

**A book about Acid Reflux -
its complications and management**

by Chris Robinson
(Chairman, Barrett's Wessex)

Down With Acid

(A book about Acid Reflux – its complications and management)

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PREFACE

Concerns about acid reflux can range from occasional indigestion after a large meal, to life threatening diseases such as cancer. This book is designed as a reference to help sufferers whatever stage their problem is.

Symptoms of acid reflux: Although there are many symptoms that could be attributable to acid reflux, from severe abdominal cramps to dry eyes, from vomiting blood to dizziness, many may not experience any identifiable symptoms at all. It is also important to remember that many of the symptoms listed may be attributable to other factors which may need to be ruled out first.

The most commonly identified symptom is heartburn (which is nothing to do with the heart).

Chest pains may be from acid reflux but an ECG may be necessary to determine they aren't actually from the heart.

"Water Brash" is an excess of saliva or a bitter taste to the saliva that may be an indication of acid (or bile) reflux.

Difficulty swallowing should always be investigated by a doctor.

An extensive list of other possible symptoms may be found in the chapter on Extra-Oesophageal Reflux or see the symptom checker in the appendix.

FOREWORDS

About the author

After 30 years as a teacher, deputy head and adviser for science and technology for 4-13 year olds, Chris took early retirement on health grounds and now spends time working for Barrett's Wessex, the charity he co-founded. He is a previous trustee of the charity, Barrett's Oesophagus Campaign (BOC), and a committee member of Action Against Heartburn (AAH).

He is a keen cyclist and has cycled to raise funds in Europe, East Asia and South America. You may read a summary of Chris's Story in the Appendix.

About Barrett's Wessex charity

In 1999, BOC was founded to maintain the UK Barrett's Oesophagus Registry (UKBOR), with a patient support arm including an on-line forum.

Shortly after he discovered the forum in 2008, Chris responded to a post, "Southampton anyone?" wherein a patient suggested it could be beneficial to meet up with others to discuss their condition. A year later the "Barrett's Support Network – Wessex area" group was formed following an inaugural meeting attended by over 100 people.

After raising funds to purchase a Radio Frequency Ablation machine for Southampton hospital, the group became an independent charity, "Barrett's Wessex", to enable them to concentrate on patients' needs leaving BOC to concentrate on UKBOR, an invaluable resource to researchers.

About the same time, BOC and another charity, Oesophageal Patients Association (OPA) co-founded AAH, now a consortium of all UK charities concerned with raising awareness of oesophageal cancer. AAH campaigned to get the NHS to run a Be Clear On Cancer campaign on oesophago-gastric cancers in 2015.

Author's notes

Acid reflux and its complications is one of the most common complaints in the Western world and there are many charlatans and snake oil salesmen ready to exploit the misery of the gullible and desperate unwary. "Barrett's Esophagus Cure" says the headline while the small print asks \$29.95 to let you download the misguided and potentially harmful file.

This book is largely composed of answers provided at various times to questions posed on on-line forums. Apologies if there are some duplications of information. It is intended to be an encyclopaedia to be dipped into as required.

I have attempted to tear a hole in a shroud to reveal detail beneath. As with all holes, there'll be some loose threads which could be unravelled making the hole bigger but leaving even more loose threads.

I am not a doctor but can speak on most of the contents of this book from first hand experience and from the experiences of the hundreds I have met either in person or in on-line forums and facebook pages. - *This book should not replace any advice provided by your GP.*

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Acknowledgements

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Accuracy and proof-reading

The author would like to thank all the specialist medics, surgeons and nurses for taking the time to check the accuracy of this work and the patients who have checked for legibility.

Language

Whereas this book is primarily in UK English, some American spellings may be encountered, particularly in quotations from research papers where US English was originally used. These include esophagus for oesophagus and GERD for GORD.

