



# Healthy for Life Newsletter

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### Heart Burn and Acid Reflux Esophagitis

I have been involved in a private family practice for well over 30 years. One of the complaints that have increased dramatically over the past 10 years in my patients is *heart burn* and *acid reflux* symptoms. The use of drugs like Prilosec, Nexium, Zantac, Pepcid, and Aciphex has also increased dramatically. In fact, one of the more common email consultations I deal with are questions about acid reflux and what one can do *naturally* to improve this problem. This issue of the Healthy for Life Newsletter will explore various aspects of this problem. If you or someone you know suffers from heartburn and acid reflux, you will find this information hopeful and helpful.

#### Reflux Esophagitis Defined

The esophagus is the muscular tube that connects our mouth to our stomach. The circular muscles of the esophagus contract in a coordinated manner to deliver the food and liquid we eat or drink efficiently into the stomach. While no actual valve exists between the esophagus and the stomach, stomach acid normally does *not* reflux back into the lower esophagus because of “lower esophageal pressure.” However, if this pressure decreases for any reason, acid can easily flow backwards from the stomach up into the lower esophagus. The esophagus does not have a natural protective barrier against acid (as does the lining of the stomach), and any portion of the lower esophagus that is exposed to stomach acid is literally burned. The acid causes the release of a tremendous amount of free radicals which leads to oxidative stress and a tremendous amount of inflammation and damage to the lower esophagus. Repeated or chronic exposure of the esophagus to stomach acid can lead to significant

damage over time... and can even lead to esophageal cancer.

The symptoms of reflux esophagitis are primarily heart burn, substernal chest pressure or pain, and even choking. The longer this problem exists the greater the possibility of developing “chronic reflux esophagitis” (esophageal stricture or narrowing of the esophagus) and a condition called “Barrett’s esophagus” (a pre-cancerous lesion).

A symptom that concerns me the most is when one of my patients begins complaining that their food is actually sticking in their throat or chest. It feels like their food is literally getting stuck before it gets into the stomach. Physicians refer to this symptom as “dysphagia.” *This symptom cannot be ignored.* Dysphagia could be a sign of esophageal stricture, Barrett’s esophagus, or even cancer. When I hear this complaint, I immediately refer my patients to a GI specialist so that they can look directly down into their lower esophagus and stomach through a scope—called an EGD.

#### Causes of Reflux

Increased abdominal pressure due to central obesity is the most common reason patients begin to reflux their stomach acid into their lower esophagus. When you begin gaining weight around your middle, the increased abdominal pressure can literally force acid out of your stomach back up into your esophagus. This increased pressure can eventually force a portion of your stomach back up into the chest, a condition called a “hiatal hernia.” You can have reflux without having a hiatal hernia; and you can have a hiatal hernia and not have problems with acid reflux. However, these two conditions are commonly associated.

Esophageal pressure can be decreased by many things; things like chocolate, spicy or greasy foods, caffeine (even decaf coffee), alcohol, aspirin, non-steroidal anti-inflammatory medication, carbonated beverages, and high-glycemic carbohydrates. You may even be aware of other foods that can set off reflux symptoms. Reflux can be experienced after eating a large meal; some patients can even have reflux symptoms if they lie down too soon following a regular meal.

Another cause of reflux is the result of a GI infection called “H. Pylori.” Have your physician check for the possibility of this infection any time your symptoms of reflux persist or become chronic in nature. Once this infection is effectively treated, the symptoms of reflux usually go away permanently.

### **Traditional Medical Treatment**

To treat acid reflux, most physicians will prescribe medication that decreases the production of stomach acid. These medications generally fall into two different categories: 1) The H2 blockers like Zantac, Pepcid, and Tagamet and 2) the proton pump inhibitors like Prilosec, Nexium, or Aciphex. Another category of medications—include drugs like Reglan and Propulsid (which has been removed from the market), which increase esophageal motility. These drugs push food and acid into the stomach more effectively and possibly increase the lower esophageal pressure.

