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Gastritis is an inflammation, irritation, or erosion of the stomach lining. It can come on suddenly and last a short time (acute), or start gradually and be long-lasting (chronic). It's a common condition, affection, too much alcohol, or medications that irritate the stomach. . Across the world, up to half of the population is thought to have chronic gastritis linked to infection with the Helicobacter pylori (H. pylori)bacteria. In addition to the acute and chronic forms, gastritis can be divided into types based on how it affects the protective lining of your stomach. Erosive gastritis can be divided into types based on how it affects the protective lining of your stomach. Erosive gastritis can be divided into types based on how it affects the protective lining of your stomach. Erosive gastritis can be divided into types based on how it affects the protective lining of your stomach. Erosive gastritis can be divided into types based on how it affects the protective lining of your stomach. Erosive gastritis can be divided into types based on how it affects the protective lining of your stomach. Erosive gastritis linked to infection with the Helicobacter pylori (H. pylori)bacteria. In addition to the acute and chronic forms, gastritis linked to infection with the Helicobacter pylori (H. pylori)bacteria. gastritis leaves injuries or ulcers in your stomach lining. Nonerosive gastritis. People who have this type have stomach lining to get thinner. Doctors may also identify gastritis by what causes it, such as: Gastritis is your body's response to weakness or damage in your stomach lining. Many things can lead to it, including:Long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin or naproxenOveruse of alcohol, tobacco, or cocaineRepeated vomitingStress, such as that caused by an injury, surgery, or serious illnessInfections caused by bacteria such as H. pyloriOther infections, including parasitic infections, HIV/AIDS, and the viruses that cause "stomach flu"Bile reflux, in which a digestive fluid called bile backs up into your stomachAn autoimmune response in which your immune system attacks the cells of your stomach flu"Bile reflux, in which a digestive fluid called bile backs up into your stomachAn autoimmune response in which your immune system attacks the cells of your stomachAn autoimmune response in which your stomachAn autoimmune response i sarcoidosisChemotherapy and radiation treatmentsBecause the stomach lining tends to get thinner with age, older people are at higher risk for gastritis symptoms may include:Indigestion, a burning or gnawing feeling in your stomach that tends to happen between meals or at nightNausea and vomitingStomach pain in the belly areaHiccupsAppetite lossIf gastritis has caused a bleeding ulcer, you might:Vomit blood or coffee ground-like materialHave poop that looks black and tarryTo diagnose gastritis, your doctor will review your personal and family medical history and do a physical exam. They may also recommend any of the following tests: Upper gastrointestinal (GI) series or barium swallow. This is an X-ray that gives your doctor a look at the upper part of your digestive system. Before the X-ray, you swallow a chalky liquid called barium. It coats your organs to help your doctor see them. It can reveal whether there's erosion in your stomach lining. Upper endoscopy. An endoscope, a thin tube containing a tiny camera, is inserted through your mouth and down into your stomach lining for signs of inflammation. At the same time, they may also do a biopsy, in which they remove a tiny sample of tissue and send it to a lab for analysis. Blood tests. The doctor may check your red blood cell count to see whether you have anemia, which is when you don't have enough red blood tests to screen for H. pylori infection and pernicious anemia. Fecal occult blood tests to screen for H. pylori. You may have this test if your doctor thinks you may be infected with the H. pylori bacteria. You swallow a substance called urea, which the bacteria break down into carbon dioxide. You breath sample is tested for excess carbon dioxide. Gastritis treatment depends on what's causing it and how serious it is. Acute gastritis may go away on its own, or get better when you stop smoking, drinking alcohol, or taking certain drugs. If you have an alcohol or drug use disorder, your doctor can refer you to treatment programs. If NSAIDs are causing your gastritis, they can suggest alternative pain medications. If you have chronic gastritis, you'll need treatment to cure it permanently. Gastritis medications may include: Antacids. These are medications you can buy over the counter to ease indigestion and heartburn. They work by neutralizing stomach acids. There are medications you can buy over the counter to ease indigestion and heartburn. They work by neutralizing stomach acids. There are medications you can buy over the counter to ease indigestion and heartburn. contain aspirin. H2 blockers. Histamine-blocker (H2) drugs, available either over the counter or by prescription, reduce how much acid your stomach produces. They include cimetidine (Pepcid), and nizatidine. Proton pump inhibitors. These drugs help block stomach acid production. They're also available over the counter or by prescription. These include dexlansoprazole (Prevacid), omeprazole ((Cytotec). Antibiotics. If your gastritis is caused by a bacterial infection, such as H. pylori, your doctor will likely prescribe antibiotics along with medications to reduce stomach acid. Anti-nausea medications to ease this symptom. If an autoimmune disorder is causing your gastritis, your doctor can prescribe medications to treat that disorder. For autoimmune gastritis, they might recommend supplements of Vitamin B12, folic acid, or iron. If you have bile reflux or gastrointestinal (GI) bleeding, your doctor may suggest surgery to repair the problem. But this is uncommon. Gastritis usually doesn't cause long-term problems. But when it damages your stomach lining, complications can result, such as:Peptic ulcers. These painful sores in your stomach lining can cause bleeding and scarring. Gastric outlet obstruction: Scar tissue from ulcers or long-term inflammation can partially or fully block the opening between your stomach and intestine. This can hinder digestion and cause pain, nausea, and vomiting. Gastrointestinal perforation. An ulcer can eventually turn into a hole (perforation) in the wall of your stomach. This, in turn, could lead to an infection in your abdominal cavity called peritonitis. Anemia. Iron-deficiency anemia could result from blood loss due to bleeding ulcers or due to continued irritation of your stomach lining. It can also be caused by H. pylori infection or autoimmune gastritis, both