

# **Chapter 4**

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## **Conventional Medical Therapies**

*“Today’s standard, AMA-approved medicine is rooted in treating symptoms, rather than causes. Its dependence on drugs and surgery is ruinously expensive to patients, insurance companies, and society as a whole.”*

— Derrick Lonsdale, MD  
*“Why I Left Orthodox Medicine”*

**C**onventional medical treatments for FMS and CFS is a controversial topic. Consider the following statements from The American College of Rheumatology:<sup>1</sup>

*“Conventional medical therapies are ineffective and no better than a sugar pill for the treatment of Fibromyalgia.”*

*“On tricyclic medications Amitriptyline (Elavil): Four controlled trials have evaluated the efficacy of Amitriptyline in Fibromyalgia...the longest trial showed no benefit when compared to placebo. Furthermore, the overall degree of benefit was found to be relatively small in relevant outcomes such as improvement in pain, fatigue, and sleep.”*

Of note, 95% of Amitriptyline (Elavil)-treated patients experienced side-effects.

*“Furthermore, use of anti-anxiety medications Benzodiazepines (Klonopin, Xanax etc.), corticosteroids (medrol dose packs, prednisone, etc.), and nonsteroidal anti-inflammatory agents (Mobic, Celebrex, Vioxx, Bextra, etc.), and pain medications have been shown to be ineffective and should be generally avoided.”*

Most doctors continue to rely on prescription medications to treat fibromyalgia, even though their own studies show they are ineffective and can cause unwanted side-effects.

*“And our best therapies Amitriptyline (Elavil) and Cyclobenzaprine (Flexeril) could not be distinguished from placebo after three months of therapy. Long-term, follow-up observations indicated that clinical findings for patients with FMS did not change appreciably after 15 years.”*

The ACR has, like many physicians, thrown up their hands and admitted they have little if anything to offer for those suffering fibromyalgia. Yet, many are quick to ridicule nutritional therapies that consistently have been shown to be effective in treating fibromyalgia. The usual reply is that “there are no controlled studies.” Or how about this one: “Nutritional supplements aren’t regulated.”

Traditional medical treatments of FMS and CFS focus on controlling the various symptoms. Physicians generally rely on several different prescription medications, including pain medications of various sorts, muscle relaxers and tranquilizers, antidepressants, and nonsteroidal anti-inflammatory medicines.

## NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)

### *Vioxx, Celebrex, Bextra, Etc*

NSAIDs can be helpful especially when used for inflammation that comes from traumatic injuries (sprains, strains, accidents, etc.). They can be effective in relieving pain and inflammation associated with chronic pain syndromes, including all forms of arthritis and some symptoms of FMS. However, long term use of these medications can cause a host of unwanted side effects. None of these medications actually correct the cause of pain. In fact they can accelerate joint destruction and cause intestinal permeability (which leads to more inflammation).

Nonsteroidal anti-inflammatories (NSAIDs) such as Bextra, Mobic, Ibuprofen, Daypro, Naprosyn, Celebrex, and Vioxx can cause intestinal permeability. They cover up the symptoms but do not address the cause, and they can actually cause further joint destruction. <sup>2,3</sup>

### *Vioxx is Removed from Market*

Merck has pulled the drug Vioxx off the market because a long-term clinical trial showed that some patients, after taking the drug for 18 months, developed serious heart problems. 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.

Internal memos show disagreement within the FDA over a study by one of its own scientists, Dr. David Graham, who estimated Vioxx had been associated with more than 27,000 heart attacks or deaths linked to cardiac problems.

Studies show that Vioxx users have twice the number of heart attacks as those taking Naproxen. These new drugs which block COX-2 enzymes may promote excessive blood clot formation. It appears that COX-2 enzymes counteract some of the effects of COX-1 enzyme which narrows the blood vessels. This narrowing then causes blood to be more likely to clot.<sup>4</sup>

Controversy has shrouded Vioxx almost since its introduction in 1999. The drug was among the first of the COX-2 inhibitors, which were developed to reduce pain and inflammation without the risk of ulcers and other gastrointestinal side effects posed by aspirin and other over-the-counter medications. Thousands of Americans die every year from internal bleeding caused by the older drugs.

### ***NSAIDs causes 10,000 to 20,000 Deaths a Year***

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 which leads to 10,000 to 20,000 deaths each year.<sup>5</sup>

### ***Pfizer's Celebrex and Bextra Don't Protect the Stomach***

Studies show that only Vioxx is less damaging to the stomach. Celebrex and Bextra are not. This is one of the dirty little secrets that never got out about Pfizer's two block-buster drugs; they're no safer than older nonsteroidal anti-inflammatory drugs.

### ***New COX-2 NSAIDs Are No Better Than Older Medications***

Studies also show that neither drug (Celebrex or Bextra) alleviated pain any better than the older medicines. And the drugs cost close to \$3 a pill. Over-the-counter pain relievers, in contrast, cost pennies a dose.

