What Your Doctor Isn't Telling You About Prescription Drugs

What You Need To Know About Your Drugs

Special report by
Dr. Rodger Murphree D.C., C.N.S.

Dr. Murphree has been in private practice since 1990. He is the founder and past clinic director for a large integrated medical practice located on the campus of Brookwood Hospital in Birmingham, Alabama. Dr. Murphree is the author of Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome; Heart Disease: What Your Doctor Won't Tell You; and Treating and Beating Anxiety and Depression with Orthomolecular Medicine.

Dr. Murphree has treated well over 4,000 patients who suffered from fibromyalgia, chronic fatigue syndrome, anxiety, and many other illnesses such as hypothyroid.

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Nsaids

Nonsteroidal anti-inflammatory drugs (NSAIDs) can be helpful, especially when used for inflammation that comes from traumatic injuries (sprains, strains, accidents, etc.). They can also be effective in relieving pain and inflammation associated with chronic pain syndromes including all forms of arthritis and even some cases of FMS. However, long-term use of these medications can cause a host of unwanted side effects, and NSAIDs do not actually correct the cause of pain. In fact, they can accelerate joint destruction and cause intestinal permeability, which leads to more inflammation.

You might have heard of how drug company Merck pulled its NSAID Vioxx off the market. They were responding to the results of a long-term (18-month) clinical trial that revealed that some patients developed serious heart problems while taking the drug. The data that ultimately persuaded the company to withdraw the drug indicated 15 cases of heart attack, stroke, or blood clots per thousand people each year over three years, compared with 7.5 such events per thousand patients taking a placebo.

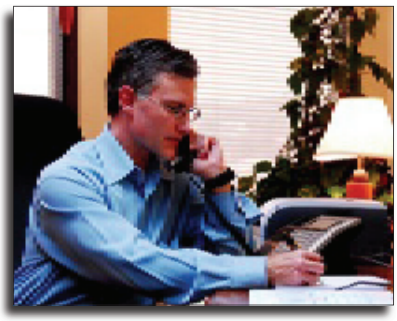
One of the FDA's own scientists, Dr. David Graham, estimated that Vioxx has been associated with more than 27,000 heart attacks or deaths linked to cardiac problems. There is disagreement within the FDA over these findings, but they are still staggering to consider.

Potential side effects of drugs like Vioxx

Vioxx is what doctors call a "COX-2 inhibitor." These drugs were developed to reduce pain and inflammation without the risk of ulcers and other — potentially deadly — gastrointestinal side effects posed by aspirin and similar medications. But in solving one serious problem, COX-2 inhibitors might be causing another. By blocking COX-2 enzymes, Vioxx reduced the risk of internal bleeding but also kept COX-2 enzymes from doing the important work of counteracting COX-1 enzymes, which narrow the blood vessels. The blood vessels were then remaining too narrow, increasing the chances of a dangerous blood clot forming.

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."

—Thomas Edison



Dr. Rodger Murphree is that doctor of the future that Edison referred to in the quote above. He has been in private practice for the last 18 years. Drawing upon his medical, chiropractic, and nutritional background, Dr. Murphree uses some of the most sophisticated, yet practical, scientifically based, nutritional therapies to prevent and reverse even the most stubborn illnesses.

Part Sherlock Holmes, he uncovers the biochemical glitches, medical myths, and drug dangers that prevent patients from enjoying optimal health.

Dr. Murphree is a medical Maverick who explores and implements the latest breakthrough therapies - sometimes years before other doctors even know they exist. Dr. Murphree routinely helps the "medical outcasts" that other Doctors — including those at John-Hopkins and Mayo Clinic — have said "cannot be helped."

Other COX-2 inhibitors, including Celebrex and Bextra, are being linked to an increased risk of heart attack and stroke. It may be a matter of time before all COX-2 inhibitor drugs are pulled from the market.

