

## BEYOND ANTIBIOTICS

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Beyond Antibiotics is the title of a book by two medical doctors, Keith Sehnert and Lendon Smith. These gutsy authors challenge one of the most sacred cows of conventional medicine, the widespread use of antibiotics. I have found antibiotics are very rarely needed, and most often they are very harmful. I have drawn information from the book to write this article.

Doctors prescribe antibiotics at what can only be termed an incredible rate. According to several studies done around the year 2000, obstetricians and gynecologists wrote 2,645,000 antibiotic prescriptions every week. Internists prescribed 1,416,000 per week. This works out to 211,172,000 prescriptions annually, just for the two specialties! Pediatricians prescribe over \$500 million worth of antibiotics annually just for one condition, ear infections.

The intent of this article is not to suggest that antibiotics should never be used. They can be life-saving. However, many health authorities are beginning to admit that antibiotics are overprescribed and toxic, creating many subtle problems that are worse than the original condition. Let us examine antibiotics more carefully in light of recent findings.

## MYTHS ABOUT ANTIBIOTICS

Among the prevalent myths about antibiotics are the following three:

Myth #1. Antibiotics are responsible for the decline in infectious disease. The truth is that antibiotics are helpful for many infections. However, antibiotics have not resulted in the elimination of infectious diseases by themselves.

In fact, we now have antibiotic-resistant diseases that are much more difficult to treat as a direct result of the use of antibiotics such as certain strains of gonorrhea and tuberculosis, as well as many others that are less well known such as MRSA, a resistant strain of streptococcus. These cause many deaths, especially in hospitals.

In Beyond Antibiotics, the authors use graphs to trace the incidence of the major infectious diseases from 1900 to 1973. The diseases include measles, scarlet fever, tuberculosis, typhoid fever, pneumonia, influenza, whooping cough, diphtheria and polio.

All were in decline for several decades before the introduction of antibiotics or vaccines. After reviewing the data, researchers John McKinlay and Sonja McKinlay at Boston University concluded that "... at most, 3.5% of the total decline in mortality since 1900 could be ascribed to medical measures introduced for the diseases considered here". Improved nutrition and improved sanitation and hygiene were far more important than the 'wonder drugs' or vaccines to reduce these diseases.

Myth 2. Antibiotics are useful against colds and flu. In truth, antibiotics are only helpful for bacterial infections. However, many physicians continue to prescribe

them for viral conditions such as colds and flu. The rationale is to prevent secondary bacterial infection. This would be fine, except for myth #3 below, the dangers of antibiotics.

Given the dangers of antibiotics, it is prudent in most cases not to take antibiotics for colds and flus. They can worsen the situation and prolong recovery.

Myth #3. Antibiotics are harmless. This is the most insidious myth. It leads to overprescribing and blinds physicians and the public to the dangers of antibiotics, described in the next section. Meanwhile, safer methods of avoiding and treating infections are ignored on the premise that the antibiotics will take care of everything.

The Physicians Desk Reference lists the adverse effects of antibiotics. Anyone who is taking an antibiotic (or any other medication) should read about the adverse effects. This can help prevent nasty surprises.

The interaction between antibiotics and other medications should also be noted. In addition to the side effects and cautions described in books, antibiotics present other problems that are described below.

## PROBLEMS WITH ANTIBIOTICS

The list of problems with antibiotics is quite long. Some are common and well known. Others are subtle, but no less important. I have divided the adverse effects into nine categories:

1) They contribute to cancer. A 2008 study of 3,000,000 people divided the participants into groups that had taken no antibiotics for the past two years, those that had taken 2-5 prescriptions and those that had taken six or more prescriptions in the same time period. Participants were tracked for six years afterwards. Those who had taken 2-5 antibiotic prescriptions had a 27% increase in cancers compared to those who took none. Those who took six or more prescriptions had a 37% increase in cancers. This was a carefully done study on a large group of people and published in a very reputable journal (Int J Cancer 08;123:2152-2155).

Other studies show the same thing. A National Cancer Institute study in a major medical journal found that the incidence of breast cancer doubled among women who took more than 25 antibiotic prescriptions or took antibiotics for more than 500 days over 17 years (JAMA 04;291:827-835).

2. Allergic Reactions. I used to worry every time I prescribed penicillin when I was a medical intern. It had been explained that rarely a patient would have a fatal allergic reaction to it. I was taught that if I practiced medicine long enough someone would die in my office after a shot of penicillin.

While this is uncommon, other allergic reactions to antibiotics occur frequently. Not only can the drug cause a reaction, but most antibiotics contain chemical colors, sugar and other additives that can trigger a reaction in sensitive individuals.

3. Destruction Of Beneficial Bowel Flora. Like pesticides, antibiotics kill good bugs along with the bad ones. Wide-spectrum antibiotics are notorious for this. The human intestine has a somewhat delicate ecology in which certain bugs help digest food, produce certain vitamins, and maintain a balance of organisms that prevents harmful bacteria and yeasts from multiplying.

Wide-spectrum antibiotics derange the normal ecology of the intestine. This can cause parasitic infection, vitamin deficiencies, loss of minerals through diarrhea, inflammation of the gut, malabsorption syndromes and development of food allergies due to defects in intestinal function.

