IS LONG TERM PRESCRIPTION MEDICATION USE SAFE?

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Modern medications have proven to be beneficial in the treatment of acute diseases but they also incur long term risks in the management of chronic diseases and preventive disease programs. In the treatment of "life threatening" (acute) diseases requiring immediate attention, prescription drugs have no practical alternatives. Conversely, for chronic diseases with no "quick fix" cures available, prescription drugs involve time related risks associated with unknown reactions in the multi-complex human bio-system. Integrative and complementary medicine has an important part to play as an alternative or complementary method in reducing such risks. Because of the enormous investment in drug discovery, the only acceptable commercial solution for them is to compensate for such long term risks through the introduction of even more single compound pharmaceutical products. This intransigent approach ensures the survival of pharmaceutical medicine, even though it appears to exacerbate the problem. The conflict between commerce and public health considerations continues.

Our current medication system views single organic compounds either directly or by binding to active biopolymers as the only viable method of treating disease. No other systems are considered viable. It is universally agreed that such drugs have unintended deleterious reactions (side effects) in the human bio-system. The gravity and frequency of these negative events are viewed as rare occurrences by conventionalists. Conversely, several scientists argue that such occurrences are much more frequent with long term use of prescription drugs, particularly when large numbers of drugs are prescribed. They claim that serious negative effects are grossly understated as evidenced by large numbers of drug related deaths, recorded annually. They conclude that in the case of treating chronic diseases, the benefits of prescription drugs are greatly offset by significant side effects. For this reason, the application of complementary alternative medicines as distinct from their total exclusion requires urgent review as a means of reducing such risks. Logically, the so called "risk reducing" or "preventive medications" pose additional risks themselves. They provide few practical health

benefits. The risks of preventing disease or the onset of disease are exchanged for the attendant risks of the single compound drugs themselves. Choose your category of risks?

The purpose of medicines is to remedy disease or negative health conditions. Ideally, this is achieved most directly by blood stream circulation of medicinal components to the affected sites in our bodies. The objective should be to supply the minimum required amount (avoiding toxicity) of the medication to eliminate or counteract the disease proponents. Clearly, the intravenous route provides maximum (100%) bioavailability in the bloodstream. So why are most medications delivered via the digestive system, essentially disguised as foods? The immediate answer points to cost and convenience as a priority over effectiveness and safety. Is it a viable way of medicating patients? Yes, it works but with several attendant problems. The following questionable assumptions are made in justification of today's conventional system.

That the medication will function as designed, without serious negative effects to the patient. Potential side effects are recognized, but are considered to rarely occur.

The potential for undesirable occurrences will be managed by regular monitoring of patients undergoing prescription drug treatments.

The benefits to patients will greatly outweigh the attendant risks, whatever they may be.

Interactions between prescribed medications, food and genetic effects can be recognized and managed successfully.

Several counter arguments are listed below:

The medication will likely perform as designed through a specific pathway, but also through other unintended pathways not necessarily predictable, with effects yet unknown, the seriousness of which remains undefined.

Management by regular monitoring from blood tests determining organ function provides the minimum safety consideration but does not account for negative effects, neither readily recognized or with sufficient testing frequency.

Logically, unless the full extent of the risks is known over time, there is no scientifically acceptable means of assessing the true benefit/risk ratio.

Interactions between drugs and drugs, drugs and foods and both of these in relation to individual genetics are potentially numerous and generally unknown.

The Conventional System

Based upon single small organic molecules, designed to bind with substrates of larger active molecules, they function in some known pathway of disease activity. There is acknowledged existence of "side effects" which are considered rare in occurrence and with good benefit/risk ratios.

The Alternative System

Based upon a multi compound natural activity where several compatible pathways are involved in the treatment, it is a non drug system. Whole foods and supplements are employed to treat disease. Typical "side effects" are not evident except in the case of certain food allergies.

The Conventional View

The benefits of prescription medications far exceed the rarely occurring risks or side effects. Efficacy and safety are determined during clinical tests of finite duration. Longer term negative events can only be known over time and are not expected to be either significant or frequently occurring.

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The Alternative View

Neither the benefit nor risks of the conventional system have been scientifically measured and therefore remain biased in favor of the system. Consequently, the high risk of yet unknown "side effects" (both grave and minor) cannot be managed effectively in practical terms.

The Common Sense View

Neither of these extremely opposing views is likely to represent an acceptable approach. The actual solution lies somewhere between them. Logically, the conventional system includes life saving benefits with an unknown number of offsetting negative events. Consequently, both physician and patient decisions

require the application of “state of the art” risk analysis. Such techniques are available, but are not yet fully adopted. Such “state of the art” methods should be immediately put in place. A simple solution is to apply both systems in a combined or integrated system including complementary medicines. The primary use of prescription medicines should be for acute diseases, where the benefits are generally recognized and the length of treatment period is relatively short, justifying acceptance of the potential risks. Conversely, for chronic diseases and health condition requiring long medication treatment regimens, the risk elements related to prescription drugs are significantly high.

Under these circumstances the application of alternative medications in conjunction with limited use of prescription drugs provides a common sense compromise.

Dr. Badanek has been and currently is 35 years into active/private practice in the Ocala/Marion County, Florida region. Find him online at Dr.Badanek.com and wwww.alternativewholistic.com, and see what the facility has to offer the sick and health challenged. To schedule an appointment call 352-622-1151