

Casual Friday Series

Acid Reflux and GERD Part 2

A Biogenetix Clinical Presentation

BIOGENETIX.COM



Disclaimer

- *Information in this presentation is not intended to diagnose, treat, reverse, cure, or prevent any disease. While this presentation is based on medical literature, findings, and text, The following statements have not been evaluated by the FDA.*
- *The information provided in this presentation is for your consideration only as a practicing health care provider. Ultimately you are responsible for exercising professional judgment in the care of your own patients.*





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Impaired Lower Esophageal Sphincter (LES) Function and Transient Lower Esophageal Sphincter Relaxations (TLESRs)



Hiatal hernia



Defective esophageal peristalsis



Impaired esophageal mucosal defense against the gastric refluxate





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Proton Pump Inhibitor Trial



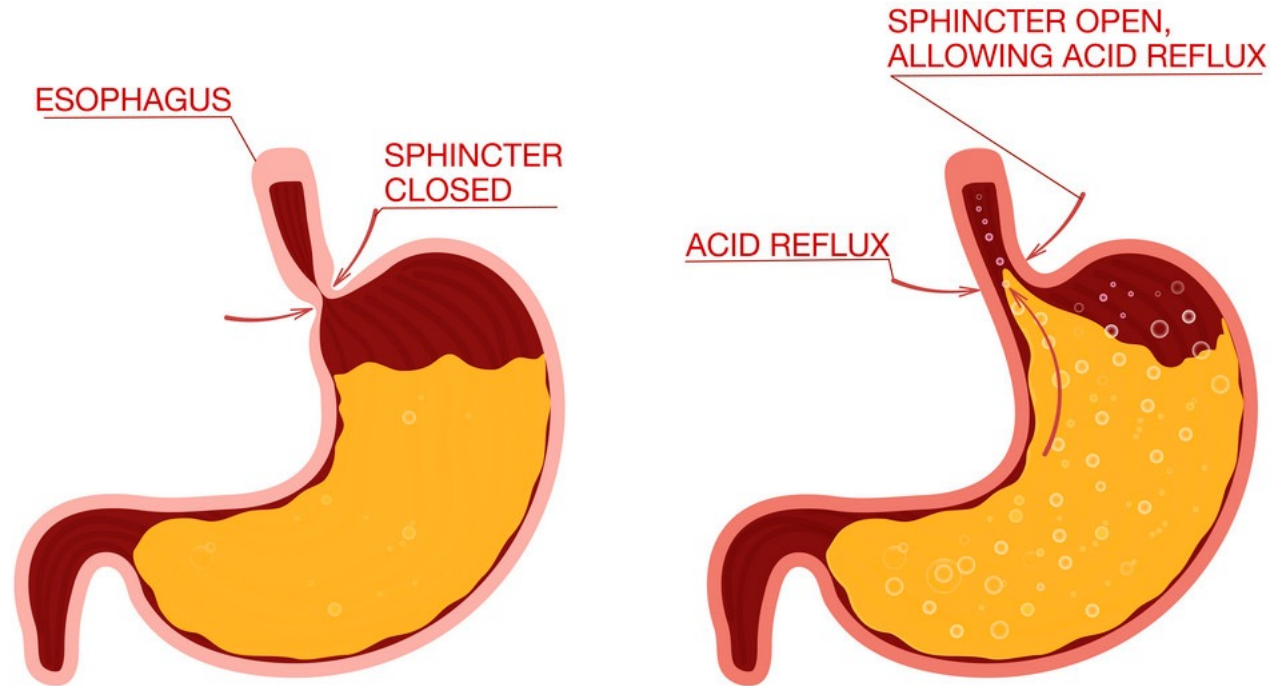
Gastro-endoscopy



Ambulatory studies



Pathological/Mechanical GERD





Lifestyle modifications: lose weight, don't lay down after a meal, elevate the head of your bed, don't eat 3 hrs. prior to bedtime.



Don't eat peppers, tomatoes, spicy food, etc.



PPI's.

