

What Causes Gastritis and How to Support Your Stomach Lining

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October 26, 2026

STORY AT-A-GLANCE

- › Gastritis (inflammation of your stomach lining) may come on suddenly or persist for years, and the chronic form can gradually thin the lining and interfere with nutrient absorption
- › *Helicobacter pylori* is the most common cause, though nonsteroidal anti-inflammatory drug (NSAID) overuse, heavy alcohol intake, other infections, and physical stress on the body can each irritate the lining as well
- › Research has linked symptoms such as stomachache and gastric distention to fried, salty, sour, and sweet foods, barbecue and meat, along with irregular mealtimes and inconsistent meal sizes
- › Garlic, probiotic foods, green or black tea, smoking cessation, reduced alcohol intake, careful medication use, and stress management have all been examined for their potential effects on digestive health
- › Symptoms lasting more than a week, worsening over time, or accompanied by blood in vomit or stool call for prompt evaluation by a health care provider

The lining of your stomach is a soft mucous tissue called the mucosa, and it shields the organ from the acids, enzymes, and microorganisms that pass through it every day. When that lining becomes inflamed or irritated, the result is gastritis, which leaves the underlying tissue more vulnerable to stomach acid.

The condition may be acute, meaning it appears suddenly, or chronic, meaning the inflammation persists over time. In the U.S., acute gastritis affects about eight in every 1,000 people, while chronic gastritis affects about two in every 10,000.¹ Many people have no noticeable symptoms until the irritation begins affecting how they feel during or after meals.

Certain foods, medications, and everyday habits may influence when symptoms flare up. Understanding what may be irritating your stomach lining can help you identify practical dietary and lifestyle strategies to ease discomfort and recognize when medical evaluation may be needed.

Understanding Gastritis

Gastritis begins when your immune system detects a threat to that barrier and sends inflammatory cells in to fight infection and repair tissue. This inflammation is part of the body's defensive response, but it may also produce the discomfort associated with the condition.

- **Several factors can irritate the stomach lining** — *Helicobacter pylori*, a bacterium that infects the stomach and small bowel, is one of the most common human infections worldwide and the most common cause of gastritis.² In a 2025 systematic analysis of Global Burden of Disease 2021 data, researchers identified *H. pylori* infection as a major risk factor and noted that regions with a higher gastritis burden also tended to report higher infection prevalence.³
- **Certain medications and alcohol irritate the lining directly** — Overuse of nonsteroidal anti-inflammatory drugs (NSAIDs) ranks among the most common causes of acute gastritis. These drugs suppress prostaglandins, compounds your stomach relies on to maintain its mucus layer, bicarbonate output, and blood flow. Alcohol acts on the lining more directly by chemically eroding it, and whether that produces an acute or chronic problem depends partly on how much and how often you drink.⁴

- **Other infections and physical stress lower the lining's defenses** — Viral infections associated with the stomach flu typically cause a short-term reaction that resolves by itself, and less commonly, parasitic and fungal infections can inflame the lining as well. Major surgery, trauma, or serious illness prompts your body to pull blood supply away from the digestive system and redirect it elsewhere, which lowers the lining's defenses against the chemicals inside it.⁵
- **Whatever the trigger, symptoms do not always follow** — When they do appear, it may mean the inflammation is more severe or has been going on a while, since they tend to surface once the lining is worn down enough that it can no longer defend itself against your own stomach acid and enzymes. The most common ones include:⁶
 - Burning or gnawing discomfort in the upper abdomen
 - Nausea or vomiting
 - Stomach pain and bloating
 - Feeling full after eating only a small amount
 - Loss of appetite
 - Unintentional weight loss
- **Chronic inflammation gradually changes the lining** — Left in place for years, chronic gastritis can cause the lining to thin and lose function, which makes it harder for your body to absorb iron, folic acid, and vitamin B12. In rare cases, long-running gastritis prompts cells in the lining to restructure into a different type of tissue altogether, a change called gastric intestinal metaplasia that is considered precancerous.⁷

