

**Your Premier Information Resource for Lone Atrial Fibrillation
Publisher: Hans R. Larsen MSc ChE**

<http://www.afibbers.org>

VIRTUAL LAF CONFERENCE

Proceedings of 65th Session
July 21, 2009 – August 22, 2009

SUBJECT: *H. pylori* Eradication by Natural Means

I am a 68-year-old female who has battled afib for 3 years. I found considerable relief by carefully analyzing my diet and adjusting it to provide all the nutrients I need. However, I have always been plagued with digestive problems and in November 2008 these problems came to a head.

During my research I found I had 4 of the 8 symptoms for H.pylori and/or an ulcer. H. pylori is a bacterium that inhabits various areas of the stomach and duodenum (first section of the small intestine). It causes a chronic low-level inflammation of the stomach lining and is strongly linked to the development of duodenal and gastric ulcers and stomach cancer. I learned that H. pylori is the only bacteria that can survive in the acidic environment of the stomach and also causes gastritis. A person infected with H. pylori has a two to six-fold increased risk of developing mucosa-associated lymphoid tissue (MALT) lymphoma, and gastric cancer compared with those uninfected.

I had too many symptoms to not consider the possibility that I had this bacteria or something worse like an ulcer or even cancer. I made an appointment with the doctor. I told him what I thought and he looked up H.pylori on his computer. Agreeing that I had too many symptoms to ignore, he ordered the blood test. It came back positive for the bacteria. He said the recommended treatment was two strong antibiotics (large doses) and a strong antacid for two weeks. I told him I couldn't take antibiotics as I had horrible stomach issues with them and I didn't need anything else that would interfere with my stomach. I asked him if there were any other treatments, he said not that he knew of. He stressed that I needed to take the drastic treatment, as this was one of the worst bacteria's a person can get in their system and if I hadn't already developed an ulcer I probably would. He said the worse scenario was possible stomach cancer if it were left unattended.

I went home that day with fear but more than that I was determined I would find an answer. I e-mailed Jackie (what would I do without Jackie). We started working on research together. I learned so much, even found some forums where H.pylori was the discussion topic. Through those forums I found that many people had taken the treatment program of antibiotics and antacids only to find it didn't work and they just got sicker, some ended up in the hospital only to be put on stronger drugs. The cure rate for H.pylori with the medical treatments was very low. I learned that some medical experts believed the H.pylori had become resistant to the recommended antibiotics.

I used a product from Allergy Research Group - Mastica Chios Gum Mastic, Hypoallergenic, 120 vegetarian capsules, 1000 mg per serving and I did two a day = 2000 mg. I also used Natrol, BioBeads, Probiotic Acidophilus Complex, 90 Beads. I believe strongly taking them together was what helped me most, along with eating healthily. If a person eats junk food I don't think the supplements have what they need to work because the body is fighting too many toxins to focus on the H.pylori. Both products can be ordered through Hans' vitamin store at <http://www.afibbers.org/vitamins/vitamin15.htm>

Mastic Gum is a supplement that is made from a resinous material obtained from the Pistacia lentiscus tree which is

grown on the island of Chios in Greece. It is traditionally used as a health food in Greece. I learned that a recent study to the "New England Journal of Medicine" supports mastic's contribution to gastrointestinal health. I read mostly good reports about the supplement and that some people had been able to kill the bacteria with it. I finally told my family members including my sons and my sisters and brother about the doctors confirmed diagnosis and what he had recommended and what I had decided to do. Out of concern my family pushed me to take the antibiotics, I knew I couldn't and hated seeing the obvious disappointment and concern in their faces and voices when I told them, but knew I had to do what was best for me and my body.

I started taking the Mastic Gum capsules on Monday April 6. I took 1000 mg every twelve hours consistently along with a good probiotic and lots of water. I had read that the bacteria did not like broccoli so I ate it once or twice a day for the full 60-day treatment with the Mastic Gum. I love broccoli so eating it that often was no problem. My philosophy was that if the bug hated broccoli, then the more the better! I later learned there is actually a supplement made out of broccoli that I could have taken, but then I would have missed the good taste of the vegetable.

I tolerated the supplement well and within a week, my food was no longer being flushed through my system. Two weeks later the pain in my stomach had lessened. It had been so bad that eating food made me double over in pain, now I could eat without the extreme pain. I was still diligent in eating my "afib tolerant" foods as I sure didn't want to deal with that and H.pylori.

One month into the treatment I woke up with a horrible metallic taste in my mouth. Nothing I did seemed to make it go away, I felt as if I had sucked on a metal Popsicle. Concerned that I had developed a reaction to the supplement, I researched "metallic taste in mouth". I found that often antibiotics would cause this taste when bacteria die and the body flushes it out through the tongue. I called a friend who is our local natural health person and asked him if he thought the Mastic Gum might work the same way if it was killing the bacteria. He said, "Absolutely, sounds like the bug is dying." I was excited to say the least, and glad I was taking a good probiotic so the supplement didn't kill off the good bacteria too. I didn't want to shout from the roof top that the bug was dead until I had a confirmed stool test, but I sure felt like it.

By the end of May all symptoms had disappeared, I felt wonderful, no stomach pain, my bowels were back to normal and the persistent muscle pain I had experienced for months was gone. In April I had lost to 103 lbs and my weight was now steady at 105 pounds. I knew that being underweight was not a good thing for my body and I needed to gain more weight. I introduced some usually forbidden carbs into my diet; I needed calories as I wasn't even getting the RDA daily. I ate gluten free pretzels with a good peanut butter every day. I put Olive Oil on everything, even sautéed a banana in it one day which I don't recommend...nasty! I added rice noodles and other non-gluten foods. I anticipated getting pain again and was even prepared to face an episode of afib caused by too many carbs. I was relieved when I had no pain and better than that...no afib. I realized that my heart had been so quiet through all of the ups and downs of this trial. I checked my afib diary and discovered that I had been having afib every two months from March of 2008 until January 27, 2009. It was encouraging at how quiet my heart had been since the 3 hours episode in January.

