

The Progressive Natural Medicine Reporter

HOW TO FIND RELIEF FOR YOUR GALL BLADDER PROBLEM TODAY

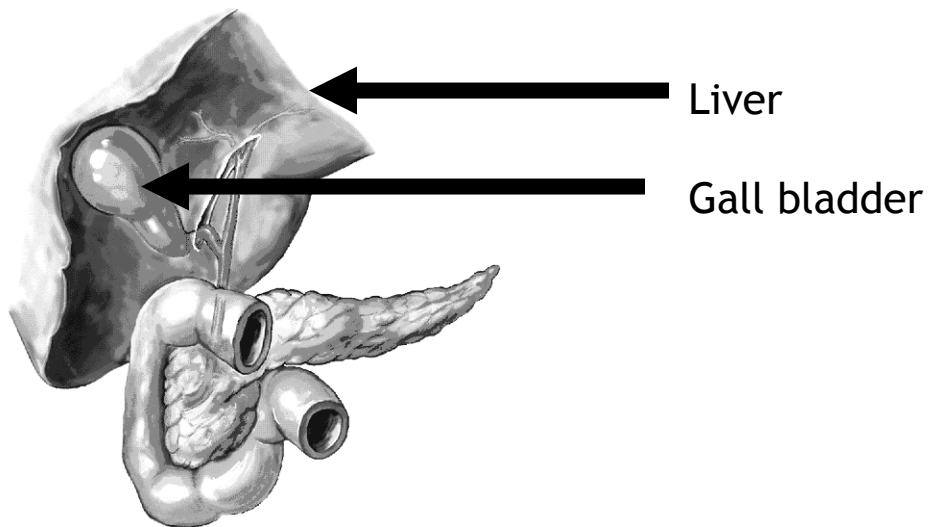
HOW TO DISSOLVE GALLSTONES NATURALLY

This is the how-to-dissolve-gallstones-naturally-without-painful-olive-oil-flushes-or-surgery-book. If you are wasting your time searching the internet for archaic information about how to dissolve gallstones, and you want information about alternatives to surgery, then you will want to read every page of this book. And, this book isn't based upon traditional therapies, unproven home remedies, or problematic herbal cures. It is loaded with scientific references from leading digestive disorder journals that doctors read, but often don't put into practice.

The purpose of this book is to provide you with more up-to-date information about gall bladder stones than you can find anywhere else.

If you are reading this book in pain you will be anxious to find relief for your gall bladder problem immediately. In that case, you don't want to waste time learning how to be a junior gall bladder doctor, you want relief, fast. Skip reading the following information and go to the pages at the back of this book. You will be given helpful information there if you are in immediate need.

Before you proceed any further, while this book reveals natural, proven approaches to dissolving gall bladder stones, the archaic "*home remedy*" treatment using olive oil that is so widely touted elsewhere is not presented here, and for good reason. If you want to try the olive oil gallstone cure, and double up in more pain, and force your gall bladder to squeeze down so hard that it expels stones, that's your choice. Today there are better and milder ways of ridding your body of gallstones naturally. The latest studies show that inexpensive dietary supplements may help dissolve many gallstones.



Got diagnosis?

This book assumes that you have already been examined by a doctor, diagnosed with gall bladder stones, and embarked on a course to avoid surgery or simply wait it out and see what happens. This book doesn't promote the idea of avoiding doctors altogether. Sick gall bladders can perforate, cause infection, jaundice, chronic indigestion and even result in cancer. It's no time for amateurs to diagnose and treat their own gall bladder problem. What this book addresses is what can be done after diagnosis, short of surgery, when living with chronic gall bladder problems, as many people do.

Hidden gall bladder problems

Many millions of adults harbor gallstones but don't even know it because the stones aren't causing noticeable symptoms. Oh, there may be momentary twinges of pain and discomfort, and air and gas after eating, but most people attribute this to overeating or indigestion and take antacids never fully recognizing they have a gall bladder problem.

One man was taking three Zantac tablets, an aspirin, acetaminophen and ibuprofen every night at bedtime, mistakenly thinking his digestive problems were related to heartburn and his doctor told him there was nothing wrong with that regimen. The indigestion was caused by a gallbladder problem, not enough bile to break down the fats in his food, which resulted in air and gas chronically pushing up the stomach acids into his esophagus. The problem was in his gall bladder and the doctor completely missed the diagnosis.

Just over 40% of adults, more than 100 million Americans, experience abdominal pain, bloating or loose stools at least once a month. [Medical Tribune June 18, 1998] Many Americans don't realize these symptoms may have an underlying cause – a “stoned” gall bladder.

With 10 to 15 percent of adults in North America harboring gallstones (that's somewhere between 28 and 42 million), there are a few dump trucks of gallstones being carried around by Americans every day. Fortunately, only 20 percent of gallstone formers experience symptoms. [Seminar Gastrointestinal Disease 14: 165-77, 2003] But that means there are a lot unhealthy gall bladders out there that are brewing a sudden painful event after a fatty meal someday. Watch out, chronic symptoms of indigestion may be telling you that your gall bladder is about ready to turn on you.

