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"treating the cause of your problem, not just the symptoms"

NSAIDs and Ulcers

A peptic ulcer is a sore that forms in the lining of the stomach or the duodenum (the beginning of the small intestine). An ulcer can cause a gnawing, burning pain in the upper abdomen; nausea; vomiting; loss of appetite; and weight loss. Most peptic ulcers are caused by infection with the bacterium *Helicobacter pylori* (*H. pylori*). But some peptic ulcers are caused by prolonged use of nonsteroidal anti-inflammatory drugs (NSAIDs) or pain relievers such as **Aspirin, Ibuprofen, Motrin, Alleve, and Naproxen**. NSAIDs cause ulcers by interfering with the stomach's ability to protect itself from acidic stomach juices.

Normally the stomach has three defences against digestive juices: mucus that coats the stomach lining and shields it from stomach acid, the chemical bicarbonate that neutralizes stomach acid, and blood circulation to the stomach lining that aids in cell renewal and repair. NSAIDs hinder all of these protective mechanisms, and with the stomach's defenses down, digestive juices can damage the sensitive stomach lining and cause ulcers.

NSAID-induced ulcers usually heal once the person stops taking the medication. If a person with an NSAID ulcer also tests positive for *H. pylori*, he or she will be treated with antibiotics to kill the bacteria. Surgery may be necessary if an ulcer recurs or fails to heal, or if complications like bleeding, perforation, or obstruction develop.

In the past several years, some newer medications have come on the market; these are commonly referred to as COX-2 inhibitors (**Celebrex, Vioxx, Bextra**). These newer NSAIDs are believed to have less of a risk of causing stomach ulcers. Therefore, they have the benefit of possibly having fewer side effects, but not necessarily better relief from arthritis symptoms. However, there are now lawsuits against the manufacturer of one or more of these drugs because it is believed that they double your risk of heart attacks and strokes.

Regardless, anyone taking NSAIDs who experiences symptoms of peptic ulcer should see a medical doctor for prompt treatment. Delaying diagnosis and treatment can lead to very serious complications and the need for surgery.

When one of my patients asks me if they should continue to take these drugs, I have to say that there is no single answer for everyone. Furthermore, and much to their disappointment, I typically answer with another question. I ask them if they are doing everything they can to prevent these arthritis symptoms from occurring in the first place. Do they need to drop twenty or thirty pounds to reduce the daily stress on their arthritic joints? Do they need to become more active? Do they do stretching and mobilization exercises? Do they see their chiropractor regularly? Do they avoid activities that aggravate their condition? If they made the appropriate lifestyle changes necessary to prevent the arthritis symptoms from occurring in the first place, perhaps they would not need to take the drugs at all. Although this sounds simple and logical, too many people are not willing to do it. They simply look for the easiest and fastest solution, even if it carries a risk with it.