

Clinical Trial Protocol

Iranian Registry of Clinical Trials

07 Jul 2026

Comparing effect of addition of apple cider vinegar to triple regimen with pantaprazole, clarithromycin and amoxicillin on Helicobacter pylori eradication.

Protocol summary

Summary

The purpose of this study was to evaluate the effect of apple cider vinegar plus Proton Pump Inhibitor based triple therapy on eradication of Helicobacter pylori. 116 patients with H. pylori infection were studied. Patients in study group (59 patients) received amoxicillin, clarithromycin, and pantaprazole twice daily. Patients in control group (57 patients) received the same regimen plus 30 mL of apple cider vinegar twice daily. The duration of therapy for study and control groups was 10 and 14 days respectively. Four weeks after the completion of therapy, Urea breath test was performed to assess the success of H. pylori infection eradication.

General information

Acronym

Helicobacter Pylori and apple cider vinegar

IRCT registration information

IRCT registration number: **IRCT2013100614901N1**

Registration date: **2013-10-21, 1392/07/29**

Registration timing: **retrospective**

Last update:

Update count: **0**

Registration date

2013-10-21, 1392/07/29

Registrant information

Name

Zahra Vahdat Shariatpanahi

Name of organization / entity

Faculty of Nutrition and Food Sciences, Shahid Beheshti University of Medical Sciences

Country

Iran (Islamic Republic of)

Phone

+98 21 2235 7484

Email address

z.shariatpanahi@sbmu.ac.ir

Recruitment status

Recruitment complete

Funding source

Illam University of Medical Science

Expected recruitment start date

2012-08-12, 1391/05/22

Expected recruitment end date

2013-09-01, 1392/06/10

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

Comparing effect of addition of apple cider vinegar to triple regimen with pantaprazole, clarithromycin and amoxicillin on Helicobacter pylori eradication.

Public title

Effect of apple cider vinegar on Helicobacter pylori growth

Purpose

Treatment

Inclusion/Exclusion criteria

Inclusion criteria: Positive rapid urease test patients without ulcer; Without consumption of H2 antagonists, proton pump inhibitors and antibiotics in four recent weeks. Without gastrointestinal bleeding in recent four weeks Exclusion criteria: Who can not tolerance apple cider vinegar

Age

From **18 years** old to **60 years** old

Gender

Both

Phase

2-3

Groups that have been masked

No information

Sample size

Target sample size: **116**

Randomization (investigator's opinion)

Randomized

Randomization description

Blinding (investigator's opinion)

Not blinded

Blinding description

Placebo

Not used

Assignment

Parallel

Other design features

Secondary Ids

empty

Ethics committees

1

Ethics committee

Name of ethics committee

Ilam University of Medical Sciences

Street address

Banghanjab street, Ilam, Iran

City

Ilam

Postal code

Approval date

2013-10-07, 1392/07/15

Ethics committee reference number

EC/92/h/147

Health conditions studied

1

Description of health condition studied

Contamination of stomach with h.pylori

ICD-10 code

k31.9

ICD-10 code description

Disease of stomach and duodenum, unspecified

Primary outcomes

1

Description

H.pylori growth

Timepoint

Before treatment

Method of measurement

Rapid Urease Test

Secondary outcomes

1

Description

Growth of H.Pylori

Timepoint

4 weeks after completion of treatment

Method of measurement

Breath Urease Test

Intervention groups

1

Description

The study group received 40 mg pantaprazol, 1 g amoxicillin, and 500 mg clarithromycin twice daily plus 30 mL of raw, unfiltered ACV in a glass of water twice daily after meal over 10 days.

Category

Treatment - Other

2

Description

The control group received 40 mg pantaprazol, 1 g amoxicillin, and 500 mg clarithromycin twice daily over two weeks.

Category

Treatment - Other

Recruitment centers

1

Recruitment center

Name of recruitment center

Emam Ali hospital

Full name of responsible person

Street address

City

Ilam

Sponsors / Funding sources

1

Sponsor

Name of organization / entity

Ilam University of Medical Sciences

Full name of responsible person

Dr Farid Jalilian

Street address

Banganjab St, Ilam

City

Ilam

Grant name

Grant code / Reference number

Is the source of funding the same sponsor organization/entity?

Yes

Title of funding source

Ilam University of Medical Sciences

Proportion provided by this source

100

Public or private sector

empty

Domestic or foreign origin

empty

Category of foreign source of funding

empty

Country of origin**Type of organization providing the funding**

empty

Person responsible for general inquiries**Contact****Name of organization / entity**

Faculty of Nutrition and Food Sciences, Shahid Beheshti University of Medical Sciences

Full name of responsible person

Zahra Vahdat Shariatpanahi

Position

MD, PhD in nutrition

Other areas of specialty/work**Street address**

3, Baran, West Arghavan, Farahzadi Blvd., Shahrak Qods, Tehran, I.R. Iran

City

Tehran

Postal code**Phone**

+98 21 2235 7484

Fax**Email**

nutritiondata@yahoo.com

Web page address

3, Baran, West Arghavan, Farahzadi Blvd., Shahrak Qods, Tehran, I.R. Iran

City

Tehran

Postal code**Phone**

+98 21 2235 7484

Fax**Email**

nutritiondata@yahoo.com

Web page address**Person responsible for updating data****Contact****Name of organization / entity**

Faculty of Nutrition and Food Sciences, Shahid Beheshti University of Medical Sciences

Full name of responsible person

Zahra Vahdat Shariatpanahi,

Position

Assistant Prof.

Other areas of specialty/work**Street address**

3, Baran, West Arghavan, Farahzadi Blvd., Shahrak Qods, Tehran, I.R. Iran

City

Tehran

Postal code**Phone**

+98 21 2235 7484

Fax**Email**

nutritiondata@yahoo.com

Web page address**Sharing plan****Deidentified Individual Participant Data Set (IPD)**

empty

Study Protocol

empty

Statistical Analysis Plan

empty

Informed Consent Form

empty

Clinical Study Report

empty

Analytic Code

empty

Data Dictionary

empty

Person responsible for scientific inquiries**Contact****Name of organization / entity**

Faculty of Nutrition and Food Sciences, Shahid Beheshti University of Medical Sciences

Full name of responsible person

Zahra Vahdat Shariatpanahi

Position

MD, PhD

Other areas of specialty/work**Street address**