of which keep your body from absorbing iron as well as it should. Gastritis may also lead to pernicious anemia, in which your body can't absorb enough Vitamin B12. Atrophic gastritis. Even nonerosive gastritis can lead to complications over time. The mucus layer in your stomach lining can get thinner and won't work as well as it should. Your body may not be able to properly absorb nutrients such as vitamin B12, folic acid, and iron. This can lead to nutrient deficiencies and anemia. Achlorhydria orhypochlorhydria orhypochlorhydria orhypochlorhydria orhypochlorhydria. from making enough (hypochlorhydria) or any (achlorhydria) hydrochloric acid, a component of stomach (gastric intestinal metaplasia. This is a rare condition in which chronic gastritis leads to changes in the cells of your stomach lining, increasing your risk for stomach cancer. Stomach cancers. Atrophic gastritis raises your risk for adenocarcinoma of the stomach as well as mucosa-associated lymphoid tissue (MALT) lymphoma and neuroendocrine tumors. These things may help you avoid gastritis, or keep your symptoms from getting worse if you have it: Good hygiene. H. pylori can be passed from person to person or in contaminated food or water. The most important way to keep it from spreading is to wash your handle food. Stop smoking raises your risk for infection with H. pylori and for peptic ulcers. Limit alcohol. Because alcohol can irritate your stomach lining and make it more prone to damage, drink it in moderation if you drink it at all.Don't overuse NSAIDs. NSAIDs such as aspirin, ibuprofen, and naproxen can also irritate your stomach lining. Don't use them for long periods or at high doses. See your doctor if you need other pain-relief options. Manage stress. Since stress may contribute to gastritis, look for healthy ways to handle it. Relaxation techniques, such as mindfulness meditation, tai chi, or yoga, may help. Avoid foods and drinks that could irritate your stomach lining. Things such as coffee and spicy and greasy foods don't cause gastritis, but they could make your symptoms worse if you already have it. The outlook for people with gastritis depends on the cause of their illness. An occasional case of acute gastritis will likely get better on its own. If you often have gastritis or it won't go away, see a doctor. Medication or changes to your lifestyle will most likely improve your symptoms. If you have trouble quitting smoking or have a substance abuse disorder, your doctor can recommend techniques and programs to help you succeed. If another condition is causing your gastritis, successfully treating that condition should also improve your stomach lining. It's often caused by an infection or by the overuse of alcohol tobacco or over-the-counter pain relievers. An occasional case will probably go away without treatment, but long-lasting (chronic) gastritis should be treated by a doctor. How do I get gastritis to go away? The best way to get rid of gastritis is to deal with whatever caused it. You might need to stop smoking or cut down on alcohol or over-the-counter painkillers. Or you may need to be treated for an infection or other condition that is causing your symptoms or making them worse. How long does gastritis at few days. Chronic gastritis diet because experts don't think diet plays a role in most cases of gastritis. But drinking too much alcohol can cause it, as can eating a food you're allergic to. How to ease gastritis pain fast? Antacids can quickly ease the pain of gastritis pain fast? Antacids can quickly ease the pain fast? Antacids can quickly ease the pain of gastritis pain fast? Antacids can quickly citrus fruitsTo help digestion, eat more frequent and smaller meals. Focus on less-processed foods such as fruits and veggies, nuts and seeds, beans, eggs, and small amounts of poultry and lower-fat meats. Listen to your doctor or a dietitian can give you diet recommendations based on your own needs and medical history. The human stomach is a remarkable organ. Day after day, it churns, digests, and processes the food that sustains life, all while bathing in powerful acids strong enough to break down meat and kill harmful bacteria. This delicate organ is protected by a thin layer of mucus, a natural shield that prevents the stomach from digesting itself. But sometimes, this balance falters. The protective lining weakens or is disrupted, and acid begins to irritate or inflame the tissue beneath. This condition is known as gastritis is not merely a medical term; it is an experience felt by millions worldwide—a burning sensation after a meal, a gnawing pain at night, or an unsettling fullness that refuses to fade. For some, it is a fleeting annoyance. For others, it becomes a chronic companion, altering appetite, mood, and quality of life. To understand gastritis is to delve into the intricate relationship between the body, lifestyle, microbes, and medicine. In simple terms, gastritis refers to inflammation of the stomach's inner lining. This inflammation can be acute (sudden and short-lived) or chronic (developing gradually and persisting over time). While the term itself is broad, the underlying processes can vary greatly, ranging from mild irritation to severe damage that erodes the lining and leads to ulcers or even bleeding. The severity of gastritis depends on multiple factors: the strength of the stomach's defense mechanisms, the degree of acid exposure, the presence of infectious agents, and the influence of lifestyle habits such as diet, alcohol consumption, and stress. Though common, gastritis is far from uniform, and every case has its own story. The causes of gastritis are as diverse as human lives themselves. Some people develop gastritis suddenly after taking certain medications, while others develop it slowly due to chronic infection by the bacterium Helicobacter pylori (H. pylori). This spiral-shaped microorganism has a unique ability to survive in the harsh acidic environment of the stomach. It does so by burrowing into the mucus lining and neutralizing stomach acid around itself. Over time, the body's immune response to H. pylori leads to chronic inflammation, damaging the lining.H. pylori infection is astonishingly common, affecting more than half of the world's population. Yet not everyone infected develops gastritis. Genetics, diet, stress, and environmental factors determine whether the bacteria remain harmless or trigger disease. Another frequent cause lies in the medicines many rely on for pain relief. Nonsteroidal anti-inflammatory drugs (NSAIDs)—such as ibuprofen, aspirin, and naproxen—are widely used but notorious for irritating the stomach lining. These drugs reduce the production of prostaglandins, substances that help maintain the stomach's protective mucus barrier. Without this