

# GALLSTONES: HERE'S WHAT THE DOCTOR WON'T TELL YOU!

## by Penny Samuels

You have a terrible pain and tenderness in the upper right area of your abdomen, a pain between your shoulder blades, you feel nauseous and ready to die. You sit, stand and lie down but cannot get comfortable. So you go to see your GP, who very helpfully informs you that you have Acute Cholecystitis and that the only cure is to have your gallbladder surgically removed. **WHAT?** Did you hear correctly? Sadly, yes you did.

The standard medical treatment for Acute Cholecystitis (an inflamed gallbladder, caused by stones forming in the gallbladder - the first phase - followed by a gallstone being expelled from the gallbladder during contraction and becoming lodged in one of the bile ducts - the second phase) is the removal of the gallbladder, an operation called a **cholecystectomy**. This is akin to removing your nose to cure the common cold! Another thing your GP probably won't mention as he or she urges you to have surgery, is the increased risk of bowel cancer that the removal of the gallbladder can cause, as bile drips continuously into your digestive system†. This constant dripping also causes diarrhoea in some people. Removing the gallbladder may also cause higher blood cholesterol levels. But then, look on the bright side - you'll never suffer from gallstones again!

But what I GUARANTEE your doctor won't tell you - most probably because he or she doesn't actually **know** - is that there is a natural and painless way to rid yourself of the gallstones **and** keep your gallbladder!

But first, a little background. Bile, which comprises water, bile salts, lecithin and cholesterol, is first produced by the liver and then secreted through channels within the liver into a small tube called a hepatic duct. From there it passes through a larger tube called a common duct, which leads to the small intestine. Then, except for a small amount that drains directly into the small intestine, bile flows into the gallbladder through the cystic duct. The gallbladder is a four inch sac with a muscular wall that is located under the liver. Here, most of the fluid (about 2-5 cups a day) is removed, leaving a few tablespoons of concentrated bile. The gallbladder basically serves as a reservoir until bile is needed in the small intestine for the digestion of fat. When food enters the small intestine, a hormone called cholecystokinin is released, signalling the gallbladder to contract. The force of the contraction propels the bile back through the common bile duct and then into the small intestine, where it emulsifies fatty molecules so that fat and the fat-absorbable vitamins A, D, E and K can enter the bloodstream through the intestinal lining.

The majority of gallstones are formed from cholesterol (which comprises only about 5% of bile) and grow because the liver begins secreting bile that is unusually saturated with cholesterol. The cholesterol then crystallises to form stones while in storage in the gallbladder. Around 15% of stones are formed from bile salts and are called pigment stones. Whilst cholesterol stones are usually green in colour, pigment stones are usually brown or black. It is possible to have a combination of both stones.

The formation of gallstones may be caused by a large number of factors: faulty (i.e. high levels of saturated fats or refined carbohydrates) diet; being over 40 years of age; having excess oestrogen from pregnancy, taking HRT or the contraceptive pill; obesity; sudden and rapid weight loss\*; yo-yo dieting\*; following a very low calorie diet\*; fasting\*; lack of exercise; food allergies (the most common of which are, in order of occurrence, eggs, pork, onions, fowl, milk, coffee, citrus, corn, beans and nuts)§; having diabetes, Crohn's disease, cystic fibrosis or cirrhosis of the liver; the excessive consumption of sugar; taking cholesterol-lowering drugs or using diuretic drugs, certain antibiotics, anti-rejection drugs and prostaglandins - oh, and our old friend, stress.

*\*A gallbladder that does not contract sufficiently to empty the bile regularly will encourage the formation of gallstones. Researchers believe dieting may cause a shift in the balance of bile salts and cholesterol in the gallbladder. Skipping meals decreases gallbladder contractions, as does eating meals that are extremely low in fat. A meal or snack needs to contain approximately 10 grams of fat to contract the gallbladder normally.*

In the USA gallbladder disease affects an estimated **20 million** people! Every year more than **half a million** people in the USA undergo surgery to remove their gallbladders because of gallstones. Between 10-20% of all adults over 40 years of age have gallstones. Approximately 80% of all gallstones show no symptoms and may remain 'silent' (asymptomatic) for years. If symptoms do occur, the chance of developing pain is about 2% per year for the first 10 years after stone formation, after which the chance of developing symptoms decreases, although the reason for this decrease is unclear. On average, symptoms take eight years to develop. After an attack, the chance of a recurring attack within a year is less than 50%. Left untreated, gallstones may cause peritonitis, pancreatitis and an increased risk of gallbladder cancer. Gallstones are present in 80% of people with gallbladder cancer, although this is a very rare cancer, even among people with gallstones.

