The Effect of Ginger on EGG patterns in Patients with Anorexia Cachexia Syndrome

Michael Elten*, Ravi Bhargava**, Martin Chasen**

*Faculty of Science, University of Ottawa, Ottawa Canada **Palliative Care, Bruyère Research Institute, Ottawa Canada

Background

- Patients with advanced cancer have a wide spectrum of upper GI symptoms, increased inflammatory markers, low albumin and impaired ghrelin levels. These findings are correlated with abnormal gastric myoelectrical activity (GMA)¹
- Anorexia Cachexia Syndrome (ACS) is defined by a disproportionate loss of skeletal muscle mass, as well as a lack or loss of appetite²
- Electrogastrography (EGG) measures the GMA using electrodes placed on the abdominal wall

Ginger (Zingiber Officinale)

- Ginger is a plant and phytomedicine native to Southeast Asia
- Clinical trials have reported that ginger and its active constituents can enhance GI motility, reduce nausea and/or accelerate gastric emptying in:
- Healthy volunteers³
- Cancer induced nausea and vomiting⁴
- Seasickness⁵
- Postoperative nausea⁶
- Morning sickness⁷
- Motion sickness⁸
- Despite this, no studies on the effects of ginger on advanced cancer patients with ACS have been reported

Methods

- 15 Patients with advanced cancer and anorexia cachexia enrolled, and participated in the following protocol:
- 1. Baseline meeting, collection of outcome measures (Day 1)
- 2. 14 days of oral ginger capsule (1650 mg) administration
- 3. Final meeting, collection of outcome measures (Day 14)

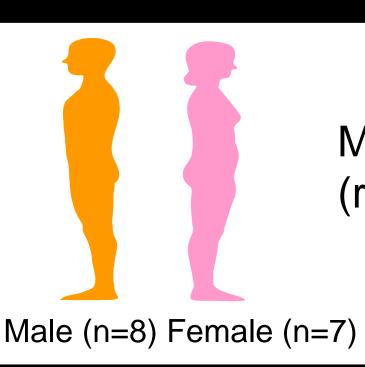
Outcome Measures include:

- EGG diagnosis and reported symptoms
- Inflammatory factors (CRP, albumin) and ghrelin serum levels
- Dyspepsia Symptom Severity Index (DSSI)
- Edmonton's Symptom Assessment System (ESAS)
- Patient Generated Subjective Global Assessment (PG-SGA)

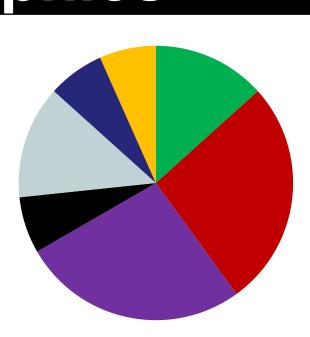
Objectives

- 1) To determine the effect of oral ginger administration on gastric myoelectrical activity of patients with ACS
- 2) To evaluate the symptoms in patients with ACS using 3 validated questionnaires
- 3) To correlate the levels of inflammatory factors and ghrelin in patients with ACS

Demographics



Median age: 58 years (range: 35-79)



End of Study (Day 14)

