How to Beat Heartburn, Bloating and H-pylori for GOOD!
HELLO!
Seminar Overview

• You will learn:
  – The causes of heartburn and bloating
  – How to uncover the cause in your case
  – The problem with medical treatments
  – The consequences of not treating the symptoms
  – Precisely how to change your diet to beat it
  – Other steps to overcome your symptoms
Seminar Overview

• I’m here to tell you that no matter how long you have had your symptoms, there IS a solution for you.

• We’re going to go deep into how you find that solution.
You’re definitely in the right place if...

✓ You’re struggling with heartburn, bloating, etc.
✓ You’ve been diagnosed with H pylori
✓ Your digestive system as a whole feels awful
✓ You’re taking antacid meds and getting nowhere

✓ You’re frustrated with the healthcare system for not uncovering why you don’t feel well
You’re definitely in the right place if...

✓ You’re concerned your symptoms are causing long-term harm
✓ You’re confused by the conflicting info on the Web
✓ You want to eat your favourite foods again
✓ You want to just feel normal again
I Understand Your Pain...

• I pretty much owe my entire career to gut problems
• Between 2004-2007 they really knocked me down
• My heartburn was excruciating
• Nothing worked – antacids didn’t help at all
• I found out I had *H. pylori* and some other bad bugs, and nutrient / hormone imbalances
• I fixed myself
You’re Safe 😊

- My recovery inspired me to help people like you
- As a team, we’ve helped more than 2,500 from 23 countries transform their health
- New Mums, teenagers, the elderly, pro athletes...
- I’ve written 7 books on gut health
- My latest book is called “How To Overcome Heartburn Naturally”.
You’re Safe 😊

• EVERYTHING I teach is evidence based
• AND we know it works in the real world
• I have a 6 month practitioner training program where I teach nutritionists, MDs, DO’s, DCs, etc. how to get better outcomes with their patients
My promise to you

• This topic is ultra-important!
• I have a limited time with you today – about 60min
• I’ll teach you as much as I possibly can with the time that we have
• I PROMISE that before we finish I will show you how to get tons more
What is GERD?

• GERD/GORD: Gastro-(O)esophageal Reflux Disease:
  – Encompasses heartburn, acid reflux, burning stomach and other commonly used terms.
  – It’s more than just heartburn
  – Involves damage to the oesophagus
How common is GERD/GORD?

• It’s a “Western” disorder
• Doesn’t occur very much in “under-developed” countries
• Occurs when lifestyle becomes more westernised
It’s Not the Only Such Problem...

- The 7 most prevalent digestive disorders in Western countries are:
  - GERD – 30-60million
  - IBS – 30-45million
  - Gallstone disease – 20-25million
  - Diverticular disease – 2.2-40million
  - Celiac disease – estimated 3 million but may be great deal higher
  - IBD (colitis, Crohn’s) – 700,000-900,000
  - Colorectal cancer – just over a quarter million
England & Wales NHS Stats

“GORD is a common digestive condition. About 1 in 5 people are thought to experience at least 1 episode of GORD a week, with 1 in 10 people experiencing symptoms of GORD on a daily basis.”

http://www.nhs.uk/conditions/Gastroesophageal-reflux-disease/Pages/Introduction.aspx
“GORD can affect people of all ages, including children. However, adults aged 40 years or over are mainly affected. The condition affects both sexes equally, although males are more likely to develop complications.”

http://www.nhs.uk/conditions/Gastroesophageal-reflux-disease/Pages/Introduction.aspx
U.S. Statistics

• Heartburn frequency in the U.S...
  – 50% (about 150 million) encounter it annually
  – 15-44% experience it once a month
  – 20% have it weekly
  – 7% complain of having it every day (about 22.5 million people)
Your Symptoms (obvious ones)

• Call it GERD, heartburn, acid reflux, or whatever, you’ll *experience* is the familiar burning sensation in your esophagus and stomach:
  
  – Heartburn
  – Indigestion / regurgitation
  – Burning sensation higher up your throat
  – Often associated with other digestive symptoms
  – You don’t need anyone to tell you if you have these symptoms!
Silent GERD

- However, some people have silent GERD, which is reflux without heartburn.
  - This can be dangerous
  - Damage can be caused to the esophagus without you feeling it (more on this later).
What is GERD?

