

**PROZAC:
PANACEA OR PANDORA?**

**OUR SEROTONIN
NIGHTMARE
2001 UPDATE SPECIAL EDITION**

**WHAT HAVE WE WROUGHT WITH
THE SEROTONIN ENHANCING DRUGS?**

*(Prozac, Zoloft, Paxil, Luvox, Celexa,
Effexor, Sel7one, Remeron, Anafranil,
Deseryl, Meridia, P/len-Pen, RedUX, and
more)*

by

ANN BLAKE TRACY, PhD

Editor's Note: Much new information has come to light since the initial publishing of **Prozac: Panacea or Pandora?** Because this information continues to document what Dr. Tracy originally brought to us in this text we thought you would find it interesting to learn the latest news as of **June, 2001**. [For continuously updated information on the SSRIs we encourage you to sign up for the free e-mail updates at www.drugawareness.org. You may also find a support group for SSRI users on the net by writing to PROZACAWARENESS@yahoogroups.com]

Praise for Dr. Tracy's work:

Oct. 1998 note from a British nurse: "I started having bad reactions... Oct '96 I found Prozac to be causing joint and muscle pain itself I also became concerned that I was developing signs of Cushing's Syndrome. . . I was very pro-Prozac until last October and wouldn't have listened to anything said against it until I got problems (thought it was saving my life, while all the time it was insidiously and slowly killing me!) When I first heard about your book on the Internet I was interested but quite skeptical. However, since reading it and having suffered so many problems with Prozac, I have come to the conclusion that the book is brilliant, and a life-line as far as I am concerned. I tried to fault the research and reasoning, but could not and still can't. I would like to extend my thanks to you for your heroic stance on this enormously important issue. I have tremendous respect and admiration for your hard work, determination and courage in pursuing this subject so vigorously, against so much powerful opposition for the benefit of people like me. Your integrity puts many, if not most doctors and psychiatrists to shame. It is reassuring to find that there are a few people in the world who are prepared to fight for the truth for the benefit of mankind."

“PROZAC: PANACEA OR PANDORA? is an incredible compilation of medical data that will lay the groundwork to educate other professionals and the general public about the new SSRI antidepressants - Prozac, Zoloft, Paxil, Luvox, Effexor and Serzone.”... Jeff Wise, psychologist, Salt Lake County Drug and Alcohol Abuse

“Ann Blake Tracy is the only bio-psychologist in the world who has studied the long-term effects of these drugs.”. . . attorney, Ellis Rubin, Miami, FL

“In 15 years of reading books on drugs I have never read a book with more information or so well documented as PROZAC: PANACEA OR PANDORA?.. . Dr. Kevin Millet, Bountiful, UT

While lecturing to physicians nationwide on the medical use of psychoactive drugs “PROZAC: PANACEA OR PANDORA?always accompanies me in my briefcase Dr. Bruce Woolley, neuropsychopharmacologist, Brigham Young Univ.

“You have no idea how helpful and reassuring I have found your book Prozac, Panacea or Pandora has become like a bible to me. I could not put it down when I started reading it. I would like you to know how much comfort I have gained as a result of your work and that! have recommended it to all my helpline clients in the hope that it will give them the same reassurance that I got. I always say to people that if you can only afford to get on book, Dr. Ann Blake Tracy’s book is the one I would recommend as it covers everything.

I have your book, I have all Peter Breggin ‘s books and I have Gleninullen ‘s book amongst many others. But ~ was the one that helped me because it reflected your efforts in carefully researching the information; you listed many medical reference sources which made it easier for the reader to follow up on any aspects they wanted to learn more about and yours is my number one choice when it comes to recommended books.”. . . Ramo Kabbini, head of UK Prozac Survivor’s Group

“PROZAC: PANACEA OR PANDORA? literally saved my life, and ~f I’d known about it a year earlier, could have saved me untold grief and agony as well. It is the only collated, comprehensive source I know of for this information, and is a much-needed counterbalance to popular books like LISTENING TO PROZAC, which either ignore the issue of serious adverse reactions, or wrongly attribute all reports of such reactions to ‘propaganda from the Church of Scientology’. It is also a far more complete treatment of the subject than the books of Peter Breggin. It was like the light at the end of the tunnel; this book described everything that had happened to me in great detail, gave scientific reasons why it happened, backed it all up with solid research, included testimonials from hundreds of others in the same situation, it immaculately details, explains, and refers one to the latest research on a whole hornet’s nest of ‘atypical’ side-and/or after-effects from the use of these antidepressants. It also contains information on how to reduce the severity of problems encountered while starting on or going off these meds.” . . . Nick Jameson, Prozac patient

“Magnificent! This text is a monument to Ann Tracy’s tenacity and love for her fellow human beings.”.. . Dr. Paul Kennedy, N.J.

“PROZAC: PANACEA OR PANDORA? has not left one question about these drugs unanswered! Ann Tracy has covered them all.”. . . Margaret McCaffery, N. Y. (lost her daughter, a neurosurgeon, in a Prozac suicide)

"The work Dr. Ann Blake Tracy is doing is very important and she is truly a heroine.".. o Dr. Candace Pert, Washington, DC, one of the two developers of the serotonin binding process which made possible

the development of the serotonergic drugs, (Dr. Pert has boldly stated, speaking of these serotonergic medications, "I am alarmed at the monsters I created!"

OUR SEROTONIN AFTERMATH ANN BLAKE TRACY, PhD

Dr. Ann Blake Tracy, a PhD Health Sciences with an emphasis on Psychology, has specialized for 11 years in adverse reactions to serotonergic medications, testified in court cases involving the medications for 9 years and is the executive director of the International Coalition for Drug Awareness (www.drugawareness.org).

WARNING: IT SHOULD BE NOTED ONCE AGAIN THAT A GRADUAL TAPERING OFF OF MEDICATIONS IS SAFEST WITHDRAWAL METHOD (The BIGGEST mistake patients and physicians make with serotonergic medications is in initiating use too rapidly and withdrawing too rapidly. Unless patients are warned to come very slowly off these drugs by shaving minuscule amounts off their pills each day, as opposed to cutting them in half or taking a pill every other day, they can go into terrible withdrawal including bouts of overwhelming depression, terrible insomnia and fatigue, and possible life-threatening physical effects, mania, psychosis, or violent outbursts. - For audio tape detailing how to safely withdrawal call 1-800-280-0730)

Most common serotonergic medications: Prozac, Sarafem, Zoloft, Paxil, Luvox, Effexor, Serzone, Celexa, Fen-Phen, Redux, Merida More complete list: Amitriptyline (Elavil, Endep), Clomipramine (Anafranil), Desipramine, Doxepin (Sinequan, Adapin), (Norpramin, Pertofrane), Imipramine (Tofranil, Janimine), Nortriptyline (Pamelor, Aventyl), Protriptyline (Vivactil), Fluvoxamine (Luvox), Fluoxetine (Prozac), Paroxetine (Paxil), Sertraline (Zoloft), Trazodone (Desyrel), Citalopram (Celexa), Isocarboxazid (Marplan), Phenelzine (Nardil), Selegiline (Eldepryl), Tranylcypromine (Parnate), Amphetamines (this includes Ritalin), Cocaine, FENFLURAMINE (Pondimin), Reserpine (Serpalan, Serpasil), Redux and Meridia, Bupirone (Buspar), Lysergic acid diethylamide (LSD), Sumatriptan (Imitrex), Lithium, Electro Convulsive Treatment (ECT), Dextromethorphan (Found in most over the counter cough and cold meds), Meperidine (Demerol), Venlafaxine (Effexor), Nefazodone (Serzone), Zyprexa, Risperal, Remeron, etc. (Partial Source for this list: Serotonin Syndrome, by Kirk Mills, M.D., American Family Physician, October 1995)

SEROTONIN HYPOTHESIS BACKWARDS: *It is crucial to learn that according to medical research the theory behind this group of drugs is invalid.* Known as serotonin reuptake inhibitors, these drugs are designed to interfere with serotonin metabolism, thereby increasing brain levels of this neurotransmitter, Yet for three decades researchers have been intensely interested in serotonin because LSD and PCP produce their psychedelic effects by mimicking serotonin. Studies show that elevated serotonin is found in: psychosis or schizophrenia, mood disorders, organic brain disease, mental retardation, autism and Alzheimer's. While low levels of the metabolism of serotonin, are found in those with: depression, anxiety, suicide, violence, arson, substance abuse, insomnia, violent nightmares, impulsive behavior, reckless driving, exhibitionism, hostility, argumentative behavior, etc. The SSRIs increase serotonin while decreasing the metabolism of serotonin - the end result can lead to any of the above reactions. This information is extremely crucial for patients and physicians and all society due to the high rate of use of these drugs.

Raising serotonin and lowering the metabolism of serotonin in such a large number of people can clearly produce very serious, widespread and long term problems for all of society. To give you an idea of just how serious a situation our society is potentially in as a result of widespread serotonergic drugs use, allow me to share with you information first on the work of Dr. Felix Sulman and then from a study released since the first publication of Prozac: Panacea or Pandora? followed by a letter received from a pharmacist a couple of years ago (Consider as you read this the chemical/physical reaction that produces these violent reactions. This is not a situation of mind over matter. If one has a physical body they are subject to the same reactions in varying degrees from using these drugs.):

DR. SULMAN: In the mid 1950's Dr. Felix Sulman began his research on those who suffer from high serotonin levels because of their own inability to metabolize serotonin. He found that serotonin is a stress neuro-hormone leading even rabbits, the most docile of creatures, to be aggressive. He coined the term "serotonin irritation syndrome." Those who were unable to break down serotonin "were in effect being poisoned by the serotonin produced by their own bodies, the irritation victims suffered from migraines, hot flashes, irritability, sleeplessness, pains around the heart, difficulty in breathing, a worsening of bronchial complaints, irrational tension and anxiety. . . horrifying nightmares. It also caused his volunteers to sleep badly - that is, always on the edge of consciousness so that they were not properly rested - and to wake after only a few hours of sleep." (sleep apnea) He also found it caused pregnant women to abort.

