GERD reflux

Description

Use this as an aide to your own research and share with your doctor as appropriate.
Saving this to a â??Healthâ?• email folder may help access.
You can use drugs.com or other trusted health websites to look up the latest information on
prescription drugs, herbs, foods or other treatments possible side & interaction effects.

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Gastroesophageal reflux disease (GERD)/hearburn

http://articles.mercola.com/sites/articles/archive/2014/04/28/acid-reflux-ulcer-treatment.aspx
According to Dr. Mercola, the causes of GERD are often misdiagnosed and misprescribed,
leading to ineffective treatments that cause significantly greater problems than the original
symptoms.
Treatments can cover up cancer, ulcers, gall bladder, or cirrhosis.

Yeast overgrowth
What is it?
GERD happens when the lower esophageal sphincter (LES) doesnâ??t close correctly, allowing
acid into the esophagus.

Triggers
Food can trigger heartburn and keeping a journal of foods eaten &

symptoms can help build a
list of what foods to avoid. Common other triggers are caffeine, alcohol, & nicotine.

Causes:
Excess acid vs too little acid
What doesnâ??t commonly cause GERD is excess acid in the stomach. GERD appears to be
more often caused by too little acid in the stomach. That causes the stomach to churn much

harder to digest food, shooting the acid into the esophagus. The first thing a doctor should test
is actual stomach acidity levels. Often a doctor starts prescribing acid blockers (PPIs/H2
blockers) for GERD when it can be LOW acidity causing the original problem. These acid
lowering medications can perpetuate the problem, especially because withdrawal from PPIs and
H2 blockers can cause intensified GERD symptoms.
If acidity levels are found to be low, and the GERD symptoms usually start 15-30 minutes after
eating, betaine hydrochloride HCL (over the counter) can be taken before the meal (under a
doctorâ??s supervision) to help increase stomach acidity.
How in increase HCL?
Celery (and juice) may help.
Fermented foods with probiotics may help.
Lemon
Digestive bitters
HCL supplement
If fermented foods cause irritation, then the problem may be small

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intestinal bacterial
overgrowth (SIBO) or H. pylori bacteria causing an ulcer.
SIBO may be treated with vancomycin.
What helps?
Hydration
Exercise
Avoid eating after 8pm
Food diary- frying & acid
High fructose corn syrup, sugar avoid
Fiber
Probiotics
Noni motility
Oregano oil
Vinegar-apple cider, red wine
Sauerkraut
Celery
Cabbage
Carrots
Bed elevation
Left side- especially pregnancy
Magnesium
B complex

C
D
Milk thistle
Lipoic acid

When are PPIs & H2 blockers appropriate?
Temporary usage of PPIs & H2 blockers may be appropriate in the rare cases where the
stomach produces too much acid, if the esophagus is damaged, or

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the stomach is bleeding from
ulcers. They can be combined with treatment to heal the esophagus or stomach and the source
of the GERD and may be discontinued once the esophagus/stomach has healed.

Hiatal hernia
A hiatal hernia can increase GERD.

H. pylori
H. pylori is a bacteria which can trigger GERD and can cause ulcers in the stomach. Taking
PPIs/H2 blockers can reduce the amount of acid in the stomach and increase the H. pylori,
making the GERD worse and causing ulcers. Taking betaine may reduce the amount of H.
pylori bacteria in the stomach. Taking probiotics can help reduce the amount of H. pylori in the
stomach.

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Proton-pump inhibitors (PPIs)
PPIs appear to cause a 300% increase in pneumonia, bone fractures (especially hip & spinal) &
sometimes life threatening clostridium difficile infection (C-diff), stomach & esophageal cancer
and dementia, and a 200% increase in deaths from heart attacks (MI). PPIs lower our
stomachâ??s acidity which reduces our ability to digest our food & get the nutrients from it we
need, especially calcium, magnesium and vitamin B12. PPIs can cause gluten sensitivity or
more severly celiac disease. PPIâ??s significantly increase kidney

failure as well. Often GERD
may be caused by too LOW of stomach acidity already, & PPIâ??s make that even worse. Testing
to see if the stomach has too much acid may be essential BEFORE prescribing a PPI, given
PPIs potentially deadly side effects.
Proton Pump Inhibitor Use and the Risk of Chronic Kidney Disease

Benjamin Lazarus et al.
JAMA Intern Med. 2016;176(2):.
doi:10.1001/jamainternmed.2015.7193.
Proton Pump Inhibitor Usage and the Risk of Myocardial Infarction in the General Population
Nigam H. Shah, Paea LePendu, Anna Bauer-Mehren, Yohannes T. Ghebremariam, Srinivasan
V. Iyer, Jake Marcus, Kevin T. Nead, John P. Cooke, Nicholas J. Leeper
PLOS
Published: June 10, 2015
DOI: 10.1371/journal.pone.0124653
Overutilization of Proton Pump Inhibitors: A Review of Cost-Effectiveness and Risk in
PPIOverutilization of Proton Pump Inhibitors: A Review of Cost-Effectiveness and Risk in PPI
Joel J Heidelbaugh, Kathleen L Goldberg and John M Inadomi
The American Journal of Gastroenterology 104, S27-S32 (March 2009) |
doi:10.1038/ajg.2009.49
Failing the Acid TestBenefits of Proton Pump Inhibitors May Not Justify the Risks for Many
Users