shield, acid can injure the tissue directly. Excessive alcohol consumption weakens the mucus lining and increases acid production, creating the perfect storm for gastritis. Similarly, irritants like spicy foods, highly acidic diets, or toxic substances can contribute to inflammation, though these factors are often secondary compared to infection or medication. In some individuals, the immune system itself mistakenly attacks the stomach's lining, leading to autoimmune gastritis. This condition is particularly concerning because it can damage cells responsible for producing intrinsic factor, a protein vital for vitamin B12 absorption. Left unchecked, this can lead to pernicious anemia and neurological complications. Severe physical stress, such as that caused by surgery, burns, or traumatic injury, can also trigger gastritis. Known as stressinduced gastritis, this form arises when the body's natural protective mechanisms are overwhelmed, leaving the stomach vulnerable to acid damage. Gastritis speaks through symptoms at all, particularly in chronic cases. The most frequently reported symptoms include: A burning or gnawing pain in the upper abdomen, often described as hunger-like or aching. Nausea and vomiting, which may sometimes contain traces of blood if the lining is severely eroded. A feeling of fullness or bloating, especially after eating even small amounts. Loss of appetite, which may lead to unintended weight loss. Indigestion, marked by burping, belching, and acid reflux. In more advanced or untreated cases, gastritis can cause more serious signs: Vomiting blood (hematemesis), which may appear bright red or like coffee grounds. Black, tarry stools, indicating gastrointestinal bleeding. Severe abdominal pain radiating to the back. These symptoms warrant immediate medical attention, as they may indicate complications such as ulcers or internal bleeding. Because gastritis shares symptoms with many other diagnostic tests to uncover the root cause. A doctor will begin by asking about symptoms, lifestyle habits, medications, and family history. A physical exam may include gentle pressure on the abdomen to identify tenderness or pain. The most definitive test for gastritis is upper gastrointestinal endoscopy. In this procedure, a flexible tube with a tiny camera is inserted through the mouth and down into the stomach. This allows direct visualization of the lining and the collection of small tissue samples (biopsies) for laboratory analysis. Several methods exist to detect H. pylori infection: Urea breath test: Patients ingest a substance that H. pylori breaks down, releasing detectable gases. Stool antigen test: Detects bacterial proteins in feces. Blood test: Identifies antibodies, though less reliable for current infections. Yrays or CT scans may be used in certain cases to rule out other conditions, while blood tests can reveal anemia from chronic bleeding or low vitamin B12 levels due to autoimmune gastritis. The treatment of gastritis depends on its underlying cause. Fortunately, modern medicine offers a wide range of effective strategies. If H. pylori infection is detected, doctors usually prescribe a combination of antibiotic resistance. For gastritis caused by NSAIDs or alcohol, the first step is often discontinuing or reducing its production is key to healing. Medications include: Proton pump inhibitors (PPIs), such as omegrazole or pantoprazole, which block acid secretion. H2 receptor blockers, such as ranitidine or famotidine, which reduce acid output. Antacids, which provide quick relief by neutralizing existing acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Others, like misoprostol, mimic prostaglandins to enhance mucus protection. Beyond medications acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining and create a barrier against acid. Some drugs, like sucralfate, coat the stomach lining acid. Some drugs, like sucralfate, coat the stomach lining acid. Some drugs, like sucralfate, coat the stomach lining acid. Some drugs are stomach lining acid. Some drugs acid. lifestyle changes are critical: Eating smaller, more frequent meals instead of large heavy portions. Avoiding alcohol, smoking, and foods that trigger symptoms. Managing stress through relaxation techniques, mindfulness, or therapy. Ensuring adequate sleep and hydration to support overall healing. For autoimmune cases, treatment often involves vitamin B12 injections to correct deficiency and regular monitoring for complications such as anemia or gastric cancer. While many cases of gastritis resolve with treatment, untreated or chronic inflammation can lead to serious complications. Peptic ulcers: Open sores that develop when acid erodes deeper layers of the stomach or duodenum. Bleeding: Chronic irritation can cause erosions that bleed, sometimes silently over time. Anemia: Repeated bleeding or impaired nutrient absorption can result in iron or B12 deficiency. Stomach cancer: Chronic H. pylori infection and autoimmune gastritis increase the risk of gastric cancer, making early detection vital. Though gastritis may seem like a simple stomach problem, its effects ripple into daily life. Persistent pain and discomfort can erode appetite, disrupt sleep, and increase stress levels. Social life and work may be affected, particularly when symptoms flare unpredictably. For many, gastritis becomes a journey of self-discovery—learning which foods soothe or aggravate, understanding the importance of rest, and appreciating the need to listen to the body. With proper management, gastritis lies in protecting the stomach's natural defenses: Use NSAIDs cautiously and only as prescribed. Limit alcohol consumption and avoid smoking. Practice safe food hygiene to reduce H. pylori transmission. Manage stress effectively and nourish the body with balanced meals. In regions where H. pylori is common, public health measures, improved sanitation, and access to healthcare play major roles in prevention. Science continues to uncover new insights into gastritis. Advances in microbiome research highlight the role of gut bacteria in shaping inflammation and healing. Novel treatments aim to target H. pylori more effectively while reducing antibiotic resistance. Personalized medicine may one day allow treatments tailored to each patient's genetic profile, microbiome, and lifestyle. Meanwhile, integrative approaches combining medical treatment with nutrition, stress reduction, and natural remedies—are gaining recognition. While not replacements for antibiotics or acid suppression, therapies like probiotics, herbal supplements, and dietary adjustments may enhance healing and reduce recurrence. To live with gastritis is to walk a path of awareness. It requires recognizing the body's signals, seeking proper medical care, and embracing lifestyle changes