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THE BETTER HEALTH NEWS

PAIN COSTS

PAIN & INFLAMMATION

For some reason doctors and patients seem to think that pain medications treat pain and inflammation. The fact is that they relieve pain; they don't correct anything. By a slight shift in attitude we can cut health care 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. People take medication for arthritis pain, but they are trading short-term relief for long-term degeneration. One popular pain medication (classified as a Cox-2 inhibitor) actually doubles the chance of 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 under appreciated"

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) covers 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.

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?

FATTY ACIDS VS PAIN MEDS

One way to reduce inflammation is to "change your oil". There is a large body of research showing that omega-3 fatty acids are anti-inflammatory. There is a good reason to choose omega-3 fatty acids over pain medication—blood pressure.

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. These drugs are known as NSAIDs (non-steroidal anti-inflammatory drugs). Use of acetaminophen (Tylenol) was also monitored in this study. Acetaminophen is not an NSAID, it addresses pain, but not inflammation.

NSAIDs work by blocking hormone-like substances known as prostaglandins, some of which cause inflammation. Prostaglandins also dilate blood vessels. If they are chemically blocked by NSAIDs, blood vessels may narrow. This can lead to hypertension.

The health of 80,000 women, all of whom did not suffer from hypertension was monitored. Frequency of the use of pain medication (including aspirin, NSAIDs and acetaminophen) was noted and compared with the number of diagnosed cases of hypertension after two years. Use of NSAIDs 22 days or more each month increased the risk of high blood pressure by about 86%. Women using acetaminophen 22 days or more each month were almost twice as likely to have high blood pressure than those who did not. Aspirin users did not experience the increased risk of high blood pressure. Researchers concluded that over use of pain medications could be responsible for a large portion of the hypertension cases in the United States.

According to a double-blind, placebo controlled study appearing in the *Journal of Nutrition* (2007 Apr;137 (4):973-8), a small amount of DHA (docosahexaenoic acid) can moderately reduce blood pressure. The 38 male subjects were randomized to receive either 700 mg of DHA or a placebo each day of the three month study. The study paused for four months and the role of the subjects were reversed, with the original placebo group receiving the supplement and the original supplement group receiving the placebo. Overall, subjects taking DHA had a diastolic blood pressure that was lower by 3.3 mm Hg. Heart rate was also lower in the DHA group, by 2.1 beats per minute.

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A cross-sectional epidemiological study appearing in the journal, Hypertension (2007;50:313-319) looked at blood pressure in 4,680 subjects. Blood pressure was measured eight times over four doctor visits. The researchers found an inverse relationship between omega-3 fatty acid consumption from food and blood pressure, with a decrease in blood pressure with omega-3 consumption.

A meta-analysis of studies relating fish-oil consumption to blood pressure appeared in the *Archives of Internal Medicine* (June 28, 1993;153:1429-1438). In 11 studies, it was found that omega-3 fatty acids reduced blood pressure in people with normal blood pressure. Another six studies found that omega-3 fatty acids reduced blood pressure in hypertensive individuals. The greatest blood pressure reduction was in individuals with the highest blood pressure.

ENZYMES FOR PAIN

A study appearing in the *Journal of Dental Disease* (1964;19(2):73-77) evaluated the plant enzyme bromelain and its effect on pain and healing after dental surgery. One group of 22 patients took 40 mg of a bromelain concentrate four times each day for 2-3 days prior to surgery and continued for 3 days after surgery. In the second phase 33 subjects took 2 tablets 4 times a day on the day of surgery with the first dose being administered prior to surgery. The use of the enzymes produced a marked reduction in inflammation and the length of time the inflammation persisted post operatively. There was also a reduction in pain. In another study, appearing in the Journal of the American Dental Association (June 1966;72:1420-1425), subjects who underwent dental surgery received a proteolytic enzyme from Carica papaya (1 tablet per hour), or a placebo from the time of surgery until the following morning; for the next four days, they were given 1 tablet four times each day. The subjects taking the enzyme experienced less inflammation and pain, and had enhanced wound healing.

