Gastritis

Gastritis is a broad term for inflammation or irritation of the inner lining (mucosa) of the stomach. This condition can be caused by many factors and, in some cases, may lead to an ulcer. For that reason, many of the same nutrients, herbs, and lifestyle changes that might benefit a person with a peptic ulcer might also help someone with gastritis. See the section on peptic ulcer for more information.

Bacterial infections, most notably *Helicobacter pylori*, the same bug often responsible for peptic ulcers, is a major cause of gastritis. When addressing treatments for gastritis, many researchers now look for substances that eradicate *H. pylori*, including bismuth and antibiotics.

Other causes of gastritis include ingestion of caustic poisons, alcohol, and certain medications like aspirin or steroids as well as physical stress from the flu, major surgery, severe burns, or injuries. For some, a drug allergy or food poisoning can prompt gastritis. Atrophic gastritis is a form of gastritis found particularly in the elderly, where stomach cells are destroyed, potentially leading to pernicious anemia.

**Dietary changes that may be helpful:** Salt can irritate the stomach lining. Some research suggests that eating salty foods increases the risk of developing a *H. pylori*
infection. Researchers have speculated that increased salt intake may increase the risk of gastritis.

Doctors commonly suggest that their patients with gastritis avoid spicy foods. However, one study found that capsaicin, the pungent ingredient in cayenne or chili, has protected against aspirin-induced gastritis in healthy persons. When eighteen people ate chili followed by 600 mg of aspirin, stomach injury was considerably less than in individuals who took only aspirin. The researchers of this study speculate that chili helps by increasing blood flow to the stomach. Capsaicin has also been shown to protect against gastritis caused by excessive alcohol intake in rats, though this has yet to be tested in humans.

Some researchers have suggested that food allergies or intolerance may be a causative factor in gastritis. In one double blind report, people with proven food sensitivities showed clear evidence of irritation of the stomach lining (including swelling, bleeding, and erosions) when challenged with foods they were known to react to. However, most of these people did not have abnormal results from standard blood tests for allergies. People suspecting food sensitivities or allergies should consider discussing an allergy elimination program with a nutritionally oriented doctor.

**Lifestyle changes that may be helpful:** Gastritis is common among alcoholics. Both heavy smoking and excessive alcohol consumption are known causes of acute gastritis.
Many medications, such as aspirin and related drugs, can induce or aggravate stomach irritation. People with a history of gastritis should never take aspirin or aspirin-like drugs without first discussing the matter with their doctor.

Caffeine found in coffee, black and green tea, some soft drinks, chocolate, and many medications increases stomach acid, though decaffeinated coffee does as well. Avoiding these substances should therefore aid in the healing of gastritis.

**Nutritional supplements that may be helpful:** When *Helicobacter* causes gastritis, free radical levels rise in the stomach lining. These unstable molecules contribute to inflammation and gastric damage. Vitamin C, an antioxidant that helps squelch free radical molecules, is low in the stomach juice of people with chronic gastritis. When people with gastritis took 500 mg of vitamin C twice a day, vitamin C levels in their gastric juice rose. However, there is no direct evidence that taking vitamin C actually improves gastritis.

There is some evidence that the antioxidant beta-carotene may also reduce free radical damage in the stomach, and eating foods high in beta-carotene has been linked to a decreased risk of developing chronic atrophic gastritis. Moreover, people with active gastritis have been reported to have low levels of beta-carotene in their stomachs. In preliminary research from Russia, giving 30,000 IU beta-carotene per day to people with ulcers or gastritis led to the
disappearance of gastric erosions. Combining vitamin C and beta-carotene also led to improvement in most people with chronic atrophic gastritis.

