



GastroDoxs
— defenders of the digestive system —

Gastritis

A Practical Guide For Patients

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TABLE OF CONTENTS

- 01** Introduction
- 02** What Causes Gastritis?
- 03** Symptoms
- 04** Diagnosis
- 05** Diet
- 06** Medications
- 07** Therapies
- 08** Coping
- 09** FAQs
- 10** Take Action



Introduction: Gastritis

Gastritis is the inflammation of the stomach lining, which can occur suddenly (acute) or develop gradually over time (chronic). It results from an imbalance between protective mechanisms of the stomach mucosa and irritating factors such as stomach acid. Common causes include infection with *Helicobacter pylori*, prolonged use of nonsteroidal anti-inflammatory drugs (NSAIDs), excessive alcohol intake, smoking, stress, and certain autoimmune conditions. Symptoms may vary from mild discomfort to severe pain and can include indigestion, nausea, vomiting, bloating, and loss of appetite. If left untreated, chronic gastritis may increase the risk of ulcers or stomach cancer. Early diagnosis and proper treatment are essential for effective management and prevention of complications.

Key Takeaways

- Gastritis is inflammation of the stomach lining, either acute or chronic.
- Major causes include *H. pylori* infection, long-term NSAID use, alcohol, smoking, stress, and autoimmune factors.
- Symptoms often include abdominal pain, nausea, vomiting, bloating, and indigestion.
- Chronic gastritis, if untreated, can lead to ulcers or stomach cancer.
- Diagnosis may involve endoscopy, biopsy, or *H. pylori* testing.
- Treatment includes acid-suppressing medications, antibiotics (for *H. pylori*), and lifestyle modifications.
- Avoiding triggers like alcohol, smoking, and irritating foods helps reduce flare-ups.
- Early detection and proper management are key to preventing serious complications.



What Causes Gastritis?

Known Causes

Gastritis occurs when the protective lining of the stomach becomes inflamed or damaged, allowing stomach acid to irritate the tissue. The most common cause is infection with *Helicobacter pylori*, a bacterium that weakens the stomach's defenses. Long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen is another major contributor, as these reduce protective prostaglandins in the stomach lining. Other causes include excessive alcohol consumption, smoking, high stress levels, autoimmune disorders, bile reflux, and certain infections. Poor diet and chronic medical conditions can also increase risk. Understanding these causes is crucial, since untreated gastritis may lead to ulcers, chronic digestive problems, or, in rare cases, stomach cancer.

- **Helicobacter pylori infection** most common cause, damaging the stomach lining.
- **Prolonged NSAID use (aspirin, ibuprofen, naproxen)** reduces protective stomach prostaglandins.
- **Excessive alcohol intake** irritates and erodes gastric mucosa.
- **Smoking** weakens the stomach's natural defenses.
- **Stress (physical or emotional)** increases acid production and delays healing.
- **Autoimmune gastritis** the immune system attacks stomach lining cells.
- **Bile reflux** backward flow of bile into the stomach.



Common Signs & Symptoms

Common signs and symptoms of gastritis include upper abdominal pain or burning, nausea, vomiting, bloating, indigestion, and loss of appetite. In some cases, patients may experience black stools, vomiting blood, or unexplained weight loss, indicating more severe complications.

Core Symptoms Include:

- Upper abdominal pain or burning sensation
- Nausea and occasional vomiting
- Indigestion and bloating
- Loss of appetite
- Feeling of fullness after small meals
- Black stools or vomiting blood (in severe cases)



Severe cases can also cause:



- Stomach bleeding leading to anemia
- Black, tarry stools (melena)
- Vomiting blood (hematemesis)
- Sharp, persistent abdominal pain
- Unexplained weight loss
- Increased risk of ulcers or stomach cancer if untreated