One of the most important pieces of information that I discovered while researching H.pylori is the below article indicating that H.pylori could be a factor in afib.

Gastric bug link to irregular heart rhythm, atrial fibrillation 16 Jun 2005
<http://www.medicalnewstoday.com/medicalnews.php?newsid=26239#>

A common stomach bug may also be linked to the development of irregular heart rhythm, also known as atrial fibrillation, suggests a small study in Heart. The bug in question, Helicobacter pylori, causes ulcers, and has also been implicated in the development of stomach cancer and ischaemic heart disease.

The researchers base their findings on 59 patients with persistent atrial fibrillation. The patients included those who had no structural heart disease. All the patients were given a battery of tests, including a heart tracing, and levels of C reactive protein, an indicator of systemic inflammation. They were also directly tested for the presence of H pylori. The results were compared with those from a group of 45 healthy volunteers in whom the same tests were carried out. Both groups were similar in terms of age and levels of blood fats, although significantly more of the patients with atrial fibrillation were being treated for high blood pressure. The patients with atrial fibrillation were around 20 times as likely to test positive for H pylori as the healthy volunteers, and their levels of C reactive protein were around five times as

high. Both rates of H pylori and C reactive protein levels were also significantly higher among those patients with persistent atrial fibrillation than those with spasmodic episodes of irregular heart rhythm. H pylori is a very resilient bacterium and has properties that enable it to escape detection by the immune system, say the authors. And chronic gastritis, caused by persistent H pylori infection, may predispose to atrial fibrillation, they suggest.

For a detailed discussion of this report please see Conference Room Session 42 at <http://www.afibbers.org/conference/session42.pdf>

To make a long story short I finished the 60-day treatment on June 6th and took a stool sample to the lab on June 16, 2009, two months after taking the Mastic Gum. I felt the bacteria was dead, but reserved stating it until I had confirmation. My doctor went out of town for a week and I went on vacation before the results came back. I got a call when I got back from vacation that the test was back. I didn't want to hear the results over the phone, so I went to the doctor's office. The nurse came out in the waiting room with the results in her hand. She sat down and I felt fear in the pit of my stomach, I thought she would say it is still positive. She said, "Sharon, I have good news, the test was negative." I almost ran around the waiting room, but contained my excitement. She asked, "What did you use?" I said, "A natural supplement called Mastic Gum." I explained what it was and told her I knew the doctor was skeptical about the outcome. She handed me the paper and said, "Well, now you have the proof." I walked out of the office as if I were on air. It was time to shout it from the roof top and I vowed I would tell everyone who will listen that if you have afib and stomach problems, get checked for H.pylori, if it is negative, get checked for Candida.

Am I cured of afib? I will reserve that statement until more time has passed. Will I continue my afib protocol? You bet I will... I'm healthier than I have been in years and have gained back to 111 lbs. My hope is that more research will be done on the connection between afib and H.pylori and that doctors will try something natural instead of making people sicker with strong antibiotics that don't appear to have good results. Maybe my story will help doctors consider other options and if they won't, people will take their health back into their own hands. Like many of us I believe there is a major connection between afib and inflammation and I won't stop telling my story, maybe someone will listen...how about you?

Sharon Glass
One month H.pylori free
Five months afib free

Sharon This is very important information. Thanks for sharing your great report on your success. I'm so proud of you for being so determined and diligent!
And... so glad you are H.pylori free. I can certainly attest to how miserably you suffered.

Jackie

The timing of this report coincides with an interview I recently heard discussing Helicobacter pylori (Hp). Following are some of the relevant facts mentioned by the presenter Dr. Dan Kalish (bio at the end) because it will be useful to others who may someday research here for help. He's located in California.

Dr. Kalish says he treats about 2 cases of Hp a week for the last 10 or so years and by treating over a thousand H.pylori patients, he has ample exposure as to what works and what doesn't.

(quotes and paraphrases)

Major influence on susceptibility to H.pylori is immune system function
He says treating the bug in isolation is not typically effective in the long run but finds a more successful approach is to consider how strong the patient's immune system is and when low functioning, the Hp infection will flare and cause problems so compromised immunity is frustrating for everyone. With a strong immune system, it's quite easy to get rid of it.

He finds that the largest factor in what weakens the immune system is intense emotional stress – financial problems, death of a loved one, divorce.

The other major variable-- He prefers a gluten free diet and many who go gluten free can eliminate the Hp symptoms just by the diet.

Symptoms

He says the obvious, no brainer symptoms are nausea, reflux (GERD), bloating after meals, poor reactions to food, chronic inflammatory issues elsewhere in the body and surprisingly, in some cases, Hp symptoms were not experienced in the GI tract at all – in about 50% of the patients he sees.

Some patients have stomach pain and nausea and are under-eating; but the vast majority of time, it seems to lead to amino acid deficiencies – serotonin, dopamine problems- and they compulsively overeat. That seems to be much more common.

Sources of Exposure to H.pylori?

Bad food – undercooked chicken; undercooked eggs – could be any food but typically the chicken and eggs.

It's spread by saliva through kissing and can be shared by family members.

Estimates are that about half the population has it... it's a common infection. You can probably have Hp and not know it if you have a very healthy lifestyle, low stress level, take ample time off from work and relax, have a highly functioning immune system.

It's found mostly in people who are really stressed.

Testing

He always starts every new patient with a routine testing protocol that includes accurate testing.

After 10-12 years of experimenting, he finds the most accurate and reliable is the stool antigen test (about \$50 - \$100) single stool sample.

In the past, he did blood antibody testing and while that was helpful, compared to stool antigen over the years, he found the stool antigen to be more reliable. He says, "in a perfect world, both tests would be ideal."

