



Silent Reflux Disease



Despite some similarities, silent reflux and gastrointestinal reflux disease (GERD) are not the same. Symptoms of Silent reflux can appear without warning. They can manifest as a tickle in the throat, mild to moderate throat irritation, a cough, clearing of the throat, or what feels like a lump in the throat. Many people live with these mild symptoms daily. But if these symptoms persist, they can be part of a health condition called silent reflux, clinically known as laryngopharyngeal reflux (LPR). Silent reflux may have some of the same pathophysiological mechanisms as GERD, such as a weakened or dysfunctional lower esophageal sphincter (LES), allowing stomach acids to flow up the length of the esophagus. The area of concern is irritation, swelling, and potential damage to the throat and vocal cords. Silent reflux and GERD eventually can lead to life-threatening conditions if not treated properly. The lining of the esophagus has protective mechanisms against the aggressive nature of stomach contents, including stomach acid and bile salts. Whereas the laryngeal and pharyngeal mucosa (throat and ear tissues) do not have these protective mechanisms, leaving them vulnerable to damage. Thus, the presence of stomach contents may irritate and potentially erode that tissue more rapidly.

Other differences between silent reflux and GERD include the types of refluxed content, timing, and posture-related incidence. GERD mainly presents with acid reflux, while silent reflux involves acidic, non-acidic, and more gaseous components. GERD usually is triggered at night in the supine position, while silent reflux occurs during the day in a prone or upright position. In general, it is more difficult for people with LPR to follow a plan compared to people with GERD because they are not always in pain. With silent reflux, some people can eat certain foods and not be aware of any damage happening at the cellular level.

According to research, it is unclear whether or not GERD causes silent reflux; it may occur concurrently or independently of GERD. But research suggests that patients who do not manage GERD eventually can develop signs and symptoms of silent reflux.

Silent reflux is a complex condition that often goes undiagnosed due to the challenges of ruling out other GI and laryngeal disorders with overlapping symptoms. However, if left untreated, silent reflux can lead to severe irritation and inflammation of the larynx and throat and, in worse cases, laryngeal lesions and throat cancer.

While there are pharmacological interventions available to help treat the symptoms, there are lifestyle and dietary modifications patients can follow to improve and in many cases overcome the issue, and live a more healthful, productive life.

Nutritional Interventions

Fiber: Low resting pressure of LES is associated with an increased number of reflux episodes of longer duration. Research has shown a fiber-enriched diet significantly improves LES resting pressure and decreases the number of refluxes and heartburn frequency.

Protein: Early studies indicated that protein increases the LES pressure thereby allowing sphincter closure and reflux reduction. A low-fat, high-protein diet is superior to medication for reflux management. Lean proteins, such as chicken, turkey, fish and sea food, low-fat dairy and soy products can ensure adequate protein intake. Also, maintaining a diet of adequate low-fat protein helps in the healing of irritated mucosa or ulcers.

Digestive enzymes, ginger and curcumin: Supplementing with digestive enzymes and ginger extract can regulate the flow of liquid in the GI tract to promote the digestion and absorption of food. Ginger extract can also tighten the LES to prevent backflow of stomach contents. Curcumin has been shown to effectively prevent esophageal mucosal damage induced by acute, mixed, acid-bile reflux. This protective mechanism caused by curcumin in the esophagus has been attributed to the antioxidant nature of this turmeric derivative.

Calcium: Calcium tightens the LES valve. However, swallowing a calcium pill does not prevent reflux well because the calcium is not instantly dissolved, and therefore not available at the site/area of need. The calcium must be chewed or swallowed as a powder or liquid, in order to be available in solution at the lower esophagus, where it prevents reflux without decreasing stomach acid.

Healthy bacteria: Reflux symptoms are commonly perpetuated by gut dysbiosis. Taking antacid drugs will disturb the gut bacteria balance, and make gut dysbiosis worse. Gut dysbiosis can lead to several physiological changes including decreased gastric motility, prolonged relaxation of the LES, and increased intra-abdominal pressure. If you need to take antacid medication to manage your acid reflux symptoms, probiotics could help keep your gut bacteria balanced and healthy, and also aid in decreasing stomach distension.