• It’s not just heartburn...

• It includes damage to the esophageal lining, which can become quite nasty and turn into “esophagitis”:
  – Involves damage to your esophagus
  – With or without obvious symptoms
Why do you develop GERD?

• The acid sensations of heartburn and reflux, along with chest and stomach burning are generally the result of four possible factors...

• I call them the “Four Horsemen of the GERD Apocalypse”
The Four Factors

• The Four Horseman of the GERD Apocalypse are:

1. Acid splashing up from your stomach into your esophagus (weak esophageal sphincter)
2. Poor gut motility (slow digestion)
3. Stomach inflammation (gastritis)
4. Hiatal hernia (structural problem of the diaphragm)
5. You can also get bloated and gassy alongside this.
YOUR symptoms...

• GERD triggers are highly individualized, and treatment should be customized to the root cause or causes:
  – The key is to find out what is setting off your symptoms and eliminate the sources of the problem for you.
  – It could be one or more of the Four Horsemen mentioned just now.
#1. Acid Splashing
Acid Splashing

• Even a little bit of acid getting into the wrong place is enough to cause pain and burning.

• It’s not about having too much acid, which is why standard medical treatment for GERD is insane.
Acid Splashing

• The LES will not close properly unless there is enough acid – acid is NEEDED for its closure!

• GERD is likely to occur when stomach acid levels are too low.

• This is the opposite of what the pharmaceutical companies want you to think.
Acid Splashing

- Research demonstrates that, in general, stomach acid levels *decline with age*.

- Yet heartburn and GERD incidence *increase with age*.

- It is usually *inadequate stomach acid* that causes heartburn, not excessive levels.
Stomach acid declines with age

Figure 11: Mean stomach acid secretion from the second to the eighth decade of life (adapted from Krentz, et al.23)
How do you develop a weak LES?

• Stress
• Food intolerance (gluten, cow’s milk are big ones)
• Nutrient deficiency (possibly calcium and potassium)
• Smoking
• Overeating (especially fried & fatty foods)
• Low stomach acid:
  – *H. pylori* infection
  – Nutrient deficiency (iron, zinc, vitamin B₆)
How do you develop a weak LES?

• Certain foods can relax your LES, although this is highly individual:
  
  – Tomatoes
  – Onions and garlic
  – Citrus fruits
  – Caffeine (especially coffee in my experience)
  – Chocolate
  – Alcohol
  – Peppermint
How do you develop a weak LES?

• So we have a component to heartburn and reflux that your doc probably hasn’t told you about – a weak LES.

• And a weak LES can be caused by stress, food, low stomach acid, infections and nutrient deficiencies.
#2. Slow Gut Motility

• Some folk have poor stomach function – like a “sluggish gut” – and they can’t digest food properly due to:

  – Food sensitivity
  – Stress
  – Infections
  – Poor eating habits
  – Low stomach acid and weak pancreatic function.
#2. Slow Gut Motility

- Depression and an underactive thyroid can also reduce stomach function and slow down digestion.
- You’ll often find hormone and mood issues alongside digestive problems.
Slow Gut Motility

• When undigested food sits in your stomach, it putrefies, burns, irritates and starts to give off gases.

• It’s a little bit like a witch’s cauldron bubbling away in your tummy!
#3. Stomach Inflammation - Gastritis

• “Gastritis” is the fancy name given to stomach inflammation.

• Inflammation is where the stomach tissue becomes red and raw (like a burn on your skin, or when you trap your thumb in the door).
Stomach Inflammation - Gastritis

Stomach Inflammation - Gastritis

• Small amounts of acid and certain foods coming into contact with inflamed stomach tissue can cause burning and pain.

