

## The HCl (hydrochloric acid) point and its significance for metabolism and immunity

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### THE PROBLEM OF ACID ACCUMULATION

Dear colleagues,

For years we have listened to interesting papers on mycoses, parasitosis, viral infections, rheumatism even cancer, where chronic acidosis constituted the underlying condition. Additional symptoms may include: lack of concentration, chronic fatigue and even exhaustion, neuralgia, herpes of varying severity, chronic conjunctivitis, “allergies”, inflammatory mucosal changes, caries, brittle hair and nails, palpitations, heartburn, loss of appetite, indigestion, pain in the muscles and joints, arthrosis, osteoporosis, itching, abnormal blood pressure, menstrual or fertility disorders, cellulite, oedema, weight problems, weakened resistance, circulatory disturbance with risk of infarction, apoplexy or thrombosis (Dark field tests reveal erythrocytes clumped together in roll formation, loss of substance by erythrocytes, fibrin).

Children are increasingly presenting with the above symptoms. We must therefore endeavour to find the causes of these disorders so that we can offer appropriate treatment – if necessary, on a **long-term** basis. (Perhaps the ideal method of pension provision in the form of “anti-aging medicine”).

I took this list of the “most frequent causes of acid in our modern lifestyle” from issue no. 3/00 of the Swiss chemists’ journal “für uns – vita sana” two years ago:

- uric acid from eating meat
- lactic acid from excessive physical exertion
- tannin from coffee and black tea
- sulphuric acid from pork
- intestinal decomposition
- acids from analgesics (acetylsalicylic acid)

- hydrochloric acid from stress, anxiety, anger
- nitric acid from salted meat products
- nicotinic acid
- sugar and white flour, refined oils and fats
- excessive alcohol consumption
- E-smog, earth’s radiation

This means there is an imbalance between acid intake on the one hand and acid processing and release on the other. In simple terms, this is represented by:

1. increased acid intake (animal proteins, sugar, food intake not in line with biorhythms with fermentation and decomposition in the intestine, eating too quickly) – F. X. Mayr sends his regards – etc.
2. reduced base intake (potatoes, domestic organically treated vegetables are becoming less and less popular, the nutritional value of foods we eat is changing as a result of excessive use of fertilizers and acid rain)
3. reduced acid excretion – this cannot simply be due to “lack of exercise” and “renal functional impairment” as I have also observed the phenomenon of acid accumulation in extremely active children who do not have a TV at home. I regard base preparations **purely** as emergency preparations which should only be given in short courses (due to the additional strain on the kidneys) yet, as such, have a part to play in all practices using natural remedies.

You are all familiar with the vitamin and nutrient points in our computer manual which were first introduced by Sissi Karz and are therefore named after her in our circles (albeit not totally correctly). I used to work with them fairly regularly, for they provide additional information on organ dysfunction; for example, vitamin B, magnesium,

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iron deficiency can indicate mycosis, molybdenum, chromium, manganese deficiency can indicate impaired utilisation of protein by the pancreas, etc.

And yet I could find no plausible explanation for this “choking up of the inner world” which increases rapidly with age, especially after the menopause, and which I regard as acid accumulation.

### THE IMPORTANCE OF THE HCL POINT

When, 2 years ago, I read the announcement about a seminar on “Functional diagnosis of the digestive system” to be given by the American nutritional specialist, Gray Graham, my curiosity was aroused. As emerged later, this seminar had a lasting effect on the work of my practice and the success of my treatment. “Functional diagnosis” works with nutrient points, specially selected food supplements and a pain scale. The technique should be learnt properly through a course offered in Germany. The contact address is given in the appendix.

The first thing that struck me was that the hydrochloric acid point occurs at almost the same position in both tables, namely the one printed in the computer manual which you are all familiar with and the one from “Functional diagnosis of the digestive system”. The point should be sensitive to pressure according to “Functional diagnosis”.