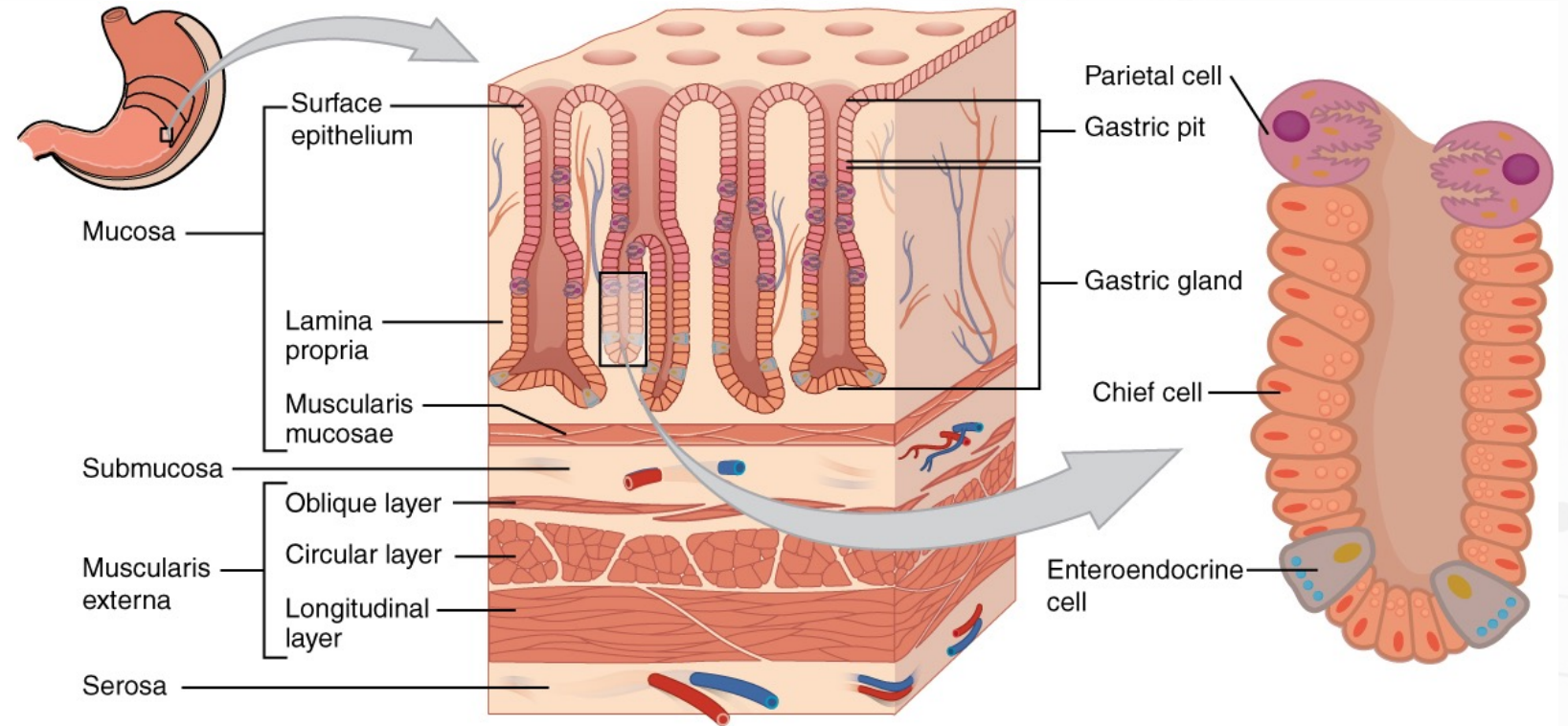


Partially digested proteins triggers gastrin release from G cells of the antrum of the stomach and the duodenum.

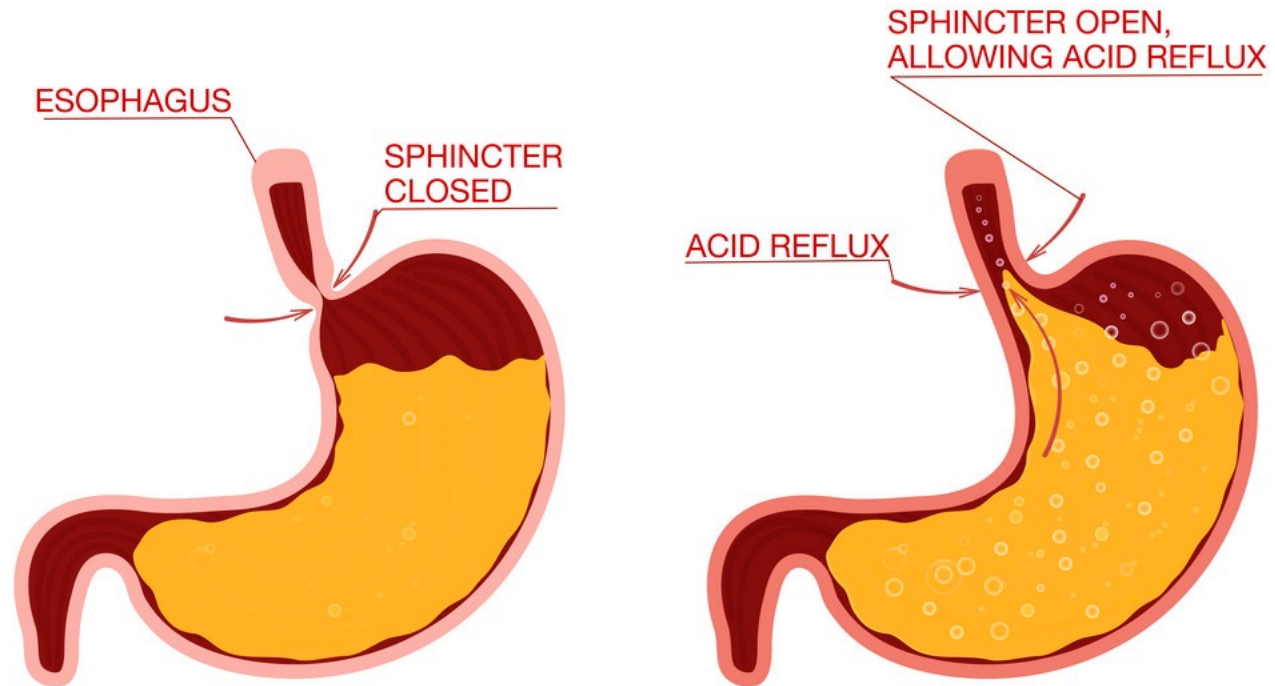
Gastrin triggers HCL production from parietal cells.

