**Hiatal Hernia**

**What Is It?**

In order to understand what a hiatal hernia is, it is important to know that the esophagus passes through the diaphragm—the flat dome-shaped muscle that separates the chest cavity from the abdominal cavity—and into the stomach.

The opening in the diaphragm through which this passage is made is known as a “hiatus,” which gives this syndrome its name.

When there is a weakness in the diaphragm muscles, a portion of the stomach rises up through the diaphragm causing a hiatal hernia.

The stomach is displaced to a position above the diaphragm, and the normal relation of the esophagus to the diaphragm is altered causing lower pressure at the junction of the stomach and the esophagus.

This area, known as the lower esophageal sphincter high pressure zone (LES-HPZ), is not really a valve or sphincter, but merely the site at which the diaphragm muscles attach to the junction of the esophagus and the stomach. The low pressure at this junction may cause gastroesophageal reflux (GERD), a backflow of stomach contents into the esophagus which causes a burning sensation. When this happens, the patient is said to have GERD. (See the GERD section for more information on this condition.)

**What Causes It?**

There are many contributing factors to hiatal hernia. Some include injury, trauma, obesity, thyroid dysfunction and age. By definition, the condition involves weakness in the diaphragm. It has also been theorized that, in some people, a congenital shortening of the GI tract may be a causative variable. In this instance, the person would be born with a predisposition to hiatal hernia that could develop later in life as the result of some sort of stress, such as pregnancy or extreme physical exertion.
Other underlying factors that may play a role in hiatal hernia:

- Overweight and obesity
- Poor diet
- Constipation

Hiatal hernias affect women more frequently than men, particularly pregnant women. They occur more often in people who are overweight than in people of normal weight due to the increase in intra-abdominal pressure. These hernias also occur most often during middle age. In fact, the condition is so common that 25 percent of people aged 50 and over are estimated to have a hiatal hernia, although, if there is no discomfort, they may not know it.

Though not as common, it has been found that hiatal hernias can be hereditary.

**What Are the Signs and Symptoms?**

There are two types of hiatal hernias. The type and size of the hernia will largely determine the degree of distress experienced, if any. Most common is the sliding hiatal hernia. It occurs in 90 percent of all cases. With this type of hernia, a portion of the stomach passes through the opening in the diaphragm. This condition may cause only mild, if any, symptoms. In fact, experts estimate that up to 40 percent of Americans have a sliding hiatal hernia and don’t know it.

The second type of hiatal hernia is the para-esophageal hiatal hernia. Here, a portion of the stomach outpouches through the diaphragm and actually positions itself next to the esophagus. This type of hiatal hernia may produce no symptoms because the LES is not displaced. However, should the stomach get pulled higher into the chest and become pinched by the diaphragm, an emergency situation called “strangulation” may result requiring immediate surgical intervention.

A sliding hiatal hernia may cause heartburn and other symptoms associated with GERD if the weakened LES permits reflux, the backflow of stomach contents into the esophagus. Both the sliding and the para-esophageal hiatal hernias may, on rare occasion, bleed (either a little or a lot) from their lining. A small amount of blood loss may lead to anemia, while massive blood loss can be life-threatening.

**How Is It Diagnosed?**

The hiatal hernia is typically diagnosed by use of an upper GI series, also known as the barium swallow.
What Is the Standard Medical Treatment?

Many hiatal hernias, particularly if they’re small, cause no symptoms and require no treatment. When GERD symptoms arise, they are apt to be treated with antacids. See the GERD section for information on the downside of habitual antacid use, as well as dietary and lifestyle modification recommendations. The section also offers nutritional approaches for managing GERD symptoms.

If it is confirmed that reflux is caused by a hiatal hernia and symptoms cannot be controlled through diet, medications and lifestyle modification, your physician may recommend surgical repair of the hernia.

Unfortunately there are no known ways to reverse hiatal hernia without surgery. However, the following nutritional options can enhance digestion, minimize reflux, and improve overall health and sense of well being.