I noticed a number of things when using this test method:

1. The HCl point lies in an area and not in the same precisely defined point for everyone. (See depiction in **Appendix 2**. I apologise to those who hold a different opinion but this has been my – kinesiological – experience!)
2. Even if the HCl point is disturbed, not every patient **experiences** this. Some are very insensitive (I then press neighbouring or other disturbed points – obviously with the same hand – to activate in the patient the feeling of “something being different”). With some patients I have the impression that they “don’t want to have anything” ... and so I work with kinesiology because I can rely on my testing.

It took a while for me to realise that this was one of the key points for so-called “hyperacidity”. Even patients with heartburn often have **insufficient** hydrochloric acid due to attempted overcompensation by the border cells. Hydrochloric acid is needed to activate protein digestion by the enzyme pepsin. Insufficient stomach acid leads to disorders

throughout the entire digestive tract as bile and pancreatic juices are not summoned in the correct proportion.

#### Symptoms of **hydrochloric acid deficiency**:

- pressure in the epigastrium and feeling of fullness
- flatulence
- cravings or appetite for sweet food, occasionally also for strong-flavoured foods like sausage etc., which lures more acids however.

Sufferers are deficient in zinc and vitamin B1. (Are these the people who tend to get bitten by mosquitoes?)

At this point, I have to declare that I also experienced cravings for sweet (or salty) foods during pregnancy – the mother’s stomach does not function adequately for two.

#### Symptoms of **hydrochloric acid – pepsin deficiency**:

- coated tongue
- bad breath
- pressure in the upper abdomen “as if food was lying on the stomach like a stone”
- belching
- hypoglycaemia
- hypotension.

This results in **deficient pancreas** enzyme function with the following symptoms:

- malodorous flatulence (sweet or smelling of bad eggs)
- discomfort in the upper abdomen
- undigested food particles in the stool
- pain in the lower abdomen, more intense before the period in younger girls and women. Older women and men frequently experience pain in the **front of the thigh**.

#### Symptoms of disorders of the **liver and gall bladder**:

- pressure in the upper abdomen accompanied by belching
- bitter metallic taste in the mouth, tongue with maternal impressions of teeth
- tongue frequently coated yellow and even black
- flatulence
- dry skin
- pain at the back of the head, over the shoulders, particularly pronounced on the right in the scapular angle

- pain between the shoulder blades, in a semi-circle in the right lower chest, less commonly on the left (gallbladder meridian)
- occasional “ischialgia” on the right, also towards the right groin, occasionally also on the left
- pain in the sacro-iliac joint on both sides
- pressure and even pain throughout the head
- lateral migraine
- spots in front of the eyes
- dizziness (“liver dizziness”)
- pain in the joints, especially knee and hip.

The fact that even our forefathers drank “bit-  
ters” such as Jägermeister, enzian brandy or li-  
queur, etc. shows that the problem of the stomach’s  
acid dysfunction (achylia) is not new or even con-  
fined to Germany. Cynar, Fernet branca, Ouzo,  
Pernod, Suze, Campari are examples reflecting the  
international scale of the problem. Beer drunk as  
an aperitif stimulates the functioning of the stom-  
ach, as does green tea. I believe the increase in this  
dysfunction is also attributable to the fact that bit-  
ter substances are constantly being bred out of  
plants (see chicory which used to be added to a  
mixture of half milk, half water to remove the bit-  
terness). Radicchio, purslane, rucola (rocket), en-  
dive, dandelion are not really the most popular sal-  
ad leaves on our dining tables! There is not much  
appetite for the French starter “artichoke” here in  
Germany either.

