

GERD

“Let us therefore celebrate the festival, not with the old leaven, the leaven of malice and evil, but with the unleavened bread of sincerity and truth.” 1 Corinthians, 5:8

By now we have all seen the commercials about acid reflux, urging us to call our doctor today and get the little purple pill. What they are referring to is **Gastro Esophageal Reflux Disease**. This is a very uncomfortable condition which can lead to erosion of the esophagus and stomach, and even to esophageal cancer if it is not brought under control. Luckily, there are wonderful medications available today that were not available even 10 years ago. When taken on a regular basis, these medications can treat this condition and **reverse** any damage that may have occurred.

For normal digestion to occur, the stomach produces a strong acid to digest food. When a person has GERD, liquid from the stomach backs up into the esophagus, which is the tube connecting your mouth to your stomach. Stomach acid is mixed in with this partially digested food. When it re-enters the esophagus it causes irritation and pain. Stomachs have a special lining that protects them from this corrosive acid, but the esophagus does not. During the day, it is easy to keep these stomach acids where they belong by being upright (gravity), producing saliva which helps neutralize acids, and by swallowing. At night, these mechanisms do not occur, and acids may flow into the esophagus and cause discomfort and damage.

Heartburn is the most common symptom of GERD. Despite the name, heartburn doesn't involve the heart, but gets its name because the pain associated with it occurs near the heart behind the breastbone. Occasional heartburn does not mean you have GERD, but persistent, regular heartburn is a symptom of reflux disease. If you have heartburn several times a week, if it wakes you up at night, if you have trouble swallowing, or have pains in your stomach or breastbone area, see a doctor immediately.

A large percentage of those with GERD also have a hiatal hernia. A hiatal hernia is a small area near the top of the stomach that bulges to form a pouch, where food and acid can become stuck. The contents of this abnormal pouch can easily back up into the esophagus—especially if that person reclines or begins vigorous activity after a meal.

Hiatal hernias are actually very common, with about 15 percent of all Americans having one. However, only a small number of these people will ever have any symptoms.

Untreated GERD may lead to ulcers, esophageal strictures (narrowing of the opening), esophageal cancer, a cough, sore throat, or hoarseness (due to irritation of the throat), and even an asthma attack! This is why it is important to get an accurate diagnosis and begin treatment as soon as possible. GERD can be treated and controlled, but is likely to be something a person has for a lifetime.

There are many facets to the treatment for GERD. Food plays an important part, and things to be avoided include alcohol, coffee, foods high in Vitamin C, chocolate, peppermint, and fatty foods. Also, smoking aggravates this condition. Things that may help include sleeping on the left side, and elevating the upper half of the body during sleep. Avoid eating for a few hours before bedtime, and always sit upright for at least 30 minutes after eating. Antacids usually help, but only last for a short time. Medications such as Nexium and Prilosec actually reduce the amount of acid produced, and are very effective at keeping gastric reflux under control.

The gold standard for diagnosing GERD is an upper gastrointestinal endoscopy, or EGD. It is a relatively simple procedure, and is performed by a specially trained physician. A patient must have nothing to eat or drink for at least eight hours before the test, and will have an I.V. started beforehand. Sedation is given, and the test only lasts a few minutes when done by a skilled specialist. Gastroenterologists do this test on a routine basis, and these specialists are quick and efficient. During the actual process, the doctor can see inflammation, bleeding, ulcers, and anything else that may be going on in the mouth, esophagus, and stomach. He can take pictures and biopsies if necessary—all things that are not possible with an x-ray.

With today's wonder drugs, there is no reason to suffer or to delay treatment. If you suspect you have GERD, see your doctor right away.

More info:

www.emedicinehealth.com or www.wikipedia.org