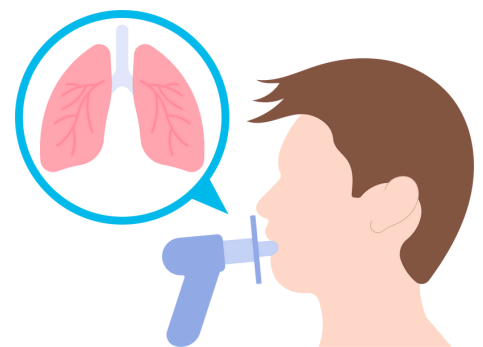
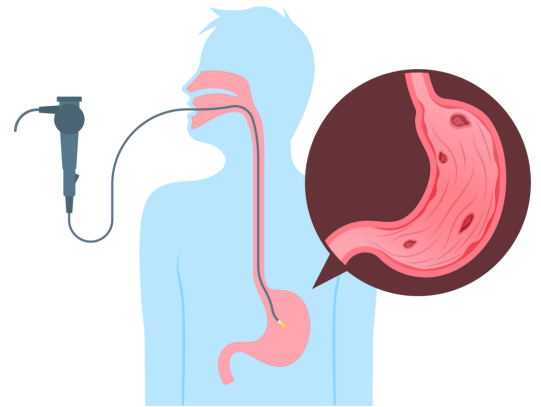
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Diagnosis & Medical Testing

Diagnosis of gastritis involves patient history, physical examination, and tests such as endoscopy with biopsy to examine the stomach lining. Additional evaluations may include H. pylori testing (breath, stool, or blood), blood tests for anemia, and stool tests for bleeding.

Diagnostic Tools

- **Upper endoscopy (gastroscopy)** direct visualization of the stomach lining.
- **Biopsy** tissue sampling to detect inflammation, infection, or malignancy.
- **Urea breath test** identifies active H. pylori infection.
- **Stool antigen test** detects H. pylori antigens.
- **Blood test for H. pylori** checks for antibodies (less specific).
- **Complete blood count (CBC)** evaluates anemia from bleeding.
- **Fecal occult blood test (FOBT)** identifies hidden blood in stool.
- **Barium swallow X-ray** visualizes abnormalities in stomach shape or lining.
- **Serum gastrin levels** helps assess autoimmune or atrophic gastritis.
- **Imaging (CT/MRI)** used when complications are suspected.



Diet

A gastritis friendly diet emphasizes soft, non-irritating foods like fruits, vegetables, whole grains, and lean proteins. Patients should avoid spicy, acidic, and fried foods, as well as alcohol and caffeine, while eating smaller, more frequent meals to reduce stomach irritation.

Key Insights

- Choose soft, easily digestible foods (fruits, vegetables, whole grains, lean proteins).
- Avoid spicy, fried, and highly acidic foods.
- Limit alcohol, caffeine, and carbonated drinks.
- Eat smaller, frequent meals instead of large portions.
- Stay hydrated with water and mild herbal teas.
- Include probiotics (yogurt, kefir) to support gut health.
- Avoid eating late at night to reduce acid reflux.
- Monitor and eliminate personal trigger foods.



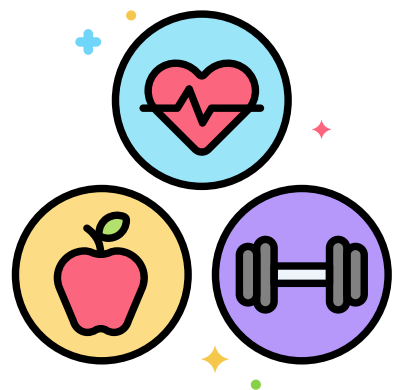
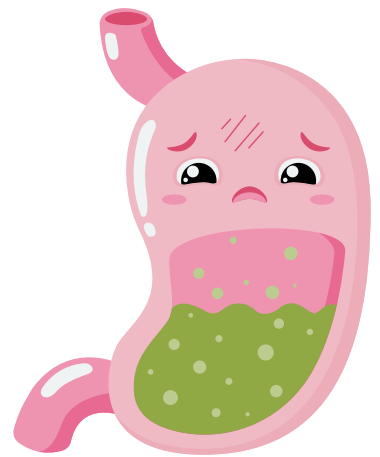
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Medications & Treatment Options

Treatment of gastritis focuses on relieving symptoms and addressing the underlying cause. Common medications include proton pump inhibitors, H2 receptor blockers, and antacids to reduce stomach acid. If H. pylori infection is present, antibiotics are prescribed along with lifestyle modifications.

Treatment Options

- **Proton Pump Inhibitors (PPIs)** reduce stomach acid (e.g., omeprazole, lansoprazole).
- **H2 Receptor Blockers** decrease acid production (e.g., ranitidine, famotidine).
- **Antacids** neutralize existing stomach acid for quick relief.
- **Antibiotics** eradicate H. pylori infection when present.
- **Cytoprotective agents** protect stomach lining (e.g., sucralfate, misoprostol).
- **Lifestyle modifications** avoiding alcohol, smoking, and irritant foods.
- **Dietary changes** small, frequent meals with bland, non-spicy foods.
- **Stress management** meditation, yoga, or counseling to reduce acid flare-ups.
- **Vitamin B12 supplementation** for autoimmune gastritis causing deficiency.
- **Surgery** rare, reserved for severe complications or bleeding ulcers.