The expensive Hp breath test was only reliable in the more acute cases rather than chronic cases.

He uses BioHealth Diagnostics . San Diego <http://www.biodia.com/> and DiagnosTechs Labs in Washington state. <http://www.diagnostechs.com/>

Both labs also do adrenals and gut testing as well and he likes to do both if he can because they don't cover the exact same thing and he feels he gets full coverage. However, H.pylori is a single test that can be ordered alone and is quite inexpensive.

The most commonly-used conventional medical test is the blood anti-body test and which can produce either a false negative or a false positive.
so he doesn't rely on those.

If you test positive for H.pylori, what are the risks?

H.pylori is an infection in the stomach so there will be problems with food digestion and nutrient deficiencies and most likely there is not enough

Stomach acid for breaking down protein sufficiently. [as an aside, most functional medicine practitioners feel lack of stomach acid is a setup for allowing H.pylori to take up residence in the stomach tissue.]

When Hp is present, it opens the door for Candida overgrowth or parasites lower down in the gut.

He says all patients gain some level of health by getting rid of the H.pylori bacteria.

Cancer has been linked to long-standing Hp infections. In a paper that received the Nobel Prize of 2005, the risks of H.pylori are discussed and the correlation between Hp and ulcers. Not everyone who has Hp will develop an ulcer. But everyone that Hp does have inflammation generated by the infection. We know that inflammation is implicated in cardiovascular disease and many other health issues....a lengthy list. The authors of the study question how for so

many decades we were tricked into thinking ulcers were caused by stress when it was really a low grade infection caused by H.pylori. Stress enables the H.pylori bacteria to become harmful in our bodies. The authors point out that in another 20 – 30 years, chronic low-grade infection will be implicated in all sorts of chronic disease processes. http://nobelprize.org/nobel_prizes/medicine/laureates/2005/press.html

Treatment

He lets the patients choose antibiotics or herbals. Either method treats successfully.

He never jumps directly into treating the Hp first, but rather he has a pre-workup program that begins with

-Dietary changes

-Stress management

-Adrenal function testing – (cortisol/DHEA) and repair if needed because when cortisol and DHEA are regulated, immune system function improves dramatically along with the gut immunity system.

He finds that DHEA is low in about 95% of cases he tests.

He treats the gut issues first in a prep stage and then goes after the H.pylori. He wants to calm down the inflammation for 60 days and work on the adrenals/thyroid/anti-inflammation for gut repair and uses GI Revive along with an Anti-inflammatory diet.

Then at 60 days, he hits it with the Mastica for two months and sometimes needs to repeat, but if the prep work has been good, often

after 60 days, that's enough. He likes the product GastroMend HP and thinks Mastica is the most effective killing agent.

Ingredients in GastroMend-HP

- Vitamin C (as Ascorbic Acid) 500 mg
- Deglycyrrhizinated Licorice (DGL) 1500 mg (Glycyrrhiza glabra)(root)(8:1)
- Mastic Gum 1000 mg (Pistacia lentiscus)(gum & resin)
- Methylmethioninesulfonium 200 mg (MSM)
- (Vitamin U)
- PepZin GI® (Zinc-Carnosine) 75 mg

As a dietary supplement, take two capsules, twice daily, on an empty stomach or as directed by your health care practitioner

He is a minimalist for supplements and doesn't add additional HCl to the protocol but says the standard protocol does include digestive enzymes and HCl...but says he was taught to include HCl in the protocol. He feels he addresses that through lifestyle changes... hydrating well so HCl can be produced naturally, addressing stress issues so HCl can be produced naturally with his prep regimen.

If he refers to a physician for the antibiotic, they typically prescribe the Prev Pak (which blocks stomach acid) for 2 weeks then follow up with plenty of probiotics. Once they have completed the first course of antibiotics, he likes to do a round of the herbal (Mastica) to handle any surviving organisms and finds that the 1-2 punch of the combination is really effective and has cut back on the number of patients he's had to pretreat for the second time with a second round of antibiotics. This is important because the Hp can become antibiotic resistant with repeated courses of treatment and can be a problem if you don't get it the first time.

Timing

Prep work 2 months.

GastroMend – 2 months – stop and re-evaluate and for most people that's enough time if they did the good prep work; sometimes a repeat of 2 months of Mastica.

Then follow up with tons of probiotics continually. They can take a bottle a day but the important thing is for the system to have tons of

Probiotics available continually because they are a natural antagonist against Hp.

The repeat stool test is done after 2 months (at the earliest) on the Mastica. Stop the probiotics for 2 weeks and then do the repeat test. Longer would be fine as well.

Most people have a difficult time maintaining enough probiotics mostly because we no longer eat probiotic-containing

foods – everything is so pasteurized there are no living cultures left.

Patients are followed for a year. They need to come in for evaluation for at least a year to insure complete recovery.

Treating H.pylori patients takes a minimum of 6 months before the treatment can be considered successful.

He says he wishes he could just give someone antibiotics for two weeks and they would be cured but it doesn't seem to work that way.

Matula Tea – claims to be very effective. It's expensive and he's never used it because he knows the mastica works.

(Not mentioned in the interview, but Rooibos Tea or Red Bush tea is reported to be antibacterial and helpful when used in combination with the other suggested Hp remedies and is very inexpensive.

Why do some treatments fail?

He thinks because they look at the Hp as an isolated entity and not addressing the lifestyle issues that have led to all the stress and weakening of the immune response which is why there is a problem in the first place. So the problem with that is, especially if they take an antibiotic course and it doesn't work, is now you've got the antibiotic-resistant strain so the odds on the next round of antibiotics are even slimmer. So you really only have a few windows of opportunity to do this and that's why the prep work is so very important to a successful end result. When you choose antibiotics, you want to make sure it will be successful the first time because of the limited recourse.

Sometimes the patients may get the right herbs or antibiotics but don't figure out they should be gluten free during the treatment time, or don't realize the immune response is so weak so they don't work on strengthening that.

