



Episode 07: Misconceptions about Common Medications

Katie: Mary Lee, welcome back. I'm excited for this episode, as well. Another topic that you and I have discussed and that it seems like that has become a bigger and bigger topic recently, is common misconceptions when it comes to digestive health. Especially with cholesterol and how heart health is tied in here. I'm not an expert on this as you are with the pharmaceutical side, but from what I've read, heartburn and indigestion have become really rampant problems lately and you probably, in the pharmacy, maybe you see a lot of this first hand in the sales of things like acid blockers and proton pump inhibitors are some of the fastest growing in the pharmaceutical industry, at least from the report that I read. Can you talk about some of these drugs, how they affect the body, and do they really solve the problem, or what are they doing in the body?

Mary Lee: Yes, I can. First of all, let me tell you I'm so excited to be here, and I'm having lots of fun. We talked a little bit about how medications deplete nutrients and these nutrient depletions can cause another system or complaint and you go to your doctor, and he gives you another medicine, and the cycle repeats itself. Let me give you three ways of how this can occur, these nutrient depletions from these prescriptions. These medications or chemicals can kelate or grab a vitamin or

mineral and hold it, and that makes it unusable to the body. These prescriptions can also alter or change the PH or the acidity in our stomach, and this affects digestion, and digestion is the key to good health. The third way is, these prescriptions or medications can stimulate or inhibit enzymes that are involved in chemical reactions throughout the body, and this just totally disrupts the natural process.

Katie: That makes a lot of sense. Why do you think we're seeing a rise of a lot of these problems, with indigestion, and heartburn, and the need for all of these proton pump inhibitors and acid blockers?

Mary Lee: Acid blockers, this is a highly prescribed group of medications. Whether it's Zantac, the generic name for that is Ranitidine. We have Pepcid, the PTIs, proton pump inhibitors, would include Nexium, Protonix, Prilosec, Omeprazole, highly prescribed. What do these drugs do? Ideally, they decrease stomach acid. When they were created, probably about twenty years ago, it was a strong class of drugs that were created. It shuts ... Not shuts down stomach acid completely, but very much diminishes it. They were intended to be used for only six weeks, and ideally, just for ulcer patients because that is too much acid production in the stomach. The problem is, we're on these drugs for years. We've way past the six week point and if you just bring in common sense, if you just ask the question, "Since when do we need a pill so that we can eat?" That's not right, that's not right.

These acid blockers, proton pump inhibitors are shutting down your stomach acid. Guess what? That's an essential function in the body, you have to have it to break down, digest your food, and absorb your nutrients. Also, the stomach acid fights off invading viruses and bacteria that we might be exposed to through the mouth. These drugs, if you're going to deplete your stomach acid, you can just imagine what these drugs are depleting nutritionally-wise, vitamins, minerals, hormones, everything, bottom line. If you're doing to do this drug, you're going to eventually get a lot of antibiotics, because you're going to be sick because our stomach acid is essential in the immune system. You're going to be low in magnesium, you're going to be low in B vitamins, you're going to be low in Zinc, and all these things are going to precipitate more symptoms and create more complaints that you're going to go to your doctor and get more prescriptions.

I call this the cascade of doom. If you're going to be on a PPI, ask yourself, "Why am I on it?" There's a reason why you're on it. Here we go, back to good again, back to stress. What are you eating? Are you drinking too much alcohol? Are you eating on the run? Are you chewing your food? It even gets as simple as, are you chewing your food? Are you basically just chewing a couple of bites, and then swallow it? Digestion begins in the mouth. Ideally, I don't want anybody on this medication, but if you do, say if you have an ulcer, be sure and take a good multivitamin with it and also a good probiotic, and I would take extra magnesium to address these depletions. What's scary is that we're putting our newborn babies on these drugs now. We fill prescriptions all the time that we have to compound these up for the newborns and the infants, and even the young toddlers that are having acid reflux, and the doctors do not hesitate one bit to put them on it.

Think about what you're doing to that child's digestion for his future growth. The sad thing is, it's hard to convince the doctors and the moms, because the baby feels better, mom feels better, doctor thinks he's had a success story. Once again, that gets back to food, what is the mom feeding the baby? What kind of birth did we have? Did the babies gut get populated as it should have? If not, get that child on a probiotic to help get his gut populated with good bacteria so he can support his immune system and grow the way he should.

