# 12 drugs you should never take (part 1 of 3)

Oftentimes, when people hear the phrase “the dangers of prescription drugs,” they think of the problems that arise when patients abuse drugs, either taking drugs they haven’t been prescribed or not taking medications in accordance with the instructions they’ve been given by their doctor.

But did you know that, even when taken as directed, properly prescribed medications exact a huge toll on Americans? Millions of Americans suffer severe side effects, and tens of thousands die each year as a result of using legal, properly prescribed medications. Yet these adverse events are seen as inevitable and rare, offset by the benefits these drugs confer.

CAVEAT: This article is not an argument against medication use, per se. If I had wanted to marshal arguments for that extreme view, I would point to the harms that ALL antibiotics are causing by disrupting our intestinal microbiome, essential to optimal health and immune response. Or, I could level criticism at our over-reliance on acid blocking drugs for stomach problems, with their host of attendant harms. Alternatively, I could target osteoporosis drugs, which disturb normal bone metabolism and are too often invoked long

before they are needed.

The same could be said about statin drugs for cholesterol, anti-depressant meds, most Type 2 diabetes pills, Alzheimer's drugs . . . the list goes on and on.

Rather, my intent is to finger those few specific drugs whose use is so irrational and/or their danger is so great, that it's not just a matter of holistic principle that these drugs should be avoided—they shouldn't be prescribed or purchased at all!

In order to give you more in-depth analysis of the problems behind each medication, I've broken this list out into three sections. Here are the first four of the "12 drugs you should never take:"

**1) Tamiflu** and **2) Relenza**: These highly-touted and expensive flu drugs purport to minimize flu symptoms. But they are only effective if taken at the very beginning of the flu, which means that by the time most people get to see their doctors to get a prescription (where it's very likely that they'll spread the flu to countless others!) the drugs are nigh-worthless.

Even then, in a recent study of 24,000 flu sufferers, *British Medical Journal* researchers concluded that taking either of these drugs at the onset of flu symptoms at best spared people ½ day of malaise (7 vs. 6.3 days).

OK, so they don't do much for the average schmo with the flu, but what about the manufacturers' claim that these drugs can reduce hospital admissions due to the flu? At least that would be something in their favor.

In fact, the study authors report that there was no evidence of a reduction in hospitalizations or serious influenza complications: confirmed pneumonia, bronchitis, sinusitis or ear infection in either adults or children. Moreover, there was serious risk of nausea and vomiting, and even psychiatric

symptoms.

The drugmakers have recently drawn major fire from public health advocates for their aggressive marketing of these medications while concealing their drawbacks. In fact, Big Pharma is now being accused of perpetrating a major con job, not just on consumers, but on taxpayers: Western governments have wasted hundreds of millions of dollars stockpiling these marginally effective drugs amid exaggerated fears of an imminent flu pandemic.

*BOTTOM LINE*: Stay away from these drugs. At best they're near worthless, and at worst you're courting unpleasant side effects. Instead, use natural remedies such as elderberry and boost your intake of vitamins D, C and N-acetylcysteine. In addition, be careful not to overdo it on the Tylenol, which will deplete your body's stores of glutathione, a reparative antioxidant.

And while we're at it, I'd like to see a large, controlled trial of high-dose intravenous vitamin C against acute viral infections.

**3) Robitussin:** Back in medical school, when I was going through my pediatrics rotation, we had a great pediatrics attending physician who was an old hand at treating kids' problems. Thirty years later, I distinctly remember a lecture he gave us on how to handle coughs and colds.

"It's important to keep a bottle of Robitussin around," he told us. "Not for medical purposes; when it comes to coughs, it's absolutely worthless."

"But if you're wearing brown shoes," he continued, "Robitussin makes a darn good shoe polish!"

In the '90s, comedian Chris Rock famously lampooned Robitussin

in a classic comedy routine:

> *"When I was a kid, we didn't have no insurance. We didn't have a damn thing. You had to be damn near dead to see the doctor. You had to be way past Robitussin. That's all we had when I was a kid: Robitussin. No matter what you got, Robitussin better handle it."*
>
> *"Daddy, I got asthma. Robitussin."*
>
> *"I got cancer. Robitussin."*
>
> *"I broke my leg, Daddy poured Robitussin on it."*

Let's hear it for the placebo effect: There's scant evidence that Robitussin delivers anything but. A study published in January 2006 in *Chest*, the official publication of the American College of Chest Physicians, found over-the-counter cough remedies to be ineffective.

Moreover, some cough meds contain potentially harmful ingredients, especially for sensitive young kids. If suppressed, the cough reflex ceases to mobilize stagnant mucus and infectious material from the lungs.

*BOTTOM LINE*: Avoid over-the-counter drugs such as Robitussin; instead, consider natural remedies such as honey and lemon drops; horehound, hyssop, thyme or peppermint tea; or even a spiced hot rum toddy (adults only!).

**4) Afrin:** Robitussin is an example of an OTC med that is simply useless, but not all that dangerous; Afrin is the opposite. While it ostensibly delivers quick relief to congestion sufferers, it is unequivocally harmful.

Afrin is but one of a host of "12 hour sinus relief" sprays that include Sinex, Neo-Synephrine, Allerest, Duramist and

Sinarest. They contain a medicine called oxymetazoline.

Users quickly get “hooked,” not just because they enjoy the rapid decongestant effects. They soon notice that, without frequent spritzes of Afrin into their nostrils, their nasal stuffiness comes back with a vengeance.

The hapless user often is convinced they “need” Afrin because their sinus congestion is worse than they thought. But actually, they are experiencing an almost universal phenomenon associated with decongestant nasal sprays: rebound.

Afrin-dependency due to rebound is such a well-recognized phenomenon that it has earned its very own fancy medical moniker: “rhinitis medicamentosa.”

The only way to successfully wean from Afrin-dependency is to get a doctor’s prescription for powerful nasal steroids. These are like methadone for your nose. By substituting one highly addictive drug with one slightly less addictive, you can eventually kick the Afrin habit. Either way, your nose is pretty much ruined.

Besides, there are additional side effects associated with Afrin use: nervousness, palpitations, high blood pressure, insomnia, urinary retention, increased intra-ocular pressure, erectile dysfunction, even vaginal dryness.

Afrin is one of the most egregious among the cavalcade of drugs that offer a quick fix but are murder to kick: acid-blockers, anti-depressants, pain meds, anxiety meds and sleeping pills to name but a few. Stopping these meds too suddenly often results in a devastating rebound of the very symptoms they were designed to suppress. Sounds like a perfect marketing strategy to get patients to stay on these meds forever.

*BOTTOM LINE*: Don’t go for a quick fix for your congestion problems. Try pinpointing a cause, like hidden food or

environmental triggers. Refer to my article on Spring Allergies for details on safe, natural, non habit-forming alternatives. For more serious or chronic sinus problems, consider Sinatrol.

Stay tuned for Part 2 of “12 drugs you should never take” in next week’s *Intelligent Medicine* newsletter. In the meantime, for those who celebrate, I hope you enjoy a Happy Easter and Passover!

CONTINUE TO PART TWO OF THREE.