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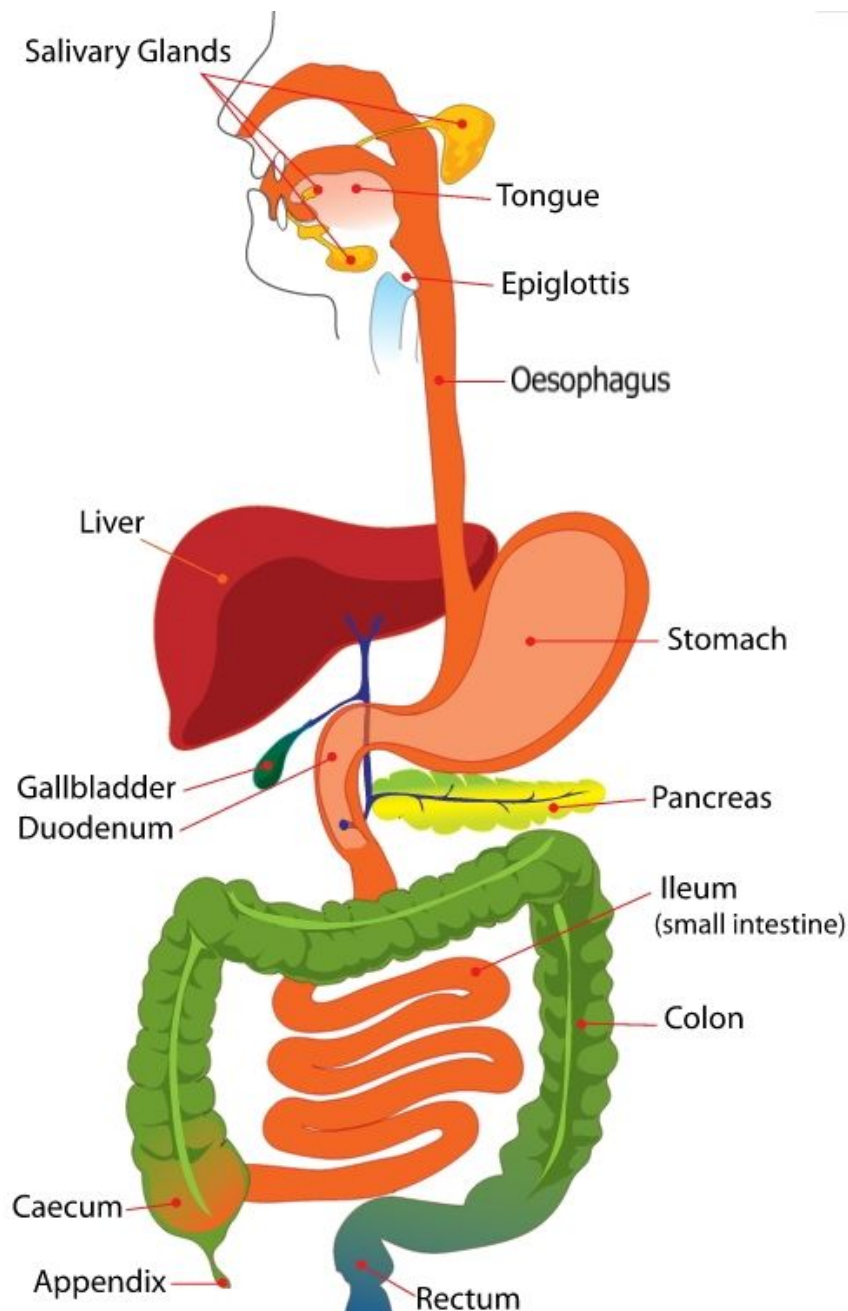
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Introduction

Understanding the digestive system.



The first stage of digestion is chewing involving teeth and saliva to make small enough pieces to swallow. At the back of the throat, the epiglottis closes over the trachea (windpipe) so the food bolus enters the oesophagus, the food tube that passes through the chest to the stomach, instead of the lungs.