that promote healing. It is also a reminder that health is not to be taken for granted—the simple act of eating without pain becomes a profound gift. Though gastritis can be frustrating, painful, and even frightening, it is not insurmountable. With modern medicine, informed choices, and compassionate care, most people find relief and return to a life of energy and joy. At its heart, the story of gastritis is not just about inflammation—it is about resilience. The stomach, despite its vulnerability, has remarkable powers of recovery. And when given the care it needs, it can heal, reminding us of the body's incredible capacity to restore balance and vitality. Gastritis is when the lining of your stomach becomes irritated (inflamed). It can cause pain, indigestion feeling sick. Treatments include antacids, alginates and antibiotics. Symptoms of gastritis include:tummy painindigestion feeling full and bloatedfeeling sick (nausea) being sick (vomiting) not feeling as hungry as usualburping and farting you're vomiting bright red blood or your vomit looks like ground coffeeyour poo is black, sticky and extremely smellyyou have severe tummy or chest pain that started suddenly Do not drive to A&E. Ask someone to drive you or call 999 and ask for an ambulance. Bring any medicines you take with you. You have symptoms of gastritis and:you've lost your appetiteyou feel full after a very small mealyou've recently lost weight without trying toit feels like you have a lump in your tummyit's painful or difficult to swallowyou keep being sickThese can be serious, so they need to be checked quickly. You can call 111 or get help from 111 online. you have tummy pain or indigestion for longer than 1 weekyour tummy pain is getting worse or keeps coming back Causes of gastritis include:infection with a bacteria called helicobacter pylori (H. pylori)taking anti-inflammatory painkillers (such as ibuprofen) and aspirindrinking too much alcoholbeing very stressed and unwell, such as after surgeryGastritis can also be caused by a problem with your immune system where it attacks the lining of your stomach. To find out what's causing gastritis symptoms, you'll be given a special drink and your breath is checked afterwardsa test on a sample of your pooa blood testYou should be told how to get ready for a breath test around 4 weeks before it happens. Treatment for gastritis depends on what's causing it. You might need: antibiotics medicines to control stomach acid and stop it from rising into your doctor about doctor (gastroenterologist). They might do a test to look inside your stomach, called a gastroscopy. If gastritis is causing mild indigestion symptoms, there are things you can do to help. reduce the amount of drinks you have that contain caffeine, such as tea, coffee, cola and energy drinks lie on an extra pillow in bed so your head and shoulders are higher, to help stop stomach acid rising up your throat while you sleep lose weight if you're overweight talk to your doctor if you regularly take anti-inflammatory painkillers (such as orange juice), fizzy, spicy or fatty do not drink alcohol do some are taken before eating. Check the information leaflet that comes with the medicine. Page last reviewed: 27 October 2022 Next review due: 27 October 2022 Next review due: 27 October 2025 H. pylori infection is one of the most common causes of gastritis. Treatment of gastritis often involves stopping alcohol or NSAIDs if they are the cause. Providers may prescribe antibiotics along with medications like PPIs to reduce stomach acid. Gastritis, an inflammation of the stomach lining, often results from factors like H. pylori infection, alcohol use, or NSAID overuse. Treatment focuses on eliminating the cause and reducing stomach acid through medications like proton pump inhibitors. Illustration by Gary Ferster for Verywell Health The most common gastritis symptom is upper abdominal upset or pain. The pain is often described as an uncomfortable burning or gnawing sensation. Besides pain, other potential symptoms of gastritis include: Blood in your vomit or dark or tar-colored stools may be a sign of bleeding in the stomach, as gastritis can promote ulcers (sores within the lining of the stomach). Additional signs and symptoms of bleeding in the stomach, which are related to iron deficiency anemia, include: Fatigue Trouble breathing Dizziness Weakness Pale skin Fast heartbeat If you experience any signs or symptoms of bleeding in your stomach, seek immediate medical attention. Severe or worsening abdominal pain is also a reason to seek care without delay. Gastritis symptoms can come on suddenly and last for a short time. This is called acute gastritis is much more likely to lead to complications like ulcer formation and iron deficiency anemia from bleeding Some people with chronic gastritis go on to develop gastritis can also be categorized as erosive gastritis is more severe than non-erosive gastritis, as it wears away the stomach lining, leading to the formation of sores called erosions. If left untreated, these sores can penetrate deeper into the stomach mucosa and form painful ulcers. With non-erosive gastritis, the stomach lining is changed as a result of the underlying inflammation; however, there is no wearing away of the lining, so no erosions or ulcers develop. Both gastritis conditions are common. One study found erosive gastritis was the most frequent diagnosis (16%), followed by non-erosive gastritis (14%), in 911 people who received a diagnostic endoscopy to investigate their gastrointestinal symptoms. This video has been medically reviewed by Shadi Hamdeh, MD Gastritis can have several causes. A common cause is an infection with the bacterium H. pylori, often due to poor handwashing habits. Other potential causes include: Drinking too much alcoholSmokingExtreme stressProlonged use of nonsteroidal anti-inflammatory drugs (NSAIDs)Infection with another bacteria, a virus, or fungus Gastritis may also occur after major surgery, traumatic injury, burns, or severe illness. Diseases and treatments can contribute to gastritis such as: Sometimes, the precise cause of a person's gastritis remains unknown. While your primary care practitioner may run some tests and diagnose you with gastritis remains unknown. While your primary care practitioner may run some tests and diagnose you with gastritis remains unknown. intestines. A referral is particularly likely if your diagnosis is not certain, or if your gastritis is severe or persistent. Your healthcare provider will take a careful medical history and do a physical examination. If gastritis is suspected, you may need blood tests and, potentially, a set of X-rays called an upper gastrointestinal (GI) series. Additional testing such as an upper endoscopy, may also be needed. For persistent