

## **Xanax (and other Benzodiazepine drugs)**

Xanax is one of the anti-anxiety, antidepressant drugs that have come to be dispensed like candy by the medical establishment. The truth is most of these drugs have never been officially approved for long-term use. They are designed for short-term crisis therapy only. Yet millions of people take them day after day after day after day --- their use is so commonplace that most people do not even consider them “drugs” anymore. But the sad truth is that these are powerful neurotoxic medications.

Xanax causes an emergency room visit every 4½ minutes in America --- not from overdoses, but from merely taking Xanax according to the doctor’s prescription. Not only is this one drug responsible for an emergency room visit every 4½ minutes, but the drug also causes such extreme devastation of cognition that a person who takes it as a sleep aid is a zombie until nearly noon the next day. The cognitive interference is so extreme that these people are not safe to drive a vehicle until at least 11:00 the next morning. Yet, there are all the guys driving to work and all the women driving their children to soccer practice early the next morning after taking Xanax the night before.

Imagine the folly of taking Xanax every night for chronic insomnia (as has been thoughtlessly prescribed for countless thousands of insomniacs). No drug could be more counter-productive. Taking it at 11:00 p.m. guarantees that the brain will not “wake up” until nearly noon the next day. If the brain does not “start its day” until 11:00 a.m., how is it going to be ready for sleep at 11:00 p.m., bedtime? Xanax is guaranteed to perpetuate insomnia.

Furthermore, long-term use of Xanax very often causes tardive dyskinesia --- bizarre, uncontrollable movements reflecting permanent brain damage.

Compounding the sad story on Xanax is its effect on thyroid function. Xanax inhibits the transport of thyroid hormone into the cells, and inhibits the conversion of T4 into the active T3 hormone. Of course, that creates a Thyroid Insufficiency (even despite what might be a normal thyroid gland output) --- and the Thyroid Insufficiency exacerbates depression, insomnia, anxiety, and cognitive dysfunction --- the very symptoms for which the patient is taking the Xanax.

Doyle. Benzodiazepines Inhibit Temperature-Dependent Triiodothyronine Accumulation into Human Liver, Human Neuroblasts, and Rat Pituitary Cell Lines. Endocrinology, 1992. ----- Benzodiazepine drugs (Valium, Ativan, Xanax) inhibit T3 uptake into the cells of the body, but have no effect on transport of T3 into the pituitary.

Our discussion of Xanax should include mention of 2 other common drugs prescribed as tranquilizers or sleep aids --- Ambien and Ativan ...

**Ambien** is brain dope that induces sleep pretty quickly in many patients, but leaves the person so drowsy as to be only partially functional the next morning. The person cannot safely drive a car or operate equipment the next morning; falls resulting in fractures are also common the morning after Ambien-induced sleep. In addition, Ambien causes nausea, even to the point of vomiting as one of its most common side effects. Also note that when patients on this drug try to stop it, they get what is called rebound insomnia --- in other words, their symptoms get so much worse they think they need the drug. Also, the drug is addictive and is only really approved for short term use, yet people take it for months or even years.

**Ativan** is almost identical in its action to Ambien, so it is ridiculous that you find patients taking both. Ativan works on exactly the same brain cell receptors (GABA) as Ambien. It is even more addictive than Ambien is. It, like Ambien, causes rebound insomnia plus many other psychoneurotic symptoms when a patient tries to get off it. Furthermore, the drug causes cognitive impairment in a high percentage of cases if taken over a long period of time.

### **Brain Dope === Xanax and other Benzos.**

A better alternative? --- NUTRI-SPEC, of course ...

From a NUTRI-SPEC perspective, here are the causes of insomnia --- one or more of which you will find in all insomniacs:

- Dysaerobic Imbalance
- Sympathetic Imbalance
- Prostaglandin Imbalance --- with particular excess of PGE2 along with various Nitric Oxide derivatives.
- Anaerobic Imbalance with excess Histamine
- Parasympathetic Imbalance with excess Histamine

Note that all of the above causes of insomnia can often be identified objectively with nothing more than your Sympathetic/Parasympathetic Support System --- paying particular attention to the Dermographics Reflex, you can almost always determine what is the cause of your patient's insomnia.