

Hiatus Hernia

An Overview

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(2006)

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Introduction

Any time that an internal body part pushes into an area where it does not belong, it is called a 'hernia'.

The hiatus hernia (also called a hiatal hernia) is one of the most misunderstood and maligned conditions in medicine. Individuals blame this hernia for much more than it ever does. Individuals with a hiatus hernia need to understand what it is, and what consequences might occur. Most importantly, they need to know it is unusual for serious problems to develop from this type of hernia.

The 'hiatus' is an opening in the diaphragm - the muscular wall separating the chest cavity from the abdomen. Normally, the oesophagus (food pipe) goes through the hiatus and attaches to the stomach.

In a hiatus hernia, the stomach bulges up into the chest through the hiatus.

(Picture right – Hiatus Hernia
(stomach bulging up through the hiatus))



Types

There are two main types of hiatus hernias: 1) sliding, and 2) paraesophageal (next to the oesophagus):

1) In a sliding hiatus hernia, the stomach and the oesophagus slide up into the chest through the hiatus. This is the more common type of hernia.

2) The paraesophageal hernia is less common, but is more cause for concern. The oesophagus and stomach stay in their normal locations, but part of the stomach squeezes through the hiatus, placing it next to the oesophagus. Although you can have this type of hernia without any symptoms, the danger is that the stomach can become "strangled," or have its blood supply shut off.

Often, people with a hiatus hernia also have heartburn or Gastro-oesophageal Reflux Disease (GERD). Although there appears to be a link, one condition does not seem to cause the other, because many people have a hiatus hernia without having GERD, and vice versa.

People with a hiatus hernia may experience chest pain that can easily be confused with the pain of a heart attack. Consequently, it is important to undergo testing and get a proper diagnosis.

Causes

Most of the time, the cause of a hiatus hernia is not known. Some individuals develop a hiatus hernia after sustaining an injury to that area of the body; others are born with a weakness or an especially large hiatus.

(Picture right – Hiatus Hernia Seen from Below)

Some experts suspect that increased pressure in the abdomen from coughing, straining during bowel movements, pregnancy and delivery, or substantial weight gain may contribute to the development of a hiatus hernia.

Symptoms

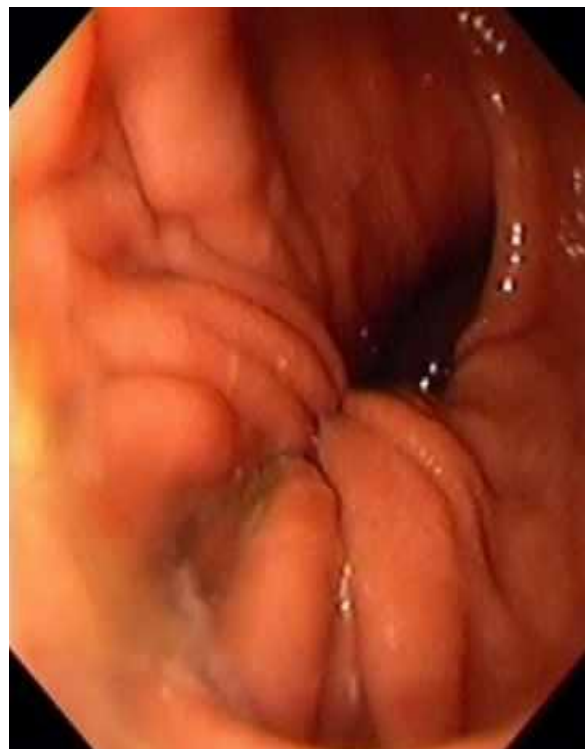
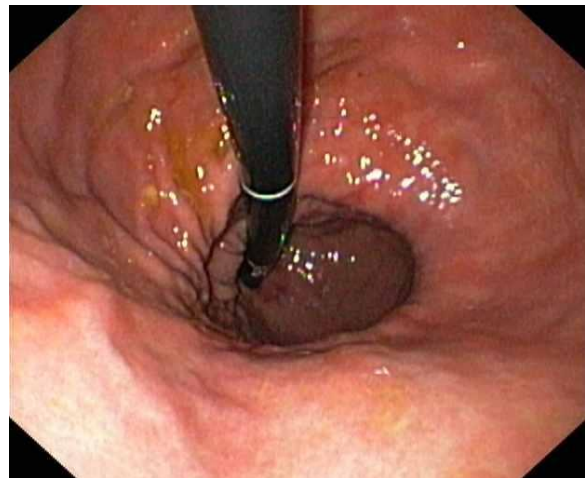
In most individuals, a hiatus hernia causes no symptoms. This is especially true of sliding hernias.