The most common triggers for gallbladder attacks are caffeine, chocolate, eggs, dairy products (especially ice cream) and greasy/deep fried foods.

The presence of gallstones is often a contributing factor to a weak spleen (leading to hypoglycemia), sleep disturbances including insomnia and nightmares, dizziness, a bad taste in the mouth, vomiting of bile, painful flanks, anger and depression.

So are there **medical** alternatives to surgery? Yes indeed. Gallstones can be dissolved using drugs such as chenodeoxycholic acid, ursodeoxycholic acid, methyl tert-butyl ether (MTBE) and ethyl propionate. These drugs are only effective on smaller stones and may cause a variety of unpleasant side effects including diarrhoea, nausea, pain or fever, hepatic injury and may also increase cholesterol levels. It is very unlikely that your doctor would prescribe these drugs as they are extremely expensive. They also have a failure rate as high as 50%, and even if they do dissolve the gallstones the recurrence rate can be as high as 50%‡.

There is also a treatment called Extracorporeal Shock Wave Lithotripsy (ESWL), in which you sit in a bath of water and high-energy, ultrasound shock waves are directed through the abdominal wall toward the stones. This procedure is suitable for solitary stones of less than 2 cm, but less than 15% of patients are suitable for this treatment. Complications of this treatment include pain in the gallbladder area, pancreatitis within a month of the treatment, and not all of the fragments may clear the bile duct, which then provides a home for bacteria. There is also the risk of raised blood pressure and permanent damage to the kidneys, which is more pronounced if the stones are close to, or in, the kidneys□.

Gallstones and kidney stones often occur together, and if you have either kind, your liver, kidneys and entire system cannot work efficiently. Because the kidneys and gallbladder are very close to each other, the stagnation of one organ often causes the other to become sluggish too. In order to reduce the chance of having stone accumulation and stagnation again, it is better to cleanse both organs.

## **CLEANSING THE LIVER AND GALLBLADDER WITH A FLUSH**

So how do you perform this cleansing operation? It is simplicity itself, and utterly painless. I know; I have done it myself, successfully expelling around two dozen or more gallstones ranging in size from pea to pepper corn.

### **GALLSTONE FLUSH**

*As devised by the Dulwich Health Society*

#### **METHOD:**

1. For **six consecutive days** drink two litres of fresh, pure apple juice per day. Beg, borrow or steal a juicer if you can and use organic green apples, which have a higher pectin content than red apples. The pectin in the apple juice will begin to soften the gallstones. If you do not have a juicer, ensure you purchase *organic* apple juice, and eat organic green apples. It also helps to drink 5 cups of camomile tea per day. During this time eat sensibly, following the guidelines on page 3.
2. On the sixth day, **eat nothing after lunch** but continue to drink the apple juice and camomile tea.
3. At **9.00 p.m** on the sixth day, take 1-2 level tablespoons of Epsom salts\* dissolved in a little warm water. Prepare another dose incase you need it later.

4. At **10.00 p.m** mix together 2 oz/60ml of freshly squeezed organic lemon juice and 4 oz/120 ml of cold-pressed, unrefined extra virgin olive oil. Drink as slowly as you can manage. (Drinking it through a straw helps, so that the oil does not come into contact with the lips.)
5. Got to bed **immediately** and lay on your right side for 30 minutes with your right knee drawn up to your chest before you go to sleep, to help the olive oil mix drain.
6. During the next day you should pass gallstones that are as soft as putty.