Several amino acids have shown promise for people with gastritis. In a double blind study, taking 200 mg of cysteine four times daily provided significant benefit for fifty-six individuals with bleeding gastritis caused by NSAIDs (nonsteroidal anti-inflammatory drugs, like aspirin) use. Cysteine is a sulfur-containing amino acid that stimulates healing of gastritis. In another trial, preliminary findings showed that 1–4 grams of N-acetyl cysteine given to people with atrophic gastritis for four weeks appeared to increase healing. Glutamine is a main energy source for cells in the stomach and may also increase blood flow to this region. When burn victims were supplemented with the amino acid glutamine, they did not develop stress ulcers even after several operations. It remains unclear to what extent glutamine supplementation might prevent or help existing gastritis. Preliminary evidence suggests that the amino acid L-arginine may both protect the stomach and increase its blood flow, but research has yet to investigate the effects of arginine in people with gastritis.

Zinc and vitamin A, nutrients that aid in healing, are commonly used to help people with peptic ulcers. For example, the ulcers of individuals taking 220 mg of zinc three times per day healed three times faster than those of people who took placebo. While the research does not yet show that zinc specifically helps people with gastritis, taking it may nevertheless be useful. The amount of zinc
used in this study is very high compared with what most people take, i.e., 15–40 mg per day. Even at these levels, it is necessary to take 1–3 mg of copper per day to avoid a copper deficiency.

People who took 50,000 IU of vitamin A three times a day experienced a significant decrease in both ulcer size and pain. Because this amount of vitamin A is very high and can be quite toxic, usage requires the guidance of a nutritionally oriented doctor. A safe amount for women of childbearing age is 10,000 IU per day and probably 25,000 IU for other adults. In preliminary research from Bulgaria, using vitamin A together with drugs and proper nutrition eliminated erosive gastritis after three weeks in three-quarters of affected individuals.

People with pernicious anemia due to atrophic gastritis require very high amounts of vitamin B12. See a discussion of pernicious anemia in the vitamin B12 section.

Several human trials suggest that gamma oryzanol might help people with gastritis and other gastrointestinal complaints. In one study, twenty-two individuals with chronic gastritis were given 300 mg of gamma oryzanol per day. After two weeks, five of these people reported that gamma oryzanol was extremely effective and twelve said it was moderately effective. Overall, 87% experienced some benefit. Another study revealed similar results. Eighteen people with various types of gastritis also received 300 mg of gamma oryzanol per day. After two weeks, more than 62% of those with superficial gastritis and over 87% with
atrophic gastritis benefited; all individuals with erosive gastritis were helped.

In a large hospital study, approximately 2,000 people with various gastrointestinal complaints, including gastritis, were given gamma oryzanol in divided amounts of 100 mg three times per day. In this study, some individuals required as much as 600 mg per day before their symptoms improved. While most took this supplement for less than a month, some took it longer, up to 275 days. People with gastritis wishing to take gamma oryzanol for long periods of time or in amounts exceeding 300 mg per day, should first consult with a nutritionally oriented physician.

**Are there any side effects or interactions?** Refer to the individual supplement for information about any side effects or interactions.

**Herbs that may be helpful:** Many of the same herbs that are helpful for peptic ulcers may also aid people with gastritis. Licorice root, for example, has been traditionally used to soothe inflammation and injury in the stomach. It also stalls the growth of *H. pylori*. To avoid potential side effects, such as increasing blood pressure and water weight gain, many physicians use deglycyrrhizinated licorice (DGL). This form of licorice retains its healing qualities by removing the glycyrrhizin that causes problems in some people.

Goldenseal is noted as an herbal antibiotic and is used specifically for infections of the mucous membranes. While
no specific research points to goldenseal as a treatment for gastritis, there is some evidence that berberine, an active ingredient in goldenseal, slows growth of *H. pylori*.34

Chamomile, high in the bioflavonoid apigenin, can ease injured and inflamed mucous membranes. In addition, research has shown that apigenin inhibits *H. pylori*35 and chamazulene, another active ingredient in chamomile, reduces free radical activity,36 both potential advantages for people with gastritis.

Demulcent herbs, such as marshmallow and slippery elm, are high in mucilage. Mucilage might be advantageous for people with gastritis because its slippery nature soothes an irritated digestive tract. Marshmallow is utilized for mild inflammation of the gastric mucosa.37

**Are there any side effects or interactions?** Refer to the individual herb for information about any side effects or interactions.

**References:**


