A COMPARISON OF ALKALINE WATER AND MEDITERRANEAN DIET VS PROTON PUMP INHIBITION FOR TREATMENT OF LARYNGOPHARYNGEAL REFLUX

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ABSTRACT: Laryngopharyngeal reflux (LPR) is a common disorder with protean manifestations in the head and neck. In this retrospective study, we report the efficacy of a wholly dietary approach using alkaline water, a plant-based, Mediterranean-style diet, and standard reflux precautions compared with that of the traditional treatment approach of proton pump inhibition (PPI) and standard reflux precautions.

OBJECTIVE: To determine whether treatment with a diet-based approach with standard reflux precautions alone can improve symptoms of LPR compared with treatment with PPI and standard reflux precautions.

DESIGN, SETTING, AND PARTICIPANTS: This was a retrospective medical chart review of 2 treatment cohorts. From 2010 to 2012, 85 patients with LPR that were treated with PPI and standard reflux precautions (PS) were identified. From 2013 to 2015, 99 patients treated with alkaline water (pH >8.0), 90% plant-based, Mediterranean-style diet, and standard reflux precautions (AMS) were identified. The outcome was based on change in Reflux Symptom Index (RSI).
Main Outcomes and Measures: Recorded change in the RSI after 6 weeks of treatment.

CONCLUSIONS AND RELEVANCE: Our data suggest that the effect of PPI on the RSI based on proportion reaching a 6-point reduction in RSI is not significantly better than that of alkaline water, a plant-based, Mediterranean-style diet, and standard reflux precautions, although the difference in the 2 treatments could be clinically meaningful in favor of the dietary approach. The percent reduction in RSI was significantly greater with the dietary approach. Because the relationship between percent change and response to treatment has not been studied, the clinical significance of this difference requires further study. Nevertheless, this study suggests that a plant-based diet and alkaline water should be considered in the treatment of LPR. This approach may effectively improve symptoms and could avoid the costs and adverse effects of pharmacological intervention as well as afford the additional health benefits associated with a healthy, plant-based diet.

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SELECTIVE STIMULATION OF THE GROWTH OF ANAEROBIC MICROFLORA IN THE HUMAN INTESTINAL TRACT BY ELECTROLYZED REDUCING WATER

Med Hypotheses. 2005;64(3):543-6.
NV Vorobjeva

Source
Department of Physiology of Microorganisms, Biology Faculty, Lomonosov State University

Abstract
96-99% of the "friendly" or residential microflora of intestinal tract of humans consists of strict anaerobes and only 1-4% of aerobes. Many diseases of the intestine are due to a disturbance in the balance of the microorganisms inhabiting the gut. The treatment of such diseases involves the restoration of the quantity and/or balance of residential microflora in the intestinal tract. It is known that aerobes and anaerobes grow at different oxidation-reduction potentials (ORP). The former require positive E(h) values up to +400 mV. Anaerobes do not grow unless the E(h) value is negative between -300 and -400 mV. In this work, it is suggested that prerequisite for the recovery and maintenance of obligatory anaerobic microflora in the intestinal tract is a negative ORP value of the intestinal milieu. Electrolyzed reducing water with E(h) values between 0 and -300 mV produced in electrolysis devices possesses this property. Drinking such water favours the growth of residential microflora in the gut. A sufficient array of data confirms this idea. However, most researchers explain the mechanism of its action by an antioxidant properties destined to detox the oxidants in the gut and other host tissues. Evidence is presented in favour of the hypothesis that the primary target for electrolyzed reducing water is the residential microflora in the gut.

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FDA ALERT
PPI ACID REFLUX DRUGS CAUSE C.DIFF, MAGNESIUM LOSS & BONE FRACTURES

According to a study by Johns Hopkins University researchers, heartburn medication has also been linked to Chronic Kidney Disease (CKD). The research raises serious questions about commonly used acid reflux drugs such as Nexium, Prevacid, Prilosec and other proton pump inhibitors (PPIs). Stanford University researchers also revealed evidence linking acid reflux medications to a greater risk of heart attacks.

