12 drugs you should never take (part 2 of 3)

Last week, I gave you the first four medications on my list of the "12 drugs you should never take." If you missed that installment, you can read it here. This week, I continue with the next third of the list. Please share this important info with your friends and loved ones.

Without further ado, drugs 5 through 8:

5) Fluoroquinolone drugs, which include Levaquin, Cipro, Floxin, Noroxin and Avelox, are frequently used for urinary tract, upper respiratory, GI and skin infections. Over-reliance on this powerful new class of antibiotics has been engendered by emerging antibiotic resistance due to indiscriminate use of our old standby "big guns" like penicillin and erythromycin. After 9-11, there was a run on pharmacies as people stockpiled Cipro over fears that an anthrax biowarfare attack was imminent.

But these drugs pose serious dangers. Admittedly, taking Levaquin or Cipro isn't quite tantamount to playing Russian Roulette. Your odds of suffering a serious side effect are more like one in a thousand. But when these side effects

occur, they can be very nasty. Approximately half of the fluoroquinolones that were once on the market have now been removed from clinical practice due to their severe toxicities. The Adverse Event Reporting System (AERS) is a national data-gathering agency that is estimated to capture data on just 10 percent of actual harmful drug reactions. This means that 90 percent of adverse reactions to drugs may be missed.

Nevertheless, AERS picked up reports of 2,500 deaths linked to, but not necessarily caused by fluoroquinolone between 1997 and 2010. Another 45,000 negative side effects were picked up in the same time period. The overall frequency of fluoroquinolone-associated Achilles tendon rupture in patients treated with ciprofloxacin or levofloxacin has been estimated at 17 per 100,000 treatments. This is a devastating injury that I've seen in several patients after taking Cipro. The tendon rupture occurred while they were simply walking normally-—not exerting themselves or running a marathon.

Serious C. difficile diarrhea is a frequent consequence of taking powerful broad-spectrum antibiotics. But by far the most dread side effect of these drugs is FQ Syndrome, a mysterious, incurable chronic ailment that consists of a bewildering array of symptoms: muscle atrophy, debilitating nerve pain, psychiatric symptoms, chronic fatigue, skin problems, retinal tears, dizziness and vertigo, and many other seemingly unrelated problems.

www.SaferPills.org is a patient advocacy group that offers resources to sufferers of FQ syndrome and campaigns for wider disclosure of the dangers of fluoroquinolone antibiotics.

BOTTOM LINE: If your doctor prescribes one of these drugs for you, ask if antibiotics will really hasten the resolution of what might turn out to be a self-limited infection; if you must take an antibiotic, see if there's not a safer

alternative to try first.

6) Tysabri. Originally embraced as a safe, effective treatment for multiple sclerosis and Crohn's disease, Tysabri has drawn fire lately because of its potential for causing devastating side effects.

While cases are rare, there's a risk of PML (progressive multi-focal leukoencephalopathy), an often-fatal viral opportunistic infection that literally destroys the white matter of the brain. This is not surprising, because Tysabri works by suppressing the immune system; like all new-generation monoclonal drugs, protection from autoimmune disease comes at the cost of reducing the body's defenses against unusual pathogens and even cancers.

A blood test for the JC virus that causes PML is said to offer a heads-up on whether patients should avoid Tysabri, but the test is far from perfect.

Additionally, Tysabri is expensive: The medicine is administered intravenously 13 times in a year. The cost is $7,481 per infusion. This is not a sustainable strategy for dealing with the 350,000 Americans who suffer from MS.

BOTTOM LINE: MS and Crohn's disease are very serious ailments, so it could be argued that extreme measures, even those such as Tysabri with the potential for severe side effects, are warranted. But I have treated many patients who failed to respond to Tysabri and then went on to respond well to natural measures; alternatively, other patients have foregone their doctors' advice to take Tysabri and successfully undertaken integrative treatment with diet, supplements and innovative

treatments such as low-dose naltrexone and intravenous glutathione.

Recently, Dr. Terry Wahls, a physician who has successfully treated her MS with natural therapies after mainstream therapies failed her, shared her MS protocol with *Intelligent Medicine* listeners. Check out what she had to say by clicking here.

7) Aricept, an Alzheimer's drug, is emblematic of our failure to come up with effective therapies for this perplexing malady, predicted to afflict millions of aging Baby Boomers by 2030.