Other COX-2 drugs 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 drugs are pulled from the market.

For a more detailed description of COX-2 hormones, please see chapter 9, Chronic Pain and Inflammation.

### ***High Blood Pressure***

NSAIDs can cause high blood pressure. In one study, 41% of those who had recently started on medication to lower their blood pressure were also taking NSAIDs. NSAIDs more than double a person's risk of developing high blood pressure.<sup>6</sup>

## PAIN MEDICATIONS

### *Ultram, Hydrocone, Loritab, Darvacet, Duragesic Patches, Etc*

Pain medications can be very helpful in relieving acute and chronic pain. Unfortunately, pain medications eventually lose their effectiveness. This is especially true in the case of FMS. If pain medications worked (long term), I'd be out on the streets buying them for my patients. However, people taking pain medications find they have to take an ever increasing dose to get any relief. Before they know it, they're addicted to a potentially life threatening drug. Eventually, the drug stops providing any pain relief. Another drug or an additional drug is tried, and the process continues until the person becomes zapped of their vitality, living hour to hour in accordance with their medication schedule.

## SLEEP MEDICATIONS

### *Ambien, Elavil, Flexeril, Trazadone, Restoril, Klonopin, Xanax, Ativan, and Sonata*

- **Ambien** (zolpidem) is a short-acting drug that usually lasts for four–six hours. If a patient takes a half dose before bed, then he can take an additional half dose if needed four–six hours later. Even though the literature on Ambien suggests patients don't build up a tolerance, many do. Some patient's do well on Ambien; some build up a tolerance over a period of time needing higher and higher doses until the medicine no longer works. This medication does promote deep, restorative sleep.

Some side effects are short term memory loss, fuzzy thinking, sedation or next day hang over, mood disorders (anxiety and depression), flu-like symptoms, muscle aches, and in-coordination.

This drug, like most drugs, is processed by the liver, so those with sluggish liver function should use this medication with caution. Most common side effects include dizziness and diarrhea. Some patients complain of loss of coordination or concentration. Ambien has caused amnesia (short-term memory loss), but this happens mostly at doses exceeding 10 mg. Patients are cautioned against abruptly stopping the medicine, since withdrawal symptoms commonly occur. Ambien may cause fatigue, headache, anxiety, difficulty sleeping, and memory loss. Long-term use can result in back pain, flu-like symptoms, depression, constipation, upset stomach, joint pain, URI, sore throat, urinary infection, and heart palpitations.

- **Trazadone** (desyrel) is an antidepressant that increases a person's ability to hang on to serotonin. It reduces anxiety, and promotes deep sleep. I've found this drug to be quite helpful when 5HTP or melatonin doesn't work. It can cause early morning hangover. This medication does promote deep restorative sleep.

Common side effects include upset stomach, constipation, bad taste in the mouth, heartburn, diarrhea, rash, rapid heartbeat, mental confusion, hostility, swelling in the arms or legs, dizziness, nightmares, drowsiness, and fatigue.

- **Soma** (carisprodol) is a tranquilizer that acts on the central nervous system to relax muscles. It's used as a sleep aid and muscle relaxer. The most common complaint is its sedating nature. It can be helpful, especially if there is a great deal of muscle guarding or chronic unrelenting tightness. This medication does not promote deep, restorative sleep.

Soma and other muscle relaxants have an assortment of unwanted side effects including fatigue, rapid heartbeat, dizziness, depression, breathing difficulties, chest tightness, and trembling.

- **Elavil** (amitriptyline) is an antidepressant that has become synonymous with treating FMS. It was one of the first drugs to be studied in the treatment of FMS. It can be very helpful in reducing the pain associated with FMS, but it has several potential side effects. It is also prone to lose its effectiveness over time. This medication does promote deep, restorative sleep.

Elavil may cause weight gain, early morning hangover, neurally mediated hypotension (low blood pressure), depression, poor sleep, anxiety, and irregular heartbeat.

- **Flexeril** (cyclobenzaprine) is a muscle relaxant chemically similar to the antidepressant Elavil. It is sometimes used as a sleep aid. Unlike many of the prescription medications for sleep, Flexeril does allow the patient to go into deep stage four (restorative) sleep. It is quite sedating. This medication does promote deep, restorative sleep.

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Side effects, including gastritis and a feeling of being hung-over or “out of touch,” prevent most patients from remaining on this drug for very long.

- **Baclofen** (lioresal) is a muscle relaxant similar to the natural neurotransmitter GABA. This medication does not promote deep, restorative sleep.

Side effects include fatigue, drowsiness, low blood pressure, weakness, dizziness, nausea, headache, depression, weight gain, and insomnia.

- **Sonata** (zaleplon) is designed to last for only four hours. This helps prevent morning hangover. I’ve not found it to be very effective, though, since most of my patients have trouble sleeping through the night, not just with getting to sleep.

