

No Need To Stomach Reflux Any Longer!

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GastroEsophageal Reflux Disease (GERD or reflux) is exhausting, painful, and potentially life-threatening—untreated it can lead to esophageal cancer. The immediate cause is simple enough: the lower esophageal valve (LEV, located between the esophagus and stomach) fails to stay closed between meals, allowing gastric juices to escape into and burn the esophagus. The problem is most noticeable when we go horizontal — for example, at bedtime.

Allopathic medicine considers reflux permanent and focuses on symptomatic relief with drugs. This is a little like shooting a fly with a gun. Reflux is essentially a mechanical problem, which is why mechanical approaches are simpler, safer, more economical, and more permanent than pharmaceutical approaches.

Tough Job in a Rough Neighborhood

A look at LEV mechanics shows why. A ring-shaped muscle just below the respiratory diaphragm, the LEV is often caught in a tug of war between the stomach and the equally muscular esophagus. Refluxes resulting solely from imbalances between these two are common and the easiest to treat.

Enter the respiratory diaphragm. To facilitate breathing, the diaphragm maintains a partial vacuum in the lungs. The associated pressure differential across the diaphragm provides lift to the abdominal organs, especially those closest to the boundary. Lung or thorax restrictions can upset the delicate balance between esophagus and stomach and cause reflux. (Extreme imbalances can also produce **hiatal hernias**, another painful, dangerous, but manually-treatable condition where part of the stomach is actually pulled into the esophagus.)

By sequentially contracting its three layers of muscles, the stomach churns ingested food and hydrochloric acid into a partially digested slurry. In the presence of abnormal tensions, which can come from anywhere, these contortions may open the LEV and cause reflux. In addition to the upward tensions exerted by the esophagus and diaphragmatic lift in the vertical plane, there is the downward pull of gravity and the colon via the greater omentum, a curtain-like structure which carries much of the colon's blood supply and enervation. The stomach may also have posterior-anterior restrictions from previous infections, physical and emotional trauma, or scar tissue and adhesions from thoracic or abdominal surgery. If the spinal nerves controlling the LEV fire when they shouldn't, reflux may result.

A Repetitive Motion Injury

Exceedingly common, restrictions in the lung or heart may ALSO interfere with the LEV. Given that the lungs inflate approximately 12 times per minute, and the heart beats approximately 72 times a minute, pulmonary and cardiac restrictions will eventually change the geometry and function of the LEV tissues. At 6.3 million breaths and 34 million heartbeats per year, the resultant reflux surely qualifies as a repetitive motion injury!

Pop! Goes the Weasel: The Neighborhood Worsens

Chinese medicine often talks of one organ "attacking" another. The attacking concept is helpful because it acknowledges the importance of relationships and interactions between neighboring organs. Frequently, restrictions and attacks involve emotions parked in the tissues. This is because the nervous system responds to emotional overloads by dumping the excess energy or information into our tissues, and the abdominal and thoracic viscera are favorite targets. This occurs so frequently that usually we don't even notice, though most of us have felt that initial flip-flop in our belly on occasion. After the gall bladder, the stomach happens to be the body's second-most favorite organ for storing stress. Furthermore, criticism typically lands in our solar plexus. This highly enervated region in the upper abdomen overlaps the LEV and the pylorus valve..

The LEV is also the first of five one-way valves in the GI tract that function as emotional circuit breakers (the pylorus is the second). In other words, the body routinely deals with emotional upsets by directing the excess energy to one or more of these valves, which then spasms for a day or two. Typically, we may not be aware of symptoms immediately. Often, they do not show until the following day. As a result, few of us connect the unpleasant symptoms with the upset, which we may have already stuffed or forgotten.

The pylorus valve guards the entrance to the first part of the small intestine, the duodenum. The pylorus must stay closed during the stomach's vigorous churning to prevent improperly digested food from reaching the duodenum. After opening at the appropriate time to allow the stomach's contents to pass, the pylorus must close again to keep stomach acids from attacking the tissues lining the duodenum and to keep duodenal bile and enzymes from moving upstream and attacking the stomach. Catching the stomach between the proverbial rock and hard place, pylorus problems can thus cause reflux. Reflux can also be a side-effect of the nervous system's being chronically in fight-or-flight—an exceedingly common and typically unrecognized condition.

Finally, even when not going through digestive contortions, the stomach is never motionless. Every internal organ's function and vitality depends on continuous movements called motility. Rotating part-way around a horizontal axis six to eight times a minute, stomach motility approaches 1.5

inches in each direction on each cycle. These repetitive motions add up rapidly, approaching 600 meters a day, nearly 150 miles a year! Motility can exacerbate reflux, and reflux impedes motility and function.

Rough neighborhood, indeed! No wonder reflux is so common. Treating the causes of reflux may take longer than scribbling a prescription; it may even take a few treatments, but typically each treatment improves overall health and may prevent other problems.

Alaskans are lucky: many of our larger communities boast at least one such practitioner. So, if you feel like you've been shooting reflux with the wrong gun, call one of us today and gird yourself for a pleasant surprise!