While initial positive studies in the '90s showed Aricept to be slightly effective in delaying the progression of mild to moderate Alzheimer's disease, it is generally acknowledged that, in the end, all Alzheimer's patients eventually cease to respond to it.

So many questions were raised as to its efficacy that in 2005 the UK National Institute for Clinical Excellence (NICE) struck Aricept from the roster of drugs authorized for government reimbursement; however, a firestorm of protest from relatives of patients who felt denied a "last-resort" treatment for their loved ones got Aricept reinstated. While on one hand, the British Government could be accused of heartless rationing, the promoters of Aricept might equally be tagged for preying on the illusory hopes of Alzheimer's-burdened families.

A recent review of a new high-dose version of Aricept in the British Medical Journal slammed it as a drug with few benefits over existing Alzheimer's remedies, but only with more serious side effects. The authors criticized 23-milligram Aricept as

overhyped and overzealously-marketed, “approved despite a poor showing in company-sponsored tests.”

The most common side effects of Aricept are nausea, vomiting, loss of appetite, insomnia, muscle cramps and diarrhea. More serious consequences include fainting, bleeding ulcers, worsening of lung problems in people with asthma or other lung disease, seizures and urinary retention. Worth it for marginal relief? You decide.

BOTTOM LINE: In my experience, drug-free, integrative management of dementia and Alzheimer’s can be very effective. In my recent *Intelligent Medicine* podcast with pre-eminent complementary neurologist Dr. David Perlmutter, we discuss specific ways that diet, exercise, supplements, natural hormones and other modalities can impact the progression of neurodegenerative diseases. Ditch drugs such as Aricept and consider high-dose vitamin E, EPA/DHA, coconut oil, methylated folate and B12, among other interventions. But remember, implementing these strategies in a patient with dementia is care-intensive and contingent on commitment to a high level of family support. But it’s worth it.

8) Halcion is a sedating benzodiazepine used as a sleep drug. Credit the maker with originality (or audacity): The word “halcyon” means “happy and successful.”

But Halcion is a bad insomnia medication for several reasons. First, it’s short-acting, which means that it knocks you out for a few hours, whereupon its sedating effects abruptly wear off, and you’re liable to wake up in the middle of the night.

Secondly it’s highly addictive. It belongs to the same drug

family—benzodiazepines—as Valium, Xanax and Ativan. The body rapidly habituates to benzos, and ever-increasing levels are required to achieve the relaxing effects. If abruptly discontinued, withdrawal effects (especially insomnia) are common. I'd like to think that the Halcion's manufacturers didn't cynically add the prospect of a lifetime annuity to their calculus when pushing for Halcion's approval.

A third problem is the quality of sleep provided by insomnia drugs such as Halcion. Studies of "sleep architecture" in patients taking sleeping pills show the artificial sedation produced by these drugs is not the equivalent of natural sleep. Users may log the requisite time in bed but usually wake up unrefreshed. Key benefits of sleep, such as memory consolidation, hormone production, clearing toxic metabolic byproducts from the brain and tissue repair, may be diminished.

Finally, the elderly—a group particularly predisposed to insomnia—are especially vulnerable to Halcion's side effects. Dizziness, disorientation, depression, worsening of dementia and falls are common in older patients who tend to metabolize Halcion more slowly.

In fact, a recent study links the use of sleeping pills and anti-anxiety medications as a whole to higher risk of death. The majority of users took benzodiazepines, and their likelihood of dying was doubled.

BOTTOM LINE: Insomnia is a tough problem, and taking something for sleep may occasionally be warranted. But reliance on these meds is a losing proposition, and Halcion is the worst of the bunch.

There are natural supplements that aid sleep, but insomnia is a challenge that deserves a concerted effort at lifestyle change comprising diet optimization, behavior modification,

relaxation training, correction of nutritional deficiencies as well as resolution of underlying medical problems. Opting for a quick fix is not the way to go.

Look for Part 3 of “12 Drugs You Should Never Take” in next week’s *Intelligent Medicine* newsletter. If you don’t yet subscribe, click the sign-up link at the top left of your page to get *Intelligent Medicine* content delivered directly to your inbox every week.

CONTINUE TO PART THREE.