Doctors say gallstones that cause no symptoms do not need treatment. That's like saying you don't need to lower the flame on a boiling pot of water till it spills over the side. You mean you just let them happen and live with the consequences thereafter? Once gallstones have begun to form there is a bout a 2 percent increased chance they will cause symptoms for each succeeding year of life. Once you get gallstones, and you weather a crisis, there's little doubt they will return in the future. Just ask people who have had gallstone attacks. They know that their next fatty meal may trigger another attack.

If you are thinking of having your gall bladder out, you might want to hold up on that decision. Symptoms of pain, bloating and heartburn occur as frequently among those

who have had their gall bladder out as people in the general population. [Irish Journal Medical Sciences Jan. 1998]

The gall bladder: the body's "*squirt gun*" for bile

The gall bladder is a muscular 4-6 inch pear-shaped sack that holds bile. Bile is a greenish-brown fluid that breaks down fats. The liver makes bile, 1 to 1½ quarts a day.

Bile is the "*fat and cholesterol buster*" of the body. Bile is produced in the liver and stored in the gall bladder in between meals, to be expelled when fatty foods are consumed. Dietary fats and oils need to be broken down rapidly after ingestion of food, otherwise improper digestion will occur which results in uncomfortable symptoms of air, gas, and bloating.

The gall bladder works much like a squirt gun filled with bile. The liver can't produce enough bile fast enough to handle a fatty meal, so the gall bladder stores up bile and literally squeezes the bile into the digestive tract as needed.

When the flow of bile is slowed, a problem called stasis, stones may form. Or when bile becomes very thick and sludgy, then cholesterol balls may form, which is the most common type of gallstone. Other types of stones may also form, comprised of bilirubin, calcium, iron and copper. These are known as pigment stones and often occur much later in life. When the gall bladder squeezes down to expel bile during a meal, and the stones become trapped in the exit way (the bile duct), then pain may be experienced. The body is attempting to expel the stone and the pain is informing you of this.

COMMON SIGNS OF GALL BLADDER PROBLEMS

- Chronic indigestion, air, gas, bloating with meals
- Severe or transient attacks of pain in the upper right part of the abdomen that may last for hours
- Fever and chills
- Nausea and vomiting.
- Yellowing of the skin (jaundice)

If the flow of bile is slowed, you may develop infection, which more often occurs with pigment stones. If the bile backs up into the liver, you may begin to appear yellow, called jaundice. Antibiotics may be required. You will develop a fever and begin to sweat, and this may signal you have an infected gall bladder.



What are gallstones and how are they formed?

Gallstones form when liquid stored in the gallbladder hardens into pieces of stone-like material.

There are two types of gallstones:

- Cholesterol gallstones are composed mainly of cholesterol which is made in the liver. These account for nearly 80% of all cases of gallstones in the United States.
- Pigment gallstones are composed of calcium salts, bilirubin and other material. They account for the remaining 20% of gallstones in this country.

Excess cholesterol is removed from the blood by the liver and is then secreted into bile. When bile contains too much cholesterol, small crystals form in bile and they fall to the bottom of the gallbladder. This is like adding too much sugar to coffee and finding sugar at the bottom of the cup. Cholesterol crystals fuse together in the gallbladder to form stones of varying sizes.

Pigment gallstones are formed by the secretion of excess bile pigments and bilirubin into bile. The excess pigments and bilirubin form crystals in the gallbladder.

The gall bladder initially accumulates cholesterol stones in middle age and calcium stones with advancing age. In a study of 387 patients with gallstones, 12 percent had pigment stones and 88 percent had cholesterol stones. Before the age of 30 the cholesterol content accounted for 54 percent of gallstones by weight, but only 17 percent after age 70. With advancing age gallstones are increasingly comprised of calcium and bilirubin rather than cholesterol. [International Journal Surgical Investigation 2:299-307, 2000]

What are the signs and symptoms of gallstones?

Most people will attribute their chronic indigestion, bloating, air and gas, even nausea, to indigestion. Antacids, digestive enzymes and other common over-the-counter remedies will not bring relief. Gallstones sufferers may begin to experience a twinge of pain, under the lower right rib, or sometimes as a momentary stabbing pain in the middle of the abdomen. The pain may even spread to the chest and be mistaken for a heart attack. If an infected gall bladder results from pigment-type stones, then the sweating from the fever and chills may further give the false impression that a person is having a heart seizure. In more severe cases when gallstones block the flow of bile from the liver to the gall bladder altogether, bilirubin builds up and a person looks jaundice (yellow skin and eyes).

Occasionally gallstones block the bile duct at the entrance to the pancreas and intestine causing pancreatitis (inflammation of the pancreas). Gallstones are the most common cause of acute pancreatitis.