SEROTONIN STUDY: "Mutant mice may hold key to human violence - an excess of serotonin, a chemical that helps regulate mood and mental health, causes mayhem;

(<http://library.northernlight.com1PN20000204060229119.html?inid~fSkmPX9kaDkMd>)

Blind and jittery, the mice are freaks of nature, products of a genetic engineering experiment that did not go exactly as planned born with its brain awash in an excess of serotonin, and [Jean Chen] Shih and her co-workers believe that that serotonin excess greatly contributes to the mouse's fierce temper. By any measure, the mice are among the most aggressive in captivity. When caged together, the male mice tore each other apart. This reminded the French researchers of certain Dutch males in one family who were described in medical literature. Over four generations, a remarkable number of those males were accused or convicted of rape, assault and arson. Dutch scientists reported a finding in 1993 that helped explain their behavior: The men were missing an enzyme called monoamine oxidase A, or MAO-A, which breaks down serotonin leading to high levels of serotonin just as the mutant mice have. [Keep in mind that the SSRIs and SNRIs work by INCREASING serotonin and DECREASING the ability to metabolize serotonin. We should expect the end result of serotonergic drug use to be the same as was reported in these studies.]

PHARMACIST COMMENT: "The symptoms I see in patients who abuse serotonergic drugs of any form. ..could aptly be described as the "Hitler syndrome" (overconfidence in ones own policies or decisions, no fear of consequences, criminal behavior, death of people close to the abuser as the preferred method of solving problems in the abusers life, coldness and lack of humanity). I feel that in twenty years or less we will be confronted not with one Hitler but with thousands or millions... numbers so great that we will be forced to interact with their distorted thinking on a daily basis. (Littleton, CO., Riverton,KS., Jonesboro, AR., eventually little Hitlers in every town in America will grow up into BIG HITLERS) It is happening right now. The most insidious factor about long-term serotonin abuse is that it enhances the individuals persona to the point that they are able to manipulate others into their way of thinking just as Hitler did. This causes the distorted thinking, abnormal behavior, and loss of morality to spread like a contagion to otherwise normal people who have not even been exposed to the drugs. Those on the drugs are converted by the pharmacologic/physiologic processes into sociopathic demagogues. Do you have any comments on these thoughts, Ann? Please respond. Tell me we are not the only ones who see what is happening to our world!"

So why are we now being told that increased serotonin is good for us? Is it because it is good for the pocketbooks of the manufacturers? Prozac's manufacturer runs full page newspaper and magazine ads

and countless TV commercials to bring in around \$8 million daily on just this one drug, while on the other hand they are settling Prozac suicide cases for huge amounts of money in exchange for silence from victim's families on the details of those settlements. The silence in the court cases insures that the drug will be allowed to finish out its patent time, thus bringing in the highest possible profits for the company. They know that with millions coming in daily, they can afford to settle a large number of lawsuits and still come out "smelling like a rose" financially. Eli Lilly has been sued for Prozac related deaths in numerous state and federal courts with most of these cases being settled or dismissed - many were dismissed due to the unethical manipulation of the Wesbecker verdict (see time line for details).

We have witnessed no decrease in suicides since Prozac's introduction. But we have seen increases in murder/suicide, suicide, unwed pregnancies, domestic violence, manic-depression, MS, mothers (parents) killing children, road rage, school shootings, bankruptcies, divorce, hypoglycemia, diabetes, cancer, Chronic Fatigue Syndrome, and fibromyalgia since these serotonergic drugs have become so popular and I relate it directly to the effects of these serotonergic drugs.

As the serotonergic-induced sleepwalk nightmares are acted out by these patients, the death toll has continued to climb drastically since the first publication of PROZAC: PANACEA OR PANDORA? Just a handful of the victims of these serotonergic agents are:

Mr. and Mrs. Phil Hartman (Zoloft), Sergi Babarin (SSRI withdrawal) Salt Lake Family History Library shooting that left three dead, school shootings in Littleton, Colorado (Eric Harris-Luvox), Springfield, Oregon (Kip Kinkle-Prozac/Ritalin withdrawal), El Cajon, CA (Jason Hoffman-Effexor/Celexa), PA (Elizabeth Bush-Paxil) and Matawa, WA (Cory Baadesgaard-Paxil/Effexor), a boy in Pocatello, ID in 1998 who in seizure activity from Zoloft had a stand off at the school; 15 year old Chris Shanahan (Paxil) in Rigby, ID who out of the blue killed a woman; the shooting at the Connecticut lottery by Matthew Beck (Luvox) that left five dead in a murder/suicide; the New York City Subway bombing by Edward Leary (Prozac); little 10 year old Timmy (Prozac) in southern Florida; Nick Mansies (Paxil) in New Jersey who was convicted of killing a little boy who was selling cookies door to door; in Orange County, CA Dana Sue Gray (Paxil) who co-workers described as a very caring nurse killed several elderly people; Officer Stephen Christian (Prozac) one of the finest officers on the Dallas Police force, who ran into a police substation shooting at fellow officers and was killed; 13 year old Chris Fetters (Prozac) in Iowa who killed her favorite aunt; David Rothman (Prozac) killed two co-workers and himself at the Dept. of Agriculture in Inglewood, CA.; Williams Evans (Zoloft) shot one co-worker at the Ohio Bureau of Employment Services before shooting himself in Columbus, OH; Winatchee, WA where 43 people were wrongfully imprisoned in a false accusation of sexual abuse "witch hunt" fury started by a child under the influence of Prozac and Paxil costing the state of WA millions for wrongful imprisonment; Christopher Vasquez (Zoloft) butchered Michael McMorrow in Central Park; Megan Hogg (Prozac) killed her three little girls by duct taping their mouths and noses before taking a handful of pills in a suicide attempt; Vera Espinoza (Prozac) in Randolph, VT shot her small son and daughter before shooting herself; Mr. Cunningham (Prozac), an elderly man in Layton, UT axed his wife and daughter to death; Margaret Kastanis (Prozac) in West Jordan, UT used a knife and hammer to kill her three children before stabbing herself to death; Jarred Viktor (Paxil) in Escondido, CA stabbed his grandmother 61 times after only five days on Paxil; Larramie Huntzinger (Zoloft) ran his car into three young girls killing two in Salt Lake City, UT; Mary Hinkelman (Prozac), a nurse in Baroda, MI shot her two small daughters and her sister before shooting herself; Lisa Fox (Prozac) shot her small son and her dog before shooting herself in Brighton, MI; Debi Louselle (Zoloft) shot daughter and then herself in Salt Lake City, UT; Donald Schell in Gillette, WY shot his wife, daughter and baby grand-daughter then himself after two days on Paxil; Gloria B. (Prozac) in Pleasant Grove, UT killed her 17 year old son with a sledge hammer while he slept before she attempted suicide by drinking draino; Larry Buttz (Prozac). a superintendent of schools in Ames, IA shot his wife, son and daughter before shooting himself and one of the latest is Andrea Yates (Effexor/Remeron) in Houston, TX who drowned her five

small children in the bathtub - many cases pending in court are not mentioned. This is only a handful of MANY, MANY more cases - at this point the number of cases is so great that there would not be room for anything else if I continued to list them. [A few additional famous victims: Princess Di (Prozac) and Dodi Fayed -via their driver Henri Paul (Prozac), Monica Lewinsky (Prozac, Zoloft, Effexor, Serzone and Phen-Fen), Chris Farley (Prozac), Pres. Clinton's ex-partner Jim Mc Dougal (Prozac), Abby Hoffman (Prozac), Del Shannon (Prozac), Sarah - Dutchess of York (Phen-Fen), Mrs. John F. Kennedy, Jr.] *(If you want to know more about the details of these cases watch for my three new books soon to be published on the cases - one on the mothers who have killed their children, one on the school shootings and one on the murder/suicides.)*

In light of so many unspeakable tragedies, I have grown weary of all the silly philosophical discussions we have heard since Kramer's *LISTENING TO PROZAC* came out. Patients and their families are frantically searching for answers while this research sits right under our noses and could easily be made available to them. Patients are dying or having their health destroyed mentally as well as physically [When will the media begin to discuss the very serious *physical* side effects associated with high levels of serotonin? There are many. For instance, a poem taught to medical students to help them learn the effects of serotonin: "This man was addicted to moanin', confusion, edema, and groanin', intestinal rushes, great tricolored blushes, and died from too much serotonin."] The widespread use of Prozac, Zoloft, Paxil, etc. is not a statement of their safety or their effectiveness, Their popularity is a statement about the effectiveness of an infinite marketing budget and incredible advertising campaign! To prevent further tragedy this medical research must be addressed in headline news without delay rather than remain buried in seldom read medical research documents as has been the case in the past with other mind-altering medications, once thought to be safe, which were subsequently prohibited by law (LSD, PCP, Ecstasy, etc.)