HCL enhances food degradation.

HCL decreases the pH of the stomach, turning off gastrin.



Functional Mechanisms of GERD



The 4 (typical) Scenarios

1

Normal HCL/enzymatic production + kindafood = slowed digestion, inorganic acid production/rot. Trend toward constipation.

2

Normal HCL/enzymatic production + excessively acidic food = increasingly acidic environment, increased pressure, chemically erosive, faster transit. Trend toward diarrhea.

3

Increased HCL production in relation to high fatty acid intake, specifically garbage fats (trans fats) = trend toward diarrhea, malabsorption.

4

PPI induced hypochlorhydria + kindafood = slowed digestion, inorganic acid production/rot, malabsorption issues, SIBO/IBS/IBD. Alternating constipation, diarrhea, large amount of gas production.



77 yo female
5'3" 200 lbs.

DX:
DM2
hypothyroid
GERD

Meds:
Pepcid
Nexium
Prilosec (OTC)
Ozempic
NP Thyroid
Gabapentin

SSX: fatigue, cold, weight gain, Neuropathy, constipation, digestive upset.



Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Glucose ⁰¹	98		mg/dL	65-99
BUN ⁰¹	10		mg/dL	8-27
▲ Creatinine⁰¹	1.05 High		mg/dL	0.57-1.00
▼ eGFR	55 Low		mL/min/1.73	>59
▼ BUN/Creatinine Ratio	10 Low			12-28
Sodium ⁰¹	139		mmol/L	134-144
Potassium ⁰¹	4.4		mmol/L	3.5-5.2
Chloride ⁰¹	102		mmol/L	96-106
Carbon Dioxide, Total ⁰¹	25		mmol/L	20-29
Calcium ⁰¹	9.2		mg/dL	8.7-10.3
Protein, Total ⁰¹	7.1		g/dL	6.0-8.5
Albumin ⁰¹	4.0		g/dL	3.7-4.7
Globulin, Total	3.1		g/dL	1.5-4.5
A/G Ratio	1.3			1.2-2.2
Bilirubin, Total ⁰¹	0.3		mg/dL	0.0-1.2
Alkaline Phosphatase ⁰¹	75		IU/L	44-121
AST (SGOT) ⁰¹	14		IU/L	0-40
ALT (SGPT) ⁰¹	7		IU/L	0-32

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ C-Reactive Protein, Cardiac⁰¹	6.46 High		mg/L	0.00-3.00
Relative Risk for Future Cardiovascular Event				
			Low	<1.00
			Average	1.00 - 3.00
			High	>3.00

Homocyst(e)ine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ Homocyst(e)ine⁰¹	23.9 High		umol/L	0.0-19.2

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Fibrinogen Activity

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Fibrinogen Activity ⁰¹	432		mg/dL	193-507

Insulin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Insulin ⁰¹	14.2		uIU/mL	2.6-24.9

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Thyroid Peroxidase (TPO)				
▲ Ab ⁰¹	52 High		IU/mL	0-34
Thyroglobulin Antibody ⁰¹	<1.0		IU/mL	0.0-0.9
Thyroglobulin Antibody measured by Beckman Coulter Methodology				

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ Hemoglobin A1c ⁰¹	6.1 High		%	4.8-5.6

