Hey Doc!

My doctor told me I have gallstones and he wants me to have my gallbladder removed

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There are over one million gallbladder surgeries a year and out of total ignorance the patients believe what they are told, “The gallbladder isn’t needed anyway”. This could be no further from the truth. You must have a gallbladder to digest fats. The gallbladder stores bile, which helps you emulsify and absorb fats. Not having a gallbladder is similar to a person trying to wash greasy dishes without soap. No matter how hard you try you just cannot do a very good job. The bile acts like the soap and helps emulsify and break down the fat so your body can absorb it.

In some instances it can be female hormonal imbalances and/or genetic predisposition. The most common cause for the formation of gallstones is what the patient has done to him or her self. The bile produced by the gallbladder is made of alkaline bile salts, bilirubin, cholesterol, fatty acids, lecithin, and minerals. The liver produces approximately 1.75 pints of bile daily. It passes into the gallbladder where it is concentrated and stored for future use. When fat is present in the small intestine, the presence of fat causes the hormone cholecystokinin to promote the release of bile into the small intestine, where it can emulsify fat (surround it and make it water soluble) The alkaline bile salts are primarily sodium salts, which are water-soluble and normally should remain in solution. If the bile salt to cholesterol ratio is maintained, the concentrated gall bladder bile will remain liquid and pass into the duodenum on demand. When this ratio becomes unbalanced, the bile salts begin to precipitate and gallstones will begin to form.

In the normally functioning digestive system, the alkaline bile salts aid in emulsification of fats, fatty acids, cholesterol and other lipids. This process allows for these necessary emulsified foods to be absorbed into the circulation. The bile salts act as a catalyst and re-enter the system in the jejunum. People on high fat, acid-ash diets, may have to have this process repeated two or three times during each meal. Some of the bile salts will make their way to the large intestine where further re-absorption occurs only if the pH of the large intestine is alkaline. If the large intestine is acid from a diet composed of too much acid ash foods, the normal reabsorption is impaired and acid crystals are formed. With the decrease in usable bile salts, fatty acids in the food cannot be broken down in the duodenum and are eventually lost in the stools. The deficiency of these fatty acids going into the body also results in the deficiency of fat-soluble vitamins A, D, E, and K.

If the patient is on a high Acid-Ash residue diet such as seen in someone overeating fried foods, cheeses, and meats, the body has to go into emergency physiology. If the alkaline reserve is used up (the credit card is maxed out) the body must maintain the pH of the blood at approximately 7.4 pH. The body’s primary responsibility is to preserve life and thus will sacrifice a bodily function as seen with the
gallbladder to achieve that goal. Bicarbonate and sodium, both organic in nature (covalently bound), from the bile salts are reabsorbed into the blood stream and used to address the more immediate challenge - the “acidosis” of the body. This results in upsetting the normal bile salt to cholesterol ratio in the gall bladder and reduces the liquidity of the bile thus not allowing the cholesterol to be digested enough for absorption into the circulatory system. Thus it is now apparent that the formation of gallstones is a product of survival.

The surgical removal of the gallbladder will generally show an apparent improvement in digestion. The body now has lost an important source from which organic sodium can be reclaimed, and it will turn to the muscles as the next source of supply. Once this source is exhausted it will turn to the calcium from the bone in attempt to maintain adequate alkaline reserve for natural, normal physiology.

Long before the patient is exhibiting gastric distress or the pains of passing a gallstone certain “Attitudes” are presented to us. The negative thinking, acid-ash food loving patient will generally express an exaggerated sense of well-being. He just wants an adjustment and just never gets around to changing his diet or exercising. He believes himself to be perfectly well and continues to eat processed foods no matter what you instruct him to do. This patient is running on acid and thus is a high achiever and must be involved in every aspect of projects that he is involved with. As his condition becomes to deteriorate he becomes irritable, ill tempered, and difficult to please (the ancients would say the person was full of “Gall”). No one, except himself, can do things the right way. Sleep becomes very restless and he complains of waking up tired in the morning. When he gets up, he is achy and sore all over. If the practitioner asks him “Do you get up stiff in the morning?” or “After a hot shower and moving around do you feel better?” The general answer is “Yes doc! How did you know?” Simply stated, they are running fast and hot like a car battery rather calm and cool like an alkaline flashlight battery. In my professional experience, the only way to stop them from proceeding further over the abyss to ill health is to appeal to their vanity. At the present time, your body is running fast and hot and you are aging inside two to three times faster than you should be. Then drive home the pre-mature aging signs that you are seeing, the dryness of their skin, and the thinness of their hair, the wrinkles and worse the rounding of the shoulders. This will generally get their attention.

