

How Do You Treat Heartburn and GERD?

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The most common symptom of gastro-esophageal reflux disease (GERD) is heartburn. Heartburn is usually experienced as a burning sensation behind the breastbone that may rise all the way to the face. Discomfort is caused by acid reflux from the stomach because the lower esophageal sphincter isn't working properly. Heartburn may accompany regurgitation or excessive saliva. Complications include esophageal stricture, ulceration and Barrett's esophagus, a pre-cancerous lining of the esophagus. Inflammation of the esophagus may cause pain during swallowing and bleeding.

Other symptoms of GERD may include nausea; burping; coughing; a bitter taste in the mouth; and respiratory conditions such as asthma, pneumonia and chronic bronchitis. Physicians may conduct diagnostic tests such as x-rays, esophagoscopy, and a visual exam with a flexible tube. Other tests include measuring the lower esophageal sphincter, biopsies and acidity tests. If you or a client suspects GERD, it is important to get a thorough diagnosis to rule out complications, respiratory disease and heart conditions.

Lifestyle suggestions to alleviate GERD and heartburn include elevating the head of your bed with 3-6 inch blocks or foam wedges that lift your body from the waist up; sleeping on your left side; stress reduction; exercise; quitting smoking; and reducing alcohol intake. It is important not to eat before going to bed. Eating 4-6 light meals a day instead of two or three large meals is highly important. Food triggers may include dairy products; tomatoes; citrus fruits and beverages; garlic; peppermint; and fish oil supplements.

Gastroenterologists and other physicians treat GERD with antacids and acid-blocking drugs such as Prilosec and Prevacid. Side-effects of these drugs include headaches; diarrhea; abdominal pain; and nausea. Furthermore, symptoms may worsen once you stop taking the drug, and the underlying imbalance is not corrected. Finally, some individuals taking Prilosec for several years notice a degradation of the stomach lining. It may be helpful to experiment with a rotation diet to help identify food intolerance. Medications such as aspirin and other NSAIDs (non-steroid anti-inflammatory drugs); calcium channel blockers; asthma drugs; and hormones may cause reflux.

According to traditional Chinese medicine (TCM), heartburn is usually caused by emotional upset and eating the wrong foods. Reflux is seen as rebellious *qi* that is rising where it should be sinking. Luckily, there are several herbal remedies that can be used in addition to the lifestyle and dietary suggestions mentioned above.

One well-known herbal formula for heartburn and GERD (*chai hu mu li long gu tang*) contains oyster shell (*mu li*); dragonbone (*long gu*); bupleurum (*chai hu*); ginseng (*ren shen*); ginger (*gan jiang*); pinellia (*ban xia*); scute (*huang qin*); cinnamon (*gui zhi*); rhubarb (*da huang*); and saussurea (*mu xiang*).

Oyster shell and dragonbone (fossilized minerals) are used to reverse reflux by quenching acidity and redirecting rebellious *qi* downward. Bupleurum harmonizes *qi* and has anti-inflammatory properties. Rhubarb guides energy downward. Scute, a berberine-containing herb, has antimicrobial properties. Saussurea harmonizes the flow of *qi*. Ginseng and ginger strengthen the

digestive organs and calm nausea, respectively. Finally, pinellia harmonizes *qi* and dispels phlegm.

In general, I recommend combining *chai hu mu li long gu tang* with a digestion formula consisting of poria (*fu ling*); coix (*yi yi ren*); shen chu (*shen qu*); magnolia (*hou po*); angelica (*bai zhi*); pueraria (*ge gen*); red atractylodes (*cang zhu*); saussurea; pogostemon (*huo xiang*); oryza (*gu ya*); trichosanthes root (*tian hua fen*); chrysanthemum (*ju hua*); halloysite (*chi shi zhi*); citrus (*ju hong*); and mentha (*bo he*), a remedy traditionally used for food stagnation.