Side effects include drowsiness, amnesia, tingling in hands and/feet, abnormal vision, mood disorders, and perversion of sense of smell.

- **Zanaflex** (tizanidine) is a muscle relaxant that has gained some popularity among physicians treating FMS. It is sedating and, like other muscle relaxers, can help with insomnia. This medication does not produce deep, restorative (delta-wave) sleep. It does not help increase serotonin levels; it only tranquilizes the nervous system. For this reason alone it should be avoided.

Zanaflex is associated with numerous side effects including liver failure (at least three individuals have died from taking

this medication), asthenia (weakness), somnolence (prolonged drowsiness or a trance-like condition that may continue for a number of days), dizziness, UTI (urinary tract infection), constipation, liver injury, elevated liver enzymes, vomiting, speech disorder, blurred vision, nervousness, hypotension, psychosis/hallucinations, bradycardia (slow heart action), pharyngitis (sore throat), and dykiensia (defect in voluntary movements). The stuff is poison!

- **Anti-anxiety medication or Benzodiazepines:**  
**Xanax, Klonopin, Ativan, Restoril, Busbar, Tranxene, Serax, Librium, Tegretol, Valium, Trileptal, Seraquel, Risperdal, Symbax**

These medications are usually used as anti-anxiety medication. They're addictive, and patients build up a tolerance so that the drug eventually loses its effectiveness as a sleep aid. These medications have many side effects that contribute to poor health and should be (slowly over a 4 week period) weaned off as soon as possible.

No one has an anti-anxiety drug deficiency. Increasing low serotonin levels with 5HTP and, if needed, using gamma-amino-butyric-acid (GABA) helps prevent anxiety rather quickly.

Remember: you should work with a medical doctor and slowly wean (over a 4 week period) off these medications. There are numerous withdrawal symptoms associated with these drugs, so the slower the better.

The big problem with these medications is that they are loaded with side effects that cause further health problems (depression, fatigue, memory loss, “fibro fog” etc.) yet don’t promote deep, restorative sleep.

Side effects associated with these medications include sleep disturbances (poor sleep), seizures, neuropsychiatric disturbances (mania, depression, suicide, etc.) tinnitus (ringing in the ears), transient memory loss (amnesia), dizziness, agitation (anxiety), disorientation, hypotension (low blood pressure), nausea, edema (fluid retention), ataxia (muscular incoordination), tremors, sexual dysfunction (decreased desire and performance), asthenia (weakness), somnolence (prolonged drowsiness or a trance-like condition that may continue for a number of days), and headaches.

- **Neurontin and Gabitril**

GABA inhibitors such as Gabitril (tiagabine) 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 being prescribed for chronic headaches (with some success). I’ve not found them to be helpful for the diffuse extremity pains associated with FMS. They don’t promote deep, restorative sleep and can cause many of the same symptoms associated with CFS and FMS. Most patients can wean off these medications with no problems.

There are several side effects associated with their use, including somnolence (prolonged drowsiness or a trance-like

condition that may continue for a number of days), dizziness, weakness, fatigue, double vision, edema (fluid retention), ataxia (muscular in-coordination), thought disorder, possible long-term ophthalmic problems (abnormal eyeball movements and disorders), tremors, weight gain, back pain, constipation, muscle aches, memory loss, asthenia (weakness), depression, abnormal thinking, itching, involuntary muscle twitching, serious rash, and runny nose.

Don't these side effects sound like some of the symptoms associated with FMS and CFS?

Interestingly, the pharmaceutical giant Pfizer recently plead guilty to marketing Neurontin for uses unapproved by the federal government. They were fined \$430 million, including a \$240 million criminal fine, the second-largest in a health-care fraud prosecution. Of course, Pfizer's 2003 revenue was \$45.1 billion. The company admitted to marketing Neurontin to treat bipolar disorder, attention deficit disorder, Lou Gehrig's disease, drug and alcohol withdrawal seizures, migraine headaches, and restless leg syndrome, even through a scientific study showed a placebo worked as well as or better than Neurontin for bipolar disorder. Marketing tactics included paying doctors to attend presentations in lavish vacation surroundings.

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

The side effects associated with this drug, especially the fatigue and low blood pressure, prevent patients from having any extra energy.

Note this excerpt from a letter from the manufacturers of Topamax (Ortho-McNeil Pharmaceutical, Inc.) to doctors: “Topamax: drug used to control epilepsy, off-label drug for anxiety or insomnia—may cause serious eye damage and/or blindness. 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.”

- **Beta Blockers:**

- **Inderal, Lorpresser, Tenormin, Torprol, Etc**

- Beta blockers, such as Inderal (propranol), Lorpresser (metoprolol), Tenormin (atenolol), and Torprol (metoprolol), are used for long-term management of angina (chest pain), mitral valve prolapse (MVP), heart arrhythmias (irregular heart beats), and hypertension (high blood pressure). These medications have some very serious side effects and should be avoided at all costs. I’m always amazed at how many of my patients are taking these drugs for MVP. The best way to stop the symptoms associated with heart irregularities, including MVP, is to correct magnesium deficiency. Magnesium is certainly a lot safer than these drugs (should be taking 500 to 700 mg of magnesium a day).

