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8 Drugs Doctors Won't Take

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By Lynn Allison

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Every doctor knows that there are two types of top-selling medications: Those that are popular because they are effective and those that sell well because of big drug company marketing campaigns. It is this second kind of medication that doctors avoid taking themselves.

"These drugs can kill more people than they help," Jacob Teitelbaum, M.D., author of the best-selling book "Real Cause, Real Cure," tells Newsmax Health.

Here are eight drugs many doctors won't take when dealing with their own health problems:

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Advair. This asthma medicine has been estimated to contribute to as many as 5,000 asthma-related deaths annually because its active ingredient, the beta-agonist (LABA) salmeterol, can actually make an attack worse. Dr. Teitelbaum instead recommends getting to the root cause of asthma by pinpointing allergies or nutritional deficiencies such as low vitamin C. Alternatively, he advises treating the condition with the anti-inflammatory herb, boswellia.

Avandia. Treating Type 2 (non-insulin dependent) diabetes with Avandia, (rosiglitazone) can be dangerous, says Dr. Teitelbaum. Studies have shown that people who took this drug to help control their diabetes for at least a year increased their risk of heart failure by a whopping 109 percent. Teitelbaum says an older diabetes drug, metformin, works well, is less expensive, and safer.

Celebrex. This pain reliever has been linked to kidney and liver damage. According to a 2005 study, those taking 200 milligrams of Celebrex twice daily more than doubled their risk of dying of heart disease. People who took twice as much tripled their risk. Dr. Teitelbaum says that head-on studies of patients who took herbal pain killers such as curcumin and boswellia had as much relief from these safer alternatives as they experienced with Celebrex.

Ketek. This antibiotic, generically named telithromycin, can cause sudden and serious liver damage. Four fatal cases of drug usage have been reported. It's been traditionally been prescribed for respiratory tract infections, but in 2007 the FDA limited usage of Ketek to the treatment of pneumonia. Ask your doctor if there is an alternative that is specific to the infection you have, advises Dr. Skip Lenz, a Florida-based compounding pharmacist.

Prilosec and Nexium. These stomach acid blockers have been linked to osteoporosis and can increase the risk of hip fractures. They can also increase pneumonia risk. "Your body needs a certain amount of stomach acid," says Dr. Teitelbaum. "When you experience heartburn, it means you are suffering from poor digestion. Try a plant-based digestive enzyme or use a vinegar-based salad dressing to help quell the fire. Drinking a small amount of diet cola can also help digestion."

Pseudoephedrine. This popular decongestant can dangerously raise blood pressure and heart rate and has been linked to heart attacks and strokes. Use saline solutions to clear nasal passages and increase your intake of vitamin C, says Dr. Teitelbaum.

Visine. Cary Silverman, M.D., medical director of EyeCare 20/20 in East Hanover, N.J., states it simply: "I hate Visine. It works great at 'getting the red out' but the problem is, when you stop the Visine, the red is back. We call it the rebound phenomenon. It's kind of like getting addicted to the medicine. I recommend using an over-the-counter artificial tear drop first. If this doesn't work, some OTC allergy drops such as Zaditor are good. "If this doesn't solve the problem, it's time to see your ophthalmologist."

Stephen Sinatra, M.D., a top cardiologist, says that Avandia, Celebrex, and pseudoephedrine are the three that trouble him the most. "These three bother me the most from cardiovascular point of view," he says. "Avandia, because of its role in congestive heart failure; Celebrex because it causes thickening of the blood, which no cardiologist would condone; and pseudoephedrine because it's a powerful vasoconstrictor that can damage tissues."

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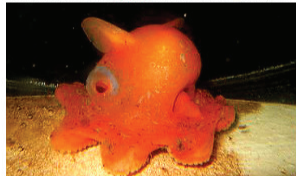
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