Gallbladder disease without stones?

Believe it or not, gallbladder disease can occur without stones. This condition is called acalculous gallbladder and it can be acute or chronic in nature. It usually emanates among people who are very ill from other diseases that impair blood supply to the gall bladder.

How are gallstones detected?

Doctors can often accurately suspect gallstones by your symptoms. Nearly all gallstones can be easily confirmed by an ultrasound examination. This is a simple and painless procedure in which sound waves are utilized to create pictures of the gall-bladder and bile ducts.

If gallstones are suspected within the bile ducts, then your doctor may induce a small flexible tube orally, through the stomach and into the small intestine where the bile duct enters. Dye is then injected into the bile ducts and x-rays are taken.

Calcium stones can be visualized by x-rays without a dye being instilled.

Who gets gallstones?

Medical students are taught the five "Fs" of gallstone risk: a Fair (complexion) Female, who is Fat, Fertile (previous pregnancies), and over the age of Forty. People who fit these criteria have a very high likelihood of developing gallstones.



A low-fat diet may worsen your gallstone problems.

You can't solely blame fatty diets on gallstones. One person who eats plenty of fatty foods may develop gallstones while another may not. There are other dynamic factors involved. What medications do you take? Are you pregnant? Have you recently lost weight? Do you eat plenty of fruits and vegetables?

Women on oral contraceptives have more than double the risk of developing thickened cholesterol in the gall bladder which can lead to stones. [Acta Manila Ser A 15: 25-33, 1976] Drugs like estrogen and steroids can induce gallstones, band to a lesser degree so can antibiotics and non-steroidal anti-inflammatory drugs. [Expert Opinion Drug Safety 2: 287-304, 2003] Women on estrogen replacement therapy experience a 2.5 times greater risk to develop gallstones.

There is a high risk of developing gallstones or sludgy bile during pregnancy. [Scandinavian J Gastroenterology 33: 993-97, 1998]

Being overweight increases the risk of gallstones by as much as seven times. But the advice to lose weight to reduce the risk also poses problems. Gallstones are a dieter's unwelcome reward. Between 10 and 25 percent of overweight men and women will

develop gallstones within a few months of initiating a low-calorie diet. [Annals Internal Medicine 119: 1029-35, 1993] A study conducted in Mexico found 30 percent of overweight patients who embarked upon a weight reduction program developed gallstones. [Rev Gastroenterology Mexico 62: 2666-72, 1997] Slow weight loss (no more than 3 pounds per week) and inclusion of some fats in the diet will reduce the risk when dieting. [Ned Tijdschr Geneeskd 148: 174-77, 2004]

Menopause is also a risk factor for gallstone disease and surgical removal of the gall bladder. [Am J Epidemiol. 131:836-44, 1990]



Vegetarians experience fewer gallstone attacks

Vegetarians experience far fewer bouts with gallstones, and less gall bladder cancer. In particular, radishes, sweet potatoes, mango, oranges, melons and papaya are commonly consumed by people who are less likely to develop gall bladder cancer. [European J Cancer Prevention 11: 365-68, 2002] Because food selection is often influenced by culture, some groups experience far more gallstones than others. For example, 44 percent of Mexican American women aged 60-74 years were found to have gallstones whereas the rate is generally less than 10 percent in most other population groups. [Gastroenterology 96: 487-92, 1989]

Americans have no problem with the care and feeding of gallstones. Excessively high-fat diets are to blame. An estimated 20 million Americans have gallstones. Fortunately, most do not experience symptoms.

However, gallstones really confound the best attempts to rid the body of them. As soon as you experience the gastric discomfort of gall stones you may begin to avoid fatty and greasy foods. But if you avoid fats and oils altogether, or begin a low-fat diet, then bile flow is slowed (recall that bile is produced when fats and oils are consumed) and the bile thickens and stones begin to solidify and enlarge. You are betwixt if you do or don't consume fats and oils. Reduce saturated fats, but don't go on a very low-fat diet or you will likely worsen your gallstone problem. Work on dissolving your gallstones. You will learn how soon.

Diets of gallstone formers (compared to healthy individuals)
<ul style="list-style-type: none">• Less food volume• Few fruits and vegetables• More oils and fats• More meat• More sugar• Less exercise• Fluctuations in body weight• More monosaturated fats (olive oil)• Less magnesium
Source: J Am College Nutrition 16: 88-95, 1997



The gall bladder treatment industry

The treatment of gall bladder disease is too big of an industry to invent any preventive measures. Too many jobs are now dependent upon the churning of more and more gall bladder surgery to stop the “*gallstone train.*” More than a half million North Americans submit to gall bladder removal surgery at a cost of over \$2 billion annually. Go to a doctor with gall bladder pain and you will likely get an immediate referral to a surgeon. The modern answer to the problem is cut out the gall bladder.

