1. Gastric reflux and hiatal hernia are both disorders of the upper stomach and esophagus. This is due to either an inflammation, an inability of the gastric sphincter to close properly, or a distention of the stomach into the abdominal muscles.

2. This produces heartburn that is often severe and can feel like a heart attack by the patient.

3. A common symptom with gastric reflux or hiatal hernia is belching. Belching usually improves the condition by releasing gas. There is usually some regurgitation of food or acid from the stomach into the mouth. Pushing on the stomach below the septum into the hiatal hernia area either improves or disturbs the condition.

4. Stress, fatty foods, alcohol, cigarettes, coffee, eating too fast or eating too much, effervescent beverages and improper food combing are major contributing factors of gastric reflux and most indigestion. These factors aggravate digestion because they excessively push the sympathetic or adrenergic nervous system, which in turn suppresses the cholinergic nerves of the parasympathetic system.

5. *ESOPHAGUS FORMULA* is an age old blend of Chinese herbs. *ESOPHAGUS FORMULA* and *DIGESTIVE ENZYME LIQUESCENCE* help relax the nerves of the esophagus muscles and thus helps to relieve the various types of esophageal disorders (ref Gastric Study).

6. Reduce the risk factors. Elevate the head of the bed six inches help to prevent gastric reflux disturbances at night. Lay on the left side not the right. Relaxing and stress reduction after meals is also very important to assist the *ESOPHAGUS FORMULA* and *DIGESTIVE ENZYME LIQUESCENCE*.

The *ESOPHAGUS FORMULA* reduces inflammation and promotes healthy muscle tension in the sphincter muscles.
ABSTRACT: This is a clinical protocol review for naturopathic, homeopathic, chiropractic and behavioral treatments for gastric reflux disease. Gastric reflux disease which can be the result of esophageal trauma, hiatal hernia, and other disorders of the upper stomach are ever more common in a stressful society. The pathology is reviewed and behavioral and homeopathic treatments are reviewed as well. It is the basic hypothesis that behavioral medicine and homeopathy can replace the synthetic pharmaceutical approach now in use in most medical offices. To test this hypothesis 28 cases of gastric reflux disease were treated with behavioral and homeopathic intervention. Results confirm a positive ability of these therapies to treat this ever increasing disorder.

INTRODUCTION: Once food enters the mouth and it is properly prepared in the mouth, it is referred to as the bolus. The bolus is a combination of saliva, ptyalin, and food which has been properly masticated by the teeth. We should chew each mouthful at least 20 times. If there is a problem with our teeth or dention, we might not properly masticate the food for the rest of digestion. Also many young people are behaviorally conditioned to eat food quickly, as processed foods taste better the quicker they are eaten. Thus many of our children have been conditioned to eat foods very fast. Eating foods to quickly without proper mastication in the mouth, robs us of proper enzymatic and mastication which can cause stomach and intestine disorders. The stomach and intestines will now need to work harder to prepare the food and compensate for the loose of the proper action of the mouth. The bolus after full mastication and ptyalin should trigger the brain to allow for it to be swallowed. So that it is properly prepared for digestion. This is then transmitted from the mouth through the esophagus into the stomach. At the top of the stomach is what is known as the "cardia valve" which is a muscle sphincter which keeps the food inside the stomach as well as the different odors from digestion.

The cardia valve rests approximately right underneath the septum in mid chest range. The abdominal musculature is designed to help contain the parts of the stomach within. When there is weakness in the muscles and over-bloating in the stomach, this can cause a distension of the stomach which can push into and through the muscles and thus produce the hiatal hernia. So in excess stomach acid conditions, this can produce a flow of the stomach acids into this area which can cause indigestion and heartburn. Often times this heart burn is mistaken for cardiovascular or heart problems because of its area and nature of the pain. But on further exploration we often times find indigestion and hiatal hernia and other gastric reflux disease are more times likely responsible. In our book on Cardiology, we review some of the different factors of how to isolate whether it is cardiological or not. The purpose of this article is to review gastric reflux
disease, and test the hypothesis that behavioral and homeopathic medicine can replace synthetic chemistry as a therapeutic regime.

