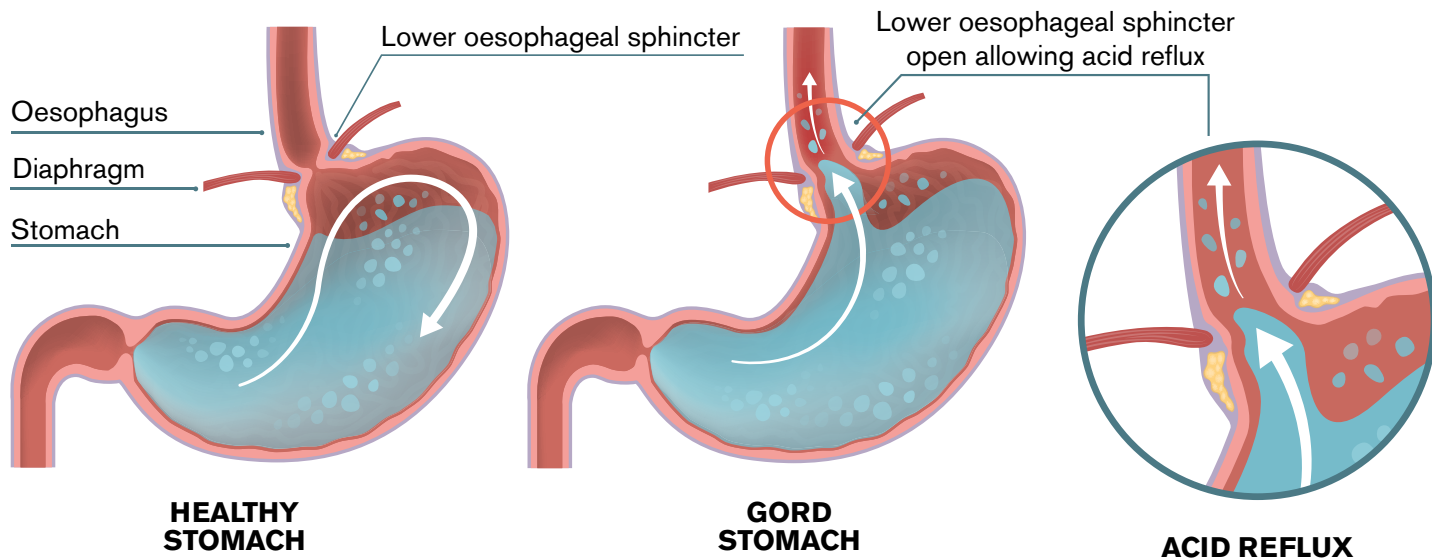


DR.VEGAN<sup>®</sup>

# Taming the burn

*Guide to gastrointestinal and  
digestive disorders*

*Practitioner Paper • For practitioner use only*



|                                | Acid Reflux                                                                                                                                                                                                           | GORD                                                                                                                                                                                                                  |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Condition</b>               | <b>Acid reflux</b> is the condition where stomach acid flows backward into the oesophagus, causing discomfort. Occasional acid reflux is common, but frequent reflux (leading to GORD) can cause more serious issues. | <b>GORD</b> is a more severe form of acid reflux where stomach acid or bile irritates the lining of the oesophagus, leading to symptoms like heartburn, regurgitation, chest pain, and difficulty swallowing.         |
| <b>Frequency of Occurrence</b> | Occasional or infrequent reflux episodes.                                                                                                                                                                             | Chronic condition with frequent or daily symptoms (more than twice a week).                                                                                                                                           |
| <b>Severity</b>                | Mild to moderate symptoms that are temporary.                                                                                                                                                                         | More severe symptoms that can lead to complications if untreated.                                                                                                                                                     |
| <b>Symptoms</b>                | <ul style="list-style-type: none"> <li>• Heartburn</li> <li>• Regurgitation</li> <li>• Sour taste</li> <li>• Mild chest discomfort</li> </ul>                                                                         | <ul style="list-style-type: none"> <li>• Heartburn</li> <li>• Regurgitation</li> <li>• Difficulty swallowing</li> <li>• Chronic cough or hoarseness</li> <li>• Sore throat</li> <li>• Asthma-like symptoms</li> </ul> |

