

Acid Ease



DESCRIPTION:

The Standard American Diet is extremely acid forming. Americans are now consuming more soft drinks than any other beverage, including water. The American Diet also consists of an average of two meals a day of meat and poultry and the grains we eat have had the alkaline minerals refined away. These high protein, acidic diets greatly increases the risk of osteoporosis. Acid forming foods accelerate the loss of alkaline minerals such as calcium, magnesium and potassium from the bones as they are stripped away to neutralize the acid from the diet. At the same time, consumption of alkaline-forming vegetables and fruit is at an all time low. The result is widespread acidosis that accelerates catabolic damage and impairs the anabolic repair process.

Dietary abuses lead to maldigestion which in turn leads to fermentation of partially digested food which then leads to an acidic by-product. This acidic by-product is the cause of heartburn, Gastro-Esophageal Reflux Disease (GERD), and Acid Indigestion, not excess stomach acid produced by the stomach.

Acid Ease was specifically formulated to aid those suffering from acid indigestion. Antacids on the market either help by neutralizing excess stomach acid or by preventing the production of hydrochloric acid by the stomach. The latter only promotes more maldigestion and continues the cycle of fermentation acidosis.

Acid Ease is unique because while the sodium and potassium bicarbonates neutralize the acid from fermentation, the digestive enzymes in the formula improves digestion and prevents the fermentation process from taking place.

ACTIVES:

Dual-Phase Delivery- Acid Ease is a dual-phase formula that releases the digestive ingredients where they need to be to work best. Phase I ingredients are released in the stomach and Phase II ingredients are released into the lower gastro-intestinal tract.

Phase I- The Bromelain, Papain, Betaine and Glutamic Acid HCl all work on the digestion of proteins. Bromelain attacks the long chain polypeptides of the proteins ingested, and breaks them down via hydrolysis to shorter chain peptides. These peptides are subsequently hydrolyzed by Papain down to some of the basic amino acids or lower molecular weight peptides. The Betain and Glutamic Acid HCl act to create the proper pH environment for the other enzymes as digestants. Additionally, these two act as acids and aid in the hydrolysis reactions on proteins, fats and starches.

Phase II- Acid Ease supplements the individual's own secretions of pancreatic enzymes, allowing for more complete digestion of fats, carbohydrates and proteins. 1.) Alpha-Amylase digests carbohydrates. 2.) Protease digests proteins. 3.) Lipase digests fat. All of the above enzymes require an alkaline pH for maximum activity. To insure that a sufficient alkaline medium is present, sodium and potassium bicarbonates (normal components of pancreatic juices) have been added in the correct physiological ratio of 2:1.

Acid Ease can be used safely in patients with known sensitivities to beef, pork or pineapple, unlike other commonly used digestive aids.

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent disease.

90 capsules per bottle

Two capsules provide:

Phase I

Betaine HCl	150 mg
Glutamic Acid HCl	100 mg
Pepsin (1:3000)	150 mg
Gastric Mucosa with Intrinsic Factor	100 mg
Bromelain (600 GDU)	200 mg
Active Enzyme Base	50 mg

Amylase, Cellulase, Lactase, Lipase, Protease, Invertase & Maltase

Phase II

Papain (105,000 USP units)	200 mg
Potassium Chloride	50 mg
Pancreatin 8x	150 mg
Supplying Amylase, Lipase & Protease	
Ox Bile Salts	120 mg
Sodium Bicarbonate	400 mg
Potassium Bicarbonate	200 mg

Other ingredients: gelatin (capsule), rice flour and cellulose.

CLINICAL INDICATIONS:

- Heart Burn
- Acid Reflux
- Acid Indigestion
- Gastro-Esophageal Reflux Disease

SUGGESTED USAGE: Adults, 1-2 capsules with each meal.

CONTRAINDICATIONS: None Known

DRUG INTERACTIONS: None Known

REFERENCES:

1. Capper WM, et al. "Gallstones, gastric secretion and flatulent dyspepsia." *Lancet* 1967; 1:413.
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3. Sebastian A, et al. "Improved mineral balance and skeletal metabolism in postmenopausal women treated with potassium bicarbonate." *New Eng J Med* 1994; 330: 1776-81.
4. Russell, R.M., Golner, B.B., Krasinski, S.D., Sadowski, J.A., et al. "Effect of antacid and H2 receptor antagonists on the intestinal absorption of folic acid." *Journal of Laboratory and Clinical Medicine* 1988 Oct; 112(4): 458-463.
5. Feldman, S., Hedrick, W. "Antacid effects on the gastrointestinal absorption of riboflavin." *Journal of Pharmacologic Science*. 1983 Feb; 72(2): 121-123.