Random note:

In his experience- About 40% of Hp patients also have some type of a parasite lower in the intestinal tract, partially because of the low HCl levels which is the natural barrier of protection against these pathogens.

Interesting Case Studies

#1. Two boys, brothers – younger people age 15 and 18 years old. Not sure how they got the infection. Maybe from Mom who tested negative but may have had it in the past and eradicated it; not really sure. The boys initially came to him for ADD/ADHD problems...trouble focusing, trouble concentrating, trouble sleeping through the night. He gets a lot of referrals for amino acid treatments and they do benefit from taking them, but they also are generated from a protein digestion problem stemming from H.pylori infections. So with very short-term amino acid treatment to balance out some of the brain chemicals and if we fix the Hp at the same time, then the neurotransmitter support can be relatively short-lived – like 2 months or 6 or 8 months and they can get off the programs and maintain the benefit having corrected the stomach-related problem. He says he's seen that pattern a number of times and it makes sense to end up with an amino acid deficiency if you had a stomach infection over a long period of time.

The shocking thing is why people get this so young. We think they are often picked up in childhood and could be a sign that kids are more stressed now than they used to be and are manifesting the symptoms a little earlier.

#2. Dramatic example. Young woman vomiting daily for 6-6 1/2 years diagnosed with Bulimia/eating disorder. The initial tests were positive for Hp. She chose the antibiotic option because insurance paid for it. Within the first few days on the a/b her vomiting stopped for the first time in 6 years.

#3 – Patient was due for exploratory neck surgery in 2 – 4 weeks. He had intense radiating pain from neck down through the shoulder and he couldn't use his arm. All the usual orthopedic work ups MRI, CT scans etc and no determination as to how the nerve was getting suppressed. He had the standard new patient basic labs and it turned out he had a very severe Hp infection with bleeding in his stomach from an ulcer and the pain was all referred pain coming through the cervical spine from the stomach irritation through the cervical nerve roots. He recovered completely with no surgery after treatment for H.pylori.

#4 At the time of the interview, he said he had four teenagers as patients all with Hp and he sees more kids and cautions this can be a really damaging infection in a young child. One child picked up a particularly virulent strain of Hp

and had to be home schooled because he couldn't focus; lost weight; in constant abdominal pain and had a sleeping disorder. After the labs came back positive, they determined he had become really ill one time after a school picnic eating some bad food and picked up the Hp. It was going on for a year and a half and was totally missed by the doctors he saw.

He had nothing else going on, which Dr. Kalish says is unusual.

Meet Dr. Dan Kalish

Daniel Kalish, D. C. specializes in designing natural treatment programs for a wide range of health issues. Since 1993 he has successfully applied clinical nutrition protocols based on lab assessments for patients with hormone imbalances, food cravings, fatigue, depression, digestive distress and many other health complaints. Dr. Kalish maintains an active phone consultation practice designing nutritional programs and providing counseling to improve patients' health through diet and lifestyle modifications.

Dr. Kalish received his B.A. in Psychology and Philosophy from Antioch College, Yellow Springs, Ohio. As an undergraduate, he studied the effects of sleep disorders in England at the University of London, conducted research with Dr. Robin Monroe at Cambridge University on the physiological effects of yoga and meditation and worked with renowned psychiatrist R.D. Lang at one of his therapeutic facilities utilizing drug-free treatment for schizophrenic and psychotic patients. He also interned at Camarillo State Hospital working with psychotic adolescents and autistic children. Dr. Kalish is a graduate of Life Chiropractic College West.

As president of Life College's Applied Kinesiology and Clinical Nutrition Association, he organized numerous seminars on clinical nutrition. In addition, he completed four years of postgraduate internships in Clinical Nutrition and Functional Medicine.

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Does anyone know if this Mastica gum "clumps up" into balls once digested or does it dissolve? I just got discharged from two hospitals 8 out of 9 days last week with a blockage and would hate to get a gum blockage if indeed this gum capsule remains solid in the intestines.

Although I read Masica does help those with Crohn's disease. The nature of the disease is inflamed intestines which does cause blockages...thus my confusion on taking something that can cause a big gum obstruction.

Susan

If anybody has any questions about Mastic gum dissolving or remaining a mass when digested, I am sharing an email reply from the company:

Thank you for your inquiry. The mastic gum in Mastica #73660 is frozen and then ground up into a powder. After ingestion, once the outer capsule dissolves, the powder will mix with and disperse into the liquid in the stomach.

Best regards,
Daniel Milosevich, CN
danielm@allergyresearchgroup.com

Susan

Like Sharon, I have had some digestive tract problems over the years. With advice from Jackie, I did try the DGL tablets on a couple of occasions and I truly believe it was beneficial.

I feel like I will always have digestive problems. The fact that I love to cook, and enjoy experimenting with different spices probably doesn't help. I do love spicy food. I am interested in giving Sharon's discovery a try and am wondering if this would be generally beneficial even if you are H. Pylori free.

I suspect H. pylori may play a significant roll in regards to afib with some individuals.

Thanks so much Sharon, Hans etc.

Lou

Update on Mastica turning into a solid mass:

Verbally from a lady at the company's hotline, she states it can only become solid if chewed. Daniel wrote [below] the results of his experiment. [great customer service!]:

Under normal circumstances, the powder will not gum up. I have emptied the contents of a capsule in my mouth trying to make some 'gum', and it is impossible. It disperses too much, too quickly.

However, if a mastic capsule got stuck somewhere on the way to the stomach, and just sat there, I suppose it's possible that some of the particles could clump somewhat. I've never heard of anything like that happening, and from my observation I believe any clumping would be minor and temporary, but since we have no 'data' on this particular circumstance, it can't be ruled out entirely.