Katie: Yeah, exactly. It's kind of amazing, I feel like, even in the last just five or six years, that I've been ... A lot of my friends have been having kids, and we've been having kids. I know a lot cases of babies going on these drugs and even adults. When I talk to my parents and even my grandparents, before they passed away, it seems like this is extremely recent, and more and more so. There are so many commercials for some of these drugs that you mentioned like Prilosec, and Nexium, every other commercial during sports and different events that we watch on TV. Why are we seeing the rise of these problems so much, does it also go back to other cascades of interventions with pharmaceuticals? Is it just more dietary? Like you said, we shouldn't need a pill to eat food.

Mary Lee: Yes. Are you talking about the babies, the children?

Katie: The babies, too. Yes.

Mary Lee: You know what? It's like they think that a baby having colic is abnormal. Babies spit up, that's the normal thing. Sometimes I feel like it's a lot of intolerance and not being patient enough. I feel like, when a mom comes to me that's been put on an acid blocker for her child, first thing I ask them, "Was your baby a C-section or vaginal birth? Did you breastfeed?" From those answers, if they did not breastfeed or if they were a C-section, or even if they were, I talk to them about, "Well, what's this baby being exposed to? Did the doctor talk to you about a probiotic?" I tell the mom, I say listen, "You are cutting the acid production from this baby's stomach. It's going to affect his health long-term. If you're going to use this, use it short term, but by all means, please get on a probiotic and this is why." Usually, when I tell them that, most of them will agree to the probiotic and they say, "Well, why didn't my doctor tell me this?"

I feel like I swim upstream a lot trying to convince the moms, but when I get their attention they really listen to me, they understand what they're doing, and they try to minimize that drug or at least use it for a short term, and then address it otherwise.

Katie: That makes sense. I would guess if this is reducing stomach acid, are there side effects to these, like constipation or things like that? I've also read, from some sources, that it's not even that we have too much stomach acid sometimes, but too little, that's what's also contributing to the indigestion. Is taking these for the long-term, can that make the problem worse, over time?

Mary Lee: Common sense tells me, yes it does. These babies, they tend to be constipated, they tend to have skin issues, down the road. They tend to get sick often, so they'll get an antibiotic, and that enhances the whole process of this cascade of doom. You hate to think that, it's all fixable. It's not like, if you put this baby on this acid blocker, they're going to be doomed for life, no, but let's get them off it, as soon as we can, and then let's start supporting gut health. A lot of times it's, we introduce food too soon to the baby. The babies are supposed to be on breast milk a lot longer than what we are. Formula is not always a digestible protein for that baby, and that causes disruption in the gut. No wonder they have colic and refluxing a little bit. It's a really serious problem. I've tried to reach out to pediatricians, I've not had my much success with it.

Moms out there, please question it. Even if you have to go pick up the prescription, try a probiotic first. You'll be surprised, you really will be surprised.

Katie: Yeah, that makes a lot of sense. You've mentioned the probiotics quite a bit, which makes me think that their definitely is a bacterial site here. You also hear about H. pylori a lot when it comes to digestive health. What is that, how does that come into play with digestive health and with medications?

Mary Lee: That, once again, is just an overgrowth of bad bacteria in the gut. What causes that overgrowth, that's going to be ... Here we go, food, the food that we eat, or the food that we don't eat. It's going to be frequent antibiotics, it's going to be stress, it all goes back to our root causes. I've seen H. pylori, it's become very common now. It's really amazing and the doctors are fixing it, for the most part, with two antibiotics and a acid blocker, and nothings done about addressing what their gut health is doing or their food.

Katie: Got you. With the antibiotic, like you said, with the shotgun and their gut, it would seem like that would just set you up for a future relapse or other issues with imbalances there. Another commonly prescribed medication that I don't have any personal experience with, but that there's been a lot of talk about recently, is medications related to cholesterol. In the past few weeks, I've seen a lot of news releases that, "Medical associations in the U.S. are no longer classifying cholesterol as a forbidden food." They've now switched a little bit, and they're not saying it's a huge dietary problem. They're saying now that it's not a connection between dietary cholesterol and cholesterol in the body. They have a lot of different explanations there, but basically that consuming cholesterol is not effecting the body the way we thought it was, and that maybe avoiding all dietary cholesterol is not actually a good idea.

