

MURPHY—TYLENOL

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"Acetaminophen hepatotoxicity far exceeds other causes of acute liver failure in the United States."

Acetaminophen is the most widely used analgesic in the United States, and can cause severe hepatic necrosis leading to acute liver failure.

Fasting and alcohol use enhances acetaminophen toxicity to liver failure.

Early ingestion of NAC (N-acetyl-cysteine) is effective treatment, preventing hepatotoxicity and death. "N-acetyl-cysteine (NAC) can prevent hepatic injury if given within 12 hours of a single ingestion."

Factors that deplete glutathione (illegal and legal narcotic use, other drug use [metal toxicities, etc.]) increase chances of acute liver failure from acetaminophen ingestion. [Very Important]

Some patients suffered acute liver failure with ingesting as little as 1.2 mg of acetaminophen. [Very Important, as that is less than 3 Extra Strength Tylenol tablets.]

7% of subjects suffered acute liver failure from taking 4 g acetaminophen per day. [Important, because this is within labeling guidelines.]

53% achieved acute liver failure from ingesting over-the-counter acetami-

nophen products.

44% of the subjects used a "prescription acetaminophen/narcotic compound (e.g., Vicodin)." [Important]

"Acetaminophen poisoning has become the most common cause of acute liver failure in both the United States and the United Kingdom." [Important]

The percentage of all acute liver failure cases due to acetaminophen has nearly doubled in 6 years.

"Patients with chronic pain appear to be particularly susceptible" to acetaminophen overdose and acute liver failure. [Important]

The numbers of acute liver failure reported in this study are conservative/low.

36% of Americans ingest an acetaminophen-containing compound at least once a month, adding up to millions of tablets consumed on a daily basis.

Consistent use of as little as 7.5g/day of acetaminophen is hazardous.

Efforts to limit over-the-counter acetaminophen package size and to restrict the prescription of narcotic-acetaminophen combinations [like Vicodin] may be necessary to reduce the incidence of acute liver failure in the United States.

In the July 5, 2006 issue of the *Journal of the American Medical Association*, researchers from multiple medical schools assessed the incidence of ab-

normal liver enzymes that occurred as a consequence of taking 4 g of acetaminophen per day for a period of between 4-14 days⁹. This is important because 4 g per day of acetaminophen is considered safe. The acetaminophen was primarily in the form of Extra Strength Tylenol or an opiate-acetaminophen combination [Vicodin]. These authors note:

Aminotransferase Elevations in Healthy Adults Receiving 4 Grams of Acetaminophen Daily

Journal of the American Medical Association
July 5, 2006

Ingesting 4 g of acetaminophen daily has been considered to be safe.

Acetaminophen liver damage risk can be assessed by evaluating liver enzymes in the blood.

Important liver enzymes that indicate liver damage elevated more than 3 times the upper limits of normal in 31% to 44% of healthy volunteers given 4 g of acetaminophen (Extra Strength Tylenol) or 4 g of acetaminophen in a opioid combination [Vicodin] for a period of 4-14 days.

Treatment with acetaminophen alone at the recommended maximal dose of 4 g per day also produced frequent elevations of liver enzymes, indicating liver injury. [Very Important]

These authors conclude that the elevated liver enzymes observed were the result of acetaminophen treatment at 4 g daily. [Important]

Hispanics may be more susceptible to injury by acetaminophen than other races. [Important]

There are three nutritional strategies to boost levels of glutathione to protect oneself or patients against the toxicity of acetaminophen (Tylenol) and other drugs, as well as protect our bodies from other toxins such as mercury, lead, cadmium and aluminum⁵:

1. Take B6, B12, Folic Acid: they help the body convert the harmful amino acid homocysteine into the beneficial amino acid cysteine. Cysteine is the rate-limiting factor in the construction of the antioxidant/detoxifier glutathione. (I use Complete Omega-3 Co-Factors From Nutri-West: 800-443-3333).
2. As noted above, take N-Acetyl Cysteine, or NAC. (I use Complete Glutathione From Nutri-West: 800-443-3333).
3. Consume undenatured whey protein. According to Dr. Gutman⁵, undenatured whey protein is probably the best method to elevate one's levels of glutathione. The Nutri-West product is called Complete Whey-G.

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WFC ELECTIONS

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Hayward, Calif., and as "Chiropractor of the Year" by the ICA in 1992. He has received numerous state, regional, national and international acknowledgements and awards for his efforts in the chiropractic profession. Dr. Clum has testified before various Congressional panels and subcommittees in the US and lectured on current and future trends of the chiropractic profession throughout the United States, Canada, Australia, New Zealand, Africa and Europe.

Other new officers

Important among the actions taken at the meeting in Johannesburg was the election of the Executive of the WFC each of whom will serve a two-year term in their newly elected posts. Following the pattern of past elections those elected ascended through the chairs of the WFC. Gerard W. Clum, D.C. representing the International Chiropractors Association (ICA) in the North American region who has served as First Vice-President was elected President; Stathis Papadopoulos, D.C. representing the Eastern Mediterranean region following a term as the Second Vice President was elected to the post of First Vice President; Michael Flynn, D.C. representing the American Chiropractic Association (ACA) in the North American Region was elected Second Vice President following the completion of a term as Secretary-Treasurer of the Federation. The new addition to the Executive is Dennis Richards, D.C. as Secretary-Treasurer representing the Pacific Region. Dr.

Richards currently serves as the President of the Chiropractic Association of Australia.

The Council also chose to formalize the position of past-president on the Executive of the WFC. Since the early 1990s when the WFC first had a past-president this person has served in an advisory capacity on the Executive of the organization. As a result of this action, Anthony Metcalfe, D.C. assumed a position on the Executive of the WFC as past-president. Dr. Metcalfe has served the Council of the WFC as the representative of the European region.

In addition to the changes in the Executive noted above there were also a number of changes to the composition of the Council and several announcements regarding upcoming Council elections in two regions. Kerwin Winkler, D.C. a member of the Council representing ACA in the North American region was unable to participate due to a recent illness. In his stead Keith Overland, D.C. of Connecticut represented ACA on the Council. Also new to the Council was Greg Stewart, D.C. of Winnipeg, Manitoba who has assumed the position formerly held by Paul Carey, D.C. of Ontario. Dr. Stewart represents the Canadian Chiropractic Association from the North American region.

Two Council members, Dr. Bruce Vaughan representing Asia and Dr. Chris Neethling, representing Africa indicated that they did not intend to stand for reelection later in the year. Dr. Vaughan, who has gone through the chairs of the Federation, is one of two persons to have served on the Council since its formation in the late 1980s. The other founding Council member still serving is the WFC's newly elected president, Dr. Clum.

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