Oh, it's not that modern medicine hasn't cooked up some recipes that don't involve surgery. One is lithotripsy, the use of ultrasound waves to dissolve gallstones. But physicians have limited the use of lithotripsy. Lithotripsy is only appropriate for about 15 percent of gallstone sufferers, mostly small solitary stones. Because stones re-emerge soon after treatment, lithotripsy has fallen out of favor. It doesn't address the cause of the problem. The ultrasound can dissolve and remove the stones, but they come back readily. Lithotripsy is usually accompanied by chemical methods of dissolving the stones, which reveals its limited ability to remedy the problem. Antibiotics are often prescribed after lithotripsy because a fragment of a stone may not clear the bile duct and result in infection. Many of these patients (about 45 percent) will eventually require gall bladder removal surgery. [Am J Gastroenterology 92: 132-38, 1997]

OVERHEARD PHONE CALL AFTER PIZZA DINNER AT LUIGI'S

"Ouch, what was that?"

"Oh, there's another one."

"Now it's got me doubled over."

"Feels like a knife inside or something."

"I've already had my appendix out, couldn't be that."

"Mary, call the doctor on the cell phone for me, so I can ask him what could this be?"

"Doc, I've got this sharp pain that has me doubled over, on the right side."

"Did I just finish eating? Well, yes."

"Probably my gall bladder? I've never had a gall bladder attack before."

"I'll be at the emergency room and I hope you can get rid of this pain for me, doc!"



Gall bladder surgery

Gallstones are the most common cause for hospital admissions among patients with severe abdominal pain. When you arrive at the emergency room with symptoms of gallstones the doctor give you painkillers like Demerol and drugs to stop vomiting and antibiotics to clear up any infection. With normal laboratory tests and no severe pain or complications, you can be sent home. But at this point you may concede to hospital admission and surgery now that you are in the hospital and don't want to experience another gallstone attack again. Who can blame you? And if your insurance pays, you think why not have the gallstones removed now that you are in the hospital?

But before you jump and sign a surgical consent form, recognize that nearly half of the patients who undergo gall bladder removal surgery will continue to experience some of the same symptoms that caused them to undergo surgery. Abdominal discomfort from excess gas or dull pain may be chronic following gall bladder removal. They don't tell you this on the consent form, and are you really in your right mind on pain pills or struggling with pain to really make an informed choice at that point?

Physicians are less troubled when they recommend gall bladder surgery these days because so many people can undergo less invasive surgery. About 8 in 10 gall bladder operations are now done through four small half-inch incisions and a pencil-thin instruments that house a video camera. What once required a belly-wide incision is now accomplished with a small internal cut. Known as laparoscopic cholecystectomy, it reduces the hospital stay to less than two days and permits early return to full activity levels. Once the gall bladder is removed the bile flows directly into the small intestine from the liver.

You can't blame doctors for being excited about this type of technology. They must have winced at recommending wide-incision surgery so often. It's wonderful to have this advanced technology available when needed. It may be a reason why gall bladder surgery has increased by more than 50 percent in the past decade.

Be aware, a great many gall bladder stone formers simply cannot undergo the more simplified and modern methods of surgical removal and must undergo the wide-incision surgery. The new techniques have not completely supplanted the wide-incision surgery.

How long should you wait before electing to undergo gall bladder surgery? One study showed that mean time between diagnosis and surgery was about 10 months. More than 90 percent of the gall bladder sufferers knew they would eventually have to undergo surgery. [Delaware Medical Journal 72: 13-17, 2000] Patients try to wait it out, then give up and concede to the surgeon's knife. Who can blame them? No real alternatives but to endure the pain are offered.

Here is what the National Digestive Diseases Information Clearinghouse has to say about your gallbladder – it's expendable. *“Fortunately, the gallbladder is an organ that people can live without.”* Wow, it sounds like no big effort is going to be made to help you keep this digestive organ.

The olive oil gall bladder flush

For those individuals who want to hold on to their gall bladder, they may hear about the olive oil gall bladder flush. What the olive oil flush attempts to do is confront your muscular gall bladder with enough fats that it forcibly expels the gallstones from within. If the stones are not large, this will work. The "*huge*" gallstones reported being passed in this so-called gall bladder flush are not stones but rather chunks of a soapy material formed in the intestines by mixing the oil, lemon juice, and certain Epsom salts. Actually, this "*flush*" is probably a bad idea. So much oil induces the gallbladder to contract which may expel stones, or it may lodge a stone in the duct and induce severe pain.

This approach often causes diarrhea, pain and discomfort, and takes a whole day or two to get the gall bladder prepped and ready to expel the stones. Instructions on how to do this are widely distributed in health books and on the internet. It certainly beats surgery. But then again, why go through all this when you can naturally dissolve gallstones?



Dissolution Therapies

Modern medicine does have chemicals that dissolve gallstones. However, these chemicals are not commonly employed because they cost thousands of dollars and often require months before they work. Furthermore, now that surgical scopes can be utilized and the stones removed in a less invasive way, doctors are more enthusiastic about laparoscopy than dissolution of gall stones.

