

# Peptic Ulcer Disease: Complementary/Alternative Medicine

Abdominal distress forty-five to sixty minutes after meals or during the night, both relieved by food, antacids, or vomiting

Abdominal tenderness

Chronic but periodic symptoms

Ulcer crater or deformity in the stomach or upper small intestine visible on X ray or fiber-optic (endoscopic) exam

Positive test for blood in the stool

## QUICK REVIEW

Individuals with peptic ulcer must be monitored by a physician due to potential serious consequences if not effectively treated.

Ulcers are usually the result of a breakdown in protective factors that line the stomach or small intestine.

The bacterium *Helicobacter pylori* has been linked to both duodenal and gastric ulcers.

- Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) are associated with a significant risk of developing an ulcer.
- Smoking is a significant factor in the occurrence and severity of peptic ulcers.
- An allergy to milk may be a causative factor in many cases of ulcers.
- A diet rich in fiber is associated with a reduced rate of duodenal ulcers as compared with a low-fiber diet.
- Raw cabbage juice is well documented as having remarkable success in treating peptic ulcers.
- Bismuth is a naturally occurring mineral that can act as an antacid and exert activity against *H. pylori*.
- DGL, a special form of licorice, has been shown to be more effective than Tagamet or Zantac in head-to-head comparison studies.
- Rhubarb or aloe vera preparations can be used to stop the bleeding of an ulcer.

## TREATMENT SUMMARY

The first step is to identify and eliminate or reduce all factors implicated in the etiology of peptic ulcers: food allergy, cigarette smoking, stress, and drugs-especially aspirin and other NSAIDs. Once the causative factors have been controlled, attention should be directed at healing the ulcer, inhibiting factors that aggravate the ulcer (e.g., reducing excess acid secretion if present), and promoting tissue resistance. Finally, the proper diet and lifestyle should be developed to prevent further recurrence.

Antacids can be used as part of the initial treatment for symptomatic relief. All antacids are relatively safe when used on an occasional basis, but avoid antacids that contain aluminum. We recommend following label instructions and avoiding the regular use or overuse of antacids. Taken regularly, antacids can lead to malabsorption of nutrients, bowel irregularities, kidney stones, and other side effects.

We recommend holding off on the bismuth subcitrate until the other recommendations have failed, including a one month trial of DGL. We have had particularly good results when using DGL to treat both gastric and duodenal ulcers. For the rare patient who simply cannot get past the taste of licorice, we recommend bismuth subcitrate or Robert's for-I mula (see CROHN'S DISEASE AND ULCERATIVE COLITIS).

## Psychological

Develop an effective stress-reduction program; eliminate or control stressors, and design a regular relaxation plan.

### Diet

Eliminate allergenic foods, especially milk. Eat a diet high in dietary fiber, and consume fresh cabbage juice and vegetable juices on a regular basis.

### Nutritional Supplements

- Vitamin A: 5,000 IU per day
- Vitamin C: 500 mg three times per
- Vitamin E: 100 IU three times per'
- Flavonoids: 500 mg three times per day
- Zinc: 20-30 mg per day
- Glutamine: 500 mg three times per day
- Bismuth subcitrate: 240 mg twice per day before meals

### Botanical Medicines

#### *Deglyrrhizinated Licorice (DGL)*

The standard dosage for DGL in acute cases is two to four 380-mg chewable tablets between or twenty minutes before meals. For more mild chronic cases, c for maintenance, the dosage is one to tw<sup>o</sup> tablets twenty minutes before meals. Taking DGL after meals is associated wit] poor results. DGL therapy should be continued for at least eight to sixteen weeks after there is a full therapeutic response.

It appears that, in order to be effective in healing peptic ulcers, DGL must mi with saliva. DGL may promote the re lease of salivary compounds that stimulate the growth and regeneration o stomach and intestinal cells. DGL in capsule form has not been shown to be effective.

*Aloe vera* Drink 1 liter per day when there is active bleeding of an ulcer.