Best regards,
Daniel Milosevich, CN
danielm@allergyresearchgroup.com

Susan

I emailed the store I usually get my supplements-- when I am not purchasing from Han's excellent store-- and received the following from "Dr. Ron"

*"I like ZinLori better for the H Pyl. fom Metagenics. (coupon code d20)
It can also be taken with mastica which does dissolve."*

Susan

Thanks for the information Jackie, this paragraph really stood out to me, "Why do some treatments fail? He thinks because they look at the Hp as an isolated entity and not addressing the lifestyle issues that have led to all the stress and weakening of the immune response which is why there is a problem in the first place. So the problem with that is, especially if they take an antibiotic course and it doesn't work, is now you've got the antibiotic-resistant strain so the odds on the next round of antibiotics are even slimmer. So you really only have a few windows of opportunity to do this and that's why the prep work is so very important to a successful end result. When you choose antibiotics, you want to make sure it will be successful the first time because of the limited recourse."

This makes so much sense in my success. I had been working on getting my body in balance for a couple of years, so I had already done the prep work before I found out I got sick with the H.pylori. So, that is probably why my body received the healing from the Mastic Gum along with the Probiotics so well. I know some are probably thinking, if Sharon's body was so in balance why did she get the H.pylori? I think I have had it for years as I have had stomach issues for years. It just finally took over and even though my body was balanced it wasn't strong enough to kill the bug on its on immune system action.

I think what this report says is so important to your success if you have H.pylori. Get your body in balance with no gluten and eat whole foods and lots of probiotics and then do the treatment of choice. I think Gluten is a bigger enemy then people even begin to realize.

I also drank the Rooibos Tea or Red Bush tea and still drink 2-4 cups a day of this delicious tea. This was the best thing Jackie has ever shared with me. I love this tea, with a little bit of Stevia it is like drinking real Southern tea, which I had missed so much.

My digestive tract is better than it has been in many years. I have no pain, no gas, regular bowel action and just feel wonderful. I didn't know I was so sick until I got well.

I also believe that my increase in afib episodes every two months was because of the H.pylori. I had ectopic beats often and often worried that I would go into my regular two months routine episode. About two weeks into the Mastica Gum treatment my ectopics stopped and I haven't had any since. My heart is so quiet. I can't say I am healed yet, but wouldn't it be wonderful if there were more studies along that line where someone could say they were healed when the H.pylori was killed. Maybe I will be that one and maybe some of you too.

If you have stomach issues and afib, please get tested for H.pylori.

Sharon

Thank you all for the informative posts. H.pylori is one of the first tests I had done when first diagnosed with afib. The test came back negative. That was a blood test. I've subsequently had the stool tests - negative also. In any case, my wife & I have both used Dr. Kalish at Shannon's recommendation. Kalish does phone consults, so you don't have to live in California to have his advice.

Since the amino acid/neuro transmitter program is mentioned, I thought I'd collect some of Shannon's posts & my links to them in the 7th & 8th boards. He has extensive experience here. They will give you some more background on Kalish.

I had Kalish test me for heavy metals - I tested high in lead & mercury. I've not yet started the chelation program - but plan to. My hypothesis is that the heavy metals may be why I need to take so much magnesium. See Lynn's post on this http://www.afibbers.net/forum/read.php?f=8&i=2282&t=2282#reply_2282

Here are some links to Shannon's posts & my posts posting other links to Shannon's:

http://www.afibbers.net/forum/read.php?f=8&i=4462&t=4408#reply_4462

http://www.afibbers.net/forum/read.php?f=8&i=6549&t=6428#reply_6549

http://www.afibbers.net/forum/read.php?f=7&i=18800&t=18787#reply_18800

http://www.afibbers.net/forum/read.php?f=7&i=18264&t=18262#reply_18264

http://www.afibbers.net/forum/read.php?f=7&i=11450&t=11450#reply_11450

George

I wonder since the h pylori bug hates broccoli, if just trying the broccoli alone several times a day (or perhaps even another cruciferous vegetable) would have the same effect without taking the gum resin and probiotics? Any scientific hypotheses on this?

Joy

Joy, I don't think so, and I doubt there are any scientific studies on that, it is too healthy to study. The reason I say I don't think so is that I was a regular broccoli eater before I was diagnosed with H.pylori and I came down with it anyway.

The thing about this particular bacteria is that it looks almost like a jelly fish that you see in the ocean (just much, much smaller), it has the long tentacles that allow them to burrow inside the lining of the stomach. This makes it difficult to kill

because the "good" bacteria that would usually take over cannot go where they are. It takes something stronger to get to it. There is a supplement made of broccoli, but I have not ever used that. Also, if anyone is on blood thinners, please don't do the broccoli thing, too much Vitamin K, but if you are not then go for it, green stuff is good stuff for everyone.

Everyone has the H.pylori bacteria in their bodies, it is part of the whole good/bad bacteria picture, but when it takes over it can do much damage. I think I have had a slight "overtake" for years and either it built up or I ran into a stronger strain of it, as I understand that is happening with this particular bacteria. It has built up a resistance to the antibiotics that have been given to people over the years so it is harder to kill (if at all) with the original antibiotic treatment.

Sharon

" used a product from Allergy Research Group - Mastica Chios Gum Mastic, Hypoallergenic, 120 vegetarian capsules, 1000 mg per serving and I did two a day = 2000 mg. I also used Natrol, BioBeads, Probiotic Acidophilus Complex, 90 Beads. I believe strongly taking them together was what helped me most,"

Sharon,

You said you took the mastic gum and probiotics together, taking 2 of the mastic gum.

Did you take 2 a day of the probiotic also?

and did you divide the dose(s)?

Take with meals? or without food 1/2 hr. b4 - like taking enzymes?

Also I suspect I may have an h-pylori problem as I bloat after a meal and have much difficulty losing weight. Does that sound like the dirty work of this h-p bug?

If I don't have it tested, (low on cash), and go ahead and do the treatment using my suspicions as a basis, can it cause any untoward problems that you are aware of?