Please Note:⁰¹

Prediabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Estim. Avg Glu (eAG)	128		mg/dL	
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Functional Imbalance Scores					
Key < 2 : Low Need for Support 2-3 : Optional Need for Support 4-6 : Moderate Need for Support 7-10 : High Need for Support					
	Need for Digestive Support	Need for Inflammation Modulation	Need for Microbiome Support	Need for Prebiotic Support	Need for Antimicrobial Support
	MALDIGESTION	INFLAMMATION	DYSBIOSIS	METABOLIC IMBALANCE	INFECTION
	1	6	7	3	0
Biomarkers	Pancreatic Elastase ● Products of Protein Breakdown ● Fecal Fats ●	Secretory IgA ▲ Calprotectin ● Eosinophil Protein X ● Occult Blood ●	IAD/Methane Score ▲ Reference Variance ▲ PP Bacteria/Yeast ● Total Abundance ●	SCFA (%) ▼ Beta-glucuronidase ▼ n-Butyrate Conc. ▼ Total SCFA's ●	Parasitic Infection ● Pathogenic Bacteria ● PP Bacteria/Yeast ● Total Abundance ●
Therapeutic Support Options	<ul style="list-style-type: none"> Digestive Enzymes Betaine HCl Bile Salts Apple Cider Vinegar Mindful Eating Habits Digestive Bitters 	<ul style="list-style-type: none"> Elimination Diet/ Food Sensitivity Testing Mucosa Support: Slippery Elm, Althea, Aloe, DGL, etc. Zinc Carnosine L-Glutamine Quercetin Turmeric Omega-3's GI Referral (If Calpro is Elevated) 	<ul style="list-style-type: none"> Pre-/Probiotics Increase Dietary Fiber Intake Consider SIBO Testing Increase Resistant Starches Increase Fermented Foods Meal Timing 	<ul style="list-style-type: none"> Pre-/Probiotics Increase Dietary Fiber Intake Increase Resistant Starches Increase Fermented Foods Calcium D-Glucarate (for high beta-glucuronidase) 	<ul style="list-style-type: none"> Antibiotics (if warranted) Antimicrobial Herbal Therapy Antiparasitic Herbal Therapy (if warranted) <i>Saccharomyces boulardii</i>



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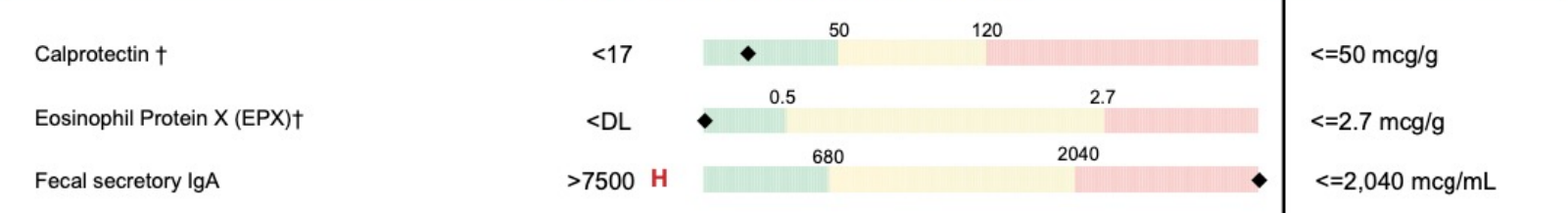
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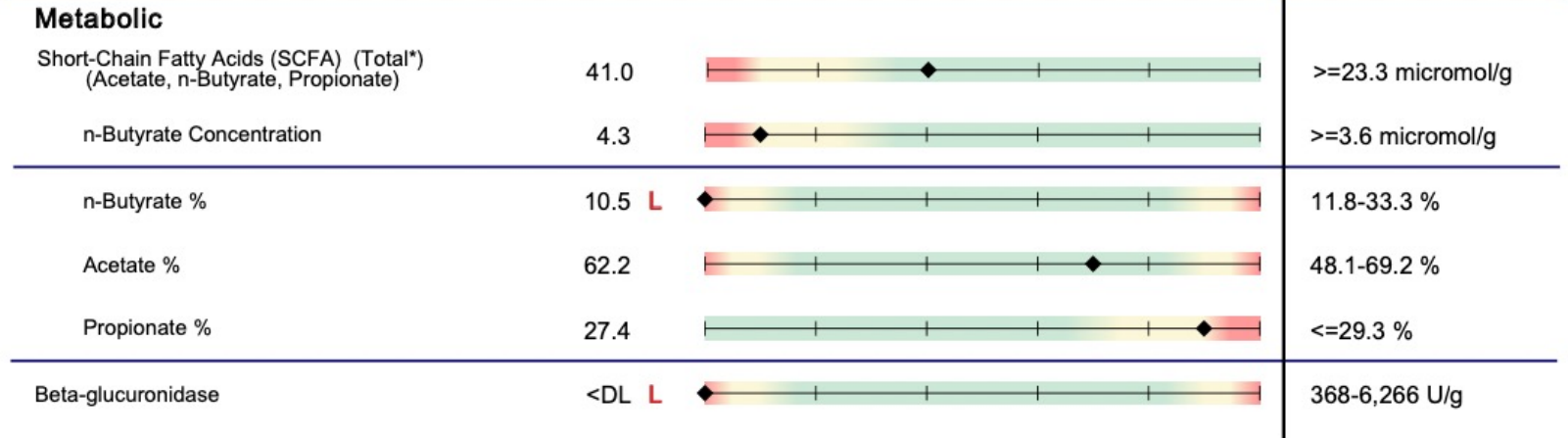
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Inflammation and Immunology