|                              | Acid Reflux                                                                                                                                                                                                                                                                                                                                                                                                                                             | GORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Oesophageal Damage</b>    | Generally no significant damage to the oesophagus.                                                                                                                                                                                                                                                                                                                                                                                                      | Can lead to inflammation, oesophagitis, narrowing (strictures), and Barrett's oesophagus.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Timeframe of Symptoms</b> | Short-lived episodes that resolve with lifestyle changes or antacids.                                                                                                                                                                                                                                                                                                                                                                                   | Persistent or recurring symptoms, often requiring ongoing treatment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Complications</b>         | Rarely leads to complications.                                                                                                                                                                                                                                                                                                                                                                                                                          | Can lead to severe complications like oesophageal ulcers, and an increased risk of oesophageal cancer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Causes</b>                | <p><b>Delayed gastric emptying:</b> Slower digestion can increase the risk of reflux.</p> <p><b>Too little HCl (hydrochloride) production:</b> The HCl is too weak, so the body compensates by producing a higher volume, increasing the likelihood of acid reflux.</p> <p><b>Dietary triggers:</b> Foods and drinks like fatty foods, chocolate, caffeine, citrus, tomato-based foods, spicy foods, and alcohol can trigger or worsen acid reflux.</p> | <p><b>Lower oesophageal sphincter (LOS) dysfunction:</b> The LOS is a valve at the bottom of the oesophagus that prevents acid from flowing backward. If it weakens or relaxes improperly, acid can reflux into the oesophagus.</p> <p><b>Too little HCl production:</b> The HCl is too weak, so the body compensates by producing a higher volume, increasing the likelihood of acid reflux.</p> <p><b>Obesity:</b> Excess weight can increase pressure on the abdomen, pushing stomach contents upward.</p> <p><b>Hiatal hernia:</b> This occurs when the upper part of the stomach bulges through the diaphragm into the chest, making reflux more likely.</p> <p><b>Dietary triggers:</b> Foods and drinks like fatty foods, chocolate, caffeine, citrus, tomato-based foods, spicy foods, and alcohol can trigger or worsen acid reflux.</p> <p><b>Smoking:</b> Smoking weakens the LES and promotes acid reflux.</p> <p><b>Pregnancy:</b> Hormonal changes and increased abdominal pressure in pregnancy can lead to acid reflux.</p> <p><b>Delayed gastric emptying:</b> Slower digestion can increase the risk of reflux.</p> |
| <b>Diagnosis</b>             | Often self-diagnosed or diagnosed based on symptoms.                                                                                                                                                                                                                                                                                                                                                                                                    | Diagnosis typically confirmed with endoscopy or 24-hour pH monitoring.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Occurrence</b>            | Common, with most people experiencing occasional reflux.                                                                                                                                                                                                                                                                                                                                                                                                | Affects a smaller group, but is more persistent and may affect up to 20% of the population.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## **DIETARY ADVICE**

### **Avoid trigger foods**

---

Common triggers include spicy foods, acidic foods (tomatoes, citrus), fatty or fried foods, caffeine, chocolate, mint, alcohol and carbonated beverages.

### **Drink non-acidic beverages**

---

Water, herbal teas (like Chamomile), and non-citrus juices are gentle on the stomach. Avoid alcohol and caffeinated drinks.

### **Eat smaller meals**

---

Large meals increase pressure on the lower oesophageal sphincter (LOS), leading to reflux. Eat smaller and more frequent meals instead.

### **Avoid eating before bed**

---

Refrain from eating 2-3 hours before lying down to prevent nighttime reflux.

### **Choose lean proteins**

---

Choose lean, plant-based proteins to reduce fat intake. Fat can be a trigger for acid reflux and decrease gastric emptying times.





## **LIFESTYLE ADVICE**

### **Elevate the head of your bed**

---

Raise the head of your bed by 6-8 inches or use a wedge pillow to reduce nighttime reflux.