4. Development Of Resistant Species Of Micro-organisms. An article in Science Magazine, August 1992, stated, "Doctors in hospitals and clinics around the world are losing the battle against an onslaught of new drug-resistant bacterial infections including staph, pneumonia, strep, tuberculosis, dysentery and other diseases that are costly and difficult, if not impossible, to treat".

Bacteria have a certain ability to mutate. Antibiotics kill bacteria that are susceptible to their action, but this leaves the field open for mutant strains to multiply even more. It is a case of survival of the fittest. The use of antibiotics actually encourages the development of the mutant, drug-resistant super-bacteria.

5. Immune Suppression. This may sound odd, as the purpose of antibiotics is presumably to help the immune response. However, evidence indicates that people treated with antibiotics have more repeat infections than those who are not treated. This is especially true of children whose ear infections are treated with antibiotics. Vitamin A and C and the use of simple herbs such as echinacea and astragalus, for example, are much safer and often equally effective.

In fact, antibiotics do not aid the immune system. They replace one of its functions. Antibiotics act by inhibiting certain enzymatic processes of bacteria, and by changing mineral balances. Normal cells, however, are also affected. This may be one reason why antibiotics weaken the immune response. Other toxic effects of antibiotics, such as the effect upon the normal bowel flora, may also be a cause.

AIDS research indicates that a risk factor for AIDS is an impaired immune response. This can be due to a history of repeated antibiotic use. Perhaps it is no accident the same group with the highest incidence of AIDS, male homosexuals as of 2009, is also a group that uses more antibiotics than other groups in America.

The link between antibiotic use and increased cancer rates can also be explained this way. This topic is discussed in the paragraphs above under #1.

6. Overgrowth of Candida Albicans And Other More Dangerous Intestinal Infections. Normally, candida albicans, a common yeast, lives peacefully in our intestines and elsewhere, in harmony with other flora that keep the yeast in check. Take an antibiotic and all of this changes. By suppressing the normal flora, candida takes over and problems begin. In its mild form the result is diarrhea or a yeast infection.

Far more serious is the growing problem of chronic muco-cutaneous yeast infection. This is described in books such as The Yeast Connection and The Yeast Syndrome. It is a major iatrogenic illness today, and a very debilitating and

potentially fatal condition. One of the prime risk factors for chronic candida infection is repeated antibiotic use.

Even more dangerous is that antibiotic use opens the intestines to infection by other species of pathogenic or disease-causing bugs, parasites, yeasts and other types of organisms ranging from amebas to far more toxic ones that can cause all types of systemic damage, as well as damage to the intestinal lining and related areas.

7. Chronic Fatigue Syndrome. This is another 'new' health plague. It is associated with chronic viral illness and a weakened immune system. While its exact origins are not clear, one of the major risk factors for chronic fatigue syndrome is - you guessed it - repeated antibiotic use.

8. Nutrient Loss And Resulting Deficiency States. Nutrient loss from antibiotics is due in part to diarrhea, which causes a loss of essential minerals. Destruction of friendly bacteria in the intestines can also impair the synthesis of certain vitamins in the intestines. While not a major cause of malnutrition, antibiotic usage may be another factor contributing to poor nutrition and thus a weakened body chemistry.

9. Treating Effects, Not Causes. Antibiotics only address the end-stage result of a weakened body chemistry - bacterial invasion. The bacteria may only be there to "mop up" the biological debris that are present because the body is too weak to eliminate the poisons.

Fever is one way the body burns up toxic substances. Providing it does not get out of hand, the infectious process can serve a useful purpose. Cutting short the process with antibiotics aborts the cleansing function of a fever and impairs long-term health.

Not true, you might say. However, I believe it is true in some cases because on tissue mineral tests, there are clear indicators of increased susceptibility to infections. The indicators are: 1) a low energy level, 2) a low sodium/potassium ratio, 3) toxic levels of mercury, copper, or cadmium, and 4) low zinc.

In hundreds of cases, when these imbalances are corrected, the tendency for infections decreases drastically. In other words, healthy people do not get as many infections. Infections do not strike randomly. There is a logic to infections, and the underlying causes can be addressed.

This line of reasoning traces back to the famous debate between Pasteur and Beauchamp. Dr. Pasteur insisted that germs are the cause of disease. His colleague, Beauchamp, insisted that the health of the host was more important than the germs.

On his death bed, Pasteur was said to have declared that Beauchamp was correct - "the host is everything, the germs are nothing". Orthodox medicine, however, embraced Pasteur's view, and ignored Beauchamp. It is time to focus more on the person, and less on the germs.

10. High Cost. While the cost of a single antibiotic prescription may not be extremely high, newer ones are somewhat costly. The costs are high when the side effects are considered, along with the sheer numbers of prescriptions that are written around the world each day , month and year.

Millions of doctor visits and prescriptions for antibiotics add up to a major expense. While penicillin is not expensive, other newer antibiotics are quite costly.

These newer antibiotics are used more frequently today due to the presence of penicillin-resistant strains of bacteria. We must also include in the cost of antibiotics the cost of allergic reactions, candida albicans infections, repeat infections, development of resistant organisms and immune suppression.

The cost is justified if life is at stake. However, if less toxic and less costly alternatives can be used, shouldn't these be tried first? Bringing health care costs under control is not just a matter of eliminating waste and inefficiency. We need methods of healing that build up the health of the people, not tear it down.