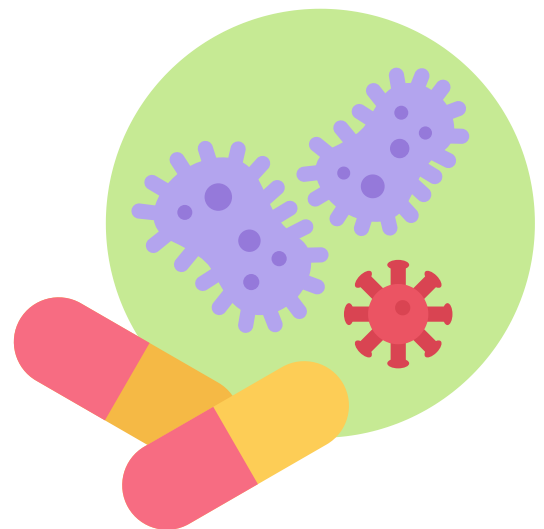


Advanced Therapies & Procedures

Advanced therapies for gastritis focus on managing severe or complicated cases. These include endoscopic interventions to control bleeding, surgical procedures for refractory ulcers, and targeted treatments for autoimmune gastritis. In *H. pylori*-related cases, combination antibiotic therapy ensures eradication.

Therapy Options

- **Proton Pump Inhibitors (PPIs)** reduce stomach acid and promote healing.
- **H2 Receptor Blockers** decrease acid production and relieve symptoms.
- **Antacids** provide quick relief by neutralizing stomach acid.
- **Antibiotic Therapy** eradicates *H. pylori* infection.
- **Cytoprotective Agents** protect the stomach lining (e.g., sucralfate).
- **Lifestyle Modifications** avoid alcohol, smoking, and irritating foods.
- **Dietary Adjustments** small, bland meals to minimize irritation.
- **Stress Management** meditation, yoga, or counseling to reduce acid flare-ups.
- **Vitamin Supplementation** for deficiencies caused by chronic gastritis.
- **Surgical Intervention** reserved for severe or complicated cases, such as bleeding ulcers.



Coping With **Gastritis**

Coping with gastritis involves following prescribed medications, avoiding irritants like alcohol, caffeine, and spicy foods, eating small frequent meals, managing stress, and attending regular medical check-ups. Early intervention and lifestyle adjustments help prevent flare-ups and complications.

Practical Strategies

- Avoid alcohol, smoking, and caffeine to reduce stomach irritation.
- Eat smaller, frequent meals instead of large portions.
- Focus on bland, soft, and easily digestible foods.
- Identify and eliminate personal trigger foods.
- Stay hydrated with water and mild herbal teas.
- Manage stress through meditation, yoga, or relaxation exercises.
- Take medications exactly as prescribed.
- Avoid lying down immediately after meals to prevent acid reflux.
- Monitor symptoms and seek medical attention for severe pain or bleeding.
- Maintain regular medical check-ups for early detection and management of complications.



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FAQS About Gastritis



Q1: What is gastritis?

A: Gastritis is the inflammation of the stomach lining, which can be acute or chronic, causing discomfort and digestive issues.

Q2: What causes gastritis?

A: Common causes include H. pylori infection, prolonged NSAID use, alcohol, smoking, stress, autoimmune conditions, and certain infections.

Q3: What are the symptoms of gastritis?

A: Typical symptoms include upper abdominal pain, nausea, vomiting, bloating, indigestion, and loss of appetite. Severe cases may cause black stools or vomiting blood.

Q4: How is gastritis diagnosed?

A: Diagnosis involves endoscopy, biopsy, H. pylori testing, blood tests, and stool examinations to detect inflammation or infection.

Q5: How is gastritis treated or managed?

A: Treatment includes acid-reducing medications, antibiotics for H. pylori, dietary adjustments, lifestyle modifications.



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Take **Action**

If you experience **Gastritis**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit GastroDoxs.com to schedule an appointment and access more resources on digestive health.



**Your health matters
take the next step
today!**

SCHEDULE AN APPOINTMENT

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