

GERD reflux

Description

Use this as an aide to your own research and share with your doctor as appropriate.

Saving this to a “Health” 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.

Gastroesophageal reflux disease (GERD)/heartburn

<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) doesn'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 doesn'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

doctor'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

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

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.

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 stomach'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 severely celiac disease. PPI's significantly increase kidney

failure as well. Often GERD may be caused by too LOW of stomach acidity already, & PPI'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 LePendou, 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

PPI Overutilization 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 Test Benefits of Proton Pump Inhibitors May Not Justify the Risks for Many Users

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 1085–1090

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 771–785

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 443–454

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): 627–630.

Published online 2013 Jun 5. doi: 10.1016/j.jpeds.2013.04.047

PPIs

Aciphex (raberprazole)

Nexium (esomeprazole)

Prevacid (lansoprazole)

Prilosec (omeprazole)

Protonix (pantoprazole)

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 stimulation].

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;28:158–163

(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 422–428

Aliment Pharmacol Ther. 1993;7 Suppl 2:35-40.

Safety issues relating to long-term treatment with histamine H2-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.

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, Hegggers 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>

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 PPI'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.

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.

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, cow'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

Laparoscopic 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/ViewPolicyViewPolicy&noprint=yes&path=%2Fpolicy%2Femed%2FMagnetic+EscGERD.html&keywords=%3C!123->

[321!%3E&source=emed&page=q=medical-policy-search-page.html&me=index.php](http://www.bcbsms.com/com/bcbsms/apps/PolicySearch/views/ViewPolicyViewPolicy&noprint=yes&path=%2Fpolicy%2Femed%2FMagnetic+EscGERD.html&keywords=%3C!123-321!%3E&source=emed&page=q=medical-policy-search-page.html&me=index.php)

Stony Brook University. “Implantable magnetic ‘bracelet’ brings relief to GERD sufferers.”

ScienceDaily. ScienceDaily, 27 February 2014.

www.sciencedaily.com/releases/2014/02/140227163835.htm

<http://www.nice.org.uk/Guidance/ipg431>

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

Category

1. Uncategorized

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