

PEPSOMIN

TRADITIONAL INDICATIONS

1. Gastro Enteritis
2. Crohn's Disease
3. Gastroesophageal Reflux Disease (GERD)
4. Dyspepsia
5. Ulcers or Gallbladder disease
6. Inflammatory Bowel Disease (IBD)



Gastroesophageal reflux disease (GERD)

Evidence indicates that up to 36% of otherwise healthy persons suffer from heartburn at least once a month, and that 7% experience uncomplicated GERD and symptoms of heartburn as often as once a day. It has been estimated that approximately 2% of the adult population suffers from complicated GERD, associated with macroscopic or histologic damage to the esophagus. The incidence of GERD increases after the age of 40, and it is not uncommon for patients experiencing symptoms to wait years before seeking medical treatment.

GERD is believed to be caused by a combination of conditions that increase the presence of gastric content in the esophagus. These conditions include frequent and prolonged transient lower esophageal sphincter relaxation, decreased lower esophageal sphincter tone, impaired esophageal clearance, delayed gastric emptying, and decreased salivation.

Lifestyle and other health factors can also cause increased risk of reflux. Smoking, large meals, fatty foods, caffeine, pregnancy, obesity, body position, drugs, and hormones may all exacerbate GERD. Hiatus hernia frequently accompanies GERD and may contribute to prolonged gastric content exposure time following reflux. Patients with GERD do not necessarily have a hiatus hernia and, conversely, those with hiatus hernia do not invariably have GERD. The excessive reflux experienced by patients with GERD overwhelms their intrinsic mucosal defense mechanisms, resulting in symptoms and sometimes damage.

The most common symptom of GERD is heartburn. Besides the discomfort of heartburn, reflux may result in regurgitation. This is a sense of sour fluid rising effortlessly into the throat or mouth. There can be other symptoms such as odynophagia (pain on swallowing) and dysphagia (difficult swallowing). The reflux may also cause pulmonary symptoms such as coughing, wheezing, asthma, or aspiration pneumonia. Oral symptoms may also occur such as tooth enamel decay, gingivitis, halitosis, and water-brash (excessive

reflex salivation); throat symptoms such as a soreness, laryngitis, hoarseness, and a globus sensation. Only a minority of patients with diagnostic GERD symptoms will have reflux esophagitis.

Therapy for GERD

Lifestyle modifications such as elevating the head of the bed and avoiding recumbancy shortly after feeds can be helpful. Patients should also be advised to avoid bedtime snacks, eat low fat foods, quit smoking, and reduce alcohol consumption. These strategies may have other health benefits in addition to any improvement in GERD. Patients whose symptoms are not completely controlled by lifestyle modification are using over-the-counter medications including antacids or antisecretory agents which are a temporary fix for the GERD. Numerous trials have shown that short term usage of PEPSOMIN can effectively relieve the symptoms of uncomplicated GERD.

The major focus of therapy is to reduce acid production, thereby decreasing symptoms of chronic heartburn and leading to significant improvement in patient quality of life.

Many factors are known to aggravate or precipitate heartburn. Some common offenders are alcohol, caffeine, chocolate, citrus and tomato products, fat, peppermint, and spicy foods.

PEPSOMIN will not interact with other medications, such as oral contraceptives and drugs used to treat hypertension, arthritis and angina.

There are several potential side effects associated with the use of antacids: Sodium bicarbonate can alter systemic pH. Calcium carbonate can stimulate acid production through release of gastrin and can also cause hypercalcemia. Our intestinal flora contains both good and bad microbes (bacteria, yeast etc). The correct balance of acid and alkaline is necessary to support the growth of good microbes which make vitamins and antibiotics in our digestive tract. Changing this acid balance by the use of antacid medications reduces the amount of good microbes and encourages the growth of bad microbes (the ones that steal nutrients, produce gas, toxins and disease).

Ulcerative colitis

Ulcerative colitis is a chronic disease of the large intestine, also known as the colon, in which the lining of the colon becomes inflamed and develops tiny open sores or ulcers, that produce pus and mucous. The combination of inflammation and ulceration can cause abdominal discomfort and frequent emptying of the colon.

Ulcerative colitis affects only the top layer of the large intestine, causing swelling and open sores or ulcers to form on the surface of the lining. These ulcers can rupture, expelling blood and pus. In severe cases, the ulcers can weaken the intestinal wall to the point of causing a hole, leaking the contents of the large intestine into the abdominal cavity.

Crohn's disease

Crohn's disease is a chronic inflammatory bowel disease (IBD) characterized by inflammation of the digestive, or gastrointestinal (GI) tract. In fact, Crohn's can affect any part of the GI tract, from the mouth to the anus, but it is more commonly found at the end of the small intestine (the ileum) where it joins the beginning of the large intestine (or colon).

Ulcerative colitis is closely related to Crohn's disease. Together, they are frequently referred to as inflammatory bowel disease (IBD). Ulcerative colitis and Crohn's diseases are chronic conditions. Crohn's disease can affect any portion of the gastrointestinal tract, including all layers of the bowel wall. It may not be limited to the GI tract (affecting the liver, skin, eyes, and joints). UC only affects the lining of the colon (large bowel). Men and women are affected equally. They most commonly begin during adolescence and early adulthood, but they also can begin during childhood and later in life.

Pseudomembranous colitis

Pseudomembranous colitis refers to swelling or inflammation of the large intestine (colon) due to an overgrowth of Clostridium difficile (C difficile) bacteria. This infection is a common cause of diarrhoea after antibiotic use.

The C difficile bacteria normally live in the intestine. However, too much of these bacteria may grow when you take antibiotics. The bacteria give off a strong toxin that causes inflammation and bleeding in the lining of the colon.

DOSAGE and DIRECTIONS



Herbal For Adults 18 yrs or older, take two (2) Capsules two times daily 30 minutes before food with lukewarm water.

For best results, no food should be taken 30 minutes before or after taking Pepsomin.

Take optimum water to enhance elimination of released toxins from the body.

INGREDIENTS

Supplement Facts		
Serving Size: 2 Capsules (500 mg)		
Servings per container: 60		
Each Serving contains		%DV
Aegle Marmelos	100 mg.	*
Ocimum Sanctum Pipper Nigrum	75 mg.	*

Pongamia Pinnata	75 mg.	*
Valeriana Wallichii	50 mg.	*
Cedrus Deodara	50 mg.	*
Curcuma Longa	50 mg.	*
Centella Asiatica	25 mg.	*
Berberis Aristata	25 mg.	*
Emblica Officinalis, Terminalia Chebula, Terminalia Bellirica	25 mg.	*
Zingiber Officinalis, Piper Nigrum, Piper Longum	25 mg.	*
* Daily value (DV) not established.		

HEALINGCRISIS

There is no Healing crisis.