

Hiatal Hernia: An Overlooked Cause of Disease

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About three years ago Jack Ritchason, a naturopathic physician, corrected a health problem I must have carried since childhood--a hiatal hernia. The impact this simple maneuver has had on my health has amazed me. I immediately noticed a difference in my lung capacity and my digestion and in the months that followed I began to put some muscle on my skin and bones frame and gain newfound strength and stamina.

Dr. Ritchason tells me that this is a common health problem and my own observations as well as those of others confirm this fact. But this is more than a personal observation as the American Digestive Disease Society has estimated that nearly half of all adults--some 60 million people--have a hiatal hernia.

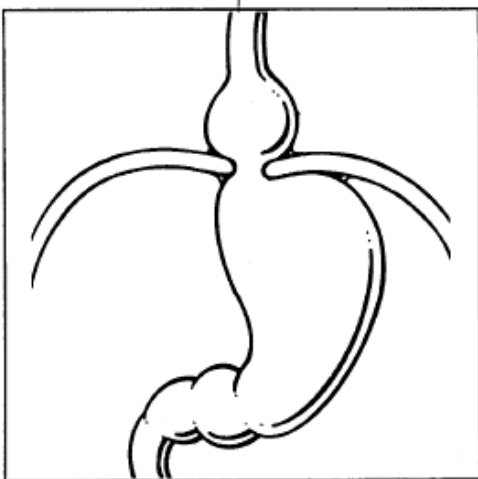
It occurs more often in women than in men. It affects people of all ages, but is most prevalent in people over 50 and highly likely in people over 65.

The Great Mimic

Hiatal Hernia has been called the "great mimic" because it mimics many disorders. A person with this problem can get such severe pains in their chest that they think they are having a heart attack. They may think they have an over acid stomach because they will regurgitate stomach acid after they eat, or their stomach may hurt so badly they will think they have an ulcer. This is just a sampling of the symptoms that may occur from this disorder.

What is a Hiatal Hernia?

When you swallow, your food passes down a long tube known as the esophagus into the stomach. This tube must pass through a muscle known as the diaphragm, which is located near the bottom of your rib cage. This opening in the diaphragm, which permits the esophogus to pass through, is regulated by a sphincter muscle (or "valve") which relaxes and opens when we swallow to permit the food to pass through the diaphragm and into the stomach. This sphincter then closes to prevent stomach acid from coming back up into the throat. A hiatal hernia occurs when the top of the stomach rolls or slides up into this opening and becomes stuck there.



Symptoms

Naturally, when part of the stomach is forced into this opening, the sphincter cannot close properly. Thus, stomach acid may travel back up into the esophagus causing burning sensations (heartburn), esophageal spasms, inflammations and ulcers.

The cramped position of the stomach can also stress the vagus nerve, which stimulates the release of hydrochloric acid. This can cause both over and under secretion of hydrochloric acid and stomach enzymes. It

may also affect the sphincter or valve at the bottom of the stomach so that digestive secretions "leak" out of the stomach and are lost before they have completed their job.

The hiatal hernia will also interfere with the movement of the diaphragm muscle. This muscle normally pulls downward to expand the chest capacity and inflate the lungs. Since the hiatal hernia interferes with this movement, the person may be restricted to shallow breathing, or will resort to using the chest and shoulders to expand the lung capacity and take a deep breath.

The esophagus may also "kink" in the throat, which will irritate the thyroid gland and may cause some difficulty in swallowing. Often persons with hiatal hernias will have difficulty in swallowing capsules or tablets as they get the sensation that they are "sticking" in their throat.

The irritation on the vagus nerve can cause reflex irritations throughout the body. The vagus nerve comes from the medulla and goes to the heart, esophagus, lungs, stomach, small intestines, liver, gall bladder, pancreas and colon. It also has links to the kidney, bladder, and external genitalia. Thus, a hiatal hernia may start imbalances in the system such as decreased stomach acid and pH imbalance in the intestines and elsewhere.

