

HartSpan



khelp

A natural, research-backed solution for heartburn and acid reflux

Practitioner Information

HartSpan is on a mission to provide natural alternative solutions for common health problems

More than 60 million American adults and 45% of pregnant women suffer from Gastroesophageal Reflux Disease (GERD), commonly known as acid reflux

The prevalence of acid reflux and related symptoms has increased globally by nearly 50% over the last decade.

- Obese individuals are two times more likely to develop GERD
- Older people are more prone to developing a severe form of heartburn

Many people who experience uncommon symptoms like nighttime cough, voice changes, or chest pain, are unaware that they have acid reflux, allowing GERD to be undiagnosed and symptoms to go untreated.

Current OTC treatments for acid reflux are filled with unwanted ingredients, produce side effects, and are unsafe during pregnancy and for long-term use. Herbal remedies help soothe symptoms but solutions are minimally effective.



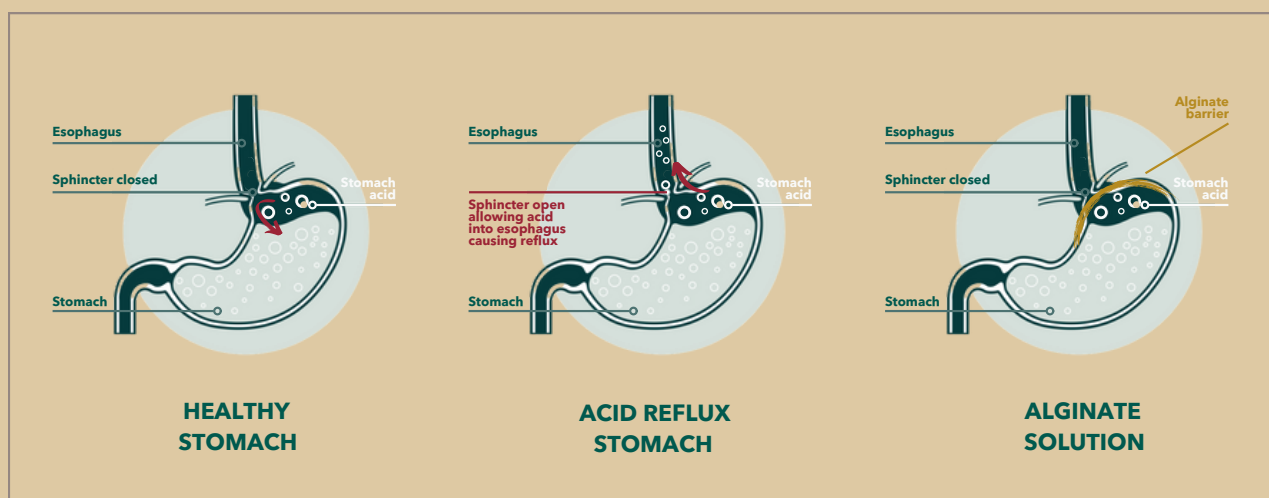
Meet: **khelp**

A natural, research-backed solution for heartburn and acid reflux that is safe for pregnancy and long-term use

Utilizing tried-and-true Alginate therapy, modified to its present form for significant improvement in clinical benefits and with clean, pure ingredients, Khelp effectively prevents the full spectrum of reflux symptoms.

Acid reflux occurs when stomach acid flows back into the esophagus. This can be due to overproduction of stomach acid or relaxation of the esophageal sphincter. Symptoms include heartburn, indigestion, acid regurgitation, nighttime cough, voice changes, sore throat, chest pain, and inflammation of vocal cords.

When Alginate comes in contact with stomach acid, it forms a gel-like barrier that floats above the stomach acid and prevents the stomach acid from traveling into the esophagus. This physical barrier mechanism is able to effectively prevent acid reflux, solving the problem before symptoms arise. And it does so without causing any side effects or interfering with the stomach acid, which is critical for digestion and gut health.



Khel[®] is the only acid reflux solution that is effective, proven and pregnancy safe.