True gastro-esophageal reflux indicates an incompetence of the lower esophageal sphincter. Some other factors that also contribute to this include the caustic nature of the refluxate, the inability to clear refluxate from the esophagus, the gastric contents, and the local mucosal protective functions. Some of the factors that can contribute to the ability of the gastro-esophageal junction include the intrinsic sphincter pressure, the angle of the cardia esophageal junction, the action of the diaphragm and also gravity. Gastro-esophageal incompetence is previously attributed slowly to the sliding hiatal hernia. We now know that there also can be esophageal sphincter incompetence and problems in the cardia valve. Our diagnostic symptoms in the patient will usually be heartburn that can or cannot have regurgitation of the gastric contents into the mouth. This is the most prominent symptom. There can be complications of the gastric reflux from infections of the esophagus, peptic esophageal stricture and esophageal ulcer or even Barrett's metaplasia. Esophagitis can cause massive, but usually limited hemorrhaging. Peptic stricture causes a gradual progressive dysphagia for solid foods. Peptic esophageal ulcers cause the same type of pain as gastric duodenal ulcers are usually localized in the substernal region. They heal slowly and tend to reoccur. X-ray studies can be helpful and is often taken in patients with the Trendelenburg position. This can show a reflux of barium from the stomach into the esophagus. Abdominal compression may be used, but radiographic maneuvers are not usually sensitive indicators of gastric reflux. Esophagoscopy can also provide an accurate diagnosis of the esophagitis if there is no hemorrhaging. This can also tell us if there is esophageal cancer. A test of the esophageal manometry will allow us to determine the pressure at the lower esophageal sphincter. This can give us an indication of its strength and distinguish between a normal and incompetent sphincter. The esophageal ph monitoring shows the reflux of gastric acid into the esophagus and provides direct evidence of the gastro-esophageal reflux or gastric reflux. The Bernstein's test correlates closely with the presence of symptomatic gastro-esophageal reflux symptoms are promptly reproduced by acid profusion relieved by saline profusion. Esophageal biopsy is an accurate indicator of gastric reflux showing thinning of the squamous mucosal layer and a basilar cell hyperplasia. These histologic changes may occur without evidence of gross esophagitis by endoscopy. A positive biopsy or a positive Bernstein test correlates best with esophageal symptoms or reflux regardless of endoscopic or x-ray findings. Endoscopic biopsy is the only test that consistently detects the mucosal changes of Barrett's metaplasia.

In the case of the hiatal hernia, we know that a sliding hiatal hernia is common in almost 40 percent of patients. Most patients however are asymptomatic. A hiatal hernia will also produce symptoms of heartburn and pressure, which is often relieved by belching to release the abdominal gas. Applying abdominal pressure below the septum can also help us to diagnose a hiatal hernia. If there is not pain or indigestion, a sliding hiatal hernia might not be treated. If it results in chest pain, indigestion, belching or bloating we need to actively treat the upper gastric disease. Without the benefit of an x-ray, biopsy or the endoscopic scope, a practitioner can usually diagnose gastric reflux disease from the occurrence of the chest pain after eating. This usually occurs within the first hour of eating, but can occur even three or four hours after eating if the person is supine or goes to bed. If there is a discharge of food from the stomach into the mouth, this can confirm the diagnosis of gastric reflux disease. If we apply pressure to the area of the hiatal hernia, and it aggravates or relieves the condition, this also helps us in our diagnosis of
upper gastric disorder. Patients will often times report tasting the acid type of foods an hour or two after meals. This also helps us to realize the reverse flow of the esophageal muscles.