In addition, I have also been finding an increas-  
ed incidence of functionally impaired mucous  
membranes starting in childhood, stemming from  
tuberculin infection – this is particularly harmful to  
the mucous membranes –, continuing high con-  
sumption of cow’s milk and dairy products, which  
are also increasingly being sought in forms suitable  
for children, numerous vaccinations which aggra-  
vate this mucosal impairment (this includes the  
whooping cough vaccination, in particular, as well  
as the various tuberculosis vaccinations and tests.).  
Colourings, preservatives, additives have a syner-  
gistic effect resulting in “neurodermatitis” ranging  
from very mild and infrequent skin abnormality to  
the complete picture, since the kidneys have to  
withstand the same overloading as all the other  
organs.

In older people the skin and mucous membranes  
not only lose their elasticity but also fail to func-  
tion properly. The failure of these cells which have  
not been working correctly for some time leads to  
an accumulation of various disorders resulting in

increasing tissue hyperacidity (with accompanying  
body odour). And obviously mycoses then follow  
...

After I had begun treating patients’ stomachs  
with orthomolecular substances recommended by  
the Nutritional Therapy Association – namely hy-  
drozyme and HCl plus –, some experienced severe  
heartburn and nausea so that I had to think of  
something else. I tend towards the view of G. C.  
Stahlkopf who regards general indigestion as “scler-  
osis of the digestive glands, general choking up of  
the blood and lymph and circulatory disturbance”  
and treats it accordingly (Regenaplexe 33/5, 79a,  
39a, 211a, 510a, 809, 79, 506c, 100/1). As bio-  
resonance therapists, we attempt to get the flow  
system going again using individualised basic ther-  
apy, i. e. guiding the degenerative tendencies to-  
wards the patient’s normal state.

I made up a test set of the usual Amara (bitters)  
which in my patients corrected the HCl point –  
and that’s not all!

You will find my personal combination which is  
*not complete* in the appendix.

In addition to the disturbed HCl point, these  
patients are often deficient in:

manganese*	normalises blood sugar, pre- vents histamine release from cells * necessary for carbohydrate and li- pom metabolism, part of the enzyme per- oxide dismutase deficiency: growth disorders, abnormal bone formation
chromium**	deficiency leads to diabetes if accompanied by zinc deficiency ** depends on carbohydrate intake. The higher the intake, the more re- quired to satisfy needs. Relatively poor bio-availability, consequently easy to treat deficiency
molybdenum***	in old age deficiency leads to hy- peruricaemia, hypoferric anaem- ia [potency problems]. Man- ganese serves to prevent caries through absorption of fluorides in the intestines. ***The effect has not been definitely proven, probably eliminates sulphides from foodstuffs
vanadium	supports insulin, intervenes in sugar metabolism

Once the HCl point was corrected, functioning  
of the thyroid – and also the suprarenal gland –  
was suddenly corrected kinesiologically. Therefore,

this point which is usually silent and generally overlooked actually represents a key to the immune system.

To be more precise, this means that impaired function observed – not only physically but in laboratory tests – in the thyroid, suprarenal gland and sexual organs is frequently attributable to dyspepsia and can be remedied by correcting the stomach point. (In this connection I am reminded of a comment by Gray Graham who, in his understated manner, said that, in nine out of ten cases, by stabilising the gastro-intestinal tract, he no longer needed hormones.) Since, as naturopaths, we are not permitted to prescribe hormones, this is the way that, despite this restriction, we can help the majority of childless couples keen to have a child. I have already produced a considerable number of children in this way! Phytotherapeutic and orthomolecular substances are available to support the thyroid, suprarenal gland and lower abdomen.

By way of explanation for those not yet totally familiar with the 5 element theory and to recap for others:

Heart/small intestine/circulation and hormonal system make up the element fire and the body first tries to correct disturbances **within** the element. This means that a disturbance in the small intestine (fungi, parasites, allergens, etc.) first spreads to the heart (frequently cardiac irregularity), circulation (hypo- or hypertonia) and hormonal system (menstrual disorders, fertility problems, poor sperm quality) before acutely disturbing stomach/spleen-pancreas/ and nervous system or chronically disturbing gallbladder/liver/joints and lipometabolism. The same applies with the element “earth”, in that dysfunction in the stomach first affects spleen/pancreas and nervous system, before spreading acutely to the lungs, large intestine, skin, connective tissue, and, in the longer term, acutely to the kidneys, bladder, allergy and lymph and chronically to the small intestine, heart, circulation and hormonal system and, in the longer term, chronically to the gallbladder, liver, lipometabolism and joints – the typical combination for the symptoms of neurodermatitis.