Beta-blockers slow the heart rate, which reduces cardiac output. This leads to low blood pressure and fatigue. The brain and muscles aren’t getting enough blood and oxygen. This

can lead to fuzzy thinking, poor memory, depression, anxiety, and physical fatigue.

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 (CHF), reduced cardiac output, fatigue, heart block, dizziness, depression, bradycardia (decreased heart beat and function), cold extremities, parathesia (a feeling of “pins and needles”), dyspnea (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, hyperkalemia (muscle cramps), muscle fatigue, lowered libido, impotence, postural hypotension, raised triglycerides, lowered HDL, raised LDL, and hyperglycemia. Dr. Houston recommends Hawthorne berry as a natural beta-blocker alternative. Hawthorne berry is an ACE inhibitor; it works by inhibiting (blocking) the angiotensin-converting enzyme. This enzyme is what causes the constriction of arteries (raises blood pressure and heart contraction/rate). Recommended dose of Hawthorne berry is 160–900 mg of standardized extract daily.

I have found that most people can wean off beta-blockers and other high blood-pressure medications by increasing their Omega-3 (fish oil) and magnesium (700 mg a day or up to bowel tolerance). Some individuals will also need niacin (B3) at rather high doses.

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For more information about lowering cholesterol, blood pressure, or blood fats (triglycerides), please visit my website, [www.DrRodger.com](http://www.DrRodger.com), or call 1-888-884-9577 to order a special report booklet on Beating Heart Disease, MVP, High Cholesterol, and High Blood Pressure.

- **Stimulants:**

- **Adderall, Concerta, Cylert, Etc**

- Stimulants such as Adderall (amphetamine), Concerta (methylphenidate), Cylert (pemoline), Dexedrine (dextroamphetamine sulfate), Focalin (dexmethylphenidate HCL), Metadate (methylphenidate), and Ritalin (methylphenidate) are use to increase adrenaline.

They can be very helpful in increasing a person's energy. But you may remember the saying "speed kills." With the exception of Provigil, these medications are nothing more than various forms of amphetamines ("speed"). These drugs 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**, the narcolepsy drug, is being recommend for fatigue associated with FMS and CFS. This medication is designed to keep a person from going to sleep. Yes, it can help wake you up in the morning and make you more alert. However, the reason you're tired is because you're not going into deep, restorative sleep each night. However, this medication will interfere with your normal circadian rhythm (sleep wake cycle). The worse thing you can do is take a medication that

interferes with your circadian rhythm. Anything that may disrupt your ability to go into deep sleep each night, should be avoided.

Side effects include: insomnia (big problem), Tourette's syndrome (movement disorder consisting of grimaces, ticks, and involuntary outbursts), nervousness, unstable mood (anxiety, mania, depression, irritability, aggression, etc) tachycardia (rapid heartbeat), hypertension (high blood pressure), tics (abnormal muscle movements), psychosis (abnormal behavior), headaches, seizures, visual disturbances, anorexia (unwanted weight loss), aplastic anemia (arrested development of bone marrow), liver dysfunction, and blood dyscrasias (disease).

**Note:** If you're consistently sleeping through the night, then it is probably best to wait on weaning off these medications. If natural sleep recommendations (5HTP, melatonin, etc.) aren't working, then you need to wean off the amphetamines sooner.

When people do wean off these stimulants, they will feel very lethargic and even depressed for awhile (wean off these medications slowly; over 4 week period). You can counter this by using the amino acid L-phenylalanine at 4,000–10,000 mg twice daily on an empty stomach (but not later than 4 p.m.). You should increase your adrenal cortex glandular dose to 1,000 mg twice daily. Or you can use S-adenosyl-methionine (SAME), 600 mg–1,000 mg daily, taken on an empty stomach. SAME is a serotonin and norepinephrine reuptakeinhibitor. It quickly increases adrenaline levels and results in more mental and

physical energy (without all the side effects associated with prescription medications).

- **Cholesterol Lowering Medications:**

- **Lipitor, Zocor, Crestor, Etc**

- Cholesterol-lowering HMG-CoA reductase inhibitors (statin drugs) such as Lipitor (atorvastatin), Lescol (fluvastatin), Altacor (lovastatin), Mevacor (lovastatin), Pravachol (pravastatin), Zocor (simvastatin), and Crestor (rosuvastatin) can cause diffuse muscle pain similar to that seen in FMS and CFS. Also, consider this quote from JAMA: “Drugs that lower fats (lipids) and cholesterol have been shown to increase the risk of certain cancers.”<sup>7</sup>

Potential side effects of these drugs are myalgia (muscle pain), rhabdomyolysis (a destructive muscle disorder that usually causes temporary paralysis or weakness of the affected muscle), myopathy (muscle inflammation), renal dysfunction (kidney failure), dizziness, headaches, GI upset, arthralgia (joint pain), flu-like symptoms, elevated liver enzymes, and sinusitis.

