

Michael Roesslein:

Recording. We're live. Participants popping in. Cool. All right. Hey, everyone. If you can see us and hear us okay, please drop a little hello and where you're at in the chat. And we'll get started here in a few minutes. I feel we do this all the time now.

Steve Wright:

Yeah, man. This is a regular hangout.

Michael Roesslein:

Yeah. We have very public Zoom hangouts together and invite a whole bunch of our friends. So appreciate everybody making it. We're more early in the daytime today than normal so I know it threw a couple people off probably, but this is when both of us could align schedules in the midst of chaos. You have suitcases behind you. This room looks pretty normal right now, but we have sold half our things and are moving in two and a half weeks and our car is gone and everything else is happening. So there's other places in my home that look like that. I'm keeping this like this for as long as I can to be able to have nice work backdrop. And then this will just become a white room for a week or so. And then I'll be basically working out of a closet where we're staying for a few weeks after this.

Steve Wright:

I'm coming to you live from a Residence Inn.

Michael Roesslein:

All right. Transient webinar life.

Steve Wright:

Yeah.

Michael Roesslein:

All right. So everybody's in that's coming in right now. We'll have some more trickle in, I'm sure. Today we're talking stomach acid and I am here with Steve Wright. This is our third in a trio of webinars that we've done. I think the first one was two months ago and then the second one was two weeks ago. Really just to cover all aspects of start to finish digestion and the three products that you formulated with Healthy Gut.

And for those who don't know, Steve is the founder of Healthy Gut. They make awesome digestive supplements that we've started to carry in our retail shop at Rebel Health Tribe. He was also a co-founder of SCD Lifestyle, which is where you guys might originally know him from. That's where I found Steve and his work. And he's a borderline compulsive researcher and likes to get to the bottom of situations and problems related to health issues. And I'm grateful that he does because then we get to learn from him. So Steve, thanks for... I've even got your bio down without reading a thing. So we've been doing this a lot. Thanks for making time from a Residence Inn to do... Good internet they have there at Residence Inn.

And before we get started, I have a funny story about interviews about stomach acid. Joe and I, before Rebel Health Tribe existed, we're both FDN practitioners in the FDN Facebook group. And I thought he was cool because he had a business called Wellness Punks, which I thought was cool. And I was jealous

that that wasn't my business name. And he messaged me and said, "Hey dude. Could I interview you?" And I'm like, "Okay." Because I didn't know what internet marketing was or I didn't understand anything. So I'm like, "Interview me where? How? You live in New York. I'm in Arizona. This is weird." He's like, "On the internet. And for my email list." And I'm like, "What's that?" And then he said, "I'm doing a series of videos on digestive problems to promote an upcoming Sean Croxton digestion summit and I was wondering if you would do an interview with me about stomach acid." And I was like, "What do you want me to talk about?" And he said, "How people think they have too much, but they actually have too little and it's a big..."

So we outlined out an hour long phone call... Outlined out this whole thing where I was going to talk about stomach acid for an interview that I still didn't understand, but he's like, "I'll just record it. I'll explain it to you later." And then I get off the phone. I tell Mira, who is my girlfriend at the time, now wife, "I just talked to this guy. He makes videos. He sends them to people. He has an email list. He doesn't work with clients anymore. He promotes things and gets paid for it. And I'm not sure, but I think I want to do what he does."

And I had created this digital course that was a monster. It was 12 modules, 15 hours of videos, all this stuff. I thought if I made this awesome thing that lots of people would buy it because it's awesome. Instead, I sold four because I didn't know how to do anything besides make it. And then she said, "Call that guy back and tell him about your course and see what he thinks about it. Maybe he could sell it for you because he seems to be good at selling things." So I called Joe back, doesn't know me. I'm like, "Hey, I made this course. You want to check it out and sell it because it's awesome?" And he's like, "Sure buddy. Whatever." And then two weeks later I get a phone call from him, excited. You know Joe. Joe gets excited. And Joe is excited and he was like, "Dude, this is the best course I ever seen. How did you make this? When did you make this? We need to do something." I'm like, "Yes, yes."

And so we rebranded the course, made Rebel Health Tribe, and launched the business around the course together. We never have done the video about stomach acid and we've never done any education about stomach acid. So I messaged him the other day and was like, "Dude, I'm finally doing a stomach acid video with Steve." And he goes, "Good. It's only taken seven and a half years." So here we are, seven and a half years in the making. We're going to bring you some education on stomach acid, an often vilified and essential...

Steve Wright:

And crazy overlooked. Seven and a half years overlooked.

Michael Roesslein:

Seven and a half years. And we've been doing digestive stuff for seven and a half years.

Steve Wright:

Yeah. Yeah.

Michael Roesslein:

It has been brought up in discussions, but we've never done a full dedicated to you, stomach acid offering. But we should and the amount of money that people spend on antacids... And I've heard statistics that are just baffling, billions of dollars of things. And what we're going to learn today is that a lot of those people are probably making their situation much worse, right?

Steve Wright:

Yeah. Yeah. If you look at Dr. Jonathan Wright, Dr. Steven Sandberg Lewis, these are leading gastro type people who have stomach acid testing devices in their offices and have run people with heart burn or IBS through a Heidelberg test, which is basically a capsule attached to a string, you swallow it, it checks the pH of your stomach. It's a not a fun test.

