

**THE**  
**PERMANENT**  
**NATURAL CURE**  
**FOR ACID REFLUX**

**AUDIO INTERVIEW**  
**& TRANSCRIPT**

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Dr. Scott Saunders, MD  
& Joe Barton



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# Barton Publishing

## Permanent Natural Cure for Acid Reflux

### INTERVIEW WITH DR. SCOTT SAUNDERS, MD

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**Joe Barton** : All right. Well, hello everyone. This is Joe Barton with Barton Publishing, and my guest today is Dr. Scott Saunders. Scott, how are you today?

**Scott Saunders** : I'm fine, thanks, Joe.

**JB** : All right. Well, we've finally got our recording software working here, thanks to FreeConferenceCall.com. And so today we are going to talk about acid reflux medications and the pros and cons and everything in between. So, Dr. Saunders, I'm going to just kind of let you take this over and maybe give a little introduction to acid reflux medications, and then I'll have some questions for you.

**SS** : Okay. Well, that should be easy. Acid reflux is a very common problem. Just to sort of let people know how common this problem is, the medications, when they first came out for acid reflex, including Zantac, Tagamet, and those, many years, 25 or 30 years ago, very quickly became the most sold medications in the world. In fact, before Prilosec came out, which is the first proton pump inhibitor, Zantac was the biggest selling medication in the whole world. So these are big. This is a really common problem and people deal with it all the time, so the medications are used frequently. And now we have several of the proton pump inhibitors that are over the counter, and these are much stronger than the older medications, which were histamine blockers that slowed down the acid. The new ones block the acid completely. They stop what's called the proton pump, which is what makes the acid in the stomach. It just stops it. So it works very well to lower the acid and raise the pH of the stomach. And there are a lot of consequences to this that people don't think about. There have been well-known problems with what's called achlorhydria, and that's



when people don't make stomach acid. And this is a disease that's been known for many years, and it causes certain kinds of problems such as vitamin deficiencies – Vitamin B12, the B vitamins especially, but also minerals. Many minerals require acid in order to be produced. So this is – the medications are great short-term medications. People have an ulcer; they need to heal the ulcer. They're used appropriately in that kind of a situation – they're great. But the problem comes when they're used long-term, when people say, "Oh, I'm getting acid reflux. Here, I'll take another one, take another one." Because with the proton pump inhibitors, you have to take them every day in order for them to be useful. It's not something you can just take when you feel the acid coming on, because they take a day to start working.

**JB** So, maybe some more details on what you mean by "short-term" versus "long-term."

**SS** Oh, yeah. Short-term would be a week, maybe even a couple of weeks. If someone actually had an ulcer, they may be on a proton pump inhibitor for three weeks or even as long as a month, and that would be an

appropriate use of the medication. And it works great. The stomach heals well. It's pretty well documented. And it does stop the acid and allow the stomach to heal, so that's good. Long-term would be more in terms of people's continued use, ongoing, everyday for years. I've had patients on these proton pump inhibitors for many years. They say they can't go off them because they – every time they go off them, they get the acid reflux back again.

**JB** Right. That seems pretty common. A lot of people take these medications for a lot longer than what they're actually prescribed for or intended for. You said that it can cause deficiencies in minerals and vitamins and things, so what are some examples of deficiencies that you've seen?

**SS** Most of the ones I've seen are Vitamin B12. And what happens is there's a protein in the stomach called intrinsic factor that has to bind the B12 in the stomach in order for it to be absorbed later down the small intestine. So if you don't have this, then you don't absorb Vitamin B12 at all. And when you block the proton pumps and you don't have the acid in there, you don't make this intrinsic factor either, so you don't get Vitamin B12. And the effects of that are anything that creates energy in the body, the most common being neuropathies – the nerves don't work right or people don't think clearly. I've even had one case of a young man with schizophrenia who was cured, essentially – he was off all his medications with just shots of Vitamin B12. So Vitamin B12 is a very important vitamin, and yet it's commonly – it's easy to become deficient if you're taking these medications long-term.

**JB**  So with Vitamin B12 deficiency, does that come with general lack of energy, too? Is that one of the symptoms? And like you said, kind of some brain fog, or...?

**SS** Yeah, general lack of energy, brain fog. And when it gets really bad, then the nerves stop working and you get neuropathy – the numbness in the hands and feet, tingling, those kinds of problems.

**JB** : Yeah. So let's talk about acid reflux. And, you know, some people – most people think it's caused by too much acid production in the stomach, but – why don't you talk about that a little bit?

