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Safety and Your Pain Medications – Are You at Risk?

Pain is arguably the most common reason patients seek treatment. A survey released by the Merck Corporation in April of 2005, for example, revealed that as many as nine out of 10 people suffer some sort of pain on a monthly - or more frequent - basis. No matter what other steps a person who is un-well faces in recovering a sense of health and well-being, pain relief must be considered first and foremost.

Pain can overwhelm even the 'strongest' person if left un-treated. Chronic pain costs Canada and the U.S. over 100 billion dollars annually, making it the number-one cause for health care spending, and leads to more than 515 million lost workdays. Aspirin and other drugs such as nonaspirin nonsteroidal antiinflammatory drugs

(NSAIDs) are among the most commonly used medications. In 1993, prescriptions for non-aspirin NSAIDs alone totalled more than 6 million in number. Non-prescription over-the-counter, (OTC) drug use is growing. Sales of ibuprofen in forms such as Advil have more than tripled since the analgesic was approved for OTC sales nearly a decade ago.

Approximately 16,500 Americans died last year from bleeding stomach ulcers brought on by these common medications known as non-steroidal anti-

inflammatory drugs, (NSAIDs). If these deaths were the result of a disease we would call it an epidemic. To be clear, this was close to the number of deaths resulting from AIDS. Unfortunately, those most at risk are those most likely to use the drug, including people with severe arthritis and those over 65 years of age.

The single most frequent severe adverse drug reaction is seen in gastrointestinal complications caused by NSAIDs. Authorities estimate that the incidence of symptomatic ulcers and potentially life-threatening ulcer complications in patients taking NSAIDs is 2-4% per year. More than 100 million prescriptions are filled for NSAIDs each year, and many more patients are taking over the counter, non-prescription products, resulting in over 200,000 hospitalizations and 10,000 to 20,000 deaths due to NSAID - induced complications each year.

A study, from researchers at the Oregon Health Sciences University in Portland, finds that between 5 and 10 percent of all people in the US with kidney disease had sustained that damage through excessive and habitual use of aspirin and other over the counter pain killers. The researchers said that there is no doubt that aspirin, taken over a long period of time in a cumulative dose of more than two kilograms, can cause permanent kidney damage requiring dialysis or trans-plants. One kilogram is roughly 3,000 aspirins so to translate the figure of two kilograms; **this means that three regular dose tablets a day for three years would produce a harmful dosage.**

In addition to aspirin, other pain killers are also suspected of causing kidney damage. It is not uncommon for people to take over the counter pain killers in the danger-level amounts, despite package label warnings against doing so. 95% of acetaminophen is passed through the body and out through the urine. The remaining 5% attaches itself to features in the liver and reduces

the liver's ability to function properly. Most people have no difficulty recovering from this effect. Five percent might sound like a small and even insignificant number but there are groups of individuals for whom this could be very important information.

Any person whose liver is not within the normal levels of function is especially at risk. These individuals would include those who consume alcohol at amounts of more than a couple of drinks per week and those who already have a liver problem such as hepatitis or other liver disease. For these people, acetaminophen can cause a temporary or a permanent shutdown of liver function. This can actually lead to hepatitis or even death. Complete and permanent liver shutdown can occur in some individuals who overdose on acetaminophen and do not receive prompt specific treatment.

End

Pain Relief with Herbs

Herbal remedies may be prepared from any part of a plant. That may mean the root, bark, seed, leaf, flower, or any part. The principle difference between herbal medicine and today's pharmaceutical drugs is that the active ingredient found within an herb is not taken in a purified, isolated or synthetic state. It is used in the context of the many other chemical compounds which naturally coexist in the whole state the plant is found in. Pharmaceutical drugs are based on the isolation of certain active ingredients and are then purified or synthesized for a more potent dose of that chemical. Drugs are often combinations of those isolated synthetic properties and this is the basis of drug patents.

often aren't as much of a jolt to the system either. It would be as foolish to attempt to recommend any one herbal medication that would be appropriate for all conditions in all people. However, as Aspirin and Tylenol have become commonplace and over the counter remedies for headache and fever, so have certain herbs become commonplace and safe for certain conditions with minimal contraindications for the average person. Many herbs should be taken in consultation with a qualified Herbalist or other suitably informed professional.

