

THE BETTER HEALTH NEWS

Back to School

*Pain and Health
Care Costs* 2

*Fish Oil and
Pregnancy* 3

*What to do for
Patients in Pain* 3

Ear "Infections" 4

Health Care Reform 5

*Boost Your Child's
Immunity* 6

NO WONDER WE ARE SPENDING \$2.5 TRILLION ON HEALTH CARE

The cost of health care is on everyone's mind. The debate has proceeded around how we can get people covered and not about why the costs are so high. I recently came across an interesting piece of research that may illustrate why we spend so much for health care. The pain medication Vioxx was taken off of the market because it increased the likelihood of heart attacks. Vioxx was an anti-inflammatory drug known as a cox-2 inhibitor. It is named for the enzyme it suppresses. The cox-2 inhibitors are popular because they offer effective pain relief without creating problems with GI irritation caused by other types

of pain relievers. Celecoxib (sold under the brand name Celebrex), which is also a cox-2 inhibitor, also increases the risk for a heart attack. Research appearing in the *Journal of the Royal Society of Medicine* (March 3, 2006) showed that Celecoxib can increase the risk of a heart attack by two fold.

Celebrex is commonly prescribed to seniors with arthritis. It makes you wonder how many trips to the

emergency room and how much time in CCU may be due to the fact that this drug is still being prescribed. How much do you suppose the use of drugs add to our health care costs?

Our health care costs are high for many reasons. The system exists to provide a profitable business for drug companies, medical equipment producers, and insurance companies. Care is secondary to these companies making money. Drug companies control a lot of the information received by doctors. Face it, all of the medical journals sell ads to drug companies. One sure way to corrupt scientific findings is to get money involved. This may be the reason a lot of effective, inexpensive natural

therapies are ignored. A lot of the activity that passes for health care is for profit and is neither healthy nor provides care.

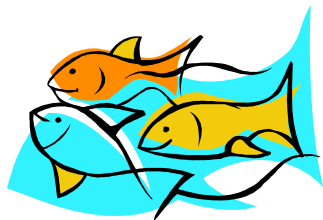
As long as we continue along this path, it will not matter whether the government pays the bill or we pay it out of pocket—it will still continue to cripple our economy.



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PAIN AND HEALTH CARE COSTS

For some reason doctors and patients seem to think that pain medications treat pain and inflammation. The fact is that they relieve pain. This seems like a subtle difference, but by a slight shift in attitude we can cut our health costs.

An advertisement for a popular pain medication touts that taking it before intense physical activity will reduce the amount of pain caused by the activity. There are some problems with this thinking. Pain medications actually increase oxidative stress, so while they offer temporary relief, they actually promote an environment that favors pain and inflammation. NSAIDs can actually cause cartilage to break down, increasing the potential for injury. Many people take medication for arthritis pain, but they are trading short-term relief for long-term degeneration. One of the popular pain medications (classified as a Cox-2 inhibitor) actually doubles the chance of getting a heart attack. Also, pain medications can lead to a host of other health problems. According to the July 27, 1998 issue of the *American Journal of Medicine*: "Conservative calculations estimate that approximately 107,000 patients are hospitalized annually for nosteroidal anti-inflammatory drug (NSAID)-related gastrointestinal (GI) complications and at least 16,500 NSAID-related deaths occur each year among arthritis patients alone. The figures for all NSAID users would be overwhelming, yet the scope of this problem is generally u n d e r a p p r e c i a t e d "

The *New England Journal of Medicine* (December 20, 2001;345:1801-1808) published research that linked pain medication to kidney failure (in patients with existing kidney disease). An article published in the *New York Times* (January 29, 2002) states concern of NBA players over the regular use of these medications. This is in the wake of Alanzo Mourning of the Miami Heat developing a kidney disorder and Sean Elliot needing a kidney transplant. Basketball players commonly take large amounts of NSAIDs before a game(the same behavior that is touted in TV ads).

Taking pain medication can have an adverse effect on the cardiovascular system. According to the *Archives of Internal Medicine* (February 11, 2002;162:265-270), patients who had filled at least one NSAID prescription were nearly 10 times more likely than those who didn't use the drugs to have a relapse of congestive heart failure. According to research published in the *Archives of Internal Medicine* (October 28, 2002;162:2204-2208), frequent use of pain-relief medications may result in an increased risk of high blood pressure in women.

The cavalier attitude our medical system has in treating one of the most common conditions, pain, can lead to further health complications and cost. How much more are we spending on health care because we don't choose natural methods for pain control first? Teach this to your patients. Go to www.wholehealthweb.com and download the free recording on pain.

FISH OIL DURING PREGNANCY

According to the *American Academy of Allergy and Immunology*, a child's chance of developing allergies is 25% if one parent has allergies and 66% if both parents have allergies. A placebo-controlled study appearing in *Acta Paediatrica* (June 1, 2009; [Epub ahead of print]) looked at 145 pregnant women who either had allergies themselves or the husband or previous child had allergies. The women were randomly selected to



either receive 1.6 g of EPA and 1.1 g of DHA (fish oil) or a placebo from the final trimester of their pregnancy until the third or fourth month of the newborn's life (the mothers all breastfed their children). In those supplemented with the fish oil the prevalence of allergies or eczema was significantly lower than they were for the placebo group. **Biomega-3™** is harvested from small fish in the Southern Hemisphere and tested to be free of dioxin and mercury.

