

# Stomach Acid Is Vital for Your Health

Analysis by [A Midwestern Doctor](#)

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## STORY AT-A-GLANCE

- › Many commonly prescribed medications are given to patients despite the risks often outweighing the benefits
- › Acid-suppressing drugs are among the worst offenders, with their overuse fueled by a lack of understanding about the crucial role of stomach acid throughout the body or that acid reflux is due to too little stomach acid (as the stomach acid of digestion gives the stomach's opening a signal to seal and not let any more food in)
- › Deficient stomach acid causes many chronic health problems (e.g., macular degeneration, a myriad of autoimmune disorders such as asthma, and less overt forms of reflux that cause many common diseases of the ears, nose, and throat such as allergies, coughs, and sinusitis)
- › Acid blocking medications cause a variety of severe side effects, including a 19% increased risk of death and a comparable increase in cardiac events, kidney or liver disease, numerous infections, and bone damage
- › Thankfully, many safe natural treatments can effectively address acid reflux and many of the complications of a chronic stomach acid deficiency

In the U.S., 66% of adults are estimated to have at least one prescription, and the average person has nine filled annually.<sup>1</sup> As an awake physician,<sup>2</sup> one of the most depressing aspects of my work is seeing patients, especially the elderly, weighed down by numerous prescriptions that frequently do more harm than good.

For example, as I showed [here](#), statins provide a negligible benefit (e.g., at best, taking them for five years extends one's lifespan by 3 to 4 days) but create significant side effects such as severe muscle pain and cognitive impairment for 20% of users.

This tragic situation is best demonstrated by a 2007 study which showed that simply discontinuing the least necessary prescriptions resulted in a 23% reduction in the death rate and an 18.2% decrease in hospital referrals.<sup>3</sup> Sadly, since the trend in medicine is always to have people on more drugs, data like this has had no effect on the practice of the overprescription of medications.

Over the years, I've asked dozens of holistic doctors which widely prescribed drugs they consider to be the most unnecessary and dangerous, and in addition to statins, three frequently make their list:

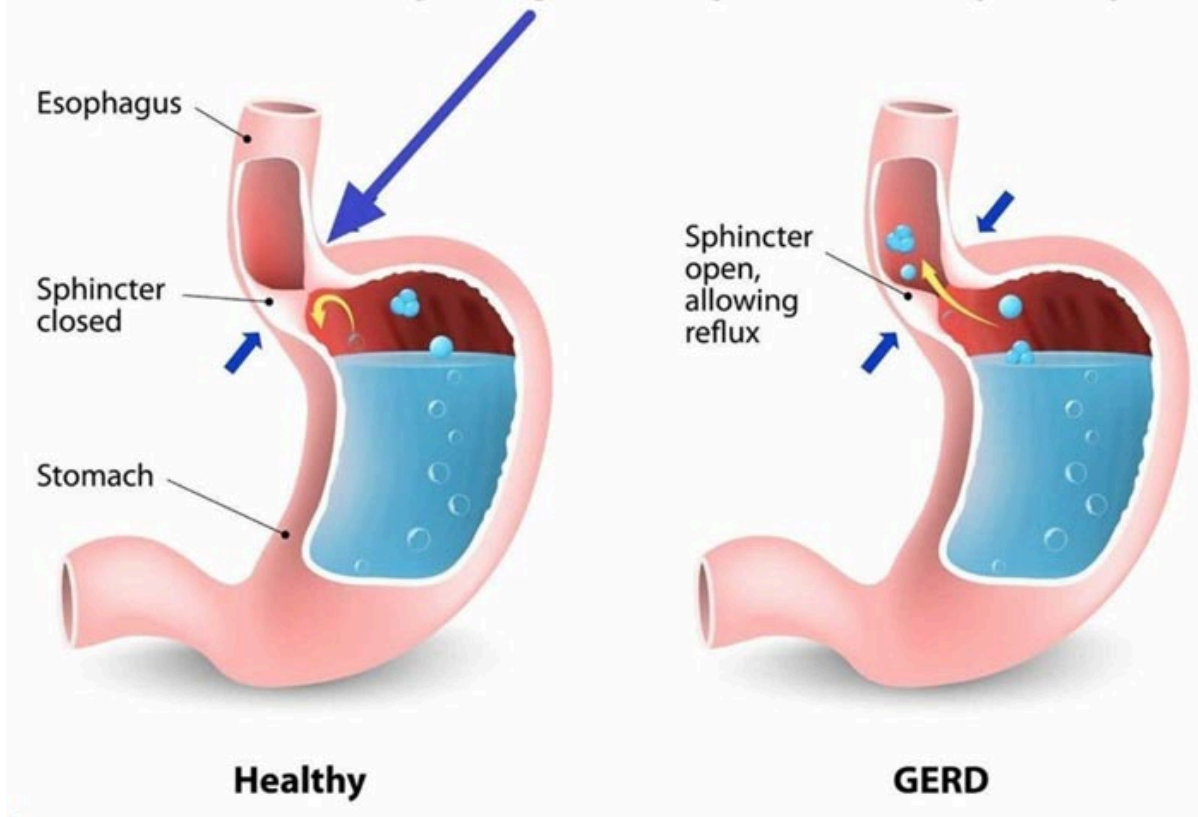
- NSAID painkillers (discussed further [here](#))
- SSRI antidepressants (discussed further [here](#))
- Stomach acid blocking PPIs (the focus of this article)

