

Nutrients Depleted By Drugs

"As many as 73% of your patients aged 55 - 64 take at least one prescription drug; and if taken long enough, they can deplete essential nutrients."

As many as 73% of your patients aged 55-64 take at least one prescription drug. And as we know, medications produce side effects if we take them long enough. One of the reasons they produce side effects is because prescription drugs can deplete essential nutrients. Think about it, on one hand we use supplements with our patients to help them with a particular health problem, while on the other hand their prescription drugs are depleting or hindering the absorption of nutrients. Are your patients aware that the drugs they're taking are depleting essential nutrients?

A valuable service you can provide for your patients is to review their medications and supplement the nutritional factors that are being depleted by pharmaceutical drugs. It's pretty common knowledge that statin drugs deplete Coenzyme Q10. But



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.

Coenzyme Q10 is famous for its role in the mitochondria 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. HMMMM , "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 will have a loss of minerals, probably all minerals. However, an important nutrient lost with diuretics is B1. B1 is essential for healthy sugar metabolism. 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 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 Gastrazyme 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 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 as essential fatty acid have been shown to reduce inflammation.

Antidiabetic medication will also 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. You need to be the one to alert them that there are dangers; and that if they decide to take pharmaceuticals, especially long term, 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 Drs. James LaValle and Ross Pelton, both nutritionally based pharmacists, called "The Nutritional Cost of Drugs."

When evaluating the long term health of our patients, addressing drug nutrient depletions may save lives, and can certainly enhance the way they feel.

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