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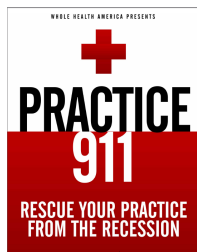
PATIENTS IN PAIN NEED TO DO FOUR THINGS

It is a good idea to have strategies that will decrease your patients' need for pain medication. Here is some advice that should be given to every patient:

1. Avoid refined sugar and refined white flour: Refined food increases inflammation.
2. Change the oil: Production of prostaglandins, leukotrienes and other inflammatory markers depend on the oil the patient consumes. Strictly avoid hydrogenated and partially hydrogenated oils (trans fats), limit animal fats and take an omega-3 (fish oil) supplement. **Biomega-3™** is an excellent choice.
3. Antioxidants help keep inflammation under control. Eat lots of brightly colored produce, which is full of antioxidants. You can even take an antioxidant supplement like **Bio-FCTS™** or **BioProtect™**.

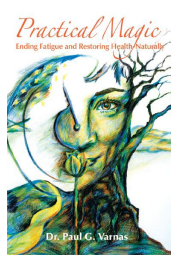
4. Move: One of the mistakes commonly made by people in chronic pain is that they curtail activity, become weaker and actually make the pain worse. Obviously you need to rest an acutely injured area for a time, but often exercise helps pain patients.

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SOME THOUGHTS ABOUT EAR “INFECTIONS”

The common treatments for ear “infections”, antibiotics and tympanostomy (“ear tubes”) have been brought into question. According to *Family Practice News* (October 15, 1998:30), doctors in the Netherlands do not use antibiotics for otitis media, they use decongestants. Antibiotics are only used as a last resort.

Some physicians believe that antibiotics are overused in the United States. An article appearing in *Family Practice News* (June 15, 1996:43) blame the overuse of antibiotics on otitis media for the increase in drug-resistant strains of bacteria. The article notes that resistant strains of *Streptococcus pneumoniae* have increased from 6% to 20% between 1992 and 1995. In 1994 otitis media was responsible for 29.6 visits to the doctor in 1994 and 85% of the patients received prescriptions for antibiotics.

The Dutch may be onto something with their use of decongestants. Allergies have been implicated in many cases of otitis media. Research appearing in *Otolaryngology—Head and Neck Surgery* (May-June 1981;89:427-431) found that in 119 patients with a history of otitis media in the previous six months, and fluid present in the ear, 93.3% had allergies that were verified by positive RAST tests. The one-year success rate for the patients tested and treated for allergy was 91.6%. This success rate was much better than the 52.2% success rate enjoyed by a group of patients treated surgically. Other research in appearing in *Otolaryngology—Head and Neck Surgery* (1996;114:531-544) found that in a sampling of 103 patients with either otitis media, fluid effusion, or

both 89% had allergy.

Patients with otitis media have responded to natural therapy. A study appearing in the *Annals of Otolology, Rhinology, and Laryngology* (July 2002;111(7 Part 1):642-652) looked at supplementation in 44 children with low levels of eicosapentaenoic acid (EPA—found in fish oil), vitamin A and selenium. Seven of the children were given cod liver oil (containing EPA and vitamin A) and a selenium supplement. Five of the children did not have any ear infections while being supplemented and overall the supplemented group had 12% fewer days where they required antibiotics for otitis media.

The use of “ear tubes” has been questioned in *Family Practice News* (December 15-31, 1990;20(24):1,30). The article points out that the tubes can lead to hearing loss. There are studies that have looked at subjects who have had a tube placed in one ear but not the other. The benefits of the tube last about six months or less. One study looked at 98 children who had one tube placed in a single ear. In a five year follow-up, it was found that there was a 21% higher incidence of deafness in the treated ear.

In the United States the approach to otitis media consists of antibiotics and following up with tube placement if the child suffers from repeated “infections”. It is becoming clear that automatically prescribing antibiotics for a child with otitis media may not be a good idea. Antibiotics are only effective in about 14% of the cases and the practice of placing tubes may not be wise.

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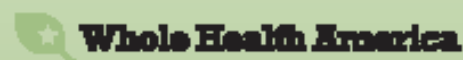
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A SIMPLE WAY TO BOOST YOUR CHILD'S IMMUNE SYSTEM

Much of the concern about swine flu is centered around developing a vaccine. It may be worthwhile to think about some of the simple and natural things that boost immunity. There is one supplement that is a surprising immune system booster.

A double-blind, placebo-controlled study appearing in the journal *Pediatrics* (2009; 124(2): e172-9) looked at the effect supplementation in a group of children between the ages of three and five had on the immune system. The 110 subjects were given either a placebo, *Lactobacillus acidophilus* (a single probiotic), or a combination of probiotics. Taking the probiotics provided the test group with a 53% lower incidence of fever (for the single strain) and 73% reduction for the group taking the combination probiotic. Probiotics also reduced other cold and flu symptoms including coughing and runny nose. The group taking the supplement also missed fewer days from day care, 32% fewer days missed for those taking the single strain and 28% fewer days missed for the combination product.

Antibiotic use was also less; 68% less in the single strain group and 84% less in the combination group, when compared to controls. These are significant reductions and the authors concluded that daily probiotic supplementation for 6 months (fall/winter) was an effective way to reduce fever and other cold symptoms, and could lower antibiotic use and reduce the number of school days missed.

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Obviously other products can help your child's immune system. **IAG**[™], for example, is very well-tolerated by children and is an excellent product for helping to fight off colds or the flu.