

THE BETTER HEALTH NEWS

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There is something frustrating about listening to people who take pain medications and believe in their heart that the drugs are doing them good. We see the advertisement for Alleve that shows a woman with arthritis taking Alleve so she can have a better work out. Doctors, when prescribing NSAIDs, impart the idea that the drugs actually help the condition. Too often people in pain are given drugs to mask their symptoms, but are given the idea that healing is somehow being facilitated. The purpose of this paper is to give the practitioner a tool to teach patients.

When people are given dietary advice and told that it will affect their pain, they get an expression on their face that a dog might make at a strange noise. The head tilts; the mouth drops open and

there is a blank expression on the face. Their pain is physical, so why would diet have anything to do with it?

Chronic pain is the most costly health problem in America, with an estimated annual cost of about \$90 billion per year. This cost includes lost productivity, legal costs, doctors' visits and medication; 80% of all visits to the doctor are pain related.

An estimated 40 million Americans have arthritis or other rheumatic condition. That number is expected to climb to 59.4 million, or 18.2% of the population, by the year 2020, according to a new report published as a collaborative effort between the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Arthritis Foundation, and the American College of Rheumatology.¹

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PAIN COSTS

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Approximately 12% of all Americans suffer from migraine headaches.^{2,3} Nine out of 10 migraine sufferers report they can't "function normally" during days in which a migraine strikes. Three out of 10 migraine sufferers require bed rest when suffering from a migraine.

In 2001, over 13 million people saw a physician for the treatment of back pain. According to the NIH, 65 to 80% of all people have back pain at some time in their life. Half of all working Americans admit to having back pain symptoms each year⁴. Back pain costs an estimated \$50 billion each year.

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In 2001, over 13 million people saw a physician for the treatment of back pain. According to the NIH, 65 to 80% of all people have back pain at some time in their life. Half of all working Americans admit to having back pain symptoms each year⁴. Back pain costs an estimated \$50 billion each year⁵.

There is a tendency for patients to think of pain medicine as the only way to treat pain and inflammation. Many people automatically take medication when they have pain and think that they are somehow helping their condition. More than \$4 billion is spent each year on over-the-counter pain medications for headaches. Americans consume 20,000 tons of aspirin each year. But we all know medication is not a cure for pain; and it often makes matters worse, and this fact needs to be communicated to our patients.

According to research appearing in the *American Journal of Medicine*, "Conservative calculations estimate that approximately 107,000 patients are hospitalized annually for nonsteroidal 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"⁶

Other research links pain medications to high blood pressure⁷, kidney failure⁸, heart failure⁹, ulceration of the GI tract¹⁰, and some drugs even interfere with bone repair¹¹. One study found that in 2,000 arthritic patients, NSAID use increased ulcer risk 10-fold. Almost 25% of NSAID users have ulcers, most of which are without symptoms¹⁰.

NSAIDs perpetuate the very problem that they are designed to treat. They actually increase the body's oxidative stress—leading to further inflammation and pain. Research has demonstrated that NSAIDs interfere with the formation of cartilage^{12, 13}. So someone with arthritis who takes these drugs is trading short-term relief for long-term degeneration. The drugs actually make the condition worse.

Many arthritis sufferers take glucosamine sulfate or chondroitin sulfate products. Many studies have shown that these products can help arthritis sufferers. Patients suffering from arthritis in the knee experienced relief in a study published in the journal, *Drugs and Aging*. The researchers concluded, "In short-term clinical trials, glucosamine provided effective symptomatic relief for patients with osteoarthritis of the knee. In addition, glucosamine has shown promising results in modifying the progression of arthritis over a 3-year period. Glucosamine may therefore prove to be a useful treatment option for osteoarthritis." The *Journal of the American Medical Association* acknowledged that these supplements may be of benefit to arthritis sufferers¹³. *The Lancet* has also published research supporting the use of these supplements¹⁴.

Patients hear about research like this, and their tendency is to go out and buy glucosamine supplements and to take them in place of the NSAIDs. They are still looking to a pill to solve their problem. Scientific studies contribute to this thinking. Researchers will give one group in the study a drug and the other group will take glucosamine or chondroitin supplements—they are merely comparing one pill to another. Generally, in the beginning of the study, the people taking the drug will feel better than the group taking the supplements, but as time progresses, the group taking the supplements do better. This should be obvious, because the supplements help to repair cartilage and the drugs destroy it.

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The drugs also undermine the body's general health and make it more prone to inflammation—short term relief turns into long term degeneration.

Various herbs, like boswellia, ginger, willow bark or curcumin^{15,16,18} are anti-inflammatory. Taking herbs can indeed help reduce pain and inflammation. And there is research supporting their value. The problem is that people want to use these things like they are drugs—addressing symptoms. They need to understand that natural health care works best when you combine diet, lifestyle and therapy. In natural health care, you are not treating symptoms, but improving the body's infrastructure to overcome the pain. Healthy bodies don't hurt.