And the really sad news is that although Vioxx did apparently protect the stomach as intended, other COX-2 inhibitors do not. Celebrex and Bextra have turned out to be no safer to the stomach than older NSAIDs. And studies show that neither drug alleviates pain any better than the older medicines.

Plus, the COX-2 inhibitors cost close to $3.00 per pill. Over-the-counter pain relievers, in contrast, cost pennies a dose. Other NSAIDs are safer than COX-2 inhibitors. These include Mobic (meloxicam), Motrin (ibuprofen), Daypro (oxaprozin), and Naprosyn (naproxen). But still, unless nothing else works to control your pain, NSAIDs shouldn't be used for any extended period of time.

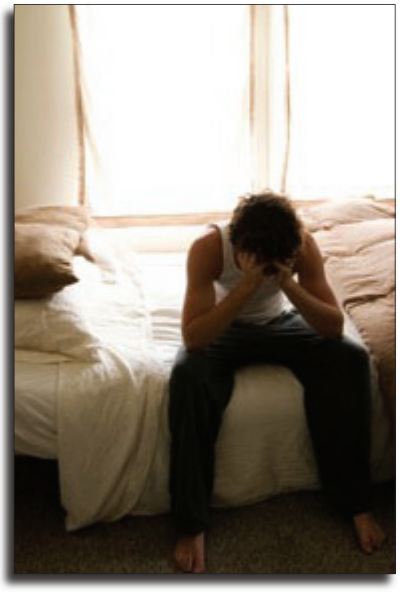
Potential side effects of other NSAIDS

A person taking NSAIDs is seven times more likely to be hospitalized for gastrointestinal adverse effects. The FDA estimates that 200,000 cases of gastric bleeding occur annually and that this leads to 10,000 to 20,000 deaths each year. NSAIDs more than double a person's risk of developing high blood pressure, possibly leading to more medication. In one study, 41% of those who had recently started on medication to lower their blood pressure were also taking an NSAID.

Narcotic Analgesics

These pain-relieving medications, which act on the central nervous system, are extremely effective in relieving acute and chronic pain. Unfortunately, they eventually lose their effectiveness as your body becomes "tolerant" of them. If these analgesics worked long-term, I'd be recommending them. However, the person taking these medications finds that she has to take an ever-increasing dose to get any relief. Before she knows it, her body is addicted to a potentially life-threatening drug. Typically, another drug or additional drugs are then tried, and the process continues until the person becomes zapped of her vitality, living hour to hour in accordance with her medication schedule.

Narcotic analgesics include Ultram (tramadol), Lortab (hydrocodone), Darvocet (propoxyphene and acetaminophen), the Duragesic patch (fentanyl), Percocet (oxycodone and acetaminophen), Vicodin (hydrocodone and acetaminophen), Zerlor (dihydrocodeine, acetaminophen, and caffeine), and others. Ultram, which is less addictive, has been considered the best choice for those with FMS if a narcotic pain medication is truly necessary. However, many are not recommending Ultram due to its risk for causing seizures. Taking Ultram along with SSRI antidepressants increases the risk.



Long-term use of sleep aids can lead to other symptoms, including upset stomach, joint pain, upper respiratory-tract infection, sore throat, urinary infection, and heart palpitations.

Other side effects include:

Cold, clammy skin; severe confusion; convulsions; diarrhea; severe dizziness; severe drowsiness; increased sweating; low blood pressure; nausea or vomiting; severe nervousness or restlessness; pinpoint pupils in the eyes; difficulty breathing; slow heartbeat; stomach cramps or pain; and severe weakness. These can happen to either you or any baby you are breastfeeding. More rare side effects include hallucinations, severe swelling in the face, and unusual bruising and/or bleeding.

Withdrawing from these medications can be a traumatic experience in itself, especially after your body has begun to build up a tolerance and expects to keep getting the drug. When the drug treatment stops, you could experience body aches; diarrhea; a fast heartbeat; a fever, runny nose, or sneezing; nausea or vomiting, nervousness or irritability; shivering or trembling; stomach cramps; trouble sleeping; or weakness, among other symptoms.

