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Zantac and Tagamet vs DGL

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ZANTAC/TAGAMET

Description:

Zantac (ranitidine) and Tagamet (cimetidine) are examples of histamine receptor antagonists. These drugs act to block the action of histamine on the secretion of stomach acid. Histamine normally acts on the acid secreting cells of the stomach in a manner which results in the secretion of stomach acid. By blocking this effect of histamine, stomach acid output is greatly reduced.

Effectiveness and safety: Although they are effective in providing symptomatic relief, Zantac, Tagamet, and other H2-receptor antagonists have the highest recurrence rate among anti-ulcer treatments. In addition, both drugs are associated with numerous side effects. Because H2-receptor antagonists block a vital bodily function involved in digestion, digestive disturbances are quite common and can include: nausea, constipation, and diarrhea. Nutrient deficiencies can appear as a result of impaired digestion. Other possible side effects include: liver damage, hair loss, breast enlargement in men, dizziness, allergic reactions, headaches, osteoporosis, depression, insomnia, and impotence.

Cost:

A month's supply of Zantac or Tagamet at therapeutic levels typically costs between \$80 and \$100.

DGL

Description:

DGL refers to "deglycyrrhizinated



licorice." The glycyrrhetic acid component of licorice is removed due to its problematic effects on blood pressure in some individuals. DGL is a remarkable anti-ulcer agent. Rather than inhibit the release of acid, licorice stimulates the normal defense mechanisms that prevent ulcer formation. Specifically, DGL improves both the quality and quantity of the protective substances which line the intestinal tract; increases the life span of the intestinal cell; and improves blood supply to the intestinal lining.

Effectiveness and safety:

Numerous studies have found DGL to be an effective anti-ulcer compound. In several head to head comparison studies, DGL has been shown to be more effective than either Zantac, Tagamet (cimetidine), or antacids in both short term treatment and maintenance therapy of peptic ulcers. DGL is extremely safe and no significant side effects have ever been reported.

Cost:

At the standard therapeutic dosage of two 380 mg chewable tablets twenty minutes before meals, the monthly cost of DGL is less than \$25.

A quick comparison

Current medical treatment of peptic ulcer focuses on reducing gastric acidity with either antacids and drugs which block stomach acid secretion. Though effective in relieving symptoms, these

treatments can be expensive, carry some risk of toxicity, disrupt normal digestive processes, and alter the structure and function of the cells that line the digestive tract. The latter factor is just one of the reasons why peptic ulcers will develop again if the medications are discontinued.

One of the most popular natural treatments of peptic ulcers is a special licorice extract, known as deglycyrrhizinated licorice or DGL for short. Since the glycyrrhetic acid in licorice can elevate blood pressure in some individuals, it is removed.

DGL's mode of action is different than the current medications used for the treatment of peptic ulcers. DGL stimulates the normal defense mechanisms that prevent ulcer formation. Specifically, DGL improves both the quality and quantity of the protective substances which line the intestinal tract; increases the life span of the intestinal cell; and improves blood supply to the intestinal lining.

The use of DGL compared to standard drug therapy is a classic example of addressing the underlying cause of a condition rather than simply blocking an effect. Most people do not get ulcers because of over secretion of acid. the cause in most cases is a breakdown in the integrity of the intestinal lining. While drugs like Zantac and Tagamet can block symptoms and promote temporary healing, because



they do not address the underlying cause, their effects are short-lived. In contrast, DGL addresses the underlying factors and promotes true healing. Numerous clinical studies over the years have found DGL to be an effective anti-ulcer compound. For example in one study, 33 gastric ulcer patients were treated with either DGL (760 mg, three times a day) or a placebo for one month.¹

At the end of the study, there was a significantly greater reduction in ulcer size in the DGL group (78%), than in the placebo group (34%). Complete healing occurred in 44% of those receiving DGL, but in only 6% of the placebo group.

In several head to head comparison studies, DGL has been shown to be more effective than either Tagamet or Zantac in both short term treatment and maintenance therapy of peptic ulcers.²⁻⁵ However, while these drugs are associated with significant side

effects, DGL is extremely safe and is only a fraction of the cost.

Dosage information

In order to be effective in healing peptic ulcers, it appears that DGL must mix with saliva; DGL may promote the release of salivary compounds which stimulate the growth and regeneration of stomach and intestinal cells. The standard dose for DGL is two 380 mg chewable tablets between or 20 minutes before meals. For severe or intractable ulcers the dosage should be doubled to four tablets three times daily. DGL should be continued for 8 to 16 weeks after alleviation of the symptoms.

References:

1. I. Turpie AG. Rtmcie J and Thomson T.I: Clinical trial of deglycyrrhizinate liquorice in gas-tric ulcer. Gut 10:299-303. 1969.

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 3. Tewari SN and Wilson AK: tkglvcyrrhizinated liquorice in duodenal ulcer. Practitioner 210:829-5. 1972
 4. Morgan Ag. McAdam WAF. Pacsoo C and Darnhorough A: Comparison between cimclidine and Caved-S in the treatment of gastric ulceration. and subsequent maintenance therapy. Gut 23:545-51. 1982.
 5. Kassir ZA: Endoscopic controlled trial of four drug regimens in the treatment of chronic duodenal ulceration. Irish Med J 78:153-6. 1985. *

ENDOSCOPIC CONTROLLED TRIAL OF FOUR DRUG TREATMENTS IN CHRONIC DUODENAL ULCERS:⁵

Therapy group	No. of patients	% healed at 6 weeks /12 weeks total	relapse %	net % healed
Group 1: Antacids <i>were given aluminum-magnesium hydroxide at a dosage of 600 mg five times daily</i>	26	77%/12%/89%	16.4%	72.6%
Group 2: Cimetidine <i>(Patients were given 200 mg three times daily and 400 mg at bedtime.)</i>	348	62.9%/30.4%/93.3%	12.9%	80.4%
Group 3: DGL <i>(Patients were given one 380 mg chewable tablet of DGL three times daily.)</i>	169	76.3%/14.7%/91	8.2%	82.8%
Group 4: Gefarnate <i>were given 50 mg three times daily.)</i>	90	71.1%/17.7%/88.8%	15.5%	73.3%

Comments:

When all is considered, especially net healed (% healed minus % relapse) the results of this study demonstrate that DGL was slightly more beneficial than the drug treatments employed despite the fact that the dosage of DGL was relatively low (one 380 mg tablet three times daily) while the dosage of the drug treatments used was high (e.g., 3 grams of Al-Mg hydroxide and 1,000 mg of Cimetidine, Tagamet). While Al-Mg hydroxide and cimetidine are associated with significant side effects, no side effects have been reported with DGL. The results of this study, as well as others, indicate DGL to be a safe and effective alternative to current drug therapy for peptic ulcer.