TIME LINE OF CRITICAL INFORMATION SINCE INITIAL PRINTING:

**NOTE: Any documents beginning with PZ are Lilly documents on Prozac ferreted out by attorneys and are now being used in lawsuits against the drug company. (Christian vs. Eli Lilly, by Vickery & Waldner, Houston, TX - www.justiceseekers.com)*

-- 10/77: Slater, et.al., Inhibition of REM Sleep by Fluoxetine, a Specific Inhibitor of Serotonin Uptake, October 1977, at p. 385 - Prozac was found to affect sleep habits, specifically to suppress deep sleep, which the scientists call REM (rapid eye movement) sleep in cats. By the fourth day of drug treatment the cats receiving the larger doses, which had been friendly for years, began to growl and hiss. . . . After cessation of the drug treatment, the cats returned to their usual friendly behavior in a week or two; those on the higher doses recovering more slowly.

-- 1977: [PZ 1298 1999] "A total of six dogs from the high dose group were removed from treatment ... due to severe occurrences of either aggressive behavior, ataxia, or anorexia."

-- 7/31/78: [PZ1061 1025-28, July 31, 1978] Human subjects began to be used by Lilly in controlled clinical trials. The first group of patients showed no improvement in their depression, but there were a "large number of reports of adverse reactions." The first human to receive Prozac experienced "dystonia resembling an extrapyramidal reaction" -an uncontrollable, Parkinson-like shaking or trembling.

-- 7/23/79: [PZ 1297 969] The clinical studies in depression showed that "some patients have converted from severe depression to agitation within a few days; in one case the agitation was marked and the patient had to be taken off drug. In future studies the use of benzodiazepines to control the agitation will be permitted."

-- 9/3/79: The clinical trials excluded patients who had serious suicidal risk. [E.g. control #001519, IND Protocol No. 14, August 3, 1979; PZ1 135 695, July 2, 1986 memorandum of Dr. Wernicke].

-- 12/17/84: [PZ 65 449, report of Lilly to FDA] Lilly reported to the FDA that benzodiazepines and

other sedatives were given with Prozac throughout the clinical trials. This was to help offset the stimulant effect of the drug. In a memorandum of Lilly scientist Charles Beasley [PZ 541 2007-08] issues of “agitation vs. sedation” and concomitant sedative medications like benzodiazepines (to control the agitation) are discussed. Concerns are that agitation in a suicidal patient can induce suicide.

- - 3/3/86: Lilly controlled the flow of information to the FDA and decided that, “in the safety-update for the FDA the number of suicides and suicide attempts will not be especially evaluated.” [PZ 879 1966, March 3, 1986 telex]

- - 9/12/86: German BGA concerned with the risk of suicide, finally approved Prozac on the condition that physicians be warned of the risk of suicide and told to consider using sedatives and closely monitor patients. [PZ 878 1383, report of Lilly consultant Pohlmeier; PZ 2467 299, September 12, 1986] Lilly actually warned physicians in Germany and other countries that this measure “can be necessary” to minimize the risk of suicide, [PZ 1341 402, December 6, 1989 German warning; PZ 2469 490]

- 2/7/90: In response to the Harvard study on Prozac and suicidal ideation, Teicher, et al., Lilly’s top scientist, Leigh Thompson, told his fellow executives that “Lilly can go down the tubes if we lose Prozac”. [PZ 1941 827, February 7, 1990]. In the ensuing months Dr. Thompson spoke frequently with his principal FDA regulator about the issue, once at 6:15 in the morning. [PZ 391 1959, July 18, 1990]. Lilly later described the man as “our defender”. [PZ1941 2256, September 12, 1990]

- - 5/29/90, Lilly added “suicidal ideation” (continuous thoughts of suicide) in the section dealing with post-marketing reports. [PZ883 562, July 26, 1990 memorandum]

- - 9/14/90: Contrary to the advice of his staff, Dr. Thompson told the Eli Lilly Board of Directors that suicide and hostile acts were probably, caused by the patients’ underlying disorders rather than Prozac. [PZ542 2101, September 14, 1990; PZ4002 889, Board Minutes]. (The staff was concerned because they knew that this issue was never studied during the clinical trials.)

- - 9/11/90: Note from Dr. Bruce Stadel, Chief of the Epidemiology Branch, attaching an analysis done by Dr. David Graham, Section Chief within the Epidemiology Branch, of Lilly’s July 17, 1990 submission to the FDA on the Prozac/suicidality/violence issue. The following factors were (a) brought to the attention of those in the higher echelons of the FDA, but (b) ignored, discounted or “trashed” by them: #1 Lilly’s analysis improperly excluded 76 out of 97 suicides; as Dr. Stadel expressed it, “it is inappropriate in a safety analysis to exclude such a large proportion of case”; #2 Lilly admitted that its clinical trials “were not designed for the prospective evaluation of suicidality” and that “in these trials, patients with current suicidal ideation were excluded”; #3 Lilly admitted that the HAMD-3 rating scale it used to assess suicidality in clinical trials was inadequate; and that Lilly’s statements about violence only demonstrated “how great under-reporting is” and that “the actual data showed a higher percentage of treatment-emergent suicidality among Fluoxetine (2.9% than tricyclic (0.8%) patients. . . [which percentage] was similar to that reported by Teicher.”

- - 7/1/92: A study lead by Dr. Lorne Brandes of the Manitoba Institute of Cell Biology in Winnipeg, Canada was published in *CANCER RESEARCH* linking the two most popular anti-depressants, Elavil and Prozac to cancer.

- - 1993, *Journal of Pediatrics*, Markel, H, et al: LSD flashbacks induced by SSRIs.

- - 6/9/94: A *New York Review of Books* article by Dr. Sherwin Nuland chastised Peter Kramer for pushing Prozac in his book *Listening to Prozac*. He listed constriction of lungs and intestines, diarrhea, wheezing, flushing, mental confusion, tightening of bronchioles, and lessening conscious control over behavior as conditions stemming from increases in serotonin. “Moreover, . . . it is still too early to arrive at a reliable estimate of possible dangers that may appear in the long term.” He pointed out that 15% dropped out of the clinical trials on Prozac due to adverse reactions and discussed the similarity of serotonin to the psychedelics like LSD and PCP.

- - 11/94: Krystal JH, Webb E, Cooney N, et al., “Specificity of Ethanol-like Effects Elicited in Serotonergic and Noradrenergic Mechanisms,” *ARCHIVES OF GENERAL PSYCHIATRY*, Vol. 51, Issue II, pgs 898-911, 1994 demonstrated that an increase in brain levels of either of two neurotransmitters,

serotonin or noradrenalin, (SNRI5, as Effexor & Serzone specifically target both serotonin and noradrenalin) produces: #1 a craving for alcohol, #2 anger, #3 anxiety. They found this to be especially true for those who have a history of alcoholism. (An increase in serotonin in turn increases noradrenalin.) Numerous reports have been made by reformed alcoholics who are being “driven” to alcohol again ,after being prescribed a serotonergic drug. Other patients who had no previous history of alcoholism have continued to report an “overwhelming compulsion” to drink while using these drugs. (A few case reports: #1 A young woman, a recovering alcoholic, reported that during her eight month period on Prozac she- found it necessary to attend AA meetings every day in order to fight off the strong compulsions to begin drinking again.

#2 A concerned neighbor reported her friend was drinking straight Vodka on a regular basis after being prescribed Zoloft.

#3 A young father, who was Mormon and had never used alcohol before, found himself drinking Ever Clear and exhibiting bizarre and violent behavior, when prescribed Prozac and Ritalin.

#4 A young mother who had never used alcohol previously began drinking large amounts within weeks of being prescribed Prozac after a divorce. As both alcohol and Prozac increase serotonin, she quickly found herself committed to a mental institution due to the psychotic behavior that resulted. Added to her Prozac prescription were anti-psychotic meds and electric shock treatments. She then began to experience seizures and was started on anti-seizure meds.

#5 In the Southeastern United States a middle aged psychologist, also a recovering alcoholic, after being prescribed Prozac, found herself needing to attend AA meetings morning, noon, and night to keep from destroying the sobriety she had achieved.

#6 A concerned daughter reported her father, sober for 15 years, began drinking again after being prescribed Prozac.)

- - 12/94: Wesbecker wrongful death suit against Prozac resulted in a not guilty verdict.

- - Treatment emergent suicidality with Prozac has been demonstrated to be two to three times higher than any other anti-depressant. (Jick, et al., Antidepressants and Suicide)

- - 5/95: Judge John Potter who presided over the Wesbecker case filed documents to demand that Lilly be forced to disclose the secret deal they made with the plaintiffs to withhold very damaging evidence in exchange for settlement. In his pleading to the court Potter stated, “*Lilly sought to buy not just the verdict, but the court’s judgment as well.*” Potter accused Lilly of “giving the verdict the widest possible publicity” accompanied by the claim that Lilly had “proven in a court of law that Prozac was safe.” Furious with Lilly’s attempt to turn his courtroom into an advertising agency for Prozac, he claims his motion reflects “the court’s duty to protect the integrity of the judicial system.” He believes, as do prominent legal ethicists, that a full and open disclosure of the terms of the settlement is a *necessary public safety issue*.

- - September, 1997: Redux and Phen-Fen were pulled from the market.

