

## Drug Resistant Bacteria

Dear Editor:

I read the article “Are ‘doomsday bugs’ upon us?” (Asheville, NC *Citizen-Times* December 28, 2003) with great interest. As a naturopathic physician, I am a biased audience. My training focuses on strengthening the body’s inherent ability to get and remain healthy. While I have in other parts of the country held the “privelege” to prescribe antibiotics, I have done so with exceeding infrequency. I hope this letter increases the public’s understanding (and hopefulness) regarding the treatment of infectious disease.

The article in question echoes a common implicit myth: that bacterial infections are categorically dangerous if you do not treat them with antibiotics. It’s the classic pharmaceutical paradigm -- there are diseases and there are drugs, and the body is simply a neutral field on which the battle between the two takes place. Do we forget that the body is itself a dynamic organism capable of healing itself? The human race survived for millenia prior to the advent of antibiotics. Now don’t get me wrong – antibiotics have saved many lives of people with overwhelming infections when other treatments were ineffective or unavailable. Conversely, most of the coughs, sore throats, and runny noses for which antibiotics are prescribed will go away without treatment. By and large, our bodies will continue to win the fight against germs indefinitely.

Antibiotics, on the other hand, are losing the fight after just sixty years. The reason is that bacteria are dynamic and drugs are static. One adapts, and the other doesn’t. To expect a drug to work forever is like a football team running the same play every down and then being surprised when the other team learns how to defend it! It’s an absurd premise.

The medical profession rightly feels pressure to offer some treatment to sick patients. As a result, we find that as many as half of all antibiotic prescriptions are written for conditions for which they are not at all indicated. Perhaps doctors would be better off if they had more tools in their toolboxes, or allied professionals to whom they could refer in the right circumstance. Then they could offer a remedy that is not harmful or inappropriate.

There are many natural alternatives to antibiotics. In untrained hands, they tend to accomplish very little. A practitioner skilled in the use of natural therapeutic agents such as homeopathy and herbal remedies can, however, make a dramatic difference in the course of an infection. Statistics from several widespread epidemics in the nineteenth and twentieth centuries shows homeopathic treatment to be 80-95% more effective than the conventional medicine of the time. Since medical doctors do not tend to be well-trained in natural therapeutics, we need to include more professionals in our health care system who are.

In conclusion, the most important aspect of this article isn't its specific message about antibiotic resistance, but about a more broad and important issue – the need for a more complete health care system. There has been a bill in the North Carolina state legislature for four years that would license naturopathic physicians, thus adding a critical health care component to a system that is valuable but obviously incomplete. This bill has failed thus far to pass even a committee, because politics takes precedence over the needs and rights of the citizens of North Carolina.

Meanwhile, the “scientific community” mentioned in the article is doing little more than attempting to tighten surveillance of drug-resistant pathogens. Will it ease the suffering of the dead and dying to know they'll be counted more carefully? Let's broaden our healthcare paradigm to include access to trained professionals whose therapies work now and will continue to work indefinitely.