symptoms of gastritis, upper endoscopy has now replaced the upper GI series as the primary diagnostic test. Your healthcare provider may also check your vitamin B12 level to help diagnose pernicious anemia. With this condition, the immune system attacks the stomach cells themselves. This causes impaired vitamin B-12 absorption and low blood levels. Another blood test used to diagnose pernicious anemia is autoantibodies to intrinsic factor (IF). Lastly, a blood antibody test may be used to evaluate for H. pylori infection, although other tests (see below) are more sensitive and specific. For this test, you first drink barium, a chalky white substance mixed with water. The barium coats your esophagus, stomach, and the first part of the small intestines. A series of X-rays lets a healthcare provider visualize the digestive tract. Various gastritis related abnormalities can be seen with an upper gastrointestinal series, including ulcers and inflammation. If the diagnosis of gastritis remains unclear, and/or if your symptoms are severe or persistent, an upper endoscopy may be performed During an upper endoscopy, a gastroenterologist eases an endoscope, a thin tube containing a tiny camera, through your mouth (or occasionally nose) and into your stomach. With the camera, they will check for inflammation and may remove a tiny sample of tissue for testing. This is called a stomach biopsy. Besides these, other tests may be performed to support or confirm a diagnosis of gastritis: A breath test may be recommended to test for H. pylori. With this test, you drink a special liquid and your exhaled breath is then examined to see if breakdown products of the bacterium are present in the stomach. A stool antigen test may also be recommended to test for H. pylori. A stool sample is checked for an antigen that is normally located on the surface of the bacteria. A fecal occult blood is present) suggests there is some sort of bleeding within the digestive tract. Several other health conditions can mimic gastritis symptoms, including: In addition, nongastrointestinal conditions can be mistaken for acute gastritis, such as: Acute coronary syndrome (ACS) Pregnancy Acute coronary syndrome, such as unstable angina or an acute myocardial infarction (heart attack), is a gastritis mimicker that requires immediate diagnosis and treatment. An electrocardiogram (ECG) and cardiac enzymes (a blood test) are required to distinguish perceived stomach pain from heart-related pain. This is why a comprehensive evaluation with the above tests is often needed to confirm your diagnosis. Treatment of gastritis, then stopping them is essential. If H. pylori infection is the cause, your healthcare provider will prescribe you a two-week medication regimen that usually consists of two antibiotics and a proton pump inhibitor (PPI). Stomach acid, thereby easing gastritis symptoms and promoting tissue healing. Once the underlying gastritis culprit disappears, your pain and other symptoms should subside. See your practitioner before stopping any medication may be recommended. Besides a proton pump inhibitor, histamine blockers like Pepcid (famotidine) and Zantac 360 (famotidine) may be recommended. Sometimes, an antacid is included in your treatment plan for rapid relief. Keep in mind, these acid-reducing medications are generally only recommended for a short time. This is especially true for the proton pump inhibitors, as they have been linked to adverse health effects with long-term use. In 2020, the Food and Drug Administration (FDA) announced the recall of all medications containing the ingredient ranitidine, and for patients taking prescription ranitidine to speak with their healthcare provider about other treatment options before stopping medication. The active ingredient in all Zantac products (now with the brand name Zantac 360) is the histamine blocker famotidine. Besides avoiding or minimizing the potential causes of gastritis (like smoking, regular NSAID use, and excessive alcohol intake), researchers have looked into whether preventing H. pylori infection is possible. According to a study published in 2014, improvements in hygiene reduced rates of infection in children. Since infection with H. pylori is often acquired during early childhood and can spread from person to person through the fecal-oral or oral oral route, teaching parents and their children to practice good hygiene habits may help prevent gastritis. Besides washing your child's) hands regularly with soap and water, other hygiene habits include: Ensuring your water comes from a safe, clean sourceEating food that is properly washed and cookedNot sharing utensils, toothbrushes glasses, or cupsFor mothers of infants, avoid putting your mouth on your child's pacifier or bottle, or tasting their food Gastritis may not cause any noticeable symptoms. If it does, it may mean that it's more severe or it's been going on for a long time. Symptoms may happen when your stomach lining is worn down enough that it can't defend itselfend its against its own acids and enzymes anymore. The acids may cause symptoms of indigestion, or they may cause stomach ulcers, which can hurt and bloating. Nausea and/or vomiting. If you have a bleeding ulcer, you may find: Black blood in your poop (melena). Black blood in your vomit (coffee ground emesis). How do you recognize gastritis pain? Gastritis pain is in your stomach, which is located in your upper middle abdomen ("epigastric" region). General pain from inflammation will feel like it's somewhere in this area (upper abdominal pain), but you might not be able to pinpoint the exact spot. If you have an ulcer, you might be able to pinpoint the pain more precisely. It might have a burning or gnawing quality. It might feel better when you eat. What causes gastritis? Gastritis is a response from your stomach lining to fight infections and help repair the tissues. Inflammation causes the symptoms of gastritis, if you have any. But the original offender is something else — something that's threatening your stomach lining. There are many possibilities. Infections Infections are among the most common causes of gastritis, especially acute gastritis. Bacterial infections and viral infections associated with the stomach flu can cause a short-term reaction that usually clears by itself. H. pylori infections and fungal infections can also cause acute or chronic gastritis. Chemicals Alcohol and certain drugs can cause either acute or chronic gastritis, depending on how much and how often you use them. They can cause chemical erosion of your stomach lining (erosive gastritis). Overuse of NSAIDs (nonsteroidal anti-inflammatory drugs), such as aspirin and ibuprofen, is one of the most common causes of acute gastritis. Some recreational drugs, like cocaine, may also