

Healthy Living

Intractable Pain? Look to the Digestive Tract for the Answer

By Veronica Collings, DC

A patient with intractable pelvic pain reminded me of a little known phenomenon: inability to digest foods high in oxalates and its pain causing effects. Oxalate is found, in varying degrees, primarily in plant foods including vegetables, fruits, grains, legumes, spices, herbs, and almost all nuts and seeds. Yes, with the exception of grains, all the foods I most highly recommend. So why do some people suffer miserably when they eat these foods? When too much oxalate is absorbed into the bloodstream via the gut, it can team up with calcium to form **sharp calcium-oxalate crystals**. These crystals can then wedge themselves into tissue almost anywhere in the body causing damage or pain.

Most people are able to safely metabolize and process oxalate through the stool. A problem occurs when excess oxalate is absorbed through the gut due to intestinal permeability, or “leaky gut syndrome”. Often this syndrome is caused by antibiotics since they can kill the oxalate-degrading bacteria in the intestines. There may be a link between excess oxalate and the following conditions: Thyroid disease, fibromyalgia, IBS, vulvodynia, calcium-oxalate kidney stones, cystic fibrosis, sarcoidosis, asthma, COPD, lichen planus, interstitial cystitis, nonbacterial prostatitis, and even Dyspareunia (painful sex).

If you suffer from any of these conditions or intractable pain, a trial on a low oxalate diet can put you on the right tract to healing. Withdrawing oxalates, even for as short as two weeks, can determine whether oxalate intolerance is your problem. Meat, dairy, and eggs contain negligible amounts of oxalate. **“The Low Oxalate Cookbook, Book Two**, can give you the guidance for implementing the diet. This book is published by the VP Foundation. The information on www.lowoxalate.info is also very reliable. If you eliminate oxalates and feel better, the next step concurrent with the elimination diet is to heal your gut, so that you can re-instate these foods as soon as possible.

Gut function is damaged by poor diet. Lots of processed and sugar-laden foods can damage your gut because they increase the number of fungi such as candida. They also increase the population of bad bacteria, as well as worms and parasites. Perhaps the most common cause of gut problems is the chronic use of antibiotics. However, painkillers, steroid drugs, birth control pills, sleeping pills and “heartburn” acid stopper drugs also damage your gut.

First you will need to make sure your digestive system is creating enough acids and enzymes to digest food. You need to determine if you need additional stomach acid. A huge percentage of the general population over 50 suffers from low stomach acid. Counter intuitive as it may seem, too little stomach acid will cause acid indigestion. The reason is that the undigested food in your stomach will lie there for hours fermenting. This process creates gasses and acids that cause heartburn and reflux. The first thought when you have chronic heartburn is to use antacids. In this case, it will make your condition worse. To find out if you have too little stomach acid, you can do the **Zypan**

Test. Get a bottle of Zypan from Standard Process and take a tablet with your meals. If your digestion improved, use 2-3 tablets per meal. If improvement continues, then you have too little stomach acid and should use Zypan for 6-12 months. This will fix most indigestion, heartburn, and reflux as well as eliminating the passing of undigested food into your gut and beginning the healing process.

Next, if you have trouble digesting fatty foods, with lots of burping, nausea, pain and even vomiting, the gallbladder probably needs to be cleaned during this process. Standard Process makes a product of beet plant and root juice with the sugar and water removed. Two – three tablets of **A-F Betafood** with each meal will improve fat digestion. This applies even more if you've had your gallbladder removed because the bile produced by the liver without having the gallbladder for a proper delivery system will need to be thinned by the beet root juice for it to be properly delivered to and utilized by your intestine.

Once you have normalized your diet, your stomach and gallbladder, you will have automatically started on healing your gut. Besides seeing your physician to start weaning off as much prescription drugs as possible, you will need to heal the lining of your intestines with the healing properties of **Okra Pepsin E3**, a nutrient complex produced by Standard Process that contains okra, the enzyme pepsin, and a tissue healing agent used for people with ulcers and colitis called E3. It contains allantoin and more, to actually start gut healing. Use 2-3 Okra Pepsin E3 capsules per meal daily for a year to help heal your gut.

Finally, you need to feed beneficial bacteria to your gut. To do this, eat fermented foods such as homemade yogurt and sauerkraut. Also take a premier pro-biotic to reinstate the beneficial friendly bacteria that ultimately will maintain the normal permeability and prevent furthering the devastating effects of “leaky gut”. Yes, Standard Process has my favorite one, **Pro-symbiotic**, but there are a lot of good ones on the market as well as many ineffective ones. If you trust your health food store retailer, ask them for their suggestions. Depending on the severity of your condition, this program should permit you to go back to a diet including oxalates in about 6-12 months. At first, this might seem like a gargantuan project, but you'll find that taking a few digestive aids and eliminating certain foods until you can tolerate them is a very small cost for the great benefit of a healthy, properly working digestive system and the elimination of “intractable pain”. ***Yes, “you are what you eat”, but also what you can digest and assimilate, that will keep you healthy and well.***

1. Excerpts on oxalates from on line newsletter: Always Well Within, Simple Wisdom for a Happy Life, April 27, 2010
2. Standard Process Protocols from Clinical Reference Guide, November 2005 and excerpts from Digestion, The Gut, and Disease, Health Alert, by Bruce West, DC, Volume 27, Issue 10, October 2010