Michael Roesslein:

I've done it.

Steve Wright:

Yeah. And they find that between 70 to 85% of people who are complaining of what is commonly associated with high acid to be actually low acid. And so this isn't that everybody who has heartburn or IBS or something like that has high acid. But this is statistically speaking, the majority of people, including myself, actually had low acid. Despite the feeling is in the back of your throat, in your mouth, in your heart, in your chest area, it sure feels burning and the heat and all the marketing that we've been marketed to about high acid.

Michael Roesslein:

I don't know. Have you ever met or do you know Emma Lane who used to educate for the CHEK Institute? Okay. She does gut trainings and I attended one and we had to eat protein and then I don't know how many minutes later, we had to swallow a capsule on a string. And this was a room full of health practitioners, but very few raised their hand when she asked, "How many actually have GI symptoms?" There was only a handful of people. So this was a pretty healthy room of people. And 75% of us had insufficient stomach acid production. And so I think this is pretty rampant. So go ahead.

Steve Wright:

Yeah. It's actually super rampant. And the reason why, it's basically usually our environments. If you're in a state of stress and sympathetic tone, it's really impossible to make stomach acid. Grandma was right to either say your prayers or say your gritudes or something before you eat because... And as well as don't go swimming after you eat. And the reason why is all the blood needs to rush to your stomach area to make the stomach acid. And so between nutrient deficiencies, parasites, and just the Western culture we've cultivated here, stomach acid is actually a decently challenging issue in our time.

Michael Roesslein:

Yeah. And environment, stress... Because when we're sympathetic dominant, maybe everyone I know, that shuts off digestion. When we're stressed out, it just freezes the process. It's not a survival digestion because it's fight, flight. The other one's rest, digest. If anybody out there is listening to this, I'm sure you can relate that many of you probably don't identify as much with rest and digest as you do with fight or flight or freeze or panic or stress or any of those things. So yeah. I've heard even cooking your own food and smelling food and handling food and chopping food, all the preparation around food, stomach acid production, the anticipation, all of those things. And our society has largely out sourced the preparation, the handling, the cooking, the smelling of food. You go from nothing to here's your food, eat it.

And so there's no stress, stress, stress, phone, phone, phone, news, news, news, food. Probably all of that during the food as well. In front of the news, in front of the phone, doing the work, doing the

things. So it makes sense to me that we would probably be pretty deficient. I think there's nutrient stuff involved there too to make the acid, right?

Steve Wright:

Yeah. The acid isn't made... And it's not just acid. It's also pepsin, intrinsic factor, but they're not just made. You have to actually build that and release it. And so you need things like vitamin B12, zinc, magnesium, calcium, lots of the minerals, and some of the vitamins are needed for this. Also if you have bad hormone disruption, that can also interfere with the signaling to create stomach acid as well. So yeah. It's one of those things that's happening every day. We don't think about it. The stomach's not a very sexy organ, even though it can do some pretty cool stuff. It gets down to a 1.5 pH, which is below battery acid. So I've always wanted to figure out how to get a sample out and see if it'll go through a car hood or something. Something cool.

Michael Roesslein:

I'm surprised you haven't figured out a way to do that. I'm a little disappointed actually. I was hoping that story would go in another direction. But ironically enough though, B12, zinc, minerals, these are things that when we have inadequate stomach acid, we don't get from our food nearly as much, right?

Steve Wright:

Yeah. It's a negative feedback loop, whereas you need these minerals and these vitamins to make the stomach acid and actually digest the food. If you don't have them, you can't actually break down the food and digest the food. And so it starts this downward spiral where you're getting malabsorption slowly. Maybe you lose 80% or I mean you only get 80% per day. You're losing 20 to 30%. But if you compound that over months or years of chronic issues, it can really add up and cause inadequacies.

Michael Roesslein:

Okay. So there's the negative feedback loop of, you need these things to make it, but when you don't have it, you don't get the thing. So then you make less of it, then you get less of the things and then it starts to spiral. There's also the modern life stress situation. And I'll just call it really poor food hygiene. I think that's the right term. I don't know. The habits around meals and how we eat and where we eat and things like that. Because I mean, meals were around communal, rest, period. Now, in the car, in traffic, angry on the phone, probably all at the same time. And so that's why we're actually more deficient than having too much. I actually ran into only two people ever with clients that we determined they actually may be overproducing stomach acid out of everyone that I ever worked with. So it's pretty rare actually if you test it and look at it. But why does this matter? Everyone knows stomach acid breaks down food. Great. But it does a lot more than breakdown food, right?

Steve Wright:

Yeah. I mean, it matters. Number one, it's a huge component of the immune system. So it's neutralizing incoming bugs. Whatever the type of bugs, you're essentially boiling them in acid. So you're killing off potential creatures that would want to inhabit your body. So after it sterilizes the food, one of the big benefits and one of the things you often see is that people with brain issues or mood issues... So anxiety, depression, these types of things, often have low amino acid status or disrupted amino acid status when you test them. They're all over the place. And in order to actually take your steak or your salmon or whatever and turn it into amino acids, it's a decently complex... Well, it's not a complex. It's simple, but

it's hard. And one of the first things is that it's bathed in this acid and what the acid does at a molecular level is proteins bound into these tight balls at a 3D molecular level.