Thanks,

Joy

Joy, I took the Mastica Gum supplement 12 hours apart. Usually I took it early morning (I usually get up to go to bathroom around 3:00 am, so I took one dose with the probiotic on an empty stomach). I took the other dose in between my lunch and dinner usually around 3:00 pm without the probiotic. Taking both of them on a completely empty stomach and partially empty stomach did not bother me. It may bother some people.

Bloating was a problem for me along with my bowels really messed up and I lost weight rapidly because I couldn't eat anything without it going through me.

There are many symptoms with H.pylori and it may affect people in different ways. Bloating can be caused by many things, especially if you may be allergic to Gluten products or something else in your foods.

Joy, what do you eat on an average day? Breakfast, lunch and dinner? Share that with me and I may be able to point some things out to you that may explain the "bloating" and "non weight loss" situation.

I don't think there would be any harm in doing it, but I advise getting a diagnosis before self-treating, but understand the money issue...been there, done that.

If you will get back with me on the foods you eat on any given day, that may shed some light on your symptoms and you may be able to actually help with some diet changes.

Sharon

My diet varies. Breakfast sometimes is a problem especially since I realized that high fructose corn syrup is in most of it. And since many times I cannot tolerate bland foods such as eggs or oatmeal or oatbran (which is a lot lately) and since i don't like to eat breakfast until I have been up a couple of hours. Usually start with a cup or 2 of coffee and lately am switching to dandelion or nettle tea.

In the afternoon, if I don't have to go out anywhere I make a "power" drink with 1 egg, 1 Tbsp MLO powder protein, 3/4 cup powdered milk, 1/4 tsp barley powder, lecithin/phosphatylcholine, 1 tbsp flaxseed, and the ingredients in a detox cocktail (arginine, VitC, NAC), 1 Tbsp Clay powder and lots of fruit if I have it, juice, banana. Since starting the (what I call) 'power' almost daily 3 months ago, I have lost a couple of pounds.

At night we eat whatever my family wants or I feel like making from the freezer. We go out to eat a couple of times a week.; usually no-no goodies like pizza, fried foods, Chinese, or Big Boy salad bar.

I never add salt and use a lot of spices. We have really started to read labels carefully on purchased food for MSG, high fructose corn syrup, and the type of oils in products. I have read that no-no's are corn, canola, cottonseed, and soy. Soy oil is in almost everything. And I have been reading the dangers of GMO products.

We have switched from margarine to butter. We drink only skim milk and have for years now.

My husband also bloats after meals. The bloating is from bosom to naval and below that less and it occurs regardless whether the foods are healthy or wealthy in 'phat'.

The biggest joy of my life is Better Made potato chips of which I have sworn off for a year now. They REALLY make me bloat and it doesn't go away for a week or 2 or so it seems.

Sharon, if I do the mastic gum and probiotic, without the diagnosis, do you think it would do any harm? I would certainly know by the results if it worked. I know what you say is just an opinion and I don't hold you responsible for my abiding by it (or not) but would appreciate whatever opinion you offer on this.

Mind you, what I would do for myself (only) I wouldn't recommend others to do. I am an 'experiment of one'. I haven't any IBS or gall bladder problems. Except for hypertension and some lower leg swelling, afib, and abdominal bloating when I eat, I am not incapacitated and lead a fairly active life.

Joy

Joy, have you tried gluten free for a few weeks? That means no gluten products at all like breads, cakes or anything with gluten. It really sounds like both you and your husband are dealing with gluten issues. So many people are gluten intolerant and don't even know it. I would recommend that you try it. Prepare whole foods for a week or two, like veggies with butter, a good baked protein meat. Protein is very important in a diet especially if you have afib.

Also, I would recommend that you go on-line to www.fitday.com and enter the foods you eat for a week (as you are the one with afib, just do yours). It will tell you what nutrients you are getting from your foods. Your power drink sounds good, but the fruit can really cause bloating and gas and it is possible some of the other ingredients may do the same. You may want to ask if there is gluten in any of the powdered products like the milk. I think barley may have gluten.

As for the Mastica Gum. I would think it is okay even if you are diagnosed as the supplier told me to stay off for 60 days after the first 60 day treatment and then to take it again for 30 days and then take it for 30 days a year after that. So, I don't have H.pylori now and they gave me this regime, so I would think it would not be harmful for someone to take it just for preventative measures. I would still advise the test as the best way to do it. If your stomach issues go away, then you still won't know if it was H.pylori or something else. If they don't go away it may be because you have a H.pylori strain that is too strong. So, I do recommend the test if at all possible. Have you checked on a price?

Joy, I believe the treatment worked for me because my body was balanced because I had strived to do that for almost two years. So it was prepared. I ate only good foods during the whole 60 days and still continue to eat good foods. I eat no gluten products at all. The body has to be at a somewhat good level to be able to fight something like this and that

should be a first step.

Let me know what you decide, but please consider gluten in the equation. Doing away with that may solve all of your problems without Mastica Gum.

Sharon

I'll do some research on what are gluten products. I have never looked into this before. Thanks for the advice. Is this what is referred to as a celiac diet? There is a store in our area that specializes in celiac foods.

My hubby loves his bread. Gluten free may be a little rougher for him.

Joy

Joy, people who have celiac disease do have to avoid gluten and it usually helps them. Eating gluten products can make a celiac condition person very ill.

I know bread products are hard to give up, and sometimes things have to get worse before someone finally realizes that it is not worth eating them. I am sure a lot of people could have avoided celiac disease had they stopped gluten years before it got too bad. Of course usually celiac disease can be in the genes of a person and they will be more open to getting it if someone in the family had it.