The most common items that produce distension in the stomach are that of 1) effervescent or fizzy drinks; 2) improper food combining, such as mixing fruits with proteins which can produce a difference in digestion, an acid-alkaline flux, and contribute to gas; and 3) eating too much or too fast can also contribute to the swelling in the stomach and add to the hiatal hernia on any type of gastric reflux disorder; 4) drinking liquids with a meal will dilute the stomach and coffee or hot liquids can actually produce a relaxation in the stomach muscle tension, aggravating the condition; 5) cigarettes, caffeine, and nicotine products are also complicating of the situation; 6) alcohol also produces a relaxation affect in the muscle tension, contributing to the gastric reflux disease; 7) stress and psychogenic factors can also cause this problem; and 8) neurological imbalance of sympathetic and parasympathetic nerves from inappropriate spinal conditions.

Our behavioral treatment of this then needs to specify the type of changes that need to be done in the person's behavior to help minimize the disturbances in the gastric reflux area. Even one alcohol drink at a meal can contribute to this condition, which is thereby known as an alcoholic gastritis. This can produce a wide variety of other gastric problems from the stomach on down through the small and large intestine. We must realize that the pathway of digestion which starts in the mouth and culminates through the rectum. This linear pathway through the body is a good example of how when one fault occurs at a high level area such as the stomach or mouth, it definitely affects everything in line down from it. So problems of the mouth can affect the stomach, small and large intestine. Problems of the stomach can affect the small and large intestine and problems of any digestion can affect the whole person.

Our simplest rule of food combining is that of fluids alone, melon alone, and fruits alone. This helps to minimize the disturbances of varying digestion and helps the stomach to minimize gas development.

Other types of hot, caffeinated beverages such as tea and coffee also have another problem in digestion as that these hot, caffeinated products produce a release of the sodium bicarbonate from the pancreas. The sodium bicarbonate of the pancreas should be released an hour and a half to two hours after a meal when the food has been properly prepared by the stomach. The food is then called chyme and is released into the small intestine. Release of the sodium bicarb helps to neutralize the hydrochloric acid and the digestion process of the pancreatic enzymes works best in an alkaline environment. Hence, the sodium bicarbonate is a very important part of the magic of nutrition that happen in the small intestine. However, the pancreas has released some of its sodium bicarb because of the coffee taken with a meal, this will produce a disturbance in the pancreas because the pancreas will now have to re-release more sodium bicarbonate and hour and a half after the meal. This is something the pancreas was not designed to do. The pancreas was designed to release this once during digestion, not twice. This is why coffee and these other caffeinated products are the number on cause of pancreatic cancer and pancreas disease. Coffee taken with a meal is definitely contraindicated for good nutrition. Coffee taken an hour and a half or two hours after a meal is a good idea as that this helps to stimulate the release of the sodium bicarb when it is properly needed.
Another factor in the proper treatment of gastric reflux is that when a patient has this disturbance and they lie down after a meal, the brain gets an impulse that can disturb digestion and the positioning of the stomach is not quite correct when you are totally supine. A better condition for digestion is that of relaxed sitting after a meal and reducing stress. The RWC book has an indepth account of the digestive process and should be reviewed by those who want to know more.

The shape of the stomach as we have seen in pictures, has a slight bent to it. It is indicated that if a person has gastric reflux disease, or any indigestion troubles, if a person does recline into a chair, he should recline on his left side, not the right. By reclining on the right side you can irritate the condition further because of the shape of the stomach. Reclining on the left side helps to minimize the condition of gastric reflux.

Another key factor in treating this type of disease is that of minimizing stress after meals. If there is a condition where the person must have stress in his life to maintain a job or school. If there is stress after a meal, make sure that meal is a light meal, as that the body is best able to digest if the person is in a comfortable, relaxed state and enjoys a state of reduced stress either meditation, light music, casual conversation of a non-stressful origin and other types of stress reducing exercises. These are best done right after a meal and they help to maximize digestion and the capacities of the enzyme release of the entire digestion channel. The digestion channel is operated by the parasympathetic system which is fought by the sympathetic nerval system. Thereby it is very important that we balance the system and allow digestion to take place when the sympathetic system or stress related system is at its minimal. Thus stress reduction after meals for a half hour to an hour is always an excellent idea in treating any type of digestion disorder and they help to maximize digestion and the capacities of the enzyme release of the entire digestion channel. The digestion channel is opera
GASTRO-ESOPHAGEAL REFLUX DISEASE AND HIATAL HERNIA

Abstract:

This is a review of the clinical protocol for naturopathic, homeopathic, chiropractic and behavioral treatments for gastric reflux disease. Gastric reflux disease may result from esophageal trauma, hiatal hernia, or other upper stomach disorders, and is becoming increasingly common in our society.

