

Eliminating Gastroesophageal Reflux Disease with Hunger Awareness Training

By E. Douglas Kihn, OMD, LAc

Gastroesophageal Reflux Disease (GERD) is a chronic condition currently considered incurable by most Western medical experts. If "cure" means to get rid of a problem so that it never returns, then we will have to address the root causes and fix them. In most cases, GERD is one of the easiest conditions to successfully treat using the Hunger Awareness protocol.

GERD is actually a vicious feedback loop in which unwanted food is eaten and can only be processed in a sluggish manner. Stagnation by itself causes heat, which then naturally rises up and is pushed down again by unneeded food, where the new food stagnates, picks up heat, rises up, and so on. Breaking this cycle by cultivating self-awareness will rupture and destroy it for good, as well as lead to other health advances like decreasing stored fat and increasing calmness and confidence.

The rise of GERD

GERD is nearly as common in the U.S. as its close relatives, obesity and overweight. In fact, according to the June 30, 2012 issue of *Healthline*, 60 percent of the adult population will experience some type of gastroesophageal reflux disease within a 12-month period and 20 to 30 percent will have weekly symptoms. A similar percentage of Americans - two-thirds - are officially classified as obese or overweight.

They also report that obesity is closely linked to the development of GERD and the frequency of symptoms. Yearly hospitalizations with obesity diagnoses increased in the United States by 112 percent between 1996 and 2004, while GERD diagnoses increased by an unprecedented 216 percent from 1998 to 2005.

Everyone experiences gastric reflux occasionally. The chronic nature of GERD is indicated by the fact that individuals who report weekly reflux symptoms have been affected by the symptoms for more than five

years.

The link between excess body fat and GERD will be revealing when we examine the problem later through a Chinese lens.

Symptoms of GERD and known risk factors:

- A subjective feeling that food is stuck behind the breastbone
- Heartburn or a burning pain in the chest, under the sternum
- Increased by bending, stooping, lying down, or eating
- More likely or worse at night
- Relieved by antacids
- Nausea after eating

Other symptoms may include:

- Food regurgitation
- Coughing or wheezing
- Dysphagia
- Hiccups
- Hoarseness or a change in the voice
- Sore throat

The known risk factors for GERD include the following:

- Alcohol
- Hiatal hernia
- Obesity
- Pregnancy
- Smoking
- Oral medications

A Chinese medical explanation for GERD

Based on symptomatology – the body never lies – we can conclude that GERD is diagnosed as rebellious stomach *qi*, with chronic excess stomach heat and chronic food stagnation, accompanied by acute episodes of stomach fire. Stomach fire can easily spread to the chest, mouth, and sinuses. The chronic food stagnation means a damp spleen and the spleen *qi* deficiency that always accompanies spleen damp.

When the body is ordered by a confused *shen* to eat food in the absence of strong hunger, the spleen/stomach struggle to process it - an indication of a damp spleen, it is not easily processed. As it stagnates in the upper intestine or stomach, it picks up heat. Chinese logic would suggest that the excess food and the *qi* that moves it grind against a barrier, causing friction and subsequent heat. Movement plus heat equal yang. Excess heat naturally rises, causing the stomach *qi* to rebel.

The constant rising of heat and *qi* can gradually push the stomach up through the diaphragm, causing damage to the opening of the diaphragm, while pressing on the stomach, exacerbating the feeling of an excess stuck in the stomach. This is a hiatal hernia, a common complication of GERD. When excess yin in the form of body fat or overabundant yin in the form of pregnancy press upward against the stomach, this can also cause or contribute to a hiatal hernia.

[From a plausible quasi-Western medical point of view, the excessive food requires extra stomach acid (acid is hot) and/or breeds an overpopulation of symbiotic (friendly) bacteria, in an attempt to process it. The movement of such a large amount of bacteria causes friction and excessive heat.]

Our diagnosis easily explains all of the symptoms of and risk factors for GERD:

- A subjective feeling that food is stuck behind the breastbone – food stagnation.
- Heartburn or a burning pain in the chest, under the sternum – stomach heat.
- Increased by bending, stooping, lying down, or eating – change of posture facilitates rising heat, while eating unwanted food worsens the stagnation situation.
- More likely or worse at night – excess heat manifests more strongly during the night when yin wants to flourish.
- Relieved by antacids – the heavy alkaline minerals push down and neutralize acid heat.
- Nausea after eating – nausea is the stomach contemplating the removal of an excess.
- Food regurgitation – the body trying to remove unwanted food.
- Coughing or wheezing – excess heat and/or damp spreads into the chest, causing phlegm stagnation.

