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## **Common GI Problems & Solutions:**

### **Gastritis & Gastric Ulcers**

So gastritis and ulcers are defined really as an inflammation of the lining of the stomach, which is gastritis. So gastric system, "itis" being inflammation. Or open sores that develop on the lining of the stomach and upper part of the small intestine, which are the ulcers. This is a very common condition, especially the gastritis part and then leading the ulcers is still pretty common among adults certainly in the western world. The typical symptoms are stomach pain, bloating, nausea is a key differentiating factor here. So often if you have low stomach acid or reflux, you could have some of these similar symptoms. You could have bloating, you could have stomach pain, you could have issues with gas, but you likely won't have nausea. So nausea is fairly indicative of stomach ulcers or gastritis. You would have black or tarry stools so your stools can be affected. So think about your stools are coming out the terminal end of your intestines, and yet having issues with your stomach can impact how your stools look.

You could have that burning pain that worsens on an empty stomach, and when consuming spicy foods or acidic foods and so on. So your stomach generally becomes much more intolerant of things. The stomach is a pretty resilient system, keep in mind that it can have a pH as low as 1 or 0.5, which is a very acidic environment. So pH of 1, If you had a thing of acid sitting in front of you, and it was at a pH of 1, and you touched it with your fingers, it would burn off all your fingerprints. So that's how strong a pH of one is, it can melt many things that you have probably on your desk if you put it in that

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acid. And yet your stomach is normally okay with it. And it's because of the thick mucosal lining that buffers that acid at the lining itself and protects the stomach, the tissue from the damage that the HCl or the low pH causes. And so as a result of losing the lining of the stomach or the thinning of the mucus of the stomach, you actually become intolerant to lots of things that your stomach was normally very tolerant too.

So if you're finding that as you age, certain acidic foods or spicy foods that you used to be able to eat and enjoy without any issue are causing you more problems, then this is something that you may want to look into. Go to your doctor and say, "Hey, I want to take a look." And typically the gold standard is they'd do a scope and they would look at your stomach lining, they would look for ulcers and so on. But you could do some other tests that they have for gastritis that you can do. Some of it is a feeding test, some or blood test that they can do as well to help understand a diagnosis.

So the erosion of the mucosal barrier, and then of course there's potential for bleeding and perforations in the stomach and the upper part of the GI. Because again, the mucous layer and then the lining is thinned out quite a bit, there's reduced acid production, it contributes to poor digestion, nutrient malabsorption, and lots of other downstream problems that then affect the intestines as well. Much more increased risk of infection because you don't have that protective barrier in the stomach. And then of course it creates a favorable environment for helicobacter pylori as well.

And then the root cause typically for gastritis and ulcers is H. pylori overgrowth. And keep in mind that at least 50% of adults have H. pylori colonization in their gut, and potentially at infectious levels. So it's a very common thing. Chronic use of non-steroidal anti inflammatories, excessive alcohol consumption, stress, again, because of HCl impact, smoking because of the oxidative damage that it causes, poor meal hygiene, highly processed diet, and so on. Again, very similar things. And not to be redundant, but it's the same drivers risk for all of these conditions because all of these conditions are related and typically occur in sequence of one another.

So of course the lifestyle interventions would be avoiding the things that can drive this,

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for example, the use of NSAIDs. So if you're taking... And I swear I've known people who just take Advil or ibuprofen every day, and they take it a couple times a day sometimes, because they're dealing with headaches, or they're dealing with something, or joint pain, or whatever it may be, they're just constantly taking NSAIDs. And that has a huge effect on the lining of your stomach and the function of digestive system. Certainly drinking regularly or every single day and having stress has a huge impact. So you want to manage the stress, you want to reduce or even eliminate, if you can, alcohol intake, if you're smoking, quit smoking, avoid overeating. This is another condition that can be driven by meals that are way too big, so you want to be very conscious of your satiety signals, and the moment the hunger goes away, maybe take a few more bites beyond that and try to stop. And then optimize the meal hygiene. Again, we can't overstate that.

From a diet, same thing, avoid irritating foods, things that are very spicy, very acidic, or fried foods, especially with all these oxidized oils on them. Fried foods are very inflammatory, so the last thing you want to do is have to activate the immune system in a stomach that has a lining disrupted to it that's already inflamed. So you definitely don't want inflammatory foods like fried foods going into the system.

From a supplement perspective. [MegaGuard](#) can certainly support with this as well, but PyloGuard is really important. [PyloGuard](#), because in the case of gastritis and ulcers, H. pylori is most likely the culprit. [PyloGuard](#) is a probiotic that binds helicobacter pylori in the stomach and takes it out of the system. It doesn't do anything else. That's the only thing it does, and it does it incredibly well. There are almost 10 published studies on using [PyloGuard](#) in humans clinically to manage H. pylori, and it doesn't have any other negative effects. So [PyloGuard](#) can be very effective. Now, [PyloGuard](#) can be taken prophylactically as well. H. pylori is something that spreads very easily among households, among friends, because it's spread through saliva. And so if you share cups, if you share utensils, if someone sneezes out in the open and it gets on surfaces, people are constantly touching the face and mouth and all that, so you're

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getting the bacteria potentially on your hands and you're contaminating things. So within a household, if somebody has GERD and reflux and are managing it by going after the H. pylori, it actually makes sense for others in the household to prophylactically use it as well.

And you can use something like [PyloGuard](#) prophylactically because there's no negative effects. So you don't necessarily have to go and get a full-on diagnosis of H. pylori, you can use it proactively as well. Because what you don't want is you don't want one person with H. pylori, others are carriers in the household, and then that one person gets their H. pylori treated and it knocks down their problems, but then they get reinfected by people within the household. So within the household becomes important to try to deal with that.

Zinc carnosine can also help because it helps repair the lining of the stomach and reduce inflammation. And then here are some other supplements that can... And most of these help with the lining of the stomach and modulating inflammatory responses within the stomach, and then also helps with gastric emptying, right? So DGL, aloe vera, you can take aloe vera, of course, you can consume it, you can drink it, but you can also take aloe vera supplements. They have that. Marshmallow root, slippery elm, fucoidan, which is an immunological active component from seaweed. It's a fantastic compound. Fucoidan has amazing immunomodulatory effects, but can also improve the expression of the mucous cells in the stomach so that you can improve the lining of the stomach as well. So fucoidan is something you can look for specifically in the supplement. Vitamin C, of course, to modulate immune response. Green tea and artemisia extract, both of those have been shown in clinical trials to be able to help with gastritis and ulcers, especially repairing the lining of the stomach and the upper part of the GI.