**SS** : Acid reflux isn't really because acid is being produced in the stomach. What acid reflux really is, is that the contents of the stomach are getting up into the esophagus. Now, the stomach has a lining that has a protective layer around it, has a mucous layer and then the cells are resistant – they have proteins that are resistant to the acid, whereas the lining of the esophagus doesn't have that. So if any of those stomach acids get up into the esophagus, then it causes burning and irritation. And when that's a chronic burning and irritation, it can even lead down the road to what's called Barrett's Esophagus, and even esophageal cancer. And so it can cause a lot of problems, having this chronic reflux. It's not just a benign problem. It's something that really should be dealt with.

**JB** : Yeah. So, one of the natural remedies that we talk about in the report is apple cider vinegar. And to most people, that doesn't make any sense. But could you maybe talk about why that works for a lot of people and in what situations it would work?

**SS** : Yeah. Remember when I said the acid is not really the issue? The issue is getting up into the esophagus. So what the apple cider vinegar does is it actually increases the acid. And the reason for that is because a lot of people with acid reflux, and especially as we age, we produce less acid in our stomach. And the decreased acid is one of the causes of acid reflux. So you take the apple cider vinegar and you increase the acid going through the esophagus and the sphincter closes more so it doesn't get up into the esophagus.



**JB** : Interesting. And so, what percentage of people that have this acid reflux would you say typically have not enough acid?

**SS** : It's hard to say because studies aren't done in large groups of people. But it's pretty safe to say around 50% or half the people who have this problem have a lack of acid and not too much acid. In fact, even the ones that don't have a lack of acid, their problem is not because they produce too much acid. It's because the acid is getting into the esophagus. So the amount of acid in the stomach is, most of the time, just fine. It's not too much. There are some people – in fact, I had one case fairly recently of a man who just kept producing acid. Even when he's not eating, he's making acid. Normally we make acid when we eat. That's how the juices of the stomach help us digest our proteins, primarily. But there are some people who keep producing acid, even when they're not eating. And this has to do with – there are a lot of factors, some genetic factors, there are some hormonal factors. And so what they often end up doing is doing a surgery where they cut the nerve to the stomach so that the brain won't tell the stomach to make acid anymore. And that works, until the nerve grows back, which it often does, and then they end up with the same problem again.

**JB** : Yeah. That's probably not the most desired way to treat acid reflux, I'd say. Any type of surgery you'd want to avoid, so—

**SS** : Yeah, at first I thought it was going to be a permanent solution, but it turns out it's not a permanent solution.

**JB** : Yeah. So the esophageal flap – that's what I call it, I don't know if that's the technical term or not – but that kind of keeps the stomach contents in the stomach where it belongs, right?

**SS** : Right.

**JB** : And so when that gets like, oh, roughed up or loosened up, that's when the excess acid and other things come up into the esophagus?

**SS** : Yes. And the problem is that it's loose. And then so the obvious question is, well, what makes it loose, and why did it get loose? People will have

stress. The hormones from the adrenal glands, such as cortisol, are released with increased stress, and they relax the sphincter. And then the brain also works on that under stress – the brain relaxes the sphincter. So it's a fairly common problem. There's actually two ways that that sphincter is relaxed so that the acid can get up into the esophagus.

**JB** And I know one of the remedies that we recommend is raw natural honey, and I don't know the exact science about this, but supposedly it coats the lining and somehow it heals that esophageal sphincter. I'm not sure if you know much about that or how that works, but is that one of the remedies that you recommend for people, and is that how it works?

**SS** It's hard to know how it works. There are several possibilities. But the honey has enzymes in it, and whether it's the enzymes or whether it's the sweetness of it or the thickness of it, it's hard to know exactly. But it does work and I have recommended it successfully. The first one I recommend is usually the apple cider vinegar because of the large number of people that have low acid in their stomach causing the problem. But that doesn't work all the time. So yeah, honey is often recommended, as well.





**JB** : Could you maybe talk about another remedy or two that you recommend for this? I don't know if you get into like apples, because I know I had my own case of acid reflux the other night. I had pizza a little bit too late at night and I woke up and it was like, "Oh, where did that come from?" Because I don't usually get it. But I remembered my dad's remedy and I thought, "Well, I'll try the apple." And sure enough, that helped it right away.

**SS** : Yeah. I often tell people, if they have just nighttime problems, a half an apple before bed is a good way to stop that from happening at night. And along with that is the – I recommend fiber. When people eat high amounts of fiber in their diet, their stomach empties faster, so they don't have a full stomach, so they aren't having a lot of pressure in their stomach when they go lie down, so nothing is leaking up into the esophagus.

