GERD in Children and in Adults, Part One:  
The Symptoms and the TRUE Causes  
By Dr. Leonard Smith for BodyEcology.com

Is frequent heartburn affecting your quality of life?  If you experience acid reflux and heartburn on a regular basis, then you might be suffering from gastroesophageal reflux disease (GERD), a serious condition that can lead to esophagitis.

Do you feel burning pain, have bitter-tasting acid reflux or experience constant belching and chronic coughing after you eat, and sometimes even in between meals?

You might think that it's just heartburn.  After all, heartburn after a big meal can be your body's response to rich or heavy food.  But more and more people are reporting chronic heartburn that does not go away.

And for many folks, it's getting even worse!

While occasional heartburn affects nearly 20% of the population on a weekly basis, some people are experiencing painful symptoms of this chronic disease every day!

But heartburn every day is NOT normal; it's just one of the symptoms of GastroEsophageal Reflux Disease, also known as GERD.

Gastroesophageal reflux disease is more common than you think, affecting an estimated 5% to 7% of adults[1] on a daily basis.  We often treat the symptoms of this disease with antacids, over-the-counter and prescription medications, but symptoms of GERD can actually point to other problems.

What Is Gastroesophageal Reflux Disease?

Gastroesophageal refers to your stomach and esophagus.  Reflux means the back-flow of acidic material from your stomach to your esophagus.

The stomach acid, bile and partially digested food flow up from your stomach and into your esophagus causing heartburn.  Sometimes erosions develop from all the acid, so it’s sometimes called erosive acid reflux disease or erosive esophagitis.

No matter what you call it, GERD is painful and can seriously affect your quality of life.

Symptoms of GERD

Gastroesophageal reflux disease is common among adults and even affects some 10% of kids[2], and symptoms are not always limited to heartburn.

Leonard Smith, M.D., is a renowned gastrointestinal, vascular and general surgeon as well as an expert in the use of nutrition and natural supplementation.  As a surgeon, Dr. Smith has first-hand experience of the problems associated with faulty digestion and the surgical necessities they can cause.

For the past 20 years, Dr. Smith has investigated many holistic medical programs, including nutrition, exercise, chelation, stress management and the relevance of mental and spiritual attitudes in healing.  Acknowledging the effectiveness of whole organic foods and nutritional supplementation, Dr. Smith strives to stay on the leading edge of research and breakthroughs in the field of functional nutrition.

Some common symptoms of GERD include:[3]
Belching
Periodic heartburn
Difficulty or pain when swallowing
Excess saliva
Feeling as if food sticks in your esophagus
Chronic sore throat
Laryngitis
Gum inflammation
Erosion of tooth enamel
Chronic irritation in your throat
Morning hoarseness
Sour taste
Bad breath

Pediatric sufferers of GERD sometimes experience different symptoms; however, they can be more difficult to assess and to treat.

**Pediatric symptoms of GERD may include:**

- Frequent or recurrent vomiting
- Persistent cough
- Refusing to eat or difficulty eating
- Choking or gagging when trying to eat
- Heartburn
- Gas and abdominal pain
- Regurgitation and re-swallowing

**Causes of GERD**

**Here are some of the contributing factors that may cause GERD:**

**1. A weak lower esophageal sphincter high pressure zone (LESHPZ).**

When working correctly, your lower esophageal sphincter high pressure zone acts like a valve to keep food from traveling backwards from your stomach into your esophagus. But if you experience regular acid reflux, the muscles of your lower esophageal sphincter high-pressure zone may be damaged, either from a hernia or normal aging.

* Hiatal hernia. A hiatal hernia occurs when your diaphragmatic muscle is loosened and will never be normal. Surgery repairs this chronic condition.
* Normal aging. As you get older, your esophageal wall relaxes more. You may or may not experience reflux, but combined with lower stomach acid (also related to aging), GERD may be the result.

**2. Low stomach acid.**

Low levels of hydrochloric acid (HCl) in your stomach may contribute to acid reflux disease. This is a paradox because most medical doctors believe that reducing stomach acid prevents heartburn and reflux. Read on to learn why this is not always the case!

**3. Food allergies.**
I estimate that 50% of GERD symptoms are due to food allergies. Your body is talking to you about the food that hits your stomach. Your body may be seeing your food as the enemy and responds with heartburn.


If you are constipated, the natural peristaltic waves from the intestinal tract may be impaired and indirectly effect gastric emptying, which could contribute to reflux.

5. Excess abdominal fat.

Too much fat around your middle creates pressure that can cause GERD.


The pylorus is a muscular ring at the lower part of your stomach, where the stomach joins the duodenum. Since it's a muscle it can become tight, especially in response to stress.

What's more, if you eat too quickly, the food bolus (containing acid, enzymes and bile) may then back up into the lower esophagus, causing heartburn.

Digesting Food and Digesting Life

As a gastrointestinal surgeon, I have seen many patients who suffer from acid reflux. To make matters worse, there is no question in my mind that there is an overuse of acid-blocking medicines to fight the symptoms.

While such medicines can be helpful in the short term to give people relief from pain and allow the esophagus to heal, it's better to take a preventative approach that is natural and effective over the long term.

Basically, I link GERD with poor eating habits, food sensitivities, some medications and psycho-emotional stress.

I have seen patients who are unable to digest their food, possibly because they can't even "stomach" some aspects of their lives. The pylorus can't relax, and they may vomit or even develop anorexia.

From a hormonal standpoint, the level of cortisol (a stress hormone) in your body can impact the function of your intestines.

Cortisol is essential for your fight-or-flight response, but with too much chronic stress, elevated cortisol triggers the brain's release of corticotrophin releasing hormone (CRH), which has been shown to impair the function of your pylorus. It has also been shown to effect motility of the small intestine and colon.

There are now well-known dysmotility syndromes that involve the stomach, small intestine and colon.

Sometimes the conditions are so severe that pacemakers have been surgically placed to help get the intestinal tract moving again.

Creating a foundation for health may be the best way to treat and prevent GERD. Learn more about the Body Ecology approach to healing in The Body Ecology Diet, the seminal book for a holistic approach to your health.
Acute vs. Chronic Reflux

Keep in mind that acid reflux can come and go for both children and adults. If you or someone you love experiences GERD on a less frequent basis, they may have acute reflux caused by food sensitivity, eating too much, or pathogenic bacteria in food.

When **acute reflux** is the diagnosis, I recommend following foundational health guidelines that support digestive wellness. I will be talking more about this in part 2 of this series on GERD.

Chronic reflux, on the other hand, is just that: a chronic condition that occurs regularly. Now that you are familiar with the causes and symptoms of GERD, stay tuned for the next installment.

In Part 2 of this series on GERD, I'll discuss the natural ways to treat and prevent gastroesophageal reflux disease.

**Sources:**

[1] AboutGerd.org