Again, these sound like a lot of the symptoms associated with FMS and CFS.

### ***Cholesterol is an Essential and Important Fat***

Contrary to popular medical fiction, cholesterol is an important part of overall health and doesn't cause (in and of itself) arteriosclerosis. Cholesterol is essential in maintaining proper hormone production. Testosterone, dehydroepiandrosterone (DHEA), progesterone, estradiol, and cortisol are all made from cholesterol.

Cholesterol plays a major role in brain cell function. Furthermore, low cholesterol (130 and below) has been linked to certain mood disorders including depression and anxiety, as well as increased risk for heart attack.

Cholesterol and fats are the very building blocks that make up each and every cell. Cholesterol is an important fat that helps keep cell membranes permeable. This permeability allows the good nutrients to get into the cell and toxic waste products to get out of the cell.

Over 8% of the brain's solid matter is made up of cholesterol. Lipids (fat) make up 70% of the brain. This fat insulates brain cells and allows neurotransmitters to communicate with one another.

Cholesterol is essential for proper brain function and normalized neurotransmitters (remember serotonin)! A deficiency in cholesterol can result in mood disorders including depression, anxiety, irritability, and "fibro fog."

Cholesterol is also involved in the production of such essential hormones as DHEA, testosterone, estradiol, progesterone, and cortisol. Because it is essential to our very survival, the body manufactures cholesterol on a daily basis. Eliminating cholesterol from our diet only triggers the body to make more! Cholesterol is not the villain it has been made out to be.

Rather, a deficiency in essential fatty acids and a diet high in trans-fatty acids provides the ammunition for cardiovascular disease and poor health.

There are receptor sites on the membranes at which point the happy hormones (serotonin and others) attach themselves. Trans-fatty acids block the cellular membrane receptor sites. A blocked or hardened cellular membrane prevents nutrients from entering and exiting the cell. The neurotransmitters are then unable to attach themselves to the cell's membrane. This can lead to depression, insomnia, anxiety, fatigue, ADD, or any disorder that involves the brain hormones (serotonin, epinephrine, dopamine, etc.).

## NATURAL CHOLESTEROL LOWERING PROTOCOL

I don't recommend patients stay on cholesterol-lowering medications unless they have total cholesterol levels above 300. Even so, they should be using nutritional therapies to help reduce their total cholesterol levels.

Start with 400–500 mg of timed release niacin (vitamin B3). Make sure it is timed or sustained release form of niacin. This will prevent the flushing that occurs with high doses of regular niacin. Some very sensitive individuals (especially if have a sluggish liver, hepatitis, fatty liver, etc.) will need to take a special form of niacin called “No Flush” niacin (inositolhexaniacinate).

Regardless, you'll need to begin with 400–500 mg a day for 3 days. Then increase to 400–500 mg twice a day for three days. Then double the dose 800–1,000 mg twice a day.

You should also add policosanol (a derivative of sugar cane wax) and increase your fish oil intake (there is 2,000 mg in the CFS/Fibro Formula) to a total of 3,000–6,000 mg a day.

Policosanol has been shown in more than 15 double-blind controlled clinical trials to correct levels of total, HDL, and LDL cholesterol.

For more information about lowering cholesterol, blood pressure, or blood fats (tryglycerides), please visit my website, [www.DrRodger.com](http://www.DrRodger.com) or call 1-888-884-9577 for information about ordering a special report booklet on Beating Heart Disease, High Cholesterol, and High Blood Pressure.

- **Antidepressants:**

- **Prozac, Zoloft, Celexa, Paxil, Etc**

- Selective Serotonin Reuptake Inhibitors (SSRIs)

- SSRIs work by increasing the brain's use of the neurotransmitter serotonin. Serotonin deficiency is linked to depression, lowered pain tolerance, poor sleep, and mental fatigue.

- All SSRIs are partially or wholly broken down in the liver.

- This can create liver dysfunction in some patients, so patients with a sluggish liver should be cautious in taking these medications.

- Common side effects include headache, muscle pain, chest pain, anxiety, nervousness, sleeplessness, drowsiness, weakness, changes in sex drive, tremors, dry mouth, irritated stomach, loss of appetite, dizziness, nausea, rash, itching, weight gain, diarrhea, impotence, hair loss, dry skin, chest pain, bronchitis, abnormal heart beat, twitching, anemia, low blood sugar, and low thyroid. Examples of SSRIs include Zoloft (sertraline), Paxil (paroxetine HCL), Celexa (citalopram), Prozac (fluoxetine), Luvox (fluvoxamine), etc.