And it's bound into these tight balls at a 3D molecular level. The acid bath begins to open the balls up so that pepsin, which is the main protein-degrading enzyme, can start to cleave off the amino acids. Because if it's higher than an eight sequence of amino acids, your body doesn't know what to do with it. It can't absorb it and it thinks it's foreign. So, if you don't bathe your food long enough, you have a ball of protein, you have pepsin just pecking at it, you have your other enzymes in your stomach or in your small intestine just pecking at it. But it can't really fully degrade the protein down into amino acids. And so you start losing amino acid uptake and you need amino acids for everything. Every cell is built of them.

So, slowly losing amino acids over time contributes to all kinds of chronic issues. I think it's actually one of the biggest hacks is somebody who's lethargic, dealing with all kinds of issues, is just take raw essential amino acids. You can see an uptick in healing just from providing more building blocks to your body. So, that's a super under-appreciated component, and it also sets up the first stage for immune reactions to foods. Because as I said, if it's above an eight on the amino acid sequence, then your body's going to start to attack it. Even if it's grass-fed beef or wild-caught salmon or grass-fed, grass-pastured eggs, whatever, they're petted, I don't know, the best chickens in the world, if your body-

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Michael Roesslein:

Super chickens.

Steve Wright:

Yeah. I was reading a study about it today that the first step in immunizing your immune system to proteins is not fully breaking them down in the stomach. And so when that breakdown happens is when the liberation of iron, manganese, magnesium, calcium, B12, B6, that's when all that stuff is also released from the cells. And that's when intrinsic factor grabs the B12, it protects it, and so it can be a uptake in the small intestine, but those rest of the minerals then flow into the small intestine and are ready for absorption. So, if we skip all those steps, it's almost like we did all the hard work to find the right farmer and the right food and you actually made it yourself, and then you're drinking a bunch of alkaline water at your meal. You're chugging water at meals or whatever you're doing there. You're making your stomach have to work a lot harder because you're making your stomach acid more basic.

And so from my perspective, people can be too fast. They can have diarrhea. They can have constipation. They can have heartburn. They can have just sluggishness. You can start to set up the conditions for SIBO. You can set up a lot of conditions the wrong way if you start your entire digestive process the wrong way. And so I think that's where stomach acid doesn't get enough love and why it's so important. That's why the old school, the old naturopath, the old integrative docs all harped on this. And it's kind of been lost over the last 15 years because we've had such cool advances in testing and probiotics and other cool gut stuff. But at the core of it, if we always return to what conditions need to happen in order to absorb nutrients from our food, actually get well, you have to have proper stomach acid.

Michael Roesslein:

Yeah. And then the saying that I've heard ever since I've been in this world is, "It's not what you eat. It's what you absorb." And so people that are eating all this healthy food, if you don't have the stomach acid, you don't have the enzyme production, you have damaged gut wall where you're not actually absorbing the nutrients. It's not going to matter the supplements you take or the food that you're... I mean, it'll help. I mean, obviously eating McDonald's every day would worsen the situation. But the progress, oftentimes people get frustrated it's not as quick as they'd like it to be with just the diet and supplements. Because it's really what you're absorbing and what you're taking in.

And then you mentioned the immune system and then the pH in the upper GI needs to be a certain level when the food comes out of the stomach, or else there's not other things released that need to be released to further the digestive issue or the digestive process. Things can live there. I mean, we talk about SIBO and it's really violent stomach acid not being present to wipe out the things that shouldn't be living there. So, it really starts a cascade as it goes down the GI tract. So, you mentioned-

Steve Wright:

Yeah. I just want to double click on that real quick.

Michael Roesslein:

Yeah. Sure.

Steve Wright:

It's really like you're setting up the foundation of your entire meal's digestion wrong if you start there. Because the pH is the number one signal. At the top of the small intestine, we dump bicarbonate in to raise the pH to turn on the enzymes we talked about in one of our previous webinars. If your pancreas and your gallbladder and your bile ducts, everything could be working properly, but if the pH is wrong, the interactions with the enzymes and the bile and everything just doesn't work as well. And then you're in these recurrent infections and you're taking all these supplements and you're like, "Why is nothing working?" And one of the things for those people I often find is it's low stomach acid. It doesn't matter what you do or what you eat because the initial conditions in which you started the system have been corrupt the whole time.

Michael Roesslein:

Yeah. And I don't know this for a fact, but it makes sense to my logical thinking, which sometimes can be way off, but that we see a lot of cancers of the pancreas and the gallbladder and these things, or gallstones or all this type of stuff that usually involves sluggishness within those organs. And like you said, they won't get the signals to do their thing. And so the bile sits. The pancreas doesn't release enzymes. The whole thing that's supposed to function, like food goes in, this happens, this happens, this happens, this happens, food comes out is more like food goes in, this kind of happens, this sort of happens, this doesn't really happen, then there's bugs here, and then this goes, and we have all kinds of issues.

I would guess that a lot of the other diseases in those organs related to sluggishness and things being blocked up and whatever, I mean, like you said, the pH is the number one signaler. So, we have cells in the upper GI, right? That signal pH. And then it's like, "Hey, it's party time. Let's send out these things." And if the food comes out and it's not like that, no enzymes, no bile, no breaking down, everything just gets stagnant there.