- - October 20, 1997: Dr. Candace Pert, Research Professor at Georgetown University Medical Center, past head of the brain chemistry department at the National Institute of Health, and author of the new book, *MOLECULES OF EMOTION*, sounded an alarm in TIME, October 20. She stated, “I am alarmed at the monster that Johns Hopkins neuroscientist Solomon Snyder and I created when we discovered the simple binding assay for drug receptors 25 years ago. Prozac and other antidepressant serotonin-receptor-active compounds may also cause cardiovascular problems in some susceptible people after long-term use, *which has become common practice despite the lack of safety studies.*” (emphasis added) As we are being led to believe these drugs produce effects only in the brain, Dr. Pert accuses the medical profession of oversimplifying the action of these drugs and adds that “the public is being misinformed about the precision of these selective serotonin-uptake inhibitors.” It is critical that both physicians and patients be made aware of these adverse *physical* reactions. She points out that the medical profession not only oversimplifies the action of these drugs in the brain, but “ignores the body as if it exists merely to carry the head around!” And that, “these molecules of emotion regulate every aspect of our *physiology.*” The *body* plays a very significant role in how we feel and act the way we do. This fact can

no longer be ignored.

March, 1998: Two new studies published – one shows Prozac so strongly inhibits one particular serotonin that this produces both obesity and seizures and the other discusses the blockage of muscle and neuronal nicotinic acetylcholine receptors indicating interactions between the serotonergic and cholinergic systems in the central nervous system.

- - April, 1998: Our next generation of guinea pigs - one month before a 15 year old on Prozac, Kip Kinkel, in Springfield OR killed his parents and two classmates the American Psychiatric Association and the American Academy of Pediatric Psychiatrists asked the FDA to consider the serotonergic antidepressants for use in children as young as two and drugs for anxiety, aggression and manic depression in babies only one month old! The use of Prozac among young children ages 6 - 12 has increased an alarming 400% from 1995 (51,000 new prescriptions) to 1996 (203,000 new prescriptions).

- - 5/18/00-The New England Journal of Medicine, Vol. 342, No. 20, Editorial; “Is Academic Medicine for Sale?,” This was Dr. Marcia Angell’s parting editorial as she left the New England Journal of Medicine. Her exposure of the corruption between medical “science” and the pharmaceutical giants is an eye-opener!

- - June 2000, “Emergence of antidepressant induced suicidality” (Primary Care Psychiatry 2000; 6:23-28) Dr. David Healy conducted a study on healthy volunteers - the first study to show that SSRIs can affect healthy individuals. Results: “We can make healthy volunteers belligerent, fearful, suicidal, and even pose a risk to others.” Healy says between one in 20 and one in 10 people who take Prozac can be affected by akathisia, whereby they become mentally restless or manic and lose all inhibitions about their actions “People don’t care about the consequences as you’d normally expect. They’re not bothered about contemplating something they would usually be scared of.”

- - 4/5/01 - CBS report: Ghostwriting Articles for Medical Journals

http://cbshealthwatch.medscape.com/medscape/p/G_Library/article.asp?Recl=238 1 Now, many drug companies are actually writing those articles and then paying doctors to sign their names to them, It’s called ghostwriting. “The articles are written by drug company researchers, given to an outside doctor to review and sign his or her name to, and then submitted to a journal. In effect, it’s like washing dirty money,” explains Douglas Peters, a medical malpractice attorney.

- - 4/14/01 -<http://www.globeandmail.com/> “Prozac critic sees U of T job revoked” Britain’s Dr. David Healy who has been an outspoken critic of the SSRIs was set to take his new position at the University of Toronto after negotiating for a year or so. But that offer was revoked about one week after his mention in a lecture at U of T that Prozac may trigger suicide in some patients. This has raised a real stir among scientists as Prozac’s manufacturer, Eli Lilly, is an important private donor to a mental-health research institute affiliated with the university.

- - 5/13/01 -**“WHO CONTROLS RESEARCH? Colleges, industry: bedfellows in conflict,”** Tucson, Arizona: A university can increase their incomes yearly by millions in accepting funds from pharmaceutical companies to do research. U of A accepted \$39 million in 2000. “When industries pay for research, they buy a share of control over the findings -to the point they can prohibit publication of those findings. . . They have a lot of money, and money buys a lot of influence.”

- - 5/26/01 -<http://www.smh.com.au/news/0105/26/review/review3.html> “The pill that killed”, A tiny, pale, bullet-shaped pill symbolically in the dock alongside a confessed strangler, has been named by a Supreme Court judge as the dark force in “a terrible act” of murder. David Hawkins ... “I have killed my wife ... I got tablets from the doctor yesterday and I think they were too strong. I went I went absolutely wild. I don’t know. I was mad. I can’t say any more ... I have got to go. I am heading out and I am going to get rid of myself. Nobody, nobody can help me now. Nobody can help me now. Look I’ve got to go. I’m shaking here. I can’t wait. I can’t stop.”

- - 6/6/01-WY- Paxil manufacturer ordered to pay \$6.4 million after Paxil was found to be the main cause for Donald Schell to shoot his wife, daughter, baby grand-daughter and then himself after only two days on Paxil. This case opened company records exposing what the manufacturer had not disclosed: #1 In the 80s they found that healthy volunteers were suffering withdrawal symptoms when

they stopped taking Paxil after only a couple of weeks. #2 As many as 85% of the volunteers (company employees with no depression) suffered agitation, abnormal dreams, insomnia, etc. #3 An average of half of the volunteers suffered symptoms indicating physical dependence on Paxil. #4 In 34 studies of healthy volunteer company workers they found that 25% of them became agitated on the drug. #5 Some of the healthy volunteers became suicidal. #6 In one study the investigating psychiatrist in charge noted that he had never seen such a high level of problems in healthy volunteers.

- -6/29/01-Portland, OR, \$5 Million Awarded In Anti-Depressant Negligence Case Jay Johnston tried commit suicide after being given Zoloft and then Prozac. He is permanently disfigured from the shotgun blast. He sued his doctor for not properly monitoring him and was awarded \$5 million.

- - 7/01-Discover Magazine-The Serotonin Surprise-"You have to accept that there's a structural change in your brain when you take drugs like Prozac." Prozac generates 26% of the revenues for Eli Lilly - the largest manufacturer of diabetic products.

MEMORY: The one thing most patients notice is the memory loss with these new antidepressants. One man spent an entire day being trained in a new government job. The following day he had no memory of any of the training and had to begin again. So profound are the effects upon memory that amnesia is listed as a "frequent" side effect of nearly everyone of these new antidepressants. So profound is the memory loss that we learned 7/6/01 that Eli Lilly had inadvertently released a list of patients names who needed to be reminded to take their medication! Everyone else was worried about the loss of privacy while I was concerned that the bigger issue in this story is a drug that affects memory so profoundly that patients would need to be reminded to take it! Of course when considering the very profound adverse implications of Prozac Weekly withdrawal they would certainly want to remind patients to avoid missing a dose!

SLEEP PATTERNS: Sleep and mental health go hand in hand. Yet, even those who feel they have had beneficial effects from the SSRIs or SNRIs recognize that their sleep patterns have been adversely affected. Normalizing sleep patterns is perhaps the most difficult of all in rebuilding after the use of these antidepressants. Altered sleep patterns are also the most likely cause of antidepressant-induced mania and psychosis.

DIVORCE: As damaging as all the other aspects of serotonergic agents, the greatest loss to our society is the dissolution of families due to the effects of these drugs. Marriages dissolve rapidly and families fall apart due to the drug-induced aggression, hostility, argumentative behavior, rage, and false accusations of all types of abuse. Utah's divorce rate was always far below the national average until the decade after Prozac was released when it went over the national average. One man reported that he and his wife went into group counseling for marital difficulties. Their therapist recommended Prozac to all in the group. they werethe only couple out of nine who refused the drug. As it ended up, they were the only couple in the group that did not end up divorced. A religious singles group in SLC invited me to come and speak several years ago when they noticed that those who consistently repeated the scenario of joining their group, getting married, only to get divorced and return again to find yet another mate, were those clients on the Prozac family of antidepressants.

HEART DAMAGE: Early in my research on these drugs I investigated cases of heart failure to see how often SSRIs were involved. I found that a significant number of those dying from heart failure in Utah were on an SSRI. Since then we have gathered much proof in the way of scientific research to show why this is the case.

- July, 1997: Mayo Clinic found that the increased serotonin, was causing a gummy glossy substance to build up on heart valves. Dr. Heidi Connolly with the Divisions of Cardiovascular Diseases and Internal Medicine, who headed the study stated, "We do know that FENFLURAMINE and phentermine [Fen-Phen] alter the way the brain chemical serotonin is metabolized, and serotonin that circulates in the

blood can cause valve injury.” FENFLURAMINE produces a rapid release of serotonin, inhibits serotonin reuptake, and may also have receptor agonist activity. The study’s revelations should send a loud and very clear warning throughout the medical community concerning all serotonergic medications - Some of the latest research is on the QTc wave prolongation and the increased prevalence of torsade de pointes (especially in women). Most of the SSRIs are known to increase the QTc wave prolongation. *mt J Cardiol* 1995 Apr;49(2):178-80 Fluoxetine and ventricular torsade--is there a link?, Appleby M, Mbewu A, Clarke B

- http://georgetowncert.org/qtodrugs_torsades.asp is where you will find a list of the antidepressants, including nearly all the old tricyclic antidepressants, Prozac, Zoloft, Effexor, etc., that produce this QT effect. Dr. Michael Vincent: “They (WOMEN) NATURALLY HAVE LONGER QT INTERVALS THAN MEN - SO THEY START WITH A LONGER QT. AND IF SOME DRUG OR OTHER FACTOR LENGTHENS THE QT FURTHER - THEY GET INTO THE RISK RANGE MORE EASILY.”