The proton pump inhibitors are much more potent than the H2 blockers at decreasing the stomach acid you can produce and usually improve reflux symptoms fairly effectively. However, they are very difficult to quit once you have been on them for any length of time. When you discontinue drugs like Prilosec or Nexium, a “rebound phenomenon” occurs as the body begins to make more stomach acid than you have ever made in your life. When that happens, acid reflux symptoms usually return with a vengeance. This leads many physicians to conclude that the

patient has a *chronic* reflux problem that requires them staying on this medication for the rest their life. (Drug companies don’t want you or your doctor to know about this rebound, and that this is why so many people are just not able to get off these drugs.) Once I feel that my patient’s esophagitis has healed, I recommend that they discontinue their proton pump inhibitors and take an H2 blocker like Pepcid AC twice daily for three weeks. Since the H2 blockers do not create this “rebound phenomenon”, they are able to get through this rebound time. Then they are able to discontinue the Pepcid and generally do very well.

### **Nutritional Medicine and Reflux Esophagitis**

The nutritional medicine approach to improving reflux is multifaceted. As mentioned earlier, the reflux of acid causes a significant increase in free radical production that causes inflammation of the lower esophageal area. This area quickly becomes depleted in antioxidants and their supporting nutrients. Since the main concern is the high risk of developing esophageal cancer, aggressive nutritional supplementation is necessary. Building up these nutrients to optimal levels and providing an abundance of antioxidants is a primary concern. My optimal nutritional recommendations are the Usana Essentials, 2 to 3 Proflavanol 90, 2 Biomega-3, 2 Coquinone 30 and 4 Active Calcium daily. Spread out these nutritional supplements throughout the day, and always take them with food.

I would also recommend that you begin the Healthy for Life Program located at [www.releasingfat.com](http://www.releasingfat.com), and jump-start this program with Usana’s RESET KIT. Besides the obvious life-long improvement in your overall health, this program will help those struggling with acid reflux for two main reasons: First, participants in this program will lose a significant amount of central weight, thus reducing the abdominal pressure that can be forcing acid up into the esophagus. Second, patients’ symptoms improve rather quickly in the majority of cases as soon as they begin to eliminate high-glycemic carbohydrates. I have become very suspicious

(although I have never seen any studies that have documented this) that high-glycemic carbohydrates decrease the lower esophageal sphincter pressure. All I know is that my nurse practitioners and I have noted significant improvements in acid reflux symptoms in the majority of my patients with reflux esophagitis *if* they combine an aggressive nutritional supplement program with the healthy lifestyle changes that are promoted in the Healthy for Life Program.

continue an aggressive nutritional supplement program. These changes will do far more than give you relief from that nagging heart-burn... they could save you from dealing with life threatening cancer. So get medical treatment for the symptoms and then begin to optimize your life through the *Healthy for Life Program* that includes aggressive nutritional supplementation.

Check out the Healthy for Life Program today at [www.releasingfat.com](http://www.releasingfat.com), and get started right away!

### **Conclusion**

If you or someone you know is dealing with recurrent symptoms of acid reflux, have it checked out by a physician. If you have an H. Pylori infection that is not treated appropriately, you will usually not see any permanent improvement no matter what you do. Most importantly, is critical to find out if you have a more serious problem like a Barrett's esophagus or esophageal cancer. If you find out that you have Barrett's esophagus, your doctor will follow you closely because this is a known pre-cancerous lesion of the lower esophagus. (In this case, increase your Usana Coquinone 30 to 4 per day. I feel that this can give you the best chance of preventing the progression to esophageal cancer.)

*My best advice is to treat this problem medically via traditional evaluation and medical treatment, and begin an aggressive nutritional program and the Healthy for Life Program.* Once you begin feeling much better and your symptoms of reflux improve (usually 6 to 8 weeks), I would try to get off your medication. If you are taking any proton pump inhibitor, you may need to follow the plan I have shared above.

If you have acid reflux, hope and help is available. But don't just settle for quick relief. Seriously look at your lifestyles and make a commitment to permanent, life-enhancing improvements. You may have to avoid certain foods (especially high-glycemic carbs), not eat anything within two hours of reclining, get down to your ideal weight, and

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