[IMAGE]

Drugless Pain Solutions

Easy Ways to Reduce Your Reliance on Over-the-Counter Pain Medications

By David Seaman, DC, MS, DABCN

Americans take an inordinate amount of medication to reduce pain and inflammation, most notably acetaminophen, aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. In fact, it is estimated that each year, Americans purchase literally *billions* of over-the-counter (OTC) anti-inflammatory drugs. How do these medications work? By inhibiting the enzymes that normally convert dietary fatty acids into inflammation-producing chemicals that can cause pain.

So, our dietary choices directly contribute to inflammation, pain and suffering, and then we take medications as a short-term "fix," rather than getting to the source of the problem - poor diet - and making changes. By the way, the side effects from these medications range from intestinal ulcers to reduced bone health, stroke and heart attack. Clearly, it is a good idea to use these medications sparingly.

Painful Diet Choices

The modern diet consists largely of nutrient-free calories: approximately 20 percent from refined sugar, 20 percent from refined flour and 20 percent from refined oils derived from corn, safflower seeds, sunflower seeds, cottonseeds, peanuts and soy. Oh, and don't forget another 10 percent to 20 percent from overweight or obese animals. That means for too many people, 80 percent of the calories they consume promote inflammation and thus pain, and lack any appreciable nutrient quality at all.

The word pain spelled out with barbed wire. - Copyright â Stock Photo / Register Mark It is highly unlikely that taking NSAIDs or supplements will reduce pain and suffering for those individuals who subsist largely on these types of foods. That means the first order of business is to reduce the consumption of foods that cause inflammation and pain. Refined oils and fatty meat are known to contain an excessive amount of omega-6 fatty acids, which are generally inflammatory compared to omega-3 fatty acids. Oily potato and corn chips are excellent examples of foods whose calories are derived largely from the oils mentioned above (which contain only omega-6 fatty acids). In contrast, omega-3s are found in green vegetables, certain seeds (flax, chia and hemp), fish, and wild game or grass-fed animals, from which less than 10 percent of the

average Americans calories are derived.

Alternatives to Pain-Relieving Drugs

Most of our calories *should* come from vegetables, fruit, fish, lean meats and nuts. These foods are the best sources of calories to reduce heart disease because of their anti-inflammatory nature. In 1991, this type of diet was used in a study with patients suffering from rheumatoid arthritis, a debilitating, painful disease, resulting in a substantial reduction in pain.

When considering supplements to help reduce pain, it is important to realize that pain expression is based on physical, psychological,and biochemical factors. From a biochemical perspective, it is important to remember that the chemicals which cause inflammation are the same ones that cause pain. Therefore, our goal with supplementation should be to help reduce inflammation.

Fish oil is one of the more popular supplements on the market today and can be taken by almost anyone who is not taking blood-thinning medications such as warfarin (Coumadin). Studies have shown that supplemental fish oil is helpful for patients with neck pain and back pain, as well as joint pain associated with rheumatoid arthritis, psoriasis, and ulcerative colitis. The common supplemental recommendation is 1-3 grams of EPA/DHA, which are the omega-3 fatty acids found in fish oil. This typically means 2-5 capsules daily if a concentrated fish oil is used for supplementation.

Vitamin D has emerged in recent years as a vitamin that has anti-inflammatory and anti-pain benefits. Autoimmune diseases, such as rheumatoid arthritis, are inflammatory in nature and known to be associated with vitamin D deficiency. Low back pain and widespread pain that can be confused with fibromyalgia are also known to be associated with vitamin D deficiency. We get vitamin D from the sun, but its production is reduced 95 percent when a sunscreen with a sun-protective factor (SPF) of 8 or greater is applied to the skin. There are no foods that contain adequate amounts of vitamin D, so we must either get vitamin D from the sun or from supplements.

Levels of vitamin D in the body [25(OH)D] can be assessed via a simple blood test. The currently accepted normal range of 25(OH)D is 32-100 ng/ml, and there is evidence that 40-60 ng/ml is optimal. For the average person, 2,000-5,000 IU of supplemental vitamin D3 will push levels to at least 40 ng. I personally have taken 10,000 IU per day for three years and get modest sun exposure; my current level is 85 ng/ml. (Vitamin D researchers recently created a nonprofit organization through which individuals can

inexpensively have their vitamin D levels assessed. The cost is a mere $30 per test and can be acquired at www.grassrootshealth.org. **The test kit is sent to your home and results are e-mailed to you.)**

Young woman suffering from low back pain. - Copyright â Stock Photo / Register Mark Magnesium: Ever since I can remember, we have been bombarded with information about calcium, while magnesium is rarely emphasized. This is an odd situation because more than 300 enzymes require magnesium, so it is involved in an inordinate amount of metabolic reactions. From a clinical perspective, the average American's intake of magnesium is well below the recommended daily allowance (RDA) and this has been associated with the expression of numerous conditions including heart disease, hypertension, diabetes, osteoporosis, headache, chronic inflammation, and an increase in nervous system excitability. Approximately 400 mg of supplemental magnesium per day is thought to be adequate for most individuals. (*Note:* The most common side-effect associated with magnesium supplementation is diarrhea; this is a totally individual experience. I take 1,000 mg of magnesium every day and have normal bowel function, while others take 400 mg and get diarrhea. The average person is able to tolerate 400 mg. As always, talk to your doctor before taking any supplement for the first time.)

Probiotics: Research is emerging that implicates poor digestive function with musculoskeletal pain expression. This speaks to the need to drastically reduce our consumption of sugar, flour products and refined oils that are devoid of fiber and known to compromise healthy gut bacteria. Supplementation with healthy bacteria called *probiotics* (*Lactobacillus acidophilus* and *Bifidobacteria*) are known to reduce intestinal inflammation, and for many this translates into less musculoskeletal pain as well.

Ginger and Turmeric: Most herbs that we use to spice our meals are known to have anti-inflammatory functions. The most well-studied in the context of inflammation and pain are ginger and turmeric. Each has been shown to reduce musculoskeletal pain. The most economical way to take ginger and turmeric is with meals as an added spice. However, supplements are available and widely utilized. I personally spice my meals *and* take a ginger/turmeric supplement.

B Vitamins: The creation of cellular energy requires most B-complex vitamins. While B vitamins are not traditionally viewed as anti-inflammatory or analgesic, human and animal research suggests that B-vitamin supplementation may offer pain-reducing benefits. Life is challenging enough without having to deal with the additional burden of physical pain and suffering. Simple dietary and supplement strategies and supplements have brought substantial relief to many individuals - so what are you waiting for? Instead of

turning to drugs for temporary relief to your pain, discuss drugless solutions with your doctor today.

David Seaman, MS, DC, DACBN, is the author of *Clinical Nutrition for Pain, Inflammation and Tissue Healing*. He has a master's degree in nutrition from the University of Bridgeport, Conn., and lectures on nutrition.

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