(Picture right – Inside a Hiatus Hernia)

When symptoms do occur, they may only be heartburn and regurgitation, when stomach acid refluxes back into the oesophagus. Some individuals with a hiatus hernia experience chronic reflux of acid into the oesophagus, which may cause injury and bleeding. Anaemia, or low red blood cell count, can result. Further, chronic inflammation of the lower oesophagus may produce scarring and narrowing in this area. This, in turn, makes swallowing difficult, and food does not pass easily (and sometimes painfully) into the stomach.

Other Reported Symptoms

Naturally, when part of the stomach is forced into this opening, the sphincter cannot close properly. Thus, stomach acid may travel back up into the esophagus causing burning sensations (heartburn), esophageal spasms, inflammations and ulcers.



The cramped position of the stomach can also stress the vagus nerve, which stimulates the release of hydrochloric acid. This can cause both over and under secretion of hydrochloric acid and stomach enzymes. It may also affect the sphincter or valve at the bottom of the stomach so that digestive secretions "leak" out of the stomach and are lost before they have completed their job.

The hiatal hernia will also interfere with the movement of the diaphragm muscle. This muscle normally pulls downward to expand the chest capacity and inflate the lungs. Since the hiatal hernia interferes with this movement, the person may be restricted to shallow breathing, or will resort to using the chest and shoulders to expand the lung capacity and take a deep breath.

The oesophagus may also "kink" in the throat, which will irritate the thyroid gland and may cause some difficulty in swallowing. Often persons with hiatal hernias will have difficulty in swallowing capsules or tablets as they get the sensation that they are "sticking" in their throat.

The irritation on the vagus nerve can cause reflex irritations throughout the body. The vagus nerve comes from the medulla and goes to the heart, oesophagus, lungs, stomach, small intestines, liver, gall bladder, pancreas and colon. It also has links to the kidney, bladder, and external genitalia. Thus, a hiatal hernia may start imbalances in the system such as decreased stomach acid and ph imbalance in the intestines and elsewhere.

If a person develops poor stomach digestion due to a lack of hydrochloric acid, they will have difficulty digesting and assimilating protein and most minerals. It will also contribute to food putrefaction in the intestines, causing greater toxicity in the body. This lack of nutrition and toxic condition may contribute towards food allergies, constipation, anaemia and immune and glandular system weaknesses.

Two other problems that a hiatal hernia may contribute to are asthma and heart disease. Since the hernia reduces the lung capacity by interfering with natural breathing, it could be a factor in asthma. The hernia may also put pressure on the heart. Gas in the intestines may put pressure on the hernia and push it against the bottom of the heart, which may be one way in which a heart attack can be triggered. None of this spells immediate fatality, but it does point to a major contributing factor in degenerative illness.

Digestive Difficulties May Include:

- Belching
- Bloating
- Colic in children
- Constipation
- Diarrhoea
- Difficulty digesting meat/high protein foods
- Difficulty in gaining weight or overweight
- General Hunger
- Heartburn
- Hiccups
- Intestinal gas
- Lack or limitation of appetite
- Nausea
- Night Hunger
- Regurgitation
- Sensitivity at the waist
- Tension or pressure at the solar plexus
- Ulcers
- Vomiting

Breathing And Circulation Problems May Include:

- Allergies
- Asthma
- Difficulty in swallowing capsules

- Difficulty with deep abdominal breathing
- Dry tickling cough
- Full feeling at base of throat
- Inability to take a deep breath from diaphragm
- Lung pain
- Overall fatigue
- Pain in left shoulder, arm, or side of neck
- Pain in the left side of chest
- Pain or burning in upper chest
- Pressure below breastbone
- Pressure in the chest
- Rapid heartbeat
- Rapid rise in blood pressure
- Tendency to swallow air

Structural Complaints May Include:

- Bruxism (Grinding teeth in sleep)
- Headaches
- Joint pain
- Localized or overall spinal pain
- TMJ (Temporo-Mandibular Joint Pain)

Stress Symptoms:

- Anxiety attacks
- Developing a quick-temper
- Dizziness
- Hyperactivity in children
- Insomnia
- Mental Confusion
- Shakiness
- Suppression of anger or other emotions

Other Problems Include:

- Candida Albicans
- Difficulty in getting and/or staying healthy
- General weakness
- Hoarseness
- Menstrual or prostate problems
- Open ileocecal valve
- Overactive thyroid, Cravings for sugar or alcohol
- Ravenous hunger
- Urinary difficulties

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Does Hiatus Hernia Cause Pain and Indigestion?