- - 6/5/01- Boston Globe: Mentally ill at risk of early death, state finds”
http://www.boston.com/dailyglobe2/107/science/Despite_progress_the_mentally_ill_still_face_early_death+.shtml

- The Department of Mental Health has just completed a study that is the first of its kind. They found that: “The death rate among young adults with mental illness [treated with medication of course] is more than triple that of their peers statewide .

Heart disease is the biggest culprit for the 25- to 44-year-old age group, killing DMH clients at nearly seven times the rate in the wider population of Bay Staters that age. Suicide rates also are significantly higher for that age group, along with those 15 to 44, while the chance of contracting a deadly pulmonary disease is elevated for everyone from 25 to 64.” The suicide was also seven times higher.

- - Pal Pacher M.D., Ph.D. is a research scientist in the Department of Pathology and Cell Biology at the Thomas Jefferson Medical College, in Philadelphia, PA. He strongly believes that the SSRIs may have serious cardiovascular and other side effects similar to the older antidepressants. In the recent past he worked at Department of Pharmacology, Semmelweis Medical University, in Budapest, Hungary on a research projects concerning cardiovascular effects of SSRI antidepressants. They were surprised to find that Prozac and several other SSRIs were found to be potent antagonists of cardiovascular ion channels (especially Ca²⁺) at therapeutically relevant concentrations implying the possibility of serious cardiovascular side effects with the drugs. Prozac showed potent inhibitory effects on neuronal Ca²⁺ channels too. They also found that there is an increasing number of case reports on dysrhythmias, like atrial fibrillation or bradycardia and syncope associated with the SSRIs.

- - After much opposition from journals supported by large pharmaceutical companies Dr. Paucher and his colleagues were finally able to publish their research in professional journals:

-P.Pacher, Z.Ungvari, P.P. Nanasi, S. Furst, V.Kecskemeti. Speculations on difference between tricyclic and selective serotonin reuptake inhibitor antidepressants on their cardiac effects. Is there any? *Review. Curr Med Chem.* 1999; 6, 469-480.

-P.Pacher, Z.Ungvari, V.Kecskemeti, A.Koller. Serotonin reuptake inhibitor, Fluoxetine, dilates isolated skeletal muscle arterioles. Possible role of altered Ca²⁺ sensitivity. *British J Pharmacol.* 1999; 127, 740-746.

-P.Pacher, J.Magyar, P. Szigligeti, T. Bf3nyBsz, Cs. Pankucsi, S. Korom, Z. UngvBri, V.Kecskemeti, P.P. NI3nBsi. Electrophysiological effects of Fluoxetine in mammalian cardiac tissues. *Naunyn-Schmiedebergs Arch Pharmacol.* 2000, 361:67-73.

-Z.Ungvari, P.Pacher, A.Koller. Serotonin reuptake inhibitor Fluoxetine decreases arteriolar myogenic tone by reducing smooth muscle [Ca²⁺]_i. *J Cardiovasc Pharmacol* 2000; 35:849-54.

-F.Deak, B. Lasztozci, P.Pacher, G. Petheo, V.Kecskemeti, A. Spat. Inhibition of voltage-gated calcium channels by fluoxetine in rat hippocampal pyramidal cells. *Neuropharmacology.* 2000,

39:1029-1036.

-Z.Ungvari, P.Pacher, V.Kecskemeti, A.Koller. Fluoxetine dilates isolated small cerebral arteries of rats and attenuates constrictions to serotonin, norepinephrine and a voltage-dependent Ca²⁺ channel opener. *Stroke*. 1999;

30(9), 1949-54.

-P.Pacher, Z.Bagi, ZL.Futo, Z.UngvBri, P.P. Nt3nBsi, V.KecskemOti. Cardiac electrophysiological effects of citalopram in guinea pig papillary muscle Comparison with clomipramine. *Gen Pharmacol* 2000; 34:17-23.

- August 25, 1997: Letter to Dr. Tracy, "I caught the last part of your presentation on Radio Station KEX, Portland, while flipping through the dial last night. I was flabbergasted to hear you speak of the horrible potential side effects from Prozac, which I have been taking for approximately four years, particularly since I have been diagnosed recently with cardiomyalgia, severe artery disease, congestive heart failure and also fibromyalgia. (I was a very "well" person prior to taking the Prozac and am now exhausted all the time, with horrible aching joints and considerable pain and a massive heart problem.) The adverse cardiovascular effects from Prozac, the one drug in this class of drugs out long enough to have somewhat of track record, are listed in the drug information sheet put out by the manufacturer. The "frequent" effects listed are hemorrhage and hypertension. The "infrequent" effects include very serious adverse effects: congestive heart failure, myocardial infarct, tachycardia, angina pectoris, arrhythmia, hypotension, migraine syncope and vascular headache.

CHILDREN: Warning: The use of Ritalin increased in children 6 and under by 23% between 1995 and 1999 while the Prozac family of drugs increased in the same age group by a staggering 580%.

- - Children so often get coughs and colds, yet using a cough or cold medication with dextromethorphan could cause the serotonin syndrome, a very serious and potentially fatal adverse reaction and/or produce PCP reactions.

- Serotonin syndrome remains an often misdiagnosed or unrecognized fatal reaction due to the medical profession being so uninformed about this drug-induced disorder.

-Developing brains are far more vulnerable than adult brains and brain damage generally becomes more apparent after the brain is fully developed, rather than immediately.

Increases in cortisol produce brain damage while medical research shows that one single 30mg dose of Prozac **DOUBLES** the level of cortisol. This drastic increase in cortisol causes a multitude of serious physical reactions including impairment of linear growth, as well as impairing the development and regeneration of the liver, kidneys, muscles, etc.

SSRIs INDUCE PSYCHOSIS VIA LSD EFFECTS: *Clinical Psychiatry News* 27(6):34, 1999: SSRI-induced psychosis has accounted for 8% to 11% of all general psychiatric hospital admissions over a recent 14 month period.

- Winer JC, Fiorella DJ, Helsley, SE, et al.; *Int J Psychopharmacol* 1999;2: 165-172; "Partial generalization of DOM to fluvoxamine in the rat: implications for SSRI-induced mania and psychosis." Fluoxetine (Prozac) and other SSRIs can simulate the effects of LSD and phenethylamine hallucinogens in an operant discriminative stimulus paradigm.

- Dr. Howard Markel, *New York Times*, 10/24/00: SSRIs induce LSD flashbacks. "Excitedly leafing through the literature on LSD, I learned that the hallucinogen not only increases serotonin levels in the brain, it also has a special affinity for many of the same neuroreceptors."

- *Journal of Clinical Psychiatry* 62; 1, Jan. 2001 pp.30-33, "Antidepressant-Associated Mania and Psychosis Resulting in Psychiatric Admissions" by Adrian Preda, M.D.; Rebecca W. MacLean, M.D. ; Carolyn M. Mazure, Ph.D.; and Malcolm B. Bowers, Jr. M.D. "These investigators have shown that this effect is quite likely mediated by serotonin-2 receptors. To the extent that LSD and phentylamine hallucinogens are seen as psychotogenic in humans, then SSRIs may facilitate the emergence of some forms of psychosis".

- http://abcnews.go.com/sections/living/DailyNews/hallucinogen0_10322. Medical Hallucinogens? Researchers Studying Possible Medical Use of LSD, Peyote, Psilocybin:

In the last several decades we have gone from LSD to Prozac, etc. and back again now to LSD! Two researchers have begun testing LSD on human guinea pigs at Harvard and the University of Arizona looking at treatment of obsessive compulsive disorder. Their idea is that “these drugs work on the serotonin pathway in the brain, the same target of the selective serotonin reuptake inhibitor drugs Prozac, Paxil and Zoloft, used to treat depression, anxiety and obsessive compulsive disorder” so if SSRIs are so helpful and work in the same way as LSD, then LSD must be beneficial too, right? In other words, if we were stupid enough to fall for Lilly’s Prozac via the serotonin theory we must be dumb enough now to fall for Lilly’s LSD via the same serotonin theory. In the late 50’s and early 60’s Lilly did not have success with their wonder drug LSD to the extent they had hoped so we are going to try it again. The motto with all these drugs seems to be “just wait a generation, the public will forget the-past, and you can pull the same old tricks all over again before getting caught”.

FATAL ADRS: [Medscape Women’s Health 6(3), 2001. r~ 2001 Medscape, Inc.] Editorial; Women and Selective Serotonin Receptor Inhibitor Antidepressants in the Real World; Donna E. Stewart, MD, FRCP: Currently 65% of SSRIs are prescribed to women. [Sarafem, the repackaged Prozac for PMMD, will likely greatly increase that percentage.] “The most common cause of death associated with SSRIs was intentional OD (n = 65, 74.5%). . . Fatal or SADR [Serious Adverse Drug Reaction] were more likely to occur when patients took 2 or more other drugs (including alcohol) with an SSRI, especially if these drugs were metabolized by CYP 450. When taken concomitantly, the serum levels of either drug may rapidly elevate to dangerous concentrations. Most fatal ODs involved an SSRI taken concomitantly with benzodiazepines, tricyclic antidepressants, narcotics, alcohol, or diphenhydramine”

GENDER: Donna E. Stewart, MD also noted: “Fatal ODs were reported-in 47 (72,3%) women and 18 (27.7%) men -- a reversal of the usual sex ratio, even when different prescription rates are considered.” Rick Ewing, an attorney for the firm of Vickery & Waldner (www.justiceseekers.com) made this observation about gender: The latest figures show Prozac has about 44,000 adverse reports filed with the FDA. Out of those reports there are about 2500 deaths with the large majority of them linked to suicide or violence. The suicide statistics relating to women are shocking. According to the CDC there are about 30,000 suicides yearly in the United States. Out of those about 6,000 are women -a ratio of about 4.3 to 1, male to female. About twice as many women as men are treated for depression demonstrating that generally men are more than 8 times as lethal in their suicidal gestures as women. Women were known to use less lethal means until the SSRI antidepressants hit the market. But on Prozac and Paxil, women committed 40% of the suicides - many were strikingly violent and clearly leaving no means for rescue.