Willow Bark

Willow Bark is another non-narcotic used to treat conditions of pain. It contains derivatives of salicylate – nature's aspirin - but in minor quantities so that a great deal of the rather bitter tea would have to be consumed to be effective. Best taken with lemon and a good deal of honey to penetrate the bitterness.

Around 400 B.C., the Greek physician Hippocrates prescribed willow leaves and bark for treatment of pain and fever. At the end of the 19th century, a German chemist converted the active agent in willow bark into acetylsalicylic acid and aspirin was born, still the most widely used human analgesic.

At first no-one knew how aspirin reduced pain, inflammation and fever. Then, in the early 1970s, the British scientist Sir John Vane, working in organs and tissues isolated from animals, discovered that aspirin and similar drugs inhibit the production of prostaglandins, chemical messengers produced in inflamed tissues that make us more sensitive to pain. Sir John shared the 1982 Nobel Prize for his discoveries on the mechanism of action of aspirin.

Herbalists use willow bark or meadowsweet to fight many of the same symptoms for which you might pop an aspirin. Two cups of tea or 1 to 2

dropperfuls of willow bark or meadowsweet tincture usually does the trick. Ironically, it turns out that these natural aspirins are far less irritating to your stomach than the synthetic drug. This is especially true of meadowsweet, which herbalists even recommend to treat the pain of stomach ulcers. The results of numerous European studies indicate that meadowsweet protects the stomach from ulcers and other irritations, something that the Eclectic physicians knew a century ago.

Curcumin (from the spice turmeric)

Curcumin is a root that is used to add the golden colour and flavour to curry and other foods. It has beneficial anti-inflammatory properties. Curcumin has been used to combat the pain and swelling of arthritis. Some researchers think that curcumin is as powerful an anti-inflammatory as prescription cortisone. There may be additional benefits to taking Curcumin. It may also help to lower cholesterol, reduce the risk of heart disease and stroke by thinning the blood to prevent unnecessary blood clots, lower blood sugar in diabetics, and help the body to counteract carcinogens. Chinese Medicine has a history of using the herb to treat colic, menstrual cramping, and shoulder pain.

Curcumin has been shown to be as effective as cortisone and phenylbutazone in decreasing inflammation. In one study with men who had surgery-related hernia, this compound reduced tenderness much more than the drug or a placebo. Like cayenne, curcumin contains pain relievers that stop the neurotransmitter substance P from sending its pain signals to the brain. It also works in several ways to decrease inflammation—by reducing prostaglandin activity. Researchers also believe that curcumin increases cortisone's anti-inflammatory action by making the body more sensitive to this hormone. So the next time you sit down to a curry dinner, consider that you are doing far more for your body than simply giving it a flavourful meal.

The recommended dosage of curcumin is 900-1800 mg daily in capsule form or a tea may be prepared from the turmeric root at a dose of 0.5-1 gram per cup.

Feverfew

Feverfew is an herb that earned its reputation in the late 1970s for migraine headache relief. Feverfew can produce a reduction in the severity and number of migraine attacks. An article in a 1985 issue of the British Medical Journal that described how eating feverfew leaves daily led to fewer and less severe migraine headaches in 70% of 270 cases. Many of these were severe cases that had not responded to standard headache medications.

It is thought that feverfew counteracts headaches by inhibiting production of inflammation-causing substances in the body and by helping to keep blood vessels supplying the head from being pressured by vasoconstrictors.

Both natural and synthetic aspirins decrease pain by reducing the levels of pain-producing prostaglandins, hormone like chemicals that are manufactured in the body. Prostaglandins serve many important functions, but for various reasons the body sometimes makes too much of them. Medical researchers believe that high levels of these chemicals are a typical cause of menstrual cramps and that they play a role in both migraine headaches and various types of arthritis.

Feverfew contains different compounds than the other natural aspirins. It also stops inflammation and the resulting pain by reducing prostaglandin levels, according to several studies conducted in the United States—and it often works even better than aspirin. A suggested dose is 25 mg twice per a day.

Ginger

Ginger, commonly used as a spice in foods, has anti-inflammatory and analgesic effects. It has long been used to prevent and successfully relieve migraine headaches. Ginger is a versatile substance that has also been used to safely treat nausea, and vomiting. It is thought to have antioxidant and antidepressant properties as well.