General Recommendations For All Esophageal Problems

- Avoid foods and beverages that weaken the LES (such as chocolate, peppermint, fatty foods, caffeine-containing and alcoholic beverages).
- Decrease portion sizes at each meal.
- Don’t lie down for at least two to three hours after eating.
- Don’t wear clothing that constricts the abdomen.
- Reduce stress.
- Lose weight (if overweight).
- Quit smoking.
- Elevate the head of bed 4 to 8 inches when sleeping.
- Eat in a relaxed environment.
- Minimize activities (such as bending and heavy lifting) that might increase intra-abdominal pressure.
- Exercise regularly.
- Identify, reduce and/or eliminate any medications that may be contributing to the problem (under a doctor’s supervision).
- Chew food thoroughly (until liquid).
- Drink more water (1/2 oz. for every pound of body weight—i.e., 50 oz. for a 100 lb. person).
- Keep a food diary to identify any food that may trigger an episode of GERD.
- Identify and avoid food allergens. (See the Resource section for testing information.)
- Combine foods properly (eat fruit alone; avoid eating starchy carbohydrates at the same time proteins are consumed.)
- Treat constipation if present.
- At the first sign of heartburn, drink a large glass of water.
- Take supplemental digestive enzymes at the end of each meal.
- Take a small amount of “bitters” (an aqueous blend of bitter herbs such as gentian root, artemisia, yellow dock, dandelion and barberry) about 15 minutes before eating. These will help stimulate the secretion of gastric acid, bile and pancreatic enzymes and assist in control of reflux by increasing the tone of the LES.¹
- Drink raw potato juice (prepare with skin intact, drink immediately), diluted 50 percent with water, three times per day.²
- Drink a glass of fresh cabbage or celery juice daily.
- In lieu of HCl supplementation, if you wish, sip one tablespoon of apple cider vinegar [or lemon juice] diluted in a glass of water with meals.³ Do not drink any other fluids with meals.
- Eat fresh pineapple and/or papaya. These fruits are rich in enzymes, which will aid digestion.
- Drink chamomile tea to relieve esophageal irritation.⁴ This herb has anti-inflammatory properties.
- Consider a trial series of vitamin B12 injections. (“In cases of achlorhydria, it is an established fact that vitamin B12 is neither well digested nor well absorbed.”⁵)
I have seen many patients who, after occasional episodes of heartburn, have been put on acid-blocking medications for indefinite periods of time. Often, I have found that if they will lose a little weight, improve their bowel function, eliminate foods that lower their esophageal sphincter pressure, remove sensitive foods and change their eating habits as mentioned in this chapter, they can get off of their medications. Since these medications can have significant and potentially serious side effects, it is wise to minimize their use. Implementation of more natural and safer nutritional options should be undertaken whenever possible.

I would like to point out that all esophageal conditions mentioned in this chapter, namely Barrett’s esophagus, esophagitis, GERD, heartburn and hiatal hernia, have features in common that could be addressed from a nutritional standpoint:

- Material from the stomach periodically enters into the esophagus. This often causes an inflammatory reaction and can damage the esophageal lining. Researchers have recently observed that the damage to the lining may be more due to esophageal intracellular oxidative stress than to the direct contact of the acid and gastric contents. There are articles in the literature that support the fact that adequate antioxidant levels are protective against damage from reflux (Gut 2001;49;364-371). In this article, it was shown that pretreatment with antioxidants minimized damage and decreased the inflammatory markers (malondialdehyde and NF kappa B). In addition, the antioxidants slowed down the loss of glutathione (a naturally produced beneficial antioxidant). It would be wise to supplement with vitamins A, C, E, and the minerals zinc and selenium.

- Mucus production has been shown to be variable, and people with lower levels tend to have more inflammatory problems in the esophagus and stomach. Normalizing cellular function with glutamine, glycine, and omega-3 essential fatty acids can be helpful. Mucus-producing nutrients (N-acetyl glucosamine, N-acetyl-galactosamine, fucose, galactose and sialic acid) and increased water intake are needed to make high quality and quantity of mucus. There is a good review article about probiotics and mucus and their role in intestinal health in the American Journal of Clinical Nutrition, 2003;78: 675-683.

Minimizing the possibility of inflammation is important. Checking for any type of infection especially H. pylori or Candida, can be helpful; if found, short courses of appropriate anti-microbials should be implemented. After removal of pathogens, restoration of the beneficial bacteria (Lactobacilli and Bifidobacteria) is very important and may help prevent future infections. Liquid aloe vera has potent anti-inflammatory benefits as well.
In my experience, many people who have developed a hiatal hernia do not know it. Anyone who is obese and has reflux or GERD should be checked for this condition, especially if the person loses weight and is following a natural approach with diet and enzymes. What I have seen help most with this condition is acupuncture. Acupuncture balances the meridians, or energy channels of the body, and relaxes the diaphragm.