Bromelain, or a placebo was given to 160 women following episiotomy in research appearing in the journal Obstetrics and Gynecology (February 1967;29(2):275-278). The women were given two tablets, 4x/day for three days beginning within four hours after delivery. One person in the treatment group and four in the placebo group had an episiotomy infection. The amount of medication, especially narcotics, was reduced in patients on the bromelain therapy. The incidence of episiotomy infections was also lower in the group treated with the enzymes. Another study on episiotomy patients appearing in Current Therapeutic Research (May 1962;4 (5):229-237), showed that another vegetable enzyme (from papaya) reduced inflammation and swelling after surgery. In general, treatment with enzymes had little or no side-effects.

Research appearing in the *Journal of Strength and Conditioning Research* (2007 Aug;21(3):661-7) looked at the effect protease enzyme supplements had on muscle damage after exercise. The double-blind, placebo-controlled study involved twenty male subjects who were tested for the strength, pain (rated by subjective questionnaire), and indicators of muscle damage (creatine kinase activity and myoglobin concentration). They were given either an enzyme supplement or a placebo. It was found that supplementation with the enzyme preparation reduced strength loss immediately after exercise.

In *Clinical Experimental Rheumatology* (Jan-Feb, 2006;24(1):25-30) the use of enzyme supplementation was compared to NSAID use in patients with osteoarthritis of the hip. The double-blind, placebo controlled study lasted six weeks and involved 90 subjects. It was found that enzyme supplementation was comparable to the drug in relieving pain, joint stiffness and improving function.

Healing is a matter of time, but it is sometimes also a matter of opportunity.

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PAIN? CHECK VITAMIN D LEVELS

Testing for vitamin D in the serum is a very inexpensive test. If you have been labeled with fibromyagia it may be worth having your health care provider check your vitamin D level. Research appearing in the July 19, 2006 issue of *Clinical Rheumatology*, linked anxiety and depression experienced by fibromyalgia patients to depleted vitamin D levels. The subjects of the study were 75 patients with fibromyalgia who filled out a Fibromyalgia Impact Questionnaire and Hospital Anxiety and Depression Score. Blood samples were taken to measure vitamin D levels. Twenty-three of the patients had normal levels of vitamin D. Ten of the patients were deficient in vitamin D and 42 had insufficient levels. Patients who were deficient in vitamin D placed higher on the Hospital Anxiety and Depression Score than those with normal or insufficient levels of vitamin D. The researchers concluded that low vitamin D levels were associated with fibromyalgia and that the anxiety and depression associated with the disease may be linked to low levels of vitamin D.

According to the Mayo Clinic Proceedings (December 9, 2003), vitamin D deficiency is one possible cause of persistent and vague musculoskeltal pain. A study of 150 children and adults suffering from vague musculoskeletal pain performed at the University of Minnesota found that 93% of the subjects were vitamin D deficient. Of the subjects involved with the study, all of the African, African-American, Hispanic and Native Americans were vitamin D deficient, as well as all of the subjects under the age of 30. The worst vitamin D deficiencies were found in women of child-bearing age.

According to the Nov. 12, 2003 edition of the *Pain Management* issue of the *Journal of the American Medical Association*, the cost of treating pain in patients that do not get a result is $61.2 billion per year. This study shows that there may be, at least in some patients, a very simple answer for this common problem.

Vitamin D deficiency is associated with a risk for osteoporosis, diabetes, high blood pressure, cancer, and auto-immune diseases such as multiple sclerosis. Inadequate vitamin D is also harmful for developing fetuses and is the cause of rickets in children.

In separate study, conducted in Saudi Arabia, a vitamin D deficiency was found in a group of patients with chronic back pain. All the patients were given cholecalciferol (vitamin D3) for three months, which improved the chronic pain. The subjects were given doses that are considered potentially toxic (5,000 to 10,000 IU, which is between two and three times the upper range). After receiving the cholecalciferol , all the patients had normal levels.