



<b>Liquorice - <i>Glycyrrhiza glabra</i></b>	
<b>Description</b>	Cultivated in Turkey and Greece, the liquorice plant is a member of the pea family. Its root contains glycyrrhizin, which its main active ingredient. There is another form of liquorice called DGL (deglycyrrhizinated liquorice), which has glycyrrhizin removed, and which can be used at higher intakes without raising blood pressure.
<b>Traditional Use</b>	Liquorice containing glycyrrhizin is used to help reduce inflammation and ease coughs, sore throats and other respiratory symptoms. Liquorice can also be used as a cream to help soothe irritated and inflamed skin. The DGL form of liquorice, which has the active ingredient glycyrrhizin removed, helps combat indigestion.
<b>Commercial Availability &amp; Dosage</b>	Liquorice extract is available in tablets, capsules or liquid extracts, standardised to contain 22% glycyrrhizin. General dosage recommendation is 200mg, three times a day.
<b>Precautions / Contra-Indications</b>	Glycyrrhizin found in liquorice raises blood pressure and so should be avoided if you have heart, kidney or liver disease, or if you have high blood pressure. If you take liquorice for more than a month, you should have your blood pressure monitored. DGL liquorice, however, has glycyrrhizin removed, and so does not cause blood pressure to be raised.
<b>Pregnancy &amp; Breastfeeding<sup>1</sup></b>	Not suitable to be taken if pregnant or breastfeeding
<b>Adverse Effects<sup>1</sup></b>	Oral intake of more than 20 g/day of licorice can cause adverse effects, such as headache, lethargy, hypertension, sodium and water retention, elevated potassium secretion, and sometimes even cardiac arrest. Symptoms usually manifest within one week if the daily ingestion of licorice is over 100 g. Note DGL is virtually free of adverse side effects.
<b>Interactions<sup>1</sup></b>	Not suitable if you are taking anticoagulant, antihypertensive, corticosteroid, digoxin, diuretic, or potassium medication.
<b>References</b>	1. Braun & Cohen. Herbs and Natural Supplements: An evidence-based guide. Churchill Livingstone, 2005.