Sleep Aids

Ambien (zolpidem) has been a very popular prescription medications in the United States. Lunesta (eszopiclone) is a similar sleep aid. Both are short-acting, designed to last four–six hours. If a patient takes a half-dose before bed, then he can take an additional half-dose if needed in the middle of the night. The newer Ambien CR tries to avoid this midnight redosing, however, by including a slower-release layer designed to last all night. Even though the literature on Ambien suggests that most patients don't build up a tolerance, many do. But other patients do well on Ambien, and it does

PROMOTE DEEP RESTORATIVE SLEEP.

Potential side effects of sleep aids

Short-term memory loss, fuzzy thinking, sedation, next-day hangover, mood disorders (anxiety and depression), flu-like symptoms, muscle aches, in coordination, dizziness, diarrhea, and others. Long-term use can lead to other symptoms, including upset stomach, joint pain, upper respiratory-tract infection, sore throat, urinary infection, and heart palpitations. Don't these symptoms sound a lot like those of FMS/CFS? If you do choose a sleep aid, familiarize yourself with its side effects, as they might show up later and appear at first to be unrelated.

Antidepressants

Selective serotonin re-uptake inhibitors (SSRIs), such as Zoloft (sertraline), Paxil (paroxetine HCl), Celexa (citalopram), Prozac (fluoxetine), and Luvox (fluvoxamine), work by increasing the brain's use of the neurotransmitter serotonin. (Serotonin deficiency is linked to anxiety, depression, lowered pain tolerance, poor sleep, and mental fatigue.)

Suicide occurs more than twice as much on antidepressants than on sugar pills in individuals under age 25. This statistic is even more scandalous when you learn that Eli Lilly knew from their earliest trials in 1985, Prozac increased the risk of suicide by as much as 12 to 1 over placebo or older antidepressants.

Potential side effects of antidepressants

Upset stomach, constipation, headache, heartburn, diarrhea, rash, muscle pain, mental confusion, hostility, swelling in the arms or legs, dizziness, nightmares, drowsiness, fatigue, chest pain, anxiety, nervousness, sleeplessness, weakness, changes in sex drive, impotence, tremors, difficulty in urinating, sensitivity to light, dry mouth, loss of appetite, nausea, itching, weight gain, hair loss, dry skin, bronchitis, abnormal heart rate, twitching, anemia, low blood sugar, low thyroid function, blurry vision, and early-morning hangover.

Harvard Medical School's Dr. Joseph Glenmullen recently reported on the many dreadful side effects associated with conventional antidepressant medications. His report included neurological disorders, sexual dysfunction (in up to 60% of users), debilitating withdrawal symptoms (including hallucinations, electric shock–like sensations, dizziness, nausea, and anxiety), and decreased effectiveness in about 35% of long-term users.

Benzodiazepines

These medications are usually used as anti-anxiety medication, and they include Xanax (alprazolam), Klonopin (clonazepam), Ativan (lorazepam), Restoril (temazepam), BuSpar (buspirone hydrochloride), Tranxene (clorazepate dipotassium), Serax (oxazepam), Librium (chlordiazepoxide), Tegretol (carbamazepine), Valium (diazepam), Trileptal (oxcarbazepine), Seroquel (quetiapine), Risperdal (risperidone), and Symbyax (olanzapine and fluoxetine HCl).

Benzodiazepines are addictive, and patients build up a tolerance so that the drugs eventually lose effectiveness as a sleep aid. Addiction may occur in as little as two weeks.

The big problem with these medications, though, are the side effects, many of which mirror the symptoms of fibromyalgia and CFS. And they don't promote deep, restorative sleep, so they are definitely not worth the risk.

Benzodiazepines depress the central nervous system and act on the neurotransmitter GABA (gamma-amino butyric acid). GABA acts as a calming chemical as it transmits messages from one cell to another. So directly or indirectly, these drugs influence almost every brain function and most other bodily systems, including those of the nervous, neuromuscular, endocrine, and gastrointestinal systems. It's no wonder their side effects are so severe.