*\*The Epsom salts (magnesium sulphate) are used to dilate the bile duct, to reduce the risk of a stone becoming lodged there. If you suspect that a stone may have become lodged (which will produce a mild, dull pain in comparison the extremely sharp pain of a gallstone attack), repeat the procedure.*

**WARNING:**

**DO NOT ATTEMPT TO PERFORM THIS FLUSH UNTIL YOU HAVE HAD AN ULTRASOUND SCAN\* TO DETERMINE THE SIZE AND QUANTITY OF THE STONES. IF THEY ARE TOO LARGE TO BE SUCCESSFULLY PASSED USING THIS METHOD AND BECOME LODGED IN THE BILE DUCT, SEVERE PAIN AND POSSIBLE SURGERY MAY BE THE RESULT.**

*\*Ultrasound scans can detect gallstones as small as 2 millimetres in diameter with an accuracy of 90-95%.*

### **DAILY GALLBLADDER & LIVER FLUSH DRINK**

If you drink this drink all in one go, first thing in the morning (an hour before eating breakfast) it will flush and detox the gallbladder and liver. In addition, the drink restores the pH of your saliva, which in turn helps you to absorb the nutrients from the food you eat.

**INGREDIENTS:**

- 1 organic, unwaxed lemon
- 1 tablespoon (15ml) cold-pressed, unrefined extra virgin olive oil
- ½ pint (10 fl.oz/300ml) of room temperature (NOT chilled) spring or filtered tap water

**METHOD:**

Wash the lemon and cut into small pieces, rind included, removing any dark bits. Place in a blender with the water and olive oil and blitz for 60 seconds. Strain and drink, using a straw if necessary.

### **LIFESTYLE CHANGES TO HELP PREVENT GALLSTONE FORMATION**

**DIET:**

- ◆ Eat whole grains, unrefined carbohydrates (brown bread, rice and pasta etc) and plenty of dietary fibre.
- ◆ Increase intake of vegetable proteins (especially soy products), decreasing intake of animal proteins.
- ◆ Consume plenty of fresh, organic fruit and vegetables, especially those containing **pectin** (especially green apples) and **cellulose** (especially celery and *crisp* fruits and vegetables).
- ◆ Eliminate intake of saturated fats, and ALL products containing white sugar and white flour.
- ◆ Eat no fried foods, especially those that are deep-fried.
- ◆ Avoid ice-cold foods and drinks - room temperature or slightly warm is best.
- ◆ Avoid coffee.
- ◆ Drink at least 6-8 glasses of water per day to keep the water content of your bile topped up, plus chamomile tea if possible
- ◆ **NEVER** skip meals and **ALWAYS** eat breakfast.
- ◆ *Every meal or snack should contain 10g of fat to enable the gallbladder to contract.*
- ◆ Drink a little unrefined, cold-pressed extra virgin olive oil each day (see Daily Flush Drink above). Olive oil will help the gallbladder to contract vigorously and thus cleanse itself.
- ◆ Do not eat excessively large meals, which put an unnecessary burden on the digestive system.
- ◆ Vegetarians have a much lower incidence of gallstones, so adopting a vegetarian diet will certainly help.

**SUPPLEMENTS & HERBS:**

Helpful supplements include **Vitamin E** (200iu per day, to help prevent and dissolve gallstones), **Vitamin A** (helps to keep the mucosal walls healthy, preventing excess dead cells from entering the gallbladder and

bile), **Vitamin B Complex** (helps to empty the gallbladder more efficiently), **Vitamin C** (helps to convert cholesterol into bile acids and render it harmless), **omega-3 oils** (flaxseed etc), **soya lecithin** (a fat emulsifier; helps keep cholesterol in solution), the amino acid **taurine**, **psyllium husks** (an excellent source of gel-forming, non-irritating dietary fibre, which alters the synthesis and absorption of secondary bile acids that form in the intestinal tract), **milk thistle** and **dandelion tinctures** (which increase the production and flow of bile), **peppermint capsules/tablets** (enteric coated; keeps cholesterol crystals from forming in bile), chamomile tea and a good quality antioxidant such as Neways' **Revenol** (antioxidant deficiencies can induce gallstone formation). Turmeric spice is also helpful.

#### **OTHER THERAPIES:**

Some people gain great benefit from seeing a homoeopath, who may prescribe Chelidonium.

