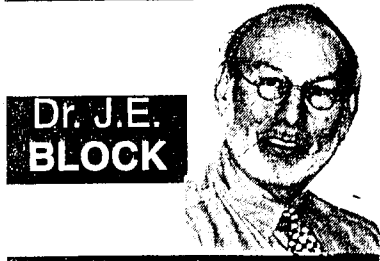


All Things Medical



Gastrointestinal GERD

Heartburn results from the backing up (reflux) of the stomach acid into the lower part of the feeding tube (esophagus) from the mouth to the stomach.

There is a "valve" that is called the gastroesophageal sphincter that becomes incompetent in that it can not keep the stomach contents where they belong. This is medically termed "GERD" and occurs in varying degrees in as much as 15 percent of all people.

Treatment consists of: frequent small meals; not exercising on a full stomach; elevating the head of the bed by placing four-inch blocks under the feet of the headboard; and never lying down until 2 hours after a meal.

Staying away from foods that dilate the bottom of the esophagus such as chocolate, caffeine, alcohol and even onions is advised.

There are also some drugs that can cause reflux such as aminophylline.

The use of calcium products such as Tums is beneficial. Additionally, medications such as Propulsid and Bethanechol that keep the bottom of the esophagus closed, do help.

To decrease the acid in the stomach with the nonprescription drug Tagamet (200-400 mg on hour before meals) or the prescription drugs Peppid, Axid and Zantac are used.

Perhaps the best are the PPI's (Proton Pump Inhibitors) of which there are now three on the market. The first one was Prilosec, the next Prevacid and the most recent, Actifed. These are perhaps the best, but also the most expensive.

The rationale for treating GERD is not just the relief of symptoms but to prevent the complications of esophageal stricture in which the esophagus has to be manually dilated periodically with a forceful balloon.

The other problem is that too much acid reflux for too long causes Barrett's esophagus, a forerunner of cancer. Barrett's is diagnosed by a procedure called esophagoscopy in which the doctor not only looks down your tube, but also does a biopsy.