It is wrong to always blame a hiatus hernia for pain and indigestion. Hiatus hernias generally do not cause acute pain. However, symptoms may result from other disorders, such as peptic ulcers or even heart disease. Some individuals with coronary heart disease fool themselves into believing their discomfort is due to a hiatus hernia. If upper-abdominal pain or indigestion occurs, people should not mislead themselves into thinking the cause is a hiatus hernia. Instead, the individual should seek medical advice.

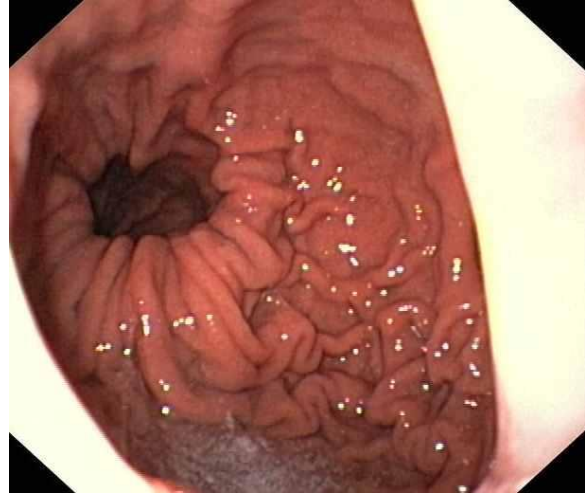
Risk Factors

Hiatus hernias occur more often in people over the age of 50, in overweight people (especially women), and in smokers.

Diagnosis

A hiatus hernia can be diagnosed with a barium study, a special X-ray that allows visualization of the oesophagus, or with endoscopy.

(Picture right – Hiatus Hernia seen from above)



Treatment

Most people do not experience any symptoms of their hiatus hernia, so no treatment is necessary.

However, the paraesophageal hernia (part of the stomach squeezes through the hiatus) can cause the stomach to be strangled, so surgery may be recommended. Other symptoms that may occur along with the hernia, such as chest pain, should be properly evaluated. Symptoms of GERD (Gastro-oesophageal Reflux Disease) should also be treated.

Complications

The complications of hiatus hernia include:

- Chronic heartburn and inflammation of the lower oesophagus, called reflux oesophagitis.
- Anaemia due to chronic bleeding from the lower oesophagus.
- Scarring and narrowing of the lower oesophagus causing difficulty in swallowing.
- While sleeping, stomach secretions can seep up the oesophagus and into the lungs causing chronic cough, wheezing, and even pneumonia.

Heartburn

General guidelines for treating heartburn and oesophagitis (inflammation of the oesophagus) are:

- Avoid (or use only in moderation) foods and substances that increase reflux of acid into the oesophagus, such as:
 - alcohol
 - caffeine
 - chocolate
 - fatty foods
 - nicotine (cigarettes)
 - peppermint
 - spearmint
- Eat smaller, more frequent meals, and do not eat within 2-3 hours of bedtime.
- Avoid bending, stooping, abdominal exercises, tight belts, and girdles all of which increase abdominal pressure and cause reflux.

- If overweight, lose weight. Obesity also increases abdominal pressure.
- Prescription medications. Certain drugs, such as intestinal antispasmodics, calcium channel blockers, and some antidepressants weaken the muscle strength of the lower oesophagus.
- Elevate the head of the bed 20 to 25 cm by putting pillows or a wedge under the upper part of the mattress. Gravity then helps keep stomach acid out of the oesophagus while sleeping.

Drugs

Some medicines effectively reduce the secretion of stomach acid, while others increase the muscle strength of the lower oesophagus, thereby reducing acid reflux.

Surgery

If the hiatus hernia is in danger of becoming constricted or strangulated (so that the blood supply is cut off), surgery may be needed to reduce and reposition the hernia (put it back where it belongs).

(Picture right – X-Ray of a Hiatus Hernia)

Hiatus hernia surgery can be performed with a laparoscope. During the surgery, five or six small (5 to 10 mm) incisions are made in the abdomen. The laparoscope and surgical instruments are inserted through these incisions. The surgeon is guided by the laparoscope, which transmits a picture of the internal organs to a monitor. The advantages of laparoscopic surgery include smaller incisions, less risk of infection, less pain and scarring, and a more rapid recovery.

