

Why Frequent Antacid Use for Heartburn is Ruining Your Health

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David Stouder: Welcome to the Humanized podcast. I'm your fill-in host today, Dave Stouder. Rebekah Kelley is doing a special assignment for Humanized Health podcast today and she can't be with us. But happy to have nurse practitioner Julie Davey with us. You know, I'll tell you, we've been getting into a lot of great digestive topics with Julie, and so if this is the first podcast of hers here on Humanized that you've seen, I encourage you to look for the others.

Today, we're going to talk about Why Frequent Antacid Use for Heartburn is Ruining Your Health. A lot of people know that, but a lot of people either don't or are ignoring it. So before I introduce Julie, I want to remind everyone to subscribe and get all our other variety of casts. We have audio, we have the video, we have where we just have the script written out for you, and then, you can go to [HumanizedHealth.com](https://www.humanizedhealth.com). And I'd like to thank our lead sponsor, Village Green Apothecary, for making this all possible.

So let me tell you a little bit about our frequent guest, Julie Davey. She's a nurse practitioner with over 25 years of experience. She's passionate about educating others on the power of food and natural medicine to heal the body. Her clinical practice primarily focuses on GI health, where she utilizes specialty lab testing to help clients get to the root cause of their symptoms. She creates tailored protocols and empowers individuals with the necessary tools to live a healthy and vibrant life.

Julie, welcome to Humanized Health podcast.

Julie Davey: Thank you so much for having me back. I always enjoy these discussions.

David Stouder: Yes. Now, we've touched on this subject in many of our discussions about gut health, but I'll tell you just from working in Village Green Apothecary, and I see how many antacids we sell – the typical over-the-counter ones, prescription ones – and how many people come to the nutrition side of things asking us for help.

So, the first thing I want to ask you is, if I've got reflux and acid and I take one of these pills and my symptoms go away and I feel good, what's the problem? It seems like that took care of my problem. Why should I worry about anything?

Julie Davey: Yeah, it does seem like it takes care of the problem, right? But it's a temporary fix. That's what we always want to be thinking about. First of all, when we have symptoms, that's our body's way of saying, hey, pay attention to me. Something is wrong. And so that's sort of your first clue. Now, if you have something like reflux or heartburn and it is on a regular basis, then there's something going on underneath the surface. And so when you're taking these antacids or proton pump inhibitors, that's really a band-aid approach. We're kind of fixing temporarily the symptom, but we haven't uncovered what's actually going on underneath the surface. That's the most important thing, especially for long-term health and wellness, and a real, true solution and not a band-aid.

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David Stouder: Well, I'm going to get into some of the causes, but let me ask you this. What are some of the known... and I'm not going to pick on any brand, but, you know, people take Tagamet and Maalox and Tums and, you know, there's quite a few. And then there's, of course, like you say, the prescription ones. Well, again, what are some of the harms from using these on a long-term basis rather than every once in a great while?

Julie Davey: Yeah. So, this is something that's so important. So many people are taking antacids, or especially these proton pump inhibitors, that's what I think you were referring to Dave. We hear them abbreviated PPIs. So, if you've ever seen that, heard that, that's what we're referring to. And they're not just prescription anymore, right? They're over-the-counter and they're being, honestly, handed out like candy, or people are being told by their provider, oh, just go get this. You can buy it over-the-counter.

So, some of the most common ones that you may be familiar with are omeprazole, pantoprazole, lansoprazole, those are really the generic names. So then brand names would be like Prilosec, Prevacid, Protonix, Nexium, AcipHex. Those are really the most common proton pump inhibitors. And these are, again, commonly given for indigestion, for heartburn, for reflux, for ulcers. And they work by binding to these proton pumps that are in the cells in our stomach and they block acid production.

So, short term, if you, say, had an ulcer, that [taking PPIs] could be beneficial until the ulcer heals, because the acid is going to be very irritative to the ulcer. And that's how these were first designed. That's what they were first designed for, and they were only designed for short-term use. So, we're talking 6 to 8 weeks until the ulcer heals. But as time goes on, things change and now, again, they're just being given out. And they're over-the-counter now.

David Stouder: Well, I've always thought, and maybe you can either correct me or say a little more about this. I was told that, first of all, we need stomach acid to digest food. So if we have low acid, then we're not getting some of our key nutrients that we may be eating. A low acid environment also makes it a little easier for different infectious nasty things to grow in the gut. And then, I've heard that there's some long-term... I'm not sure if it was heart disease or bone problems, even certain kinds of cancer. And I'm not trying to frighten anyone, but the point is, you perhaps have a situation that could actually be corrected and not just managed, if you manage it for too long. Am I on track on this?

