

Smoking can delay ulcer healing



**YOUR
HEALTH**

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People often say they have “stomach ulcers” when they experience abdominal discomfort. When asked to locate the pain, they may point to the umbilicus or make a vague, all-encompassing gesture.

The stomach produces acid to help break down and digest food. Normally, its lining is protected from this acid. However, when these protective mechanisms are disrupted, an ulcer can develop in the stomach or the first part of the small intestine, called the duodenum.

An ulcer can bleed. Fresh red blood may be vomited, or blood altered by digestion may appear as dark, coffee-ground-like. Ulcers commonly cause pain in the upper abdomen, just below the breastbone. The pain may last for minutes or hours, occur between meals or disturb sleep at night.

Many people self-diagnose and treat themselves for “ulcers”. Antacids, proton pump inhibitors (PPIs) and H₂-receptor blockers are readily available. Because these medicines can provide rapid relief, some people keep taking them for months or years without getting a proper diagnosis. This can mask an underlying serious condition.

Prolonged use of such drugs has been associated with reduced absorption of Vitamin B12 and magnesium, and an increased risk of certain intestinal infections. These medications are useful when appropriately prescribed but they should not be taken indefinitely.

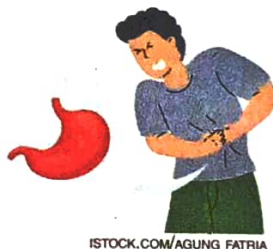
Antacids may contain magnesium, calcium or aluminium compounds. Depending on their composition, they can cause constipation or diarrhoea. In addition, suddenly stopping a PPI after prolonged use can sometimes cause acid hypersecretion, making symptoms worse.

One of the most important causes of peptic ulcers is infection with the bacterium *Helicobacter pylori*. Tests such as a urea breath test,

stool antigen test or endoscopy can detect it. If *H. pylori* is present, treatment usually involves a combination of antibiotics and acid-suppressing medication. Complete the entire prescribed course.

Another major cause of ulcers is the frequent use of NSAIDs or non-steroidal anti-inflammatory drugs such as ibuprofen, diclofenac and naproxen. They interfere with the stomach's natural protective mechanisms. The risk is higher in older people and those with a previous ulcer, particularly when they are also taking other medications.

PPIs reduce acid production and allow ulcers to heal. They are usually taken before a meal. Treatment may continue for several weeks. If an ulcer fails to heal, the doctor may look for persistent *H. pylori* infection, continued NSAID use, poor adherence to treatment or another underlying disorder. Occasionally, an ulcer-like lesion may be associated with stomach cancer, which is why persistent symptoms should not simply be suppressed with over-the-counter medication.



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Smoking can delay ulcer healing and alcohol may irritate the stomach. Individual foods, including spicy foods, may aggravate symptoms in some but they are not considered a primary cause of peptic ulcers. Untimely meals and persistent stress may worsen digestive symptoms but are not usually the underlying cause of a chronic peptic ulcer.

If upper abdominal pain persists for more than two weeks, recurs or requires repeated antacids, it deserves medical evaluation. Depending on your age, symptoms and risk factors, investigations may include blood tests, *H. pylori* testing and an upper gastrointestinal endoscopy.

Seek urgent medical attention if there is vomiting of blood, black tarry stools, sudden severe abdominal pain, fainting or weakness, vomiting, unexplained weight loss, difficulty swallowing or anaemia.

It is important not to treat recurrent “acidity” or “ulcer pain” indefinitely at home. Finding and treating the underlying cause is safer and more effective than repeatedly suppressing the symptoms with home remedies and self-medication.