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# Tip for That #6: Integrative Medicine Competencies: Health Conditions (GERD)

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## Tip for That #6:

### Integrative Medicine Competency: Health Conditions (GERD)

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Gastroesophageal reflux disorder (GERD) is one of the most common conditions seen in primary care. Acid blockers, mainly proton pump inhibitors (PPIs), are typically prescribed, often without much consideration for anticipated length of treatment and potential long-term consequences.

We now know that use of PPIs has been shown to increase risk for multiple adverse health conditions, including but not limited to:

- **Hip, spine and all fractures** (Yang, 2006 JAMA; Khalili, 2012 BMJ; Ngamruengphong, 2011 Am J Gastroenterol; Gray, 2010 Archives of Internal Medicine; Yang, 2006 JAMA)
- **Clostridium difficile colitis** (OR 2.36 for high dose PPIs – Howell, 2010 Archives of Internal Medicine; OR 2.15 meta-analysis - Deshpande, 2012 Clin Gastro and Hep)
- **Community- and hospital-acquired pneumonia** (Fohl, 2011 World Journal of Gastrointestinal Pharmacology and Therapeutics)
- **Small intestinal bacterial overgrowth (SIBO)** (OR 2.282 – Lo, 2013 Clin Gastroenterol Hepatol; Review - Reynolds, 2015 Journal of Patient-Centered Research and Reviews)

Why?

Our stomachs were created to be acidic for many reasons, including to:

- **Break down foods and absorb nutrients**
- **Fend off pathogens**
- **Signal the lower esophageal sphincter (LES) to close**

When we change the acidity of the stomach with acid suppressants, we change all of that, setting the body up for:

- **Poor nutrient absorption (Ca, Vit D, Mg for bones)**
- **Decreased ability to kill invaders (think pneumonia, C. diff colitis)**
- **A loose LES (thus worsening reflux and increasing risk for aspiration pneumonia)**

Once patients are on PPIs, it is challenging to stop the medications, in large part due to rebound reflux. With long-term use of PPIs, the acidity of the stomach is so suppressed that the body has been signaled to release gastrin, the hormone that helps increase stomach acidity. In the setting of high gastrin and cessation of a PPI, the mechanism for producing HCL is now uninhibited, resulting in an acid surge and worsening reflux.

Studies show that even healthy volunteers without reflux who are placed on a PPI for 8 weeks will experience reflux symptoms upon removal of the medication (Reimer, 2009 Gastroenterology). Thus, it is important to wean off PPIs slowly. I usually taper to the lowest once daily dose, and then eliminate one dose per week over a 7-week period. I overlap the PPI taper with the integrative treatments listed below. (Some patients, such as those with Barrett's esophagus, will need to be on long-term PPIs.)

Integrative therapies to help wean patients off PPIs:

- **Deglycyrrhizinated licorice (DGL)** – as effective as cimetidine for GERD (Morgan, 1982 Gut)

- **Ginger** – a prokinetic; antacid, antioxidant, antimicrobial (Siddaraju, 2007 Mol Nutr Food Res); shown in a review of 6 RCTs to alleviate nausea and vomiting of pregnancy (Borelli, 2005)
- **Acupuncture** – increases gastric contractions; inhibits reflux; alleviates symptoms. Comparable in efficacy to daily combination of PPI and H2-receptor antagonist (Zhang, 2010 Chin J Integr Med)

**Practical Tips:**

- **DGL** – Enzymatic Therapeutics is a reputable brand and the German chocolate flavor masks the taste for those who are averse to licorice - 2 chew tabs 30 minutes before meals; avoid during pregnancy
- **Ginger** – tea: mince 1 inch of ginger root and add to 1 cup of boiling water; boil for 5 minutes; remove from heat, cover and let steep for 20 minutes; drink w/ lemon and honey before meals; in capsule form, Nature's Way green top ginger 500mg three times daily; may interact with anti-coagulants.
- **Acupuncture** - available at reduced group visit pricing at Aurora Sinai Medical Center 414-219-5111; individual sessions only at Aurora Wiselives Center for Wellbeing 414-302-3800; call the Department of Integrative Medicine for additional locations 414-219-5900

I hope you enjoyed this installment of Tip for That. My intent is to educate and provide quick tips for excellent patient care. I welcome your feedback.

In Health,  
Kristen

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**IMR links** – for Aurora Family Medicine residents, log in to your IMR, then copy/paste link:  
[http://integrativemedicine.arizona.edu/program/IMR\\_2018/integrative\\_gastroenterology/gastroesophageal\\_reflux\\_disease\\_gerd/1.html](http://integrativemedicine.arizona.edu/program/IMR_2018/integrative_gastroenterology/gastroesophageal_reflux_disease_gerd/1.html)  
7-minute video by Dr. Low Dog on Botanicals for GERD:  
[http://integrativemedicine.arizona.edu/program/IMR\\_2016/gi\\_disorders/approaches\\_to\\_gi\\_health/3.html](http://integrativemedicine.arizona.edu/program/IMR_2016/gi_disorders/approaches_to_gi_health/3.html)

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