



DEAR PHARMACIST



By Suzy Cohen, R.Ph.

QUESTION: Recently, when I had some dental work done, the dentist gave me a prescription for antibiotics. By the end of the week, my stomach really hurt. Could antibiotics cause that? --M.S. Sanibel, Florida

ANSWER: Pretty darned likely! Antibiotics do a great job of killing off just about all the bacteria in your body, including the beneficial ones. You may not be aware that your whole gut is full of bacteria that serve several important functions, including helping you to digest your food and to form important nutrients that your body needs, such as vitamin K and B12. There are more microorganisms in your intestines than there are cells in your body.

Once the antibiotic sweeps your intestines clean of beneficial bacteria, any stray yeasts that happen to be living in your intestines suddenly have more room to grow and thrive. This can result in an uncomfortable yeast infection. If the yeast is *Candida*, you could be dealing with the unpleasant effects for years to come. That's one reason I'm so opposed to unnecessary antibiotic prescriptions. The one for your dental work may have been necessary, but please, never ask your doctor for antibiotics to deal with a cold or flu, which are caused by viruses.

Antibiotics zap bacteria, not viruses. Well-meaning doctors cave sometimes and prescribe antibiotics to flu patients who hint for it. Antibiotics are hard on your body for a number of reasons, so unless you really need it, please don't take it.

Which reminds me, if you do need it, then make sure you com-

pletely finish what's in that bottle. Don't stop taking the antibiotic as soon as you're feeling better. There's a reason. Antibiotics typically kill off the weaker germs first. If you stop too soon, the only survivors will be the tough guys... the ones who fight back with a fury. So you could wind up with a dangerous, antibiotic-resistant infection, and that spells trouble, possibly even hospitalization.

If antibiotics cause nausea, diarrhea or abdominal pain, you should let your doctor know. You may be given an alternative medication that your system tolerates better. Stop your antibiotic if you experience symptoms such as itching, hives, or breathing difficulties. These are signs of a dangerous allergic reaction.

People who take antibiotics should also take a dietary supplement called a "probiotic" in between doses of the antibiotic. Good brands contain multiple strains of beneficial bacteria that replace the ones that the antibiotic kills off. You can find over-the-counter probiotics at your health food store. Follow directions on the label and continue for several weeks afterwards if not indefinitely. Some of the more effective (and least allergenic) formulas include Dr. Ohhira's Probiotic Plus *Saccharomyces Boulardii* and New Chapter All-Flora.

DID YOU KNOW? Asthmatics with insufficient vitamin D are 50 percent more likely to be hospitalized for an asthma attack.

(This information is not intended to treat, cure or diagnose your condition. Suzy Cohen is the author of "The 24-Hour Pharmacist." For more information, visit www.DearPharmacist.com)

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MEDICAL EDGE



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No Matter the Cause, Symptom Relief from Chronic Sinusitis is Available

DEAR MAYO CLINIC: Can doctors tell if a sinus infection is bacterial or fungal? I've heard that some chronic infections can be related to a fungus.

ANSWER: Using lab tests, doctors can differentiate between a sinus infection that's caused by bacteria and one caused by fungus. Most acute sinus infections aren't caused by fungus. Sometimes, they're due to bacteria. More often, though, they result from viruses, like those that cause colds or other respiratory tract infections. Fungal sinus infections are rare and are mainly seen in people whose immune systems aren't working normally, such as those who've had chemotherapy or an organ transplant.

The second part of your question about chronic infections being associated with a fungus is actually related to another topic: chronic sinusitis. Some people who have sinus symptoms, such as a stuffy nose, nasal drainage and a decreased sense of smell, assume they have a sinus infection. If the symptoms appear after a cold, that may be true. An infection caused by bacteria, can often be effectively treated with antibiotics. Viral infections typically go away without treatment. And once an infection is gone, symptoms usually fade. But if nose and sinus symptoms persist longer than 12 weeks, the condition is classified as chronic sinusitis. Probably what you've heard about is that some research has linked chronic sinusitis to fungus.

Doctors used to believe that chronic sinusitis was a bacterial sinus infection that couldn't be effec-

tively treated. But then it was found that steroids - medications used to reduce inflammation - could temporarily clear sinusitis even in patients who didn't take antibiotics. Because steroids won't usually clear an infection, the logical conclusion was that, more likely, the problem was something causing inflammation in the sinuses.

The key question is: What drives the inflammation of chronic sinusitis? Various causes have been proposed, including allergies, irritants, an immune reaction to fungus, a reaction of the immune system against a toxin made by bacteria, and persistent inflammation of bone.

What you've heard about fungus being related to sinusitis is likely due to research done at Mayo Clinic that started more than 10 years ago. That research pointed to the possibility that, in some people, a fungus in the air may lead to chronic sinusitis. These people appear to have a change in their immune systems - possibly triggered by a previous cold or other respiratory infection - that causes part of their defense system, called eosinophils, to attack the fungus.

Eosinophils are one of the major types of disease-fighting white blood cells. Eosinophils usually attack parasites and aren't usually active when your body is fighting a viral, bacterial or fungal infection. But for reasons that are still under investigation, in some situations the body's immune system is altered slightly, and a certain protein in the fungus appears to the immune system to be just like a

parasite. So, eosinophils attack it. Actually, the "problem" is just a mild-mannered fungus that most people have no reaction to when they breathe it in. But the resulting immune response in the people who are affected can cause the inflammation and symptoms of chronic sinusitis.

If you have chronic sinusitis, no matter what the underlying cause, treatment is available to relieve symptoms. For example, saline nasal spray may be used to rinse nasal passages and decrease the presence of triggers. Nasal corticosteroid sprays can be helpful in reducing inflammation. When sinusitis is severe, oral or injected corticosteroids may be necessary to decrease symptoms. It's also possible to get a bacterial infection on top of the inflammation, and that can be treated with antibiotics.

If you have ongoing sinus symptoms and suspect chronic sinusitis, see your doctor for an assessment of your condition and a treatment plan that fits your situation. - John Pallanch, M.D., Otorhinolaryngology, Mayo Clinic, Rochester, Minn.

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