It is our hypothesis that behavioral medicine and homeopathy can replace the conventional pharmaceutical approach used in most medical offices. To test this hypothesis, twenty-eight patients with gastric reflux disease were treated solely with homeopathy and behavioral modification. Results indicate that this approach had a positive effect on their conditions.
Introduction:

Once food enters the mouth and is properly masticated, it is referred to as the bolus. It is during this combination of mechanical reduction and chemical activity by saliva (i.e. ptyalin) that digestion begins. It is recommended that each mouthful of food be chewed at least twenty times. If there are problems with dentition or sores on the buccal surfaces, food may not be properly masticated. Young people and professionals who don't take sufficient time for meals are often conditioned to eat quickly, sacrificing this essential part of digestion. When food is eaten too quickly or processed inadequately, the stomach and intestines must work harder to compensate. This can lead to disorders at many points along the alimentary tract.

After the bolus is fully masticated, it is then swallowed and travels through the esophagus to the stomach. At the entrance to the stomach is the cardia valve, which is a muscular sphincter that allows entry to the stomach and retains food and odors in the stomach. Occasionally a weakness in the diaphragmatic musculature (bloating of the stomach) may cause a prolapse of the stomach upward through the diaphragm. This condition is known as a hiatal hernia, and usually interferes with the functioning of the cardia valve. Subsequently, stomach acids may splash up into this area and the esophagus, which can cause indigestion and heartburn. Frequently this is mistaken for cardiovascular involvement because of its proximity to the heart. In our book, "Cardiology" (in progress), we review diagnostic procedures to determine whether or not the discomfort is cardiological.

True gastro-esophageal reflux indicates an incompetence of the lower esophageal sphincter. Aggravating factors may include the caustic nature of the refluxate, an inability to clear refluxate from the esophagus, the bodiment of gastric contents, or the local mucosal protective functions. Gastro-esophageal incompetence was previously attributed to a sliding hiatal hernia. We now know that there can be sphincter aberrations and valve failure contributing to the problem.

Patients commonly experience heartburn, and regurgitation of gastric contents into the mouth. Esophageal infections, peptic esophageal stricture or ulceration, and even Barrett's metaplasia may complicate diagnosis. Esophagitis may result in hemorrhaging (usually self-limiting). Peptic stricture causes a progressive dysphagia. Peptic esophageal ulcers cause the same type of pain as gastric duodenal ulcers and tend to heal slowly.

X-ray studies may be helpful in diagnosis. Often a reflux of barium into the esophagus may be observed with the patient in the Trendelenburg position. Abdominal compression may also be used, but is usually less conclusive. Esophagoscopy can confirm a diagnosis if there is no hemorrhaging, and can also identify esophageal cancer. Manometry allows a measurement of the pressure at the lower esophageal sphincter, and can assist in diagnosing valve weakness. Esophageal pH monitoring helps identify the reflux of gastric contents directly. The Bernstein test correlates positively with gastro-esophageal reflux symptomatology, and demonstrates relief with saline profusion.

Esophageal biopsy is an accurate indicator of gastric reflux, showing thinning of the squamous layer and basilar cell hyperplasia. These histologic changes may be observed without the accompanying gross evidence of esophagitis by endoscopy. A positive biopsy or a positive Bernstein test correlates best with esophageal symptoms or reflux, regardless of endoscopic or x-ray findings.

While a hiatal hernia is present in almost forty percent of the population, most are asymptomatic. A hiatal hernia may produce symptoms of heartburn and pressure, which
are often relieved by belching to release the abdominal gas. Upper abdominal palpation may be helpful in diagnosis.