The problem is that the symptoms in the element “earth” have disappeared by the age of 25 at the latest so that knowledge of these backgrounds which will allow us to help **in the short term** comes solely from good accurate EAV testing – For me, this means that I correct the HCl point, test and check kidneys, suprarenal gland, thyroid,

check the acid-base balance using kinesiology – this is how I have discovered the optimal treatment for the patient for the particular day.

I now test and check **all** chronic disorders, from neurodermatitis to rheumatism to circulatory disturbance, at this point, apply all the substances found – tested out – either at the HCl point or the chronic tissue point using programme 192 and 198 and then test and check how much of the substances found the patient still requires. I then prescribe these and like to add a tea prescription as well if the indication is appropriate:

#### Liver tea

dandelion root	50.0
milk thistle	50.0
pussy toes ( <i>antennaria dioica</i> )	30.0

1 dessertspoonful in 200 ml boiling water, allow to draw for 10 minutes.  
Drink luke-warm after the evening meal.

#### Pancreas tea

bean pods	30.0
birch leaves	30.0
wild garlic	30.0

2 dessertspoonsful in ½ litre boiling water, allow to draw for 15 minutes.  
4 x per week luke-warm before the evening meal.

#### To return to neurodermatitis:

For those of you who see your patients each week, the following programs would be appropriate – following testing and depending on patient symptoms:

<i>degenerative gastric affection</i>	910 / 463
<i>stomach pain (hyperacidity)</i>	461 / 442 / 861
<i>disturbed gastric secretion</i>	827 / 241 / 211
<i>disturbed pancreas reduced secretion</i>	580 / 935
<i>acid-base balance</i>	812
<i>disturbed carbohydrate metabolism</i>	819 / 530
<i>pyloric complaints</i>	461 / 464 / 200
<i>convulsive pain</i>	710
<i>intestinal flora</i>	561 / 562
<i>regulating bowel function</i>	565 / 460
<i>improving bowel function</i>	930 / 830 / 960
<i>stimulating enterogastric action</i>	840 / 420
<i>improving food decomposition in small intestine</i>	447
<i>intestinal treatment</i>	560 / 445

I hope I have been able to convey some of the enthusiasm which gripped me when I experienced the effect the point had on the whole body.

I wish you every success with the knowledge which hopefully you have gained.

#### LITERATURE

Dietl, H., Ohlenschläger, G.: Handbuch der orthomolekularen Medizin [Manual of orthomolecular medicine]

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#### Company literature from

CERES

Hevert

ISO

Nestmann

Pascoe

Working papers of the “**Nutritional Therapy Association**”

