



ACID REFLUX

A common but abnormal condition in which acid in the stomach rises up into the esophagus and causes a burning sensation.

Note: acid reflux is not evidence of excessive stomach acid; it's evidence of stomach acid in the wrong place!



Possible Contributing Factors

- Hiatal hernia (a simple x-ray)
- H Pylori bacterial overgrowth (an endemic bacteria that can cause ulcers, chronic GERD – diagnosed with a simple breath, blood or stool test)
- Insufficient stomach acid (hypochlorhydria)
- Rare, but possible excessive stomach acid (more common in duodenal ulcer vs. peptic ulcer)
- Long term acid-suppressing drugs and proton pump inhibitors (PPIs)
- Food sensitivities
- Nutrient insufficiencies: zinc, B1, magnesium
- Stress/go-go-go lifestyle (especially around meal times)

Lifestyle & Dietary Recommendations

- Slow down, sit down, and chew, chew, chew
- Avoid drinking a lot of liquid with meals. It dilutes digestive juices, including stomach acid. Hydrate in between meals.
- Avoid over-eating which can blow open the LES valve and allow acid to splash up into the esophagus
- Wear loose clothing around midsection
- Don't eat or drink anything for 2-3 hours before bedtime
- Avoid or drastically reduce food triggers: cooked tomato sauce, citrus juices, coffee, black tea, soda, alcohol, peppery or spicy foods, fried food, chocolate, and things with mint in them (e.g. gum, mints, toothpaste, tea)

Supplement Considerations

- Digestive bitters
- Apple cider vinegar in water
- Hydrochloric acid betaine with pepsin (if H Pylori negative and no ulcers)
- Gut healing nutrients (marshmallow root, slippery elm, zinc carnosine, glutamine)