• Again, you don’t have to have excessive stomach acid to feel discomfort.
Stomach Inflammation - Gastritis

- Possible reasons for gastritis:
  - *H. pylori*
  - *Candida* overgrowth and other infections
  - Food sensitivity – e.g. milk, gluten
  - NSAIDs such as aspirin
  - “Acidic” foods – coffee, citrus, tea, vinegar, pickles, spicy foods, etc.
  - Cigarette smoking
  - Alcohol consumption
  - Dehydration
Notice how the underlying causes revolve around foods, meds, habits, infections, and so on... all things you can do something about!
Structural Issues – Hiatal Hernia

• A commonly overlooked reason for heartburn is **hiatal hernia**, where a portion of your stomach can protrude through your diaphragm.
Structural Issues – Hiatal Hernia

[Diagrams showing normal esophagus and stomach, sliding hiatal hernia, and paraesophageal hiatal hernia]

http://www.lhsc.on.ca/Patients_Families_Visitors/Thoracic_Surgery/Surgeries/Laparoscopic_Hiatal_Hernia_Surgery.htm
Structural Issues – Hiatal Hernia

• Hiatal hernias can be the result of:
  – Pregnancy
  – Coughing
  – Straining during bowel movements
  – Being overweight or obese
  – Lifting objects from the floor
  – They are more common in people over 50
Structural Issues – Hiatal Hernia

• I’ve seen people undergo simple manual therapy to pull the diaphragm down with elimination of chronic heartburn and reflux within 24 hours.
Summary of Heartburn Causes

• You have learned that heartburn can be caused by the Four Horsemen of the GERD Apocalypse:

1. A weak lower esophageal sphincter
2. Poor stomach function (slowed down)
3. Stomach inflammation (gastritis)
4. Hiatal hernia
Summary of Heartburn Causes

• Deeper, underlying factors include:
  – Foods and eating habits
  – Stress
  – Smoking and alcohol consumption
  – Medical drugs such as NSAIDs
  – Low stomach acid
  – Infections such as *H. pylori*, *Candida* and SIBO
  – Nutrient status/deficiencies
  – Lifting heavy objects
  – Other health conditions such as obesity
Summary of Heartburn Causes

• Furthermore, when you are under anxiety, stress, or feeling depressed, the esophagus can become hypersensitive and minor irritation can cause severe pain.

• Stress can cause or exacerbate your symptoms.
Let’s take a breath...

• You can already see that it is not as straightforward as you might think.

• ...and it’s important to note that I haven’t included “excess stomach acid” or “antacid drug deficiency” in the list of causes.
Associated Symptoms and Conditions

• Symptoms that may accompany GERD include:
  
  – BLOATING!
  – Asthma
  – Chronic cough or sore throat
  – Difficulty or pain when swallowing
  – Erosion of tooth enamel and gum inflammation
  – Hoarseness and loss of voice
  – Postnasal drip
Associated Symptoms and Conditions

• Symptoms that may accompany heartburn:
  – Bad breath and belching
  – BLOATING and excess gas
  – “Irritable bowel syndrome”
  – Sleep disorders and low energy levels
  – Sour taste in your mouth
  – Nutritional deficiencies (iron, B₁₂ and others)
    • Leading to fatigue, weakness, depressed moods, headaches, and other neurological problems
Associated Symptoms and Conditions

• Poor stomach function may also lead to problems further down your digestive system:
  – Small intestinal bacterial overgrowth (bloating!)
  – Candida (bloating!)
  – Sluggish pancreas (bloating!)
  – Sluggish gallbladder (bloating!)
  • IBS, bloating, wind, constipation, diarrhoea, etc.
Possible Serious Complications

• The fact that so many people have daily or weekly heartburn, is frightening considering the possible consequences.
Possible Serious Complications

• **Barrett’s esophagus:**
  – changes in esophageal cells that are precancerous in some cases)
• **Dysphagia:**
  – difficulty swallowing and getting enough food
• **Esophagitis:**
  – irritation and inflammation of the esophagus, increasing the risk of...
• **Esophageal cancer:**
  – Uncommon, but serious
Possible Serious Complications


- If you have suffered with heartburn for more than twenty years, your risk is increased forty four times.
Possible Serious Complications

• If your heartburn is caused by *H. pylori*, there’s further concern as we know this tummy bug causes:
  
  – Stomach ulcers
  – Duodenal ulcers
  – Atrophic gastritis
  – Iron and B12 deficiency
    • Anemia, fatigue, weakness, neurological problems
  – Stomach cancer
  – Possibly in some people contributing to high blood pressure, diabetes, heart disease and even stroke
Possible Serious Complications

• I don’t mean to alarm you - I just wanna make sure you’re aware that chronic heartburn isn’t normal, and should not to be ignored.

