steps to improve themselves or, "I've done this or that," and they're not getting a response.

When you eat and the fullness lasts for two to four hours, that means that you've got some insufficiency like that indigestion, very heavy duty fullness. If you have difficulty losing weight, it could be related. If you have pain and tenderness under the left side of the rib case because that's where it's located, you pass a lot of gas. You have nausea and/or vomiting. You pee a lot and you're thirsty a lot.

The peeing a lot and thirsting a lot are relate to the effects that pancreatic deficiency has on the insulin levels. That's also common in diabetes. What causes low pancreatic enzymes must commonly an auto-immune disease.

Secondly, it could be cystic fibrosis. You know it if you have cystic fibrosis, you had been told that as a kid. People with cystic fibrosis have low pancreatic function. Alcohol diminishes your pancreatic output even if you just do it occasionally. When I say occasionally I mean a few times a week, it's still going to have an effect.

It's going to affect your food. It's going to affect your digestion. If you're under admitting stress, that's going to do it. That will help you to have a low pancreatic enzymes. If you eat too much heavily processed foods, you chronically overeat, you overeat and you just stuff yourself with cooked foods, maybe even raw trying to go raw and then you just stuff yourself with cooked foods in a cyclical manner, it could be related to a low pancreatic enzymes.

Low pancreatic enzymes is an easy problem to fix, isn't it? It's not as tricky as the stuff with the stomach where you go, "Do they need it? How much do they need it?" It's really clear that it's a real easy fix. You just buy some pancreatic enzymes.