Steve Wright:

Yeah. I mean, I can't speak to that. I haven't seen anything in the literature associating low stomach acid to any sort of cancers, but if you look at it from an Ayurvedic standpoint or a Chinese medicine standpoint, yeah, anything that's stuck and not happening fully, any not fully evacuation, not full release, not full activation, builds up over time. It's actually a form of health that I don't know that we'll ever be able to fully measure, but-

Michael Roesslein:

Yeah. It's quite invasive.

Steve Wright:

... there is some logic.

Michael Roesslein:

Yeah. And I wasn't making cancer claims there. I was just thinking out loud. We're seeing some. Just for the FDA, who's watching our webinars I'm sure, I guess. So, we've covered why it's deficient in some people and then what this means. And you can track most GI symptoms or conditions in some way, shape or form back to low stomach acid. Plus it throws off the microbiome, as we mentioned. There's organisms that can then live there that shouldn't be able to live there and vice versa. And so the pH is the temperature, as far as we go. We have this little temperature window where we're awesome. And then there's a lot of temperature window that exists in this universe where we wouldn't be so awesome, like die immediately. And so in the GI tract, the pH is really kind of the temperature.

It's what can live where and how everything functions and it starts off all these things. Like all these forests and trees and all this, you go outside of their temperature range, gone. And so our air isn't so much pH, it's temperature, but in the gut, it's really pH. And I think people don't really realize that. And so it does, it dictates tons and dictates and controls a lot of functions and what happens there. So, we covered how it gets deficient and what happens as a multiple cascade of side effects because of that. If somebody wants to try to increase it naturally, make sure they're producing as much as they can on their own type of thing, are there a few tips you might give somebody that would be mindful around what they're doing?

Steve Wright:

Yeah. I mean, make sure you're on a trace mineral. Make sure you got your minerals covered, your bases there covered. Make sure you say a prayer or say gratitude or take five massive, deep breaths before every meal. Like you said, smell your food. Chew your food. Think about it.

Michael Roesslein:

Oh, yeah. That one.

Steve Wright:

Yeah. I mean, I don't know, next time you're eating nuts, I mean, people love to eat nuts in this world, in the paleo world or whatever world, real food world, but pick it up and think about it with your fingers. Can you crack this nut? Can you manipulate this almond or this walnut? No. When you chew that eight times, you're barely breaking that thing down. There are still pretty decent chunks you're swallowing. And now it's up to your stomach to take that on. So, chew your food. It actually does matter. It makes it

easier. That's actually one of the reasons why, if someone's in a massive flare, I used to have them blenderize their meal because you're essentially removing the chewing component and that can help them fully break down the meal. It's a bit extreme. But for the folks who are in that bad situation, it can help. So that's, I mean, that's some of the basic things. Beyond that, in the past we would usually use herbs.

Naturally self-select for herbs that were more bitter and these tend to help stimulate the release of stomach acid. So, you can try bitters. I find them supportive, but mostly ineffective if you have a true low stomach acid condition. So, they're not bad. I just find them as, they're probably something we should all be consuming on a regular basis. But for those of us who have real low stomach acid, you have to go to the next level of support.

Michael Roesslein:

Okay. So, there's a handful of things. The chew your food one, I remember when I first got them, like, "I'm not going to teach people to chew their food." And then at that same training with Emma Lane, when we ate lunch, she had us pay attention to how much... She said, "Don't alter how you eat. Just pay attention and swallow the food when you would normally swallow the food. Just eat like normal. Just watch yourself do it." And I was like, take a big bite off a sandwich, chew it three times, swallow it. Piece this big, just go. And we all noticed that. We were all stunned at how large of pieces of food we were swallowing and that we didn't chew anything for any extended period of time. And then she's like, "Here's the actual recommendation." And I'm like, "Man, it would take me an hour and a half to eat lunch if I chewed my food this much." But then meals weren't rushed all the time. So, rushing the meals is part of the problem. But yeah, chewing the food. Because the digestive process starts in the mouth-

Steve Wright:

It does. Yeah.

Michael Roesslein:

... the different enzymes in the mouth. We talked about that on the enzyme video. The amylase, I believe, starts in the saliva. So, yeah, just slow. Slowing down.

Steve Wright:

I was looking at my phone there for a second because I couldn't remember his last name, but Marc David over at the Psychology for Eating Institute has a whole book on it called The Slow Down Diet where his rule is you put down your fork between every bite, which I tried for a few days. And man, that's so hard. That is so hard.

Michael Roesslein:

Yeah. I think I'll have better luck with that one when we're in Italy then I will here. Because you notice traditional cultures though, one of the things, they all eat long meals over long periods of time-

Steve Wright:

They do.

Michael Roesslein:



... slowly, in groups, handling the food and smelling the food. Literally every one of them. There's cultures where if you told them that you eat in your car while on your phone while driving in traffic, they would be so offended. And they would know immediately you're going to digest like hell if you do that and you're not going to enjoy your meal. So, we've just steered a little towards the dystopia modern world direction in regards to how we eat meals. So, that's a lot. Take trace minerals. A prayer or meditation or gratitude or prayer for the food. Deep breaths puts a little bit into parasympathetics. Smelling the food. Chewing the food. I used to know the name of the term for the thing that happened when you do that.