Ideal candidates for gallstone dissolution have a normal functioning gall bladder with small stones that float and are not calcified and the bile duct is open so that stones can pass through. Less than 15% of gall bladder stone sufferers meet these criteria.

Ursodeoxycholic acid (Actigall, Urso) and chenodeoxycholic acid (Chenix) are the standard drugs used to dissolve gallstones. Chenodeoxycholic acid actually reduces cholesterol in the blood circulation, thus reducing cholesterol in bile and makes cholesterol stones more difficult to form. These are normal components of bile fluid that have been made into drugs. Ursodeoxycholic acid is preferred because it has fewer side effects.

Doctors often dismiss the use of these drugs because they are not a permanent cure. Gallstones recur once patients stop taking the medicines. Patients most likely to benefit from dissolution therapy have smaller cholesterol stones. Older patients with calcium or pigment stones are unlikely to benefit. Overall only about 3 in 10 gallstone sufferers are candidates for these drugs. Some patients have to take the drugs for up to 2 years before gallstones are adequately dissolved.

A 160-pound adult would probably be prescribed 1000 mg of ursodeoxycholic acid per day. A 225-pound adult would be prescribed 1500 mg. A 300 mg tablet of ursodeoxycholic acid costs about \$1.35, and 3 to 5 pills would be taken orally per day at a cost of \$4.00 to \$5.50. A 6-month course of ursodeoxycholic acid would cost about \$700-900.

Ursodeoxycholic acid is not without side effects. Here are the most common:

- Diarrhea
- Constipation
- Upset stomach
- Indigestion
- Dizziness
- Vomiting
- Cough

- Frequent urination
- Sore throat
- Runny nose
- Back pain
- Muscle and joint pain
- Hair loss

There is another gallstone solvent, MTBE (methyl tert-butyl ether), but it has to be directly instilled into the gall bladder by a skilled physician in a hospital.

There are currently no major research and development projects underway to develop more economical and safe ways of dissolving gallstones.



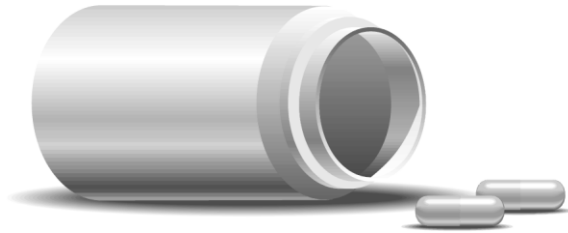
How Well It Works

Ursodeoxycholic acid takes time to work, a few months. It slowly dissolves the stones, but many gallstone sufferers don't feel like they want to tough it out and elect to undergo surgery. Even after gallstones have been successfully dissolved, they often recur. About half of the people experience a recurrence of gallstones once they stop taking their medication. This is why doctors often nudge patients toward surgical removal. After all, without a gall bladder, the stones can't reform. But will the symptoms disappear? Maybe not, and you may not be told this prior to surgery.

Calcium supplements and gallstones

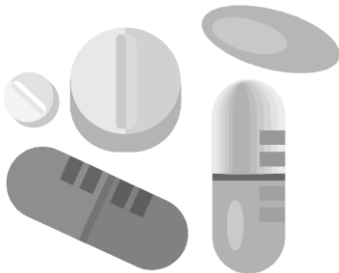
Another important fact you are never told about is the relationship between supplemental calcium and gallstones. Postmenopausal women are universally advised to over-dose on calcium. The recommendation is for the daily intake of calcium to reach 1200 or 1500 milligrams. The problem is that the dairy industry played a strong role in getting public health officials to solely promote calcium as a remedy for thinning bones among postmenopausal women. The 1200 and 1500 milligram number is supposed to represent the combined calcium intake from foods and supplements. Instead the supplement companies provide the entire daily requirement for calcium in their pills without recognition of the contribution made by the diet, which provides about 800 milligrams of calcium. The end result is that most women are overdosing on calcium and paying the price for this with an increased risk for gallstones.

In 1989 researchers at Johns Hopkins University wanted to know if women who consume calcium supplements put themselves at increased risk for gallstones since calcium stones are prevalent in older women. The researchers decided to conduct an animal experiment that would mimic the high-dose calcium regimen that many women practice. The researchers fed prairie dogs supplemental calcium for eight weeks and then removed their gall bladders. The bile in their gall bladders was analyzed and all eight animals on calcium supplementation had pigment stones. Only one of the eight animals who weren't taking calcium developed pigment stones. The researcher concluded *that "these data suggest that oral calcium supplementation promotes gallbladder sludge and pigment gallstone formation in the prairie dog. This observation raises concern that oral calcium supplementation, especially in the older female population, may enhance gallstone formation."* [J Surgical Research 46: 286-91, 1989] Ladies, if you are overdosing on supplemental calcium, you are unwittingly aiding and abetting a gallstone problem!