### *Other Side Effects Noted for Antidepressants*

Harvard Medical School's Dr. Joseph Glenmullen recently reported on the many dreadful side effects associated with conventional anti-depressant medications. These include 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.<sup>8</sup>

### *Increased Link to Suicide*

Another frightening “side effect” is a suspected link between SSRI use and suicide in teenagers and children. Drug regulators have recommended that Paxil not be newly prescribed to anyone under age 18. Some regulators believe the risk extends to adult patients, as well.<sup>9</sup>

### *No Better than a Sugar Pill?*

An article that appeared in the American Psychology Association's journal reveals that SSRIs are not much better than placebo. Although antidepressant medication is widely regarded as effective, a recent meta-analysis of published clinical trials indicates that 75 percent of the response to antidepressants is duplicated by placebo. In other words these antidepressants were only 25 percent more effective than a sugar pill.<sup>10</sup>

### *Other Antidepressants*

- **Wellbutrin** (bupropion HCL) is usually reserved for major depression. It increases the neurotransmitters serotonin, epinephrine, and dopamine.

Side effects include seizures, dry mouth, rapid heartbeat, headache (including migraines), sleeplessness, loss of concentration, and fatigue.

- **Effexor** (venlafaxine) is chemically different from other antidepressants. It helps the brain hold onto serotonin, epinephrine, and dopamine.

Effexor (venlafaxine) and Cymbalta (duloxetine) are known as serotonin and norepinephrine reuptake inhibitors (SNRIS). Side effects include blurred vision, fatigue, dry mouth, sleeplessness, nervousness, tremors, weakness, nausea, constipation, loss of appetite, and vomiting, pain, insomnia, (always take this medication in the morning), chest pain, fever, neck pain, migraine, increased appetite, weight gain, swelling or fluid retention, amnesia, confusion, vertigo, cough, itching, abnormal periods, increased risk of prostritis (inflammation of prostate), problems with urination, vaginal inflammation, and dozens of less common side effects including the ones mentioned above for SSRIS.

- **Cymbalta** has received a great deal of fanfare from its supplier, Lilly. However, it is not really any different than Effexor, a drug that has been around for quite some time. The January 2005 issue of Best Pills Worst Pills News reports that this serotonin and norepinephrine reuptake inhibitor (SNRI) has been shown to cause liver toxicity. This medication can also cause high blood pressure. Cymbalta has been marketed as an antidepressant that also helps block pain. The Medical

Letter on Drugs and Therapeutics found that Cymbalta was “nothing special” and concluded their October 11, 2004 report by saying: Whether duloxetine offers any advantage over venlafaxine (Effexor) or an SSRI (selective serotonin reuptake inhibitor) like fluoxetine (Prozac and others) remains to be established. The manufacturer’s claim that duloxetine is the antidepressant for painful symptoms associated with depression is unsupported; no comparative trials are available.

### *Tricyclic Antidepressants: Elavil, Pamelor, Doxepin, Etc*

Tricyclic antidepressants block the hormones serotonin and norepinephrine. This produces a sedative effect. They also reduce the effects of the hormone acetylcholine. Like other antidepressant medications, these drugs are processed by the liver and can cause liver toxicity.

Common side effects include sedation, confusion, blurred vision, muscle spasms or tremors, dry mouth, convulsions, constipation, difficulty in urinating, and sensitivity to light. Examples of tricyclic antidepressants include Pamelor (nortriptyline) and Elavil (amitriptyline).

- **Elavil** (amitriptyline) is an antidepressant now synonymous with treating FMS. It was one of the first drugs to be studied in the treatment of FMS. It can be very helpful in reducing pain, but it has several potential unwanted side effects: weight gain, early morning hangover, neurally mediated hypotension (low blood pressure), and irregular heartbeat.

## WARNING

### *Consult your doctor before discontinuing any medications.*

I don't recommend you stop taking your prescription medications until after you start feeling better on my program. Stopping medications can trigger a host of withdrawal symptoms. Start taking the supplements I recommend, build your stress coping system up, and allow your body to start healing itself. After you start feeling stronger (it may be a few months) then with the help of your doctor, slowly start weaning off the medications. Most of the medications can be weaned off and never missed. Some medications will have to be re-started until you become stronger or find other less toxic options.

The medications listed below have potential side effects that will prevent you from beating FMS and CFS, and you should focus on weaning off of these medications (with the help of your medical doctor) first. These medications should be weaned off, one at a time, with the help of your doctor as soon as possible after starting the supplements listed in this manual.

- Zanaflex. This medication doesn't promote deep sleep and can cause all sorts of symptoms including muscle aches, depression, mental fatigue and all the other usual things associated with FMS.
- All the **Anti-anxiety medication** or **Benzodiazepines: Xanax, Klonopin, Ativan, Restoril, Busbar, Etc**  
These medications can cause depression, fatigue, and mental disorientation. They drain you.