Let's try to understand this, what is cholesterol and how does it work in the body, and is it bad?

Mary Lee: There's some hope there, isn't it? Cholesterol is good, we have to have it. The media and the medical world has painted it bad for so long, we need cholesterol for healthy brains. We talked about hormones earlier, cholesterol is our building block to our hormones. That's the first thing we have to have to create our

hormones, so cholesterol is essential. It's been given a bad rep, the pharmaceutical industry has benefited from it.

Katie: That makes sense. Is reducing cholesterol with medication, is that necessary at times or is that a bad idea, as well? Is there a cascade of interventions that happens with that?

Mary Lee: Well, cholesterol reducing medications are called statins. You might know them as Lipitor, Crestor, Zocor, Simvastatin, that's a generic name, and they are highly prescribed. Some cases maybe, it might be appropriate. I am not a fan, I feel like it can all be treated naturally, once again, by looking at root causes. The problem with these drugs, and remember I said they are highly prescribed, many doctors think that it should be in the drinking water. They deplete a nutrient called CoQ10. What is CoQ10? It stands for Coenzyme Q-10, and this is a vital nutrient. It's found in every single cell in the body, and it helps each cell to produce energy. Your cell has to produce energy to be functional. If not, it will be dysfunctional or die, so we're talking about cellular level here. Well, the funny thing about CoQ10, guess where it's most concentrated, in your heart.

Think about it, we're taking a medication from our doctor to decrease cholesterol that protects us, maybe from a heart attack, but it's robbing CoQ10 from our body, which is most concentrated in the heart. That's just not common sense, it just doesn't make sense. There's all kinds of signs that are associated with low CoQ10, that if it was not addressed, if these signs were not addressed, you'd be put on multiple medications, and then we'd go into that cascade of doom. The polypharmacy, the drug cascade, wash, rinse, repeat, as I said before. Let's just start with heart, signs of CoQ10 depletion in the heart, congestive heart failure, increased blood pressure, arrhythmia. That could be a lot of prescriptions right there, if you are taking a statin for cholesterol and all of a sudden you developed high blood pressure, and arrhythmias, those are serious medications.

The CoQ10 is very protective of the brain. If you're low in it due to being on one of these medications, you can have stroke, you can be associated with depression, memory loss, even dementia. Headaches are also associated with low CoQ10. CoQ10 is really important for the muscles, think of your heart muscle, but muscles all over the body. Especially the legs, so many people on these medications complain of leg aches, cramping, tired legs, because CoQ10

depletes energy, you get fatigued muscles. Restless leg is a big deal. We didn't used to have restless leg, we have all kinds of prescriptions for restless leg now. To me, I'm like, "I would put them on CoQ10, and address this nutrient depletion." This is a big one with CoQ10, I do feel like the doctors are getting on board with this, but CoQ10 can elevate your blood sugar. Think about that, you could easily get diagnosed as a diabetic with that. Then, we start all the diabetic medications, and the insulin, and the testing, and the syringes, and that's a whole another can of worms.

If you have gum disease, that might be due to CoQ10 depletion. Look at all the potential medications that could be prescribed for this depletion alone. This is one of the first one I drive home to the doctors I talk to, because so many people are on statins, "Get them on CoQ10. They may not have these symptoms right now, but they will down the road, so let's do some preventative health here." A couple of other class of drugs that deplete CoQ10, most of your blood pressure medicines, and believe it or not, most of your diabetic medicines do, too. There's a class of drugs called tricyclic antidepressants, those are your Amitriptyline, and Nortriptyline, they also deplete CoQ10. Amitriptyline is prescribed a whole lot for women, and even kids.

Something else that, to me, is amazing about cholesterol, common sense here, when you decrease cholesterol with one of these statins, one of these cholesterol lowering medicines, guess what? You can be affecting your hormones because estrogen, progesterone, and testosterone have to have cholesterol as a building block. If your cholesterol is so low, you're not going to have healthy levels of hormones. All you got to do is turn on the TV and look at all those ads for testosterone, it's an explosion right now, so every time I see one or I fill a prescription for one, I wonder if this guy's on a statin, and his cholesterol's so low that he can't make enough testosterone, which only creates more medications for him.