Tamoxifen and gallstones

Another common drug that postmenopausal women may be prescribed that induces gallstones is tamoxifen. This drug, used to treat cases of breast cancer, is a virtual gallbladder stone “*time bomb*.” Within three years of taking tamoxifen women are highly likely to develop gallstones. For comparison, at the end of 5 years the incidence of gallstone formation in tamoxifen-treated patients was 37.4%, whereas it was only 2.0% in patients who did not receive tamoxifen. The incidences of gallstones being detected in 171 tamoxifen-treated patients were 0.4%, 3.7%, 24.4%, 33.1%, and 37.4% cumulatively during the first, second, third, fourth, and fifth years, respectively. [World Journal Surgery 27: 395-99, 2003]



Dietary supplements to dissolve or prevent gallstones

When the composition of gallstones was first determined over a decade ago, researchers then claimed “*the future holds much promise for gallstone prevention.*” [Recent Progress Medicine 83: 379-91, 1992] Over a decade has passed and no preventive measures have been announced. The only approach is to wait for painful gallstones to form, and then surgically cut out the gall bladder or perform stone removal with a tube attached to a camera.

It is literally amazing how much good research has been done on gallstone care that is not applied. Conventional treatments always involve prescription drugs rather than dietary supplements, and treatment regimens often leave something to be desired and even pose serious risks. If the modern treatment of gallstones was more patient friendly and less costly there would literally be millions lined up for care, especially prevention. Instead, many gallstone sufferers live with their problem rather than face organ removal or invasive stone removal.

Here is an all-star lineup of dietary supplements that are sure to dissolve gallstones.

Lecithin

Lecithin is a natural substance within the gall bladder that helps to solubilize (suspend) fats so they don't develop into concrete balls we call gallstones. [Recent Progress Medicine 83: 379-91, 1992]

Lecithin is a normal component of bile. Lecithin is an emulsifier, that is, it helps to suspend fats and oils so they don't clump up into plaques in blood vessels and stones in the gall bladder. The diet also provides some lecithin, and it can be taken as a food supplement. Lecithin enhances bile secretion so it doesn't stagnate in the gall bladder. Choline, a component of lecithin, may be a primary factor that promotes a healthy gall bladder. [Biochim Biophys Acta 1393: 223-34, 1998; Gastroenterology 70: 397-402, 1976] Are you ever told that you should supplement your diet with lecithin or choline if you are suffering with gallstones? You should be.

N-acetyl cysteine (mucus)

Mucus is involved in the production of gallstones. N-acetyl cysteine, a sulfur compound, is an anti-mucus agent. In a study conducted over a decade ago, researchers at the Boston City Hospital reported that N-acetyl cysteine helps accelerate the breakup of gall stones

in a laboratory study. [Gastroenterology 98: 454-63, 1990] N-acetyl cysteine is available in health food stores across the country.



Malic acid

Malic acid is a naturally occurring compound found commonly in fruits, more so in pears and apples. Malic acid is also found in apricots, cherries, currants, loquats, mangos, papayas, peaches, pineapples, plums, prunes, quinces, tomatoes, blackberries, cranberries, raspberries and strawberries. It is known to soften gallstones. [Lancet 354: 1376-77, 1999]

Omega-3 oils

Healthy bile acid production also requires the intake of essential omega-3 oils. Animals deprived of these oils in their diet produce less bile. [Hepatology 27: 779-86, 1998] A shortage of omega-3 oils also impairs the production of a lecithin, water and taurine-complex from the liver to the gall bladder which results in super-thickened cholesterol in bile. [J Clinical Investigation 53: 423-30, 1974]

Taurine (zero gallstones)

Taurine is a savior for the gall bladder. It is an amino acid that is the chief among dietary supplements for gallstones. It's easy to see why. Taurine is required to produce bile. [J Nutrition Science Vitaminology 33: 239-43, 1987] Supplemental taurine can improve bile flow and thus keep the bile thin enough to prevent stone formation. In one animal experiment, 71 percent of rodents fed cholesterol developed gallstones. When the tissue taurine level in these cholesterol-fed animals was chemically reduced the number of animals that developed gall stones rose from 71 to 100 percent! But when these same animals were provided with supplemental taurine the formation of cholesterol gallstones dropped to zero! [Life Science 74: 1889-98, 2004]

In a study conducted in 1988, Canadian researchers reported that taurine added to the drinking water of guinea pigs increases the production of chenodeoxycholic acid by a whopping 70 percent! [Pediatric Research 24: 34-37, 1988] Chenodeoxycholic acid is a drug prescribed by doctors for gallstones. Why not boost its production naturally rather than take drugs?

