



The Pathophysiology of Gastritis

Gastritis is characterized by irritation, inflammation, or injury to the mucosal lining of the stomach. Gastritis can be acute or chronic; both can be further subcategorized, depending on pathological characteristics that may have different etiologies.^{1,2} Infection due to *Helicobacter pylori* is the most common cause of chronic gastritis.² The most common form of acute gastritis seen in general practice is chemical or reactive gastritis, which may be due to intake of alcohol, caustic agents, or certain medications.¹

Risk factors for chronic gastritis include a history of *H. pylori* infection, Crohn's disease, gluten sensitivity, vasculitis, gastrointestinal surgery, or autoimmune disease. Other risk factors may include food allergy, exposure to certain toxins, or use of proton pump inhibitors, nonsteroidal anti-inflammatory agents, alcohol, steroids, or

certain chemotherapy agents. Individuals of East Asian descent may have a higher risk for chronic gastritis.²

Symptoms of gastritis may include early satiety, reflux, abdominal or substernal chest pain, nausea, vomiting, malaise, belching, weight loss, and upper gastrointestinal bleeding.^{1,2} Depending on the severity, some symptoms associated with gastritis may indicate emergent needs for care. These include but are not limited to weight loss, overt gastrointestinal bleeding, abdominal mass, and dysphagia.¹

Natural therapeutics and lifestyle changes may support gastrointestinal health in acute and chronic gastritis and prevention.* This clinical protocol is designed to support gastric health and includes evidence-based lifestyle and dietary interventions for gastritis.

Diagnostic Biomarkers and Clinical Indicators of Gastritis

- Clinical diagnosis of gastritis is typically and definitively achieved through upper gastrointestinal endoscopic biopsy.
- Certain types of gastritis may have risk factors for dysplasia and other cellular changes.
- Gastric cancer screening may also be clinically appropriate.³

Additional testing may be performed such as:²

- *H. pylori* antibody serology
- Urea breath test
- Gastrointestinal Microbial Assay Plus (GI-MAP™)
- Tests to rule out pernicious anemia,² which may include:
 - Complete blood count
 - Serum B12 or methylmalonic acid
 - Serum folate or formiminoglutamic acid
 - Anti-intrinsic factor antibody
 - Anti-parietal cell antibody
 - Serum gastrin

Therapeutic Diet and Nutritional Considerations

- Correct nutritional deficiencies, such as vitamin B12, as severe deficiency of vitamin B12 may lead to gastritis associated with pernicious anemia⁴
- Advise intake of nutrients rich in dietary fiber and vitamins A, C, and E, which may be associated with reduced risk³
- Recommend supplementation with probiotics and probiotic-rich foods, which may promote healing from *H. pylori* infection⁵

Lifestyle Interventions

- Provide resources for smoking cessation and reduction in alcohol intake due to positive associations with gastritis³
- Recommend stress management techniques, such as meditation or similar mindfulness practices, as stress has been associated with increased risk of certain forms of gastritis⁶



Supplement Protocol

Primary Support:



GastroMend-HP™

Dose	2 capsules twice per day on an empty stomach
Duration	Ongoing
Formula Highlights	GastroMend-HP™ is a blend of botanical extracts that support a healthy gastric microbial balance and help maintain a healthy gastric mucosa. This formula may be helpful for occasional heartburn, bloating, or upset stomach.*

TegriceL® Colostrum

Dose	1 capsule twice per day
Duration	Ongoing
Formula Highlights	TegriceL® Colostrum uses the latest technology to produce potent colostrum that supports optimal immune function and intestinal health.* It provides a combination of immune and growth factors, including immunoglobulins, amino acids, and other important nutrients. Unlike other brands, TegriceL® Colostrum comes from nutritionally supplemented cattle from USDA Grade A dairy farms in the U.S. These cattle are carefully fed a scientifically designed diet that contains the proper balance of legumes and grasses, along with minerals and trace minerals to ensure consistently high-quality colostrum.

L-Glutamine Powder

Dose	1 to 2 teaspoons per day on an empty stomach
Duration	Ongoing
Formula Highlights	L-Glutamine powder supplies the amino acid, L-glutamine, which is essential for the health of the immune system and the digestive tract. In the gut, it promotes the health and function of the mucosal cells for normal healing and repair.*

DGL Synergy™

Dose	Chew 2 tablets, 2 to 3 times per day on an empty stomach
Duration	Until symptoms resolve
Formula Highlights	DGL Synergy™ is a fast-acting, chewable formula of deglycyrrhizinated licorice (DGL) that offers support for the gastric mucosa.* It contains a standardized high-quality form of DGL, the amino acid glycine, and calcium in the form of calcium glycerophosphate.

For a list of references cited in this document, please visit:

<https://www.designsforhealth.com/api/library-assets/literature-reference---gastritis-protocol-references>

Dosing recommendations are given for typical use based on an average 150 pound healthy adult. Health-care practitioners are encouraged to use clinical judgement with case-specific dosing based on intended goals, subject body weight, medical history, and concomitant medication and supplement usage. Any product containing botanical substances has the potential for causing individual sensitivities, appropriate monitoring, including liver function tests (LFT) is recommended.

For considerations regarding herb-drug and nutrient-drug interactions, please refer to reliable, evidence-based resources such as the Natural Medicine Database or Stargrove MB, Treasure J, McKee DL. *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies*. St. Louis, MO: Mosby-Elsevier; 2008.

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