### **Maintain a healthy weight**

---

Excess weight, especially around the abdomen, puts pressure on the LOS, worsening GORD symptoms.

### **Avoid smoking**

---

Smoking weakens the LOS and increases the likelihood of acid reflux.

### **Practice good posture**

---

Stay upright for at least an hour after eating. Avoid lying down or engaging in vigorous physical activity immediately after meals.

### **Wear loose clothing**

---

Tight clothing around the waist can increase abdominal pressure and exacerbate reflux.

### **Manage stress**

---

Stress can worsen GORD symptoms. Practice relaxation techniques like yoga, meditation or deep breathing exercises.

## GastroAid®

*GastroAid® is an advanced formula containing betaine hydrochloride, digestive enzymes and botanicals to support the proper breakdown of food in the stomach. GastroAid supports 2 main areas: digestion and the breakdown of fats, proteins and carbohydrates.*



|                  | PER 1<br>CAPSULE    | EC<br>NRV % * |
|------------------|---------------------|---------------|
| Betaine HCL      | 250mg               | **            |
| Amylase          | 94mg<br>(15000 SKB) | **            |
| Lipase           | 40mg (2000 LU)      | **            |
| Protease         | 6mg<br>(10000 HUT)  | **            |
| Chamomile Flower | 500mg               | **            |
| Artichoke Leaf   | 300mg               | **            |
| Amla Berry       | 200mg               | **            |
| Fennel Seed      | 50mg                | **            |
| Caraway Seed     | 40mg                | **            |
| Bamboo Silica    | 15mg                | **            |

\* NRV= Nutrient Reference Value

\*\* No NRV Established



## Directions

Take one capsule twice per day with your main meals.

## Ingredients

Betaine Hydrochloride, Amylase, Artichoke Leaf Extract (*Cynara scolymus*), Chamomile Flower Extract (*Matricaria recutita*), Fennel Seed Powder (*Foeniculum vulgare*), Amla Berry Extract (*Embolica officinalis*), Caraway Seed Powder (*Carum carvi*), Lipase, Bamboo Silica Extract (*Bambusa vulgaris*), Protease, Capsule Shell (*Hydroxypropyl Methylcellulose*).

## Free from

Added Sugar, Starch, Sweeteners, Gluten, Wheat, Soya, Lactose, Dairy, Artificial Flavours, Colours and Preservatives.

## Pairs well with



Debloat & Detox



Gut Works®



Vegan Omega 3



Fibre Complex



Ashwagandha  
KSM-66®



Vegan Nights®

## Warning

- Food supplements should not be used as a substitute for a varied balanced diet and a healthy lifestyle.
- If you are taking any medications (including proton pump inhibitors, H2 blockers, or antacids) or are under medical supervision, please consult a doctor or a healthcare professional before use.
- Discontinue use and consult a doctor if adverse reactions occur.
- Keep out of sight and reach of children.

## Caution

- Diabetics / Hypoglycemics: Use only under a doctor's supervision because this product contains Artichoke and Caraway, which may enhance insulin sensitivity and may affect your blood glucose levels.
- Those with hypotension (low blood pressure): Use only under a doctor's supervision because this product contains Artichoke, which may increase the risk of hypertension.
- This product should not be taken by pregnant or breastfeeding women.
- Not intended for use under 18 years of age.

## KEY INGREDIENTS IN GASTROAID®



### Betaine Hydrochloride

Betaine Hydrochloride (HCl) is used to aid digestion. Structurally, it consists of betaine (also known as trimethylglycine (TMG)), a naturally occurring compound derived from choline combined with hydrochloric acid. In clinical practice, Betaine HCl is used to address hypochlorhydria (low stomach acid levels), which may contribute to symptoms often associated with acid reflux.

When gastric acid levels are insufficient, the digestive process is compromised, leading to symptoms mimicking gastroesophageal reflux disease (GORD), including bloating, indigestion, and regurgitation.

When ingested, Betaine HCl dissociates in the stomach into:

- Betaine, which is metabolised as a methyl donor and contributes to homocysteine metabolism.
- Hydrogen ions ( $H^+$ ) and chloride ions ( $Cl^-$ ), which combine to restore gastric acidity. This acidification mimics natural gastric acid, improving digestive efficiency without requiring stimulation of the parietal cells.

