

A Chiropractor's Perspective on Structural and Neurological Factors in Hiatal Hernia and Chronic Digestive Symptoms

Structural, breathing, posture and nervous system factors may drive hiatal hernia and chronic reflux beyond medication alone.

ROCKVILLE CENTRE, NY, UNITED STATES, December 26, 2025 /EINPresswire.com/ -- Hiatal hernia and chronic digestive discomfort affect a substantial portion of the adult population in the United States. Clinical research indicates that hiatal hernias are present in approximately [20 percent of adults and are identified in nearly 30 percent of individuals](#) undergoing upper endoscopy. Digestive conditions such as reflux, gastroesophageal reflux disease, and chronic heartburn are estimated to affect between 18 and 28 percent of U.S. adults.

Despite the prevalence of these symptoms, many individuals remain unaware of the structural and neurological factors that may contribute to persistent discomfort.

How Hiatal Hernia Impacts the Body

A hiatal hernia occurs when part of the stomach shifts upward through the diaphragm. This displacement can interfere with normal pressure regulation beneath the sternum and alter breathing mechanics. Individuals may experience symptoms such as heartburn, reflux, chest



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tightness, post-meal discomfort, shallow breathing, or a persistent sensation of pressure in the upper abdomen.

Chronic stress patterns, restricted breathing, and postural strain may further limit diaphragm mobility, increasing mechanical stress on digestive structures.

Medication Reliance and Unresolved Symptoms

Many individuals experiencing reflux or chronic heartburn are prescribed proton pump inhibitors such as Nexium or Prilosec or rely on antacids like Tums for symptom management. While these medications may offer temporary relief, prolonged reliance without addressing contributing mechanical or neurological factors often results in incomplete symptom resolution.

Patients frequently report undergoing upper endoscopy procedures that confirm irritation or inflammation, yet treatment recommendations often remain limited to medication management rather than exploring physical contributors.

Long-Term Considerations and Potential Complications

Chronic reflux and prolonged irritation of the esophagus have been associated with conditions such as Barrett's esophagus. This condition involves abnormal cellular changes and has been linked to an increased risk of esophageal cancer. Health professionals emphasize that unresolved irritation over time may increase the likelihood of long-term complications.

Improving awareness of contributing factors may help reduce unnecessary prolonged discomfort and associated health risks.

Structural and Neurological Influences on Digestive Function

From a structural perspective, diaphragm mobility, spinal alignment, breathing patterns, and nervous system regulation all influence digestive function. When the diaphragm becomes overly tense or restricted, stomach position and pressure balance may be disrupted, contributing to ongoing symptoms.

Some clinical discussions include supportive modalities such as cold laser therapy, chiropractic adjustments, manual visceral manipulation and breathwork techniques as part of broader efforts to calm irritated tissue and support neuromuscular balance. These approaches are generally viewed as complementary within a wider focus on function and mobility.

Community Awareness and Clinical Perspective

[Dr. John Gehnrich](#), a chiropractor with more than 25 years in practice since 2000, specializes in

working with individuals experiencing chronic digestive symptoms associated with hiatal hernia, reflux, GERD, and persistent heartburn. Through years of clinical observation and customizing solutions to this chronic disorder plaguing so many of his patients, he has noted that many people arrive after long periods of symptom management without clear explanations for why discomfort continues.

Dr. Gehnrich's work focuses on identifying the underlying mechanical and neurological contributors that are often overlooked, including diaphragm restriction, postural strain, structural misalignment, altered breathing patterns, and nervous system imbalance. He emphasizes that these factors may play a significant role in digestive function and symptom persistence and has been a big part of his success with these patients over the years

In his experience, many individuals feel frustrated after relying on medication alone or undergoing diagnostic procedures that confirm irritation without addressing why the condition developed or continues. By emphasizing education and awareness, [Dr. Gehnrich aims to help individuals](#) better understand how daily habits, stress patterns, posture, chiropractic adjustments, and breathing mechanics may influence long-term digestive health.

Education and Prevention Through Awareness

Health professionals note that improving public understanding of structural and neurological contributors to digestive symptoms may help individuals make more informed decisions about their care. Addressing underlying contributors rather than relying solely on long-term symptom suppression may support improved comfort and help reduce the progression of chronic digestive conditions.

Reference Data and Sources

Hiatal hernia prevalence

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Hiatal hernia findings during upper endoscopy

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GERD prevalence in the United States

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Proton pump inhibitor safety and long-term use

<https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fda-drug-safety-communication>

Barrett's esophagus and cancer risk

<https://www.niddk.nih.gov/health-information/digestive-diseases/barretts-esophagus>

Diaphragm function and breathing mechanics
<https://pubmed.ncbi.nlm.nih.gov/29580445/>

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