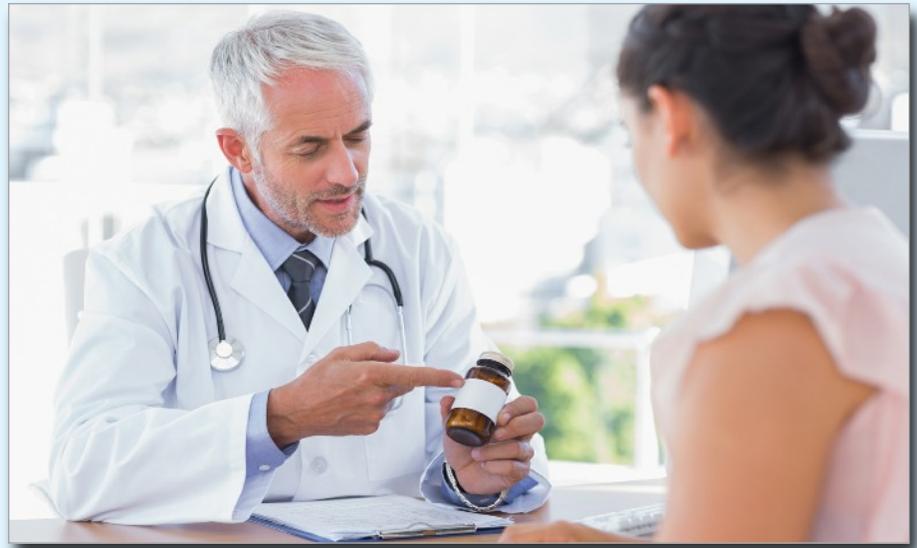


Nutrient Drug Interactions

"We should help our patients take precautions against nutrient depletions that are already in the literature pertaining to prescribed drugs."

Even an occasional TV viewer can see the intensified advertising of pharmaceutical drugs. The pharma cocktails seem so glamorous even amid their toxic disclaimers. It's entertaining to listen to the minimized side effects while actors smile and move fluidly across stunning visual backgrounds. But back in the early 90s, even before TV ads were sanctioned, Dr. Jerry Gurwitz from Brown University emphasized that "Any symptom in an elderly patient should be considered a drug side effect until proven otherwise."

I had dinner with Dr. Abbas Qutab and he shared with me how one local pharmacy in a very small town in the northeast was fighting drug side effects. You see drugs deplete nutrients. Nutrients are needed for enzymes and energy production. This pharmacy uses a very simple principle. When the pharmacist hands the patient their prescription he also walks over to a section with nutrients and hands them a bottle of the product that counteracts



the side effects of the drug and says something like, "you need this to counteract the effects of the drug you're taking." This particular pharmacy initiated that strategy and sells between 6-7 million dollars of nutrients every year, just by intentionally making a small change in how they deliver their product.

None of us are fans of medication. Sometimes they are necessary, sometimes your patients are on them by default. If our patients are following another doctor's prescription recommendations, shouldn't we help them

take precautions against the nutrient depletions that are already in the literature pertaining to that drug? Approximately 73% of your patients aged 55-64 are taking at least one prescription drug.

As age increases, unless patients are aggressively pursuing wellness, the number of drugs increases. Dr. Michael H. Perskin, from the Langone Medical Center, New York University says "The average number of prescription medications taken by people over 65 is five or six," As the number of drugs increase, so too do the side effects

because no one knows the effects when multiple drugs are combined.

The 2011 journal of the Canadian Family Physician discussed drug related problems in 2011 by reviewing random files. Here's a quote from that study, "a recent review of 51 medication-assessment consultations completed in our geriatric day hospital found that our patients (average age 81 years; 39 women and 12 men) were each taking an average of 15 medications (range 6 to 28). And germane to our conversation they found an average of 8.9 drug-related problems per patient."

Besides the sheer number of prescriptions and their unique pharmacology, here are some of the other reasons elderly patients have problems with medication.

Since most elderly patients are at least mildly dehydrated, serum levels of water-soluble drugs can be increased.

As most people age there is an increase in body fat, which in turn can increase the half-life for fat-soluble drugs, meaning increased storage and drug concentration.

One of the mechanisms used to breakdown and excrete drugs involves the cytochrome P450 system. The cytochrome system, which is heavily dependent on mineral cofactors, decreases with aging and leads to decreased clearance of drug, meaning they stay in the system longer.

Finally, decreased hepatic and renal blood flow, changes the half-lives of many medications.

Although these statements were made for the elderly, do you know anyone who is dehydrated, has an increase in body fat, lower lean muscle mass or decreased liver/kidney func-

tion? Exactly, these are the people who walk in our offices every day.

In light of these principles maybe we should change the statement from "any symptom in an ELDERLY patient should be considered a drug side effect until proven otherwise" to "any symptom in ANY patient should be considered a drug side effect until proven otherwise."

One way to prevent side effects is to ask your patients to list every medicine and the dosage they are taking. Set a separate appointment to review and supply the nutrients that the literature reports are depleted.

We know statins deplete CoQ but they also deplete beta-carotene, B-vitamins including folate and B12, magnesium, calcium, phosphorous, zinc and the vitamins A, D, E, and K.

So whether it is the birth control pill, diabetic, hypertensive or reflux medication, drugs deplete nutrients.

You can see an earlier Tuesday Minute that goes into more detail, feel free to print it up and hand it to your patients before scheduling their "Drug/Nutrient Consultation." Print up the multi-page handout below which gives drug categories, nutrients depleted and Biotics' supplements that can fulfil the depletions.

Earlier I mentioned a particular pharmacy's strategy to encourage you to set a goal to discuss with your patients the dangers of drug/nutrient depletions. And remember, a basic core group of nutrients like ProMulti-Plus, a good probiotic that contains prebiotics like BioDoph-7 Plus, blended oils in the form of Optimal EFAs and a vitamin D like Bio-D-Mulsion Forte are not only foundational but will help reduce many common drug/nutrient depletions.

Thanks for reading this week's Tuesday Minute edition. I'll see you next Tuesday.