There's a reaction, but I don't remember what it's called now, but there's this name for the reaction that happens when you smell food and chew food that starts your digestive process. Bitters, I agree. I think that another thing we've done in our culture is we've removed bitter foods. We're like the kid that grew up and you can't force me to eat that anymore, but it's because we weren't forced to eat it and then you don't adapt a taste to it and everything else. But bitter herbs and bitter greens and bitter foods really stimulate digestion, and we're pretty absent of them entirely. And then I will look up that book to reference it, but will probably never try it myself because I don't set myself up to fail. So, those are-

Steve Wright:

And then the other thing is don't drink at your meals.

Michael Roesslein:

Yeah. Water, right?

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Steve Wright:

[crosstalk] The other thing is, don't drink at your meals.

Michael Roesslein:

Water, right, or anything really?

Steve Wright:

Well, anything. I mean, those people that have three glasses of wine, or even sometimes two big glasses. In America, our glasses of wine are sometimes half a bottle and I've been guilty of that, but people often are like, "Why can't I have alcohol?" It's like, well, I mean, I don't want to be the one to tell you, but alcohol is a poison and I love it. It's a delicious poison, but it's also going to shut down your stomach acid production after a half glass or so. It's going to start basically causing issues.

Michael Roesslein:

I did not know that. Eating or drinking alcohol while eating further lessons stomach acid?

Steve Wright:

It's got this weird curve where right at the beginning, it kind of helps. Some people will be like, "Well, I actually feel better on one glass of wine," but there's a point. It's way closer to not that much alcohol than you want it to be.

Michael Roesslein:

Yeah, I gotcha.

Steve Wright:

Where drinking one and a half glasses or two glasses is the cause of slow down.

Michael Roesslein:

Okay. I think the big gulp size now at the 7-Eleven is actually up to two gallons. I remember when I was a kid going over there and I think it was 32 ounces or something, but it was just pretty big or maybe 64. Now, I go there because that's the ATM I can use for no charge with my credit union, so I go to the 7-Eleven and there's these cups that an adult man needs two hands to carry. It's incredible. For \$1.50, you can get two gallons of soda, but yeah, diluting stomach acid, not good. Alcohol aside, just the liquid, tons of water and the pH. You put a whole bunch of water in an acid and it's a lot less acidic.

Steve Wright:

True.

Michael Roesslein:

That can mess up people, even if you don't have deficient stomach acid.

Steve Wright:

Yep.

Michael Roesslein:

All right. I think those are some pretty solid tips. Then, we've done webinars in the last couple months. The first one was for digestive enzymes in your product HoloZymes. We've gotten great feedback on that. I can now eat popcorn without blowing up like a beach ball. I'm excited. Then, two weeks ago, we talked about butyrate and tributyrin and you have a trio of products and the third one is HCL Guard, which is obviously what we're talking about today is HCL, hydrochloric acid, stomach acid. Is this just stomach acid in a capsule? There's a lot of stomach acid products that exist.

Steve Wright:

Yeah.

Michael Roesslein:

I know with the enzymes, you said you formulated that because you were frustrated and pissed that none of the enzymes you tried would consistently work for you. The tributyrin is an improvement over existing butyrate supplementation, delivery mechanisms and molecule types, basically. What's the deal with this one? Why did you decide to make an HCL product and then what's what's in it and what are we looking for? Who might want to consider it? Let's just go right into that now.

Steve Wright:

Yeah. HCL and HCL BT and HCL with Pepsin has been around for, I don't know, three decades, maybe longer. HCL challenge is something I started early on in my journey as a patient getting well. It was

hugely transformative in one week, totally changed everything for me, not everything, but like it really made a massive improvement for me. I've been on and off HCL for a decade now. I actually got to the point where I was taking 10 or 12 pills per meal and then I got all the way down to zero only to have life happen and massive changes and just intensity and need to go back on it. Three years ago when that stuff started and my digestion just went sideways, terribly sideways, I pulled my old stuff out and I had always read in all the physiology books, the anatomy books about intrinsic factor. I was like, "Why can't I find an HCL pill with intrinsic factor? This should be what helps my energy. This should help me grab more B vitamins B12 and get it in there and just help the whole cycle."

That got me wondering and figured that out that's because there's only two sources in the world. It's very expensive. It's hard to get blah, blah, blah. In that research, I was really trying to understand, what else is actually known about stomach acid? How does the pH actually change? One of the things that I was reading about in the literature was how ginger as a prokinetic can actually help create better, stronger peristaltic waves out of the lower chamber of the stomach. I was like, "Whoa, that's really cool." Pretty much everybody, including myself, who has low stomach has typically suffers with some prokinetic issues and some peristalsis issues. It just got me thinking, with the engineering brain I have, where I'm just like, "Well, can we make this better?" Then, my next thought was pretty much, most people who have low stomach acid at some point in time, typically have an irritation of the stomach lining. DGL is the best herb that I've ever found for that. It comes from hundreds of years of study out of Asia for that.

I was like, "What happens if you throw all this stuff in a capsule and make something better? Does it actually work?" My research and my testing and being on the market for three years now, the answer is yes. It doesn't, "Fix everything," but it seems to help people take three, four less pills per meal. They seem to report more energy from being on other HCL products. It's cool when you actually recreate the entire stomach acid, you give it the HCL, the intrinsic factor and the Pepsin. Something does seem to change.