Gut Microbiome Metabolites



may be increased with polyphenols and prebiotics

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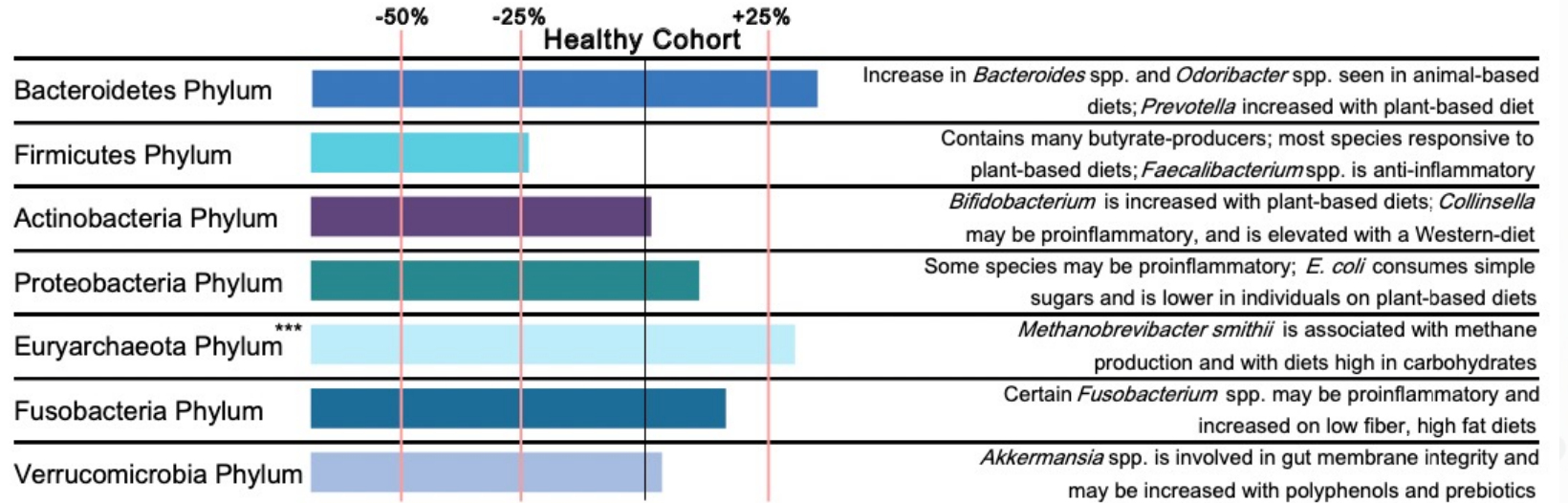
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Relative Commensal Abundance



Methodology: EIA

HpSA - *H. pylori*

Result

Negative

Expected Value

Negative

HpSA (*Helicobacter pylori* stool antigen)

Helicobacter pylori is a bacterium that causes peptic ulcer disease and plays a role in the development of gastric cancer. Direct stool testing of the antigen (HpSA) is highly accurate and is appropriate for diagnosis and follow-up of infection.