Co-Founded and Formulated by Dr. James F. Lineback, MD, FCCP

A multiple board-certified pulmonary internist with 40+ years of experience treating patients with GERD, an early adopter of supplement biochemistry, and Associate Clinical Professor of Medicine at UC Riverside College of Medicine.



Khel[®] is specifically formulated to be:



HIGHEST PURITY
CERTIFIED INGREDIENTS *



PREGNANCY
SAFE



SAFE FOR
LONG-TERM USE



100%
NATURAL



GLUTEN FREE



VEGAN



NON-GMO



SUSTAINABLE

* The formulation primarily comprises of Alginate to maximize efficacy and reduce dilution

We conducted a five-day nationwide study through an independent research firm



88%

Of participants
experienced symptom relief

70%

Of participants rated Khel[®] more
effective than their current treatment,
including prescription medication

65%

Of participants were
pregnant women

78%

Signed up to purchase
Khel[®] at launch



DOSAGE RECOMMENDATION

Take 2 capsules daily, 30 minutes before bed, or anytime between the last meal and bedtime. The gel barrier should be intact before the patient lays down.

If the recommended dose is insufficient, dosage can be increased to 3 or 4 capsules per serving. Depending on when patients experience symptoms (day or night), they can take additional servings of Khep after meals throughout the day.

Clinical Studies

Effectiveness of Alginate Therapy for Reflux and Safety During Pregnancy

1. Bor S, Kalkan İH, Çelebi A, Dinçer D, Akyüz F, Dettmar P, Özen H. Alginates: From the ocean to gastroesophageal reflux disease treatment. *Turk J Gastroenterol*. 2019 Sep;30(Suppl2):109-136. doi: 10.5152/tjg.2019.19677. PMID: 31624050; PMCID: PMC6836317.
2. Rohof WO, Bennink RJ, Smout AJ, Thomas E, Boeckstaens GE. An alginate-antacid formulation localizes to the acid pocket to reduce acid reflux in patients with gastroesophageal reflux disease. *Clin Gastroenterol Hepatol*. 2013 Dec;11(12):1585-91; quiz e90. doi: 10.1016/j.cgh.2013.04.046. Epub 2013 May 10. PMID: 23669304.
3. Leiman DA, Riff BP, Morgan S, Metz DC, Falk GW, French B, Umscheid CA, Lewis JD. Alginate therapy is effective treatment for GERD symptoms: a systematic review and meta-analysis. *Dis Esophagus*. 2017 May 1;30(5):1-9. doi: 10.1093/dote/dow020. PMID: 28375448; PMCID: PMC6036656.
4. Dettmar PW, Hampson FC, Taubel J, Lorch U, Johnstone LM, Sykes J, Berry PJ. The suppression of gastro-oesophageal reflux by alginates. *Int J Clin Pract*. 2007 Oct;61(10):1654-62. doi: 10.1111/j.1742-1241.2007.01524.x. Epub 2007 Aug 6. PMID: 17681004.
5. Hampson FC, Farndale A, Strugala V, Sykes J, Jolliffe IG, Dettmar PW. Alginate rafts and their characterisation. *Int J Pharm*. 2005 Apr 27;294(1-2):137-47. doi: 10.1016/j.ijpharm.2005.01.036. PMID: 15814238.
6. Quartarone G. Gastroesophageal reflux in pregnancy: a systematic review on the benefit of raft forming agents. *Minerva Ginecologica*. 2013 Oct;65(5):541-549. PMID: 24096290.
7. Strugala V, Bassin J, Swales VS, Lindow SW, Dettmar PW, Thomas EC. Assessment of the Safety and Efficacy of a Raft-Forming Alginate Reflux Suppressant (Liquid Gaviscon) for the Treatment of Heartburn during Pregnancy. *ISRN Obstet Gynecol*. 2012;2012:481870. doi: 10.5402/2012/481870. Epub 2012 Nov 4. PMID: 23209926; PMCID: PMC3503308.
8. Ali, R.A.R., Hassan, J. & Egan, L.J. Review of recent evidence on the management of heartburn in pregnant and breastfeeding women. *BMC Gastroenterol* 22, 219 (2022). <https://doi.org/10.1186/s12876-022-02287-w>



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