Prior studies have linked these acid reflux medications to bone fractures, gut infections, dementia, pneumonia, magnesium loss and various health problems.

POSSIBLE INCREASED RISK OF BONE FRACTURES WITH CERTAIN ANTACID DRUGS

Source: FDA

There is a possible increased risk of fractures of the hip, wrist, and spine if you take certain drugs for heartburn, acid reflux, or ulcers, warns the Food and Drug Administration (FDA).

The drugs belong to a class of medications called proton pump inhibitors (PPIs), which work by reducing the amount of acid in the stomach. They are available both as prescription and as over-the-counter (OTC) medications.

The prescription PPIs treat conditions such as gastroesophageal reflux disease (GERD), ulcers in the stomach and small intestine, and inflammation of the esophagus. The PPIs available over-the-counter are used to treat frequent heartburn.

The prescription PPIs are:

* Nexium
* Dexilant
* Prilosec
* Zegerid
* Prevacid
* Protonix
* Aciphex
* Vimovo

The over-the-counter PPIs are:

* Prilosec OTC (omeprazole)
* Zegerid OTC (omeprazole)
* Prevacid 24HR (lansoprazole)

Be aware that the over-the-counter PPIs should only be used as directed for 14 days for the treatment of frequent heartburn. If your heartburn continues, talk to your health care professional. No more than three 14-day treatment courses should be used in one year.

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FDA DRUG SAFETY COMMUNICATION
CLOSTRIDIUM DIFFICILE-ASSOCIATED DIARRHEA CAN BE ASSOCIATED WITH STOMACH ACID DRUGS KNOWN AS PROTON PUMP INHIBITORS (PPIs)

Source: FDA

Safety Announcement

The U.S. Food and Drug Administration (FDA) is informing the public that the use of stomach acid drugs known as proton pump inhibitors (PPIs) may be associated with an increased risk of Clostridium difficile–associated diarrhea (CDAD). A diagnosis of CDAD should be considered for patients taking PPIs who develop diarrhea that does not improve.

Patients should immediately contact their healthcare professional and seek care if they take PPIs and develop diarrhea that does not improve.

Clostridium difficile (C. difficile, aka: C.diff) is a bacterium that can cause diarrhea that does not improve. Symptoms include watery stool, abdominal pain, and fever, and patients may go on to develop more serious intestinal conditions. The disease can also be spread in the hospital. Factors that may predispose an individual to developing CDAD include advanced age, certain chronic medical conditions, and taking broad spectrum antibiotics. Treatment for CDAD includes the replacement of fluids and electrolytes and the use of special antibiotics.

FDA is also reviewing the risk of CDAD in users of histamine H2 receptor blockers. H2 receptor blockers are used to treat conditions such as gastroesophageal reflux disease (GERD), stomach and small intestine ulcers, and heartburn. H2 receptor blockers are marketed under various brand and generic drug names (see Tables 3 and 4) as prescription and OTC products.

Table 1: **Prescription Proton Pump Inhibitor (PPI) Drugs** *Generic name - Found in brand name(s)* Dexlansoprazole = Dexilant Esomeprazole magnesium = Nexium Esomeprazole magnesium and naproxen = Vimovo Lansoprazole = Prevacid Omeprazole = Prilosec Omeprazole and Sodium bicarbonate = Zegerid Pantoprazole sodium = Protonix Rabeprazole sodium = Aciphex	**Table 2:** **Over-the-Counter (OTC) Proton Pump Inhibitor (PPI) Drugs** Generic name - Found in brand name(s) Lansoprazole = Prevacid 24HR Omeprazole magnesium = Prilosec OTC Omeprazole and sodium bicarbonate = Zegerid OTC Omeprazole = Omeprazole
Table 3: **Prescription H2 Receptor Blocker Drugs** *Generic name - Found in brand name(s)* Cimetidine = Tagamet Famotidine = Pepcid, Duexis Nizatidine = Axid, Nizatidine Ranitidine = Zantac, Tritec	**Table 4:** **Over-the-Counter (OTC) H2 Receptor Blocker Drugs** *Generic name - Found in brand name(s)* Cimetidine = Tagamet HB Famotidine = Pepcid Complete, Pepcid AC Nizatidine = Axid AR Ranitidine = Zantac