WITHDRAWAL: <http://news.independent.co.uk/uk/health/story.jsp?story=69366>:

4/29/01 WHO - World Health Organization warned of SSRI addiction and withdrawal being very real and serious enough that more complaints were coming in on SSRI withdrawal than for the Valium family of drugs which is considered one of the most addictive groups of drugs. -

- - <http://www.askdrbob.com/archives/housecalls/nov99.htm#5>: Discontinuation Syndrome: Rage when stopping antidepressants abruptly. Patients “who forget their medications may find within a few days that they are irritable all the way to frank rage.” Reference : John Zelecka MD, Rush Presbyterian Medical Center, Chicago - Internal Medicine N vol 8 no 15,pg 27, 1999. When most of these serotonergic meds have “amnesia” listed as a “frequent” side effect indicating a strong negative impact upon memory, what are the chances that patients forget to take their meds? With this in mind, consider the danger with many docs suggesting that those taking an SSRI for PMS or PMMD take it for a few days and then quit for a few weeks before going back on. And imagine the potential for this withdrawal rage with the new Prozac Weekly!! To quote a psychiatric nurse who called me recently irate over the free coupons being distributed for Prozac Weekly, “How insane can this companies get?! There is no

way in hell that pill is going to sit in the stomach for a week!”

- - Once again I would refer everyone to my tape, “Help I Can’t Get Off My Antidepressant” which gives ideas on safe withdrawal from all kinds of mind-altering medications. The tape is a help to physician and patient alike to avoid serious withdrawal problems and to rebuild the system after withdrawal. (800-280-0730)

BRAIN DAMAGE: Dr. Robert Saplosky at Stanford has focused much of his research in the last decade to cortisol-induced brain damage. The SSRIs have a VERY STRONG effect upon cortisol with one study indicating a DOUBLING of cortisol levels with one single 30mg dose of Prozac. We should expect the SSRIs to produce brain damage due to this strong cortisol effect. Additional research needs to be done in this area of SSRI induced cortisol response. Cortisol is produced by the adrenal glands during stress. Obviously the stress response of SSRIs is very significant. Cortisol has been called the “death hormone” so damaging are its affects. It can throw the immune system into chaos and produce damage in every body system as well.

- - It has been hypothesized that when overstimulated by SSRIs nerve cells disappear. This study done in the late 80’s demonstrates that Paxil produced a reduction in 5HT2 receptors:

Changes in cortical 5-HT2 receptor following 5-HTP and Paroxetine (J Nihon Univ Sch Dent 1988;30:218-226)

Lilly) and Sertraline (Zoloft, Pfizer).” The study published in Brain Research (2000; 16251) indicated that brain cells treated with large doses of two antidepressants [Prozac & Zoloft] and two anti-obesity drugs {Meridia & Redux} resulted in shriveled up cells or abnormal corkscrew shaped cells. [So technically they “screw up” the brain?] Dr. Madhu Kalia, professor of biochemistry, molecular pharmacology, anesthesiology and neurosurgery at Jefferson Medical College of Thomas Jefferson University in Philadelphia, said these changes could occur in a patient who is on any of these drugs in high enough doses for long periods of time and that this study is evidence that we should not be using the drugs with such “reckless abandon.”

SEROTONIN: Serotonin and serotonin receptors exist throughout the body, as well as the brain, and every aspect of the body’s *physiology* is affected by these serotonergic medications. In fact approximately 90% of the body’s serotonin is produced in the intestinal tract. According to Dr. Michael Gershon of New York’s Columbia Presbyterian, this is why Prozac produces so many gastrointestinal side effects.

- - http://theage.com.au/news/200005_14/A59_1_89-2000May_1_3.html Professor Murray Esler and colleagues at Melbourne’s Baker Medical Research Institute found that, even on a good day, the average levels of serotonin in the brains of at least 75% of the patients were EIGHT TIMES HIGHER in panic disorder patients than normal. So my question remains the same as it has from the first printing of this text, “Why are we giving drugs to patients to increase their serotonin levels when we know that the conditions for which they are being prescribed these drugs indicate that their level of serotonin is already too HIGH?!”

- - 9/01/98-Chest, by Stephen L. Archer Page(s): 7A role for potassium channels in smooth muscle cells and platelets in the etiology of primary pulmonary hypertension.(Brenot Memorial Symposium “... Plasma serotonin levels are markedly elevated in patients with primary pulmonary hypertension (PPH) and platelet levels of serotonin are low...[meaning low serotonin metabolism]”

SEROTONIN AND MUSCLES: Serotonin was originally given its name due to its ability to constrict blood vessels. In the 50’s injections of serotonin were given to women to induce labor. Serotonin constricts muscles leading to muscle damage. When you attempt to use a constricted muscle it rips and tears. From the first SSRI we have gathered more and more reports of muscle damage and fibromyalgia. Fibromyalgia is very common with serotonergic meds because the cause of fibromyalgia is high serotonin levels brought on by an inability to metabolize serotonin. Because the SSRIs work in this way

they do produce fibromyalgia as a side effect and after effect. This constriction of muscle tissue is also why there are many bowel problems associated with the serotonergic drugs. Symptoms of MS are often reported after use of an SSRI and especially after use of Paxil. I suspect that to be because of its strong affect on serotonin reuptake.

SEROTONIN SYNDROME: Serotonin Syndrome is a condition known to produce multiple organ failure. It is caused by too high a level of serotonin and can result in death within a 24 hour period.

- - Tidsskr Nor Laegeforen 1999 Feb 20; 119(5):647-50; Serotonin syndrome with fatal outcome caused by selective serotonin reuptake inhibitors; Apelland T, Gedde-Dahl T, Dietrichson T Medisinsk avdeling Diakonhjemmetts sykehus, Oslo: The serotonin syndrome is a rare, but potentially fatal complication to treatment with serotonin reuptake inhibitors. Due to increasing prescription of these drugs the condition must be expected to occur more often. Symptoms include changes in mental status (confusion, agitation and restlessness), neuromuscular symptoms (shivering, ataxia, myoclonus and hyperreflexia) and autonomic dysfunction (fever, diaphoresis, hypertension and tachycardia). The syndrome is most often produced by concurrent use of two or more drugs that enhance serotonin neurotransmission. Monotherapy may also elicit the syndrome. We report the development of serotonin syndrome with a fatal outcome in a patient treated with paroxetine. Interactions with alimemazine, melperone and carbamazepine may have contributed to the outcome. The serotonin syndrome usually resolves within 24 hours when the suspected drugs are discontinued. However, there may be a dramatic progression of symptoms requiring intensive supportive care to prevent death. PMID: 10095385, UI: 99195089

- - Tidsskrift Norske Lægeforening” (Apelland T, Gedde-Dahl T, Dietrichson T. Serotonergt syndrom med dødelig utgang utløst av selektiv serotoninreopptakshemmer; 1999; 119: 647-50.) A man died after taking normal doses of Paxil. He developed Serotonin Syndrome (SS). *THE STUDY SAYS THAT SS OCCURS MORE OFTEN THAN PREVIOUSLY THOUGHT.* WHO (World Health organization) has received many reports regarding SS. It is beginning to look as though the SSRIs are inducing SS more often than another serotonergic drug, Ecstasy.

SSRIs reduce 5-HIAA (Serotonin Metabolism): J Clin Psychopharmacol 1997 Feb;17(1):11-4 Conclusion: “Drug treatment, overall, was associated with significant decreases in 5-HIAA and MHPG and a trend toward a reduction in HVA levels. Levels of 5-HIAA, MHPG, and HVA were reduced by 57%, 48%, and 17%, respectively.” Abstract:

Correlated reductions in cerebrospinal fluid 5-HIAA and MHPG concentrations after treatment with selective serotonin reuptake inhibitors [Prozac and Luvox]. Sheline Y, Bardgett ME, Csernansky JG; Department of Psychiatry, Washington University School of Medicine, St. Louis, Missouri 63110, USA. Levels of 5-HIAA were reduced by 57%. Publication Types: Clinical trial PMID: 9004051, UI: 97157772

SSRI-INDUCED DISCONTINUATION MANIA: 6 cases of antidepressant discontinuation induced mania in spite of adequate mood-stabilizing treatment. J Clin Psychiatry 1999 Aug; 60(8):563-7; quiz 568-9: This study discusses the strong potential of SSRIs to induce mania in withdrawal even in spite of the use of anti-manic medications to control it. It has amazed me to see how often this happens in withdrawal when a very rapid discontinuation process is used with one of these antidepressants. One young man in his mid thirties dropped cold turkey off three years use of Prozac. Five months later he began to go manic thinking he was an ambassador to the Queen of England. He was so convincing that the mayor’s office in Los Angeles was expecting a large donation from him. After using natural products and going on a good diet for several years he did very well with no return of any signs of bipolar disorder. Then he began to smoke again and eat anything he wanted. After six months of that he felt the “need” to try another antidepressant. It only took one pill of Effexor added to his poor diet to begin to push him over the edge. After holding an audience spell bound as he played the lead role in a

popular play, he became a Scottish crown prince. Once again he was so convincing in his delusions that after a visit to them in his rented full dress Scottish outfit one of the local PBS stations announced on the air that his company would match all donations made to the Three Tenors special that evening. After this manic episode had persisted for five months several of his friends decided he should give Noni juice a try. (See under ALTERNATIVES.) After the first day of drinking fruitjuice with-a cup of Noni added to it he finally began to sleep-at night. Within two weeks of using the Noni he was normal again with no signs of mania. It was like watching someone wake up as he, in horror and embarrassment, began asking what he had been doing over the last several months. Rather than taking a small amount of Noni regularly, he now watches his diet much closer than before (avoiding NutraSweet completely and consuming lots of pure water, while restricting amounts of sugar, meat and cheese) and asks for Noni when he worries that symptoms of mania are beginning (only about once a year in the last four) of course in my opinion he would be better off using small amounts of Noni regularly and being even more strict with his diet.