Many patients are able to walk around the day after hernia surgery. Generally, there are no dietary restrictions and the patient can resume his or her regular activities within a week. Complete recovery will take 2 to 3 weeks, and hard labour and heavy lifting should be avoided for at least 3 months after surgery.



Surgical Effectiveness

After the surgery, there is no guarantee that the hernia will not return.

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Mechanical Correction

Because a hiatal hernia is a "mechanical" problem, the logical way to correct it is "mechanically". Allopathic doctors have attempted surgery to correct the condition, however the results tend to be poor. Additionally, cutting into the affected area can further weaken the surrounding tissues and the hernia will return.

It is suggested that a better method is to manipulate the stomach and to bring down the hernia by manual means. Unfortunately, This procedure cannot be self-administered, so it is recommended that the individual locates an experienced chiropractor, applied kinesiologist, or massage therapist who understands the problem and who knows how to correct it.

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Self-Adjustment

There are some self-help adjustment techniques; however, they are not as effective as having a competent therapist perform the manipulation.

A good self-technique is to drink half a litre of warm water first thing in the morning, and then stretch up on the toes, lifting the heels off the floor, then dropping suddenly onto the heels - repeating this movement several times.

The warm water will help to relax the stomach and diaphragm, and will put some weight in the stomach.

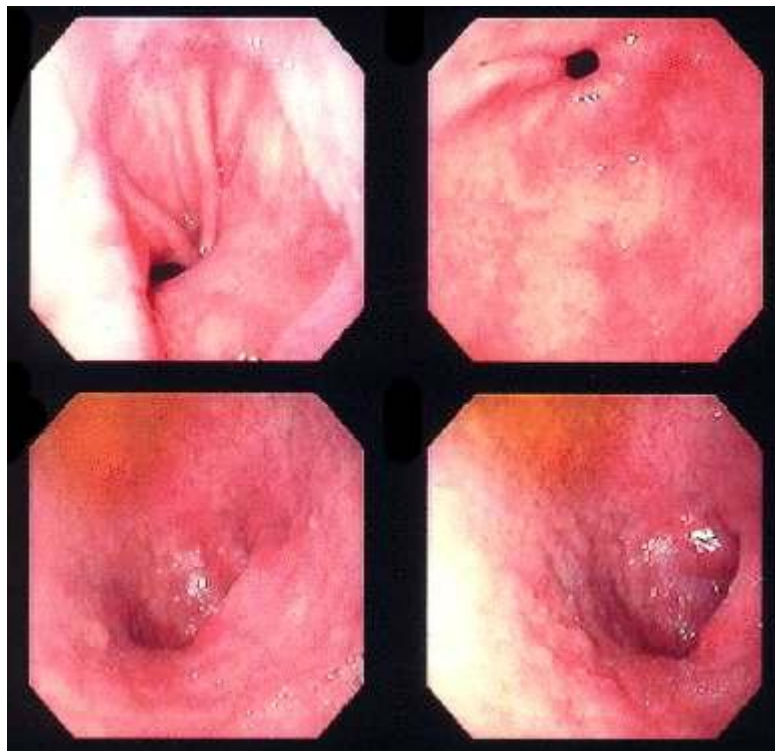
By dropping down suddenly on the heels, the weight of the water helps to move the stomach down, and in a less severe case, this may be enough to bring the hernia down. Also, in a more severe case, this action may loosen the stomach and this will make it easier for a therapist to bring it down. Additionally, this movement will help to keep the stomach down once manipulation or mechanical corrections have been made.

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Summary

A hiatus hernia is an extremely common condition which usually does not cause symptoms or problems. However, when it does, the condition can frequently be treated effectively with a well-planned program. Again, surgery is infrequently required to treat a hiatus hernia, and should only be considered as a last resort.

For interest, see pictures below - four Hiatus Hernia Related Pictures.



- **Upper left:** z line (squamocolumnar junction of esophagus and stomach mucosa) well demarcated; small hiatus hernia with diaphragmatic hiatus visible 2 cm below z line
- **Upper right:** pylorus opening and prepyloric antrum (distal stomach)
- **Lower left:** normal duodenal bulb mucosa

- **Lower right:** portion of duodenal bulb with prominent Brunner's glands hyperplasia

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