- **Cholesterol Lowering Medications:**

- **Lipitor, Zocor, Crestor, Etc**

- All cholesterol lowering medications, especially the statins, should be suspected as a cause of muscle aches, depression, and lethargy. You should attempt to wean off these drugs and see if it has been a source of muscle pain. If it makes no difference, then no problem. Statins reduce CoQ10, and this is the cause of muscle pain. If you must stay on these medications (especially if total cholesterol is above 300), then I recommend you start taking 100–200mg of CoQ10 a day.

- **Stimulants:**

- **Adderall, Concerta, Cylert, Etc**

- These medications bankrupt your stress coping account. They rob Peter to pay Paul. They interfere with your sleep/wake cycle and make sleep disorders even worse.

- **Beta Blockers:**

- **Inderal, Lorpresser, Tenormin, Torprol, Etc**

- These medications prevent you from ever having any get up and go. They drain you.

- **Topamax** – same as above.

- **Neurontin and Gabitril** don't seem to help with the pain associated with FMS or CFS and are loaded with potential side effects that are a mirror images of those associated with FMS and CFS.

### ***The Emperor Has No Clothes***

Drugs can be helpful, but longterm use by those with chronic illnesses can lead to dependence and further complications. Short-term use to mask unwanted symptoms is certainly justified and appreciated by both the patient and the doctor. But FMS and CFS don't develop from a deficiency of pain medicine. They are caused by a body's inability to maintain homeostasis (a healthy balance).

Prescriptions can be invaluable, but most drugs have unwanted side effects. So sometimes the cure can be worse than the disease. Studies now show that complications from prescription medications kill over 100,000 people a year. These complications are the fourth leading cause of death in the United States! Only heart disease, cancer, and accidents claim more lives each year.

In addition, many of the side effects of these drugs are similar or identical to the symptoms of FMS and CFS. These similarities can cause confusion when trying to determine the effectiveness of treatment.

I believe prescription medications serve a valuable role in today's health care. Not everyone can be drug free, and most of my patients are on at least one prescription medication. However, I also feel it's best to use drugs judiciously. Drug therapy in and of itself will not correct all the symptoms of FMS and CFS. If it did, everyone would get well, and there would be no reason to be reading this manual.

### ***Prescription Medications Offer Little Hope***

A study conducted by the Mayo Foundation for Medical Education and Research demonstrates the need for FMS and CFS treatment beyond drug therapy. Thirty-nine patients with FMS were inter-

viewed about their symptoms. Twenty-nine were interviewed again 10 years later. Of these 29 (mean age 55 at second interview), all had persistence of the same FMS symptoms. Moderate to severe pain or stiffness was reported in 55% of patients, moderate to a great deal of sleep difficulty was noted in 48%, and moderate to extreme fatigue was noted in 59%. These symptoms showed little change from earlier surveys. The surprising finding was that 79% of the patients were still taking medications to control symptoms. We can conclude that the medications weren't making a significant impact.<sup>11</sup>

### *Medications Can Cause Nutritional Deficiencies*

- **Aspirin** depletes folic acid, iron, potassium, sodium and vitamin C.
- **Beta-blockers** deplete coenzyme Q10 (co-Q10), an important nutrient for liver function and for cardiovascular and overall health. This can lead to heart disease, fatigue and muscle pain.
- **Amitriptyline** (Elavil) depletes co-Q10 and vitamin B2. This can cause headaches, anxiety, depression, heart disease, fatigue, and muscle pain.
- **Carbamazepine** (Tegretol) depletes biotin, folic acid, and vitamin D. This can cause pain, fatigue, and depression.
- **Celecoxib** (Celebrex) depletes folic acid.
- **Corticosteroids** (cortisone, dexamethasone, hydrocortisone, prednisone) depletes calcium, folic acid, magnesium, potassium, selenium, vitamin C, vitamin D, and zinc. This can cause depression, fatigue, pain, heart disease, and other illnesses.
- **Digoxin** (Lanoxin) depletes calcium, magnesium, phosphorus, and vitamin B1.
- **Estrogens** (Estrace, Estratab, Estrostep, Menest, Premarin)

deplete magnesium, omega-3 fatty acids, vitamin B6, zinc, and Omega-3 fatty acids. This can cause pain, depression, poor immune function, and other illnesses.