## **Acid Reflux**

Your stomach contains acid that it uses to digest food (primarily by turning on powerful enzymes that digest protein).

When the stomach is digesting food, the acid should stay inside the stomach, but sometimes, it leaks back up into the esophagus (your throat) because the muscle that seals the top of the stomach (the LES) fails to fully seal. Since stomach acid is irritating, it frequently creates an unpleasant condition known as heartburn when it refluxes into areas like the throat that are not resistant to its acidity.

# Lower Esophageal Sphincter (LES)



Gastroesophageal reflux disease (GERD) is a very common condition, estimated to affect 20% of adults (ranging between 18.1% to 27.8% of adults in the USA), is slightly more common in women, and those numbers have been gradually increasing globally.<sup>4</sup>

In addition to overt acid reflux, another condition is silent reflux (laryngopharyngeal reflux), where minor reflux occurs without causing overt heartburn.<sup>5</sup> It is often the root cause of a variety of other symptoms, such as:

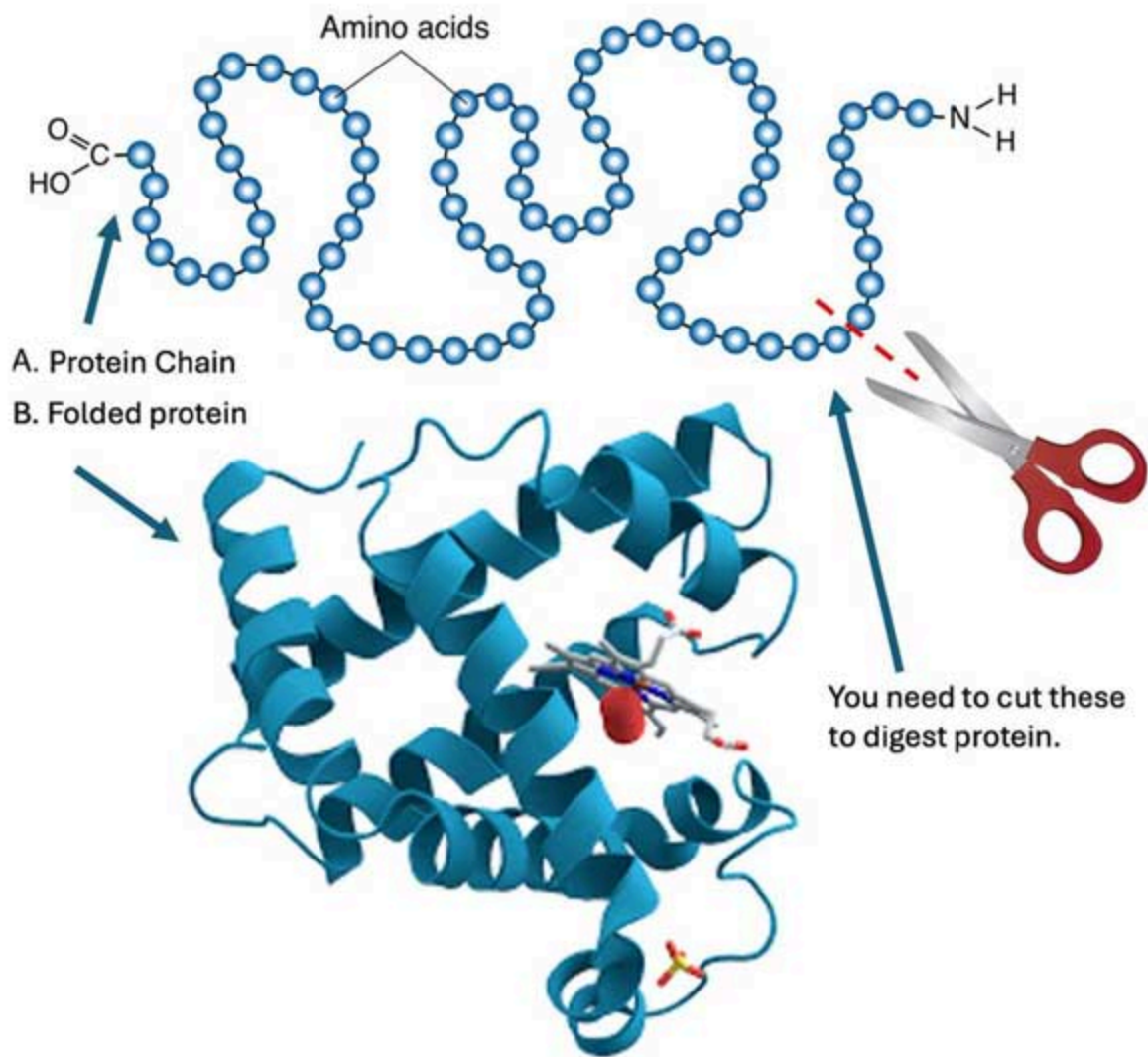
Allergies	Asthma and reactive airway diseases	Burning in the mouth or on the tongue
Chronic sore throat	Ear pressure and ear infections	Frequently feeling like you need to clear your throat (and sometimes cough)
Post-nasal drip	Sensation of a painless lump in the throat	Sinus issues

While most medical conditions are overemphasized to sell more prescriptions, silent reflux is not, and it is quite rare for me to meet an otolaryngologist (ENT) who recognizes this is the root cause of their patients' symptoms. Fortunately, silent reflux is highly responsive to lifestyle changes (e.g., not eating at night), and **those measures** frequently produce profound improvements for patients.

## **Why Stomach Acid Is Essential for Your Health**

Subtle distortions frequently occur in science, creating a false conception of reality that conveniently allows a profitable industry to exist. For example, stomach acid is largely viewed as unnecessary and thus frequently possible to justify eliminating with acid suppressing medications. In reality, it has numerous vital functions:

- **Protein digestion** – Amino acids, the building blocks of the body, are obtained from protein. Without sufficient acid, proteins can't be properly digested, leading to significant nutritional deficiencies, impaired energy levels, mood or cognitive function, and food sensitivities from undigested foreign proteins entering the bloodstream.



- **Sterilizing the stomach** – Acid is a barrier to harmful microbes, preventing them from entering and infecting the digestive tract. Those with low stomach acid are thus at higher risk for severe foodborne illnesses and hospital-acquired infections.