• Once you determine what’s causing your heartburn or GERD, you can do something about it, you can easily beat it.
Conventional Treatment

• As you’re probably aware, folk with heartburn generally rush to the pharmacy to grab antacids.

• As a short-term stop gap, there’s nothing wrong with these meds – Rennie, Gaviscon, Zantac, Tums, and so on.
Conventional Treatment

• If these over the counter medications don’t work, doctors will generally prescribe the heavy hitters:
  
  – H2 blockers (e.g. Zantac / Tagamet)
  – Proton pump inhibitors (PPIs; e.g.)
Conventional Treatment

- H2 blockers work by actually reducing the amount of acid made by your stomach.
- They’re available through prescription or over the counter in smaller doses.
Conventional Treatment

• PPIs has surpassed H2 blockers and are considered more effective:
  – Omeprazole, pantoprazole, lanzoprazole
  – They are among the best selling drugs on the planet
Conventional Treatment

• PPIs pretty much shut down stomach acid production completely.

• This relieves symptoms for some people, but not for others.

• Shutting down stomach acid can lead to some insidious complications.
Conventional Treatment

• Long term antacid use is associated with:
  – Direct side effects (many different ones!)
  – Inefficient food digestion
  – Small Intestinal Bacterial Overgrowth (SIBO)
  – *Candida* overgrowth
  – Sluggish pancreas
  – Sluggish gallbladder
  – … **BLOATING!!!!**
Conventional Treatment

• Paradoxically, these ‘side effects’ can CAUSE the very symptoms the drugs are meant to alleviate in the first place!
Conventional Treatment

• Low stomach acid establishes a breeding ground for bad bugs in your intestine.

• Small intestinal bacterial overgrowth, or SIBO, has been linked to IBS and other conditions.
Conventional Treatment

• Disorders associated with SIBO:
  – Chronic bloating, diarrhea, constipation (IBS)
  – Chronic fatigue
  – Liver problems
  – Hypothyroidism
  – Fibromyalgia
  – Migraines
  – Rosacea
  – Restless leg syndrome
  – Rheumatoid arthritis
Conventional Treatment

• And all of this conventional treatment is based on a false assumption that most people’s heartburn and reflux are caused by too much stomach acid.

• ...which as you’ve seen is simply not the case for most people.
Your Personalized Solution

• The key to overcoming gut problems is to find out why *you* have them.

• The reason you’re struggling with these symptoms might be different from other people – it’s very individual.
Finding Your Solution

• We have huge success helping our clients overcome symptoms by using:

  1. Common sense
  2. Scientific research findings
  3. Appreciation of why the symptoms occur in the first place
Finding Your Solution

1. Adjust your diet:

   – Avoid or minimise trigger foods
   – Avoid or minimise foods that weaken the lower esophageal sphincter
   – Limit your intake of spicy foods
   – Limit alcohol consumption and try to quit smoking!
   – Talk to your doctor if you are taking NSAID medications
Finding Your Solution

• Foods to avoid first:

  – Alcohol
  – Carbonated drinks (sparkling water, sodas, etc.)
  – Gluten
  – Cow’s milk (except a little probiotic yogurt and butter)
  – Soy
  – Coffee
  – Vegetable oils and fried foods
  – Spicy foods
  – Vinegar
Finding Your Solution

• Foods to avoid second:
  – Tomatoes and tomato-based foods
  – Citrus fruits, esp. processed citrus (packaged, etc.)
  – Chocolate
  – Mint
  – Salty foods
  – Onions
  – Garlic
Finding Your Solution

2. Adjust your eating habits:
   - Set aside time for healthy eating - slow down and eat in a relaxed state
   - Chew each mouthful 30 times
   - Avoid drinking fluids when eating as it dilutes stomach acid and can slow digestion
   - Don’t do anything else when you’re eating (work, TV, etc. try to focus on your eating, or laugh a lot!)
How Do You Do That?

• Grab my e-books (I’ll also teach you how to get them for nothing at the end).