For a moment let us go back to the initial contact with our patient. The first alarm bell should go off when he talks about early morning stiffness. Ask the patient if he has bloating of his abdomen within a short time after eating. Questions about his bowel movements are also pertinent. If they are lightly colored rather than dark brown, this would indicate his indirect bilirubin (pre-hepatic, water insoluble) was on the rise as the body is attempting to salvage the alkalinity or the body. Inquire if he has noticed that his face or ears have been very itchy, which many patients will chalk off to “dry skin.” Actually, as the bilirubin balance is thrown off (as noted in a laboratory report) the extra organic salts are being reabsorbed to aid in buffering the body. This reabsorption will tend to deposit in the small capillaries of the face and neck with the
resultant itchy skin. (b) Many times there will be no symptoms of severe pain until a
gallstone starts to pass.

Frequently, laboratory findings will be normal. Looking at the GGT,
Triglycerides, SGOT and SGPT. SGOT and SGPT may be elevated with the GGT
significantly higher than the SGPT and SGOT. Total serum bilirubin can be normal to
increased. Ask the lab to break down the Total Billirubin into direct and indirect, which
is a subtle indicator. If the Indirect bilirubin (pre hepatic, water insoluble) is going up
and the direct bilirubin is staying normal or slightly declining, then a problem is definitely
starting to develop. If the total and direct bilirubin and SGOT are significantly increased
out of proportion to the SGPT and GGT, suspect Biliary Obstruction and refer to a
Gastroenterologist immediately. (b)

NUTRITIONAL RECOMMENDATIONS: (only after checking that the nutrients
you are recommending are not contraindicated) (d)

1) Alkaline digestive enzymes and/or bile salts. (Generally as recommended by
manufacturer)
2) Fiber to enhance secretion of bile and decrease bile saturation. 35-50 grams
per day (reference MMW Foster Med 2001:22-25)
3) Choline, inositol, betaine and lipase (Lipotropic factors) 350-500mg per day
(reference J La State Med Soc 1968 120: 142-145)
4) Lecithin to increase cholesterol solubility. 350 mg three times per day with
meals. (References Biochim Biophys Acta 1998 223-234, Hepatologh 1999
30; 128-136)
5) L-Carnitine, which converts long, chain fatty acids into energy. 1,5000-4000
mg per day divided throughout the day (references Hepatology 2000
6) Buffered Vitamin C and E. Vitamin C is needed to convert cholesterol to bile
salts. Deficiencies in vitamin E have been shown to cause gallstones in animal
studies. Vitamin C to body tolerance (up to 1-2 grams per day. Vitamin E
200-400 I.U. of mixed tocopherols per day (references Biochim Biophys Acta

ADDITIONAL HERBAL RECOMMENDATIONS

1) Milk Thistle to help rejuvenate and repair liver function. Standardized
Extract:70-210 mg three times per day (references Am J Gastroenterol 1998
93:139-143, J. Hepatol 1991:12:290-295)
2) Artichoke, which decreases stone formation by improving bile production in
the liver. Standardized Leaf Extract: 300-640 mg three times daily (references
3) Dandelion, supports liver/gallbladder function. Extract: 250-500 mg 2-3 times
per day (references Arzneimittelforschung 1959; 9:376-378)

5) Ginger, aids fat digestion and reduces inflammation. Standardized extract 100 to 200 mg per day (references Xenobiotica 1976 6: 411-23)

6) Herbs to treat possible secondary parasitic infections include black walnut, artemisia, goldenseal and garlic. With reduced bile flow parasites may enter the digestive system via food. Since the gallstones are porous, they can pick up these parasites, viruses, and bacteria and can harbor them in the gallbladder. Dosage depends on the various formulas available.

LIFESTYLE CHANGES

1) Regular daily exercise can reduce the risk of gallstones by sixty percent. (e)
2) Identify food allergies with Elisa-Act delayed food sensitivities tests. (f)
3) Increase good fiber and decrease meat consumption especially any processed meats.
4) Do not remove fat entirely from your diet. Studies have shown that people who eat less than three grams of fat per day have a tendency to develop gallstones. (Burton Goldberg Group, Alternative Medicine: The definitive Guide, 1993, Future Medicine Publishing, Inc. WA. P 924)
5) Eat smaller more frequent meals in a relaxed atmosphere.
6) Consider doing a “Gallbladder Flush” This should be done with the guidance of a certified clinical nutritionist. There are several great companies with preparations already prepared (g)
7) The juice of carrots, beets and cucumber have been shown to be helpful
8) Castor Oil Packs and medicinal mudpacks applied directly to the abdomen have shown tremendous results. (g)

For further information or the name of a local Council on Nutrition member please call council’s headquarters at 540-635-8844