# DRUG-INDUCED NUTRIENT DEPLETION

**"You cannot poison a crucial enzyme, block an important receptor, or interfere with a metabolic function for the long term and expect a good result."**

- David Brownstein, MD *Drugs That Don't Work and Natural Therapies That Do*

The issue that we need to consider is not whether alternative or complementary therapies work better than prescription medications. Instead, we need to look at how our medications work in our bodies and their effect on various essential pathways. If you look at the mechanism of action for many of our drugs, you will see terms like "inhibitor," "modifier," "agonist," and other similar terms. These descriptions would indicate a change in a metabolic pathway created by the presence of a drug. When inserted into our essential metabolic pathways, drugs can affect nutrient absorption, synthesis, transport, storage, metabolism and excretion. This is the basis of Dr. Brownstein's statement. What are the ultimate nutritional and metabolic deficiencies that can occur in the body from long-term usage of drugs? Is it possible that drugs, when taken over time, have the potential to create greater problems than the disease state for which they were initially prescribed?

Physicians and pharmacists need to take into consideration the potential nutrient depletions which accompany long-term medication administration. These nutrient depletions can undermine the patient's health and well-being. Nutrients are critical to normal body function! The various vitamins, minerals and other micronutrients provided in our diet fuel the thousands of metabolic processes that occur in our bodies. They are essential for life as we know it.

We know that drug-induced nutrient depletions can be multifactorial. We can identify the nutrient depletions accompanying a particular drug. But what happens when multiple drugs are inserted into the various metabolic pathways in the body? What is the total cost to our nutrient uptake? We also know that problems from drug-induced nutrient depletions can arise several months after beginning a drug. When these problems arise, they may not be connected to the introduction of a medication months earlier. Instead, the problems may be viewed by the physician as a new complaint, creating the addition of yet another drug to the patient's regimen.

Drug-induced nutrient depletions are present in most of our popular drugs. Patients should review their medication profile with their pharmacist, and utilize appropriate nutritional supplementation when necessary. Products such as the "statin" drugs, estrogens, H2 blockers, PPIs, antibiotics and a host of other commonly prescribed drugs should be accompanied by Coenzyme Q-10, B-vitamins, folic acid, magnesium, vitamin K and probiotics, just to name a few of the protective supplements. Advising you on your potential drug-induced nutrient depletions is your pharmacist's responsibility. Inform your pharmacist of all of the medications you are taking, both prescription and over-the-counter.

Wellness Works

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## Your Pharmacist's Responsibility

| DEPLETING DRUGS | DEPLETED NUTRIENT | RECOMMENDED SUPPLEMENTS |
|---|---|---|
| Female Hormones • Anti-Inflammatories Antibiotics | B Vitamins (B1, B2, B3, B6) | Vitamin B-Complex 100 mg Long-Acting Formula |
| Female Hormones • Anti-Ulcer & GERD Drugs Anti-Diabetic Drugs • Aspirin • Stomach Acid Drugs | Vitamin B-12 | Methylcobalamin B-12 Drops<br>Methyl B-12 Lozenges |
| Anti-Ulcer Drugs • Anti-Hypertensives Anti-Inflammatories • Stomach Acid Drugs | Calcium | Calcium & Magnesium Plus<br>Calcium & Magnesium Citrates |
| Female Hormones • Beta Blockers Cholesterol-Lowering Drugs • Anti-Diabetic Drugs Anti-Hypertensives | Coenzyme Q-10 | CoEnzyme Q10 100 mg • Ubiquinol CoQH 100 mg<br>Note: 100 mg/day/per depleting drug used |
| Anti-Ulcer & GERD Drugs • Anti-Convulsants Stomach Acid Drugs | Vitamin D (40-75% of individuals are deficient in vitamin D) | Vitamin D3 1000 IU • Vitamin D3 5000 IU<br>Vitamin D3 Drops 2000 IU |
| Female Hormones • Anti-Ulcer & GERD Drugs Anti-Diabetic Drugs • Anti-Inflammatories Stomach Acid Drugs • Antibiotics | Folic Acid | Folic Acid 800 mcg with Vitamin B-12<br>5-MTHF 1 mg |
| Antibiotics • Anti-Convulsants Anti-Hypertensives • Anti-Inflammatories | Vitamin K | Vitamin K2 |
| Female Hormones • Anti-Hypertensives Lanoxin • Benzodiazepines | Magnesium (68-80% of individuals are deficient in magnesium) | Magnesium Chelate 400 mg<br>Magnesium & Potassium Aspartate |
| Benzodiazepines • Beta Blockers | Melatonin | Melatonin Liposomal Spray • Melatonin 3 mg Long Acting • Melatonin 3 mg with Vitamin B-6 |
| Antibiotics | Gut Flora (70% of immunity is in the gut) | Extra Strength Probiotic • FOS Powder • SporeBiotic Max |
| Female Hormones • Anti-Hypertensives Anti-Ulcer & GERD Drugs | Zinc (Essential for insulin, wound healing, and taste) | Zinc 20 mg • Zinc Lozenges |

Drug-induced nutrient depletion occurs when the medications we take for our various health issues block the absorption, storage, metabolism or synthesis of essential nutrients in the body. When nutrients are blocked or depleted over time, health problems can develop secondary to those depletions. Many of the most popular medications prescribed today can create these drug-induced nutrient depletions.

What can be done about this problem? Your pharmacist is specially trained to recommend supplements that will help offset drug-induced nutrient depletions and their resultant health problems. It is important that you share with your pharmacist all of the medications you are taking – both prescription and over-the-counter. Are you using any of the above medications?

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