Renal cell carcinoma
Breast carcinoma
Prostate
Head and Neck
Lung

■ Pancreatic cancer

Results

EGG diagnosis and Reported Clinical Symptoms

P1 P2 P3	Tachygastria Mixed Dysrhythmia – nonspecific Bradygastria	Bloating, Early satiety, Post- prandial fullness, Delayed Gastric Emptying Bloating, GERD, Early satiety, Post-prandial fullness Nausea, Bloating, GERD, Early satiety, Post-prandial fullness,	Mixed Dysrhythmia – nonspecific Mixed Dysrhythmia – nonspecific	Early satiety Bloating, Early satiety
P3	nonspecific Bradygastria	Post-prandial fullness Nausea, Bloating, GERD, Early	nonspecific	Bloating, Early satiety
P4			M. ID I di I	
	D 1 1 1	Delayed Gastric Emptying	Mixed Dysrhythmia – nonspecific	
5.5	Bradygastria	Bloating, GERD, Early satiety, Post-prandial fullness	Mixed Dysrhythmia - nonspecific	Early satiety, Post- prandial fullness
P5	Bradygastria	Nausea, Bloating, GERD, Early satiety, Post-prandial fullness, Delayed Gastric Emptying	Mixed Dysrhythmia – nonspecific	Bloating
P6	Tachygastria	Nausea, Vomiting, GERD, Early satiety, Post-prandial fullness	Mixed Dysrhythmia – nonspecific	Nausea, GERD
P7	Tachygastria	Bloating, GERD, Early satiety, Post-prandial fullness, Delayed Gastric Emptying	Mixed Dysrhythmia – nonspecific	Bloating, Post-prandial fullness
P8	Tachygastria	Nausea, Bloating, Early satiety	Normal	Bloating
P 9	Mixed Dysrhythmia – nonspecific	Bloating, Early satiety, Post- prandial fullness, Delayed Gastric Emptying	Mixed Dysrhythmia – nonspecific	Bloating
P10	Mixed Dysrhythmia – nonspecific	Early Satiety, Post-prandial fullness, Delayed Gastric Emptying	Mixed Dysrhythmia – nonspecific	Early Satiety
P11	Tachygastria	Bloating, Early satiety	Mixed Dysrhythmia – nonspecific	
P12	Tachygastria	Bloating,Post-prandial fullness	Mixed Dysrhythmia – nonspecific	
P13	Mixed Dysrhythmia – nonspecific	Nausea, Early Satiety, Delayed gastric emptying	Mixed Dysrhythmia – nonspecific	
P14	Mixed Dysrhythmia – nonspecific	Nausea, Vomiting, early satiety, post-prandial fullness, delayed gastric emptying	Mixed Dysrhythmia – nonspecific	Post-prandial fullness
P15	Mixed Dysrhythmia	Bloating, Early satiety, post- prandial fullness, delayed gastric emptying	Mixed Dysrhythmia	Bloating, Delayed gastric emptying
	■ Mixe	d dysrythmia		■ Mixad dvanythmi
	■ Tach	ygastria		Mixed dysrythmi
	■ Brad	ygastria		Normal

Results - continued Questionnaire Results Baseline (Day 1) = End of Study (Day 14) **ESAS** PG-SGA DSSI P<0.01 P=0.05 dysmotility Visit **Blood Test Results** Baseline: mean (SD) End of Study: mean (SD) P value **Albumin** 43.33 (3.60) 42.13 (3.30) 0.059 5.44 (8.28) 6.37 (8.42) Ghrelin Not yet analyzed Not yet analyzed Not yet analyzed

Conclusions

- Ginger may normalize gastric motility as measured by EGG
- Ginger may improve a range of GI symptoms that can affect oral intake and quality of life

References

- 1. Chasen, M., & Bhargava, R. (2012). Gastrointestinal symptoms, electrogastrography, inflammatory markers, and PG-SGA in patients with advanced cancer. supportive care in cancer, 20(6), 1283-1290.
- Fearon K, Strasser F, Anker SD, et al. Definition and classification of cancer cachexia: An international consensus. *Lancet oncol.* 2011;12(5),:489-495.
 Yamahara J, et al. Gastrointestinal motility enhancing effect of ginger and its active constituents. Chem Pharm Bull (Tokyo) 1990; 38: 430-431
- Ryan, J. L., heckler, C. E., roscoe, J. A., Dakhil, S. R., Kirshner, J., Flynn, P. J., ... & Morrow, G. R. (2012). Ginger (zingiber officinale) reduces acute chemotherapy-induced nausea: A URCC CCOP study of 576 patients. support care cancer, 20(7), 1479-1489.
 Schmid, R., Schick, T., Steffen, R., Tschopp, A., & Wilk, T. (1994). Comparison of seven commonly used agents for prophylaxis of seasickness. J
- travel med, 1(4), 203-206.

 6. Chaiyakunapruk, N., Kitikannakorn, N., Nathisuwan, S., Leeprakobboon, K., & Leelasettagool, C. (2006). The efficacy of ginger for the prevention of postoperative nausea and vomiting: A meta-analysis. am J obstet gynecol, 194(1), 95-99.
- 7. Fischer-Rasmussen, W., Kjær, S. K., Dahl, C., & Asping, U. (1991). Ginger treatment of hyperemesis gravidarum. eur J obstet gynecol reprod biol, 38(1), 19-24.
- 8. Lien, H. C., sun, W. M., Chen, Y. H., Kim, H., Hasler, W., & Owyang, C. (2003). Effects of ginger on motion sickness and gastric slow-wave dysrhythmias induced by circular vection. am J physiol gastrointest liver physiol., 284(3), G481-G489.