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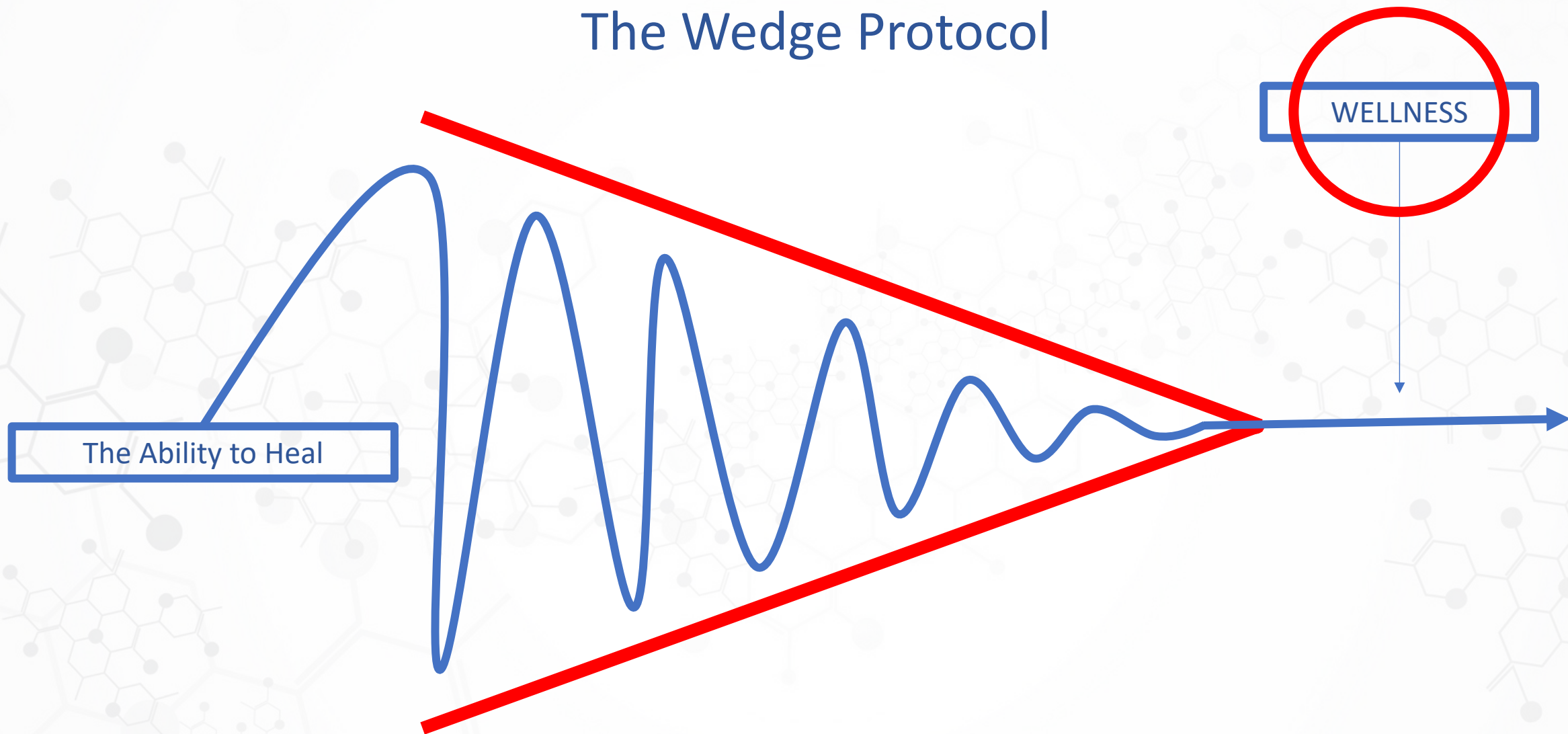
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Toxins Summary			
		Current	Previous Result
Environmental Toxins	Organochlorine pesticides		
	Organophosphate pesticides	Diethylthiophosphate (DETP) ●	
	Other pesticides/herbicides	Glyphosate ●	
	Phthalate Metabolites	mono-2-ethylhexyl phthalate (MEHP) ●	
	Parabens		
	Acrylic Metabolites		
	Other Metabolites	Tiglylglycine (TG) ●	
	Alkylphenol	Bisphenol A (BPA) ●	
	Volatile Organic Compounds (VOCs)		
	Urine Creatinine		
Mycotoxins V2	Aflatoxin	Aflatoxin M1 ●, Aflatoxin B1 ●	
	Other	Mycophenolic Acid ●	
	Trichothecenes		
	Urinary Creatinine		
Heavy Metals	Heavy Metals (Creatinine)		

The Wedge Protocol



The Ability to Heal

WELLNESS



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5'3" 200 lbs.

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GERD

Meds:
~~Pepcid~~
Nexium
Prilosec (OTC)
Ozempic
~~NP Thyroid~~
Gabapentin

SSX: less neuropathy, GI
improving, energy
improved, -10 lbs.