In acid reflux, Betaine HCl may benefit patients who experience symptoms due to:

- Poor LOS (lower oesophageal sphincter) tone.
- Delayed gastric emptying secondary to low acid production.
- Inefficient protein digestion leading to increased intra-abdominal pressure.



### Fennel Seed

Fennel Seed powder has diverse applications for gastrointestinal health.

These bioactives relax the smooth muscles of the gastrointestinal tract, reducing oesophageal spasms and helping to alleviate symptoms associated with acid reflux:<sup>7</sup> Anethole, estragole, fenchone, chlorogenic acid, quercetin, rutin, kaempferol, oleic acid and linoleic acid, anethofuran, scopoletin and umbelliferone, and sitosterol.

Additionally, Fennel's anti-inflammatory properties, driven by its phenolic compounds such as chlorogenic acid and flavonoids like quercetin, may help soothe irritation in the oesophageal lining caused by gastric acid. Fennel also promotes digestion by stimulating gastric motility, reducing bloating, and minimising the buildup of gas, which can exacerbate reflux symptoms. Fennel serves as a complementary therapy to improve digestive comfort in clients with mild to moderate reflux.





## Digestive Enzymes

Digestive enzymes, including amylase, lipase and protease aid with the breakdown of food and facilitate digestion.

Research concludes that digestive enzyme combinations have been in use for a long time and have a modest response in ameliorating various symptoms of dyspepsia due to both functional and organic causes.<sup>1</sup> Studies show the favourable role of oral digestive enzyme supplementation in patients with functional dyspepsia due to inadequate digestive enzymes, can reduce symptoms of functional dyspepsia.<sup>2</sup> Enzymes may reduce the time food stays in the stomach, reducing pressure on the lower oesophageal sphincter and reducing reflux symptoms.

---



## German Chamomile Flower Extract

German Chamomile contains chamazulene,  $\alpha$ -Bisabolol and its oxides, apigenin, luteolin, quercetin, caffeic acid, ferulic acid, matricin, umbelliferone, herniarin, polysaccharides and tannins. The actives contain anti-inflammatory properties and protect tissues from oxidative damage.

German Chamomile improves digestive issues, including indigestion and slow gastric emptying. It has gastroprotective properties and should be used in individuals with GORD.<sup>5</sup>

German Chamomile has anti-inflammatory properties and reduces irritation of mucosal tissues.<sup>6</sup> Frequent irritation of the oesophagus is problematic in those with acid reflux and may contribute to oesophageal cancer.

---



## Amla Berry Extract

Amla (Indian Gooseberry), is a potent natural remedy with benefits for managing acid reflux and promoting digestive health. Rich in Vitamin C, tannins, and flavonoids, Amla exhibits strong antioxidant and anti-inflammatory properties, which can help protect and soothe the oesophageal lining irritated by gastric acid. Its bioactive compounds, such as gallic acid, ellagic acid, and emblicanin, support mucosal defence by enhancing the production of protective gastric mucous, thereby reducing acid damage to the stomach and oesophagus. Additionally, Amla is known to improve gastric motility and regulate stomach acid production, which can help prevent acid reflux episodes. A study published in the Journal of Integrative Medicine aimed to evaluate the efficacy and safety of Amla, concluded that Amla was safe and effective for managing symptoms of NERD (non-erosive reflux disorder). Its gastroprotective and mucosal-protective properties make it a promising option for the management and treatment of GORD.<sup>8</sup>



### **Artichoke Leaf Extract**

Artichoke is used in individuals with GORD due to its ability to enhance digestion and reduce inflammation. Its active constituents are chlorogenic acid, luteolin and apigenin, cynarin, silymarin, sesquiterpene lactones and tannins.

Artichoke Extract promotes bile secretion and accelerates gastrointestinal transit, reducing the risk of food lingering in the stomach, which can contribute to acid reflux.<sup>3</sup>

The polyphenols in Artichokes, including cynarin and chlorogenic acid, possess anti-inflammatory properties. These compounds may help reduce irritation in the oesophagus caused by stomach acid.

