



Advice for enjoying a heartburn-free holiday season by **Cindy Kalinoski**

Celebrate. Moderate.

As the holidays approach, in all their gluttonous gathering glory, we devoted our Living Well column this issue to arming you with the best intentions and advice for holidays without heartburn and regret from indulging in too much of a good thing—whatever your

seasonal favorites may be. Although it may not be the most appetizing subject, it's important to understand some basics about the largest system in your body, the gastrointestinal (GI) system, and the key role it plays in overall health.

The GI system includes your GI tract (esophagus, stomach and intestines) and related organs (the liver, pancreas and gallbladder), or quite bluntly what Dr. Kevin Westra of Harrisburg

Gastroenterology (717-545-9811; www.hbggastro.com) describes as “everything from your mouth to your anus.” The health of this system is critical to your quality of life. Dr. Westra explains, “You have to have adequate digestion and absorption and the ability to remove waste well. Without [these], you are going to have problems.” So, what do you need to know?

Approximately 44 percent of Americans experience heartburn at least once a month, and about 32 million take antacids twice a week or more often.

“It’s important to recognize the red flags,” notes Dr. Westra, such as any change in bowel habits, persistent abdominal pain, rectal bleeding, fever or unexplained weight loss. Probably the most common digestive symptom, though, is heartburn.

Approximately 44 percent of Americans experience heartburn at least once a month, and about 32 million take antacids twice a week or more often. This symptom is so common around Thanksgiving and Christmas that it’s nicknamed “holiday heartburn.” To manage this, Dr. Pin Wang of Gastroenterology Associates of York (717-741-1414; www.gastroYork.com) says to:

- lose any extra weight
- minimize fatty foods
- eat your last meal 4 to 6 hours before lying down
- include plenty of fiber in your diet

When heartburn is chronic, however, it’s time to seek a physician’s help in pinpointing the source. “We see patients who feel they’ve had heartburn for years, and really what they’ve been dealing with is intermittent heart problems, explains Dr. Ben Lazarus of Regional Gastroenterology Associates of Lancaster (717-544-3400; www.rgal.com). “They just take Tums and think it will get better.”

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That said, the most likely cause of heartburn is acid reflux (stomach acid backing up into the esophagus). Occasional heartburn is common, but if it is persistent you may have gastroesophageal reflux disease (or GERD), which cannot be left untreated. Dr. Westra says an upper endoscopy (in which a lighted

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tube explores the upper GI tract) is the only way to evaluate this condition. In some cases, GERD causes a change in the esophageal lining that can develop into Barrett's esophagus (BE), a precancerous condition. People who have BE, most often men over 50 with GERD symptoms, need to be examined every 2 to 4 years.

To prevent acid reflux, Dr. Lazarus advises, "Avoid triggers such as caffeine, red wine, chocolate and mint, which will give most individuals occasional heartburn." Dr. Wang adds, "Modify your lifestyle, eat in moderation, and most important, have a colonoscopy."

A colonoscopy is the gift that health-conscious Americans get these days for their 50th birthday. Since over 145,000 people develop colon cancer each year and almost 50,000 die from the disease, this screening tool is one savvy way to mark your half-century milestone, especially if you have a family history of colon cancer. In this procedure, a lighted tube examines the rectum and the colon, or large intestine, for abnormal growths, diverticulitis

(irritation of small “pouches” in the colon lining), and related problems.

IS IT ALLERGIES OR IBS?

Food allergies or sensitivities can also cause GI problems. Common allergens such as nuts, soy, shellfish, and wheat can cause severe symptoms, including vomiting, swelling of the tongue or throat, and bloating, gas or diarrhea. Another condition, an immune disorder called Celiac disease, causes an extreme, adverse reaction to gluten. Less worrisome is the inability to digest certain foods well, such as in lactose intolerance. Food sensitivities like this can cause symptoms that are unpleasant rather than life-threatening, and can be successfully controlled.

A common GI condition that can be mistaken for a food allergy is IBS, or irritable bowel syndrome. People with IBS frequently experience diarrhea or constipation. “Typically we use fiber and low-fat diets as well as watching milk products to manage IBS,” says Dr. Lazarus. Some cases of IBS may require medication, but Dr. Lazarus says probiotics are being used with good results. He warns that all probiotics are not equal, however, and recommends a natural probiotic, bifidobacteria, that can be found in the over-the-counter product called Align. A more serious cousin of IBS, Crohn’s disease can disturb sleep with heightened symptoms; if you suspect you may have either of these conditions, consult your physician.

To keep your digestive tract healthy, Dr. Wang advises drinking plenty of water. Sufficient water and fiber should help keep your bowels regular, but from time to time you may experience constipation and require a laxative. If you don’t respond to over-the-counter medication, however, you should see your doctor. To help your GI system thrive, especially over the holidays:

- avoid caffeine, cigarettes and fatty foods
- eat in moderation
- consume plenty of water and fiber
- eat your last meal earlier

Following these recommendations should help, and so should the timeless advice Dr. Lazarus dispenses: “Moderation in all things.” **SS**