

Prescriptions Causing Nutrient Deficiencies?

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During a seminar, one of Dr. Brownstein's comments really knocked me off my seat when I heard him say this about prescription drugs, **“It's ludicrous to think that we were born and made to have our enzyme systems poisoned and our receptors blocked long term and expect a good result.”**

Wow! Think about it. Some data indicates that up to 75% of Americans over the age of 65 take an average of 4 prescription drugs on a daily basis. Yet not one study has ever been done to document the safety of any random 4 drug combination cocktails. Not one. I have always wondered if many of the deaths from COVID-19 and the elderly were because drug interactions created by their medication caused the perfect storm for a weak immune system.

We know drugs work, but they have serious side effects, sometimes life threatening side effects. One of the reasons they produce long-term side effects is because they deplete essential



nutrients. We use supplements to support our patients repair mechanisms, but at the same time, their prescription drugs are depleting or hindering the absorption of nutrients.

Are you talking to your patients about the fact that the drugs they're taking are depleting essential nutrients? You can provide a valuable, maybe even lifesaving service to your patients by reviewing their medications and supplementing the nutritional factors that are being depleted by pharmaceutical drugs.

It's pretty common knowledge that statin drugs deplete CoQ10, but most people are not aware that statin drugs also directly or indirectly deplete other nutrients like beta-carotene, B vitamins, magnesium, calcium, folic acid, phosphorous, vitamin A, B12, vitamin E, vitamin K, zinc, and vitamin D. CoEnzymeQ10 is famous for its role in the mitochondrial and energy production, but minerals and vitamins are necessary for energy production as well, especially magnesium, which is deficient in most Americans and is a major influence on heart function. Think about it... doctors give statins to

reduce cholesterol, yet statins deplete the nutrients that are needed for healthy muscle function. Hmm... “heart... muscle function?”

Another group of nutrient depletions are caused by diuretics. It makes sense that diuretics as a group will deplete minerals like magnesium, potassium, and calcium, as forced increased urination is the goal of the drug. Increase urination, and we expect a loss of minerals, probably all minerals. However, an important nutrient lost with diuretics is B1. B1 is essential for healthy sugar metabolism and to make hydrochloric acid. Many people are not aware that B1 is a huge deficiency and should be supplemented with anyone who is taking diuretics.

Let's look at another class of drugs, nonsteroidal anti-inflammatory drugs or NSAIDS. NSAIDS used for pain and inflammation can cause stomach bleeding. In fact, as most of you know, over 16,000 people die every year from NSAID use. Several gastroenterologists are aware of this phenomenon and routinely use a product by Biotics Research Corporation, called Gastrozyme, to heal the gut, as long as patients are using NSAIDS for pain.

Oral contraceptives are another class of drugs that deplete nutrients. It is very common for families to take oral contraceptives and plan a pregnancy only to find out they can't conceive. I often wonder if it is the lack of depleted nutrients that causes the systemic or metabolic inflammatory problems that prevent conception. The deficiencies caused by oral contraceptives are beta-carotene, B1, B2, B3, B6, B12, folic acid, biotin, B5, vitamin C, magnesium, zinc, tryptophan, and tyrosine.

Selective serotonin reuptake inhibitors or SSRIs, a type of antidepressant medication, deplete the

B vitamins B6, B12, and folic acid. They also deplete vitamin D and sodium. Even if they don't deplete essential fatty acids directly, we know that anyone who is depressed can benefit from essential fatty acids which have been shown to reduce inflammation in the brain.

Anti-diabetic medications will reduce coenzyme Q10, folic acid, and B12. Antibiotics obviously call for a need for flora replacement, but do your patients know that “antibiotic use will cause depletions in biotin, inositol, B1, B2, B3, B6, B12, and vitamin K?

These and many more drugs are used commonly and cause nutrient depletions. Almost all your patients are on one drug or another. This is the motivation for every patient to be examined for factors that cause nutrient deficiencies. If you are the one to alert them about the dangers, then you establish yourself as the expert. If they decide to take pharmaceuticals, they should at least compensate by taking the nutrients that will be depleted by these drugs.

Obviously... that is one of the reasons why I feel it is ALMOST malpractice when a clinician fails to recommend a quality multi-vitamin, mineral, balanced essential fatty acids, and an active probiotic. I have a link below that will cover many of the common nutrient deficiencies due to prescription drugs. Another resource is a book by Dr.'s James LaValle and Ross Pelton, both nutritionally based pharmacists, called [The Nutritional Cost of Drugs](#).

When evaluating the long-term health of our patients, I believe assessing nutrient drug depletions can save lives. But just as important, it will enhance the way they feel.

Thanks for watching. I look forward to being with you again next Tuesday.