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Mitchell H. Katz, MD
Arch Intern Med. 2010;170(9):747-748.
doi:10.1001/archinternmed.2010.64.
Continuous Proton Pump Inhibitor Therapy and the Associated Risk of Recurrent Clostridium
difficile Infection.
McDonald EG et al.
JAMA Intern Med. 2015 May;175(5):784-91. doi: 10.1001/jamainternmed.2015.42.
Opinion: Does PPI therapy predispose to Clostridium difficile infection?
Chaitanya Pant et al.
Nature Reviews Gastroenterology and Hepatology 6, 555-557 (September 2009) |
doi:10.1038/nrgastro.2009.128
Proton Pump Inhibitors and the Risk for Hospital-Acquired Clostridium difficile Infection
Jeffrey F. Barletta
Mayo Clinic Proceedings
Volume 88, Issue 10, October 2013, Pages 1085â??1090
The Impact of Proton Pump Inhibitors on the Human Gastrointestinal Microbiome
Daniel E. Freedberg et al.
Clinics in Laboratory Medicine
Volume 34, Issue 4, December 2014, Pages 771â??785
The Human Microbiome
Safety of long-term PPI therapy

Christina Reimer et al.
Best Practice & Research Clinical Gastroenterology
Volume 27, Issue 3, June 2013, Pages 443â??454

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Gastroesophageal reflux disease: Current state-of-the-art management
Acid Suppression and the Risk of Clostridium difficile Infection
Ethan A. Mezoff et al.
J Pediatr. 2013 Sep; 163(3): 627â??630.
Published online 2013 Jun 5. doi: 10.1016/j.jpeds.2013.04.047

PPIs
Aciphex (raberprazole)
Nexium (esomeprazole)
Prevacid (lansoprazole)
Prilosec (omeprazole)
Protonix (pantoprazole)

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H2 blockers
H2 blockers also reduce acid in the stomach.
H2 blockers include:
Axid (nizatidine)

Anticholinergics & H2 blockers
Zantac (ranitidine)
Tagamet (cimetidine)
Zantac (ranitidine) & Tagamet (cimetidine) are anticholinergics that can cause immediate & long
term dementia symptoms that increase mortality (by 25%).
[Anticholinergic action of clonidine on cardiovascular effects of the central cholinergic
estimulation].
Taira CA
Acta Physiol Pharmacol Ther Latinoam. 1996;46(2):119-26.
ACB list 2011

https://www.uea.ac.uk/mac/comm/media/press/2011/June/Anticholiner
http://doublecheckmd.com/EffectsDetail.do?dname=clonidine&sid=119

Seizures & H2 blockers
Pepcid (famotidine) may increase the chances of seizures in people who are susceptible.

Long term usage of H2 blockers
Long term usage of H2 blockers may be safer than long term usage of PPIs, but candida
overgrowth was shown in a majority of patients on an H2 blocker after long term use in one
study and another study found vitamin B12 deficiency in people taking H2 blockers long term,
as low stomach acid makes it hard to digest vitamin B12 from food. Vitamin B12 deficiency can
cause dementia symptoms & behavioral problems.
Candida Overgrowth in Gastric Juice of Peptic Ulcer Subjects on Short- and Long-Term
Treatment with H2-Receptor Antagonists
Boero M et al.
Digestion 1983;28:158â??163
(DOI:10.1159/000198980)
A case-control study on adverse effects: H2 blocker or proton pump inhibitor use and risk of
vitamin B12 deficiency in older adults
Robert J Valucka, J.Mark Ruscinb
http://dx.doi.org/10.1016/j.jclinepi.2003.08.015
Journal of Clinical Epidemiology
Volume 57, Issue 4, April 2004, Pages 422â??428
Aliment Pharmacol Ther. 1993;7 Suppl 2:35-40.
Safety issues relating to long-term treatment with histamine H2-

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receptor antagonists.
Sabesin SM1.

Getting off PPIs & H2 blockers
Withdrawal from PPIs & H2 blockers should be slow, as they often (44% of the time) cause
rebound heartburn if stopped too quickly (even in people who never had heartburn to begin
with), especially the PPIs. Using other treatments may help prevent rebound heartburn and
another study found vitamin B12 deficiency in people taking H2 blockers long term, as low
stomach acid makes it hard to digest vitamin B12 from food. Vitamin B12 deficiency can cause
dementia symptoms & behavioral problems.

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Other treatments

Inclined bed therapy
Raising the head of the bed by one inch at a time (first night at end of workweek best) up to six
or eight inches reduces GERD symptoms as well as heart disease and other problems.

Zinc and the amino acid carnosine
Zinc and carnosine may help heal ulcers, kill H. pylori bacteria and reduce NSAID damage to
the digestive tract..