• You *may* need some individualisation of food intake depending on whether you have bad bugs in your gut.

• E.g. FODMAPS, *Candida* diet.
Finding Your Solution

• If adjusting your diet and lifestyle doesn’t bring your desired results after 2-3 weeks, it’s prudent to do some additional investigation.

  – Remember that chronic infections, low stomach acid, hernias and other factors may be at play.
Finding Your Solution

3. Home stool tests can identify gut problem causes:

- *H. pylori*, specific strain and antibiotic resistance
- Stomach inflammation
- *Candida* and other fungi
- Parasites
- Gluten intolerance
- Digestive efficiency
<table>
<thead>
<tr>
<th>Pathogens</th>
<th>Result</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bacterial Pathogens</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Campylobacter</em></td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><em>C. difficile</em> Toxin A</td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><em>C. difficile</em> Toxin B</td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><em>E. coli</em> O157</td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td>Enterotoxigenic <em>E. coli</em> LT</td>
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<td>Neg</td>
</tr>
<tr>
<td>Enterotoxigenic <em>E. coli</em> ST</td>
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<td>Neg</td>
</tr>
<tr>
<td>Shiga-like Toxin <em>E. coli</em> stx1</td>
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<td>Neg</td>
</tr>
<tr>
<td>Shiga-like Toxin <em>E. coli</em> stx2</td>
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<td>Neg</td>
</tr>
<tr>
<td><em>Salmonella</em></td>
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<td>Neg</td>
</tr>
<tr>
<td><em>Shigella</em></td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><em>Vibrio cholera</em></td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><em>Yersinia enterocolitica</em></td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><strong>Parasitic Pathogens</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Cryptosporidium</em></td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><em>Entamoeba histolytica</em></td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><em>Giardia</em></td>
<td>Positive</td>
<td></td>
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<tr>
<td><strong>Viral Pathogens</strong></td>
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<td><em>Adenovirus</em> 40</td>
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<td>Neg</td>
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<td><em>Adenovirus</em> 41</td>
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<tr>
<td><em>Norovirus</em> G1</td>
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<td>Neg</td>
</tr>
<tr>
<td><em>Norovirus</em> GII</td>
<td>Negative</td>
<td>Neg</td>
</tr>
<tr>
<td><em>Rotavirus</em> A</td>
<td>Negative</td>
<td>Neg</td>
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### Opportunistic Bacteria

<table>
<thead>
<tr>
<th>Potential Autoimmune Triggers</th>
<th>Result</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Citrobacter spp.</em></td>
<td>8.7 E3</td>
<td>&lt;1.0 E4</td>
</tr>
<tr>
<td><em>Klebsiella pneumoniae</em></td>
<td>2.3 E3</td>
<td>&lt;7.2 E3</td>
</tr>
<tr>
<td><em>Proteus spp.</em></td>
<td>&lt;dl</td>
<td>&lt;6.2 E3</td>
</tr>
<tr>
<td><em>Proteus mirabilis</em></td>
<td>&lt;dl</td>
<td>&lt;1.0 E3</td>
</tr>
<tr>
<td><em>Yersinia enterocolitica (from pg 1)</em></td>
<td>Negative</td>
<td>Neg</td>
</tr>
</tbody>
</table>

### Additional Dysbiotic/Overgrowth Bacteria

<table>
<thead>
<tr>
<th>Bacteria</th>
<th>Result</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Morganella morganii</em></td>
<td>&lt;dl</td>
<td>&lt;1.0 E3</td>
</tr>
<tr>
<td><em>Pseudomonas spp.</em></td>
<td>&lt;dl</td>
<td>&lt;2.5 E3</td>
</tr>
<tr>
<td><em>Pseudomonas aeruginosa</em></td>
<td>&lt;dl</td>
<td>&lt;1.0 E3</td>
</tr>
<tr>
<td><em>Staphylococcus spp.</em></td>
<td>&lt;dl</td>
<td>&lt;1.0 E4</td>
</tr>
<tr>
<td><em>Streptococcus spp.</em></td>
<td>&lt;dl</td>
<td>&lt;1.0 E3</td>
</tr>
</tbody>
</table>