Research concludes that Artichoke improves the upper gastro-intestinal symptoms of dyspepsia.<sup>4</sup> A clinical trial found that Artichoke Leaf Extract can improve the quality of life and provide relief of the upper gastrointestinal symptoms in individuals with dyspepsia,<sup>4</sup> delayed gastric emptying and the resulting acid reflux.

---



### **Caraway Seed Powder**

Caraway Seed can be used to manage GORD due to its ability to enhance digestive health through multiple mechanisms. The seeds and their essential oil contain bioactive compounds like carvone and limonene, which exhibit strong antispasmodic and antimicrobial properties.<sup>9,10,11</sup> These compounds help relax muscles of the gastrointestinal tract, reduce stomach spasms, and alleviate symptoms of dyspepsia often associated with GORD.

Caraway also supports gut health by modulating the balance of gut microbiota, reducing harmful bacterial overgrowth, and promoting the growth of beneficial bacteria. Individuals with small intestinal bacterial overgrowth (SIBO), a condition sometimes linked to GORD, may especially benefit from caraway due to these properties. Additionally, the antioxidant properties of Caraway, derived from phytochemicals like flavonoids, reduce oxidative stress and inflammation, protecting the gastric lining from irritation caused by acid reflux.<sup>11</sup>

---



### **Bamboo Silica Extract**

Bamboo Extracts are rich in flavonoids and phenolic compounds, which neutralise reactive oxygen species (ROS). This reduces oxidative stress, a contributor to mucosal damage in GORD. Studies show that Bamboo Extracts suppress pro-inflammatory cytokines like IL-6 in inflamed tissues,<sup>12</sup> potentially calming oesophageal and gastric inflammation often seen in GORD.