cause it. Autoimmune disease Autoimmune disease cause chronic inflammation. In autoimmune disease, your immune disease cause chronic autoimmune disease. Reduced blood supplyA major surgery, trauma or critical illness can cause acute gastritis. Severe physiological stress causes your body to withdraw blood supply from your digestive system to redirect it toward your more vital organs. This lowers your stomach lining's defenses, making it more vulnerable to the chemicals inside. Additional causes Other causes of gastritis include:Radiation therapy (mucositis). Chemotherapy. Bile reflux. What are the possible complications of gastritis goes on for a while, it can eventually begin to damage your stomach lining. This can lead to complications of gastritis and ulcer complications. gastritis can proceed to peptic ulcer disease. Ulcers can cause gastrointestinal bleeding, leading to anemia. Frequent ulcers can also cause scarring. Scar tissue in your stomach can become a problem if it narrows or blocks the openings at the bottom (pylorus). This is called gastric outlet obstruction (GOO). An ulcer that doesn't heal may eventually wear a hole all the way through your stomach wall (gastrointestinal perforation). This can allow bacteria from your stomach to escape into your abdominal cavity (peritonitis). Peritonitis) and metaplasia on the scape into your abdominal cavity (peritonitis). slowly. But after many years, it can cause your stomach mucosa to diminish (atrophy) and to lose some of its functionality. You may have trouble digesting and absorbing certain nutrients, such as iron, folic acid and vitamin B12 (pernicious anemia). Rarely, long-term gastritis can cause the cells in your stomach lining to restructure themselves to look like a different sort of tissue altogether. This is called gastric intestinal metaplasia. Healthcare providers consider this cellular change precancerous, meaning it can raise your risk of developing stomach cancer. We include products we think are useful for our readers. If you buy through links on this page, we may earn a small commission. Here's our processGastritis can cause nausea and indigestion, among other symptoms. It often goes away on its own. Chronic gastritis is an inflammation of the protective lining of the stomach. Erosive gastritis is a less common form of the condition. It typically doesn't cause much inflammation, but it can lead to bleeding and ulcers in the lining of the stomach. Gastritis doesn't cause noticeable symptoms in everyone. The most common symptoms are:nauseavomiting feeling of fullness in your upper abdomen, particularly after eatingindigestion of fullness in your upper abdomen, particularly after eatingindigestion of fullness in your upper abdomen, particularly after eatingindigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen, particularly after eating indigestion of fullness in your upper abdomen and the particularly after eating indigestion of fullness in your upper abdomen and the particularly after eating indigestion of fullness in your upper abdomen and the particularly after eating indigestion of fullness in your upper abdomen and the particularly after eating indigestion of fullness in your upper abdomen and the particularly after eating indigestion of fullness in your upper abdomen and the particularly after eating indigestion of fullness in your upper abdomen and the particularly after eating indigestion of fullness in your upper abdomen and the particularly after eating indigestion of the your upper abdomen and the your including:black, tarry stoolvomiting blood or material that looks like coffee groundsThe treatment for gastritis depends on the cause of the condition. If you have gastritis depends on the cause of the condition anti-inflammatory drugs (NSAIDs) or other medications, avoiding those drugs may be enough to relieve your symptoms. If you think your prescription medication is causing gastritis, talk with your prescriber before stopping or modifying your dosage. Doctors routinely treat gastritis as a result of H. pylori with antibiotics in order to kill the bacteria. In addition to antibiotics, several other types of medication are used to treat gastritis: Medications called proton pump inhibitors work by blocking cells that create stomach acid. Common proton pump inhibitors include:omeprazole (Prilosec)lansoprazole (Prevacid)esomeprazole (Prevacid)esomep deficiencies. Speak with your doctor before beginning one of these medications to create a treatment plan that is right for you. Famotidine (Pepcid) is one example of a medication to create a treatment plan that is right for you. Famotidine (Pepcid) is one example of a medication that reduces the amount of acid your stomach produces. By lowering the amount of acid that's released into your digestive tract, these medications relieve the pain of gastritis and allow your stomach lining to heal. Your doctor may recommend that you use antacids for rapid relief of gastritis pain. These medications can neutralize the acid in your stomach. Some antacids online. Probiotics have been shown to help replenish digestive flora and heal gastric ulcers. However, there's no evidence that they have any impact on acid secretion. There are currently no guidelines supporting the use of probiotics in ulcer management. Shop for probiotic supplements online. Weakness in your stomach lining allows digestive juices to damage and inflame it, causing gastritis. Having a thin or damaged stomach lining raises your risk for gastritis. A gastrointestinal bacterial infection can also cause gastritis. The most common bacterial infection is usually passed from person to person, but it can also be transmitted through contaminated food or water. Certain conditions and activities may increase your risk for developing gastritis. Other risk factors include: stress autoimmune disorders digestive disorders like Crohn's diseaseviral infections Your doctor will perform a physical exam, ask about your symptoms, and ask for your family history. They may also recommend a breath, blood, or stool test to check for inflammation in the esophagus, stomach, and duodenum. Your doctor may take a small sample, or biopsy, of the lining of the stomach. A pathologist will examine this sample for anything unusual under a microscope. Perform an upper GI series. This involves taking X-rays of your digestive tract after you swallow a barium solution. This will help distinguish areas of concern. Send you for a blood test. This is to check for other causes for your gastritis symptoms or signs of complications. Ask you to do a urea breath test. This also tests for an H. pylori infection by having your stool. Blood may indicate there's bleeding in your stool may indicate the your swallow a urea capsule and then seeing whether you breathe out carbon dioxide atoms. This would indicate you have the infection. If you need help finding a primary care doctor, you can browse doctors in your area through the Healthline FindCare tool. If you need help finding a primary care doctor, you can browse doctors in your area through the Healthline FindCare tool. If you need help finding a primary care doctor, you can browse doctors in your area through the Healthline FindCare tool. If you need help finding a primary care doctor, you can browse doctors in your area through the Healthline FindCare tool. If you need help finding a primary care doctor, you can browse doctors in your area through the Healthline FindCare tool. 