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Glucose ⁰¹	82		mg/dL	65-99
BUN ⁰¹	16		mg/dL	8-27
Creatinine ⁰¹	0.93		mg/dL	0.57-1.00
eGFR	63		mL/min/1.73	>59
BUN/Creatinine Ratio	17			12-28
Sodium ⁰¹	138		mmol/L	134-144
Potassium ⁰¹	4.6		mmol/L	3.5-5.2

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ Hemoglobin A1c ⁰¹	5.8 High		%	4.8-5.6
Please Note: ⁰¹				
Prediabetes: 5.7 - 6.4				
Diabetes: >6.4				
Glycemic control for adults with diabetes: <7.0				

Chloride ⁰¹	102		mmol/L	96-106
Carbon Dioxide, Total ⁰¹	22		mmol/L	20-29
Calcium ⁰¹	9.7		mg/dL	8.7-10.3
Protein, Total ⁰¹	6.9		g/dL	6.0-8.5
Albumin ⁰¹	4.0		g/dL	3.7-4.7
Globulin, Total	2.9		g/dL	1.5-4.5
A/G Ratio	1.4			1.2-2.2
Bilirubin, Total ⁰¹	0.3		mg/dL	0.0-1.2
Alkaline Phosphatase ⁰¹	58		IU/L	44-121
AST (SGOT) ⁰¹	26		IU/L	0-40
ALT (SGPT) ⁰¹	16		IU/L	0-32

*3-month check-in



77 yo female
5'3" 200 lbs.

DX:
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GERD

Meds:
~~Pepcid~~
Nexium
Prilosec (OTC)
Ozempic
~~NP Thyroid~~
Gabapentin

SSX: less neuropathy, GI
improving, energy
improved, -10 lbs.

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Iron Bind.Cap.(TIBC)	328		ug/dL	250-450
UIBC ⁰¹	275		ug/dL	118-369
Iron ⁰¹	53		ug/dL	27-139
Iron Saturation	16		%	15-55

Insulin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Insulin ⁰¹	8.9		uIU/mL	2.6-24.9

Ferritin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Ferritin ⁰¹	29		ng/mL	15-150

*3-month check-in



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Pepcid
Nexium
Prilosec (OTC)
Ozempic
NP Thyroid
Gabapentin

SSX: less neuropathy, GI improving, energy improved, -25 lbs., size 22 down to size 14.



Test Name	In Range	Out Of Range	Reference Range	Lab
UREA NITROGEN (BUN)	16		7-25 mg/dL	
CREATININE	0.82		0.60-1.00 mg/dL	
EGFR	74		> OR = 60 mL/min/1.73m2	
The eGFR is based on the CKD-EPI 2021 equation. To calculate the new eGFR from a previous Creatinine or Cystatin C result, go to https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator				
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	139		135-146 mmol/L	
POTASSIUM	4.4		3.5-5.3 mmol/L	
CHLORIDE	106		98-110 mmol/L	
CARBON DIOXIDE	26		20-32 mmol/L	
CALCIUM	9.5		8.6-10.4 mg/dL	
PROTEIN, TOTAL	6.7		6.1-8.1 g/dL	
ALBUMIN	3.8		3.6-5.1 g/dL	
GLOBULIN	2.9		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.3		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	58		37-153 U/L	
AST	21		10-35 U/L	
ALT	12		6-29 U/L	
HEMOGLOBIN A1c	5.4		<5.7 % of total Hgb	IG
For the purpose of screening for the presence of diabetes:				
<5.7%	Consistent with the absence of diabetes			
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)			
> or =6.5%	Consistent with diabetes			
IRON AND TOTAL IRON				
BINDING CAPACITY				
IRON, TOTAL	59		45-160 mcg/dL	
IRON BINDING CAPACITY	327		250-450 mcg/dL (calc)	
% SATURATION	18		16-45 % (calc)	
FERRITIN	30		16-288 ng/mL	IG

*6-month check-in

The 4 (typical) Scenarios

1

Normal HCL/enzymatic production + kindafood = slowed digestion, inorganic acid production/rot. Trend toward constipation.

2

Normal HCL/enzymatic production + excessively acidic food = increasingly acidic environment, increased pressure, chemically erosive, faster transit. Trend toward diarrhea.

