

# Mastic gum

written by Dr. Ronald Hoffman | October 4, 2013

Mastic gum is a resinous extract from the *Pistacia lentiscus* tree, indigenous to the Mediterranean islands. Historically, mastic gum has had many commercial uses, dating as far back as the Greek Empire where it was used as a form of chewing gum. It traditionally has been used as a treatment for dyspepsia and other disorders of the digestive tract. The traditional uses of mastic suggest further inquiry into its role into healthy digestive functioning. Mastic gum has been shown in a recent study to apparently inhibit growth of *H. pylori* as well as act as an antibiotic against the bacterium. Mastic gum recently has been tested against ulcer formation and healing in various models. One study involved experimentally induced gastric and duodenal ulcers in rats. At a dose of 500mg/kg, a significant reduction in the intensity of gastric mucosal damage was observed, possibly indicating a low toxicity potential. In another study, human patients with endoscopy-proven duodenal ulcers were given either one gram of mastic or a placebo daily for two weeks. Eighty percent of the patients taking mastic gum reported improvements in their symptoms of stomach pain and 70 percent had healing changes in the gastric mucosa as observed by endoscope.

These results, although not entirely conclusive, do indicate a strong potential role for Chios mastic gum in maintaining a healthy gastrointestinal system, as well as a strong rationale for further studies.

*H. pylori* is one of the most common chronic bacterial infections of humans and affects most populations throughout the world. It is a major pathogenic factor in gastroduodenal disease, including chronic type B gastritis duodenal ulcers and gastric adenocarcinoma. However, the route by which individuals become infected remains speculative. The available studies suggest the fecal-oral route or a common environmental source as possible modes of transmission. Because house flies frequently come into contact with human food and fecal matter, it is very possible that they act as viable sources for the spread of *H. pylori* organisms. The pathogenic role of *H. pylori* in chronic active gastritis and the association with duodenal ulcer disease in 95-99 percent of patients is well established. A number of investigators have shown that *H. pylori*-infected individuals with duodenal ulcer and *H. pylori*-positive healthy volunteers have higher basal serum gastrin levels compared with uninfected controls.

As with any dietary supplement, please see your physician if you suspect that you have ulcers or a *H. pylori* infection.