For example, one study found that ventilated patients who received an acid blocking medication (which was not as powerful as the newer PPIs) were twice as likely to develop pneumonia and 60% more likely to die from hospital acquired pneumonia.<sup>6</sup>

Similarly, a *Clostridium difficile* infection is the leading cause of hospital-associated infectious diarrhea. It has a considerable impact on the length of a hospital stay and its costs – those on PPIs were found to be twice as likely to develop this condition.<sup>7</sup> Furthermore, one large review of septic patients found those on PPIs were 4.3% more likely to die than those not on PPIs.<sup>8</sup>

**Note:** *The largest review that has been done so far of PPIs and COVID-19 found PPIs increased a COVID patient's risk of dying by 77%.<sup>9</sup>*

Many of the issues with acid suppression are best illustrated by how they alter the normal bacterial flora of the gut. For example, to quote the manufacturer of one PPI:<sup>10</sup>

*"Like other agents that elevate intragastric pH, omeprazole [Prilosec] administered for 14 days in healthy subjects significantly increased the intragastric concentrations of viable bacteria. The pattern of the bacterial species was unchanged from that commonly found in saliva. All changes were resolved within three days of stopping treatment."*

- **Nutrient absorption** – Many (myself included) believe one of the primary causes of all the chronic illnesses we see today are widespread deficiencies of vital nutrients. Much of this deficiency comes from:
  - Industrial agriculture (which nutritionally depletes the soil)
  - Chelating herbicides such as Roundup (which sequester essential minerals like manganese)
  - Food processing (which removes many vital nutrients from food)
  - Impaired absorption of the nutrients that remain.

**Note:** *Manganese deficiency is a root cause of many debilitating conditions, such as hyper-mobile connective tissue disorders (which make individuals much more sensitive to environmental toxins – for example, patients with ligamentous laxity are much more vulnerable to vaccine injuries).<sup>11</sup> Fortunately, **with appropriate manganese supplementation**, these conditions often significantly improve.<sup>12</sup>*

Poor stomach acid levels hinder the absorption of critical minerals and vitamins. Beyond making individual amino acids available, certain vitamins (e.g., B12) depend

upon stomach acid for absorption, and many minerals bound to plants (e.g., iron) will only separate and become absorbable in an acidic environment.

**Note:** *This is a key reason why stomach acid deficiency is particularly problematic for vegetarians.*

- **Digestive signaling** – Acid stimulates the release of hormones (e.g., secretin and cholecystokinin) and enzymes necessary for digestion.<sup>13,14</sup> These signals ensure that the pancreas releases the right enzymes to continue breaking down food and that the digestive system functions efficiently. Impaired acid levels can disrupt this process, leading to issues like indigestion and floating stools.

*"Why would Nature expend so much metabolic energy to provide each one of us at birth (and until at least age forty) with an ample supply of stomach acid and pepsin if it weren't really necessary for digestion?" – Jonathan Wright MD*

## The Problems with PPIs

Proton pump inhibitors (PPIs) are the most powerful acid suppressing medications on the market. Initially, PPIs were meant for treating very high stomach acid levels or severe GI damage and rare debilitating diseases (e.g., Zollinger–Ellison syndrome<sup>15</sup>), and their usage was limited to 4 to 8 weeks. However, once the heartburn market was recognized, PPIs were heavily promoted, and now over 15% of Americans take them.<sup>16</sup>

Since stomach acid is critical for health, prolonged PPI use has been linked to serious health risks such as:

**Increased mortality** – Studies show a 19% increase in overall risk of death.<sup>17</sup>

**Cardiac events** – A 28% increase in the risk of major cardiac events.<sup>18</sup>

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**Kidney and liver disease** – Higher risk of severe kidney disease and worsened liver conditions.<sup>19,20</sup>

**Bone health** – Increased risk of osteoporosis and fractures.<sup>21</sup>

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**Infections and deficiencies** – Higher risk of infections like pneumonia, nutrient absorption issues, and low magnesium levels.<sup>22</sup>

**Dementia** – A 33% increase in dementia risk.<sup>23</sup>

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Significantly increasing the risk of **macular degeneration**.<sup>24</sup>

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## Conditions Linked to Impaired Stomach Acidity

Dr. Wright gained an international reputation for his success in treating challenging chronic illnesses (e.g., macular degeneration). He found low stomach acid was one of the most common root causes of chronic illness.