When you told me that you had the bloating and couldn't lose weight I suspected a food allergy. Of course with your husband having some of the same problems and because H.pylori can be contracted easily in a family environment, it is possible both of you could have H.pylori. However, I still think it could be gluten and if I were you I would rule that out first. (it is cheaper as the Mastica Gum is not a cheap treatment if you use the best). People who suffer with stomach issues are often amazed at how great they feel when they go gluten free. The stomach is the first thing that becomes deflated when gluten is removed. I am 68 years old and have a very flat stomach and that was not the case a few years ago. My number one suspect with bloating after eating would be gluten intolerance.

It is always hard to give something up, but if you test it by stopping gluten eating for 2-3 weeks and see if there is any change, that will give you the answer before you invest in the Mastica Gum. Just a suggestion.

Sharon

Hello Joy. I am one of the people who has been helped by a paleo diet. Paleo does not restrict portion size, but it does not include any packaged products at all, nothing that comes in a package with an ingredient list. This removes junk food and all preservatives from one's diet immediately. Of whole foods, eat only those which can be consumed raw. You can cook them, but are encouraged to eat at least some foods raw. This lets out all grains, all legumes, and also white potatoes but not sweet potatoes. The foods that contain gluten are wheat, rye, and sometimes oats if they are processed in a plant that has recently processed wheat products.

http://en.wikipedia.org/wiki/Paleo_diet

That Wikipedia article offers a clear, concise, but necessarily short explanation of paleo. For more details, see the mother of all paleo sites at:

<http://ourworld.compuserve.com/homepages/roberthodgen/paleo.htm>

A celiac diet is simply a wheat free diet. That sounds simple but is complicated because many processed foods contain wheat or wheat gluten. Even mustard and ketchup often contain them. Paleo, of course, deals with that by removing processed foods.

PeggyM

No one has offered a conjecture as to how mastic gum kills H.pylori.

(1) The first guess is its a general bactericide. (comment: if so, it would be pointless to ingest the bio-beads simultaneously with the mastic gum)

(2) The second guess is its a specific bactericide which targets H.pylori.

(3) The third guess is it changes the body's biochemistry which kills H.pylori.

There is no warning on the package regarding long term use (though Sharon reported a private communication suggesting long term use is not recommended).

If mastic gum is a bactericide, you would think some kind of warning would be present on the bottle.

The label says, "... used as a health food in Greece, a recent study in [NEJM] supports mastic's contribution to gastrointestinal health".

Has anyone found/read a *New England Journal of Medicine* article on mastic gum. A summary of the *NEJM* article is at:

<http://www.nutricology.com/proddesc/experts/MasticGumHelicobacter.pdf>

Wil

Thanks Will for your comments, I think they are valid points.

I thought about #1 and considered when I should take the probiotic and wondered if I was cancelling out the assistance of the good bacteria. I guess I didn't because I had no stomach issues, in fact that is how I was affected the most with the H.pylori...the stomach distress was horrible.

#2 - I do believe Mastic Gum acts like a natural antibiotic or specific bactericide as you indicated. Maybe something in the particular tree the supplement comes from is a natural enemy of the H.pylori. People in Greece use it in foods etc.

#3 - This is a possibility too.

Yes, I talked to the company and they do not recommend continued long term use. I will start another 30 day dosage on August 6th, then will not dose again (unless something happens) until next year in August for 30 days. I felt good about their product because they were not trying to just sell me product but wanted me to take it the right way. It had been recommended originally that I take it for 90 days by a local health food store, but most information indicated 60 days so that was my choice.

Wil, I do believe the body has to have good "planting ground" to receive the benefit of the treatment and those using the supplement without having as balanced a body as possible may not receive the same benefit. I gave my body as much help as possible with good food, lots of water, good rest and that can only help the body do its own magnificent work.

Thanks again for your good comments.

Sharon

Any relation between the *Pistacia vera* L. and the *Pistacia lentiscus*? pistachio tree and mastica tree? Names are similar. I found this on the pistachio and mastica below. One has some interesting herb information.

<http://www.crfq.org/pubs/ff/pistachio.html>

Origin: The pistachio tree is native to western Asia and Asia Minor, from Syria to the Caucasus and Afghanistan. Archaeological evidence in Turkey indicate the nuts were being used for food as early as 7,000 B.C. The pistachio was

introduced to Italy from Syria early in the first century A.D. Subsequently its cultivation spread to other Mediterranean countries. The tree was first introduced into the United States in 1854 by Charles Mason, who distributed seed for experimental plantings in California, Texas and some southern states. In 1875 a few small pistachio trees, imported from France were planted in Sonoma, Calif. In the early 1900's the U.S. Dept. of Agriculture assembled a collection of Pistacia species and pistachio nut varieties at the Plant Introduction Station in Chico, Calif. Commercial production of pistachio nuts began in the late 1970's and rapidly expanded to a major operation in the San Joaquin Valley. Other major pistachio producing areas are Iran and Turkey and to a lesser extent, Syria, India, Greece, Pakistan and elsewhere.

<http://www.henriettesherbal.com/eclectic/lloyd-hist/pistacia.html>

Mastic, Pistacia lentiscus, is an evergreen shrub, native to the Mediterranean shores, from Syria to Spain, being found also on the adjacent islands as far as the Canaries. The collection of mastic, however, is localized to the northern part of the Island of Scio, where from all time the tree has been known, exuding most abundantly the resinous tar that, when dried, is known as mastic. The origin of its use is lost in antiquity. Theophrastus (633), fourth century B. C., mentions it, and both Dioscorides (194) and Pliny (514) refer to it, in connection with the Island of Scio, or Chios. The writer of this article made a study of mastic during a journey to the Orient, but as yet has not published the paper. By distillation with alcohol, mastic produces a drink, this also being described in the paper in preparation, the drink being probably of great antiquity, and known to the Greeks and Romans. The use of mastic in medicine followed its empirical employment as a breath sweetener (it being sold in all Oriental bazaars for this purpose) and as a flavor for cordials and other drinks. Perhaps the first record of its authoritative employment in medicine is about the thirteenth century, by the Welsh "Meddygon Myddfai" (507) as an ingredient of ointments.