Additionally, I would suggest a complete total body cleanse. (See the Total Body Cleansing in the Appendix.) For many people, constipation is the root of hiatal hernia. Constipation causes a backward pressure beginning in the intestine and backing up into the stomach, as if the tube is plugged. I think constipation is a big piece of this condition.

Make sure you are having at least one good bowel elimination daily. Fiber consumption from the diet should be at least 35 grams daily. If enough fiber is consumed and one bowel movement is experienced per day, it should be one and a half feet long.

If diarrhea is a problem with hiatal hernia, consider Candida overgrowth as an underlying factor. (See the Candida Diet in the Appendix.) Under no circumstances should you stay on acid-blocking medication for this condition. Instead, try the natural solutions we have listed.

**Diet**

- Follow the Fiber 35 Eating Plan found in the Appendix of this book.
- Eat smaller meals throughout the day. Eat meals slowly.
- Chew foods well, to mush or liquid, before swallowing.
- Do not drink cold liquids with meals. Have no more than half a glass of room temperature water with a meal.

**Lifestyle**

- Sleep on your left side to avoid heartburn and reflux.
- Exercise daily, at least walking.
- Do not lie down for at least three to four hours after eating.
- Elevate the head of the bed four to eight inches when sleeping.
- Make sure you have good bowel elimination daily.
- Exercise daily, at least walking.

**Complementary Mind/Body Therapies**

- Stress-reduction therapies such as yoga, biofeedback, massage and meditation can be helpful when stress is an issue.
- Acupuncture may be helpful as it targets the meridians associated with the digestive system, and it is also a stress reducer.
- Chiropractic may be beneficial.
- Colon hydrotherapy could be very beneficial.
<table>
<thead>
<tr>
<th>Recommended Nutraceuticals</th>
<th>Dosage</th>
<th>Benefit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical Phase</strong></td>
<td>Daily maintenance recommendations should also be taken during this phase unless otherwise indicated.</td>
<td></td>
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</tr>
<tr>
<td>Probiotics</td>
<td>200 billion culture count daily for two weeks</td>
<td>Stimulates immune system, reduces inflammation and protects digestive lining.</td>
<td>Best if taken in powder form for contact with digestive lining.</td>
</tr>
<tr>
<td>Natural Heartburn Formula</td>
<td>Chew in acute situation and only when needed</td>
<td>Temporarily reduces acid production. Encourages healing of damaged tissue.</td>
<td>Look for ingredients such as fava bean, ellagic acid, calcium, magnesium and aloe.</td>
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<tr>
<td><strong>Helpful</strong></td>
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<tr>
<td>Antioxidant Supplement</td>
<td>Use as directed</td>
<td>Protects tissue from damage.</td>
<td>You can purchase a high potency antioxidant formulation from most health food stores.</td>
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<tr>
<td><strong>Daily Maintenance</strong></td>
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<tr>
<td>Probiotics</td>
<td>50 billion culture count daily after critical phase</td>
<td>Stimulates immune system, reduces inflammation and protects digestive lining.</td>
<td>Best if taken in powder form for contact with digestive lining. Open capsule if necessary.</td>
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<tr>
<td>Digestive Enzyme with HCl</td>
<td>1-2 Capsules with every meal</td>
<td>Reduces fermentation, pressure and replaces low HCl, reduces reflux.</td>
<td>Do not use HCl if ulcer or stomach irritation is present. Switch to enzyme without HCl.</td>
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<tr>
<td>L-Glutamine Powder with Gamma Oryzanol</td>
<td>5 grams (5000 mg) daily on empty stomach with water</td>
<td>Helps repair the stomach lining and reduce inflammation.</td>
<td>Best if taken in loose powder form.</td>
</tr>
<tr>
<td>Omega-3 Fatty Acids</td>
<td>2 grams daily</td>
<td>Reduces inflammation.</td>
<td>Get a concentrated, enteric coated high dose EPA/DHA formulation.</td>
</tr>
<tr>
<td>Fiber</td>
<td>4-5 grams twice daily</td>
<td>Helps to reduce reflux.</td>
<td>Look for a flax-based fiber with added ingredients such as glutamine, probiotics and healing herbs.</td>
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See further explanation of supplements in the Appendix