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## A THERAPEUTIC APPROACH FOR THE MANAGEMENT OF GASTROESOPHAGEAL REFLUX DISEASE IN INFANTS

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**Abstract:** Regurgitation of stomach contents into esophagus is known as gastro-esophageal reflux disease (GERD). Infants are more prone to GERD due to frequent vomiting and regurgitation. Overfeeding with carelessness toward the infant diet is common cause of GERD prevalence in infants. The present review focused on the various pharmacological and non-pharmacological approaches used in the current context to treat GERD in infants. Non-pharmacological method is safe over pharmacological method for treating GERD in infants. Non pharmacological methods include infants positioning, gastric clearance, proper feeding volume and frequency, removing obesity, thickening agents prevents disease progression and decrease reflux disease by preventing infant's exposure to certain risk factor of GERD. Maintaining gastric clearance by using thickening agents of standard quality of cereals, starch and xanthan guar gum, carob bean and soybean polysaccharides improve the digestion of infants but also reduce the GERD progression and enhance nutritional value of infants' feeds. Pharmacological method includes giving medication that reduce the acidity of stomach but also treat the GERD in infants. Several medication antacids, alginates, probiotics, Histamine 2 receptor antagonists, proton pump inhibitors are given to infants to treat GERD. PPIs are first choice of drugs given to GERD patients as compared to histamine 2 receptor antagonists and prokinetic agents. Antacid and alginate protect oesophagus by reducing acidity and increasing viscosity in stomach. Proton pump inhibitors and histamine 2 receptor antagonists reduce acid secretion by inhibiting the function of receptor underlying the stomach. Prokinetic agents increase motility of stomach and reduce

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