Katie: That's crazy how it's all interconnected, and it makes so much sense. I love that you can explain it from the pharmaceutical side and how those actually affect nutrients in the body. I think, hopefully, that that's something we're going to see more and more research on, and hopefully, more and more medical professionals, like you, coming out and understanding, and being will to share the word about. With cholesterol, based on the fact that these drugs can affect ...

I think of it like if we avoid vitamin D, or vitamin D sources of food, or the sun, that may help prevent, for instance, skin cancer. Then, if you are low on vitamin D, it can increase your risk of every other kind of cancer. It's like always finding that balance. I've also read correlative studies that those with really low cholesterol are actually at the highest risk of dying from all sources. Is it really good, at any point, to reduce cholesterol by medication like that, or do you think there are other options? What are the time and place for those, if any?

Mary Lee: A lot of doctors would probably fight me really hard, "This patient had a heart attack, let's get him on a cholesterol lowering medication." I would say, "Sure, okay, that's fine, but let's get him on some CoQ10, and let's look at their lifestyle. Let's clean them up and get them healthy that way, and then maybe, eventually, we can get them off the cholesterol lowering medication." I can't bash everything that comes my way.

Katie: Right.

Mary Lee: I'm sure there's a time and place, but I'm going to work with the patient's lifestyle first, that's going to be me, but I have time to do it and the doctors don't. This is their answer, and I'm sure for many of them, they have found it successful. Something you'll find interesting, another reason why I'm so happy I've practiced this long, years ago, I mean years ago when I first started practicing, a normal cholesterol under 300, was considered okay. We didn't see very many people on cholesterol medicines, and as we've gotten further along they keep bringing that number further, and further, and further down. Now, anything over 200, they think is abnormal. I'll say it again, the people that have benefited this has been the big pharma, big pharma once again has benefited. I've read that a cholesterol under 160 is not healthy. I have many patients that come tell me, "Guess what Mary Lee? My cholesterol is 140." I just stare at them, I'm like, "That is not good." "Oh, my doctor's so proud." Not good, not good.

There's a lot of things about cholesterol that we need to understand, that we need to know the real truth about.

Katie: That makes sense. Especially, with them, like you said, contributing to hormone productions, and how those hormone drugs can reduce CoQ10, and this whole cascade. We think for the segment of the population that maybe is at that point

where their doctor is suggesting cholesterol reducing medication, or the heartburn and indigestion medication, or the testosterone enhancing medication, if they're even going to do those things, like you're saying, look at it as a short term way to help get the body back working how it's supposed to, but also be addressing the lifestyle causes, is that what you're saying?

Mary Lee: Yes. I think that's common sense. I'm open to that, I really feel like you've got to use both worlds. Some alternative medicine's really good, but some alternative medicine has changed and common sense is out the door, and we've lost the human touch. We need to be looking at the body as a whole, not just that organ system, not just that specialty. I feel like the answer is in using what we've learned with modern medicine, and using common sense that our ancestors knew.

Katie: I like that you give people hope, as well. Have you seen this with people that you've done consults with, that they were able to address lifestyle things, and address their digestion in their gut, and then eventually ween off of these things with the care of their doctor, have you seen that?

Mary Lee: Yes, I have. It's actually really fun. There's hope for everybody, all ages. I've worked with women in their seventies, with just getting their lifestyle cleaned up a little bit. I've worked with children, children with focus issues, teenagers, [inaudible 00:20:46] women. I'll spend a good forty-five minutes to an hour with them or longer, and if I give them nothing else, I give them hope. I try to show them that this is not how you have to feel the rest of your life. There are answers to this and these answers aren't hard, you just have to do the work. I only give you the knowledge and tell you the why, so you'll understand why it's so important to make these good choices. Usually, everybody turns out pretty happy, I give them the knowledge, but they've got to go out there and do the work. If they don't do the work, you're not going to find the success.

Katie: Yeah, that makes sense. Are there anything else on this topic of especially the digestion and heart health side, that you would encourage people, as maybe some of those baby steps to start off with, if they're in that stage of life where they're getting these suggestions for these medications?