Low stomach acid is especially common in autoimmune disorders. For example, research in the 1930s showed that over 80% of asthmatic children had low stomach acid and that if given the missing hydrochloric acid, many saw their asthma disappear, especially when allergens were also removed from their diets.<sup>25</sup> Unfortunately, this became a forgotten side of medicine once drugs that could perpetually "manage" asthma hit the market.

In turn, Wright found with his asthmatic patients that **if he normalized their stomach acid levels** and administered injectable B12, chronic illnesses like asthma could be improved and often cured. Likewise, Wright was also able to draw a clear link between stomach acid deficiency and the following autoimmune conditions (as data existed to support the link and in over half of the cases he saw, low stomach acid was detected):



Acne rosacea	<b>Chronic autoimmune hepatitis</b>	Multiple sclerosis	Rheumatoid arthritis
<b>Addison's disease</b>	<b>Diabetes (type I-Juvenile)</b>	<b>Myasthenia gravis</b>	<b>Scleroderma</b>
Allergic reactions	Eczema (severe)	Pernicious anemia	<b>Sjögren's syndrome</b>
<b>Celiac disease</b>	<b>Graves' disease (hyperthyroid)</b>	Polymyalgia rheumatica	<b>Ulcerative colitis</b>
<b>Childhood asthma</b>	<b>Lupus erythematosus</b>	Reynaud's syndrome	<b>Vitiligo</b>

**Note:** *The bolded conditions are known to be linked to an HLA genetic factor but nonetheless responded to Wright's protocol, suggesting not only genetics but also environmental factors must be considered in chronic disease.<sup>26</sup> This is **very similar to the situation with autism**, where many different genetic factors have been partially linked to it, and all of those factors share the common thread of increasing the likelihood that an environmental toxin will permanently damage the body.*

*Thus in both cases, we have a myriad of chronic conditions that are difficult to explain (let alone treat) unless they are each viewed as the manifestation of a few key pathologic processes that must be addressed.*

Wright also noted other health issues linked to low stomach acid, such as digestive problems, skin disorders, accelerated aging, depression, and even stomach cancer.

In fact, Wright predicted that proton pump inhibitors (PPIs), which reduce stomach acid, would increase stomach cancer rates. Recent studies have confirmed this, showing that PPIs can nearly double the risk of developing stomach cancer (e.g., a meta-analysis reviewing millions of people found a 1.8X increase).<sup>27</sup>

## **What Causes Acid Reflux?**

So far, I've tried to make the case that acid reflux is tied to a stomach acid deficiency (something Wright found in over 90% of the thousands of tests his clinic performed), and more importantly, that the presence of reflux should serve as a warning of stomach acid deficiency and that critical parts of your health may also be compromised.

