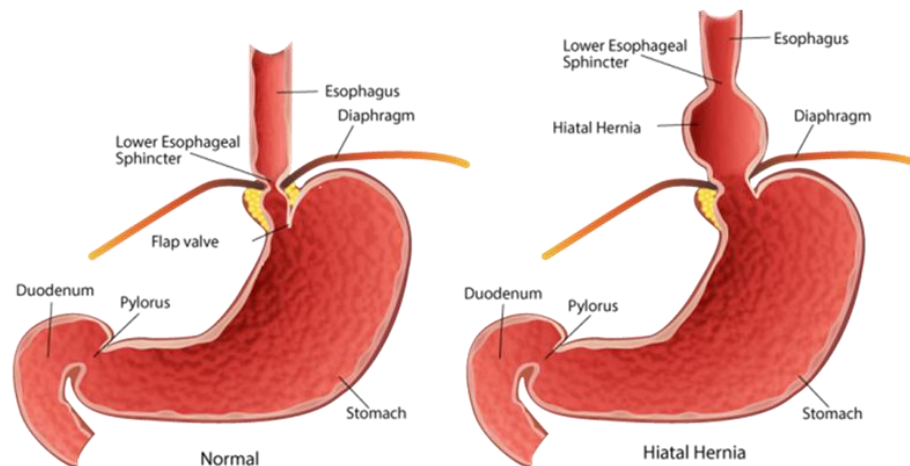


Helping Gerd (Gastro-Intestinal Reflux Disorder)

By Dr. Derek Conte

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GERD is much more than an inconvenience. It is a significant health risk in multiple respects. About one third of Americans suffer some degree of reflux, a condition where the powerful digestive acids of the stomach mixed with undigested food are allowed to pass upward, back into the esophagus, burning it. The reflux of partly digested food can even be driven all the way up to the mouth, burning the throat and vocal cords, putting the person at risk for aspiration pneumonia, a very serious condition.

Normal Structure: Think of the stomach as a leather wine gourd with an opening at each end. The esophagus brings food from the mouth to the stomach and must pass through the muscular breathing diaphragm to do so. The cardiac sphincter (lower esophageal sphincter) located BELOW the diaphragm and ABOVE the stomach then closes. The pyloric sphincter at the other end remains closed to keep food in the stomach until it is digested and only opens when ready to move food to the small intestines.

Causes of GERD can be overeating, eating too close to bedtime, too much alcohol consumption, tobacco use, or carbonated beverages and gassy foods which would increase stomach pressure. Other major causes of reflux are incompetence of the cardiac sphincter (inability to close) and hiatal hernias, where the cardiac sphincter moves ABOVE the muscular diaphragm, allowing acid leakage.

Long-term effects of GERD include ulcers, esophageal narrowing and bleeding, and Barrett's Esophagus, in which, after 5 or more years of GERD, the smooth cells of the esophagus change type and shape and can become cancerous.

Medical treatment of GERD includes use of antacids to reduce the strength of stomach acids, but this can reduce the ability to fully break down foods for maximal nutritional extraction. Fundoplication

surgery is an option where the top of the stomach is surgically wrapped around the lower esophagus in an effort to support and tighten the weak cardiac sphincter.

More natural ways to curb and defeat GERD would be to eat less, lose weight and eat dinner earlier, because the more hours between your dinner and bedtime, the better to reduce reflux. Another effective method is to elevate your torso 6-8" during sleep as fluids do not flow uphill. This is very logical and effective. There are fancy beds that do this, but also available are large foam wedges that can be placed atop the mattress at a fraction of the expense. Another cheap option is to raise the head of the bed on blocks of wood or bricks.

Note: Building up pillows to achieve this have a tendency to cause the head and neck to flex dramatically forward or sideways, worsening the problem, can interfere with breathing and hurt your spine.

Chiropractic care: the neurological control of the stomach and sphincters are found at the upper neck and the area between the shoulder blades. Adjustments here can be very helpful to increase sphincter competence. In the case of hiatal hernias, a pull-type move is extremely effective in reducing or eliminating GERD. Examination of these areas by a good chiropractor is highly recommended.

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