5 Dietary Strategies That May Support Digestive Comfort

No single eating pattern has been shown to work for everyone with gastritis, and foods that bother one person may cause no problems for another. The most useful place to start is by noticing which foods and eating habits consistently make your symptoms worse, then adjusting them without unnecessarily restricting your diet.⁸

- 1. Try garlic if you tolerate it well** — A meta-analysis pooling eight randomized controlled trials with 867 adults examined allicin, a garlic-derived compound, as an add-on to standard *H. pylori* therapy. Eradication rates were higher in the allicin groups than in the control groups, at 93.33% versus 83.56%, although the authors noted that the overall quality of the trials was limited.⁹ Allicin was studied as an addition to standard antibiotic treatment, not as a replacement for it.

A small clinical trial examined how ordinary raw garlic affected *H. pylori* activity inside the stomach. Fifteen patients who tested positive for the bacterium ate two medium cloves, about 3 grams, with lunch and dinner for three days. Urea breath testing showed a significant drop in bacterial urease activity after the garlic period.

During a separate three-day period without garlic, breath test readings did not change significantly. The study was small and brief, so it cannot show that raw garlic eradicates the infection, but the findings came from an amount of garlic commonly used in food rather than a concentrated supplement.¹⁰

- 2. Consider probiotic foods alongside standard treatment** — Fermented foods such as yogurt, kefir, kimchi, and sauerkraut provide beneficial bacteria that may support digestion and maintain a healthier gut environment.¹¹ Introduce them into your diet gradually and in small amounts. Their microbial density makes them highly active, so monitor how you respond to each one individually.

Research suggests strains such as *Lactobacillus* and *Bifidobacterium* may help reduce *H. pylori* colonization and gastric inflammation while making antibiotic therapy easier to tolerate. When added to triple therapy, probiotics were associated with higher eradication rates and fewer gastrointestinal side effects, including nausea and diarrhea.¹²

3. Explore green or black tea with honey — In a study of 150 patients with dyspepsia, both tea and honey consumption were associated with lower *H. pylori* positivity. Among those who drank green or black tea at least once a week, 45.2% tested positive, compared with 64.8% of the other participants. After accounting for other factors, regular tea consumption remained associated with significantly lower odds of infection.

Animal and laboratory studies offer possible context for this association. Green tea catechins reduced *H. pylori* colony counts in Mongolian gerbils, while green tea inhibited bacterial growth and helped limit gastric mucosal inflammation in experimental models. However, no clinical trial has shown that green or black tea can eradicate *H. pylori* in humans.¹³

4. Track foods that aggravate your symptoms — Beyond choosing foods that are easier on your stomach, it also helps to identify which ones consistently trigger your symptoms. Keeping a food diary can help you connect flare-ups with specific meals or ingredients.

In a cross-sectional study of patients with chronic gastritis at three hospitals in Beijing, about 58% reported that their symptoms were related to what they ate. Stomachache and gastric distention were the two most common complaints, and both were associated with meat, barbecue, fried foods, sour foods, sweets, snacks, and salty foods.¹⁴

5. Eat smaller, lighter meals at regular times — In a cross-sectional study of 526 patients with chronic gastritis, irregular meal timing and inconsistent meal sizes were associated with stomachache, gastric distention, and several other digestive symptoms.

Irregular meal sizes showed one of the strongest associations with both stomachache and gastric distention, while irregular mealtimes were linked to nearly every symptom assessed. Eating moderate portions on a more consistent schedule may be easier on your stomach.¹⁵

Beyond Diet — 4 Lifestyle Habits That May Shape How Your Stomach Feels

Food choices are only part of the picture. Smoking, medication use, and stress may also influence how irritated your stomach lining becomes and how often symptoms flare up. Addressing these factors may help reduce the strain on your stomach while the underlying cause is being evaluated or managed.