Mary Lee: If a doctor gives you a diagnosis, first of all, ask why. Second of all, know that probably, you can fix it through lifestyle. Even though the doctor might tell you or the practitioner might tell you, "Well, that's not going to matter. It's not going to matter what you eat," but it does matter. You just have to pick your battles and that's what I say to my patients, "Let's pick our first battle here. It might be something small, but we're going to tackle that and you will feel better because you concurred that, so then let's go to the next battle." Many times you can walk away from our consults and be completely overwhelmed with all the changes that need to be made, but you have to start somewhere. Myself, I didn't clear up my arthritis overnight, it took me a while and a lot of changes, but I knew I was on the right path. As I tell my patients, "Just eat like your ancestors did." We've just complicated everything and it should not be this way, these are all new issues in the past 25, 30 years that we did not use to have.

We've got to share this with our children, so they know how to eat and their children's children. At some point, this has to stop, this has to stop. I have to tell you what I tell my boys. I have two sons and they've had to listen to me through this journey, and they've had to listen to me rant and rave, but I did tell them, "Listen boys, I feel like they'll look back on this time, these past 25 years, 30 years and call this the pharmaceutical era, because I feel like we'll look back on this time, years from now, and say, what were we doing to our people, our babies, our children, the elderly, all ages? Why were we putting chemicals in their body, one after another?" The pharmaceutical industries, and the insurance industries answer to preventative medicine as another medication. I think we'll really look back on this and say, that was not right, that was not right. Hopefully, we've reached that point quicker rather than later.

Katie: Definitely. That's what I love about your approach and why I was so excited to have you on is that, I feel like you give people balance and hope with that and you're not telling them, "There's never a time and a place for this," and you're not telling them, "Don't listen to your doctor ever." You're saying, "If you're doing to do the medication side, also do the lifestyle side, and also look at why. Don't just take this to cover it up, and don't start that whole cascade, but if you have a problem that you've worked with your doctor to find, also try the lifestyle things. It's not going to hurt anything to eat more real food, or to get more sleep, or to calm down and not be stressed. That might also help with that problem, that even

if your doctor doesn't think it's related, you're addressing it from the root, as well."
I love that about your approach.

Mary Lee: Thank you. As I tell my patients, "Prove me wrong, prove me wrong. I'm okay if I'm wrong, but prove me wrong."

Katie: Exactly. I think my mom used to say that when I was a teenager, and I'd be really stubborn and I'd argue with her, she'd be like, "Okay, fine. Prove me wrong," and usually I couldn't.

Mary Lee: A lot of times, and I try to tell my patients, "I don't have to be right, I'm just giving you the truth. This is the truth, I wasn't taught this, the doctors weren't taught this." I was very traditional for 25 years, doing what I was taught in pharmacy school and we were taught to treat symptoms, basically. This is something, if the truth's out there, you just got to know it, but all you got to do is look at common sense and that is the truth. If you just go to your common sense and ask why, then you can probably figure it out yourself.

Katie: Exactly. Even though doctors aren't necessarily trained in this, and I'm hopeful that they are going to be, hopefully, more and more so in the future, I have yet to meet any doctor who would tell people not to eat vegetables, not to get sleep, not to reduce their stress, those are all things that doctors are aware are helpful across the board, as well. They may not save it's going to help with your indigestion problem, or it's going to help with your cholesterol problem, but they're not going to tell someone not to do it either. Those are things I feel like you can do while still working with the doctor, or while still working with the pharmacist to help just address everything from the ground up and solving those problems in a holistic way.

Mary Lee: Absolutely. As we talked earlier, there is a change, there is a momentum and people are becoming more open. I have found, in my area, I've got doctors that are more open to listen to me, and it changes their practice, and makes everything so much more meaningful. It's changed my life, being able to reach out to people and help them regain their health. It's much more fun to go to work everyday, I have a blast at work. I love teaching the patients, I love teaching other pharmacist, I love working with the doctors and the nurse practitioners,

because once they see it, they're like, "Oh, yes. Now, my eyes have been open."
It's very helpful out there.

Katie: Absolutely. I feel the same way and I think a lot of people, even listening, are on the front lines of that and making those decisions for their own families, and choosing the real food, and prioritizing these lifestyle factors. I am like you, I'm hopeful that we're seeing those changes start to happen. I appreciate your time being here, again, and I can't wait for our final episode, when we're going to talk about combining ... A little bit what we've just touched on, combining the conventional and the natural to actually make solutions, and to help that pendulum keep swinging. Thanks, Mary Lee, for being here today.

Mary Lee: Thank you.