If a person develops poor stomach digestion due to a lack of hydrochloric acid, they will have difficulty digesting and assimilating protein and most minerals. It will also contribute to food putrefaction in the intestines, causing greater toxicity in the body. This lack of nutrition and toxic condition may contribute towards food allergies, constipation, anemia and immune and glandular system weaknesses.

Two other problems that a hiatal hernia may contribute to are asthma and heart disease. Since the hernia reduces the lung capacity by interfering with natural breathing, it could be a factor in asthma. The hernia may also put pressure on the heart. Gas in the intestines may put pressure on the hernia and push it against the bottom of the heart, which may be one way in which a heart attack can be triggered. None of this spells immediate fatality, but it does point to a major contributing factor in degenerative illness.

Causes

The causes of a hiatal hernia are speculative and unique to each individual. However, there are a number causes. First of all there may be a mechanical cause. Improper lifting, hard coughing bouts heavy lifting, sharp blows to the abdomen (the kind that "knock the wind out of you"), tight clothing and poor posture may contribute to the development of this problem. Improper lifting may be the biggest mechanical cause of this disorder. If the air is not expelled out of a person's lungs while lifting, it will force the stomach into the esophagus.

Secondly, there are dietary causes. Hiatal hernia just about always accompanies a swollen ileocecal valve. The ileocecal valve is the valve between the small and large intestines which permits material to enter the colon from the large intestine, but prevents material in the colon from moving back into the small intestine. When this valve becomes swollen and irritated it cannot close properly. This allows material from the colon to leak back into the small intestine. This is analogous your sewer backing up into your kitchen. This creates gas and indigestion, which puts pressure on the stomach and presses it tighter against the diaphragm.

The relationship between the ileocecal valve and the hiatal hernia is a chicken/egg situation ... it is hard to know which comes first. However, it is clear that the ileocecal problem aggravates the hernia. Hence, the things which irritate that valve may be causal factors. These are the basic causes of digestive problems: poor food combining, overeating, drinking with meals, overeating and eating when upset.

Lastly, there are emotional causes. According to one applied kinesiologist text a hiatal hernia comes from repressed anger. A person "swallows their anger" and "can't stomach it." When you get angry, you suck your beath upward. If you fail to release this anger, your stomach stays up. I have observed that most of the people with severe hiatal hernias have a great deal of emotional stress and hold a lot of it inside.

Identification

The easiest way to tell if you or someone you know has a hiatal hernia is to place your fingers on the solar Plexus, just below the breastbone. Then take a deep breath. You should feel the solar plexus expand and move outward. If there is no movement at the solar plexus and you have to lift your chest and shoulders to take a deep breath, then you probably have a hiatal hernia. You should be able to take a deep abdominal breath without lifting your shoulders.

There are other, more complicated, methods of determining if you have a hiatal hernia, such as [muscle testing](#), but this is a fairly simple and reliable method.

Correction

Since a hiatal hernia is primarily a mechanical problem, the easiest and best way to correct it is mechanically. Medical doctors have attempted surgery to correct this disorder, but the results tend to be poor. Cutting into this area can further weaken it so that the hernia will return in short order. A better method is to manipulate the stomach and bring down the hernia by hand. Unfortunately, you can't do this to yourself. You will need to find a good chiropractor, applied kinesiologist or massage therapist who understands this problems and knows how to correct it.

If you want to learn how to do this adjustment to others, you will have to find someone who does it and have them show you how since it is impossible to adequately describe the technique(s) in writing. They have to be learned through demonstration and practice.

For a chiropractor in your area who knows how to adjust hiatal hernias, [click here](#).

Self-Adjustment

There are some self-help adjustment techniques. They aren't as effective as having someone else perform the adjustment, but they may help. The best one I've tried is to drink a pint of warm water first thing in the morning, then stand on your toes and drop suddenly to your heels several times. The warm water helps to relax the stomach and diaphragm and puts some weight in the stomach. By dropping down suddenly, the weight of the water helps to pull the stomach down. In a mild case, this might be enough to bring the hernia down. In a more severe case it may loosen the stomach and make it easier for someone else to bring it down. It will also help you to keep the stomach down once mechanical corrections have been made.