FDA DRUG SAFETY COMMUNICATION
LOW MAGNESIUM LEVELS CAN BE ASSOCIATED WITH LONG-TERM USE OF PROTON PUMP INHIBITOR DRUGS (PPIs)

Source: FDA

Safety Announcement
The U.S. Food and Drug Administration (FDA) is informing the public that prescription proton pump inhibitor (PPI) drugs may cause low serum magnesium levels (hypomagnesemia) if taken for prolonged periods of time (in most cases, longer than one year). In approximately one-quarter of the cases reviewed, magnesium supplementation alone did not improve low serum magnesium levels and the PPI had to be discontinued.

PPIs work by reducing the amount of acid in the stomach and are used to treat conditions such as gastroesophageal reflux disease (GERD), stomach and small intestine ulcers, and inflammation of the esophagus. In 2009, approximately 21 million patients filled PPI prescriptions at outpatient retail pharmacies in the United States.

Prescription PPIs include Nexium (esomeprazole magnesium), Dexilant (dexlansoprazole), Prilosec omeprazole), Zegerid (omeprazole and sodium bicarbonate), Prevacid (lansoprazole), Protonix (pantoprazole sodium), and AcipHex (rabeprazole sodium). Vimovo is a prescription combination drug product that contains a PPI (esomeprazole magnesium and naproxen).

Over-the-counter (OTC) PPIs include Prilosec OTC (omeprazole), Zegerid OTC (omeprazole and sodium bicarbonate), and Prevacid 24HR (lansoprazole). OTC PPIs are marketed at low doses and are only intended for a 14 day course of treatment up to 3 times per year. Low serum magnesium levels can result in serious adverse events including muscle spasm (tetany), irregular heartbeat (arrhythmias), and convulsions (seizures).

Healthcare professionals should consider obtaining serum magnesium levels prior to initiation of prescription PPI treatment in patients... who take PPIs with medications such as digoxin, diuretics or drugs that may cause hypomagnesemia.

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FDA STATEMENT ALERTING PATIENTS AND HEALTH CARE PROFESSIONALS OF NDMA FOUND IN SAMPLES OF RANITIDINE (AKA: ZANTAC)

Note: Ranitidine is an H2 (histamine-2) blocker. It's an over-the-counter (OTC) and prescription drug designed to reduce stomach acid, heartburn and treat gastroesophageal reflux disease.

Source: FDA
Immediate Release: September 13, 2019
Statement From: Janet Woodcock M.D. Director, Center for Drug Evaluation and Research

The U.S. Food and Drug Administration has learned that some ranitidine medicines, including some products commonly known as the brand-name drug Zantac, contain a nitrosamine impurity called N-nitrosodimethylamine (NDMA) at low levels. NDMA is classified as a probable human carcinogen (a substance that could cause cancer) based on results from laboratory tests.

The FDA has been investigating NDMA and other nitrosamine impurities in blood pressure and heart failure medicines called Angiotensin II Receptor Blockers (ARBs) since last year. In the case of ARBs, the FDA has recommended numerous recalls as it discovered unacceptable levels of nitrosamines.

When the agency identifies a problem, it takes appropriate action quickly to protect patients. The FDA is evaluating whether the low levels of NDMA in ranitidine pose a risk to patients. FDA will post that information when it is available.

The agency is working with international regulators and industry partners to determine the source of this impurity in ranitidine. The agency is examining levels of NDMA in ranitidine and evaluating any possible risk to patients. The FDA will take appropriate measures based on the results of the ongoing investigation. The agency will provide more information as it becomes available.

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