

The Root Cause Reflux Guide

A practitioner-informed map of the signs, questions, and testing worth bringing to your next appointment.

WHY THIS GUIDE EXISTS

If you've taken acid blockers for years and still wake up burning, you're not failing at treatment. You may simply be working from an incomplete map. This guide won't diagnose you — it helps you walk into your next appointment with better questions and clearer notes.

- Recognize the signs that point upstream, not just at acid
- Know which tests are commonly used — and what each one shows
- Walk in with specific questions instead of vague frustration
- Track your symptoms in a way practitioners can actually use

First, the reframe

Most reflux advice starts and ends with one idea: you have too much stomach acid. But reflux is better understood as a valve problem than a volume problem. The muscular ring at the base of your esophagus is supposed to stay shut between meals. When it opens at the wrong moment, even a normal amount of acid burns.

That opens up a different question — and a more useful one:

Why is acid ending up where it doesn't belong?

For many people, one answer is counterintuitive: stomach acid that is too LOW. Low acid slows protein digestion, food lingers and ferments, gas builds, and that pressure pushes upward against the valve. The burn feels like excess. The trigger, upstream, can be a deficit.

THIS IS NOT A REASON TO STOP YOUR MEDICATION

If you've been on a proton pump inhibitor (PPI) for a long stretch, stopping suddenly can cause acid to rebound sharply. Any change or taper belongs with your prescriber. Working alongside your medication while you investigate root causes is the safest path.

The four drivers worth investigating

Low stomach acid (hypochlorhydria)

Slows digestion and fuels the fermentation-and-pressure cycle.

H. pylori infection

A common stomach bacterium that can suppress acid production over time.

Chronic stress

Sustained stress lowers acid output and slows digestive motility.

SIBO (small intestinal bacterial overgrowth)

Overgrown bacteria ferment food and generate gas pressure from below.

Signs checklist

Check anything you've noticed in the last three months. These are conversation starters, not a diagnosis — only appropriate testing and a qualified practitioner can determine what's actually driving your symptoms.

DIGESTIVE PATTERNS

- ☐ Bloating, burping, or gas soon after meals — especially protein-heavy ones
- ☐ A feeling that food "just sits there" like a rock
- ☐ Fullness that lasts far longer than it seems like it should
- ☐ Undigested food visible in stool

REFLUX PATTERNS

- ☐ Reflux that started or worsened after years on an acid-blocking medication
- ☐ Symptoms that return quickly whenever you miss a dose
- ☐ Reflux that persists despite diet changes and elevating the head of the bed
- ☐ Burning that is worse when stressed, rushed, or eating on the go

UPSTREAM CLUES

- ☐ Iron, B12, or zinc levels that won't come up despite supplementing
- ☐ A history of H. pylori, or never having been tested for it
- ☐ Ongoing high-stress periods with meals eaten at a desk or in the car
- ☐ Other gut symptoms: constipation, loose stools, or alternating between them

Testing worth asking about

Testing usually starts conventionally and gets more comprehensive only if needed. You do not need all of these — this is a menu to discuss, not a shopping list.

H. pylori breath or stool antigen test

Widely available through labs like Quest Diagnostics or LabCorp. Often the first and most useful step when reflux won't resolve.

Usually covered by insurance when clinically indicated.

Upper endoscopy (EGD)

Looks directly at the esophagus and stomach lining. Typically reserved for alarm symptoms or long-standing reflux.

Ordered by a gastroenterologist.

Comprehensive stool panel (e.g., GI-MAP)

Assesses H. pylori, bacterial balance, and digestive markers in one test. Common in functional medicine practice.

Often HSA/FSA-eligible — worth asking before paying out of pocket.

SIBO breath test

Measures hydrogen and methane gases to assess bacterial overgrowth in the small intestine.

Requires a specific prep diet beforehand.

Iron studies, ferritin, B12, zinc

Persistent deficiencies despite supplementation can point upstream toward absorption.

Standard labs — easy to add to routine bloodwork.

A NOTE ON BETAINE HCL

You'll see supplemental stomach acid (betaine HCL) recommended widely online. It is genuinely useful for some people with confirmed low acid — and genuinely harmful for others, including anyone with an ulcer or gastritis. Supplements are also regulated differently than medications by the FDA, so purity and dosing vary by brand. Test first, and use it only under practitioner guidance.

Questions to bring to your appointment

Write your answers in the margins. Specific notes make a far better conversation than "it's still bad."

- ? Have I ever been tested for H. pylori? If not, would that make sense for me now?
- ? Given how long I've been on this medication, what's the long-term plan — stay, taper, or reassess?
- ? Could anything else explain symptoms that haven't responded to acid suppression?
- ? Are my iron, B12, and zinc levels worth checking given how long I've been on this?
- ? If I wanted to explore a taper eventually, what would a safe timeline look like?
- ? What symptoms would tell you we need to investigate further rather than adjust dosing?

A simple two-week symptom log

Bring data, not just impressions. For fourteen days, note four things after each notable episode:

- What you ate — and how fast you ate it
- How long after the meal symptoms began
- Your stress level that day (a simple 1-5 is plenty)
- Whether you were upright, bending, or lying down when it hit

WHAT PATTERNS OFTEN REVEAL

Symptoms that begin 30 to 60 minutes after eating, cluster around rushed or high-stress meals, or track with protein-heavy foods often point somewhere different than "too much acid." That's exactly the kind of detail your practitioner can work with.

Where to go from here

You don't have to overhaul anything this week. The most useful next step is usually the smallest one: fill in the checklist, keep the log for two weeks, and bring both to someone who will look upstream with you.

Healing here is rarely linear, and reflux that took years to develop rarely resolves in a fortnight. But there is a real difference between managing a symptom forever and understanding what's driving it. You deserve the second conversation, not just another refill.

KEEP READING

Explore more in the Symptoms Decoded series at deeperthansymptoms.com — including our guides to GI-MAP stool testing, gut healing protocols, and how to prepare for a functional medicine appointment.

Dr. Pooja, PharmD

Doctor of Pharmacy | Clinical Research Professional

Dr. Pooja writes Deeper Than Symptoms, where clinical training meets root-cause thinking. Every article is evidence-informed, source-cited, and reviewed for medical accuracy — because health content should respect your intelligence.

MEDICAL DISCLAIMER

This guide is for educational purposes only and is not intended to diagnose, treat, cure, or prevent any disease. It is not a substitute for personalized medical advice. Always consult a qualified healthcare practitioner before making changes to your health regimen — especially before starting supplements such as betaine HCL, or stopping or adjusting any prescribed medication, including proton pump inhibitors.