

The Fluoroquinolone Drugs are the most toxic and dangerous antibiotic in clinical practice today. (levaquin bladder stones carpal tunnel stasis psychiatric)

When have I failed to acknowledge that the other antibiotics are also loaded with serious potential adverse outcomes? Every comparative study I have posted so far clearly states the obvious. So the question I would have is what do YOU consider to be the most dangerous if not the quinolones? And my "bad experience" was not just with Cipro, but also Floxin and Levaquin.

If you had bothered to even read my history you would have noted that I was on all three to treat a kidney stone for two months. A kidney stone caused by cipro to begin with. Up to a 1000 mg a day of levaquin at the end. (so how can you say that this is impossible when I am living proof to the contrary?) And this resulted in far more than a "bad experience". It crippled me for life. I have been in constant pain for well over eight years now and have undergone a number of surgeries to repair this damage. I am legally blind and suffer from never ending chronic tendonitis. I have to use "voice software" a lot of times to even use the computer as my hands are so crippled up. (tendons shrunk).

Didn't have any of these kinds of problems with penicillin. bactrim. flagyl, or any other antibiotic I had been on over the past fifty three years. Only the quinolone class. I thought it only fair to admit to my personal experience before discussing such a hot issue with another physician. Of course my perceptions are clouded by this. Whose would not? But I did not write the evidence I present. Others who are supposedly neutral did.

This being said lets take a look at the latest AER (3rd quarter 2006) concerning the major antibiotics:

Drug Reactions

LEVAQUIN 617 URTICARIA 7
CIPROFLOXACIN 433 URTICARIA 6
BACTRIM 322 URTICARIA 1
AVELOX 272 URTICARIA 16
AMOXICILLIN 254
ZITHROMAX 154
AZITHROMYCIN 142
FLAGYL 140
GENTAMICIN 112
DOXYCYCLINE 109
MAXIPIME 61

KEFLEX 57
AMPICILLIN 55
PENICILLIN 44
TEQUIN 42
FACTIVE 8
AUGMENTIN 5

Funny how the fluoroquinolones are at the top of the list. With bactrim coming in a distant third. As well as 14 cases of URTICARIA associated with the quinolones being the primary suspect. (six involving cipro) Only one with bactrim however. I fully acknowledge that ALL drugs have side effects. NO question there at all. Antibiotics have serious side effects as well. Some of which prove to be fatal.

Of course your counter argument will be since the quinolones are "first line agents" more of them had been prescribed so of course you are going to see more reactions.

But how many support forums do we see on the Internet involving these other antibiotics? None that I am aware of. But we see dozens involving the quinolones with tens of thousands of members from all over the world. Including doctors, lawyers, professionals, people of all walks of life. These aren't twelve year old kids screwing around with their computers I assure you.

How many of these other drugs have been removed from clinical practice due to severe toxicity issues? We see at least eight with the quinolone class.

How many petitions have been filed with the FDA either seeking the drugs removal or black box warnings for these other antibiotics? We see at least five with the quinolone class (2 seeking removal and 3 seeking black box warnings)

How many of these other drugs have an affect on DNA? All of the quinolones do.

How many of these other drugs are considered to be a cancer causing agent? Nalidixic Acid, upon which all the quinolone drugs are based, is.

How many of these alternatives are NOT to be used in the pediatric population due to severe adverse reactions? Cipro is the ONLY quinolone approved for pediatric use and only in EXTREME situations. Yet we see them being prescribed for a common ear infection without a

second thought.

As we seen with a few studies I had submitted the quinolone class has a higher adr rate, and more serious reactions, than the drugs it was compared to.

When we look at the numbers posted by the FDA in regards to number of reactions and associated fatalities over a ten year period, once again, when compared to all the other antibiotics, the quinolones are in the lead.

Taken as a whole one can argue, quite confidently, that compared to the other drugs in your arsenal, the quinolones are more dangerous than your other choices. All antibiotics are dangerous, but the quinolones are more so.