With emotional distress, combine *chai hu mu li long gu tang* with a formula called *yue zhu wan*, which contains red atractylodes root; ligusticum root (*chuan xiong*); cyperus rhizome (*xiang fu*); gardenia fruit (*zhi zi*) and massa fermentata extract (*shen qu*). If the patient has copious phlegm, *chai hu mu li long gu tang* can be combined with a phlegm formula (*wen dan tang*) consisting of pinellia; citrus peel (*chen pi*); poria (*fu ling*); aurantium (*zhi shi*); bamboo shavings (*zhu ru*); arisaema (*tian nan xing*); agastache (*huo xiang*); acorus (*shi chang po*); and licorice (*gan cao*).

With heat signs including fast pulse, red tongue and bitter acid regurgitation, the adjunct of choice is a coptis formula that contains coptis (*huang lian*); lophatherum (*dan zhu ye*); bupleurum; rehmannia (*sheng di huang*); tang kuei (*dang gui*); peony (*bai shao*); anemarrhena (*zhi mu*); akebia (*mu tong*); scute; phellodendron (*huang bai*); alisma (*ze xie*); plantago seed (*che qian zi*); gentiana (*long dan cao*); forsythia (*lian qiao*); gardenia (*zhi zi*); licorice; and sophora (*ku shen*).

Case Studies

Case #1: Thelma was a health worker attending night school. She was advised to go off Prilosec by her physician, as she was having an interaction with coumadin, a medication she took for heart disease (Prilosec can increase the blood-thinning effects of coumadin). She was taking an over-the-counter antacid and was experiencing symptoms of burning, acid regurgitating and frequent burping. She also reported intestinal gas and bloating after meals and diarrhea. When inquiring about her diet, Thelma mentioned she ate fast food at least once per day, especially on her way home after night school. Thelma also did not drink water; her beverages consisted of coffee, soft drinks and iced tea. Her pulse was soggy, her tongue was red covered with a gray yellow coat.

We recommended that Thelma bring a thermos of chamomile tea to work to drink. We also suggested she abstain from iced beverages, and that she try to reduce or eliminate the fast food, especially at night. We recommended the digestion formula to improve her absorption of food: one tablet with each meal and 1-2 tablets between meals TID. We also recommended two tablets between meals TID of a bovine colostrums supplement (Colostroplex). The digestion formula was recommended to reduce food stagnation; Colostroplex was used to stop diarrhea and reduce inflammation. Within two weeks Thelma had virtually stopped taking the antacid, and all symptoms were 90% reduced.

Discussion: We did not use *chai hu mu li long gu tang*, as it might have increased diarrhea. Usually, diarrhea needs to be stopped before other symptoms can be addressed.

Case #2: Antonio was a high-strung photographer, diagnosed with GERD. He called the office many times for information before his appointment, often asking repetitive questions, like "How much experience has the herbalist had in treating GERD?" During the appointment, he appeared skeptical that anything - including herbs - could help him. He appeared to find it very difficult to listen or sit still. He complained of anxiety, reflux, heartburn, and some shoulder neck tension and jaw tightness. His pulse was wiry, and his tongue red with yellow coat. He was not receptive to any dietary or lifestyle changes.

After his appointment was over, he created disruption for the staff by complaining that his bill was too high. Antonio said he hated taking pills, therefore we prepared a decoction for him. However, the next day he called back complaining about the bitter taste (and again about the expense). He didn't show up for his next appointment, although he did return a few weeks later demanding tablets, so we gave him *chai hu mu li long gu tang* and the digestion formula. He was also referred for acupuncture. When he was contacted several weeks later by staff, he said he was back on the Prilosec and that he hadn't seen any benefit from the herbs.

Discussion: Sometimes we have seen clients that are so nervous they can't really receive any value from the herbs or treatment. They seem to be going through the motions hoping that a magic bullet might save them, but because they are unwilling to undergo any self-help, it is unlikely they will make progress.

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