Benzodiazepines should be weaned off, starting as soon as possible. Be sure to work with a medical doctor as you wean off, and take it slow to avoid terrible withdrawal symptoms.

The crippling side effects and addictive nature of these drugs have been known for at least 40 years, yet doctors continue to prescribe them at an ever-increasing rate, especially for seniors. Surveys show that over 5.6 million adults over the age of 65 are now taking benzodiazepines. A mouth-dropping 50% of all women 60 and older will be prescribed a benzodiazepine drug.

Potential Side Effects of Benzodiazepines

Poor sleep; seizures; mania; depression and suicidal thoughts; tinnitus (ringing in the ears); transient amnesia; dizziness; agitation; disorientation; low blood pressure; nausea or vomiting; fluid retention; muscular]incoordination and tremors; sexual dysfunction; prolonged drowsiness or a trance-like state; fatigue; headaches; body aches and pains; chills; runny nose; cough; congestion; difficulty breathing; feelings of discouragement, sadness, or emptiness; diarrhea; difficulty swallowing; vision and voice changes; and a host of others.

And since addiction often occurs within four weeks of starting these drugs, the majority of these folks are now dependent on them.

Tolerance to the hypnotic (sleep) effects of these drugs may occur within one week. Symptoms of tolerance are identical to drug-withdrawal symptoms and may include anxiety, panic, severe insomnia, muscle pain and stiffness, depression, suicidal thoughts, rage, heart and lung problems, and agoraphobia (extreme fear of public or crowded spaces).

Tragically, only 10%–30% of people are able to successfully stop taking these drugs. The rest are addicted for life.

Anticonvulsant Drugs

GABA inhibitors such as Gabitril (tiagabine HCl) and Neurontin (gabapentin) are anticonvulsant medications originally used to control seizures. They are now being used to block nerve-related pain (neuralgia), including pain caused by herpes zoster. These medications are also prescribed with some success for chronic headaches.

Pfizer's anticonvulsant Lyrica, the first FDA-approved drug for the treatment of fibromyalgia, is very similar to Neurontin. The two compounds share similar mechanisms of action, but Lyrica is supposed to be as effective as Neurontin but at lower doses, which hopefully means lower side effects. Still, Lyrica is associated with all the same side effects as Neurontin.

Some say the Lyrica doesn't work well enough to have warranted FDA approval. In 2004, reviewers recommended against approving the drug, citing its side effects. But the FDA approved it anyway. Pfizer then asked the FDA to expand the approved uses of Lyrica to include the treatment of fibromyalgia, and the agency did so in June 2007.

Is Lyrica effective? According to clinical trials, patients taking Lyrica reported that their pain fell, on average, about two points on a 10-point scale, compared with one point for patients taking a placebo. Not a big effect, to say the least.

Topamax can also cause "serious eye damage and/or blindness." This is a quote from the Manufacturers themselves. They go on: "As of August 17, 2001 there have been 23 reported cases: 22 in adults and one in pediatric patients. It is generally recognized that post - marketing data are subject to substantial under reporting."

Topamax (topiramate) is used primarily for adjunctive therapy for tonic-clonic seizures. It is also used to treat anxiety disorders.

Potential Side Effects of Anticonvulsant Drugs

Prolonged drowsiness or a trance-like state; dizziness; weakness; blurry or double vision; fluid retention; muscular incoordination, balance changes, clumsiness, and accidental injury; long-term ophthalmic problems (abnormal eyeball movements and disorders); tremors; rapid weight gain or severe weight loss; severe back pain; constipation and painful, uncontrollable, or difficult urination; muscle aches; memory loss; weakness; depression, confusion, dementia, and delusions; difficulty breathing or speaking; itching; involuntary muscle twitching; serious rash; runny nose; swelling; stabbing or tingling pain; seizures; and even rarely, coma.