Take a moment and read what David Flockhart, M.D. Ph.D., Indiana University School of Medicine, Division of Clinical Pharmacology, Wishard Memorial Hospital has to say on this subject. He is considered by many to be the country's foremost expert in fluoroquinolone-related side effects.

"...as many as a third of patients taking a fluoroquinolone will experience some sort of psychiatric side effect, such as anxiety, personality change or confusion...The psychiatric effects of the fluoroquinolones are underappreciated by the medical profession as well as by the public," (2001)

"Cipro is basically a big gun whose benefits outweigh its risks in certain circumstances," "But the bigger gun you use, the more damage you can expect as collateral." For a variety of reasons Flockhart says some physicians start with the "big gun" rather than the lower-level antibiotics, such as penicillin, which can be just as effective, less expensive and less risky. (2001)

Dr.Flockhart also states that "All antibiotics can cause seizures at very high doses, but quinolones appear to be more neurotoxic than other classes of anti-infectives even at standard doses."

Or Dr. Jay Cohen, a Medical Researcher and Associate Professor at the University of California San Diego who states:

"Although it's not widely recognized, Cipro and other fluoroquinolones are associated with serious, rapid side effects that can be devastating and sometimes permanent,"

"many patients reported that their doctors either failed to recognize the adverse events or dismissed their significance. They were told to continue taking the drug, when it's imperative that someone with these reactions discontinue use immediately unless medical circumstances such as severe infection and no alternative treatment-warrant otherwise."

He adds that drugs like Levaquin, Cipro, or Avelox "should not be used as first line antibiotics. Other, safer drugs should be tried first. The need for antibiotic therapy with fluoroquinolones should be gauged carefully, and unnecessary use should be avoided."

Dr. Jay Cohen, published a paper on peripheral neuropathy caused by fluoroquinolones in 2001 in the *Annals of Pharmacotherapy*. Since then, he says, "I have received several thousand e-mails, most of which relate terrible, often catastrophic reactions to Levaquin, and to Cipro. These reactions are slow to pass, leaving some people disabled for months or years. It is an awful problem."

Clinical trials and case studies published by doctors in leading medical journals also make it clear that such problems exist and it is unique to the quinolone class. We DO NOT see these types of long term reactions with the other antibiotics.

(This is why I consider them to be more dangerous than the other antibiotics. Long term effects that persist for a lifetime.)

In their practices, doctors often appear to blame other factors for damage done by the drugs. Says Cohen, "Unfortunately, many doctors do not know that fluoroquinolones can cause such severe, long-lasting reactions. When a reaction occurs, some doctors deny that it could have been caused by the drug. Doctors order a battery of tests to seek other causes, but the tests usually show nothing."

In the early 1990s, award-winning journalist Stephen Fried launched his own dogged investigation of fluoroquinolones after his wife Diane suffered long-term damage from a single pill of a variant called ofloxacin (Floxin) that was popular at the time. In his book, *Bitter Pills: Inside the Hazardous World of Legal Drugs* (Bantam Books, 1999), Fried describes a 1993 FDA advisory committee meeting he attended, in which government and drug-company officials haggled over possible new warnings to be put on fluoroquinolone labels and inserts. Fried helped FDA researchers make their case, but, he wrote in the book, "The doctors leading the [G.D.] Searle [and Company] delegation said something that almost caused me to have a seizure." "As you know," that doctor told the group, "physicians will not even look at the

package insert. If they do, it's for seconds."

So as you can see it is not "people who believe in aliens" or who are "loony" that are telling you that the quinolones are not a safe drug in comparison to the alternatives, but some very highly respected physicians and professors, Dr. David Flockhart, Dr. Jay S. Cohen, Dr. Sidney Wolf at Public Citizen, as well as the medical staff of the Attorney General of the State of Illinois and the award-winning journalist Stephen Fried as well as I. Not to mention over 4000 medical journal entries, case reports, clinical studies, etc., that I have accumulated over the past eight years and tens of thousands of people from all over the world that support all that I have stated thus far.