Along the length of the oesophagus, muscles squeeze the tube above the bolus to push it towards the stomach. This is called peristalsis.

In the stomach, the bolus is churned in concentrated acid to liquidise it into chyme which can pass out of the stomach into the duodenum where it meets bile and digestive enzymes to enable absorption to continue along the intestines.

There are various rings of muscles along the way to act as valves as the whole tract is intended to be a one way street. These are called sphincters.

At the top of the oesophagus, the upper oesophageal sphincter is composed mainly of the cricopharyngeus to permit food to remain in the oesophagus rather than the airways.

At the base of the oesophagus, the lower oesophageal sphincter is joined with muscles of

the diaphragm to permit matter to enter the stomach and keep it there.

If any matter flows the wrong way through any of these sphincters, it's called reflux.

Indigestion may refer to any abnormality within the digestive process.

One of the most commonly reported is **heartburn** which has nothing to do with the heart but is actually acid attacking the oesophagus when stomach acid refluxes via the lower oesophageal sphincter.

Gastro-Oesophageal Reflux Disorder (or Disease) "**GORD**" describes the condition where heartburn occurs frequently, although not everyone who has GORD experiences the pain of heartburn.

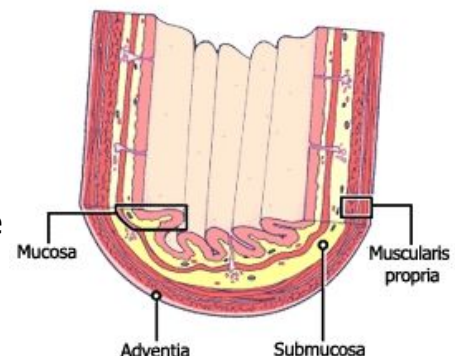
The Oesophagus



Muscles above the food bolus contract while muscles below relax to help propel the food along the oesophagus.

This is a tube about 25 cm long and 2 cm wide when inactive. I liken it to a bicycle tyre inner tube.

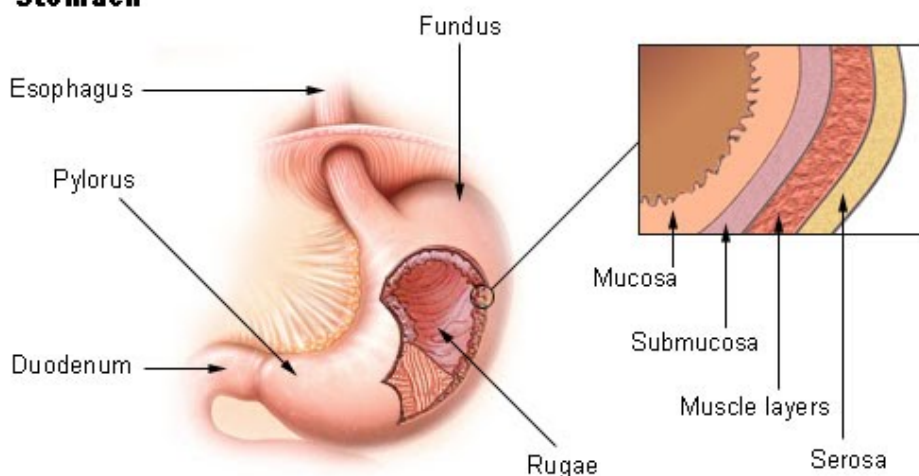
The walls of the oesophagus comprise, from inside outwards, the mucosa, the submucosa, the muscularis propria (musculature for peristalsis) and the adventia (the outer wall).



The mucosa produces mucous to lubricate and protect the oesophagus.

The stomach

Stomach



In its mucosa, triggered by the ingestion of food, the stomach produces proton pumps, special cells that, by releasing protons into the gastric juices, render it highly acidic making concentrated hydrochloric acid with a pH typically of 1.

Section 1 – Acid

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