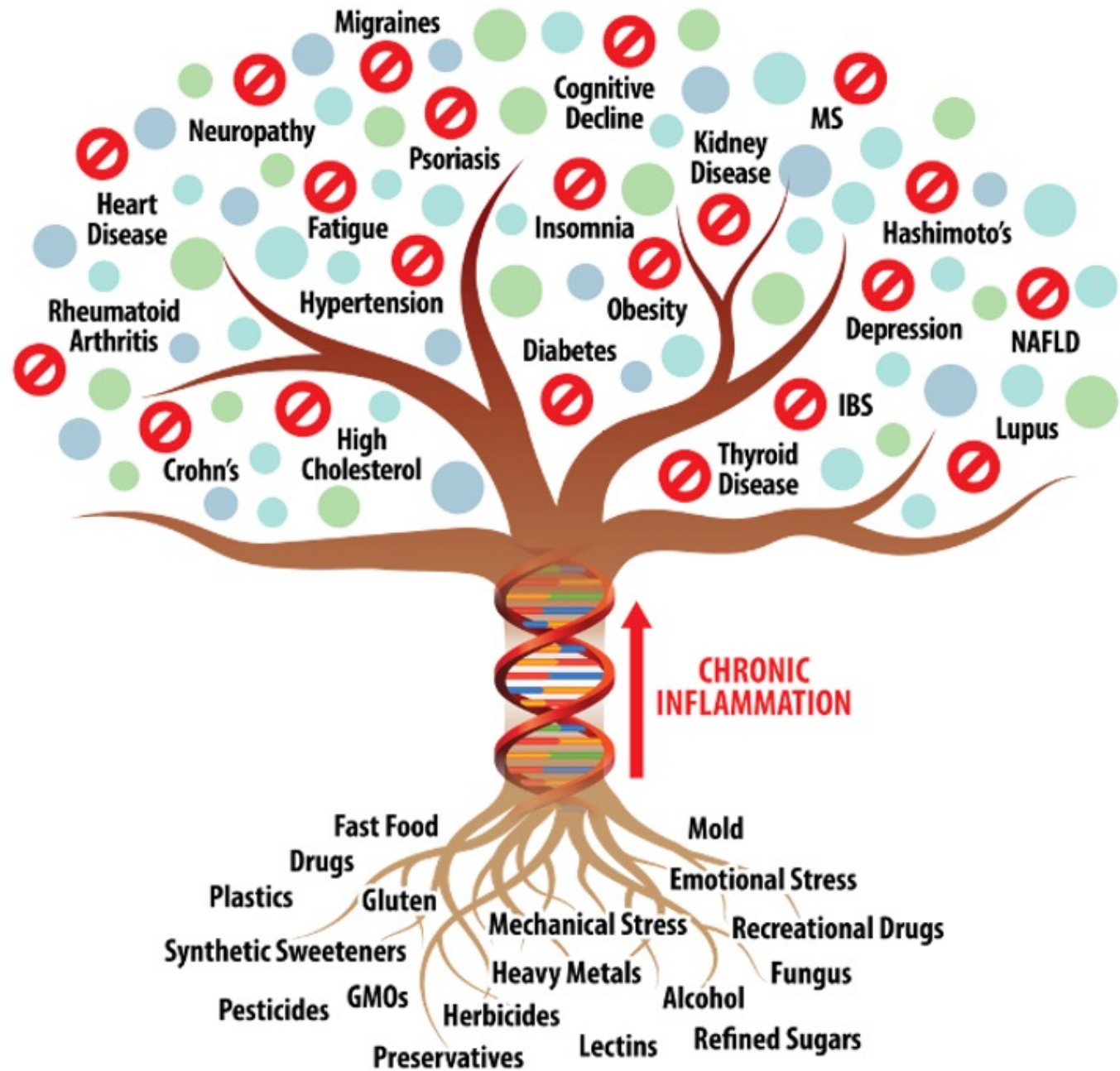
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Increased HCL production in relation to high fatty acid intake, specifically garbage fats (trans fats) = trend toward diarrhea, malabsorption.

4

PPI induced hypochlorhydria + kindafood = slowed digestion, inorganic acid production/rot, malabsorption issues, SIBO/IBS/IBD. Alternating constipation, diarrhea, large amount of gas production.







SUPPLEMENT FACTS

Serving size: 2 Capsules Servings per container: 60	Amount Per Serving	% Daily Value
Protease (pH 3.0-9.0)	120,000 HUT	**
Papain (from papaya)	50,000 TU	**
Bromelain (from pineapple)	120 GDU	**
Amylase	4,000 SKB	**
Amyloglucosidase (glucoamylase)	30 AG	**
Cellulase	4,000 CU	**
Beta-Glucanase	50 BGU	**
Alpha-Galactosidase	400 GAL	**
Invertase	2,000 Sumner	**
Peptidase (29 DPPIV)	2,400 HUT	**
Pectinase	70 Endo PG	**
Lactase	700 ALU	**
Phytase	20 U	**
Acid Stable Protease (pH 2.0-3.5)	400 HUT	**
Lipase	1,200 FIP	**
Xylanase	300 XU	**
Hemicellulase	200 HCU	**

** Daily Value Not Established

Other Ingredients: HPMC (capsule), microcrystalline cellulose, stearic acid, magnesium stearate, and silica.