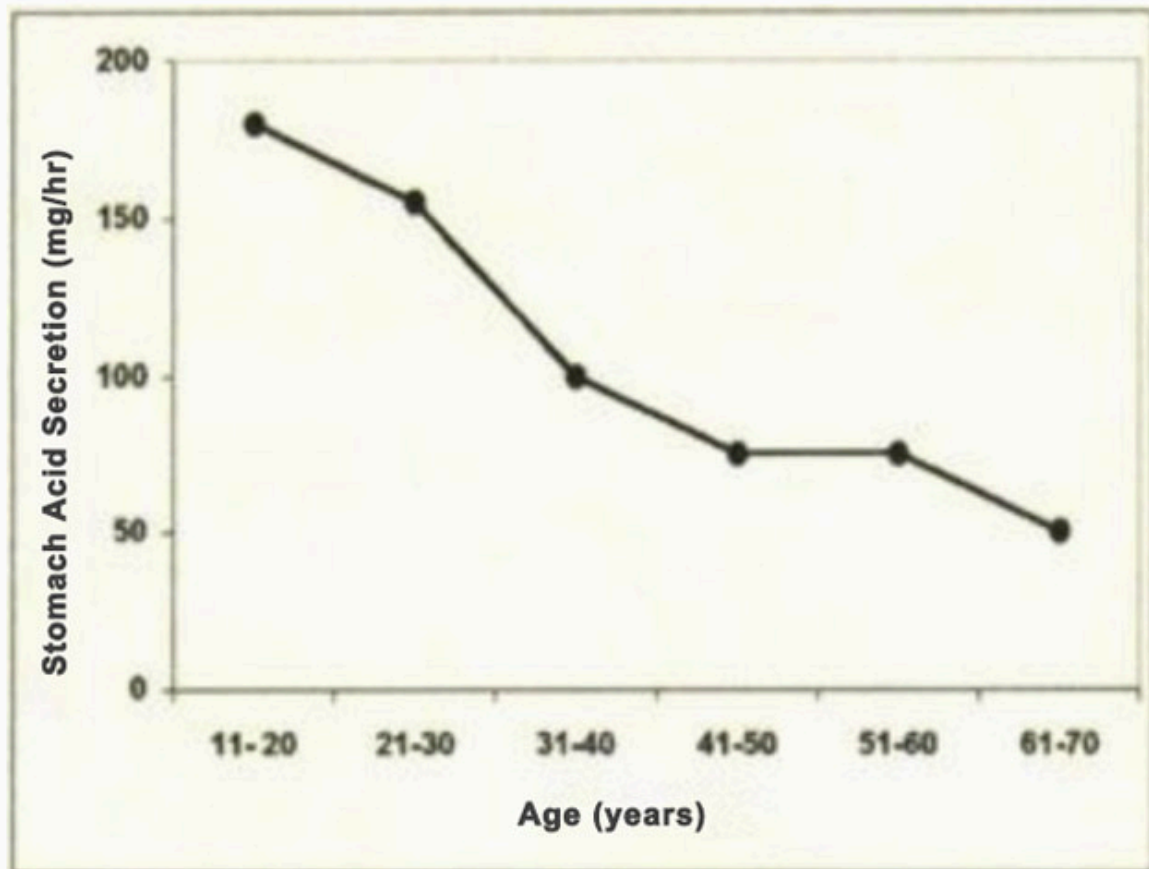
Sadly, doctors always assume there is too much acid in the stomach when seeing a patient with GERD rather than measuring the stomach acid levels prior to beginning an acid reducing regimen (e.g., in 30 years of practice, Wright never saw a patient who ever had their stomach acid directly measured by another doctor, regardless of how other many tests their previous doctors had performed to evaluate their GI tract).

All of this comes about because of an important fact that is rarely taught in medical school. The lower esophageal sphincter is pH sensitive and only closes once sufficient acidity is present in the stomach (which makes sense since otherwise food would not be able to get to the stomach in the first place, but once it's there and being digested, you need a way to keep it from getting back into the throat).

Since GERD is so common, that suggests there is also a widespread deficiency in stomach (hydrochloric) acid. Presently, I believe a few factors are responsible:

**Aging** — Stomach acid production decreases with age, particularly after 60. This decline is linked to various health issues, making amino acid and B-12 supplementation crucial for older adults. The increasing prevalence of GERD with age suggests that doctors often misattribute symptoms to excess acid rather than considering a deficiency.

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**Note:** *The likelihood of GERD is known to increase with age, which again makes it remarkable that so few doctors consider the possibility that excess acid in the stomach is not the cause of their patient's symptoms.*

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**Diet** – Stomach acid requires both hydrogen and chloride, which are less present in modern diets. Proper supplementation of these elements can significantly improve gastrointestinal function.

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**Autoimmune conditions** – These can attack the stomach's acid-producing cells, reducing acid levels.

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**H. Pylori infections** – This bacterium is known to decrease stomach acid production.

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**Energy demands** – Producing stomach acid is energy-intensive. Mitochondrial dysfunction, common in chronic illnesses, may contribute to declining acid levels.<sup>28</sup>

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**Medications** – Acid-suppressing drugs naturally reduce stomach acid levels, exacerbating the problem.