- 1. Stop smoking and limit alcohol** — In a 2025 nationwide cross-sectional study of 12,902 adults across 52 Chinese cities, *H. pylori* infection was more common among people who drank alcohol and those who smoked. After researchers adjusted for other socioeconomic and lifestyle factors, alcohol consumption remained associated with 16% higher odds of infection.

Smoking was associated with higher infection rates in the initial analysis, with 31.09% of smokers testing positive compared with 26.25% of nonsmokers.¹⁶

- 2. Avoid overusing NSAIDs** — Use ibuprofen and similar medications only as directed, and avoid taking them more often or for longer than necessary. If you rely on an NSAID for a diagnosed condition, speak with your health care provider before changing the dose or stopping. There may be alternatives for managing your symptoms that are easier on your stomach lining.

- 3. Reduce stress** — A 2024 systematic review and meta-analysis pooled 16 randomized controlled trials covering 1,550 patients with functional dyspepsia and found that psychotherapy-based approaches — cognitive behavioral therapy, hypnotherapy, and mindfulness — significantly reduced digestive symptoms and anxiety compared with usual care.¹⁷

Massage, meditation, yoga, and breathing exercises are all reasonable starting points. If the stress stems from surgery, trauma, or serious illness, follow your physician's treatment plan for the underlying condition.

4. Consider using essential oils — Peppermint¹⁸ and ginger¹⁹ oils are sometimes used for digestive discomfort, although evidence specific to gastritis is limited. Clove oil has also drawn interest because of its eugenol content.

In a laboratory study, eugenol oil extracted from clove buds inhibited *H. pylori*, including antibiotic-resistant strains, and disrupted the protective biofilms formed by the bacterium. Biofilm formation fell by about half at the lower concentration tested and by roughly 73% at the higher concentration.²⁰

Note: These findings come from a mix of clinical, animal, and laboratory studies — several conducted alongside standard medical treatment — and may not apply to all individuals.

When to Seek Medical Care

Nearly everyone has had indigestion and stomach irritation at some point. Dietary and lifestyle changes may help with mild or occasional discomfort, but persistent symptoms need medical attention. Contact a health care provider if your symptoms last longer than a week, continue to worsen, or make it difficult to eat normally.

Seek prompt medical care if you vomit blood or notice blood in your stool. Unintentional weight loss, repeated vomiting, or feeling full after only a small amount of food also warrant evaluation, especially when they continue over time. Your doctor may recommend testing to identify the underlying cause and determine whether medication or other treatment is needed.

Frequently Asked Questions (FAQs) About Gastritis

Q: What is gastritis?

A: Gastritis is inflammation or irritation of your stomach lining. It may develop suddenly or persist over time, leaving the underlying tissue more vulnerable to

stomach acid and digestive enzymes.

Q: What are the symptoms of gastritis?

A: You may experience burning or gnawing discomfort in the upper abdomen, nausea, vomiting, stomach pain, bloating, reduced appetite, unintentional weight loss, or fullness after eating only a small amount. Some people have no noticeable symptoms.

Q: How long can gastritis last?

A: Gastritis may be acute and develop suddenly, or chronic and persist over time. How long it lasts often depends on what is irritating the stomach lining and whether that trigger continues.

Q: Which foods are linked to digestive issues?

A: Research has linked symptoms such as stomachache and gastric distention with meat, barbecue, fried foods, sour foods, sweets, snacks, and salty foods, although these associations do not apply equally to everyone.

Q: How are smoking, alcohol, and NSAID use connected with gastritis?

A: Smoking and alcohol have been associated with a higher likelihood of *H. pylori* infection, while NSAID overuse may weaken the stomach lining's defenses. The extent of their effect may depend on frequency, duration, dose, and other individual factors.

This article is for informational purposes only and does not constitute medical advice. Consult a qualified health care provider before making changes to your health regimen.

Sources and References

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