

Hope & Healing

Peptic Ulcers Healing the Stomach Ulcer

A heart at peace gives life to the body — Proverbs 14:30

Introduction _____

Peptic ulcers are shallow sores that occur in three parts of the digestive system when the system is out of balance. The ulcers occur in the stomach, where they are known as gastric ulcers, in the first part of the small intestine, the duodenum, where they are known as duodenal ulcers, and rarely in the esophagus, where they are known as esophageal ulcers.

The word peptic comes from pepsin, a digestive juice produced by the cells of the stomach wall. Cells of the stomach wall also produce hydrochloric acid to assist digestion. To protect the stomach wall from being digested by the very acids it uses to digest food, the lining is coated with a protective mucus.

An ulcer develops when the balance between these is upset. Sometimes the amount of stomach acid produced is great enough to overcome the protection of the mucus, or the mucus produced is not enough, or the mucus is damaged by an irritating substance like aspirin or other drugs. This is what is meant by being out of control.

Who's at Risk? _____

Although they can occur at any age ulcers are rare in children and slightly more common in teenagers. The persons more likely to develop peptic ulcers are:

- Smokers. They are twice as likely to get an ulcer and cigarettes slow the healing as well as cause the ulcer to return.
- Arthritis patients who use aspirin or drugs like Ibuprofen. These drugs

reduce the production of mucus as well as damage the stomach lining.

- Persons who have a close relative with an ulcer.
- Persons who have had an ulcer before.
- Men. Women, of course, get ulcers, but not as often as men.
- Individuals who carry the bacteria *Helicobacter Pylori* (H.pylori) are more prone to get ulcers. It is present in one-half of the world's population, but, only causes ulcers in a fraction of people by invading the stomach lining. It can be tested for and treated with antibiotics.

Ulcer Pain _____

You might ask, "How can I tell if stomach pain is caused by an ulcer or by ordinary indigestion?" Ulcers sometimes develop without pain, but, for the most part, they are painful. The pain is not usually an occasional pain. It is consistent pain, here today, here tomorrow, here next week, and so on. The pattern of symptoms develops over several weeks.

In most people the pain is present when the stomach is empty and is relieved when food neutralizes the acid. In others the pain may be made worse with eating. A very useful question is, "Does the pain awaken you in the night as your stomach becomes empty?" Another is, "Does an antacid relieve it?"

The location of the pain is fairly consistent. It is just above and to the left of the navel. If you lie on your back and push on the area of pain with your fingers, you may find an area of tenderness about the size of a quarter. The pain is a gnawing pain in some persons, and a burning or aching in

others.

Making the Diagnosis _____

Often, the character of the pain and the measures that relieve it are specific enough for the doctor to be reasonably sure that an ulcer is causing the pain. If this is the case and you are otherwise healthy, the doctor may choose to treat you for an ulcer without scheduling you for an x-ray or other tests to be certain of the diagnosis.

If an ulcer is causing the pain, slight modifications of diet and medicines will usually give pain relief within one week. If the pain improves but is not relieved altogether, two weeks may be allowed before a change in strategy is suggested by your doctor. If after two weeks your pain is relieved, your doctor may continue treatment for another six weeks before complete healing is expected.

An Upper GI x-ray is ordered when your doctor suspects that the pain is not due to an ulcer, either because it isn't typical ulcer pain or the trial with medicines didn't relieve the pain. Stomach x-rays where you swallow barium, the chalky liquid, will not be sensitive enough to find all ulcers. About 15% are missed. So, your doctor may choose to have a stomach specialist, a gastroenterologist, pass a lighted tube into the stomach to look things over.

Two Ulcer Related Questions _____

- **Am I doomed to eat bland food to treat my ulcer?** The thinking about food and ulcers has changed completely in recent years. You

should avoid tea, coffee and colas, and any other food or drink that you know upsets your stomach. The rule of thumb: if the food bothers you, don't eat it. If you favor spicy foods, don't assume that you have to deny yourself the pleasure just because you have an ulcer.

• **What about stress and my ulcer?**

It is an old idea that stress causes ulcers. Is it a sound idea? A study published in the journal Gastroenterology in February 1988, says that it may not be what you're eating that causes your ulcer, but what's eating you. The researchers studied the effects of coffee, alcohol and stress on ulcers and concluded that the way you react to stress is what creates the problem. If you are so stressed that you give up healthy eating practices, for example, or take up smoking, then an ulcer may result. So, stress does seem to play a part in causing an ulcer.

Don't Take an Ulcer Lightly _____

Ulcer complications are serious and can threaten life itself. Call your doctor if you have any of the following:

- Stomach pains that persist after 10-14 days of self treatment.
- Black or tarry bowel movements.
- Vomiting of recently eaten food.
- Severe stomach pain that won't let up.
- You vomit blood.

Treatments For Ulcers _____

Antacids. There are scores of antacids on drug store shelves and they are all designed to do the same thing; neutralize the excess acid produced by the stomach.

All antacids contain one or more of four active ingredients: sodium bicarbonate, calcium carbonate, magnesium salts, and aluminum salts. You should know a little about the differences between these four.

- **Soda Bicarb.** Fast acting, but doesn't last long. It is not

recommended if you have heart trouble, high blood pressure or kidney problems, because of its high sodium content.

- **Calcium Carbonate.** Also fast acting. With prolonged use it may cause constipation and acid rebound. (The acids rise even higher after the drug is taken.) If taken by persons on a high milk diet, can cause a rise in blood calcium levels.
- **Magnesium and Aluminum Antacids.** These are slower acting, longer lasting, and usually safe if used in moderation. Magnesium antacids can cause diarrhea, however, while aluminum antacids can cause constipation.

Drugs that block the production of stomach acid.

These are prescription drugs that are very effective in relieving pain and promoting healing. They include: Cimetidine (Tagamet), Ranitidine (Zantac), Famotidine (Pepcid), and Prilosec-type drugs (PPIs). These are powerful drugs that completely shuts off the production of stomach acid, causing ulcers to heal more quickly.

Drugs that protect the stomach lining.

Sulcrafate (Carafate). This drug acts directly by coating the ulcer and protecting the lining from further damage.

Summary _____

Drug therapy is very effective in healing ulcers. But ulcers do tend to recur again and again. Sometimes a drug is given as maintenance to prevent reoccurrence. Nowadays surgery is rarely recommended. Antibiotics are now sometimes given as therapy.

**Awaken the
Miracles
Within You**

**The Miracle
of Persistence**

We sometimes quit when we grow tired of a project and say, "I tried but nothing came of it."

Sometimes when the idea is weak or we are lukewarm about it, we should give it up before we start. Getting on the wrong road requires starting, stopping, backing up, a lot of trouble.

But, when an idea burns a hole in your head, treat it seriously, treat it like a message from God. It may give your life purpose.

Then, claim that:

- God works within you.
- God always succeeds.
- God knows the best way to do things.
- God is inspiring me to take His way.
- God wants me to do the work with joy.
- God wants me to keep going and never, never give up. Persistence pays.

The recommendations and information in this handout are appropriate in most cases. However, for specific information concerning your personal medical condition, please, consult your doctor.