- **Famotidine** (Pepcid and Pepcid AC) depletes calcium, folic acid, iron, vitamin B12, vitamin D, and zinc. May lead poor immune function, fatigue, depression, and pain.
- **Hydrochlorothiazide** (Esidrix, Ezide, Dyazide, DydroDIURIL, Hydro-Par, Maxide, Microzide, Oretic) depletes co-Q10, magnesium, potassium, vitamin B6 and zinc. This could cause pain, fatigue, depression, restless leg syndrome, irritable bowel syndrome, spastic colon, and other illnesses.
- **Nonsteroidal Anti-inflammatory Drugs** (fenoprofen, ibuprofen, naproxen, Aleve, Anaprox, Advil, Excedrin, Motrin, Naprosyn, Nuprin, Orudis, and Pamprin) deplete folic acid. This can cause anxiety and depression.
- **Omeprazole** (Prilosec) depletes vitamin B12. This can lead to fatigue, anemia, and depression.
- **Oral contraceptives** deplete vitamin C, vitamin B2, folic acid, magnesium, vitamin B6, vitamin B12 and zinc. This could lead to poor immune function, anxiety, depression, and fatigue.
- **Prevastatin** (Pravachol) depletes co-Q10. This could lead to heart disease, fatigue, and muscle pain.
- **Ranitidine Hydrochloride** (Zantac) depletes calcium, folic acid, iron, vitamin B12, vitamin D, and zinc. This could cause poor immune function, fatigue, depression, anxiety, restless leg syndrome, anemia, and more.
- **Triamterine** (Dyrenium) depletes calcium, folic acid, and zinc. This could cause fatigue, depression, anxiety, and poor immunity.
- **Valproic acid** (Depacote) depletes carnitine and folic acid.<sup>12</sup>

This could contribute to diabetes, depression, and fatigue.

- **Lipitor, Crestor, Zocor, etc.**, or statin drugs block production of co-Q10. This action can lead to muscle aches and pains.

### *The System is Clearly Broken*

The Centers for Medicare and Medicaid stated in a recent report that the nation spent \$140.6 billion in the year 2000 on prescription drugs.

It is estimated that over one billion prescriptions were written last year. But though the US spends more money per capita than any country in the world, the World Health Organization ranks the overall health of the US as 15th among the 25 industrialized countries.<sup>13</sup>

Our current AMA-dominated paradigm is based around controlling symptoms. Conventional medicine has made very little progress (if any) in correcting the causes associated with most of today's chronic illnesses: heart disease, cancer, arthritis, diabetes, and depression.

The Office of Technology Assessment, under the authority of the Library of Congress, published a year-long study entitled "Assessing the Efficacy and Safety of Medical Technology." The study showed that only 10–20% of all present-day medical practice has been shown to be beneficial by scientific controlled clinical trials. The study concluded that the vast majority of medical procedures now being utilized routinely by physicians are "unproven."

### *The Myth of Health in America*

Death from medical errors is now the third leading cause of death in the US, behind heart disease and cancer. As reported in JAMA, over 250,000 Americans die each year from medical therapies, including at least 113,000 from the negative effects of prescription medications.<sup>14</sup>

For instance, calcium channel blockers, used to treat high blood pressure and heart disease, actually increase the risk of stroke and of heart attack five times, according to Dr. Kurt Ferver, Wake Forest School of Medicine.

Propulsid, a drug used for GERD and gastro paresis (delayed emptying of the stomach usually found in diabetics), caused severe heart rhythm abnormalities. In June 1998, the FDA issued a statement reporting 38 deaths in the United States from people taking Propulsid: “Due to reports of serious heart arrhythmias and deaths in people taking Propulsid (Cisapride), the label had been changed to reflect these dangers.”

- 30 million Americans suffer from serious arthritis.
- 13 million Americans suffer from diabetes.
- 80 million Americans suffer from serious allergies.
- 64% of the population is overweight.
- More than 10 million suffer from psoriasis.
- More than 10 million have asthma.
- 15 million are insomniacs.
- Each year, Americans consume 5 billion sleeping pills.
- Each year, 15,000 Americans die from sleeping pills.
- 13 billion barbiturates and amphetamines are consumed each year.
- 36,000 tons of aspirin are consumed each year.

- Life expectancy for a 1-year-old is no longer now than it was in 1900.
- The life expectancy of an American man ranks 20th in the world.
- The life expectancy of an American woman ranks 15th in the world.
- In 1987, 33,592,000 Americans were admitted to hospitals.
- That same year, we had 300,960,000 outpatient visits in short-stay hospitals.
- 5 million are hospitalized each year for side effects to prescription drugs.
- 50% of Americans die of heart disease.
- 1,000 Americans die each day from cigarettes.
- 461,563 Americans died from cancer in 1985. 469,376 died in 1986. 476,927 died in 1987.
- From March 1990 to March 1991 alone, 508,210 people died of cancer.
- 86% of our children can't pass a minimum physical fitness test.<sup>15</sup>

### ***Recommended Reading***

- *What Doctors Don't Tell You* by Lynne McTaggart, Avon Books. (Highly recommended!)
- *The Truth About the Drug Companies* by Marcia Angell, MD, former editor of The New England Journal of Medicine.
- *Why I left Orthodox Medicine* by Derrick Lonsdale, MD, Hampton Roads Publishing.
- *What Your Doctor Didn't Learn In Medical School* by Stuart Berger, MD, William Morrow and Company.
- *The Pill Book, 10th edition* by Harold M. Silverman; 2002.

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