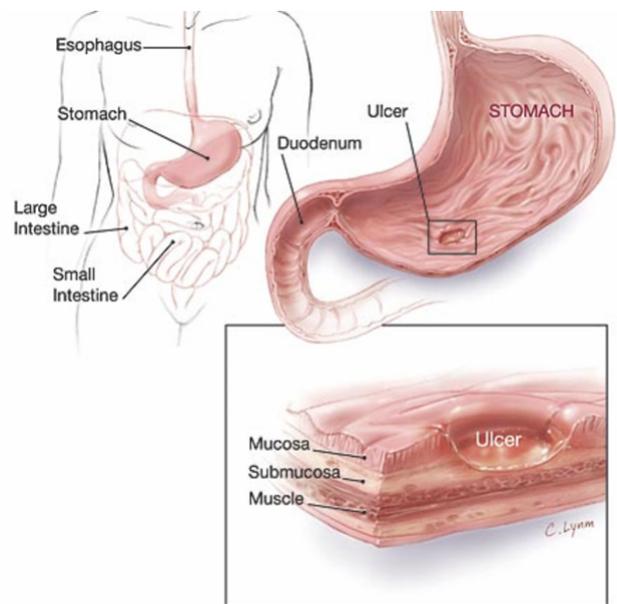


# U l c e r s

What are ulcers? They are sores on the inside of the GI tract, either in the esophagus, stomach or duodenum (beginning of the small intestine). In the years before we had effective medicines a lot of surgeries were done to remove areas of acid-production. With the availability of H2 blockers (Zantac, Tagamet, etc) and PPIs (Prilosec, Aciphex, Prevacid, Nexium, Protonix, Dexilent etc) and mucus- protectants (Carafate, Pepto-Bismol) we rarely needed surgery anymore. However, a lot of people were having recurrences and in 1982 *Helicobacter pylori* (a spiral bacteria) was found to be a cause of many ulcers. Once *H. pylori* was found, antibiotic treatment was given to kill that bacteria and many people got relief, and as an added benefit, quite a few stomach cancers were prevented.



Don't be surprised if the next decade changes again our thinking on ulcers!!! Probably diet still plays a role as well as excesses of smoking, alcohol and stress. Healthy foods especially fresh vegetables and fruits with antioxidants likely keep a healthy balance in the GI tract. Even pine nut oil has been touted as a natural cure. Many of the medicines for ulcer are over the counter now; most will find the fastest cure with them.

A huge cause of ulcers is anti-inflammatory medication use. Currently available anti-inflammatories: celecoxib (Celebrex), diclofenac (Voltaren-XR), ibuprofen (Motrin, Advil), indomethacin (Indocin), naproxen (Aleve, Naprosyn), oxaprozin (Daypro), piroxicam (Feldene) Ibuprofen (Motrin, Advil), indomethacin (Indocin), nabumetone (Relafen) and aspirin, can all interfere with the prostaglandins that protect the mucosa of the GI tract. Celecoxib (Celebrex) is designed to avoid the prostaglandin inhibition and be less likely to cause ulcers. But if you take Celebrex while taking a baby aspirin, the mucosa is just as "unprotected" as if you were taking any of the other anti-inflammatories!! So we may need to reconsider aspirin use if you have an ulcer.

Alternatives to anti-inflammatories like tramadol (Ultram) fight pain only. Tramadol does not irritate the stomach. It helps best if used infrequently or as a half pill if you really need it every day. Some people benefit from the topical gel form of diclofenac (Voltaren) which has much less effect on the stomach since you don't swallow it! Lidocaine patches are expensive but have been helpful too. Believe it or not, there was an amazing drug developed that totally cut all the bad arthritis pain. It was about to get approved when a scientific trial was done on that medication and the people on the drug were breaking their bones because their joints didn't slow them down. So really when your joints are bad, some of the best treatment is physical therapy to help improve the joint mechanics. If you must take an anti-inflammatory, you might just have to take something like omeprazole (Prilosec) with it to protect your stomach. Many still like the time-honored Tums, or even straight baking soda.

Typical symptoms of ulcer or excess acid are mid-abdominal to left upper abdominal pain that occurs several hours after a meal or in the morning. It can feel like burning and might be relieved by food or a glass of milk. If it has progressed to an extreme degree, you may see dark blood in your stool or even be weak from blood-loss.

If medications (either over-the counter or doctor-prescribed ones) are successful in relieving your symptoms you might be lucky and have no further trouble with abdominal pain. Our general rule is if you get better with one month or less on medications and then no longer have the problem, we don't need to keep you on medication or see the specialist. A lot of people then choose to eat better, avoid late meals, have less stress and see no recurrence. If however you continue to need medication we will need to see you back to check for *H. pylori*. It is a simple test done from a stool sample. Or the specialist can see you and do a special hydrogen breath test.

If *H. pylori* is found, we give a 2 week course of double antibiotics with a PPI and Pepto-Bismol. Almost 10 pills a day!!! There is no faster treatment yet (2017). And there is no guarantee that it will stay away! But the benefit is getting better and reducing your risk for stomach cancer. If you persist with pain then we need the GI specialist to do an endoscopy, so that the lining of your GI tract can be examined and biopsied to find out what the trouble is.

**CARING FAMILY, SC 815-459-2200**  
Todd S Giese, MD, Racquel N Ramirez, MD, George B Gancayco, MD, Jamie  
TM Gancayco, MD & Lauren K Mielke, FNP Family Nurse Practitioner.  
Visit our website at: [www.mycaringfamily.com](http://www.mycaringfamily.com)