The regular occurrence of chest pain after eating is a good indicator of gastric reflux disease. It is most frequently felt within the first hour after eating, but may be felt three or four hours later if the patient lies supine or goes to bed. A discharge of food from the stomach into the mouth may also help to confirm the diagnosis. Many patients also report an acid taste one to two hours after eating.

Behavioral modification is the first treatment that we must address. The most common irritants to gastric reflux disease are:

1) Effervescent or fizzy drinks
2) Improper food combining, such as eating fruit and protein together. This combination produces gas.
3) Eating too much or too quickly
4) Drinking liquids with a meal dilutes the digestive juices, and hot beverages actually relax the stomach muscle tension, aggravating the condition.
5) Caffeine and nicotine products aggravate the condition
6) Alcohol also releases stomach muscle tension, making the situation harder to control
7) Stress and psychogenic factors can create and complicate gastric reflux disease
8) Spinal misalignment can create a neurological imbalance of sympathetic and parasympathetic impulses

Simple rules of food combining can assist in easing irritation that can lead to gastric reflux disease. The simplest rules to remember are fluids alone, melons alone and fruits alone, and avoid eating proteins and carbohydrates during the same meal.

Hot, caffeinated beverages such as tea and coffee, taken with meals, can create multiple digestive problems. Normally, sodium bicarbonate is released from the pancreas one and one half to two hours after a meal, once the food has been properly prepared by the stomach. At this point, the food is referred to as chyme and is released into the small intestine. The pancreas releases its sodium bicarbonate to help neutralize the acidic chyme, since the pancreatic enzyme works best in an alkaline environment. However, when hot, caffeinated beverages are ingested, the pancreas releases its sodium bicarbonate right away. This complicates digestion because the pancreas is not designed for multiple releases of sodium bicarbonate. When it comes time to neutralize the acidic chyme, the pancreas must work extra hard to release more sodium bicarbonate a second time to make sure that digestion continues unimpeded. This is why coffee and other caffeinated products are so often the causes of pancreatic disease and cancer. Knowing this timing and sequence of digestion, we can see that coffee taken one to one and one half hours after a meal may actually facilitate the digestive process.

Alcohol is another beverage to be avoided at meal time when suffering from gastric reflux disease. Even a single drink can create a condition known as alcoholic gastritis. This can cause more problems, not only at the stomach level, but throughout the entire alimentary canal. This is a good example of how disturbances at one point can disrupt functioning at distant sites.

An important consideration when dealing with gastric reflux is that of post-meal posture. If a patient lies down after a meal, the brain is fed misinformation about processing and digestion. A more thorough coverage is offered in the "RWC Book" [Books: 22] and is suggested reading for further investigation. The shape and position of the stomach make the recommended position for optimal digestion either sitting or slightly reclining on the left side.
Minimizing stress after meals has also proven beneficial. Digestion is delayed and complicated when stress accompanies or follows a meal. If this does happen, the next meal should be light and as stress-free as possible. Many find that meditation, easy listening music, or casual conversation help to keep stress at acceptable levels. Digestion is carried out by the parasympathetic nervous system. Stress activates the fight or flight response, and suppresses parasympathetic activities, such as digestion. Consequently, food sits in the stomach for an undetermined period of time until a patient can relax and processing can begin.

Neurological flow to the digestive system is carried parasympathetically by the vagus nerve. The vagus nerve is the largest nerve in the body, and it arises from the occiput region of the brain. It innervates the entire digestive canal, as well as the organs of the thoracic cavity. For the purpose of this discussion, we shall concentrate on those branches that arise from the thoracic vertebrae, T7 - T10, and innervate the gastric region.

Because of the close relationship between the spine and the nervous system, spinal misalignment and back trauma may interfere with proper digestive function. Overexertion or improper use of the back and spinal musculature may result in disc herniations and subluxations, and generalized swelling may create pressure on the involved nerves.