Michael Roesslein:

The intrinsic factor, just to get clear with everybody, is something that is made, right, in the presence of adequate stomach acid, like it's released?

Steve Wright:

Released, yeah.

Michael Roesslein:

In the presence of adequate stomach acid. It's something that if you don't have adequate stomach acid, you're probably not making enough and I've always understood it as the thing that allows you to get B12 out of food. I'm sure it does more than that, but it unlocks the B vitamins, right, from the food that they're in. Low stomach acid equals low intrinsic factor equals low B vitamin absorption, which is energy.

Steve Wright:

That's the theory, yeah.

Michael Roesslein:

Yeah. [crosstalk].

Steve Wright:

We can't test it [crosstalk].

Michael Roesslein:

B vitamin is mostly energy stuff and neurotransmitters.

Steve Wright:

Right.

Michael Roesslein:

Okay.

Steve Wright:

It's hard to really test and then no one gets paid to research intrinsic factor. If you go search PubMed intrinsic factor or intrinsic factors, you'll find there's nothing out there. Nobody's looking into it.

Michael Roesslein:

Interesting. It's expensive to make it, so it's not in many supplements.

Steve Wright:

Right.

Michael Roesslein:

Or source it. Intrinsic factor, you mentioned Pepsin based on proteins.

Steve Wright:

Yep.

Michael Roesslein:

You mentioned ginger prokinetic and in Chinese medicine, Ayurveda, the heat of digestion. You mentioned DGL, which is deglycyrrhized licorice.

Steve Wright:

Deglycyrrhizinated.

Michael Roesslein:

Yeah. I think there's like two, "Z's" in the one spelling. I don't know. I always laugh when I see that. It's licorice that doesn't have a stimulating effect to it. It's had that part taken out because licorice can also be used for adrenal issues and it helps you keep your cortisol longer, it doubles the half life of cortisol. If somebody's not exhausted, wouldn't want to give them regular licorice extract, so this is one that's for the stomach lining and it's helpful for the stomach lining. Did I miss anything in there?

Steve Wright:

No. Yeah. I just want to double check [crosstalk]

Michael Roesslein:

DGL, Pepsin, intrinsic factor.

Steve Wright:

HCL.

Michael Roesslein:

HCL.

Steve Wright:

Ginger.

Michael Roesslein:

Ginger. Yeah. Cool. I actually do ginger tea. I've used DGL separately, but never in an HCL product. I've seen the Pepsin with it, but I've never seen the intrinsic factor of the ginger or the DGL. That's awesome. What feedback, I mean, you said, you said this product came out three years ago.

Steve Wright:

Yeah. It seems to work extremely well for the constipated folks and the bloated folks. Depending on the source of your acid reflux or heartburn, it can be supportive there. It's not like a be all end all there. A lot of times, people have already heard of HCL when they start this. We have a large following of carnivores, carnivore people, who now take the product and are like, "Oh my gosh, the carnivore diet is working now. I feel better," because they're actually digesting their meat.

Michael Roesslein:

Protein and their B vitamins.

Steve Wright:

Yeah. As far as the doctors, the doctors who are starting to carry our lineup versus all the other HCL products out there, because every single company has an HCL product, every single practitioner company does.

Michael Roesslein:

Yeah.

Steve Wright:

What they basically report is that their people tend to have to take less pills at meals. If you're somebody who's already swallowing a handful of pills, sometimes, you have to use six or eight of a different practitioner brand or you only have to use three or four with ours. That's a huge benefit just as far as consumption goes and ease of staying on a protocol. Then, the other thing is, again, people just report these random increases in energy and better elimination. Now, is it the intrinsic factor? Is it

because the ginger is actually helping push everything through? I'm not totally sure, but that's basically what's reported.

Michael Roesslein:

Cool. You said three years. Was this the first product?

Steve Wright:

Yeah, this was the first product.

Michael Roesslein:

Oh, okay, cool.

Steve Wright:

Yeah. Three years ago this week, actually.

Michael Roesslein:

Oh congrats.

Steve Wright:

Yeah.

Michael Roesslein:

Yeah. Making and running supplement companies, there's a lot more to it than people realize there are when it comes to sourcing and manufacturing and labeling and liability and all the other things that go into the legal end of it and all that. I've been tried to talked into it several times and I didn't take it because I just know how much goes into it and I know how difficult it is to make it work. What I've noticed is the products that work really well tend to stick around. Serve an audience, work really well, get it in front of people.

That's why we decided to work with you and partner with you and bring in your line into our shop. Our audience is really digestive heavy. We have a lot of microbiome stuff and probiotic prebiotic, some mucosal layer stuff, some IGG, SBIs, but I was noticing, "Hey, I take enzymes. I take HCL sometimes." We don't even carry those. They're a staple for people with GI issues. I looked for the best ones and they all happen to come from one company, so it worked out. Congrats on that. Do you want to take a few of these questions?

Steve Wright:

Yeah. Yeah, sure. There's always competing ideas about apple cider vinegar and all these other things. I've seen them show up in the chat. Let's talk about them.

Michael Roesslein:

Yeah. Yeah. Apple cider vinegar, lemon. I just got to let everybody know, I do have a hard stop in nine minutes. We have nine minutes of Q and A and I did put the link to the HCL guard product with a one time use coupon in the chat and we'll get to the questions in the Q and A and the chat. We got about nine minutes. Go ahead.

