



What to Do About GERD

What Is GERD?

Gastroesophageal reflux disease (GERD) is also sometimes referred to as heartburn. This is a condition caused when stomach acid backs up into the esophagus—the tube that connects your mouth to your stomach. The lining of the stomach has a protective mucus coating that prevents the very acidic hydrochloric acid in the stomach from burning the lining, but the esophagus does not have this protective coating. Picture this in your mind: if you poured some stomach acid on the skin of your hand, you would be left with burns (redness, irritation, and inflammation). This happens to the lining of the esophagus when acid comes back up to the stomach where it is not meant to be. Technically, GERD involves significant damage to the esophagus, while true heartburn is uncomfortable but is more occasional and less severe. You will often hear the terms used interchangeably. However, think of heartburn as an early warning that the condition might progress to full GERD.

The most common symptoms of GERD are heartburn, regurgitation of food, and trouble swallowing.

Other symptoms include:

- Hoarseness
- Asthma
- Bad breath
- Belching
- Chronic cough
- Chronic sore throat
- Erosion of tooth enamel
- Inflammation of the gums
- Postnasal drip
- Sleep disorders
- Chest pain
- A sour taste in the mouth

More serious consequences of chronic GERD and heartburn are Barrett's esophagus, esophageal cancer, and swallowing difficulty that can lead to poor nutrient intake.

How Common is GERD and Heartburn?



Up to 45 percent of American adults have heartburn at least once per month. Of this number, about 25 percent to 35 percent have reflux or GERD. What makes this a serious matter is that medication to assist with the discomfort from heartburn or GERD is prescribed as one of the top five medications. Keep in mind, this does not include the number of over-the-counter medications that many uncomfortable people pick up to help alleviate their symptoms, such as Tums, Pepcid, Alka-Seltzer, Maalox, Mylanta, and Prevacid.

These medications, especially if used over a longer term (more than 12 weeks to six months), can have negative side effects that include:

- Increased risk of osteoporosis
- Poor protein digestion
- Small intestinal bacterial overgrowth
- Other infections such as *Helicobacter pylori*
- Nutrient deficiencies such as vitamin B12, and minerals such as magnesium, iron, and zinc

Note: In some cases, short-term use of anti-heartburn or GERD medications might be helpful in lowering inflammation to support healing, but should be used with caution long-term. What is most important is to understand the cause, and fix it!

Why does GERD or heartburn happen?

Most people think GERD and heartburn happen because of too much stomach acid. New research suggests that the cause is really linked to either too much acid in the wrong place (in the esophagus instead of the stomach) or too little acid at the wrong time, which leads to the symptoms and health concerns. The focus needs to be on reasons why the valve between the esophagus and stomach is not working well. This valve is called the lower esophageal sphincter (LES). Using the root cause approach, many individuals can support the underlying cause. So, don't panic and get busy solving the problem.

What causes the LES to become lax or leaky?

- Stress (increases acid production, backs up food digestion, and lowers pain threshold)
- Smoking
- Overeating
- Overweight or obesity (causes upward pressure)
- Foods that relax the LES: tomatoes and foods rich in tomato like spaghetti sauce, salsa, and pizza; citrus fruits; garlic; onions; chocolate; caffeine; high intake of fatty or fried food; spicy foods; alcohol; and peppermint
- Eating too close to bedtime or lying down right after eating
- Food sensitivities such as gluten intolerance or celiac disease
- Bending over right after eating



- Wearing tight-fitting clothes
- Medications (most common are nonsteroidal anti-inflammatory drugs, aspirin, steroids, birth control pills, diazepam, nicotine, nitroglycerin, oral progesterone, medroxyprogesterone, and theophylline)

What you can try to eliminate GERD and Heartburn and discomfort from these conditions:

- First, address the items above. Example: remove all the possible food triggers listed for two weeks, then add them back in one at a time to assess symptoms. Another one is to stop eating three to four hours before bedtime. Another is to get help to stop smoking.
- If your symptoms happen at night, elevate the head of your bed by about 6 inches.
- Sip on 4 ounces of room temperature water with ½ to 2 teaspoons of organic apple cider vinegar or 2 teaspoons of lemon juice 10 minutes before meals to encourage acid production before the stomach receives food to support better timing.
- If you are taking GERD or heartburn medication, ask your doctor to guide you in slowly weaning off while you are making all the changes listed above. You need to inform your medical provider when making any changes to medication.
- Try acupuncture.
- Drink plenty of water, but avoid more than 4 ounces of fluid with meals, which can dilute stomach acid.
- Drink cabbage juice. Hint: dilute its strong flavor by adding other vegetable juices.
- Try slippery elm bark. It is soothing to mucus membranes. Make a tea with 1 teaspoon of slippery elm bark in 2 cups of water. Simmer for 20 minutes, strain, and sip. It may be sweetened. Drink this freely, or look in a health food store for lozenges made with slippery elm bark.
- Try ginger. Steep ½ to 1 teaspoon of powdered ginger or a few slices of fresh ginger per cup of boiled water for 10 minutes, and drink. It's optional to sweeten it with honey. Drink freely.
- Eat okra—not the fried version, however. This vegetable supports a healthy mucus lining of the esophagus. Try it pickled or in soup.
- With an acute bout of heartburn, try mixing ¼ teaspoon of baking soda in a small amount of water. Avoid using this method regularly, as it can lower stomach acid too much. Use it no more than four times per month, and focus on the possible causes above.
- Seek out advice from a nutritionist or Functional Health provider on other supplements such as deglycyrrhizinated licorice, hydrochloric acid, digestive enzymes, or concentrated forms of ginger, bitters, artichoke leaf, d-limonene, lemon balm, melatonin, or mastic gum.

When to seek help:

If the above tips do not work, or there are more serious symptoms such as difficulty swallowing or severe pain, please seek medical assistance for a medical evaluation. Also, if an infection such as *H. pylori* is suspected, seek medical assistance.

Remember to inform your provider if you plan to stop taking prescription medication for GERD or heartburn.



Some children experience a form of GERD called eosinophilic esophagitis (EE). This condition can also occur in adults, and it is usually associated with allergies or parasites. EE requires assistance with a provider trained in assessing for parasites and more advanced food sensitivity/allergy testing. Symptoms are more severe than GERD and include:

- Nausea
- Vomiting
- Poor growth in children
- Weight loss
- Stomach or chest pain
- Regurgitation
- GERD
- Painful or difficulty in swallowing
- Poor appetite
- Bloating
- Anemia
- Poor sleep

References

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