LIQUORICE
(Glycyrrhiza glabra)

Clinical Summary

Actions

- Anti-inflammatory
- Antioxidant
- Adrenal Tonic
- Mucoprotective
- Demulcent
- Antiulcer (peptic)
- Antispasmodic
- Mild laxative
- Antiviral
- Antimicrobial
- Hepatoprotective
- Expectorant
- Antitussive
- Anticariogenic
- Immunostimulant
- Immunomodulatory

Indications

- Viral infections, chest complaints
- Digestive symptoms, liver damage and inflammatory conditions of the gastrointestinal and urinary tract.
- Rheumatoid arthritis, gout and allergic states
- Addison's disease (primary adrenal insufficiency), HIV/AIDS treatment adjuvant
- Menopausal symptoms, endometriosis, ovarian cyst, PCOS, infertility, hyperprolactinaemia, androgen excess, weight loss, muscle cramps
- Aids in the withdrawal of corticosteroid drugs
- Depression, chronic stress
- Eczema, psoriasis, dermatitis
- Topically for recurrent mouth ulcers, post-operative sore throat (gargle)

Traditional Use

Liquorice has been traditionally used in herbal medicine as an expectorant.

Energetics

Sweet, moistening, neutral.

Constituents

Triterpenoid saponins (4-20%), mostly glycyrrhizin, potassium magnesium salts of 18β-glycyrrhizic acid (also known as glycyrrhizic or glycyrrhizinic acid and a glycoside of glycyrrhetinic acid) and calcium.

Use in Pregnancy

Contraindicated.

Contraindications and Cautions

Should be used with caution in people with (or a genetic predisposition to) hypertension or fluid retention, and is contraindicated in hypotonia, severe renal insufficiency, hypokalaemia, liver cirrhosis and cholestatic liver disease. The effects are likely to be dose-dependent. Caution should be used in men with a history of impotence, infertility or decreased libido. Precaution should be taken with people with prolonged gastrointestinal transit time, anorexic and elderly patients. Patients on high doses for a prolonged period (>2 weeks) should be placed on a low sodium, high potassium diet. Excessive or prolonged ingestion has resulted in symptoms of an apparent "mineralocorticoid excess syndrome" typical of primary hyperaldosteronism. This can be abated after cessation of intake, adequate potassium replacement and spironolactone therapy.

Drug Interactions

Caution with cisplatin, corticosteroids, cyclosporin, digoxin, diuretic drugs, laxatives including herbal laxatives, oestrogens, warfarin and antihypertensive drugs. Combining with non-steroidal anti-inflammatory drugs may be beneficial.

Administration and Dosage

Liquid extract 1:1 in 20% alcohol
15 to 100mL weekly

High doses should not be used for longer than 4 to 6 weeks without medical advice.