Steve Wright:

I'll just say one thing. Number one, if you're somebody who has recurrent GI infections, SIBO, SIFO, Candi, blah, blah, blah, I will put money down that you have low stomach acid and using our product or someone else's product is one of the fixtures that's going to get these things gone, finally, and keep them gone. For those of you with recurrent GI issues, you got to try ours or someone else's. Do the HDL challenge. We don't have time to go through that, but it's really simple. Just Google it. Michael can post on the site, actually. It's on our site as well.

Apple cider vinegar has a pH of, I think around 2.45. Your stomach needs to get down below two, usually to begin the full dumping process into the small intestines. Apple cider vinegar is an acidic product, so is Coke. Coke is slightly more acidic, I believe, than apple cider vinegar. They're very close. In the south, they'll say if you have upset tummy, drink a Coke. You can try ACV, but just know that it's never going to replace the Pepsin and the potential intrinsic factor loss that you're missing out on, same goes with lemon.

Michael Roesslein:

Okay. Kombucha, totally different. That's more of a probiotic type of thing. I think a lot of people overdo it on that quite a bit, honestly. Most of my clients, if they drink lots of kombucha would feel better with less. How long to wait between food and drink? I don't have a hard, fast rule. I just am mindful of how much I'm drinking during meals and just take little sips and don't chug huge things. I drink most of my water first thing when I wake up, in between meals and a little bit before bed. Do you have anything that you'd say different to that one?

Steve Wright:

No. No, just be mindful.

Michael Roesslein:

Yeah.

Steve Wright:

No.

Michael Roesslein:

You mentioned bloating. Somebody asked specifically how does this supplement help with bloating? Can you respond to that?

Steve Wright:

Yeah, two ways. One is that if the food is sitting around in your stomach, it's going to begin to ferment. Then, that fermentation causes gas. That gas can either go up or down, but some of it does get mixed up in the food and then it's going to get released in your small intestine. That's why burping, if you're a burper, you pretty much have low stomach acid. That's almost like a guaranteed symptom of it. Beyond that, is when the food doesn't get fully broken down and the particles aren't readily available for ...

The food doesn't get fully broken down and the particles aren't readily available for enzymes to break them up in the upper small intestine, you essentially just create a longer digestion cycle, which increases

bacterial overgrowth or growth, encourages it. It could encourage candida or some sort of yeast overgrowth as well. And so, the by-product of all of those over growths in the small intestine is gas.

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Michael Roesslein:

Okay. What HCL milligram dose is just generally well tolerated? I know that you recommend a tolerance test where you kind of gradually increase, right? You just want to cover that for...

Steve Wright:

Yeah. So the HCL challenge, which is the fastest and cheapest way to find out if you have low acid is grab a product that's at least 500 milligrams of HCL, and it has some pepsin in it, and just eat one with your next dinner meal, and if you don't feel anything, then you pretty much are probably guaranteed to have low stomach acid at some level. The next day you would try two pills, and if you don't feel anything, you'd go to three pills. Let's say on pill four on day four, you actually feel some heat, or maybe you feel some hotness, or maybe you have loose stools or something like that. Those are the two symptoms. That means you've gone too far. You've actually decreased the pH such that you just shot things through your system. So, if you have the hotness, just take baking soda, like a teaspoon in a small amount of water, or if you have the loose stools, that's like 30% of people experienced loose stool, 70% experience the hotness. And you should take one less than that of [inaudible]

Michael Roesslein:

Is this product grain and gluten free?

Steve Wright:

It is, but it's not vegan or vegetarian. So it's gluten and-

Michael Roesslein:

Grain and dairy free is what the question was, but yeah.

Steve Wright:

Grain and dairy free, yes. Not vegan or vegetarian.

Michael Roesslein:

Okay. Adding in digestive enzymes, can you take them at the same time as the HCL? Yeah, I usually recommend them together. She said she was actually more asking if it's bad to drink lemon water all day. I remember when it was about the lemon and the apple cider vinegar. I don't think so.

Steve Wright:

Yeah. If that's something that floats your boat and then you think it helps, then go for it.

Michael Roesslein:

And it gets you to drink water. Thoughts on HCL supplementation potentially raising methane. I'm guessing with Seavo. I'm guessing that was a rumor started somewhere.



Steve Wright:

Yeah. There's a few practitioners who are saying there's a connection there. I've not seen it. In fact, I've seen mostly universally people with Seavo, when you get your HCL right, you feel better like really quickly. And again, it's because you're restricting the types of foods that are able to be eaten by the bugs, because you're absorbing it faster.

Michael Roesslein:

Can low stomach acid cause protein urea, and finally kidney failure? Can adding Betaine HCL lower homocysteine and speed up methylation? I'm not sure all of those things are connected.

Steve Wright:

Number one, people always confuse TMG or trimethylglycine and Betaine HCL. They are not the same chemistry-wise, so Betaine HCL has nothing to do with homocysteine and methylation. TMG or trimethylglycine is what is often used for methylating issues. And can miss misshapen or mis-absorbed proteins end up causing kidney load or liver load or high uric acid? I'm sure it's possible for sure. Actually, that's one of my theories around gout and high uric acid is improper protein digestion. But I don't know that there's a hundred percent connection there.

