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

### **Hiatal Hernia**

Hiatal hernia, I mentioned that this is a physiological issue. This is where part of the stomach pushes up through the esophageal hiatus. So if you think about where your mouth is, and where your throat is, and your stomach is below your diaphragm so you've got your lungs here, your whole breathing center, your heart and all that, and then below that is the stomach, but the food enters in from the mouth. So you've got this long esophagus that has to go through past the heart, past the lungs, and then pass the diaphragm as well. But it actually goes through the diaphragm as a tube that's passing through the diaphragm, and it has this area called the hiatus. This is the area in which the esophagus passes through the diaphragm and then it connects to the top of the stomach. So this is an opening in the diaphragm muscle.

So the diaphragm, if you remember, is this flat muscle that helps you expand your lungs, push air out, and suck air in as well. So the esophagus is meant to pass through there, but in some cases, and this could be genetics, it could be an injury, we'll talk about some of the causes here, let me pull that up, that it's often a physiological change where you can have part of the stomach moving up and through that little hole where the esophagus passes through the diaphragm. And that can cause a lot of disturbances in how the stomach functions, how the esophagus functions, and the movement of the diaphragm itself can create these contractile functions in the stomach that are unfavorable and move things up. So you can get heartburn, regurgitation,

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because things aren't staying down. Your stomach is being pushed, or the contents of the stomach is being actively pushed up even from breathing. You could get, as a result of that, a lot of chest pain, trouble swallowing, bloating. Again, a lot of similar symptoms to low stomach acid, and GERD, and reflux, but this is being driven for another reason.

The consequences is GERD. So you could end up with GERD itself. Esophagus issue, esophagitis issues, again from things constantly refluxing back into your system.

Abdominal pressure due to physical exertion, whether it's from obesity, or pregnancy, or heavy lifting, can cause this to happen. Or you can get weakened diaphragm, which is a result of having asthma, and breathing issues, and fibrosis in the lungs, or age-related weakening of the diaphragm. There could be trauma or injury. So again, there could be a car accident or some sort of accident causes this issue. You really need to have it diagnosed with an X-ray or imaging study. So if you're feeling like you constantly have chest pain after you eat, or a hard time swallowing, or you have food that regurgitates without you doing anything, or you feel very burpy and things feel stuck, it may be worth going and getting an X-ray done to make sure you don't have some form of a hiatal hernia.

There's a couple of different types of hiatal hernia. There's a sliding one, there's a more permanent one. You want to make sure that you get that properly diagnosed because there

## Hiatal Hernia

are things you can do about it, and then you can be very cautious with some of your choices so you don't worsen the condition and you can in fact make it better. Some of the things you can do about it from a lifestyle perspective is eating smaller meals. So you just shrink the size of the meals that you have and have them in more frequency, then give yourself a break. Remember, in the early modules we talked about, in order to get the migrating motor complex going, you want to give five, six hours between eating, so you could eat two, three small meals and then give yourself five, six hours between the next set of two, three small meals. So you could do that, you can plan that

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throughout your day. You also definitely want to avoid laying down after you eat, and you want to maintain a healthy weight, because if you're overweight, maybe it's due to the pressure from obesity itself. So this is something you'd have to get diagnosed through imaging studies.

From a dietary perspective, it's very similar to GERD or hypochlorhydria, which is avoiding spicy fatty foods, reducing caffeine and alcohol intake. Fiber-rich diets. In this case, too much fiber can actually make it feel worse and increase your symptomology. So you don't want to just increase fiber to a very high degree. If you feel like you have an issue with your hiatal hernia, you want to be much more methodical about it and you want to also lower fat intake. So you want to be very cautious with your diet. But again, some of these cautions that you use in your diet can have a negative effect on the microbiome. So in order to know whether or not you have this as a condition, you should go get it diagnosed. There are manual therapies that can be done to reset things in order, but it would require a trained professional to use this kind of therapy in order to fix it.