There is also a lot of research to support the importance of diet and exercise in eliminating pain. How you live and what you eat really does have an effect on how much pain you feel. Eating a diet that is high in fresh fruit and vegetables will decrease your pain and inflammation. In a study published in the *American Journal of Clinical Nutrition*, Researchers at the University of Athens Medical School found that people who ate the highest amount of cooked vegetables had a 75% lesser risk of developing rheumatoid arthritis than those who ate few vegetables¹⁷. Also, the *Journal of the American Medical Association* has published research that a diet high in vegetables and olive oil—the so called “Mediterranean Diet” helps to reduce inflammation¹⁹.

A combination of fish oil and vitamin E reduced the levels of cytokines (which are pro-inflammatory proteins that cause the joint swelling, pain and tenderness). Fish oil, in general is anti-inflammatory. Dr Richard Sperling, found in his research that fish oil may reduce inflammatory substances produced by white blood cells. Professor Caterson and other Scientists at Cardiff University in Wales have found that the Omega-3 fatty acids in cod liver oil work to inhibit enzymes that break down joint cartilage. There is so much research showing the anti-inflammatory effect of fish oil^{24,25,26,27}.

The bottom line is; that for patients to minimize pain, they should be consuming a lot of fresh fruit and vegetables, and omega-3 fatty acids, like those found in fish oil. They also need to avoid foods that promote pain and inflammation. High fat and high sugar diets promote inflammation, according to research appearing in the *American Journal of Clinical Nutrition*²⁰. Even the *Journal of the American Medical Association* has published research that says a low-sugar diet reduces pain and inflammation¹⁹. To most of us, this is obvious, but it is hard to make patients understand.

Exercise can also help to reduce pain. Children with juvenile arthritis took part in an eight-week individualized program of resistance exercise at the University at Buffalo. Their ability to function was greatly improved by the exercise. Some improved by as much as 200%²¹. According to a study, found in the *Journal of Nursing Scholarship*²², Tai Chi can reduce arthritic pain.

Natural approaches to pain include:

First, eat plenty of fresh fruits and vegetables. Eat live food, brightly colored produce—natural foods that are dark green, purple, yellow, orange, or red. Those rich colors are actually antioxidants that protect the plant. They contain antioxidants and phytochemicals that protect your cells as well.

Avoid foods that contain refined sugar, or high fructose corn syrup; like soda pop, candy cookies, donuts and other sweet snacks. Also avoid refined grains like white bread, white noodles. These foods promote pain and inflammation.

Change the oil—the chemicals that produce inflammation are made from fatty acids. Certain fats are anti-inflammatory, and some contribute to pain and inflammation. Absolutely avoid hydrogenated and partially hydrogenated oils, avoid trans fats—these are linked to cancer and heart disease, but they are also linked to pain and inflammation²⁸. This is huge, we have all seen that step alone get many people out of chronic pain. Animal fats are also linked to inflammation—eat lean meats, chicken and fish and avoid high fat items like bacon and sausage. Omega 3 fatty acids, like those found in fish oil and in flax seed oil are very useful for reducing pain and inflammation.

Avoid chemical additives. These promote inflammation

Get moving.

ENZYMES FOR PAIN AND HEALING

There is some evidence that taking enzymes can reduce pain and inflammation, and improve healing. This is something that has been studied for a long time, with studies dating back to the 1960s and 1970s. Usually enzymes are taken to aid digestion. When they are taken on an empty stomach, they act to clean up the debris left over from the chemical warfare of inflammation. One study, published in the *Journal of Strength and Conditioning Research* (2007 Aug;21(3):661-7), showed that taking enzymes reduced muscle damage loss of strength after exercise. Another study in *Clinical Experimental Rheumatology* (Jan-Feb 2006;24(1):25-30) compared enzyme supplementation to NSAID use in patients with osteoarthritis of the hip. The double-blind, placebo controlled study lasted six weeks and involved 90 subjects and found that enzyme supplementation to be comparable to the drug in relieving pain, joint stiffness and improving function.

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 amount of time the inflammation persisted post operatively. There was also a reduction in pain. 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 these patients taking 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 another vegetable enzyme (from papaya) to reduce inflammation and swelling after the surgery. In general, treatment with enzymes has little or no side-effects.

**True
compassion
means not only
feeling
another's pain
but also being
moved to help
relieve it.
Daniel
Goleman**

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Patients who make these changes are often amazed at their improvement. Try the dietary advice here for 30 days. It's long enough for you to feel the difference without feeling like you have to change forever. You need to understand that drugs manipulate the body's chemistry to block pain; this is simply a way to control the body's chemistry naturally and reduce pain.

Patients get very good results from following this very simple advice. Some may find the dietary changes difficult, but the results make it worthwhile.

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