Taurine has actually been tested as a companion with ursodeoxycholic acid, the drug that is prescribed to dissolve cholesterol gall bladder stones. In fact, the drug works better when combined with the drug. [Digestive Diseases Science 41: 250-55, 1996]

S-adenosymmethionine

S-adenosymmethionine (S-AMe) is a dietary supplement that has been used to successfully dissolve gallstones during pregnancy. [British J Obstetrics Gynecology 105: 1205-07, 1998]

D-limonene

D-limonene is a dietary supplement known as a cholesterol controlling agent. It is derived from citrus peel. Over two decades ago it was shown to be an effective alternative to gall bladder surgery. [Am J Digestive Diseases 21: 926-39, 1976] D-limonene was confirmed 15 years later as an effective alternative to gall bladder surgery. [Gastroenterology Japan 27: 536-45, 1992]

Milk thistle

Milk thistle extracts in capsules or tablets may be beneficial in preventing gallstones. In one study, silymarin (the active component of milk thistle) reduced cholesterol levels in bile, which is one important way to reduce gallstone formation. People in the study took 420 mg of silymarin per day.

Rice bran

Pigment stones contain iron, copper and calcium. [ANZ Journal Surgery 72: 596-99, 2002] Inositol hexaphosphate, also known as phytic acid or IP6, is a calcium, iron and copper chelating (removal) agent. [Crit Rev Food Sci Nutr. 35:495-508, 1995; Free Radical Biology Medical 8:61-9, 1990] It is derived from rice bran and provided as a dietary supplement. It can be safely and effectively utilized to dissolve pigment type gall stones. Bran also helps the gall bladder from becoming so saturated with cholesterol. [Am J Digestive Diseases 21: 521-26, 1976] IP6 also aids the gall bladder muscles in contraction. [Gastroenterology 104: 563-68, 1993] Since phytic acid/ IP6 is found in whole grains, it is not surprising that high-fiber diets are often believed to be a preventive measure against gallstones.

Vitamin C

Vitamin C is involved in the breakdown of cholesterol to bile, so it may be helpful in preventing gall stones. People who consume more vitamin C have fewer gall stones and report less gall bladder removal surgery. [Am J Public Health. 88: 1208-12, 1998]

In an amazing study, 16 patients scheduled for gall bladder surgery were given 500 mg of vitamin C four times a day (2000 mg total per day), and this raised the natural production of ursodeoxycholic acid, the natural chemical in the body that helps to prevent gall stones. [European J Clinical Investigation 27: 387-91, 1997] Human studies confirm that people with low circulating levels of vitamin C have a greater risk to develop gallstones. [Archives Internal Medicine 160: 931-36, 2000]

Most animals make their own vitamin C and thus have a natural protection against gallstones. But guinea pigs, monkeys, fruit bats and humans don't make their own vitamin C, so they are more prone to develop gallstones. Guinea pigs often develop gallstones. Vitamin C is required for the breakdown of cholesterol. A simple vitamin deficiency may induce gallstones in humans. [Medical Hypotheses 40: 81-84, 1993]

Free radicals are required to form pigment stones. The antidote to free radicals is antioxidants, such as vitamin C and vitamin E. Guinea pigs given the equivalent human dose of 700 mg of vitamin C and 700 IU of vitamin E developed fewer pigment stones in a lab experiment. [Zhonghua Yi Xue Za Zhi 73: 544-46, 1993]

Oregano powder capsules

Oil of oregano (active ingredient, carvacrol) is known as a potent natural antibiotic that does not induce germ resistance. [FEMS Microbiol Letters 230: 191-95, 2004; J Vet Med B Infect Dis Vet Public Health 50: 27-30, 2003] Oregacyn by North American Herb & Spice Company is known as a very potent and concentrated form of powdered oregano in capsules. If you begin to develop fever and sweats while attempting home gallbladder

cleansing, you might reach for natural antibiotics like oregano until you can consult with a physician and obtain prescription antibiotics.

Bile supplements

If your gall bladder has been surgically removed, you are likely to find that your symptoms of indigestion continue. This is because you no longer have a repository for bile to accumulate between meals. Now, when you consume meals with fats (fats and oils are essential for life) you aren't likely to have sufficient bile excreted from the liver to breakdown the fats and oils. Ugh, more air, gas, and uncomfortable bloating. Doctors sometimes overlook a recommendation to take bile supplements after gall bladder removal surgery. Even stone sufferers who have decided to keep their gall bladders may find that supplemental bile helps relieve the indigestion that accompanies mealtime.

Some readers will take this book to their doctors who will simply say they have never heard of these dietary supplements or that they are unproven. But the fact remains, physicians are generally unfamiliar with natural remedies and medical science is filled with reports of their potential to produce health benefits as evidenced by the many scientific references cited herein.