BIPOLAR, HYPOGLYCEMIA & DIABETES: Since the SSRIs hit the market we have seen an explosion in bipolar. It is epidemic with almost every other person anymore diagnosed bipolar or they are dealing with a friend or family member suffering from bipolar disorder. I remain convinced that the widespread use of SSRIs is the main cause of the increase in bipolar disorder. A study released in *Am J Psychiatry*, 1999 Sep; Vol; 156 (9), pp. 14 17-20, "Elevated frequency of diabetes mellitus in hospitalized manic-depressive patients," clearly states what I have lectured and written about for the last ten years which is that bipolar is caused by blood sugar imbalance, "Disturbance in glucose homeostasis in psychiatric populations has been suggested since the early part of this century." Translated that means that for an entire century scientists have thought that mental illness is blood sugar related. The brain cannot function without balanced sugar levels. So important is blood sugar to the brain that when blood sugar drops the brain immediately begins to lose brain cells. In the early years psychiatry induced insulin shock as "treatment" for mental illness. When we look at the effect of serotonin on blood sugar levels we realize that little has changed since those early days. Besides all of the psychiatric effects produced by high serotonin we know that one of the physical effects of high serotonin is a drop in blood sugar. So if we know that elevated serotonin is found in mania and psychosis and that elevated serotonin drops sugar levels, are we still looking at chemically induced insulin shock via a slightly different mode of action? I believe there is enough research to show that bipolar, with its drastic changes in mood, is a form of severe hypoglycemia. This study lends even more credibility to that theory. Researchers examined the high rate of diabetes among those who are bipolar. They suggest that may be due to the mechanisms of the disease coupled with the drug therapy. Clearly if someone is already suffering from hypoglycemia (as I believe a manic-depressive or bipolar patient is), the beginning stages of pancreatic breakdown, we would expect that individual to progress into the later stages of pancreatic failure manifesting as diabetes. This is especially true when we are giving these patients drugs that increase serotonin thus magnifying the imbalance in blood sugar. In checking the rate of diabetes in the state of Utah several years ago I noted that the level had almost plateaued until the year after the first SSRI, Prozac, hit the market. The diabetic rate shot straight up that year and has continued rising drastically ever since. And patients on the SSRIs and SNRIs have continued to report becoming both bipolar and diabetic. Last summer the CDC reported a drastic rise in diabetes nationwide over the last decade - the same time period the SSRIs have literally exploded in use. There was a startling 70% in the 30-39 age group - which age group seems to be the largest age group on SSRIs. I know that obesity was used as the 'scape goat' for this explosion in diabetes, but when 60- 70 pounds is the average weight gain on one of these serotonergic drugs it still implicates these antidepressants.

CELEXA (citalopram) - THE NEWEST SSRI: In my opinion, Celexa is taking the Paxil's place as the very strongest and most deadly yet of all the SSRIs. It is the one drug I have held my breath over, hoping it would NEVER be approved. Early studies on dogs had to be stopped due to the large number

of deaths. Now some research is beginning to surface with this newer SSRI: Ugeskr Laeger 1999 Jul 26; 161 (30):429 1-2; Citalopram in forensic samples. Citalopram concentrations in samples from legal autopsies and from living persons in connection with traffic accidents or cases of violence in Denmark 1989-1996. [Article in Danish] Worm K, Dragsholt C, Simonsen KW, Kringsholm B Retskemisk afdeling, Kobenhavns Universitet: Citalopram was found in 92 autopsy cases and 27 cases from living persons and the concentrations are described. A range of 6.2 – 19 mumol/kg whole blood was found in cases where citalopram alone was the cause of death and a range of 1.9-16 mumol/kg whole blood in cases, where citalopram together with other compounds were considered to be the cause of death. PMID: 10439690, UI: 99368545

- - Celexa & Alcohol - a deadly combo - Translation from the study Ugeskr Laeger 1999 Jul 26;161(30):4291-2: Citalopram seems to have no clear sedative effect; Lindegaard et al (Citalopram, a selective serotonin reuptake inhibitor: clinical antidepressive and long-term effect ii phase II study. Psychopharmacol 1982;77: 199-204) found a marked hypersomnic effect in some of their patients. This effect could explain the death of four of this cases in this study, there the only findings were citalopram in toxic or therapeutical concentrations together with alcohol.

CANCER: Researcher Olle Johansson, assoc. prof. in Experimental Dermatology at Karolinska Institute says SSRIs cause cancer - in particular skin cancer. He believes the SSRIs should be avoided if possible and that taking SSRIs allows the sun to be able to produce a lot of damage: J Invest Dermatol 1998;111:1010-1014; “A Serotonin-like immunoreactivity is Present in Human Cutaneous Melanocytes” - - Am J Epidemiol 2000 May 15; 151 (10):95 1-7; Antidepressant medication use and breast cancer risk; Cotterchio M, Kreiger N, Darlington G, Steingart A; Division of Preventive Oncology, Cancer Care Ontario, Toronto, Canada: Experimental and epidemiologic studies suggest that antidepressant medication use may be associated with breast cancer risk. Results from this study do not support the hypothesis that “ever” use of any antidepressant medications is associated with breast cancer risk. Use of tricyclic medications for greater than 2 years, however, may be associated with a twofold elevation, and use of paroxetine [Paxil] may be associated with a substantial increase in breast cancer risk.

HEMORRHAGE: Hemorrhage is listed as a “frequent” adverse reaction with SSRIs. Just what can that mean?

- - British Medical Journal, 1999;319:1106-1109: (23 October) “Association between selective serotonin reuptake inhibitors and upper gastrointestinal bleeding population based case-control study, Francisco JosO de Abajo, Luis Alberto Garc~a Rodr~guez, and Dolores Montero: Risk of internal bleeding is THREE times greater in selective serotonin reuptake inhibitor users. That risk is greater if patients also take anti-inflammatory drugs such as aspirin. (Keep in mind that aspirin products kill as many each year via hemorrhage as the number of patients who die of AIDs. So in using an SSRI with aspirin you have an even greater chance of dying than you would with AIDs.)

- - BMJ 1999; 319: 1106-1109; Personal perspective; J.L.Leadbetter (24 October 1999); Association between SSRIs and upper GI bleeding: “I found to association between selective serotonin reuptake inhibitors and upper gastrointestinal bleeding interesting from a personal perspective. After receiving this type of medication over 3 years ago for treatment of depression, I subsequently developed quite severe eye problems which appeared as oedematous patches at the back of both eyes. My color vision was temporarily impaired and some visual fields have been permanently damaged. Following extensive investigations, it has been concluded that the cause of the eye problems was a result of selective serotonin reuptake inhibitors.”

- - The tests done in ‘95 showed brain damage (small vessel breakage at the base of the brain) and depression in a woman from her short term use of Zoloft. The brain damage produced memory loss. The results of the tests qualified her for disability both at the company she worked for and with Social Security. But after use of the therapeutic oil blend called Clarity and other nutrients by Young Living a battery of extensive psycho neuro tests in February of ‘97 confirmed no sign of brain damage or

depression. Her report “for recovery from brain damage, I did Biofeedback, used the essential oil blend Clarity during sessions and in between I used a variety of oils. (Today I would also use the blend Brain Power.) I made massage oil blends and used self massage daily, took baths using bath salts with essential oils added, put several drops of Frankincense, Helichrysum, and Clarity blend in veggie gel capsules and took them twice a day, diffused the oil blends of Purification and Clarity in the room, used the Young Living products VitaGreen, Immugel, Vit. C, Calcium, and Master Hers along with Comfortone, did several cleansings and had massage regularly with essential oils. I also did a week of Ayurvedic cleansing using massage, steam cabinet, steam inhalation, juice fasting, breathing exercises, meditation, yoga, and heavy use of essential oils. And I surrounded myself with people who knew the possibility of healing and would not buy into my doubts.”