Modern contemporary medicine traditionally relies on one of two forms of therapy to treat gastric reflux disease; either pharmaceuticals or surgical intervention. Pharmaceutical treatment usually involves something like Tagamet, which is a synthetic formula for blocking the production of stomach acid, while effectively eliminating that particular symptom. The cause is not addressed, and a host of other adverse side effects are created. Surgical intervention is a more drastic approach, typifying the allopathic approach of killing the messenger. Often this involves a vagotomy, or severing of the actual vagus nerve. The wisdom of cutting one of the largest nerves in the human body is questionable at best.

A holistic approach to gastric reflux disease has proven extremely effective in easing symptomatology and in treating the cause so that recurrence is unlikely.

Spinal adjustment through chiropractic manipulation is frequently helpful in cases of neurological involvement. If there has been some injury to the back or spine, and pressure is being applied to one of the nerves, thoracic vertebrae may be realigned to restore normal parasympathetic functioning to the digestive system. Occiput and Atlas adjustment may also prove helpful. Teaching a patient simple stretching exercises or yoga for regular practice at home can help avoid future complications from neuromuscular and skeletal involvement.

For centuries the Chinese have used a system of herbal treatment for gastro-esophageal disturbances which has proven very effective. The homeopathic remedy Esophagus Oriental Herbal Formula (Manufactured by New Vistas, Inc.) uses these same herbs in diluted form to help to reduce the number of esophageal spasms due to these types of disorders, including esophageal cancer. One of our Budapest clients, a six-year-old girl with severe esophageal disease, regularly experienced an average of sixty muscle spasms a minute following meals. After two weeks of treatment with the Esophagus Oriental Herb Formula, the spasms were completely under control. She could eat regularly again without the pain and discomfort she had previously experienced. Many other clients have reported similar relief with the regular use of this homeopathic.

Another homeopathic formula that has proven effective for indigestion types of disorders is Digestive Enzyme Liquescence (also manufactured by New Vistas, Inc.). This is an herbal balancing formula that helps to reestablish the digestive homeostasis.
intended for the system. If there is a hypochlorhydria (insufficient stomach acid production), this will help to boost stomach acid production. If there is too much stomach acid, this formula will limit acid production. Digestive enzyme deficiencies can result from a number of conditions. Normally, unless there is a genetic disorder such as cystic fibrosis where supplemental enzymatic therapy is required, we discourage recommending supplemental enzymes. When enzymes are introduced from an external source, normal enzymatic production is suppressed. One of the fundamental laws of biology contends that if you don't use it, you lost it. The same applies here. If enzymes are added to the diet, demand is reduced and enzymatic production by the body decreases. If this condition is to be treated effectively, the root cause must be addressed rather than aggravated or compounded. In the "RWC Book" [Books: 22] this subject is covered in more detail.

Stress is a prevalent problem that can keep the sympathetic nervous system active, and the parasympathetic system (the part that orchestrates digestion) dormant. Teaching techniques of stress reduction should be standard procedure for clients with these disorders. When the patient is either resistant to these practices or finds them ineffective, homeopathics may be useful. The Relax formula (manufactured by New Vistas, Inc.) contains homeopathic concentrations of valarian (from which vitamin is derived) to encourage systemic relaxation so digestion may proceed unimpeded.

There may be psychological components that complicate the treatment of gastric reflux disease. Addictions to simple sugars may lead to an over-stimulation of stomach and pancreas activity, counteracting any therapeutic benefits that the practitioner is working towards. Other addictions (e.g., salt, animal products, caffeine, hot beverages, sodas, alcohol) also unnecessarily complicate the treatment picture. If awareness of these behaviors is not sufficient to curb them, there are many natural remedies that can help counteract psychological addictions.

A simple adjustment technique may be taught to the patient who is suffering from indigestion caused by a hiatal hernia.