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Complications may include: anemiadeficiencies in vitamin D, folic acid, vitamin D, folic acid, vitamin D, folic acid, vitamin B12, vitamin D, folic acid, vitamin D, foli cells in the gastric glands in addition to inflammationgastric metaplasia, which are types of precancerous lesions in the stomachachlorhydria, which prevents the stomachachlorhydria and stomachachlorhydria, which prevents the stomachachlorhydria and stomachachlorhydria tissue (MALT) lymphoma, and neuroendocrine tumors (NET)Because of these potential complications, it's important to consult with your doctor if you experience any symptoms of gastritis, especially if they're chronic. Preventative strategies may depend on your health and whether or not you have any conditions that put you at risk for developing gastritis. But, since gastritis doesn't always have a clear cause, it can be hard to prevent. However, there are some things you can do: Maintaining good care of your mental health. Self-care and de-stressing practices may reduce your risk of developing stress-induced gastritis. Eating smaller meals more slowly and regularly. Also, avoiding or limiting fried, salty, sugary and spicy foods (these are things that research shows could trigger gastritis symptoms). Quitting smoking, if you smoke. Avoiding or limiting alcohol and caffeine. The outlook for gastritis depends on the underlying cause. Acute gastritis usually resolves quickly with treatment fails and it can turn into chronic, or long-term, gastritis. Talk with your doctor to develop an effective treatment plan for you. Gastritis is inflammation of the stomach lining often causing symptoms like stomach pain, indigestion, nausea, and bloating. It can appear suddenly (acute gastritis) or develop slowly over time (chronic gastritis). The most common causes of gastritis include Helicobacter pylori (H. pylori) infection, long-term NSAID use, alcohol, smoking, and stress. Treatment for gastritis may involve antacids, antibiotics for H. pylori, and lifestyle changes such as smaller meals and avoiding trigger foods. Gastritis is an inflammation of the lining of the stomach, this inflammation can occur in response to a bacteria or as a result of damage to the lining of the stomach (for example, from smoking or alcohol use). Because the stomach needs to produce acid to break down foods, this acid can make the inflammation worse. Therefore, reducing the acid is the main treatment for gastritis. Many people with gastritis don't have any symptoms. However, gastritis can cause indigestion (dyspepsia) and pain in the upper abdomen just below the breastbone (sternum). The pain usually comes and goes and may be worse on lying down. It may be eased by taking antacid tablets. Sometimes food can make the pain worse. Other gastritis symptoms which may occur include: Loss of appetite. Bloating. Retching. Feeling sick (nausea). Being sick (vomiting). Feeling particularly 'full' after a meal. Symptoms of gastritis may start suddenly and resolve quickly (acute gastritis) or may develop slowly and last for a long period of time (chronic gastritis) or may develop slowly and last for a long period of time (chronic gastritis). ulcer dyspepsia, duodenal ulcer, stomach ulcer, stomach ulcer, gallstones or irritable bowel syndrome. See the separate leaflet called Abdominal pain. The length of symptoms can vary depending on the cause and how actively it is managed, either by lifestyle change or medicine or a combination of both. The stomach normally produces acid to help with the digestion of food in your digestive tract and to kill bacteria. This protects the lining of the stomach and the first part of the stomach and the first part of the stomach produce a natural mucous defence barrier. Gastritis may develop if there is an alteration in this balance, allowing the acid to damage the lining of the stomach. This alteration can be caused by:Infection with Helicobacter pylori is present in about 6 in 10 cases of chronic gastritis. The test for this is via a simple stool test. Worldwide more than 2 in 3 people have H. pylori and it is found in around 4 in 10 people in the UK. As it is so common, it is not certain that H. pylori. See the separate leaflet called Helicobacter pylori for more information. Anti-inflammatory medicines are sometimes called NSAIDs. Many causes of gastritis include: A stressful event - such as a bad injury or critical illness, or major surgery. An autoimmune reaction - when the immune system mistakenly attacks the body's own cells and tissues. (This may happen alongside have another autoimmune condition, such as Hashimoto's thyroid disease or type 1 diabetes). Cocaine use. Drinking the immune system mistakenly attacks the body's own cells and tissues. too much alcohol. Viruses, parasites, fungi and bacteria other than H. pylori. A GP can usually make a diagnosis of gastritis does not usually make a diagnosis of gas may include:Blood tests, including a test for anaemia, as gastritis occasionally causes some bleeding from your stomach lining. A test to detect the Helicobacter pylori bacteria. H. pylori can be detected in a stool test (faeces), or from a biopsy sample taken during an endoscopy. See the separate leaflet called Helicobacter pylori for more details. Gastroscopy (endoscopy) - this test can confirm gastritis. In this test can confirm gastritis. for stomach cancer. Lifestyle changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with changes to diet and lifestyle such as: Acid-suppressing medicine and upper stomach (epigastric) pain with a suppression enough, then a medicine called an H2 blocker (such as famotidine) may be used. An alternative medicine that may be used is a proton pump inhibitor (PPI) such as lansoprazole or omeprazole. See the separate leaflet called Indigestion medicine for more information. If the gastritis is caused by Helicobacter pylori (H. pylori) The tests may show an infection with H. pylori. This can be treated with a combination of antibiotics and proton pump inhibitors. H. pylori treatment should not be used without confirmed