**JB** : Okay.

**SS** : And that goes along with another thing that I usually recommend, and that is to shrink down the size of the stomach. There are a lot of people

that have acid reflux; about one-third of them have a hiatal hernia. And what that is, is the stomach pushes up through the muscle. Where the sphincter is, is the diaphragm muscle, and the stomach will actually push up through there and be up in the chest, so part of your stomach is up in the chest. It's called a hiatal hernia. And the reason that happens is because the stomach has grown too big. People – we, in the United States at least, we feast a lot and never famine. The body's made for feast and famine. So it's okay to feast but it's important to famine, as well. And so we feast three meals a day. We fill up three meals a day. And what happens is our stomach grows and gets bigger and bigger and bigger. Even people who've had stomach reduction surgeries where they've cut three-quarters of the stomach out, so you have this little 50 cubic centimeter stomach, and within ten years they can grow that stomach back again and it'll be a full, huge stomach again. Well, so when we stretch out our stomach like that, that's one of the reasons why all of this extra stomach gets pushed up into the thoracic cavity where the lungs are. And that's one of the reasons for having this reflux is having a hiatal hernia. So the way to get around that is to shrink the stomach. And the way you shrink the stomach is by eating less, first of all, and then second of all, by eating more fiber so the



stomach empties faster. So things like – you mentioned pizza. Pizza is pure calories. It's got protein, fat, and carbohydrate, and almost nothing else. And so if you fill up on pizza, it's going to take a long time for that stomach to empty, because it empties according to the calories in the food. Whereas if you fill up on high fiber, if you're eating broccoli and cabbage soup and lettuce and salad and all that kind of stuff, then you have a lot of fiber in there that you've filled up on. And yes, you've filled up the stomach, but it empties fairly quickly, and that helps shrink the stomach and prevents the reflux.

**JB** And you're also getting a lot more nutrients with those foods, as well.

**SS** Yes.

**JB** Plus, we've talked about before the benefits of fasting, and I think you recommended once a week – I mean, there's different ways you can fast. You can do a whole day or – I know what's worked well for me is fasting at night after suppertime, not having a late-night snack or anything like that. But you know, maybe talk a little bit more about the fasting and the benefits with anti-aging and all the new information that we're learning about that.

**SS** This is actually really exciting information. This is thousands of years old, the idea of fasting. In fact, in ancient Israel, from the early Bible times, fasting was an important part of their religious observances. But what we're finding out now is it's probably the single most important thing you can do for your health is periodic fasting. And what it does is it makes us efficient. The body is made for feast and famine. And if you think of the way human beings have lived for thousands of years, they've lived with feast and famine. When the harvest comes



in, you've got a ton to eat. And Grandma's always saying, "Eat something, you're going to starve! Eat, eat, eat!" And they're trying to push food down you because they know that the harvest just came in, and in three months or four months, when those potatoes are all full of mold and wrinkled up and no good anymore, and the fruit's only going to last so long, and when it's all gone, you're going to need those fat stores to live on until the next harvest comes in. So, human beings lived like that for thousands of years. And if they could kill a wild animal and have some meat for a while, and then they might not be able to get one for a week so they wouldn't have anything to eat for a week. That kind of thing was much more common before the modern era. In the modern era, we have food all day, every day, 24 hours a day. You can go to restaurants and drive-throughs 24 hours a day today, and there's all this food available. Everywhere you go, there's food available. So we feast all the time and we don't famine. In order for us to become efficient at using our energy, we need fasting. So, how to do that. There are several different ways. There are books written on how to do it. The research that was done on monkeys, they fed them every other day. So they fasted every other day, simply. Other research with other animals said that 50% (\*19:09) very beneficial. They lived 30% longer. They had less cancer, heart disease, less metabolic diseases like diabetes



and cholesterol and all that kind of thing. In fact, the monkeys were so much better eating every other day, that the simian researcher that was taking care of them, he's looking at them going, "Wow." After nine years, the ones eating every other day, they didn't have any gray hairs, they looked younger, they were more active, they didn't have any metabolic diseases, they didn't have any (\*19:44). And someone said, "Are there any problems?" He said, "No, (\*19:50)." After two weeks of eating every other day, then he said, "Forget it, life's too short."

JB : Yeah.

SS : And there are groups who believe that they should eat very tiny amounts of food, so they live on 300 to 500 calories a day (\*20:07). But it doesn't have to be that way. It could be very simple. You could fast once a month for a full day. And I know someone that does three days once a month, and he just drinks water for three days. And if you do a one-day fast, you can drink water but you don't have to. One thing I don't recommend, though, is the juice fast. A lot of people say, "Oh, the juice fast is really good." And that's okay for other reasons, but in order to make – to help people's metabolism, they really don't need the sugar in the juice. They just need water and they need to be able to use their own fat off their bodies, to burn that for calories. And that's where the benefits come in for the fasting.

JB : Yeah, I notice when I fast, just the mental clarity, and it's just amazing. I can obviously tell a big difference. I'm able to focus better and just – yeah, tremendous.