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However, stomach acid deficiency isn't the only cause of acid reflux:

- **Physical pressure** – Excess pressure on the stomach, such as from a hiatal hernia, can force the lower esophageal sphincter (LES) to open, leading to reflux. This condition is estimated to affect 55% to 60% of people over 50.<sup>29</sup>
- **Medications and foods** – Many medications, particularly ones used to relax muscles like the bronchodilators used to "treat" asthma, certain blood pressure medications (e.g., calcium channel blockers) along with valium, nitroglycerine, and opioids, all relax the LES and thereby allow stomach contents to leak through it.<sup>30,31,32,33,34</sup>

Additionally, Wright found that some foods, including fats, chocolate, coffee, other caffeinated beverages, mints (especially peppermint and spearmint), sugar, onions, and some alcoholic beverages, can weaken the LES.

- **Stomach irritants** – Acidic foods, spicy foods, carbonated beverages, and coffee can irritate the stomach and trigger reflux. Patients with lectin sensitivities should avoid high-lectin foods.<sup>35</sup>
- **Spicy foods** – While spicy and bitter foods can stimulate stomach acid secretion and protect against parasites, they can also irritate inflamed tissues and worsen GERD symptoms in severe cases.

While many of these foods are on the list of items to avoid if you have GERD, Wright uniquely categorized foods into those that weaken the LES versus those that irritate the stomach, providing a more nuanced approach to managing GERD.

**Note:** *One of the most insidious things about this is that PPIs create a dependency for the user as once they begin to stop using them, some stomach acid will return (which is*

*enough to irritate the esophagus but not enough to signal to the LES to close), leading to reflux GERD and hence forcing the patients to resume the PPI to alleviate their symptoms.*

Sadly this dependency is a common theme in the most commercially successful pharmaceuticals. For example, benzodiazepines were only meant to be used for the short-term management of anxiety because they are highly addictive.<sup>36</sup> Still, since they are frequently prescribed indefinitely to patients, many cannot stop using them due to the severe anxiety provoking withdrawals they produce.

## Managing Stomach Acidity

Most of the natural approaches for treating GERD and the conditions relating to deficient stomach acidity normally seek to do one or more of the following:

Reduce the pressure on the stomach.

Remove stomach irritating foods from the diet.

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Restore the tone of the LES.

Restore hydrochloric acid production.

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Heal damaged areas of the GI tract (e.g., an ulcer) without using acid suppressing medications.

Support normal digestive function in tandem with increasing stomach acidity.

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Some of these approaches are relatively straightforward and have been mentioned throughout the article. Others are commonly done within medicine (e.g., a fundoplication wraps the top part of the stomach around the esophagus thereby tightening the LES and reducing how much acid can exit back into the esophagus – but unfortunately has a variety of side effects).<sup>37</sup>

Sadly, however, patients are rarely informed of [the natural ways to treat acid reflux](#), despite them being quite feasible to implement at home.

## Conclusion

Despite my extensive understanding of the politics behind medicine, I still find it hard to accept that medical science has largely ignored the critical role of stomach acid. This situation highlights how modern medicine often prioritizes sales over scientific evidence.

Fortunately, with the patents for PPIs now expiring, the financial incentive to overlook their harms has diminished. As a result, the medical community is finally starting to acknowledge the risks associated with these drugs.

In parallel, due to the disastrous COVID-19 response, we have entered a new political climate where people are much more skeptical of previously unchallenged marketing dogmas like the great stomach acid scam now and as I've seen firsthand, millions are instead searching for the truth. Getting to this point has taken decades of work by everyone, and I sincerely thank each of you for what you've done to bring the forgotten sides of medicine to the public's attention.

**Author's note:** This is an abbreviated version of a [full-length article](#) that takes a deeper look into the above details (e.g., other dangers of PPIs, the methods for naturally treating acid reflux or stomach acid deficiency, and how these protocols were used for a myriad of conditions such as macular degeneration). For the entire read with much more specific details and sources, please click [here](#).

## About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

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