<http://www.botanical.com/botanical/mgmh/m/mastic23.html>

Description and Habitat---A shrub rarely growing higher than 12 feet, much branched, and found freely scattered over the Mediterranean region, in Spain, Portugal, France, Greece, Turkey, the Canary Islands, and Tropical Africa. It has been cultivated in England since 1664. It is principally exported from Scio, on which island it has been cultivated for several centuries. The trees there are said to be entire male.

The best Mastic occurs in roundish tears about the size of a small pea, or in flattened, irregular pear-shaped, or oblong pieces covered with a whitish powder. They are pale yellow in colour, which darkens with age. The odour is agreeable and the taste mild and resinous, and when chewed it becomes soft, so that it can easily be masticated. This characteristic enables it to be distinguished from a resin called Sanderach, which it resembles, but which when bitten breaks to powder.

---Constituents---Mastic contains a small proportion of volatile oil, 9 per cent of resin soluble in alcohol and ether, and 10 per cent of a resin insoluble in alcohol.

---Medicinal Action and Properties---Stimulant, diuretic. It has many of the properties of the coniferous turpentine and was formerly greatly used in medicine. Of late years it has chiefly been used for filling carious teeth, either alone or in spirituous solution, and for varnishes, and in the East in the manufacture of sweets and cordials.

In the East it is still used medicinally in the diarrhoea of children and masticated to sweeten the breath.

Joy

Wil - the literature indicates mastic is anti-bacterial in action.

And, yes, if taking probiotics at the same time as the mastic, this might alter the beneficial effects of the good bowel flora. The recommendations are to take away from the mastic doses just as you would if taking an antibiotic and a probiotic.

High concentrations of probiotics are the preferred choice with cultures measured in the billions. The weaker products probably would be somewhat incidental in the desired effect to restore bowel flora.

Following are some of the references from my files...and yes...there is a NEJM entry as well. As you can see, this is not a new remedy for H.pylori.

Jackie

Mastic (*Pistacea lentiscus*) is a resinous substance from a tree originally native to the island of Chios in Greece, and has a long historic use in the Mediterranean and Middle-east regions of the world where it has been chewed like gum in the treatment of stomach pain for centuries. Research on mastic proves its antimicrobial abilities showing it to be effective against H. pylori infection.

Gaby AR. Helicobacter pylori eradication: are there alternatives to antibiotics? Altern Med Rev. 2001 Aug;6(4):355-66.

Paraschos S, Magiatis P, Mitakou S, et al. In vitro and in vivo activities of Chios mastic gum extracts and constituents against Helicobacter pylori. Antimicrob Agents Chemother. 2007

Feb;51(2):551-9. Epub 2006 Nov 20.

Marone P, Bono L, Leone E. Bactericidal activity of Pistacia lentiscus mastic gum against Helicobacter pylori. J Chemother. 2001 Dec;13(6):611-4.

Huwez FU, Thirlwell D, Cockayne A. Mastic gum kills Helicobacter pylori. N Engl J Med. 1998 Dec 24;339(26):1946.

Huwez FU, Al-Habbal MJ. Mastic in treatment of benign gastric ulcers. Gastroenterol Japon 1986;21:273-4.

Al-Habbal MJ, Al-Habbal Z, Huwez FU. A double-blind controlled clinical trial of mastic and placebo in the treatment of duodenal ulcer. J Clin Exp Pharm Physiol 1984;11:541-4.

Al-Said MS, Ageel AM, Parmar NS, Tariq M. Evaluation of mastic, a crude drug obtained from Pistacia lentiscus for gastric and duodenal anti-ulcer activity. J Ethnopharmacol 1986;15:271-8.

Papageorgiou VP, Bakola-Christianopoulou MN, Apazidou KK, Psarros EE. Gas chromatographic-mass spectroscopic analysis of the acidic triterpenic fraction of mastic gum. J Chromatogr 1997;769:263-73.

<http://www.modernherbalist.com/products/mastica.html>

I wrote quite earlier that I suspected I had H. Pylori but ended up via serum testing did not have it. Recently I had a endo/colonoscopy and 7 biopsies were done. Those done [4] in my stomach stated no H. pylori but [interesting] the following two biopsies done in the duodenal area showed patchy areas "suggesting celiac disease" or Crohn's disease.

I had been serum tested twice for celiac disease and was negative. The next step for me is to take antibody testing for food allergies including gluten products. The past two weeks visiting NY I was fine, returning home I am getting symptoms again.

I ordered a new batch of probiotics and mastica gum which will arrive today. I am curious if this will help my symptoms. I was in the hospital 3 times in July for nausea and not keeping food down. I was on a clear liquid diet for 25 days! Since I can't live like this....I am now going to try the mastica gum and a different brand of probiotics, and strict gluten free to see if I improve....although all those days on clear liquid I was gluten free. Thanks Sharon for sharing the mastica gum info that it can help GI issues as well as rid H. pylori. It is worth a try.

Susan

Susan - the doctors I've heard talking about celiac antibody testing say that very often the results come back negative unless in the late stages of the disease. They say, if suspected, the patient should avoid gluten/gliaden when there is any GI problem for the very reason that antibody tests are often inconclusive and they've found that significant improvements occur when these GI patients give up both gluten and casein proteins for at least a month - longer is better. People who are gluten sensitive are almost always also sensitive to casein proteins.

To know if it is really a 'cure,' all they have to do is re-introduce the gluten or dairy (separately) and note if the symptoms return. In most cases they do, and that confirms the tendency toward celiac but a definite positive for gluten/gliaden protein sensitivity.

I certainly hope you find a solution to your GI problem because as you say, you can't live like that... for sure. The mastica can't hurt and it may find a hidden bug that didn't show up in the testing.... which the experts also say can be a frustrating experience as well.

Best to you in your search and struggle.

Jackie

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