D-limonene
The yellow (not white) part of the lemon peel has D-limonene, also available as a supplement,
and has up to an 85% success rate against GERD, and may be

effective in preventing some
cancers.
Willette RC, Barrow L, Doster R, Wilkins J, Wilkins JS, Heggers JP. Purified d-limonene: an
effective agent for the relief of occasional symptoms of heartburn. Proprietary study. WRC
Laboratories, Inc. Galveston, TX.
Nakaizumi A, Baba M, Uehara H, Iishi H, Tatsuta M. d-Limonene inhibits N-nitrosobis
(2-oxopropyl)amine induced hamster pancreatic carcinogenesis. Cancer Lett. 1997 Jul
15;117(1):99-103.
http://www.lifeextension.com/Magazine/2007/4/atd/Page-01

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DGL licorice
DGL licorice may work as well as the H2 blockers but without the side effects.

Mastic gum
Mastic gum (from the evergreen tree) may be effective for heartburn & indigestion.

Probiotics
Probiotics should be taken anyway for all their other positive benefits, as well as helping stop
GERD.

Fermented foods
Fermented foods may help reduce GERD. Sauerkraut & cabbage may help increase stomach
acid.

Vinegar
Vinegar may increase the acidity of the stomach before eating enough to help reduce GERD.
Vinegar taken before a meal with water or in a salad with olive oil may also reduce blood sugar
levels.

Melatonin
Melatonin is up to twice as effective as PPIâ??s, with none of the dangerous side effects.

Digestive enzymes
Digestive enzymes should be taken (before the meal) if symptoms start over 45min after eating.

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Ginger
Ginger appears to reduce H. pylori and ulcers as well as reducing nausea.

Astaxanthin
Astaxanthin taken with a meal (fat soluble) appears to reduce H. pylori and ulcers.

Other possibilities:
Slippery elm

Marshmallow root
Gentian root
Enteric peppermint oil
Pepsin
Calcium citrate powder
Cabbage
Glutamine
B vitamins

Treating side effects of GERD
Baking soda
Baking soda works quickly and may help prevent some of the damage from reflux if taken
immediately, but as it lowers stomach acidity it appears to be inappropriate for treating GERD
itself.

Aloe vera
Aloe vera ingestion may reduce inflammation after GERD.

Anti-inflammatories
Anti-inflammatories like turmeric w/black pepper (or curcumin extract), ginger, astaxanthin,
boswellia may help.

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Chamomille
Chamomille may reduce inflammation after a GERD attack.

Other tips:
Avoid lying down or exercising w/in 2hrs aft eating.
Sleep on the left hand side
Lose weight
Limit fried foods and foods that relax the lower esophageal sphincter-coffee (even decaffeinated
coffee), tea, chocolate, alcohol, carbonated beverages, cowâ??s milk, fatty food, spicy food, citrus
juice, and tomato juice.

http://www.everydayhealth.com/columns/white-seeber-grogan-the-remedy-chicks/hey-president-
obama-try-these-gerd-relief-strategies/

Increase fiber intake, like from freshly ground organic flaxseed meal.

Surgery
Laproscopic surgery to implant a flexible ring of
Taking benzodiazepenes for sleep is unhealthy because if people have a GERD episode when
knocked out then prolonged esophageal exposure can cause damage.
agnet beads at the esophagus has a 94% success rate.
http://www.bcbsms.com/com/bcbsms/apps/PolicySearch/views/ViewPo
viewPolicy&noprint=yes&path=%2Fpolicy%2Femed%2FMagnetic+Esc
GERD.html&keywords=%3C!123-
321!%3E&source=emed&page=q=medical-policy-search-pag
e.html&me=index.php
Stony Brook University. â??Implantable magnetic â??braceletâ?? brings relief to GERD sufferers.â?•
ScienceDaily. ScienceDaily, 27 February 2014.
www.sciencedaily.com/releases/2014/02/140227163835.htm
http://www.nice.org.uk/Guidance/ipg431

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Gastric bypass
For severe obesity, gastric bypass is more effective for GERD than fundoplication surgery, and it
also causes weight loss & reverses diabetes 75%, which helps to prolong life as well as
eliminate GERD symptoms.
http://link.springer.com/article/10.1007%2Fs00464-001-8313-5?LI=true
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921086/

Fundoplication
Fundoplication surgery has an 85% success rate over 5yrs. Side effects of surgery can be
dysphagia, bloating, and flatulence. Serious adverse events occurred

in nearly 25% of patients.
http://www.americanjournalofsurgery.com/article/S0002-9610%2899%2980027-0/abstract

Benzodiazepenes
Taking benzodiazepenes for sleep can be dangerous because if people have a GERD episode
when knocked out then prolonged esophageal exposure can cause damage.

Sleep
Buying a manually or electronically adjustable bed can help elevate the head to prevent GERD
while sleeping.
small frequent meals best
low alcohol, chocolate, coffee
3hrs no food before lying down
elevate upper body wp can be dangerous

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Category

1. Uncategorized

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