#### **CHEMICAL STRESS:**

Since maximum liver function is essential for proper bile formation, it is also important to reduce chemical stress upon the liver. Eliminate chemicals in the home and workplace wherever possible, including solvents, paints, hair and deodorant sprays, synthetic air fresheners (burn aromatherapy oils instead), nail polish, artificial colours, preservatives and flavours in foods, and petroleum-based products.

#### **EXERCISE:**

Take vigorous aerobic exercise for at least half an hour five times a week. Exercise stimulates bile secretion by the liver - as well as having a beneficial effect on your overall health and well-being.

#### **EMOTIONS:**

Anger, fear, excitement, worry and hate all cause bile to cease flowing and encourages stone formation.

#### **PLEASE NOTE:**

***I AM NOT A DOCTOR, NUTRITIONIST OR HEALTHCARE PROVIDER OF ANY SORT. I HAVE ABSOLUTELY NO QUALIFICATIONS IN THIS FIELD WHATSOEVER, AND THE INFORMATION QUOTED IN THIS ARTICLE IS ALL GLEANED FROM PUBLISHED SOURCES.***

***FURTHERMORE, I HAVE ABSOLUTELY NO DOUBT THAT THERE ARE CASES WHERE GALLBLADDER REMOVAL IS THE ONLY OPTION FOR THE PATIENT - BUT BEFORE YOU ACCEPT THAT THIS IS THE CASE, PLEASE DO SOME RESEARCH! IF YOU ATTEMPT THE GALLSTONE FLUSH, IT IS ENTIRELY AT YOUR OWN RISK: GREENLIFE DIRECT ACCEPTS NO RESPONSIBILITY.***

***I WROTE THIS ARTICLE SOLELY FROM THE STANDPOINT OF EXPERIENCE.***

#### **IF YOU HAVE ACCESS TO THE INTERNET, HERE ARE SOME WEB SITES THAT YOU MIGHT REFER TO FOR FURTHER INFORMATION:**

[www.taoherbfarm.com/herbs/resources/gallbladder.htm](http://www.taoherbfarm.com/herbs/resources/gallbladder.htm)

<http://home.online.no/~dusan/foods/lemonolive.html>

[www.sensiblehealth.com](http://www.sensiblehealth.com) (This web site will provide you with alternative methods of cleansing and flushing).

[www.chem-tox.com/gallstones](http://www.chem-tox.com/gallstones)

[www.intelihealth.com](http://www.intelihealth.com)

<http://compuserve.thriveonline.oxygen.com/weight/obesity/gallstones.html>

[http://my.webmd.com/content/dmk/dmk\\_article\\_40038](http://my.webmd.com/content/dmk/dmk_article_40038)

[www.niddk.nih.gov/health/digest/pubs/gallstns/gallstns.htm](http://www.niddk.nih.gov/health/digest/pubs/gallstns/gallstns.htm)

[www.drmirkin.com/morehealth/G116.htm](http://www.drmirkin.com/morehealth/G116.htm)

[www.ethicon-endo.com/visitors/gall\\_bladder/gall.asp](http://www.ethicon-endo.com/visitors/gall_bladder/gall.asp)

[www.surgeries.com/gallblad.shtml](http://www.surgeries.com/gallblad.shtml)

<http://starbulletin.com/1999/08/18/features/health.html>

[www.healthwellexchange.com/nutritionsciencenews/nsn\\_backs/Jan\\_00/gallstone.cfm](http://www.healthwellexchange.com/nutritionsciencenews/nsn_backs/Jan_00/gallstone.cfm)

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- † *International Journal of Cancer*, 1993; 53: 735-739, and “Is there a Relationship Between Cancer of the Colon and Gallstones?” by F. Novell, A. Moral, S. Pascual & M. Trias, *Revista Espanola de Enfermedades Digestivas*, 87: 4 April 1995: 294-297.
- ‡ *British Medical Journal*, 1995; 311: 99-105 and *J. Hepatol*, 1986; 3: 241-6.
- § *Ann Al*, 1968; 26:83-7
- *Lancet*, 1993; 341: 1151-2

And finally, a great debt of thanks to “*What Doctors Don’t Tell You*” magazine - January 1997, Vol.7 No.10, and “*Better Health Through Natural Healing*” by Ross Trattler.