Julie Davey: Yes, definitely. So, I do definitely want to share some of the long-term risks of taking these proton pump inhibitors. But I want to back up too, to a point that you brought up.

So first, if you are having heartburn or reflux, indigestion, then start to think, am I doing things, lifestyle things, that could be causing that? So, some common things would be, stress can cause you to have reflux or indigestion. Overeating, certainly. Even wearing tight-fitting clothes.

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Smoking is known to cause reflux. And then, there's also a very common bacteria called H. pylori that you may have heard of, that is also very much known to cause indigestion.

So, I would first, if you're having heartburn or reflux on a regular basis, start to think, okay, why is this happening? Maybe even if it's after certain foods. Start to journal and figure out, okay, it's only after I eat this acidic food. Okay, well, maybe that's the fix. Don't eat that anymore.

But what I want people to also understand is, these symptoms are actually often a low acid issue – and I want to explain this because it can be very counterintuitive. So, think about this. Our stomach pH should be very low. It should be between 1 and 3. So that means that your stomach is in a very acidic environment, which is what we want because healthy levels of stomach acid cause us to have effective digestion. They aid in destroying these harmful pathogens that we come in contact with, as you were mentioning, Dave. And so when our stomach acid is too low, that's a term called hypochlorhydria, then we can't digest our food properly and our food will sit on our stomach and really kind of ferment. A lot of bacteria in our gut will sort of feed and grow and multiply off of the food so it gets overgrown, which is really kind of a gross thought, but that's exactly what happens.

So, when the undigested food sits on your stomach, it can kind of push back up into the esophagus, or reflux into the esophagus, and that's what actually causes the symptoms of heartburn. Anything that comes back into the esophagus will be uncomfortable because the esophagus is very delicate and has a sensitive lining.

So, all that to say, when people have reflux or heartburn, often it's actually a low acid problem. So, when we're giving these antacids, proton pump inhibitors, yes, it helps by putting a band-aid on the problem, it helps with the symptoms, but it's actually making the underlying problem worse. Does that make sense?

David Stouder: Well, you know, it does. And I've been told that. And obviously, if acid is coming up in your throat, you're thinking, oh, wow, I have too much acid, because there's too much, it's just bubbling over. But I have heard from many digestive experts, just like what you're saying, is that it's really low acid. And it's the low acid that is causing the acid to come up. And I know it sounds counterintuitive, folks, but most people, when they improve their digestive fire, as the herbalists say, with enzymes, sometimes probiotics, things like that, these problems go away, because the stomach acid is critical to your health. Well, I always tell people, in your mind, stop fighting acid and start thinking, restoring digestive integrity.

Julie Davey: Yes, that's such a great point. Exactly. Because what we want, again, we have to have healthy levels of stomach acid to have effective digestion. Otherwise, again, you're not going to digest food properly. You're not going to be protected against these pathogens that we all come in contact with. And you're also not going to be absorbing nutrients like you should. So

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you can get really a lot of other symptoms from malnutrition and not getting proper nutrients. So, super important.

And then I do want to answer your second question about the long-term effects of taking these proton pump inhibitors. And this is not something that's brand new. I mean, studies have shown this for several years now, but looking at the data, the long-term risk of taking these are an increase in kidney disease, osteoporosis, which you mentioned, bones, earlier. Yes, these are really bad for our bones. A low magnesium, vitamin B12 deficiency. You're also at greater risk for pneumonia, for stroke, also for contracting a specific bacteria called C. difficile. And then lastly, they can also cause a lot of gastric polyps. I actually had a family member who had been taking a proton pump inhibitor for about 2 years. And they had had an endoscopy before and it was normal, but then had developed some reflux symptoms and went on this proton pump inhibitor, went back and had another endoscopy, and there were 32 polyps that had developed just in that time span from taking the proton pump inhibitor.

So... I don't know about you, but those are pretty serious side effects that, I don't want to take the risk of something like that happening. And the problem is most patients aren't given this information. They're either told, take this prescription, it'll take care of your symptoms, or go buy this over-the-counter – and they're never told that these really, if you "need" it, it should be short-term use, if anything.

