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Functional Medicine

TWEET GM #28

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Title | Created

I HAVE BEEN WARNING PATIENTS ABOUT PARACETAMOL!

Since at least ten years, I have become very concerned with significant **paracetamol** (called **acetaminophen** in the US) liver toxicity. I have repetitively asked my patients to never go anywhere close to so-called upper safety threshold of 4 grams per day. We now know that deaths from acute liver failure (fulminant hepatitis) can occur with such levels.

I can provide clinical cases where patients demonstrate huge toxicity to even lower levels of paracetamol intake when treatment (usually self-prescribed to deal e.g. with lower-back pain or tooth ache) lasts several days and worse if up to a fortnight. Such an accumulated toxicity from on-going intake of lower dosages has also been recently recognized in mainstream publications. Fortunately, paracetamol dangers start being acknowledged and multiple articles have flourished in reputed journals.

I have also warned my patients to completely avoid this popular drug in case of well-recognized weak liver or in presence of documented increase of liver enzymes *ALAT* (or *SGPT*) and *gamma-GT*. That makes sense, I feel, plus I have more recently identified highly probable and logic link with the absence of Glutathione-S-Transferase (GST) isoenzymes, either M1 or T1 and a fortiori when a patient misses both GST M1 and GST T1.

Such patients present the corresponding homozygous variant genotypes, which means they have inherited the sluggish version of GST genes from both parents. Unfortunately, when this occurs for GST M1 or/and GST T1, GST enzymes do not show "more lazy" but they are missing; that is called the 'null-null' genotype. Such polymorphisms significantly affect patients' capacity to detoxify **paracetamol**; sadly, they show relatively common…

Please read QUOTE #28 posted today as well. You will see that I am not the only one worrying about **paracetamol** toxicity, at least not anymore!