FOODS THAT INCREASE SEROTONIN: DAIRY: University of Florida researcher, Dr. J Robert Cade, cites link between autism, schizophrenia and diet; March 1999: Journal of Autism: This study is perhaps one of the most significant evidences of the link between diet and mental health. A critical point to keep in mind as you read through this, is that morphine is a serotonin reuptake inhibitor. Thus you should be able to make the connection between these serotonergic drugs and schizophrenia as well as autism. Without a doubt it all has to do with serotonin toxicity. Preliminary studies show that 81 - 95% of autistic and schizophrenic children had 100 times the normal levels of a protein found in milk. This milk protein produces exorphins, morphine-like compounds - morphine has a serotonin reuptake action producing increased levels of serotonin in the system. The correlation between dairy and these disorders became clear when on a dairy free diet 80% of the children had the symptoms of autism or schizophrenia dissipate. Dr. Cade reports that, “We now have proof positive that these proteins are getting into the blood and proof positive they’re getting into the brain involved with the symptoms of autism and schizophrenia.” -

(<http://www.health.ufl.edu/hsc/news/1999/1999-03-15-noo1.html>) While keeping this serotonergic effect of milk proteins in mind, consider that one pound of cheese contains about 14 gallons of milk. Expect that large number of concentrated milk proteins to have a very profound serotonergic effect. I have wondered if this serotonergic effect might be why there are so many serious life-threatening ADRs when mixing cheese with MAO Inhibitors. If so those same serious adverse reactions should be expected when combining cheese with SSRIs. Yet, even though patients are told to avoid cheese while using a MAOI there is no such warning with the SSRIs. Because the end result of high serotonin levels via both modes of action with these two types of antidepressants, I believe a similar warning about cheese should be given to those patients who are increasing serotonin levels with SSRIs rather than MAOIs. Using cheese with one of these drugs would be like using another serotonergic agent and should produce profound reactions leading to the most serious reaction of very high serotonin - Serotonin Syndrome. Couple that with the fact that certain races do not have sufficient lactase (Flatz G, 1987, Genetics of Lactose digestion in humans; Advances in Human Genetics; 16, 1-77 and Rozin P & Pelchat ML, 1988, Memories of Mammarys: Adaptions to weaning from milk; Progress in Psychobiology and Physiological Psychology; 13, 1-29) to metabolize milk proteins and would be more susceptible to this synergistic effect of combining dairy with their antidepressants. Those groups who genetically would be most susceptible to this synergistic effect due to the low lactase tolerance are the Asians (0-24% tolerance), Africans (3 - 25% tolerance), Arabs (10% tolerance), Eskimos (15% tolerance), Italians (20% tolerance), Slavs (20%~tolerance), Native American (25% tolerance) and Western Russians (30% tolerance). Why have these groups not been warned of this serious potential adverse effect due to this inability to tolerate dairy? Several other foods to be avoided due to their potential to increase serotonin levels are sugar, Jello (gelatin), ice cream (a combination of dairy, sugar, and gelatin) Fluoride also affects serotonin and is being put in many products too. But you will find an entire section in the body of the book on this chemical. You will have to learn to read labels to avoid these things.

NUTRASWEET: The text Biological Psychology by James W. Kalat (Fourth Edition) makes it clear

that anyone who has a tendency toward violence should never use NutraSweet. We are concerned about such a violent group of young people in our society today and yet these youngsters are drinking diet sodas at an extremely high rate mistakenly thinking that it will keep them from putting on excess weight. NutraSweet is a combination of two amino acids. It is a serotonergic product, both increasing serotonin and decreasing serotonin metabolism, with almost identical adverse effects to the SSRI antidepressants. I have often made the statement that NutraSweet was the closest thing we have seen to the Prozac family of drugs before Prozac hit the market. There has recently been talk in the UK about considering the banning of NutraSweet.

NATURAL SEROTONIN PRODUCTS: Although I have often used alternative treatments over many years, I realize that the line between health industry and the pharmaceutical industry has become extremely thin, They are even referring to some health products as “nutraceuticals” - a term that sends chills up my spine. Because of this I am very cautious about products that come even from a health food store. I prefer the old simple herbal remedies used for centuries. The real tragedy is that the natural health industry has also embraced the serotonin hypothesis and have been actively searching for every method to increase serotonin levels naturally. Of course whether you increase serotonin “naturally” or any other way, the end result of damage from the increased serotonin remains the same. I have grown concerned over the use of St John’s Wort, 5HTP, and homeopathic serotonin sold in health food stores. I have witnessed LSD flashbacks produced via St. John’s Wort and seen panic and anxiety increase at significant enough amounts from this herb to lead someone to be prescribed an SSRI - leading to additional horrors. Because of this I warn against the use of these products - especially for anyone who has had their ability to metabolize serotonin impaired via the use of serotonergic medications.

L-TRYPTOPHAN: The same concern would apply to L-tryptophan. Anything that increases serotonin should be avoided. **WEIGHT LOSS PRODUCTS** are additional concerns. Ephedra is the main ingredient in Meth and comes from Mahuang often used in natural weight loss products. And Guarana is almost pure caffeine. Both of these have powerful stimulant effects and will lead to depression and fatigue. **AMINO ACIDS and HIGH PROTEIN DIETS** after use of these medications are also dangerous. I have seen patients go through antidepressant withdrawal, do very well for some time and then try the Atkins High Protein Diet (which I thought had killed enough people in the 70’s for us to learn how dangerous this diet is). It was as though they were ripped out of time and placed right back into the worst stages of their withdrawal with many thinking they needed to go back on SSRIs. I believe this reaction is due to the protein binding effect of these drugs. Besides an impaired metabolism which now needs more easily assimilated foods, when patients add more protein to their diet, the drugs have more protein to bind to and become more difficult to flush from the body.

ALTERNATIVES: Many alternatives are discussed on the tape “Help! I Can’t Get Off My Antidepressant!” We even have studies to show that exercise three times a week for a half an hour each time is more effective than the antidepressants. More has been learned over the last few years about products that are simple to use and easier to assimilate. Three of these companies are on a multilevel program and are not available in stores. As I said before I am very cautious about the products I use or recommend to anyone. Because I have had incredible, almost miraculous results with the following products, I highly recommend them in assisting to rebuild after use of depressants or any other mind altering chemical. Remember also that using distilled water with any therapy is known to pull chemicals from the body. I understand that you may order these products at wholesale by using my distributor name, Dr. Ann Blake Tracy, and number. Young Living Oils can be obtained by calling 1-800-763-9963. Refer to member #22048. Dr. Gary Young who founded Young Living and is known as the leading expert on essential oils in the United States also has a large book called “The PDR of Essential Oils” that I highly recommend as a reference book on the therapeutic uses of the essential oils. For questions about the oils call Diane at 1-303-766-9760. Sunrider Nuplus can be obtained at 1-888-278-6743 by using member #001271794. If you have questions about Sunrider you may call Della at 1-520-

485-9635. Noni Juice can be obtained at wholesale also by calling 1-800-445-2969 and referring to member #26506 also under the name of Dr. Ann Blake Tracy. I have seen Noni in a full blown delusional manic reaction for five months become normal within two weeks of using a cup of Noni per day. From what I have seen with Noni I believe it is helping to normalize blood sugar and assisting the metabolism of serotonin. Another company that has products to assist with pain caused by these drugs or the end result of the drugs (such as arthritis and fibromyalgia) is magnetic therapy by Nikken. As taking pain killers, or most any drug, after being on a serotonergic drug can cause so many serious reactions, I prefer using magnets to prevent those pains. In this way you will not have additional damage from additional mind altering chemicals. Nikken magnetic products can be obtained by calling Jesse at 1-801-282-6081 They have mattresses that work while you sleep, foot pads you can slip into your shoes, pads that can be applied to local areas of the body, etc. And there is research to demonstrate that magnetic therapy when applied to the head can rid one of depression. **Omega 3 Oils** are effective as antidepressants and are non-toxic: In September 1998 the National Institute of Health conducted a seminar on the effectiveness of Omega 3 oils in combating manic depression, schizophrenia, depression, hyperactivity, PMS, etc. Now a new study supports those reports. Although the study looked only at fish oil, flax seed oil is recommended as it does not pose a potential toxicity

- toxicity due to polluted waters in which fish are found. May 6, 1999 Fish Oil May Aid Against Manic Depression, BY MARC KAUFMAN, THE WASHINGTON POST:

Scientists believe they have found a surprising new ally in their efforts to understand and treat the sharp mood swings of manic depression -- the Omega 3 fatty acids. Jerry Cott, chief of the psychopharmacology research program at the National Institute of Mental Health said, "This is the first time we would be testing a nutritional supplement that appears to be having efficacy about to the degree of a synthetic medication." The body's highest concentrations of omega-3 fatty acids are in the eyes and the brain, where neurobiologists believe they are essential to the proper functioning of cell -membranes. If levels of omega-3 fatty acids are too low, they have theorized, then -essential chemical pathways become overwhelmed and mental disorders can occur. Researchers believe omega-3 fatty acids play an important role in both bipolar and unipolar depression. (One of the finest books on the Omega 3 oils is "Fats that Heal, Fats that Kill" by Udo Erasmus. Find more info on his book and the oils he recommends at www.udoerasmus.com.)

FOR OTHER VIDEOS, AUDIOS, AND BOOKS BY DR. TRACY:

Call 800-280-0730 or write to Cassia Publications, P0 Box 1044, West Jordan, UT 84084 or go to the web site at members.aol.com/atracypd or www.drugawareness.org. The hour and a half long audio tape "Help! I can't get off my antidepressant!" detailing the "how to's" of safe withdrawal and how to rebuild your health after the use of antidepressants is available there. Many audio tapes of radio interviews are available. A video with a lecture by Dr. Tracy should be available soon. And she is currently preparing a trilogy of books on the cases involving SSRI antidepressants to be released soon – one on the mothers who kill their children, one on the murder/suicides and one on the school shootings.