The patient sits cross-wise in an armless chair, with the back of the chair to the left or right. This allows the patient to lean backwards. If balance is a concern, stand behind the patient for this exercise. The patient leans back on the chair, bending the neck back to look at the ceiling. The patient finds an area about fifteen to twenty degrees behind him, and arches his back and neck to look at the spot. Then his fingers are placed beneath the septum, running longitudinally up and down, as pressure is applied to the septum. The patient will usually feel an area that is distended. This is the hiatal hernia. Slight pressure with the fingers will produce a subtle pop that can be felt as the stomach is pushed back into proper position. The patient starts to bend the muscles from the waist, slowly curling up and pulling downward all the different vertebrae of the back by going up the vertebrae, not down. By going up the vertebrae and bending the body over, and finally bending the neck, the patient is causing the abdominal muscles to work upward. The patient is zipping up the muscles like a zipper to help seal the musculature in and minimize the hiatal hernia. Working down by bending the neck first is inappropriate, as this might help to open up the muscles even further.

A simple tip to help reduce the distress experienced from gastric reflux disease and hiatal hernia is to raise the head of the bed about six inches. When sleeping or resting, gravity helps to empty the stomach and prevent materials from discharging back into the esophagus. Patients should not eat within two hours of their bedtime, since it takes roughly two hours for the bulk of the food to leave the stomach.

Diet management is crucial in alleviating irritation and allowing the condition time to heal. While cooked onions and garlic do not generally act as irritants (although there
are sensitive patients who are an exception to this rule), raw, spicy foods invariably exacerbate gastric reflux situations. Alcohol and stimulants such as coffee, nicotine and chocolate are also counterproductive to treatment and should be avoided.

Fatty foods can be irritating to the digestive system since they are in the stomach for a longer time. Some fatty foods may take up to four hours to process before passing into the small intestine. Carbohydrates are the simplest to digest, only staying in the stomach for one to one and a half hours. Proteins take an hour and thirty minutes to two hours. The longer food stays in the stomach the greater the chance of gastric irritation.

Antacids may be useful in moderation. When taken at bedtime or on an empty stomach, antacids can help to neutralize gastric activity and reduce the probability of discomfort. Antacids should not be taken immediately before or after meals, since they would counteract the natural digestive process and keep food in the stomach longer than necessary.

Infections may create or aggravate gastric and esophageal ulceration. This is true of gastric reflux as well. Certain bacteria such as peptobacteria, clostridium, staphylococcus, salmonella and other enterobacteria can easily irritate existing gastric conditions, as well as create their own complications. Many of these bacteria can be killed by bismuth, which is contained in some of the pink antacids and explains some of their usefulness. Viral infections may produce a temporary worsening of gastric reflux disease, but they are usually short-lived. Some fungi and candida infections are also implicated in these conditions and can become more aggravated by the use of antibiotics. Fungal forms of gastric infections may effectively be treated with yogurt and anti-fungal homeopathic nosodes.

Gastric reflux disease should be viewed with some urgency, since continued irritation and erosion of the stomach and esophageal linings may lead to cancer. Once cancer begins, obviously treatment and cure is complicated immeasurably.

Hypothesis:

Gastro-esophageal reflux disease may be effectively treated with naturopathic, homeopathic, chiropractic and behavioral modification methods.

Study:

Twenty-eight patients were diagnosed with gastric reflux disease at our clinic over a three-year period. These patients were evaluated to be free of carcinoma, bleeding esophagus and history of stomach surgery. Each was treated according to the protocol described earlier. The patients reported back one month following the treatment, and then a long-term follow-up was done either by phone or visit.

Results:

Twenty-four of the patients experienced relief from symptoms during the first month of treatment. The remaining four reported some improvement, but still suffered from adverse symptoms. Two of the four responded during the second month of treatment.

Long-term evaluation (six months or more) revealed that twenty-three of the twenty-eight patients were able to control gastric reflux with the treatment described. The
five who resorted to synthetic medications also reported an inability (or unwillingness) to change behavior or lifestyle in accordance with the recommended protocol.