Summary

You are likely going to live with gallstones all your life. Once they have developed they have a strong tendency to recur, sometimes with a vengeance. You may forget about your gallstones for a time once pain has subsided, and forget to notice those momentary twinges of pain that return after consumption of greasy foods. So it is wise to continue cleansing your gall bladder. Make it a habit. Eat higher fiber foods and more fruits and vegetables. Use food supplements wisely and in an informed manner. Don't fall for this or that herbal remedy for your gallbladder unless the sources you consult provide scientific references to substantiate their remedies. Dietary supplement companies can't directly claim their products prevent, treat or cure gallstones. They can say their products

promote a healthy gall bladder. So that's your goal – keep your gall bladder healthy and cleansed of stones with periodic or habitual use of dietary supplements to dissolve any developing gallstones. The regimens described in this book have spared many people from surgery, and more so from the agony of dealing with gallstones.

Resources

Suggested dietary supplements and dosage range

Malic acid 500-1500 mg per day

Lecithin 1-2 Tablespoons per day

Taurine 500-1500 mg per day

IP6 inositol hexaphosphate (IP6) rice bran extract 200-500 mg per day

Vitamin C 250-2000 mg per day

Omega-3 oils, either as fish or flaxseed oil, 3000 mg per day

Addendum:

UPDATE TO GALLSTONE BOOK

Since I wrote my original book about natural gallstone therapies, many new developments have been recorded in the medical literature.

Further confirmation of a link between gallstones and heart disease

The [diagnosis of gallstone disease increases the risk for fatal and non-fatal cardiovascular events](#), namely heart attacks and strokes.

[Surgical removal of the gall bladder increases cholesterol levels.](#)

[LDL “bad” cholesterol is raised among gallstone patients](#) who have undergone gall bladder removal.

Diagnosed gallstone disease is associated with increased risk for a heart attack [but gall bladder removal does not counteract that risk](#). Undergoing removal of the gall bladder increases the risk for a heart attack within 30 days following surgery. Open versus endoscopic surgery increases the risk for a heart attack by almost 9 times. A [heart attack](#)

[within 8 weeks prior to gall bladder surgery dramatically increases the risk of mortality](#) generally due to a second post-operative heart attack within 30 days after surgery (11.5% vs. 0.02% mortality). Don't rush into gall bladder removal surgery if a recent heart attack has occurred.

Heartburn and bile

In 2009 New York Times health reporter Jane Brody broke the story that [bile, not stomach acid, is the primary cause of heartburn](#). Bile-burn can be distinguished from stomach acid-burn by its symptoms – diarrhea, nausea, vomiting bile and sometimes a cough or hoarse voice.

Green diarrhea and surgical removal of the gall bladder

Gallstones can develop to a point where they induce abdominal discomfort after meals, chronic diarrhea (4-10 bowel movements/day, with complaints of nausea and intestinal gas). Overproduction of bile produces a green stool or “green diarrhea.” Low-grade fungal infection, fried foods (especially with canola oil), high estrogen levels (pregnancy) and progesterone pills are associated with “green diarrhea.” Pancreatitis is also associated with excess bile.

Gallstones and fatty liver

Cholesterol gallstones are associated with fatty liver (non-alcoholic). The surgical removal of the gall bladder (cholecystectomy) is a risk factor for fatty liver. 29266009. This gives rise to the importance of tactics to dissolve gallstones and preserve the gall bladder as surgical removal of this organ only represents disease substitution, not disease resolution. 26034364

Gallstones and other diseases

It is no surprise to learn that the drug used to treat gallstones is associated with resolution of existing or prevention of Alzheimer's, Parkinson's, night blindness, obesity and heart attacks. 24891994

Iron and gallstones

Consumption of [meat is associated with cholesterol gallstones](#).

Meat provides readily [absorbable iron which increases the prevalence for gallstones](#).

[Iron overload in the liver prompts the overproduction of cholesterol](#).

[Iron overload hampers the elimination of bile](#).

On the other hand, [iron depletion facilitates the secretion of bile](#).

H pylori infection and gallstones

Helicobacter pylori infection is associated with gastric ulcers. What goes unreported is that [H. pylori infection also increases the risk for gallstones](#). Eradication of H. pylori may help quell gallstones. [Zinc carnosine](#) is a good dietary supplement for natural eradication of H. pylori.

Newly identified supplements for gallstones

A newly recognized way of improving bile flow is to use [egg yolk lecithin which is superior to other forms of lecithin commonly used as emulsifiers](#). This dietary supplement is available in health food shops or [online](#).

[Beta cyclodextrin is a newly recognized substances that binds to cholesterol and bile](#) and may be helpful in quelling gallstones. Beta cyclodextrin has been demonstrated to [resolve experimental gallstones in animals](#). Beta cyclodextrin [can be acquired online](#).

Increased viscosity of bile can produce sludgy bile. [N-acetyl cysteine \(NAC\) as a dietary supplement decreases viscosity of bile](#).

Copyright 2004-2019 Bill Sardi, Knowledge of Health Inc.

The text in this book is for information purposes only. None of the information in this book supplants the advice of your physician. Obtain information from other sources before embarking on any health regimen. The dietary supplements listed in this book are believed to be relatively safe and free of conflict with any medications. Healthy people take these supplements every day without report of significant side effects.