- Dysphagia – excess heat rises into the throat, causing swelling.
- Hiccups – the body tries to dislodge the stagnation in the esophagus.
- Hoarseness or a change in the voice – excess heat swells the larynx.
- Sore throat – excess heat disrupts the throat yin.
- Alcohol – bottled damp heat, the worst thing for a damp spleen and a hot stomach.
- Hiatal hernia – chronic excess yang and/or yin forces the stomach up through the diaphragm, causing impingement and further distress.
- Obesity – excess yin stagnates, contributing to excess yang.
- Pregnancy – the extra yin of the embryo/fetus tends towards the production of excess damp and also presses against the stomach, causing a sensation of a stuck excess.
- Smoking – adds heat to the middle and upper burners.
- Oral medications – indigestible substances cause spleen/stomach stagnation.

The Limitations of Current Treatment Options

Western medicine offers only temporary and partial relief from the burning sensations of GERD.

- Tylenol can relieve the pain.
- Antacids can relieve the burning, but often cause diarrhea or constipation.
- H2 blockers lower the amount of acid released in the stomach.
- Proton pump inhibitors (PPIs) decrease the amount of acid produced in the stomach; however, a recent study published online in a July 2013 issue of *Circulation* demonstrates that these drugs significantly increase the incidence of cardiovascular problems.
- Anti-reflux operations, which nevertheless do not obviate the need for continued medications.

Conventional Chinese medicine using needles and herbs also puts forward no cure for the chronic condition of GERD, only symptom relief. Furthermore, because stomach heat is coincident with spleen damp (excess yang and excess yin), we must use a harmonizing treatment protocol, pacifying spleen and stomach. This complicates matters considerably, since warming and drying a damp spleen exacerbates a hot dry stomach, and vice versa. Results are gradual and partial in most cases.

Treating GERD with Hunger Awareness Training

The starting point here is coming to the realization – with the patient - that GERD is essentially a *shen* problem, just as obesity is a *shen* problem. (See my article "*Obesity is a Shen Problem*" in the July issue of *AT*).

The shen determines behavior based on available information. In most cases with GERD, the shen is directing the body to bring food into the stomach based on faulty information. The best remedy will correct this information by increasing self-awareness and trust in the one true eating expert – the body, specifically the spleen/stomach.

GERD patients falsely associate the burning pain in the stomach or throat with hunger, because food – a heavy yin substance – is very effective at pushing that rising yang back down and relieving the discomfort. The shen does not yet understand that the food which has been eaten – no matter what it is – stagnates and picks up heat, which rises up again, burning the stomach, esophagus, and face.

A Hunger Awareness Training protocol asks the patient to experiment before reaching for the food. Cold water or a few pieces of watermelon along with jumping and landing a few times are often all that is needed to calm the rising yang. Sometimes just sitting still and breathing 20 times will do the trick. Regular acupuncture and a well-designed herbal formula can assist here too.

After a week or two, the patient learns to distinguish between stomach heat and actual hunger, which is specifically an empty feeling – not a pain - in the stomach area that motivates and empowers creatures to work for food. It can be helpful to remind patients that digging up roots and carrying them back to the village would be a difficult task with a burning reflux condition or any other health problem.

If the patient is significantly overweight, relief may take a little longer, because enlarged fat cells will generate inflammation/excess heat, as well as continue to crowd the stomach and intestines. In this case, the typical patient can also expect that the appearance of the hunger feeling may take a long time to appear. But by examining all of the reasons that a confused *shen* chooses to eat, true needs - mental and physical - become exposed so that they can be answered in ways more appropriate and satisfying than eating.

As this is taking place, the *shen* is learning to stop eating when the comfort level is reached and felt in the abdomen, and the deliciousness of the food being eaten starts to tail off. Without the use of willpower, diet, or aerobic exercise, patients commonly lose one-half to one pound a week of unwanted yin – stagnate food, fat storage, growths, serum cholesterol, and impacted fecal matter.

If there are special foods that the GERD patients has particular trouble with, the body will indicate such by producing postprandial symptoms such as discussed above. Food allergies and intolerances are common with the overworked spleen/stomach such as we find in GERD and obese patients.

The *shen* in due course learns to trust the never-wrong expert - the spleen/stomach - in matters related to eating. That is what makes going back to the old ways near impossible, ensuring the lifelong success of our GERD protocol.

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