To the Editor,

It may be curious sometimes how in the standard medical practice, our patients come to figure out the aetiology of certain gastrointestinal symptoms, and somehow the consequent pursuing of quick solutions, from a therapeutic point of view. Currently, this demand leads in many cases to the application of a lot of and diverse medications, eventually bringing interactions or potentiation side effects between each other.

In fact, usually increases the perception that we don’t actually have to apply any treatment, but to withdraw or change existing ones. In this sense, there are not precise other complementary tests for diagnosis because the symptoms are caused by side effects of these treatments: caution especially with some oral antidiabetics (metformin), antidepressants, oral contraceptives, or opioids (used by the ancient Arabs as antidiarrheic agent), that could produce a broad spectrum of symptomatic gastrointestinal side effects relating to its use, leading mistakenly to think that patients have gastrointestinal diseases.

In my opinion, honestly, we have to be cautious in our outpatient consults to the possible side effects caused by these medications, in order to provide quick solutions indeed, from a diagnostic and therapeutic point of view. Finally, we just could answer the patient’s query of why we do not apply any medication...instead we withdraw medications.

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