SS : People are afraid of fasting today. The doctors are afraid of fasting today. They will actually tell their patients, "Oh, don't fast. It's bad for you," without any evidence at all, because it's definitely not bad for you. But their fear of fasting is people think they're going to starve or get some disease. And after World War II, there was a man named Nathan Pritikin who was doing some research on people, on their diets and that kind of thing. And those who were starved in prison camps during World

War II, everybody thought, “Oh, those guys, they’re going to die. They’re going to get some horrible disease and die.” They lived longer! And they lived better – they had less cancer and less diabetes. And so that’s how the Pritikin Centers got started was studying those people.

**JB** I want to touch on a little bit of – oh, a controversial subject here with doctors and prescribing medications. And we probably have quite a few of our customers that, you know, maybe aren’t sure how to approach their doctor, because ultimately their desire is to get off of medication. And I know we can’t give any specific medical advice – we don’t have a doctor/patient relationship here – but maybe give some tips, what you might suggest for somebody on how they can approach their doctor or how they can know whether or not they need to take these types of medications for acid reflux.

**SS** Okay, that’s – it’s not really hard. People worry about offending their doctor. If you approach it from this point of view – if you go to the doctor and say, “I need some advice. I have this problem and I really don’t want to take medication long-term, and I want to be able to...” – but if that’s what I need, at least temporarily, I need to know that. So if I have a



· bleeding ulcer, then yeah, I'm probably going to be on a proton pump  
· inhibitor for a period of time. And, how do I know when to stop? Well,  
· you know, you might have to have a scope go down into your stomach  
· and look at it. But when you talk to your doctor, look at your doctor as an  
· advisor and say, "I need some advice on this problem." Doctors love that!  
· And you know, "I need help." And then go in – doctors really don't like  
· people to do whatever they say – "Whatever you say, doctor, I'll do it" –  
· you know, that kind of thing. It's much more fun to have somebody who's  
· thinking, who has an idea of what they want and to say, "I need help. I  
· need advice with this problem," and "What's the best way to handle this  
· problem?" And most doctors will respond very well to that. These days,  
· I've found the younger doctors especially are much more willing to look  
· at alternatives and say, "If this works for you..." – like, "If the apple cider  
· vinegar works for you, go for it. Do that."

JB · Yeah. Yeah, that's encouraging. I know a lot of people think that doctors  
· have this strict regimen and, you know, you have to do this, this way. But  
· I've been seeing that, too, that they're a lot more open to alternatives and,  
· "Hey, if it's working for you, then great." Because a lot of times, they don't  
· want you on drugs if you don't need to be, either, so—

SS · Right. I've found that many of – especially the younger doctors.

JB · Yeah. And I guess if you do have a doctor that's resistant to having you  
· try that, I guess you could always try to find another doctor, too. It's not  
· like most people are stuck with one doctor, so—

SS · Yeah, and that is very wise advice, because if someone's not – if your  
· advisor isn't advising you properly, if you don't think they're advising you  
· properly, then well, it would behoove you to find an advisor that will.

JB · Yeah. All right, well, this has been great information and I appreciate  
· talking with you on all the different subjects that we covered tonight. I  
· think anybody that has acid reflux is going to come away with a whole  
· arsenal of how they can conquer this. So if you have any last things to say

– and then we’ll wrap up here.

**SS** : Okay, there’s just one more thing I wanted to reiterate that was something we discussed. And that is, what we discuss in the Remedy Report are for people who have short-term problems, occasionally problems with acid reflux, that kind of thing. And then the other part that we discussed tonight is the permanent fix for it. So whatever else you do, if you’re taking medications, prescribed medications or otherwise, or if you’re using apple cider vinegar or honey, for example, those are more – you look at those as short-term, for if you occasionally get it, okay, you can deal with that. But for people who have an ongoing, constant, chronic problem, sometimes they’ve got to see their doctor, they’ve got to get a scope down there, and they’ve got to work out why it’s there, because some people have it because they have – you know, knock on wood that it’s not, that it doesn’t apply to you – but like stomach cancer or something like that. You have to look and see and say, “Why? Why didn’t it go away? I’ve tried everything in the Remedy Report and it didn’t work.” Well, we’ve got to know why. So it’s – you’ve just got to know.

**JB** : Right.

**SS** : So don’t think that just because you can get it over the counter, like a Prilosec, that it’s supposed to work. And if it doesn’t work, you’ve got to find out why. And if it’s not going away, then you’ve got to find out why.

**JB** : That’s very important. That’s key. If there is a serious problem going on, a lot of times these symptoms can be masked, but that ultimately isn’t helping you any.

**SS** : Exactly. That’s the key there.

**JB** : Yeah. Okay, well, thanks again, Dr. Saunders. I really appreciate it and I know this is going to help a lot of people.

**SS** : You’re welcome, Joe.



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