Another herb that reduces pain by lowering prostaglandin levels is ginger, which has long been used in India to treat inflammation and pain. When Indian researchers investigated their culture's ancient claims for ginger, they discovered that it did indeed relieve pain. In a 1992 study in which ginger was given to people who suffered from muscle pain, all of the participants showed at least some improvement. In the same study, the ginger treatment provided substantial relief for over 75 percent of those who had painful rheumatoid arthritis or osteoarthritis. And best of all, no one experienced side effects, not even the people who continued to take it for more than two years.

The recommended dose is 500 to 1,000 milligrams a day although doses that are double and even triple that bring quicker and better relief. And ginger in addition to relieving pain, it also brings more blood to the injured, inflamed area.

End

Pain Relief with Nutritional Supplements

Vitamins, minerals, enzymes and antioxidants are a critical piece of the pain puzzle and supplements of certain vitamins in therapeutic doses can help to reduce pain in many people.

Vitamin B1 (thiamine) is a vitamin that is an overlooked source of pain relief. Vitamin B1 is particularly helpful for patients with neuritis, shooting pains in the legs related to chronic liver disease or alcoholism, and diabetic neuropathy (nerve disease caused by diabetes), as well as nerve and joint pains associated with a B1 deficiency.

In an impressive study of the benefits of B1 for pain relief, the vitamin was given to 133 people who had headaches, joint pain, nerve pain, and neuritis or pain caused by inflammation of the nerves. None of these patients had previously found relief with conventional pain pills or physical therapy. These patients were given 1-2 grams of B1 once or twice daily. Here are the surprising results. Patients reported that 78% of headaches were improved, 71% of spine or joint pain improved, and more than 62% of patients with neuralgia reported relief.

Vitamin B3 or niacin is a potent anti-arthritis supplement. In some people, it may reduce pain and increase mobility in arthritic joints within 3-6 weeks. The ability of B3 to make joints more mobile has been known for more than 40 years. Niacin (B3) is readily converted into niacinamide.

***Not of Caution:** niacin or niacinamide should not be taken by people with chronic liver diseases. Additionally, most people find the 'flush free' version of this supplement far more comfortable so they avoid the rash and discomfort associated with the 'flush' that sometimes results from taking regular niacin although there is some evidence that it may not provide the same effectiveness. The suggested dose for arthritis is 500 mg taken 3 times a day.

Vitamin B6 or pyridoxine is arguably the most important of the B vitamins although all vitamins are necessary for a fully functioning immune system. Vitamin B6 has a unique role in treating

chronic pain. Pain patients tend to have a smaller supply of the neurotransmitter serotonin.

Our body cells have receptors where pain medications traditionally interact with cells. One of the damaging side effects of long-term use of pain-killing drugs seems to be that the number of receptor sites for these drugs diminish. This means that those drugs are less effective and a whole syndrome resulting as increased tolerance with lesser results occurs. Patients usually end up taking and more and often stronger pills or their pain will increase, and if they stop taking their medicines, they may suffer from severe rebound pain.

Withdrawal from pain medications can be very difficult. Evidence shows that when patients are given B6 as they are withdrawn from their medicines, they do much better. B6 is also helpful in reducing the inflammatory component of arthritis. In animals, B6 deficiencies have been shown to cause a version of human arthritis. Vitamin B6 has also been used successfully to treat the pain of carpal tunnel syndrome and unexplained cyclical breast pain. Although doses vary from person to person, many people find it helpful to take 100-150 mg of B6, one time per day.

Vitamin B12 deficiency in its blatant form is normally associated with pernicious anaemia. But, B12 has also shown impressive pain-killing abilities. In one study, 400 patients suffering from vertebral pain were given 5000 mcg of B12 a day. In relatively short order (within 6-16 days), 50% of the patients were experiencing relief that they self rated as "good" to "very good." Almost all of the remaining patients reported at least satisfactory results. Only 10 of the 400 said they felt no improvement at all. Larger doses of the vitamin have been successfully used to treat the pain of cancer and degenerative neuropathy.

B12, as with most of the supplements we are discussing in this book, has many other benefits to human health and is vital to the reduction of homocysteine levels when taken with B6. The recommended dose for the neurologically active form of vitamin B12 (methylcobalamin) is to be taken sublingually in doses of up to 5 mg (5000 mcg) or higher a day.