David Stouder: Well, I do want to give you a chance to give... obviously each client you have, or each patient, each person's a little different. So, it's not like you can just give here's the six things everybody has to do. But I like to bring this up. Would you agree that, I think with many of these medications, I think the word "side effect" is a little misleading. I just like to say "adverse effect." The longer you use a medication, the more likely you might suffer from the downside. And so, oftentimes, even with PPIs, people will take them, their acid goes away, they're pretty happy, and it's a year, two, three years later that some of these problems pop up, and they don't think to give it back to their medication. You know, if you take an antibiotic and you get gastric upset and diarrhea, you kind of know.

So, let's give people some hope now. We've just told them that maybe they're hurting themselves, relying on these things for long term. Those are the facts. So, in a general way, what do people with chronic heartburn, indigestion, reflux, where should they start?

Julie Davey: Yeah. So I would say first place to start is, again, let's have some awareness. When are you having these symptoms? What could potentially be causing it? So, is it specific foods that you're eating? Keeping a journal, again, to figure that out can be helpful. Is it that you're eating and then going to bed right away? So really, you should give 2 to 3 hours after eating before lying flat.

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So if you kind of like examined all that, looked at all that, and really you're having this frequently, can't really figure it out, but maybe you're already taking a proton pump inhibitor and you want to get off of it. Some things that you can... and I would say, always work with your provider that prescribed that, to get off of it. But some things that you can do naturally. So there's a supplement called DGL, which is a very soothing anti-inflammatory herb. That's one thing that you can take.

David Stouder: And I just want to say to people DGL stands for deglycyrrhizinated licorice.

Julie Davey: Yes. Thank you. You can also do some aloe. That's also very soothing and can help with symptoms. And I know on Village Green Apothecary [the website], there is a supplement, it's by Pure Encapsulations, and it's called DGL Plus and it has the DGL in it and it also has some aloe. It has a couple of other soothing herbs. It has marshmallow root and slippery elm in that. So that may be something that you want to give a try. There's also a blend called DigestZen, it's a product by a company called doTERRA, but it has a lot of good soothing herbs in it. It has ginger, caraway, coriander, fennel, and so that's very helpful. I do use that a lot in clients when I'm trying to work them off of a PPI. Manuka honey is also really good. It actually helps with reflux symptoms by kind of coating the esophagus and the stomach, and it can actually help with any repair, any damaged tissue that may have been caused there by reflux.

And then I would also say something to consider because, as we mentioned, low acid is often actually the cause. So, when you have this undigested food sitting on the stomach and it refluxes back into the esophagus, that's what often causes your symptoms. So, taking something like just digestive enzymes. Many of these symptoms and the maldigestion and the improvement in nutrient absorption can be helped with digestive enzymes. And I know, also on Village Green Apothecary [the website], Pure Encapsulations also has a digestive enzyme called Digestive Enzyme Ultra, and that's a good one. So that may be something that listeners want to check out.

And then, a couple of other things that I would just say are, we actually did a podcast episode on some of these that you may want to go back and listen to, but ways to really improve digestion are taking some deep breaths before you eat, eating in a relaxed environment, away from working on the computer, phone, all of these things, helps activate your parasympathetic nervous system, which you need to digest your food. Chewing your food enough, 20 to 30 times each bite, so not rushing through eating. You can also try adding a little bit of apple cider vinegar, like a tablespoon in four ounces of water before each meal, about 10 to 15 minutes. See if that helps you feel like you're digesting your food better. And then lastly, I would say, get tested. If you're trying these things and you're not getting anywhere, there is something going on that you have not uncovered yet. So, work with a practitioner that will test your gut and give you kind of hardcore answers, otherwise you're kind of shooting in the dark. Get the answers that you're looking for, and then a treatment plan to address those issues. That's really the best way to get to the root of the problem and to really heal and restore your health for good.

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David Stouder: It's so important. And everybody listening, what Julie Davey has just told us is, one, if your gut is sending messages to you that something's wrong, it doesn't get better unless you do something about it. And you can manage your symptoms for a little bit, but that's sort of a dead-end in the long run. It's not fixing the problem and there are some downsides to this. So, the good news is, there's lots you can do. She gave you some good suggestions. But, Julie, I want to make sure that people know how to get in touch with you. Now, you can go to Julie Davey's website, www.JulieAnnWellness.com and that's J U L I E A N N, no "e" on the end of "n," then wellness.com. And I hope you do that.

Julie, it's been a great time and I look forward to our next. I think I'm going to be a really good digestive expert by the time we get a few more podcasts in. But really, folks, when you go on the [HumanizedHealth] website, it's organized by person. So you can look up Julie Davey and see all the podcasts that we've done in the past.

I really want to thank you for being with us. That was great today.

Julie Davey: Absolutely. Thank you so much for having me.