Nutritional Aids

Until the problem is corrected mechanically, there are some nutritional therapies which may be of help. Immediate, but temporary, relief of pain and discomfort can often be achieved by the use of a mucilaginous herb like [slippery elm](#) or [comfrey](#). These herbs absorb the digestive secretions and help to prevent their traveling back up the esophagus and burning it. They also help to prevent irritation of the ileocecal valve. Comfrey can also speed the healing of this problem once mechanical adjustments have been made. Okra pepsin is a good combination for this problem as well.

Marshmallow is also helpful in soothing the mucous membranes for hiatal hernias and other ulcerations in the gastrointestinal system.

A digestive aid will help the person obtain the nutrients they need when the hernia is interfering with digestion.

This may take the form of a hydrochloric acid supplement or a food enzyme tablet, or perhaps an herbal digestive aid such as papaya and peppermint, chamomile tea, safflowers, ginger root and so forth.

Other food or herb products that have been used to help people with hiatal hernias include: raw cabbage juice (where ulcerations have occurred), balm, barley water, brown rice, celery, coriander, gentian, hops, licorice, marshmallow and passion flower.

Dietary modifications may be necessary to relieve the problem and to keep it from reoccurring once it has been corrected. Since the pressure of abdominal gas can push the stomach upward, it would be advisable to avoid gas forming foods like beans. It would also be wise to watch food combinations carefully and to avoid overeating. Dr. Jack Ritchason recommends that people with hiatal hernias avoid eating any heavy meals after 3 pm.

Below you will find a checklist of symptoms which will help you in identifying people who have this problem so they can take steps to correct it.

Symptoms of a Hiatal Hernia

What is a Hiatal Hernia?

A hiatal hernia occurs when the top of the stomach rolls or slides up into the opening in the diaphragm which the esophagus passes through and becomes stuck there.

This condition may create difficulty with digestion (and hence general nutrition and well-being) as well as breathing difficulties, nervous problems, circulatory problems and glandular imbalances. All of the following symptoms have been connected with a hiatal hernia. If you have some of these symptoms especially those marked with an asterisk (*) you may wish to consider being checked for this condition.

DIGESTIVE DIFFICULTIES

*Belching, *Bloating, *Heartburn, *Difficulty digesting meat/high protein foods, Tension or pressure at the solar plexus, Sensitivity at the waist, Intestinal gas, Regurgitation, Hiccups, Lack or limitation of appetite, Nausea, Vomiting, Diarrhea, Constipation, Colic in children, Difficulty in gaining weight or overweight, Ulcers.

BREATHING AND CIRCULATION PROBLEMS

*Difficulty with deep abdominal breathing, *Difficulty in swallowing capsules, *Asthma, *Inability to take a deep breath from diaphragm, Overall fatigue, Tendency to swallow air, Allergies, Dry tickling cough, Full feeling at base of throat, Pain or burning in upper chest, Pressure in the chest, Pain in the left side of chest, Pressure below breastbone, Lung pain, Rapid heartbeat, Rapid rise in blood pressure, Pain in left shoulder, arm or side of neck.

STRUCTURAL COMPLAINTS

TMJ (Temporo-Mandibular Joint Pain), Bruxism (Grinding teeth in sleep), Joint pain, Localized or overall spinal pain, Headaches.

STRESS

*Suppression of anger or other emotions, *Living with or having lived with a quick-tempered person, Dizziness, Shakiness, Mental Confusion, Anxiety attacks, Insomnia, Hyperactivity in children.

OTHER AILMENTS

*Open ileocecal valve, *General weakness, *Difficulty in getting and/or staying healthy, Overactive thyroid, Cravings for sugar or alcohol, [Candida Albicans](#), Menstrual or prostate problems, Urinary difficulties, Hoarseness.

Sources

For more information about the problem of hiatal hernias, read the book "Hiatal Hernia Syndrome: Insidious Link to Major Illness" by Theodore A. Baroody, Jr., M.A., D.C., "Hiatus Hernia" by Penny Hemphill from an Australian Magazine, Nature & Health, and "Chiropractic Handout".

Reference website: <http://www.joyfullivingservices.com/hiatalhernia.html>