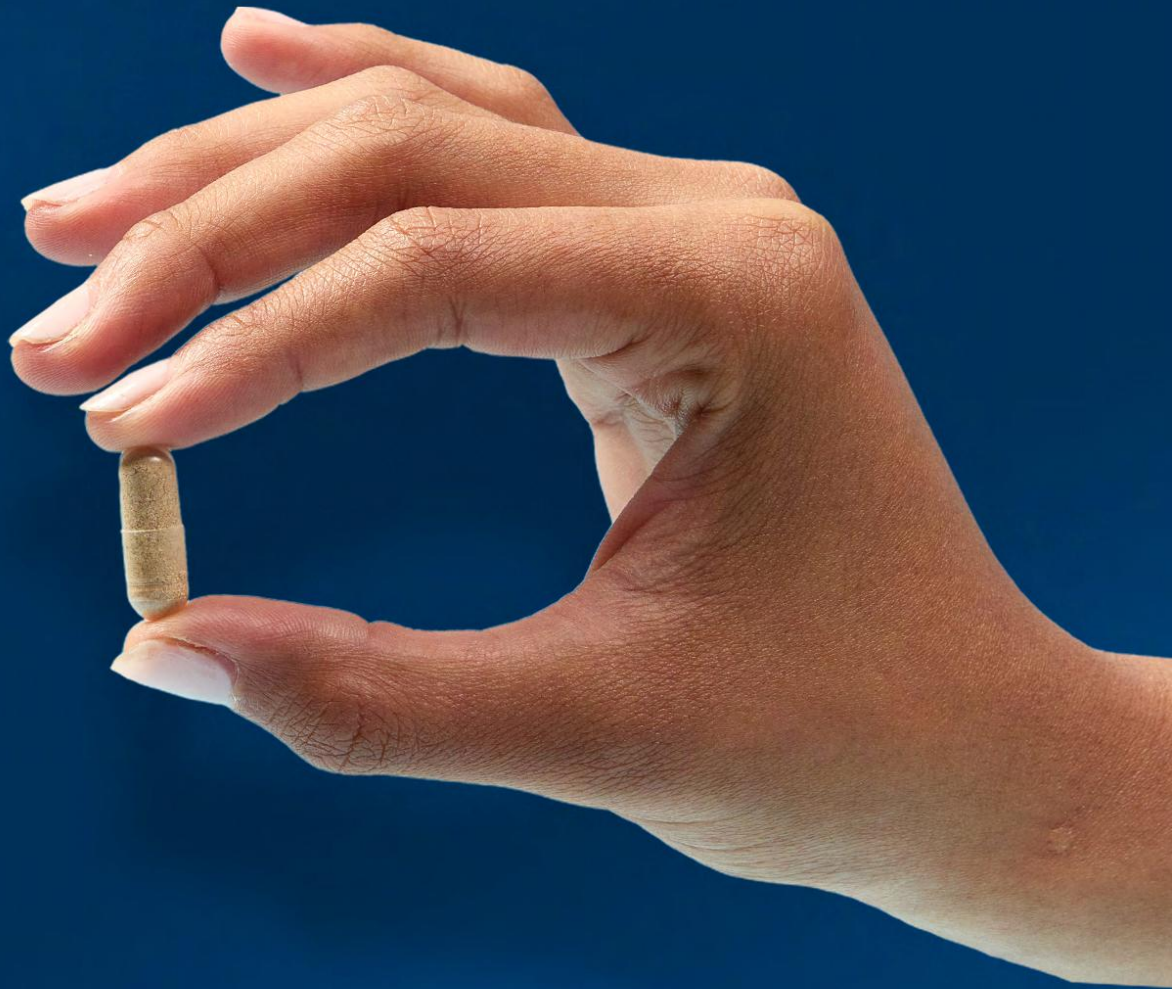
## DRUG INTERACTIONS

|                      |          |                        |                                                                                           |
|----------------------|----------|------------------------|-------------------------------------------------------------------------------------------|
| Interaction Severity | Moderate | Antidiabetes Drugs     | Artichoke and Caraway may increase the risk of hypoglycaemia when taken with these drugs. |
|                      |          | Antihypertensive Drugs | Artichoke may increase the risk of hypotension when taken with these drugs.               |
|                      |          | CNS Depressants        | German Chamomile and Caraway may increase the risk of side effects from CNS depressants.  |
|                      |          | Diuretic Drugs         | Caraway increases the risk of hypokalaemia when taken with these drugs.                   |
|                      |          | Lithium                | Caraway may decrease the excretion rate of this drug.                                     |
|                      | Minor    | Antacids               | Betain hCL may decrease the effects of these drugs.                                       |
|                      |          | H2 Blockers            | Betain hCL may decrease the effects of these drugs.                                       |
|                      |          | Proton-pump Inhibitors | Betain hCL may decrease the effects of these drugs.                                       |

*Drug-nutrient interactions have been taken from the Natural Medicines Database, October 2024. Please do your own due diligence before recommending this product to individuals taking medicines.*

## REFERENCES

1. *International Journal of Basic & Clinical Pharmacology* · April 2017
2. *International Journal of Basic & Clinical Pharmacology* | May 2017 | Vol 6 | Issue 5
3. *Alimentary Pharmacology and Therapeutics*. Volume 18, Issue 11-12. December 2003. Pages 1099-1105
4. *Phytomedicine*. 2002 Dec;9(8):694-9.
5. *Global Advances in Health and Medicine*. 2016;5(1):107-111.
6. *Front. Immunol.*, 24 April 2024. Sec. T Cell Biology. Volume 15
7. *Journal of Integrative Medicine*. Volume 16, Issue 2, March 2018, Pages 126-131
8. *Journal of Integrative Medicine*. Volume 16, Issue 2, March 2018, Pages 126-131
9. *Digestive Diseases*. (2017) 35, no. Supplement 1, 5–13,
10. *Annales Pharmaceutiques Françaises*. (2006) 64, no. 6, 390–396
11. *Journal of Food, Agriculture & Environment* Vol.12 (3&4): 71-76. 2014
12. *Biomedicine & Pharmacotherapy*. Volume 95, November 2017, Pages 808-817



**DR.VEGAN®**

*[www.drvegan.com](http://www.drvegan.com) • [team@drvegan.com](mailto:team@drvegan.com)*