Vitamin C, an imperative support to the immune system and antioxidant, is another natural shield against pain. When pain becomes too strong for breast cancer patients and their usual medications are not helping giving vitamin C along with other treatments sometimes settles the pain. Vitamin C has also been used to treat gum and muscle pain. Optimal doses of vitamin C range from 2500-6000 mg a day and depending on the individual condition even larger doses may be considered. Generally, one goes to bowel tolerance with Vitamin C. If a person experiences loose stool the dosage is backed off by 500 to 100 mg. until better tolerance is experienced. It is important to stagger the intake of Vitamin C throughout the day rather than taking a huge dose once or twice a day.

Vitamin E has two possible ways of blocking pain. The first is by working with endorphins and the second is by acting as an antioxidant. A study of women with dysmenorrhoea (painful menstruation) found that vitamin E could reduce discomfort and that endorphin levels rose.

In a study of the efficacy of vitamin E against arthritis pain, 29 patients were given vitamin E for 10 consecutive days. Following that a placebo was given for another 10 days. The patients did not know which one they were receiving at any given time. When taking vitamin E, 52% reported relief from pain, compared to only 4% when taking the placebo.

A suggested dose is 800 IU a day of D-alpha tocopherol and mixed tocopherols. Your total vitamin E intake should not exceed 1200 IU a day unless otherwise directed by your health care practitioner.

Alpha Lipoic Acid

Alpha-lipoic acid is, in fact, regarded as the universal antioxidant because it enhances the activity of other antioxidants. It acts like a big brother in regard to vitamin E, coenzyme Q10, and vitamin C, assisting in recycling these important antioxidants for continued service. Lipoic acid's antioxidant qualities appear greater than vitamin E's because vitamin E works only in the fatty parts of cells, whereas lipoic acid works in both watery and fatty portions.

Some researchers credit alpha-lipoic acid with being the principal supplement for preventing and reversing Syndrome X. Lipoic acid earned this reputation by increasing the burning of glucose.

Magnesium

Some research suggests Fibromyalgia patients have below-normal levels of magnesium. Low levels of magnesium can contribute to PMS, headaches, muscle cramping, muscle spasms, heart palpitations and even heart attacks. Many common foods Americans eat deplete magnesium reserves. According to reports, at least 85 percent of magnesium is removed by eating bleached and refined flour in breads, pasta and other prepared wheat products.

Even taking high-calcium supplements, without adequate magnesium, will deplete the body's level of magnesium.

Fatty Acids as Pain Fighters

Just as there are fats that can antagonize fat and inflammation, there are some types of fat that actually help to reduce pain. In the early 1970s, Danish scientists noted that Eskimos in Greenland ate a high-fat diet based on fatty fish, seal, and whale meat but had relatively little heart disease. The researchers quickly surmised that something in fatty fish warded off heart disease by thinning the Eskimos' blood, lowering blood fat or triglyceride levels, and protecting against chronic inflammation. That 'something' was a fat in the fish they ate. Specifically, it was a type of fat composed of omega-3 fatty acids

We now know that the omega-3 fatty acids not only protect against heart disease, but also may help to fight off arthritis and other painful diseases. In one study, patients with rheumatoid arthritis experienced a definite decrease in joint stiffness and less tenderness of the joints after 3 months of treatment

Studies in humans have shown that enriching the diet with fish oil has an anti-inflammatory effect. Part of the effectiveness of omega-3 may come from its ability to act on the immune system, cutting by at least half the secretion of immune system substances (pro-inflammatory cytokines) which are involved in inflammation and pain.

Fatty acids found in fish and plant extracts have special value in fighting pain. GLA is an omega-6 fatty acid derived from evening primrose oil. DHA and EPA are omega-3 fatty acids derived from fish and krill oils.

In a study conducted in 1993, patients underwent a double-blind, placebo-controlled protocol lasting 24 weeks. Both the patients and the doctors were not aware who was receiving Gamma Linoleic Acid (GLA) and who was receiving placebo until the test was over. When the study was completed researchers discovered that those who took GLA experienced a 36%

reduction in tender joints and 41% fewer swollen joints. Those who had received the placebo reported no such benefit.

End

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