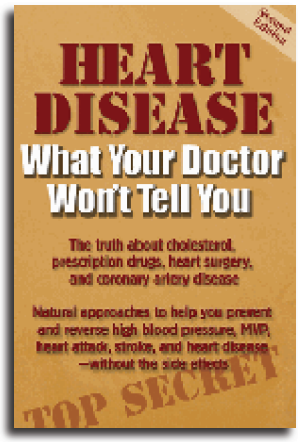
Beta-blockers

Beta-blockers, such as Inderal (propranolol); Lorpressor or Torprol (metoprolol); and Tenormin (atenolol) are used for long-term management of angina (chest pain), mitral valve prolapse (MVP), irregular heartbeat, and high blood pressure. I'm always amazed at how many of my patients are taking these drugs for MVP, even with their very serious side effects.

These drugs slow the heart rate, which reduces cardiac output and leads to low blood pressure and fatigue. The brain and muscles then aren't getting enough blood and oxygen, and this can lead to fuzzy thinking, poor memory, depression, anxiety, and fatigue.

Potential side effects of beta-blockers: According to Mark Houston, MD, associate clinical professor of medicine at Vanderbilt School of Medicine, side effects associated with beta-blockers include congestive heart failure, reduced cardiac output, fatigue, heart block, dizziness, depression, decreased heartbeat and function, cold extremities, paresthesia (a feeling of "pins and needles"), shortness of breath, drowsiness, lethargy, insomnia, headaches, poor memory, nausea, diarrhea, constipation, colitis, wheezing, bronchospasm, Raynaud's syndrome (burning, tingling, pain, numbness, or poor circulation in the hands and feet), claudication, muscle cramps, muscle fatigue, lowered libido, impotence, postural hypotension, raised triglycerides, lowered HDL, raised LDL, and high blood sugar.

In my experience, the best way to stop the symptoms associated with heart irregularities, including MVP, is to correct magnesium deficiency. Magnesium is a natural sedative that relaxes muscles, and the heart is, of course, mostly muscle. The smooth muscle contained in the blood vessel lining is also dependent on magnesium.



I have found that most people can wean off beta-blockers and other high-blood-pressure medications by increasing their omega 3 and magnesium. Some individuals will also need niacin (vitamin B3) at rather high doses. For more information about cardiovascular disease, including MVP, please see my book ***Heart Disease: What Your Doctor Won't Tell You.***

Stimulants

Stimulants such as Adderall (amphetamine); Concerta, Metadate, or Ritalin (methylphenidate); Cylert (pemoline); Dexedrine (dextroamphetamine); and Focalin (dexmethylphenidate HCl) are used to increase adrenaline. They can be helpful in increasing a person's energy. But remember the saying "speed kills." These medications are nothing more than various forms of amphetamines ("speed") and are incredibly hard on the adrenal glands. Long-term use can cause adrenal burnout at least and full blown Addison's Disease (adrenal failure) at worst.

Provigil (modafinil) is a different kind of stimulant than those listed above and is being recommend by some for the fatigue associated with FMS and CFS.

Potential Side Effects of Stimulants

Insomnia, Tourette's syndrome (a movement disorder), nervousness, anxiety, mania, depression, irritability, aggression, rapid heartbeat, high blood pressure, abnormal muscle movements, psychosis, headaches, seizures, visual disturbances, unwanted weight loss, aplastic anemia (arrested development of bone marrow), liver dysfunction, and blood disease.

Statin Drugs

Statin drugs are used to lower cholesterol. They include Lipitor (atorvastatin calcium), Lescol (fluvastatin sodium), Altocor or Mevacor (lovastatin), Pravachol (pravastatin sodium), Zocor (simvastatin), and Crestor (rosuvastatin). Most conventional medical doctors are convinced that statin drugs are harmless and should be routinely prescribed for anyone with cholesterol levels above 200. These doctors cite a number of studies in which statin use has lowered the number of coronary deaths compared to controls. But if we look a little deeper into these studies, we see that statin medications don't *significantly* reduce the risk of death associated with heart disease.

