

The Hazards of Painkillers (NSAIDS)

by Raymond Francis

Painkillers - NSAIDS - (nonsteroidal anti-inflammatory drugs) have become a significant national health problem. According to data published in *Hospital Practice*, up to 200,000 Americans are hospitalized every year for problems caused by NSAIDS, and as many as 20,000 people a year die from these drugs. NSAID use carries a significant risk of gastrointestinal damage. In most people this damage is asymptomatic so they aren't aware of it. NSAIDS are in fact doing massive harm to the population, especially to the elderly who are the largest users.

NSAIDS, which include aspirin, ibuprofen, indomethacin, ketoprofen, tolmetin, naproxen and others, are among the most commonly prescribed pharmaceuticals in the world. About 60 million NSAID prescriptions are written every year in America. An estimated 14 million people take them for symptomatic relief of arthritis alone. They are usually prescribed for a noble purpose—to relieve pain. But about one third of chronic NSAID users experience noticeable gastrointestinal discomfort, and this is only the tip of the iceberg.

To quote from one medical journal, "Nonsteroidal anti-inflammatory drugs (NSAIDS) are well tolerated by the vast majority of patients. In a significant minority, however, gastrointestinal side effects may result in serious complications." Herein lies the problem. Our doctors think it's OK for most people to take NSAIDS so long as they aren't rushed to a hospital with a perforated bowel. As usual, when it comes to the safety of prescription drugs, the doctors are dead wrong! Virtually everyone who takes these dangerous drugs will have their health damaged, and the longer you take them the worse it gets. Studies show that people who take NSAIDS for arthritis over a period of years suffer worse joint damage than those who take nothing at all. This is because NSAIDS block cartilage formation and promote cartilage destruction.

In a 1992 study published in the *Scandinavian Journal of Rheumatology*, long term users of NSAIDS were hospitalized six times more often than nonusers. Deaths from gastrointestinal causes were twice as often, and half of all patients who died of ulcer-related complications reported recent ingestion of NSAIDS. Another large study published in *Gut* found that in patients who died of NSAID induced complications, 67% succumbed to acute hemorrhage, 9% to gut perforation, and 24% to a combination of the two. A 1996 study in the *Archives of Internal Medicine* found that patients taking NSAIDS were 4 to 17 times more likely to suffer acute kidney failure. Another 1996 study in the *Lancet* showed that aspirin in any form, no matter what you do to it such as buffering and coating, will cause gastrointestinal bleeding. In fact, as little as one aspirin can cause bleeding. The combination of NSAID use and alcohol consumption raises the risk of bleeding more than fourfold. NSAIDS damage the tissues in our digestive system, and even a small amount of damage to this complex system is capable of altering the biological balance so as to open the door to a cascade of events leading to maldigestion, malabsorption, dysbiosis, yeast and parasitic infections, and eventually diseases of all kinds from arthritis to cancer to AIDS.

Here's one mechanism by which NSAIDS damage gut tissue. NSAIDS work by blocking the action of messenger molecules called prostaglandins. Some prostaglandins cause inflammation and pain while others stimulate healing and repair. NSAIDS block both. Because the intestinal lining has to be replaced about every three days, blocking the repair process over time results in a gut that is weak, inflamed, and leaky.

Damaged gut tissue will malabsorb nutrients. You could eat an excellent diet and still suffer malnutrition because nutrient absorption is impaired. Since malnutrition is the leading cause of death in America, adding malabsorption to our already deficient diets is catastrophic to long term health. Another thing that happens when gut tissue is injured is that it becomes more permeable to the large molecules of undigested food as well as to microorganisms. When this happens, allergenic substances and microorganisms can enter into the blood stream and circulate throughout the body provoking chronic immune responses. These immune responses sometimes create antibodies that match certain body tissues. Since the antibody can't distinguish between the two, it may end up attacking the body and provoking an autoimmune disease such as arthritis. In this manner, NSAIDS can actually cause arthritis or make existing arthritis worse, thus requiring more NSAIDS for the pain and putting a vicious cycle into motion. Excessive immune reactions produce a lot of debris called immune complexes that can overwhelm the kidneys and cause kidney disease.

NSAIDS also destabilize the normal composition of the bacteria living in the gut, especially when combined with antibiotics. The resulting abnormal gut flora inhibits proper digestion and assimilation of food. This causes malnutrition. Undigested food results in putrefaction in the lower intestines, which produces toxins. These toxins damage the immune system and poison cells throughout the body.

Partially digested food remnants, resulting from impaired digestion, are capable of provoking immune reactions. When intestinal permeability is increased, due to damaged gut tissue, these food remnants can gain access to our blood system. This provokes an immune response that contributes to immune overload and may manifest as food allergies or even precipitate autoimmune diseases. Immune function is further damaged when the resulting overload inhibits antibody formation and the proper functioning of our disease-fighting immune cells. If impaired digestion is significant, and remains uncorrected, people can waste away and become more susceptible to opportunistic infections. This is very common in people with AIDS.

Once normal gut ecology is altered, it provides opportunity for yeast, fungal, bacterial, and parasitic infections. These new microorganisms, which replace the normal bacteria, do further damage to gut tissue, add to immune overload, and place new burdens on an already overtaxed immune system. They also produce toxins that poison the body, while no longer carrying out the important jobs of the normal bacteria such as producing critical vitamins and fatty acids.

In addition to the above, NSAIDS can cause a variety of other problems including effects on the central nervous system such as cognitive dysfunction, hearing loss, headaches, and ringing in the ears. They can also cause skin rashes and photosensitize the skin making it susceptible to sun damage and skin cancer. NSAIDS can also cause anemia, vision problems, pancreatic problems, as well as liver failure and acute kidney failure. Convincing new evidence links aspirin consumption to macular degeneration, which is the number one cause of blindness in people over 55. NSAIDS also interfere with melatonin production. A 1996 study in *Physiological Behavior* showed a 75% nighttime reduction in melatonin secretion. This can cause problems with sleep, but more importantly, decreased melatonin production has been associated with cancer promotion.

On the bottom line, NSAIDS merely suppress symptoms while initiating a cascade of events with potentially catastrophic consequences. There are only two causes of disease—deficiency and toxicity. NSAIDS destabilize the digestive system in a way that promotes both deficiency and toxicity thereby systematically destroying health. The resulting chronic immune responses throw the body into immune overload thereby depressing immune function and promoting a variety of immune dysfunction diseases including allergies, arthritis, autoimmune syndromes, and AIDS.

What to do if you have an inflammation? There are viable options. From a dietary standpoint, eat a whole food diet that is at least 75% raw. Avoid sugar, white flour, hydrogenated oils, junk foods, colas, and drink plenty of pure water. Avoid meat and dairy, but do consider oily fish such as salmon. From a

supplement standpoint, take vitamin C up to bowel tolerance, 2 to 4 grams of quercetin per day, 30 to 60 mg of zinc daily, 100,000 units of beta-carotene for several days and then 25,000 for several weeks plus vitamin A and vitamin E. Essential fatty acids such as Udo's Choice are also recommended. Digestive enzymes and 1 to 3 grams of bromelain a day between meals have proven useful in reducing inflammation. Glucosamine sulfate is a nutrient for joint and connective tissue and has proven more effective than NSAIDS. There are a number of herbs that are anti-inflammatory as well as homeopathic remedies. The point is there are excellent alternatives to NSAIDS so these dangerous drugs can be avoided.

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