SYMPTOM

Indigestion

Indigestion is upper-belly discomfort, burning, or fullness during or after eating.

WHAT IT FEELS LIKE
Burning, aching, or uncomfortable fullness after eating

WHERE IT IS FELT
Upper belly, between the breastbone and navel

MOST COMMON CAUSES
Rich meals, acid reflux, functional dyspepsia

WHEN IT IS URGENT
New trouble swallowing, persistent vomiting, or black stools

USUALLY LASTS
Minutes to hours; recurring symptoms reflect the underlying cause

SEE A DOCTOR IF
Symptoms keep returning, worsen, or interfere with eating

Overview

Indigestion is a group of symptoms felt mainly in the upper belly. The medical term is dyspepsia . You may feel pain, burning, uncomfortable fullness, or feel full sooner than expected while eating.

Indigestion is a symptom, not a single disease. It may follow a large meal, occur with acid reflux, or have no clear physical cause. Some medicines and digestive conditions can also cause it.

Occasional, mild indigestion often settles on its own. Symptoms that keep returning, change noticeably, or occur with warning signs should be medically assessed.

What it may feel or look like

Indigestion can include one or more of these symptoms:

Indigestion is not exactly the same as heartburn. Heartburn is a burning feeling that rises behind the breastbone, usually because stomach contents move into the food pipe. However, the two symptoms often overlap.

Lower-belly cramps, diarrhoea, or constipation are not usually described as indigestion,

although they can happen at the same time.

- Burning, aching, or discomfort in the upper belly
- Feeling overly full after eating
- Becoming full after only a small amount of food
- Bloating, belching, or nausea
- An unpleasant acidic or bitter taste when reflux is also present

Common causes

Common causes

A large, fatty, spicy, or rich meal can bring on short-lived indigestion. Eating quickly, drinking alcohol, smoking, or having a large amount of caffeine may contribute for some people.

Acid reflux can cause burning or discomfort when stomach contents move upward into the food pipe. Pregnancy can make reflux and indigestion more likely because of hormonal changes and pressure on the stomach.

Some people have functional dyspepsia . This means recurring upper-belly symptoms are present even though routine testing does not find an ulcer or another structural problem. The stomach may be unusually sensitive or may not relax and empty in its usual way.

Less common causes

Inflammation of the stomach lining, called gastritis, may cause indigestion. Peptic ulcers are open sores in the stomach or first part of the small intestine. Some ulcers are linked to Helicobacter pylori , or H. pylori , a stomach bacterium.

Medicines can also irritate the digestive system. Examples include anti-inflammatory painkillers such as ibuprofen and naproxen, iron supplements, and some antibiotics like amoxicillin or doxycycline . Do not stop a prescribed medicine without advice; a clinician or pharmacist can help assess possible side effects.

Gallbladder or pancreatic conditions can sometimes resemble indigestion, although they often cause more focused or severe pain. Cancer is a much less common cause, but persistent symptoms with weight loss, swallowing difficulty, bleeding, or anaemia need prompt assessment.

Urgent causes that can feel similar

A heart problem can sometimes feel like upper-belly pressure, burning, nausea, or "bad indigestion." This is more concerning when discomfort comes with exertion, chest pressure,

sweating, breathlessness, faintness, or pain spreading to the arm, jaw, shoulder, or back.

When to seek medical care

Call emergency services now if you have:

Seek urgent same-day medical care for new trouble or pain when swallowing, repeated vomiting, yellow skin or eyes, or symptoms of digestive bleeding. Prompt assessment is also important if you cannot keep fluids down.

Book a routine appointment if indigestion keeps returning, is getting worse, wakes you often, or interferes with eating. Arrange a review if you have unexplained weight loss, reduced appetite, persistent vomiting, a feeling that food sticks, or unusual tiredness that could suggest anaemia.

- Chest or upper-belly pressure with breathlessness, sweating, or spreading pain
- Vomit containing blood or material that resembles coffee grounds
- Black, sticky, tar-like stools, especially with weakness or faintness
- Sudden, severe, or rapidly worsening belly pain
- Collapse, confusion, or difficulty breathing

How the cause is found

A clinician will ask where the discomfort occurs, how it relates to meals, how long it lasts, and whether you have reflux, vomiting, swallowing problems, bleeding, or weight loss. They may review alcohol use, smoking, pregnancy, family history, and medicines, including non-prescription painkillers.

An examination may include checking your belly and looking for signs of anaemia or jaundice.

Depending on your symptoms and risk factors, tests may include blood tests or testing for H. pylori . This bacterium can be checked with a breath test or stool test. Acid-reducing medicines and antibiotics can affect some results, so follow the preparation instructions you receive.

An upper endoscopy may be recommended when warning signs are present or symptoms remain unexplained. During this procedure, a thin flexible camera is passed through the mouth to examine the food pipe, stomach, and first part of the small intestine. Not everyone with indigestion needs this test.

Treatment and self-care

Treatment depends on the likely cause. For mild symptoms, it may help to eat smaller meals, eat slowly, and avoid lying down soon after eating. Notice whether specific foods, alcohol, or large late meals repeatedly trigger symptoms rather than removing many foods without evidence.

If reflux is part of the problem, raising the head of the bed may help with night-time symptoms. Avoid smoking if you can.

Antacids or alginate products may provide short-term relief by neutralising acid or forming a barrier above stomach contents. Other acid-reducing medicines like omeprazole or lansoprazole include H2 blockers and proton pump inhibitors. Ask a pharmacist which non-prescription option is suitable for you, and follow the product label. Symptoms requiring frequent or prolonged treatment should be reviewed.

If a medicine may be contributing, discuss alternatives with a clinician or pharmacist. Do not stop prescribed treatment by yourself. Confirmed H. pylori , ulcers, reflux disease, and functional dyspepsia may each need different treatment.

What to expect

Indigestion after a particular meal may improve within minutes to hours. Symptoms related to reflux or functional dyspepsia can come and go over longer periods.

Keeping a brief record of meals, symptoms, medicines, and timing can help identify patterns. If initial self-care or treatment does not help, follow up rather than repeatedly changing remedies. Further testing or a different treatment approach may be needed.

Common questions

Can stress cause indigestion?

Stress does not mean symptoms are imagined. It can change digestion, increase sensitivity to discomfort, and worsen reflux or functional dyspepsia. Symptoms should still be assessed when they persist or have warning signs.

Is indigestion the same as an ulcer?

No. An ulcer can cause indigestion, but most episodes do not prove that an ulcer is present. Testing may be needed if symptoms continue or risk factors are present.

Should I avoid spicy food?

Only if it reliably triggers your symptoms. Spicy food does not affect everyone, and unnecessary food restrictions can make meals harder to balance.

Can I exercise with indigestion?

Gentle activity may be comfortable, but vigorous exercise directly after eating can worsen symptoms. Stop and seek urgent help if activity brings on chest or upper-belly pressure, breathlessness, sweating, or spreading pain.

Sources

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