### Parasites

<table>
<thead>
<tr>
<th>Parasite</th>
<th>Result</th>
<th>Neg</th>
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</thead>
<tbody>
<tr>
<td><em>Blastocystis hominis</em></td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td><em>Dientamoeba fragilis</em></td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td><em>Endolimax nana</em></td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td><em>Entamoeba coli</em></td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td><em>Chilomastix mesnelli</em></td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td><em>Cyclospora cayetanensis</em></td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td><em>Pentatrichomonas hominis</em></td>
<td>Negative</td>
<td></td>
</tr>
</tbody>
</table>
### H. pylori

- *Helicobacter pylori* | <dl> | <7.0 E3
- Virulence Factor, cagA | Negative | Neg
- Virulence Factor, vacA | Negative | Neg

### Normal Bacterial Flora

<table>
<thead>
<tr>
<th>Species</th>
<th>Count</th>
<th>Virulence</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Bifidobacter</em></td>
<td>8.2 E9</td>
<td>Low</td>
</tr>
<tr>
<td><em>Enterococcus</em></td>
<td>4.6 E6</td>
<td>High</td>
</tr>
<tr>
<td><em>E. coli</em></td>
<td>1.8 E6</td>
<td></td>
</tr>
<tr>
<td><em>Lactobacillus</em></td>
<td>3.7 E8</td>
<td></td>
</tr>
</tbody>
</table>

### Fungi/Yeast

- *Candida albicans* | <dl> | <5.0 E3
- *Candida spp.*    | Negative | Neg
- *Geotrichum spp.* | Negative | Neg
- *Microsporidia spp.* | Negative | Neg
- *Trichosporon spp.* | Negative | Neg

### Additional Tests

- **SlgA**: 696 ug/mL (510-2040 ug/mL)
- **Anti-gliadin**: 2.7 ug/mL (0.0-6.4 ug/mL)
- **Elastase 1**: 188 ug/mL (>200 ug/mL)
- **Lactoferrin**: 0.9 ug/mL (0.0-7.2 ug/mL)
- **Occult blood**: Negative

All results are within normal range, except for SlgA, which is slightly elevated. Anti-gliadin and Lactoferrin are within normal range. Elastase 1 and Occult blood are negative.
Finding Your Solution

4. Remove bad bugs:

– Strategies vary depending on the specific bugs you have
– You can use antibiotics from your doctor
– Herbs can be enormously helpful (we use them with great effect)
  • Berberine, artemisia, mastic gum, black walnut, caprylic acid, garlic extract and others.
Finding Your Solution

• Remove H pylori:
  – Biofilm Defense (Kirkman Lab)
    • 14 days before herbs or antibiotics (breaks down biofilm)
  – Gastromend-HP (Designs For Health)
  – Lauricidin (Med-Chem Labs)
  – Matula Herbal Formula
    • 30-days
Finding Your Solution

5. Use stomach soothing and rebuilding herbs and nutrients:

- Removing bad bugs and bad foods doesn’t necessarily heal your gut overnight
  - Think “piece of glass in finger”
- Reduce stomach irritation
- Quench and dowse stomach inflammation
- Nourish your stomach and intestinal lining
Finding Your Solution

• These items include:
  – Artichoke leaf
  – DGL
  – Slippery elm
  – Aloe juice or extract
  – Curcumin (from turmeric)
  – Black Seed oil
  – Ginger
  – Lemon balm
  – Zinc
  – Vitamin C
  – Vitamin B₅
  – L-glutamine
  – Chamomile
  – Probiotics
  – (some of these are also anti H. pylori)
Finding Your Solution

6. Consider your stomach acid level:

– Because bloating, heartburn and GERD can result from too little stomach acid, it’s prudent to consider supporting your stomach acid level.
Finding Your Solution

• This step should ideally be done under the care of an experienced practitioner.
  
  – Bitters to stimulate the entire digestive process
  – Betaine HCL supplements with meals (with care, and ideally after a consult with a practitioner who understands this work)
Finding Your Solution

7. See your doctor to rule out anything sinister, or structural:

• Your doctor may recommend an endoscopy:
  – Ulcers (stomach and duodenal)
  – Severe gastritis
  – *H. pylori* (tests aren’t 100% accurate)
  – Hernia
Finding Your Solution

- Find a really good manual therapist to help adjust your diaphragm and find other possible blockages.