BICOM computer therapy manual

#### APPENDICES

**Appendix 1:** “Gastro-intestinal medication” table

**Appendix 2:** Functional diagnosis table

Appendix 1 Gastro-intestinal medication

<p><b>Bionorica - A. Vogel</b> Nierentropfen N Leber-Galle-Tr. N</p> <p><b>Cefak</b> Cefagastrin</p> <p><b>Ceres</b> Allium ursinum Card. mar. Centaurium Chamomilla Gentiana lutea Hypericum comp. <i>impaired pancreatic function, depression</i> Imperatoria Lavendula Lupulus Melissa comp. Melissa officinalis Mentha piperita Millefolium Ribes nigrum <i>suprarenal gland stimulation</i> Rosmarinus Salvia Taraxacum Taraxacum comp. Tropaeolum majus <i>against mycosis</i></p> <p><b>Cosmochema</b> Cosmoplex Magen-Darm-Tr. S Nux Vomica</p> <p><b>DHU</b> Chelidonium D 6 Tr.</p> <p><b>elha</b> Centaurium kpl. Hepachelin</p> <p><b>Fides</b> Gastrol S</p> <p><b>Hetterich</b> Digestivum</p> <p><b>Hevert</b> Carminativum <i>anacidity</i> Cholosom-Tee Majocarmin forte Tr. Majocarmin mite Tr. Stomasan</p> <p><b>Infirmarius-Rovit</b> Infi-Momordica Tr. Infi-tract N Leptandra</p>	<p><b>ISO</b> ISO KPLX St 1 ISO KPLX St 2 ISO KPLX St 5 ISO KPLX St 7 ISO KPLX St 8 ISO KPLX St 11</p> <p><b>Kattwiga</b> Kattwigast Stacho-zym N Myrtillus Syn. 36</p> <p><b>Dr. Klein</b> Gastrol Gastritol</p> <p><b>Dr. Loges</b> gastro-L 90 N</p> <p><b>Lomapharm</b> Lomatol Tr. Poikigastran N Antacidum</p> <p><b>Madaus</b> Momordica Oligoplex</p> <p><b>Nestmann</b> Absinthium <i>secretion deficiency</i> Calamus <i>subacidity, enzyme deficiency</i> Dioscorea <i>nervous gastroenteritis</i> Momordica <i>flatulence, nervous stomach</i> Nemacynar Tr.</p> <p><b>Pascoe</b> Amara Tr. Pascopankreat Novo Tr. Quassia Similiaplex</p> <p><b>Pekana</b> apo-STOM spag.</p> <p><b>Pflüger</b> Pfx MGK 17</p> <p><b>Phönix</b> Nux vomica S Phcp. Phönix Gastriphön Phönix Plumbum</p> <p><b>Presselin</b> Löwenzahn-Tr. 309 Magentropfen N Blähungstabletten K 4 N Leber-Tabletten K 2 N</p> <p><b>Reckeweg</b> Medorrhin-Gastreu</p>	<p><b>Regena</b> Regenaplexe 33/5 " 79a " 39a " 211a " 510a " 809 " 79 " 506c " 100/1</p> <p><b>Repha</b> Unex Amarum Ventracid N Tbl.</p> <p><b>Reuther</b> Gastro duodenalis Inj.</p> <p><b>Röwo</b> Stomachik</p> <p><b>Sankt Bernhard</b> Galgant</p> <p><b>Schuck</b> Gastroflatol Tr.</p> <p><b>Schwörer</b> Sedovent forte</p> <p><b>Soluna</b> Aquavit Nr. 11 Matrigen II retard. Strumatik</p> <p><b>Steigerwald</b> Iberogast</p> <p><b>Strath</b> Gentiana Strath comp.</p> <p><b>Stüber</b> Papayaforce Tabletten</p> <p><b>SyxyI</b> Ventricon S</p> <p><b>Weber &amp; Weber</b> Diabetes-Complex Galenavowen forte liquid</p> <p><b>Weleda</b> Digestodoron Tbl. Amara Tr.</p> <p><b>Ysatfabrik Joh. Bürger</b> Gastricard Bürger Stomachysat</p>
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**Appendix 2** Functional diagnosis table

**Functional examination of the digestive system**

**ENZYME POINT**

1" below xiphoid and above right edge of thorax  
Bio-6-Plus or Bromelain Plus

If patient has recently taken antibiotics or drinks a lot of milk, supplemented by:  
Lactozyme or Bio-Acidophilus-FOS

**CHAPMAN REFLEX/ GALLBLADDER**

6th intercostal space on right side only. This reflex is shared with the liver:  
Beta TCP/Beta Plus, Livoguard, MCS, Cytozyme-LV, Phosphatidylcholine, Inositol Super Phosphozyme

