

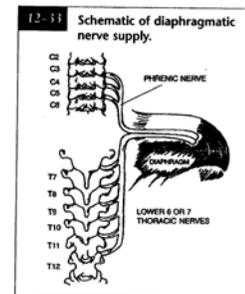
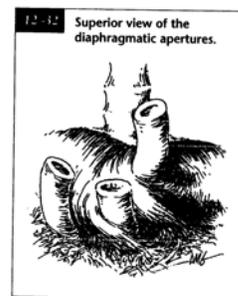
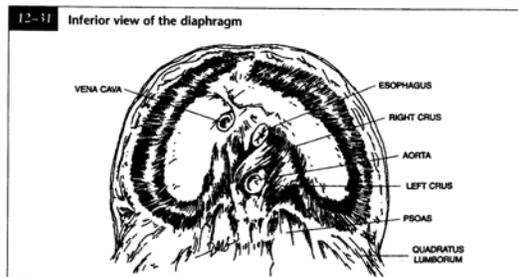
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Heartburn and GERD

In 1988 Gallup did a survey titled "Heartburn in America". This polling was done again in 2000 with the outcome of at least 44% of people answering had heartburn at least once a month and 7% of those answer were suffering on a daily basis. In an article from the FDA that can be found on WebMD you will see two important factors mentioned about the chronic use of acid suppressing drugs, like Nexium a proton pump inhibitors, or H2RA drug, such as Zantac, increasing risk of fracture and serious infections. The article brought to light the fact that doctors write more the 113.4 million prescriptions for these drugs. An all this is doing is treating the symptom not the cause.

I am not suggesting that drugs should not be used to treat heartburn or gastroesophageal reflux disorder or (GERD), but this is to allow the healing of an ulcer of the stomach or Barrett esophagus, which are serious problems. These drugs are taken for three to six months and then stopped once the tissue has healed. They are not meant to treat just symptoms of heartburn.

So what is the actual cause of heartburn and GERD? Is it too much acid in the stomach? The answer is no! The actual cause is poor body mechanics that allow the sphincter of the esophagus to not stay closed when food is being digested by the stomach acid to escape into the esophagus that is not protected with the mucus lining that the stomach has. The idea that the stomach can be too acid is ridiculous. In fact in order for protein to be broken down and calcium to be absorb the stomach working level is between pH 3 to 4 and when it is first excreted by parietal cell it enter at a pH of 1 or slightly below. If the acid level is lowered by taking drugs such as Nexium it will effect other enzyme such as pepsin and gastrin which will make the digestive process slower and prevent many nutrient from being absorbed.



The above illustrations will show you the structural problems that cause heartburn and GERD. When these mechanical factors are corrected 75 to 80 percent of patient will no longer have this problem. Illustration (12-31) is viewing the diaphragm from below notice how the right and left crura or crus rap around the esophagus and act as a secondary sphincter to the esophagus. Illustration (12-32) show esophagus from above and (12-33) show nerve supply to diaphragm, which are effected by subluxations.

(over)

The next causative factor for the refluxing of the stomach acid is a muscular imbalance that will be found with patient's with GERD is a weakness of the left psoas hip flexor muscle and a hypertonic right psoas muscle referrer back to illustration (12-31), lower right and left section. The psoas muscle (Figure 110) illustrate the origin above the diaphragm and attaches to the spine and attaches to all the lumbar vertebra and disc it travel down through the pelvis and inserts in to the lesser trochanter of the femur (hipbone). This muscle is the filet mignon and is the longest muscle in the body. If it is hypertonic (too tight) on the right side it will restrict the movement of the rib cage and in illustration (12-24) is shown with the arrows. If you press at the lower rib from left to right it will move easily and when pressed from right to left it will be restricted. This respiratory restriction of the rib cage lowers the blood level of oxygen and when measured with an oximeter usually shows a level of 94 to 95 percent saturation normal is 98 to 100 percent.

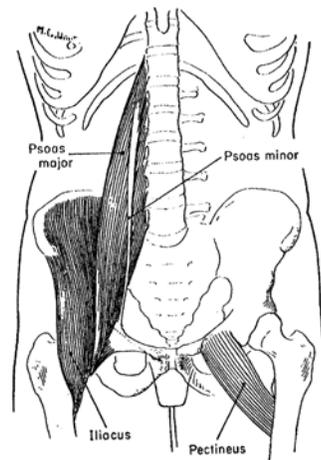
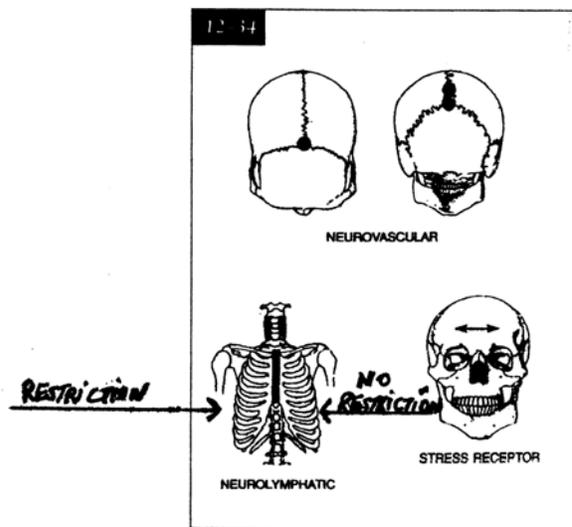


Figure 110. Anterior view of pelvic region showing psoas major and minor, iliacus and pectineus.

Two additional factors that have to be considered with heartburn and GERD one is the Hiatal Hernia. This is very common in individuals after 70 years of age, but it occurs less frequently in younger individuals. This will worsen the reflux of acid because the tear in the diaphragm will allow the stomach to rise and may go into the chest cavity compromising the cardiac sphincter of the esophagus. The other type of GERD is that which occurs during the night and frequently causes sleep disturbances. In this type of reflux there must be a disturbance in the patient autonomic nervous system in the parasympathetic (vagal tonic) which would be predominant at night. Assuming that the patient did eat very late a night it only takes about three hours for the stomach to empty so there should be no acid present to reflux. However, when the vagus nerve is firing it cause the stomach to acid.

The correction of the structural components will clear some 75 to 80 percent of this problem. The use of muscle testing will help us locate any offending food that can be avoided which should help an additional 5 to 10 percent. Additional help will come from nutritional support from digestive enzymes, vitamin C, Standard Process products such as Phosfood Liquid for night time reflux, and general upper digestive support such Gastrex, Okra Pepsin E3 and Chlorophyll complex.

