



The Health Nugget

Designed This Way

The coelacanth fish fossil was considered veritable proof of the evolutionary theory. It appeared as the missing link between fish and tetrapods with its part-fin-part-foot flipper. The coelacanth was believed by some to be extinct 65 million years ago, until some fishermen caught one off the coast of South Africa in the 1930s. Oops. Apparently, its flippers are what help the coelacanth push himself along the bottom of the sea where he eats. He was designed this way for a reason.

The evolutionary theory has affected not only the way we look at the world around us, but from my view, it has influenced health care as well. Take the gallbladder for example.

The gallbladder is a small sac that is attached to the liver. The liver produces bile, which is stored and concentrated in the gall bladder. The pancreas secretes digestive juices into the intestine through a tube that attaches to the bile duct coming from the gall bladder. Bile is critical for the digestion and absorption of fat and fat-soluble vitamins such as vitamins A, D, E and K. Just as soap emulsifies grease on dishes, so bile emulsifies consumed fat. By physically breaking down fat into tiny droplets, the surface area of fat is increased, making it available to digestive enzymes. Bile is an alkaline substance that neutralizes stomach acid and is composed of bile salts, hormones, cholesterol and toxins.¹ Bile is also responsible for the elimination of certain waste products from the body such as drugs and excess cholesterol. Bile salts stimulate the secretion of water by the large intestine to help move the contents along.

As partially digested food enters the small intestine, the gall bladder is signaled to release concentrated amounts of bile at the right time

and in proportion to the exact amount of fat eaten. Without the gallbladder, a continuous dripping of bile occurs from the liver into the intestines. Bile is no longer matched to the amount of fat in either quantity or timing. If man were made to be grazers of minimal fat, rather than meal eaters, this plan might be effective. But the function of the gall bladder suggests its specialization in meal eating. It appears inevitable that the removal of the gall bladder would affect digestion and absorption of essential fatty acids and fat-soluble nutrients. Statistically, those without gallbladders have a modestly increased risk of colon cancer.² Supplementation with bile salts with every meal is recommended for those whose gallbladder has been removed.³

Gallstones are the most commonly diagnosed ailment of gallbladders. Bloating, gas, discomfort, indigestion, pain in the upper right quadrant of the abdomen, jaundice, chills, fever are all symptoms. Medicine states that, "Why and how gallstones form is not fully understood, but it is thought that in some cases an abnormality in function causes the gallbladder to remove an excessive amount of water from the bile.... Gallstones occur very frequently in developed countries and may be associated with eating a diet that is high in fat and refined carbohydrates and low in fiber."⁴

We do know that eighty percent of gallstones are composed mainly of cholesterol. In the liver, cholesterol is dissolved by bile substances (bile salts and lecithin) that act like detergent. If there is either too much cholesterol or not enough bile, stones can develop. This is one theory.

Another process theorized to promote stone

formation is reduced contraction and emptying of the gallbladder.

A theory held by Dr. Jonathan Wright is that food allergies are responsible for gallbladder attacks. He states that when his patients are put on special diets, gall bladder pain vanishes, simply by eliminating allergic foods.

In 1968, Dr. James C. Breneman, who, at the time, was chairman of the Food Allergy Committee of the American College of Allergists, reported that all “69 people (100 percent!) were completely free of gallbladder attacks when they avoided their individual food (and other) allergies.”⁵ Six of these individuals had already had their gallbladders removed but were still suffering pain. “And all 69 had their symptoms return when they ate the foods they were allergic to once more. The primary offending foods were eggs (92.8 percent), pork (63.8 percent), onions (52.2 percent), chicken and turkey (34.8 percent), milk (24.6 percent), coffee (21.7 percent), and oranges (18.8 percent).”⁶

While not a traditional treatment, d-limonene has been clinically used to dissolve cholesterol-containing gallstones because it acts as a solvent. D-Limonene is the major component of the oil extracted from citrus rind. A study with 200 patients reported “a direct infusion of 20-30 mL d-limonene (97% solution) completely or partially dissolved gallstones in 141 patients. Stones completely dissolved in 96 cases (48%); partial dissolution was observed in 29 cases (14.5%); and in 16 cases (8%) complete dissolution was achieved with the inclusion of hexamethaphosphate (HMP), a chelating agent that can dissolve bilirubin calcium stones. All the stones were between 0.5 and 1.5 cm with an average diameter of 1.0 cm. The duration of the treatment ranged from three weeks to four months.”⁷ Bile salts have also been experimentally

used in dissolving cholesterol stones.

According to an article published in the New England Journal of Medicine, it is better to leave silent stones alone and not be subjected to surgery. Silent gallstones are not associated with gallbladder attacks.

Some believe “The gallbladder is not an essential organ, and even today, only surgical removal of the gallbladder (cholecystectomy) guarantees that the patient will not suffer a recurrence of gallstones.”⁸ About 700,000 people now have their gallbladders removed each year. While surgery may be the best option in certain situations, my question is, “Has man’s lack of knowledge regarding the gallbladder led medicine to too readily dispose of the organ?” I wonder if, just as with the coelacanth’s flipper, our appreciation of the gallbladder would increase if we fully understood the Creator’s purpose for it.



- ¹ Somers, Suzanne: “Breakthrough: Eight Steps to Wellness.” Three Rivers Press; 2009, p. 244.
- ² Shao, T. and Yang, Y. “Cholecystectomy and the Risk of Colorectal Cancer.” *American Journal of Gastroenterology*. Aug. 2005, 1813-1820. [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=16086719&dopt=Abstract].
- ³ Wright M.D., Jonathan. “The 99.9 percent effective technique for eliminating gallbladder attacks forever.” *Nutrition & Healing*. Oct. 2004. [<http://www.curesnaturally.com/Articles/Misc/Misc73.html>].
- ⁴ “Gall Bladder Disease.” Penn Surgery, 2001. [<http://www.uphs.upenn.edu/surgery/clin/gi/gallblad.html>].
- ⁵ Wright M.D., Jonathan. “The 99.9 percent effective technique for eliminating gallbladder attacks forever.” *Nutrition & Healing*. Oct. 2004. [<http://www.curesnaturally.com/Articles/Misc/Misc73.html>].
- ⁶ Ibid.
- ⁷ Jidong Sun, PhD, *Alternative Medicine Review*, vol 12, Number 3. “D-Limonene: Safety and Clinical Application.” 2007. [http://www.gallbladderattack.com/products_gallbladderlemontekit.shtml].
- ⁸ About.com: The NY Times Company. “Gallstones and Gallbladder Disease.” 2010. [http://adam.about.com/reports/000010_7.htm].