



Antibiotics: over-prescribed and over-rated!

Antibiotics save lives, no question. But little could Alexander Fleming have anticipated, when he happened upon penicillin in a lab in 1928, that they could end up being 'one of the greatest threats to patients' safety' nearly a century later. This statement is made, not by quacks but by the government's own website, nhs.uk. And such is the scale of the problem of antibiotic resistance that all through Europe there is an Antibiotic Awareness Day every year on 18 November to try to cut use of the drugs. Plus, having uncovered that two-thirds of all prescriptions for antibiotics are made in error, the Government has recently set up the Review on Antimicrobial Resistance.

Five reasons to think twice

1. **Antibiotics kill all your gut flora** As adults we have 3-4lb of beneficial bacteria and yeast (the bad guys) living in our intestines. These microbes compete for nutrients from the food we eat. In good health the beneficial bacteria both keep the yeasts in check and cause them to produce nutrients such as the B-Vitamins. However, every time you swallow antibiotics you kill the beneficial bacteria as well as those causing your infection, upsetting the delicate

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balance of your intestinal terrain. This allows the yeasts (most particularly pseudomonas, clostridium, klebsiella and, probably the most virulent, candida) to grow unchecked – they're opportunistic organisms and, as the intestinal bacteria die, they thrive, especially when their dietary needs are met by sugar and sweet foods. Sure sign that the bad guys have taken over is thrush.

2. **Gut flora suffers for two years** Unfortunately, good flora are so vulnerable to antibiotics that, in mice, a 'single injection of streptomycin can eradicate their protective effect'¹. This blow to the system lasts not just for a month or so, as commonly believed – our natural immunity can be impaired for up to two years after taking antibiotics, according to a study by the Swedish Institute for Infectious Disease Control². And this leaves us more open to yet more infection.
3. **This causes serious side-effects and possibly chronic disease** As well as depleting our immune system, damage these parasitic yeasts can cause includes:
 - Thrush
 - Intestinal disorders such as IBS
 - Leaky gut syndrome: the yeasts use their tendrils, or hyphae, to literally poke holes through the lining of your intestinal wall
 - Obesity: they thrive on sugar so nutritionists believe that, as well as radically changing our gut landscape, they also change our appetite, encouraging us to binge on carbohydrates and gain weight
 - Allergies: according to the 2001 Allergy and Asthma Report, 'increased antibiotic use in human infancy may be associated with increased risk of developing allergies'. Hence the number of people who suddenly acquire sensitivities to certain foods.
 - Increased risk of infection.

Some believe that, once the harmful bacteria have taken over, they are contributory to many of our chronic diseases such as diabetes and heart disease.

4. **Many illnesses are resistant to antibiotics** Bacteria are canny organisms: when under attack they mutate. For many years the introduction of new antibiotics outpaced this mutation process and the development of illnesses resistant to antibiotics. However, recently antibiotics have been rendered less and less effective. In the States at least two million people annually 'acquire serious infections with bacteria that are resistant to one or more of the antibiotics designed to treat those infections'³. And at least 10,000,000 people will die per year, worldwide, by 2050 from antibiotic-resistant infections.

This is compounded by the fact that antibiotics are rife in everyday life. Even when we aren't taking them we're unwittingly absorbing them – in our soil (hence our veg), our water system and, due to intensive farming, our food. In a survey in the States researchers discovered that nearly half of meat and poultry sold in shops was contaminated by antibiotic-resistant staph infections (cause of pneumonia and sepsis). Although the bacteria are usually killed in cooking, researchers fear that some of the bugs may be left on kitchen surfaces during preparation⁴.

5. **Repeated doses make things worse** One of the top reasons children come to my practice is repeated ear infections. Sometimes children have had up to 10 rounds of antibiotics by the time they are two; yet, as parents come to realise, the drugs have had little benefit and in many cases have only made the problem worse.

This is borne out by research⁵. In a double blind study, conducted at the University of Utrecht, 121 children with chronic middle ear infections were given either the antibiotic co-amoxiclav or a placebo over seven days. 'The most striking result of this study,' concluded researchers, 'is that even in a population of children aged 6 months to 12 years prone to otitis media the natural course of the clinical improvement is not different from the course when co-amoxiclav is prescribed.'

In fact, giving antibiotics seems to make it all the more likely your child will have a further ear infection. Researchers at the University of Pittsburgh examined the effects of antibiotics on 'secretory', or weeping, otitis media in children aged 7 months to 12 years. Once again the antibiotic amoxicillin (whether used with or without a decongestant antihistamine) was found to be 'not effective' for the treatment of persistent middle ear infection in both infants and children. 'Furthermore,' said the study, 'recurrence rates were significantly higher in the antibiotic-treated group than in the placebo group. Six weeks after antibiotic treatment the number of children without effusions was about the same in each group.'

When not to take antibiotics

Despite the doom and gloom warnings, antibiotics are still over-prescribed. GPs are caring folk and they want to make you better, but times when a prescription is misplaced are:

a) 'Just in case'

Before receiving test results that identify the actual cause of infection, antibiotics are routinely given when they may not be needed.

b) Routinely after procedures

You are right to question routine antibiotics after minor ops and dental work.

c) When the illness is self-limiting

Many ailments for which antibiotics are given will resolve themselves in any case, without treatment, given a short amount of time to run their course. Especially if you have homeopathic treatment...

d) When it's a virus

One study estimated that 80 per cent of antibiotic prescriptions are written for ailments, such as viruses, that the drugs cannot treat⁶. If you take an antibiotic when you actually have a viral infection the drugs will kill beneficial bacteria, which can then promote antibiotic-resistant properties in harmless bacteria that will be shared with other bacteria.

Common viral infections that do not benefit from antibiotic treatment include:

- colds
- flu
- bronchitis
- most coughs
- most sore throats
- some sinus infections
- stomach flu (viral gastroenteritis)
- some ear infections

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And if you do have to take them...

Simple steps to take:

1. Take a probiotic (I have a range in stock, or from health food stores) after finishing the course of antibiotics. This injects a healthy dose of beneficial bacteria back into the gut.
2. Avoid sugar and sweet foods - these only feed the harmful bacteria.
3. If you have had repeated courses of antibiotics, take an off-the-shelf antifungal such as olive leaf extract, garlic or caprylic acid; go on an anti-candida diet (details on request if you phone or email me); then go back onto a long course of probiotics (I would recommend for three months).
4. Keep your bowels moving with fibre-rich psyllium husks. This will keep your digestive tract as clear as possible until you can repopulate it with friendly bacteria.

Sources:

1. *Mandell. Principles and Practice of Infectious Diseases. 2000*
2. *Microbiology 2010; 156: 3216-23*
3. *2013 report by the Centers for Disease Control and Prevention, US*
4. *Clinical Infectious Diseases 2011; 52: 1227-30*
5. *Journal of Antimicrobial Chemotherapy 2007; 60 [suppl 1]: i3-i90*
6. *Clinical Evidence 2000*

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