- A visceral osteopath can be very helpful here.
Finding Your Solution

1. Rule out anything sinister/structural.
2. Adjust your food intake.
3. Adjust your eating habits.
4. Consider testing for bad bugs and digestive function.
5. Address test findings using antibiotics/herbs.
6. Reduce irritation and inflammation with herbs, nutrients and probiotics.
7. Support your digestive function with bitters, enzymes and betaine HCL (ideally under supervision)
Finding Your Solution

• Contact your doctor if you are uncomfortable taking acid blockers on an ongoing basis.

• These meds can:
  – Exacerbate the problem of LOW stomach acid
  – Increase risk of developing microbial overgrowth
  – Result in many symptoms as a result
  – Increase disease risk
Finding Your Solution

• Some people can come off PPI medications fairly easily, with no problems.

• For other people it takes time and a very careful protocol that needs to be done under supervision.
Tools & Resources to Help You

• A home stool test will accelerate your progress by finding hidden symptom triggers:
  – Bad bugs (*H. pylori*, bacteria, parasites, *Candida*)
  – Inflammation markers
  – Immune function
  – Gluten intolerance
  – Digestive efficiency
  – Antibiotic resistance
Tools & Resources to Help You

• A home stool test saves you a lot of time.
• I get that it’s an up front expense (but bear with me)
• In the long term it can save you a fortune in both time and money.
• ...not to mention giving you peace of mind.
Tools & Resources to Help You

• I realise you’d prefer your doctor to do this, but the fact is they simply don’t use the same level of technology offered by private labs.

• I also realise it’s an up front expense to run the test, but I want to break that barrier down.
Ask these questions:

• Do I want to uncover what’s going on?
• Do I want to stop guessing?
• Do I want peace of mind?
• Do I want faster outcomes?
• Do I want to prevent problems developing later?
• Do I want professional and experienced guidance on what to do?
Tools & Resources to Help You

• I’m going to repay the faith you’ve had in my by sticking with me on this webinar by making you an offer.

• I want to help, but I don’t know specifically what’s causing your symptoms (I’d be lying if I said I did, and that wouldn’t be ethical).
Tools & Resources to Help You

• I’m going to knock off $100 (which is about £70) off a home stool test for you.

• I’m going to give you my entire product library for nothing (it’s valued at about $200).
Tools & Resources to Help You

• You get:

  – A home stool test, the results of which are sent to you so you have your own copy
  – A detailed health history, symptom and case review (before your consultation)
  – A food diary analysis
  – A 60min consultation (Skype or phone – this is available to you anywhere)
Tools & Resources to Help You

• Plus:
  1. The H Pylori Diet
  2. The H Pylori Diet Cookbook (brand new)
  3. The Digest Ease Recipe and Cookbook
  4. The H Pylori Secrets DVD footage online
  5. H Pylori: From Heartburn to Heart Disease
  6. What Your Doctor Didn’t Tell You About Parasites
  7. How to Beat Heartburn (released April)
  8. The IBS Solution (released May)
Tools & Resources to Help You

• If you don’t want to do a stool test now, it’s ok and I understand.

• You can try the diet and lifestyle changes first, and the stool test is always waiting.

• It’s worth every penny or cent at full price (I really mean that.)
Don’t Make My Mistake!

• I waited four years before I ran a stool test, and 90-days later, nearly all my symptoms had gone, along with my stress and worry.

• We WANT to help you – it’s what we love doing.
Grabbing the offer

• If you’d like to read more about the stool test, or get the special webinar offer, it’s available for the next 48 hours and only for people who attended the webinar.
Grabbing the offer

http://www.h-pylori-symptoms.com/webinar_so

Don’t panic if you miss the link – if you’re on the webinar live, it’s going to be emailed to you.
Event replay

• If you’d like to catch the webinar again, it’s going to be available for 48 hours, too.

• I’ll also be sending you the slides for your reference, as well as my free e-book on Digestive Health Testing.
Thank you so much for watching, and I’ll see you soon!