



**Code:** 9227

**Size:** 180 Chewable Tablets

**Actual Size:** 15.96 mm diameter



## DGL

### Deglycyrrhized Licorice Root Extract Relieves Occasional Stomach and Digestive Tract Irritation\* · Supports Healthy Stomach Lining\*

- Offers 400 mg of DGL per tablet
- Supports the stomach lining by stimulating mucus formation and secretion, offering relief for occasional stomach and digestive tract discomfort\*
- The chewable delivery system is preferred because saliva enhances the effect of DGL's natural compounds, allowing licorice to be released in the stomach and absorbed by the gastric mucosa
- Deglycyrrhization prevents some of the adverse effects commonly associated with licorice consumption, such as hypertension
- Pleasant-tasting tablets for better compliance
- Suitable for vegetarians/vegans

#### PRODUCT SUMMARY

Deglycyrrhized licorice, or DGL, has been used for decades to help with occasional stomach and digestive tract discomfort and support a healthy stomach lining.\*<sup>1</sup> Licorice has many triterpenoids and hundreds of flavonoids that have been shown to inhibit specific enzymes, including both cyclooxygenase-2 (COX-2) and 5-lipoxygenase (5-LOX). These enzymes increase the production of several compounds, including IL-6, prostaglandin E2, thromboxane B2, and leukotriene B4. Consequently, inhibition helps organize the body's response to cellular damage.\*<sup>2</sup> Importantly, this inhibition is not primarily due to glycyrrhizic acid, the component of licorice that has been removed from DGL, and that is associated with mineralocorticoid excess and hypertension.<sup>3</sup>

Licorice has multiple useful compounds that help clear normal cellular debris and help support healthy immune homeostasis, including glabridin and at least seven licochalcones.\* These compounds may help organize the body's response to cellular damage and are involved in antioxidant processes.\*<sup>4-6</sup> Licorice extracts have been shown to support the normal integrity of the gastric mucosa via multiple mechanisms.\*<sup>6,7</sup> The use of chewable tablets appears necessary for DGL's efficacy, as it allows for distribution and absorption by the gastric mucosa.<sup>6</sup>



## DGL · DEGLYCYRRHIZINATED LICORICE ROOT EXTRACT

RELIEVES OCCASIONAL STOMACH AND DIGESTIVE TRACT IRRITATION\* · SUPPORTS HEALTHY STOMACH LINING\*

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# Supplement Facts

Serving Size 1 Tablet

|  | Amount Per Serving | % Daily Value |
|--|--------------------|---------------|
| Deglycyrrhizinated Licorice 10:1 Extract<br>( <i>Glycyrrhiza glabra</i> ) (root) | 400 mg             | **            |
| Anise Seed Powder  | 55 mg              | **            |
| Stevia Leaf Powder   | 2.6 mg             | **            |

\*\* Daily Value not established.

Other ingredients: Xylitol, microcrystalline cellulose, stearic acid, silica, magnesium stearate (vegetable grade).

**Serving Size:** 1 Tablet

**Servings Per Container:** 180

**Suggested Usage:** Chew 1 tablet 20 minutes before each meal or as directed by a health care professional. Consult a health care professional for use beyond 16 weeks.

**Caution:** Consult your health care professional prior to use if you are pregnant, trying to become pregnant, breastfeeding, taking medication, have a medical condition, or anticipate surgery. Keep out of reach of children.

**Drug Interactions:** No known drug interactions. Licorice influences the activity of several cytochrome enzymes and reduces warfarin activity in animal models, likely due to glycyrrhizic acid activity. DGL use should be carefully monitored in these patients.

**Contains no artificial colors, preservatives, or sweeteners; no dairy, starch, sugar, wheat, gluten, yeast, soy, egg, fish, shellfish, animal products, salt, tree nuts, or GMOs. Suitable for vegetarians/vegans.** Sealed for your protection. Do not use if seal is broken. For freshness, store in a cool, dry place.

### References

1. Turpie, A.G., Runcie, J., Thomson, T.J. (1969). *Gut*, 10(4), 299-302.
2. Yang, R., Wang, L.Q., Yuan, B.C., et al. (2015). *Planta Med*, 81(18), 1654-69.
3. Chandrasekaran, C.V., Deepak, H.B., Thiagarajan, P., et al. (2011). *Phytomedicine*, 18(4), 278-84.
4. Yehuda, I., Madar, Z., Szuchman-Sapir, A., et al. (2011). *Phytother Res*, 25(5), 659-67.
5. Maria Pia, G.D., Sara, F., Mario, F., et al. (2019). *Mini Rev Med Chem*, 19(8), 647-56.
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7. Maria Pia, G.D., Sara, F., Mario, F., et al. (2019). *Mini Rev Med Chem*, 19(8), 647-56.



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