

How to Treat GERD

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April 23 2003 | 7,524 views

By Tom Cowan, MD

Medicines for stomach and upper digestive system problems are currently the largest selling medicines in the country, an amount totaling billions of dollars per year. Luckily for you and many others, this is a problem that is often rapidly amenable to dietary intervention.

Treating GERD brings up a quandary that one often encounters in the world of medicine. That is, in many cases two diametrically opposed theories may be proposed, both of them often sounding perfectly valid and, of course, both of them having their vehement proponents. Think of the low-fat versus low-carb arguments that are raging through the dietary circles of this country as an example of how two competing theories for weight loss may, at first, sound equally valid. In many cases only the actual testing of each theory will show which is the right approach.

Regarding GERD, there are also two theories that at first both sound good. Since everyone accepts the fact that it is stomach acid that causes the problem of burning, the question is why is there too much acid in the stomach? One answer could be that the person is eating too much food that "tells" the body to secrete acid. Since protein foods are what cause the stomach cells to produce acid, the therapy is simple: stop eating so much protein. Then the stimulus to produce acid will be lessened, less acid will be produced and eventually the symptoms will abate.

The competing theory states that producing acid is a natural function of the stomach in response to the eating of food--any food. In fact, the acid helps the stomach and pancreatic enzymes assume their proper form, so without stomach acid the whole digestive system is thrown off. Stomach acid is beneficial in other ways in that stomach acid kills the invading microorganisms that we inevitably ingest with our food. Stomach acid thus protects us from infections, both acute and chronic, in our GI tract.

Furthermore, the very group of people who lacks stomach acid, that is the elderly, is the group that most often suffers from GERD. So in this case, the solution is not to inhibit production by eating less protein, but rather to increase protein (and fat) consumption so as to give the acid something to do, which is to digest the protein.

Which Reasoning is Correct?

A recent study examined this very question. Much to their amazement, researchers reported that in spite of continuing to smoke, drink coffee, and other GERD-unfriendly habits, in each case the symptoms of GERD were completely eliminated within one week of adopting a very low-carbohydrate diet (about 20 grams per day). The patients were able to stop all antacids and prescription stomach medicines and this improvement continued even after they liberalized their carbohydrate intake to a more tolerable 70 grams per day.

The researchers were unable to definitively say why this had occurred but they postulated that the lower-carb intake influenced the activity of various hormones that open and close the valve between the esophagus and the stomach.

By the way, this therapy is particularly appropriate for a diabetic, for it stabilizes the blood sugar.

To address the question of the long term effects of taking antacid drugs, the main problem is simply that our stomach acid is not only necessary for protein digestion, but it protects us against a variety of gastrointestinal infections. Long term blocking of this acid is a very poor strategy indeed.

I have used this low-carbohydrate approach for the treatment of GERD for many years and with many patients. I can report that it is one of the most effective interventions that I use. It is not unusual for people to report relief even within a few days. There is no longer any doubt in my mind as to which of the above theories is correct.

The Weston A. Price Foundation

Dr. Mercola's Comments:

It is good to know that a "low-carb" diet is useful for GERD. Of course, I would modify that approach to a low- or no-grain diet as many people actually need a high-carb diet, but very few people benefit from large amounts of grain.

My new book, [The No-Grain Diet](#), details this concept extensively.

You can also read my [recent interview in Men's Magazine on GERD](#) for further information on this important topic.

Although H2 blockers and proton pump inhibitors like Prilosec and Nexium provide impressive relief for this problem, the drugs are indeed true prescriptions for disaster, and they seriously impair your digestion.

[Nexium](#) is the worst offender, as you will learn in the article below.

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Reference website: <http://articles.mercola.com/sites/articles/archive/2003/04/23/gerd-treatment.aspx>