Potential Side Effects of Statin Drugs

In fact, statins increase the risk of death overall. *The British Journal of Clinical Pharmacology* reported on an analysis of all the major controlled trials before the year 2000 and found that **long-term use of statins for primary prevention of heart disease produced a 1% greater risk of death over 10 years, compared to placebo.**

Statins, beta-blockers, tricyclic antidepressants, and benzodiazepine drugs can all suppress the body's formation of coenzyme Q10 (CoQ10). CoQ10 is an enzyme that works with other enzymes to keep the body's metabolic functions working at optimal levels.

Small amounts of CoQ10 are found in food, but blood levels of CoQ10 decrease with age, high blood pressure, statin use, diabetes, and atherosclerosis. CoQ10's main purpose is to increase the function of the mitochondria, the "power plants" in each cell. A CoQ10 deficiency can lead to diffuse muscle pain and weakness similar to that seen in FMS and CFS, fatigue, angina, hypertension, accelerated aging, mental confusion, poor memory, tingling or pain in the hands and feet, and heart disease.

My book *Heart Disease: What Your Doctor Won't Tell You* goes into greater detail about CoQ10 and its use in treating high blood pressure, congestive heart failure, mitral valve prolapse, and other heart-related conditions.

You can also visit **YourFibroDoctor.com** for more information on CoQ10.

PLEASE NOTE:

To end the use of any of these drugs, always consult your doctor first. Stopping medications can trigger a host of withdrawal symptoms. First, start your jump-start program (chapter 13), build up your stress-coping system, and allow your body to start healing itself. After you start feeling stronger (it may be a few months) — and only with the help of your doctor — slowly start weaning off the medications. Most of the medications can be weaned off and never missed. Some will have to be restarted until you become stronger or find other less toxic options.

To learn how you can safely treat your illness without drugs, please visit my website and click on the health concerns link - here you'll find tried and true nutritional protocols for a variety of other illnesses, including fibromyalgia, mood disorders, high blood pressure, osteoporosis, and more.

YourFibroDoctor.com

Find Out What Your Doctor Isn't Telling You About -

* ADHD
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* Anxiety & Depression
* Allergies
* Arthritis & Pain
* Brain Function
* Chronic Fatigue Syndrome
* Chronic Sinus Problems
* Diabetes
* Digestion & G.I.
* Fibromyalgia
* Heart Disease
* Hypoglycemia
* Hypothyroid
* Intestinal Permeability
* Irritable Bowel Syndrome
* Osteoporosis
* Sleep Disorders
* Stomach Ulcers
* Yeast Overgrowth

About Dr. Rodger Murphree

Dr. Murphree is a board-certified nutritional specialist and chiropractic physician who has been in private practice since 1990. He is the founder and past clinic director for a large integrated medical practice located on the campus of Brookwood Hospital in Birmingham, Alabama. The clinic, which combined prescription and natural medicines for acute and chronic illnesses, was staffed with medical doctors, chiropractors, acupuncturists, nutritionists, and massage therapists. Dr. Murphree is the author of five books, including *Treating and Beating Fibromyalgia and Chronic Fatigue Syndrome*, *Heart Disease: What Your Doctor Won't Tell You*, and *Treating and Beating Anxiety and Depression with Orthomolecular Medicine*.

Dr. Murphree has appeared on numerous radio and television programs including Fox, NBC, ABC, and CBS. He is a regular contributor for several public and peer reviewed journals and magazines including Nutra-News, The Townsend Letter for Doctors and Patients, and The American Chiropractor.

In 2003, Dr. Murphree sold his integrative medical practice. He now maintains a busy solo private practice in Birmingham, Alabama, and conducts one - and two-day medical continuing education seminars. His website is **YourFibroDoctor.com**

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