Michael Roesslein:

Gotcha. And can low stomach acid cause of osteoporosis? It wouldn't undigested proteins. It's not getting minerals, and yes, osteoporosis doesn't have anything to do with proteins, really. It's mostly minerals and not getting adequate minerals. And then there's a whole down the chain of getting those minerals to go where they need to go, which wouldn't be addressed by stomach acid, but malnutrition from low stomach acid, which is actually probably one of the major contributing factors, seeing as this happens, when people get older, and when people get older, we even talk about that. Our stomach acid production declines with age over time, almost linearly from what I understand, just like a lot of other things do. So, as we get older, less stomach acid, less minerals out of food, less bone density would make sense there. And I think we did it. I think we made the time.

I answered a couple in the chat, but I think I got the answers, right? And then, it's okay to take them things at once. If anybody has any questions that we didn't get to, just shoot me an email or respond to the email you got with this webinar and someone will get it to me if it wasn't my email, and we'll get them answered. But again, I put in the chat, we put the link. We now have all three of Steve's products in our retail shop, the Holozymes, the Tributyrin X, and now the HCL Guard. I'll put it in there one more time with a one-time use coupon, if you want to try that out. And finally rounded out the trio.

Steve Wright:

Yeah. Thanks, Michael.

Michael Roesslein:

Yeah. Thanks for making such good stuff. We've gotten great feedback so far from the Holozymes. I think the Tributyrin orders, the first ones just got out to people's doors not that long ago, so we haven't gotten a ton of feedback there yet, but the Holozymes, I've gotten several emails from people saying that they can eat food without feeling terrible, and that is the goal is eat food without feeling terrible. And that couldn't even be a slogan on a bottle. Do you feel terrible when you eat food? Try this. So now, between the trio of products that your company makes and the things we have from Microbiome Labs,

which I still want to get you and Keron on a webinar, and we can just pass back and forth of, this would come in here, this comes in here, this comes in here, this goes like this.

But, there's pretty much every digestive base possible covered now, and we're going to organize the educational stuff in a way. I have an idea of making a body thing that they can click. And then as it goes down, the right instructional webinar plays about that area of the body. I don't know how to build that. I just want it. So, somebody knows how to make that though, and we have enough webinars to fill it up. So we want to make the digestive tract and then be like, click here, read this. And this would be the first one, because this is where it starts. So, this would be the beginning. And, it was great. Thanks for educating us. I'll have to let Joe know that Rebel Health Tribe now officially has an HCL educational video.

Steve Wright:

We got to do this one last question, because you said it in the email.

Michael Roesslein:

What's that?

Steve Wright:

That H pylori thing.

Michael Roesslein:

Oh, go ahead.

Steve Wright:

Okay. So, Michael has got to go here, and H pylori is this thing that lives in your gut. When it attaches to your gut lining, it's a parasite. It shuts down the production of stomach acid in the cell surrounding that, and as it replicates, it ends up shutting down whole areas of stomach acid release inside the stomach. So a lot of people with low stomach acid will show positive for H pylori if you get the right test and that's a whole different webinar. But, the thing I want to address is there is a school of people out there saying that you shouldn't take BT and HCL supplementation during H pylori killing programs, and that's just, in my opinion, straight falsehood. And it comes from literature when they were trying to figure out how to kill H pylori back in the day, they used something called triple antibiotic therapy.

It was okay, but it wasn't super awesome at killing it. And so they were trying to figure out ways to enhance this Western medical program, and they figured out that you could use bismuth, and then later on, they used even more stronger acid inhibitors and they got better outcomes. And I believe, personally, what happened was then the alternative medical community saw this, and they were also having trouble with H pylori killing programs. And they started recommending that you not take HCL or you take some sort of acid suppressant during your H pylori killing programs. Personally, I had H pylori, I got rid of it. I got the before and afters. I also did consulting with over 30 people who had it, and we used HCL during the whole time. I know there's plenty of other practitioners that use HCL during the whole time.

And the reason why is that HCL makes the environment worse on the bug. So, the H pylori flourishes when there's less stomach acid, that's literally one of its goals. And so, part of the HCL program, the HCL supplementation during an H pylori killing program is to make it harder for the H pylori to be alive in there, kind of make the environment less inviting. And so, I think it's just a myth that's kind of caught on

and I would love it if you all took your HCL and you worked with the practitioners out there who have killing programs that are strong enough, that can go through that. And I think the biggest thing is they're not using biofilm disruptors. And so, there's all kinds of research on NAC for H pylori killing programs and interface plus, so check those out.

Michael Roesslein:

Cool. All right. And, I think that's it. Probiotics would depend on the probiotic. The Mega Spore that we have in our shop would not be negatively affected by HCL, but there are some probiotics that might, because they don't survive stomach acid very well. All right, cool. I got to get off of here. Somebody else needs to use our Zoom. So, I'm going to get kicked off anyway, any second, so thanks, Steve. Really appreciate it. Good luck with your situation that right now has you in a Residence Inn. Next time we see each other we will both have different backdrops than this. And thanks everyone who came out this afternoon. Great questions, great time being here. Really appreciate it, as always. And this recording will go out in a couple of days.

Steve Wright:

All right. Thanks everyone.

Michael Roesslein:

Thank you.

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