H. pylori for more details about the treatment for H. pylori infection. If the gastritis is caused by an anti-inflammatory medicine It is important to stop the anti-inflammatory medicine where possible. This allows the gastritis to heal. Acid-suppressing medicine will also usually be prescribed for several weeks. This stops the medicine will often be needed, for example following a heart attack or stroke. Anti-inflammatory medicine may occasionally be the only medicine suitable for pain. It is important to discuss symptoms of gastritis with a doctor if it could be caused by medicine each day indefinitely. This reduces the amount of acid made by the stomach and greatly reduces the chance of gastritis forming again. Seek medical attention if there is: Severe abdominal pain or any other indigestion symptoms lasting for more than a week. The gastritis starts after taking any medicine (prescription or over-the-counter). Weight loss without deliberately trying to diet. Difficulty swallowing, as if food is getting stuck. You need to call an emergency ambulance if: You are vomiting blood or the colour of the vomit is like coffee. You have any blood in your stools (faeces). (Bleeding from your stools look black.) Gastritis usually resolves without any complications. Very occasionally gastritis may develop into a stomach lining may occur. This used to be more common but is less so nowadays with newer better treatments. Bleeding from the stomach lining may occur. This may cause vomiting of blood (haematemesis) or blood in the stools (often dark black tarry blood). If the bleeding is slow, there may be no obvious symptoms but a blood test may show anaemia. Can gastritis cause heartburn, but it differs from acid reflux into the oesophagus. Can you cure gastritis permanently? Gastritis can often be managed or cured depending on the cause. H. pylori infections can be treated with antibiotics, whilst lifestyle-related gastritis may require lasting changes such as stopping smoking and long-term use of certain medicines. Some cases may need ongoing management to prevent recurrence. Will gastritis kill you? Gastritis itself is not life-threatening and can be managed with lifestyle changes and medicine. However, if left untreated, it can lead to complications such as stomach ulcers or bleeding, which can be more serious and even fatal. Is gastritis contagious? Most cases of gastritis are not contagious and even fatal. Is gastritis are not contagious and even fatal. Is gastritis contagious? Most cases of gastritis are not contagious and even fatal. Is gastritis are not contagious and even fatal. Is gastritis contagious? Most cases of gastritis are not contagious and even fatal. Is gastritis are not contagious and even fatal. cases, simple stomach irritation from lifestyle or medicines cannot be passed on. Gastritis is a swelling of the stomach lining. When the lining of the stomach lining of the stomach is inflamed, it may lead to symptoms such as stomach pain, heartburn, nausea and vomiting. Types of gastritis: Acute gastritis involves a sudden inflammation of the stomach lining and usually lasts for a short period of time. The condition is usually caused by nonsteroidal anti-inflammatory drugs, excessive alcohol consumption, toxins, surgery, trauma, burns or severe infection. Chronic gastritis involves stomach lining irritation or inflammation for a long period of time. Often caused by Helicobacter pylori bacterial infection, chronic gastritis symptoms appear slowly over time. Erosive gastritis is less common and typically does not cause too much inflammation of the stomach lining without any ulcers, breaks or bleeding. In most cases, gastritis does not display any symptoms. However, the most common symptoms of gastritis include: Blood in vomit Black stools due to bleeding Burning feeling in the upper abdomen (belly) Pain in the consumption Post-surgery, burns or traumatic injury Infection caused by helicobacter pylori, a bacteria that weakens the protective lining of the stomach and causes acidic digestive juices to come into contact with the stomach walls Long-term use of non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen Stress and chronic vomiting, such as in bulimia cases The following factors increase your risk of developing gastritis: Bacterial infection - Infection caused by Helicobacter pylori (H. pylori), a type of bacteria that enters the body and lives in the digestive system, can develop into gastritis. Excessive alcohol consumption - Excessive drinking of alcohol can lead to irritation and erosion of the stomach lining, making the stomach lining, making the stomach lining, making the stomach lining, making the stomach lining. This can lead to acute or chronic gastritis. Stress - Extreme stress caused by injury, major surgery or severe infections can lead to acute gastritis. Other health conditions - If you have higher risk of developing gastritis. Gastritis is also more likely to happen to people with medical conditions such as Crohn's disease, HIV/AIDS, and parasitic infections. Age - As the lining of the stomach tends to thin with age, older adults have a higher risk of developing gastritis. Older adults are also more likely to develop other factors that lead to gastritis such as H. pylori infection and autoimmune disorders. Left untreated, gastritis can lead to the following health problems: Anaemia Some cases of gastritis can lead to gastrointestinal bleeding. This may cause anaemia, a condition wherein the total amount of red blood cells decreases. Anaemia Gastritis caused by autoimmune problems may have an adverse effect on the body's absorption of vitamin B12. Insufficient vitamin B12 can lead to pernicious anaemia, which can cause you to feel weak and experience numbness in your stomach or ulcer, stomach contents may spill into the abdomen. This may cause bacteria to spread and lead to peritonitis, an inflammation of the membrane lining the inner abdominal wall. Peritonitis may lead to a life-threatening inflammation called sepsis. Stomach lining, which may increase the risk of developing stomach cancer. You can prevent gastritis by observing proper hygiene practices and maintaining a healthy lifestyle. In general, you should: Avoid acidic and fatty foods. Avoid taking non-steroidal anti-inflammatory drugs. Have smaller meals instead of heavy meals throughout the day. Observe proper handwashing to avoid H. pylori bacterial infection. Eat foods that have been properly cooked to avoid H. pylori bacterial infection. Learn to manage your stress properly. Lessen alcohol consumption. Lessen caffeine intake. Check Your Coverage that helps you understand your health coverage in Singapore. This page has been reviewed by our medical content reviewers.

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