**GALLBLADDER (acute)**

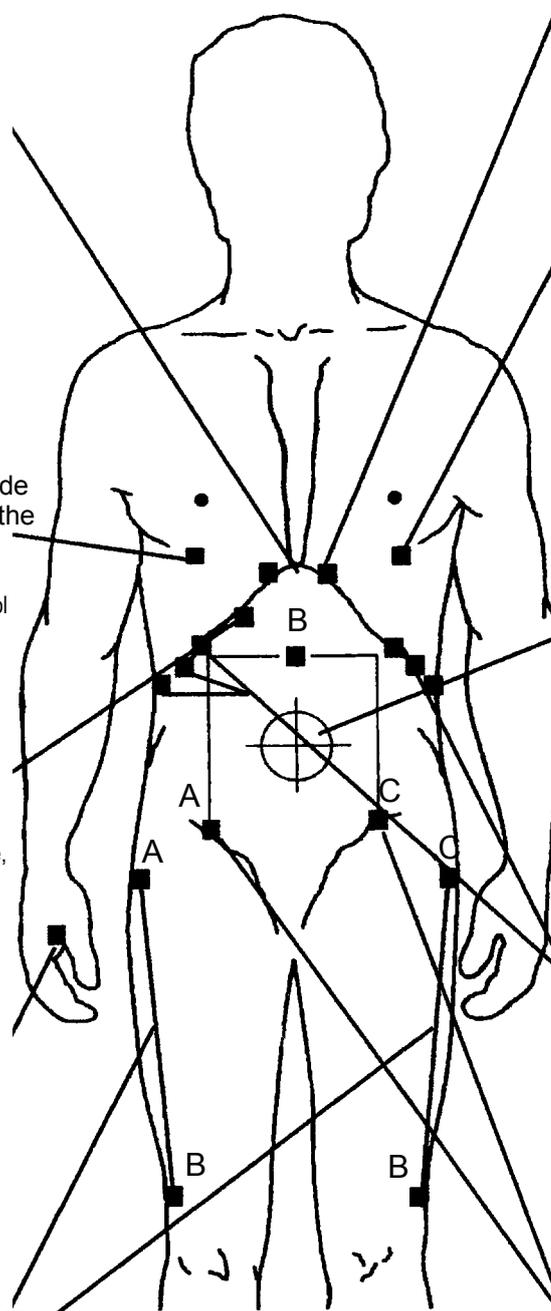
Feel gallbladder (Murphy's sign)  
Beta TCP, Beta Plus, Phosphatidylcholine, Inositol, Super Phosphozyme

**GALLBLADDER (chronic)**

Tenderness and formation of nodules in tissue of right hand

**CHAPMAN REFLEX/INTESTINE**

Tenderness, which corresponds exactly with the intestine along the iliotibial ligament



**HCl POINT**

1" below xiphoid and above left edge of thorax  
Hydrozyme, HCl-Plus

**CHAIRMAN REFLEX/STOMACH**

6th intercostal space on left side only, this reflex responds to the stomach and the upper digestive tract in general  
Hydrozyme, HCl-Plus, Gastrazyme, Gammanol Forte with FRAC, Bio-6-Plus, Bromelain Plus, L-Glutamine, IPS, Chlorocaps

**BENNET REFLEXES/ SMALL INTESTINE**

Feel the four quadrants in a 2 - 3" radius around the navel, look out for tenderness and superficial weakness

**CHAPMAN REFLEX/ SMALL INTESTINE**

8th, 9th and 10th intercostal space near ends of ribs  
Gastrazyme, IPS, Bioprotect, L-Glutamine, Bio-6-Plus (coated), GSH-Plus, Ginkgo Biloba

**INTESTINE**

Feel the intestine (from A to C), check for tenderness and weakness  
Colon Plus, Garlic Plus, A.D.P., IPS, Chlorocaps, Beta Plus, Lactozyme, Bio-Acidophilus-FOS, Butyrate+, IAG, L-Glutamine