Conclusions:

The patients who adhered to the recommended treatment experienced the predicted symptomatic relief. This was achieved without the aid of synthetic pharmaceuticals or surgical intervention, and indicates that an alternative approach to gastric reflux disease may be as effective as allopathic treatment.
GASTRO-ESOPHAGEAL REFLUX DISEASE AND HIATAL HERNIA
(Disorders of the Upper Stomach or Esophagus)

--- BIBLIOGRAPHY ---

BOOKS

RULES FOR THE STOMACH

The stomach is an important part of our anatomy. Food entering our mouths must be properly prepared for digestion. After being chewed and masticated by the mouth, the food is now sent to the stomach for further processing. The stomach mixes the food in an acid bath for further break-up of the nutrients. When the acid shifts alkaline to about 5.5 ph the pylorus valve at the base of the stomach opens and the food is passed along to the primary digestive organ the small intestine.

Nature has provided us with a nervous system that regulates this process. This nervous system is designed to prefer muscle action over digestion. So if a threat or stress comes to us after a meal, such as a lion attack, our body will shift its energy from digestion to the muscles and we can survive by running away. In our present society we have few lions, but our nerves can still stop digestion just as easily.

When we allow the stomach to empty its contents prematurely the small intestine is over burdened. The food is not properly prepared for digestion. Then we get an increase in large undigested proteins and large undigested fats that can be absorbed into the lymphatic system. This will enter the free fatty acid and amino acid pool and either clog up the lymphatic system or be used to make cells. Cells which will now be made of poor quality parts. It is not much of a problem if we circumvent the stomach just now and then, but for some the patients, this becomes a way of life.

They constantly use ant acids, too much liquid with meals, coffee, milk, or a variety of ways to empty the stomach too early. When the stomach empties there is a release of CCK a hormone which has a slight anti depression or euphoria. This and the release of the stuffy stomach feeling intensifies the addictive quality of the effect. But the long term effects on nutrition are very detrimental. There are rules of the stomach that can maximize nutrition.

The majority of our patients are partially sick because they violate the rules of the stomach. This is the key to weight loss and the healing of a host of other disease. We are seeing more and more evidence of what good nutrition can do. But it is not just what we eat that is important, but what we absorb. Even the best meal or nutrition can result in inappropriate nutrition if we violate the rules of the stomach.

Food combining is just part of the answer. As that different foods have different times for stomach digestion. So the stomach can open prematurely from that.

RULES OF THE STOMACH

1. Fluids alone (no more than 4oz. Of fluid with a meal, or for two hours after a meal)
2. No coffee at meals (wait for 1.5 to 2 hours after or 1 hour before eating)
3. No milk with meals (wait for 1.5 to 2 hours after or 1 hour before eating)
4. Fruits alone (wait for 1.5 to 2 hours after or 1 hour before eating)
5. Melons alone (wait for 1.5 to 2 hours after or 1 hour before eating)
6. Small meal is better Quality of nutrition not quantity
7. Slow meals Savor, enjoy, rejoice, and celebrate the meal
8. Eat for nutrition not for stimulation, Eat when hungry, not when bored

9. Rest comfortably after eating for at least 35 to 45 min to maximize stomach function

10. Make and eat food with love and kindness, no violent or negative emotions

11. No ant-acids

12. Do not sleep for 3 hours after eating.

When the stomach is weak the signs will be craving fluids with a meal, bloating after a meal, itching skin especially rectum, belching, and gas. The patient will have a difficult time digesting raw vegetables. They will complain that raw vegetables cannot be digested. This is not a fluke of their digestion or an inherited weakness. This is a sign of a weak stomach. Sometimes our children come home from school and say, Daddy I don't want to go to school any more, it makes my head hurt. We must say back I know it is hard, but you must develop slowly and work to become better. This is what we must say to those with weak stomachs. You must work slowly, day by day building up the stomach by taking some vegetables as juice. Maybe even very dilute juice and slowly increasing the amount till your stomach develops the strength to process your food properly. The nutrient content of fruits and vegetables is immense, and being able to break up the nutrients and stimulate absorption is needed for complete health and recovery.

The addictive quality of this problem is seen as our society more and more allows for breaking the rules of the stomach. The greater your disease or especially if your disease is critical the more you will need to observe the rules of the stomach. This is a must for proper healing.