Ulcers - DGL

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Conventional medical treatment of peptic ulcers, an extremely common health problem, has dramatically changed in recent years. A huge variety of antacids, histamine blockers, and proton pump blockers are now considered standard ulcer therapy.

However, these medicines do not address the underlying factors of ulcer formation. They only block an ulcer’s effects. Fortunately, there is an effective natural supplement available that stimulates the body’s normal defense mechanisms to prevent ulcer formation. And, in the presence of peptic ulcers, this natural supplement promotes true healing.

Q. What’s a peptic ulcer?
A. Peptic ulcers are sores or eroded areas that form in the lining of the esophagus, stomach, or small intestine. They are called “peptic” because they need acid and the enzyme pepsin to form. Ulcers that occur in the stomach are known as gastric ulcers. Ulcers occurring in the duodenum (the beginning of the small intestine) are known as duodenal ulcers. Peptic ulcer disease, in which remissions and exacerbations of ulcers occur, represents a chronic health problem.

Q. How common are peptic ulcers?
A. Peptic ulcers are very common. One in every 10 Americans develops an ulcer at some time in his or her life. Duodenal ulcers are the most common type of peptic ulcers, and they tend to heal more quickly than stomach ulcers. Stomach ulcers are more likely to recur.

Q. What are the symptoms of an ulcer?
A. Some individuals with peptic ulcers have very mild symptoms and some individuals have no symptoms at all. For others, pain is the most common symptom. The pain associated with an ulcer may:
- Be described as dull and gnawing, or burning and crampy.
- Come and go, for several days or weeks.
- Occur two to three hours after eating.
- Occur in the middle of the night.
- Be relieved by food.

Other symptoms of a peptic ulcer may include weight loss, poor appetite, bloating, burping, nausea, vomiting.

Q. What causes ulcers?
A. Over the past 20 years, there has been a radical shift in think-
licorice root that has been specially processed. Degglycyrrhizinated licorice is an important component of a complementary natural health approach— together with other therapeutic measures recommended by your health care professional.

Many researchers have studied degglycyrrhizinated licorice (often referred to as DGL) in the treatment of gastric and duodenal ulcers.18-25 The use of DGL compared to standard drug therapy is a classic example of addressing the under-
Researchers reported in 1982 in Gut that DGL is as effective as cimetidine (Tagamet®) for curing gastric ulcers.30

That same year, Lancet reported DGL to be as effective as ranitidine (Zantac®).19 Researchers report licorice root extract stimulates the release of secretin, which, in turn, has a protective effect on the gastric mucosa. The body’s production of secretin by such natural agents may play a significant role in their mucosal protective action, note researchers. In fact, they attribute the anti-ulcer effect of licorice root extract to its unique ability to stimulate the body to release endogenous secretin, which helps to rebuild the stomach or intestine’s protective lining.33

Q. What about using antacids for peptic ulcers?
A. Antacids are alkaline compounds that neutralize stomach acid. At one time, antacids were the mainstay of anti-ulcer therapy. However, these drugs have been largely replaced by the histamine receptor antagonists and the proton pump inhibitors.34 Most antacids adversely affect the bowels. Some (e.g. aluminum hydroxide) promote constipation while others (e.g. magnesium hydroxide) promote diarrhea.

Some antacids contain significant amounts of sodium. Furthermore, by raising the stomach’s pH, antacids can influence the absorption of other drugs.34

Q. Can DGL be used with antibiotic therapy?
A. Yes. DGL can be used as an additive or adjunct treatment with antibiotics and other agents that may be prescribed by your health care professional. Consumers will find DGL’s restorative effects on the gastric mucosa help to hasten healing and prevent recurrences.

Q. How much DGL should be taken?
A. For treatment of peptic ulcer, take 760 to 1,520 mg of DGL between, or 20 minutes before, meals. Never use after meals, due to lack of efficacy. Use for eight to 16 weeks or as recommended by your health care professional. DGL does not inhibit stomach acid production, neutralize stomach acid, or block histamine. Use of DGL promotes true healing by stimulating the normal defense mechanisms that prevent ulcer formation and improve the integrity of the stomach lining. And, DGL accomplishes this without any of the side effects associated with standard peptic ulcer therapy.

Q. What is the best way to use DGL?
A. DGL should mix with the saliva to promote release of salivary compounds that stimulate the growth and regeneration of stomach and intestinal cells. Several forms of chewable DGL are available.

Q. How does DGL compare to standard peptic ulcer therapy?
A. The drugs used in standard therapy do not address the underlying cause of peptic ulcers. They merely treat the symptoms caused by an ulcer.

Comparison Chart: DGL vs. Antacids, Tagamet®, Zantac®, Prilosec®, and Prevacid®

<table>
<thead>
<tr>
<th>Typically Prescribed</th>
<th>Adverse Reactions/ Possible Chronic Toxicity</th>
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<tbody>
<tr>
<td>DGL</td>
<td>NONE</td>
</tr>
<tr>
<td>Magnesium hydroxide, aluminum hydroxide, calcium and aluminum carbonate (Maalox®, Mylanta®, Gelsil®, Tums®)</td>
<td>Rebound hyperacidity (a condition in which the body creates even more acid in reaction to artificial stomach acid neutralization)</td>
</tr>
<tr>
<td>Cimetidine (Tagamet®)</td>
<td>Dizziness, sleepiness, headache, confusion, hallucinations, diarrhea, impotence (reversible).35</td>
</tr>
<tr>
<td>Ranitidine (Zantac®)</td>
<td>Headache, constipation, diarrhea, nausea, abdominal pain, rash.36</td>
</tr>
<tr>
<td>Omeprazole (Prilosec®)</td>
<td>Headache, dizziness, diarrhea, abdominal pain, nausea, vomiting, constipation, upper respiratory symptoms.37,38</td>
</tr>
</tbody>
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Q. Are there side effects or complications related to use of DGL?
A. As mentioned earlier, DGL is a specially processed form of licorice that avoids the main hazards of regular licorice. Thus, there are no known side effects or drug interactions with use of DGL. Pregnant or nursing women should discuss use of dietary supplements with their licensed health care practitioner.

Conclusion

In summary, DGL is a supplement that improves the integrity of the stomach lining, stimulates the normal defenses that prevent ulcer formation, and enhances the body’s healing powers.
References


