



# Gastroesophageal Reflux Disease (GERD)

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## Definition

A symptom complex due to transient lower esophageal sphincter relaxations (TLESRs) and impaired esophageal motility with subsequent prolonged exposure of the esophagus to gastric acid. GERD is typically a benign disease but can lead to erosive esophagitis, Barrett's esophagus, and an increased risk of esophageal adenocarcinoma.

## Symptoms/Diagnosis

The combination of heartburn and vomiting diagnose GERD with 90% accuracy, eliminating the need for testing in the majority of patients. To establish the diagnosis a physician may prescribe a proton pump inhibitor (PPI) such as omeprazole (Prilosec) 20 mg twice per day taken 30 – 60 minutes before meals for 7 days. A symptomatic response clinches the clinical impression. Rarely the physician may request a barium swallow or endoscopy – esophagogastroduodenoscopy (EGD). The role for the testing for and treatment of Helicobacter Pylori (H Pylori – the “ulcer bacteria”) remains controversial.

## Other symptoms typical of but not diagnostic of GERD include:

- Wheezing or dyspnea (difficult/uncomfortable breathing)
- Chronic cough
- Chronic hoarseness or sore throat
- Globus (choking sensation)
- Throat clearing
- Chest pain (The majority of people with atypical chest pain cleared of CAD have GERD)
- Halitosis (bad breath)

Up to 80 % of people with GERD have extraesophageal reflux (EER) causing up to one third of otolaryngeal disorders. People with warning symptoms such as difficulty swallowing, bleeding, weight loss, early satiety or are in a high risk group such as obese white males with 5 or more years of symptoms, smokers, and alcoholics require more aggressive evaluation.

## Lifestyle Modifications

Lifestyle modifications can make an enormous difference and include the following:

- Elevate the head of bed while sleeping (pillows do not work)
- Avoid lying down for 3 hours after meals
- Eat smaller more frequent meals
- Avoid high fat meals that delay gastric emptying
- Weight loss – many people find their symptoms directly correlate with their weight
- Stop smoking
- Avoid alcohol and other sedatives
- Evaluate your medicines as many “heart” medicines, blood pressure meds, asthma meds, and muscle relaxants exacerbate GERD
- Eat with awareness – “it is more important how we eat than what we eat”. Remember that the stress response literally “turns off” the GI tract – not a good time to be eating.
- Classic foods to evaluate in regards to your personal symptoms include chocolate, peppermint, onions, garlic, alcohol, carbonated beverages, coffee, citrus, all tomato products, and spicy foods.
- I have found that people who have daily symptoms most often have at least one food intolerance and benefit from trying serial two-week dietary eliminations of common foods such as dairy, glutens, corn, soy and others. Evaluate each food elimination individually and stay off those foods that exacerbate symptoms. It’s usually the food the person “can’t do without” causing the problem.

### **Treatment – Western**

- Antacids such as Mylanta (aluminum and magnesium hydroxide) are the perfect acute symptom reliever as they are the fastest acting, but short duration of action limits their utility in those with chronic problems.
- Histamine 2 Receptor Antagonists (H<sub>2</sub>RAs such as famotidine 20 mg {Pepcid}) decrease acid production by 50 – 80% and are clinically effective in 50 – 60% of patients.
- PPIs such as omeprazole OTC inhibit acid production by more than 90% and are clinically effective in over 90% of patients. Prescription PPIs are much more expensive and no more proven although some people notice significant differences in their own experience. The magnitude of PPI complications staggers the mind as gastroenterologists hand them out like candy. Documented and proven risks of long – term complications of these meds include Clostridium Difficile Associated Diarrhea (3 fold relative risk-RR), other bacterial gastroenteritis (RR=3), community acquired pneumonia (RR=4), osteoporotic fractures (at 7 years the RR of hip fracture = 4.5 and will worsen each year after), possible gastric cancer (RR=1.5), vastly worsens intestinal permeability, B-12 and Magnesium deficiency, and the list will only grow longer. This is why it is so important to treat the disease and not just the symptoms!

### **Treatment – Traditional**

What I will tell you is based on 20 years of clinical experience. Although no double-blind placebo-controlled randomized clinical trials even exist, these treatments get to the root of healing the GI tract while improving digestion and relieving symptoms and

not relying on “proven” poisons that damage the GI tract and impair digestion while also relieving symptoms.

- **Glutagenics (Metagenics):** a unique combination of the conditionally essential amino acid glutamine(3500 mg), Deglycyrrhizinated licorice (DGL-500 mg), and aloe vera extract (50 mg) at one teaspoon 3 times per day is the most effective way to treat and heal GERD. Each component synergistically improves healing and mucosal integrity. Please remember that PPIs do just the opposite and cause the “leaky gut syndrome”. One can also try each individual component on its own but I have found the combination to work much better.
- **Spectrazyme (Metagenics):** Digestive enzymes with meals can be the single most satisfying supplement for a “natural” practitioner A broad-spectrum enzyme supplement with high dose mixed proteases, lipases, and amylase can improve “digestive capacity” and improve symptoms while improving digestion. See which meals you need to take them with based on your own experience. Another good product is DigestActiv with Essential Enzymes (Source Naturals).
- **Probiotics:** The use of “friendly flora” is gaining mainstream attention due to their role in preventing traveler’s diarrhea, antibiotic-associated diarrhea and for burgeoning research on the multiple roles these “good organisms” play in quelling inflammation, immunomodulation and possibly even in weight loss! I have found rebalancing the GI flora essential in maintaining clinical response for the long term treatment of GERD. The probiotics with the best research include Lactobacillus GG (Culturelle), Saccharomyces Boulardii (Xymogen), and mixed Bifidobacter and Lactobacillus strains such as Ultra Flora Plus (Metagenics).
- **Essential Oils: Acid Reflux Relief (Z’s Remedies)** a powerful therapeutic blend of peppermint, chamomile, and lavender oils can provide immediate relief when rubbed on the abdomen.

Through lifestyle modification and appropriate dietary intervention the majority of people can be treated. For the rest, healing and clinically proven nutritional supplements can support the body in its own restorative process. For the minority meds will have to be taken to adequately control symptoms. Holistic medicine includes all the healing arts.

Your Journey to Health and Healing,  
Gary E. Foresman MD

References:  
Upon Request

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