What I find so insulting is you telling me this is nothing more than "dribble". Perhaps with the brain damage I had suffered from these drugs I am not capable of being articulate enough to get this message across to you. Perhaps Dr. Cohen's letter to the FDA will suffice, presented during the hearing with Rush Holt to which I was also in attendance:

January 21, 2004

The Honorable Rush Holt
Member, U.S. House of Representatives
1630 Longworth Building
Washington DC 20515

Dear Congressman Holt.

I would like this letter to be entered into the record in your hearings on fluoroquinolone antibiotics (e.g. Levaquin, Cipro, Floxin, Tequin). I am the author of a study about severe, long-term fluoroquinolone reactions published in the December 2001 issue of the Annals of Pharmacotherapy. Actually, the publisher and I pre-released this article in October 2001, during the anthrax scare when Cipro was being prescribed indiscriminately and without warnings to patients. Within days of publication of my paper, the U.S. Centers for Disease Control changed their guidelines, placing the antibiotics doxycycline and penicillin above Cipro as the preferred treatments for anthrax exposure. Doxycycline and penicillin have fewer severe side effects than fluoroquinolones, and they are not associated with the devastating, disabling, long-term reactions that my study identified.

These severe reactions are occurring in patients who are usually healthy, active, and young. Most often, the antibiotics are prescribed

for mild infections such as sinusitis, urinary or prostate infections. Most reactions occur very quickly, sometimes with just a few doses of the fluoroquinolone antibiotic. Reactions are acute, severe, frightening, and often disabling. In most cases, side effects are multiple, involving many systems of the body. In my study, nervous system symptoms occurred in 91% of patients, musculoskeletal 73%, sensory system 42%, cardiovascular 36%. skin 29%, gastrointestinal 18%.

These numbers do not adequately capture the severity and permanence of these reactions. Here are some examples:

Male, age 36, previously in good health, received Cipro for possible urinary infection:

Chronic, debilitating multi-focal neuropathy, fibromyalgia, chronic fatigue, gastrointestinal problems, heart arrhythmia requiring pacemaker, carpal tunnel syndrome, chronic multiple joint pains, chronic pain. Functional ability: disabled. Duration: 5 years (patient now age 41).

Female, age 32, previously in good health, received Cipro for urinary infection: After 5

days. developed pain in wrists, neck, back, knees, hips, elbows, shoulders, and Achilles tendons. Having difficulty writing. Medical workup normal. Functional ability: greatly limited.

Female: age 47, previously in good health. received Levaquin for sinusitis: Within 2 days developed joint pain (severe in hands). insomnia, severe agitation, weakness, dizziness. severe fatigue, mental infusion, abnormal dreams, gastrointestinal symptoms. Duration: Still severe after 7 months.

Female, age 49. previously in good health, received Floxin for a pelvic infection: Burning pain. memory loss, joint pains. palpitations. nerve pain, insomnia, abnormal sense of smell, tinnitus, panic attacks. Duration: more than 3 years.

Male, age 34, previously in good health, received Levaquin for prostate infection: Muscle spasms and twitching. numbness, impaired coordination, weakness, increased sensitivity to temperatures, fatigue, multiple joint, muscle pain, palpitations, blurred vision. Duration: more than 1 year.

Male, age 35. in good health, received Levaquin for prostate infection: 1 dose led to a ranch, ringing in the ears, and peripheral nerve symptoms lasting 2 weeks. Then tendinitis began in shoulders,

elbows, wrists, hands, and Achilles tendons, with burning pain and tightness in calves. After 2 months, still unable to walk more than a short distance. This man told me, 'Prior to taking the medication I asked about side effects and was told there were none for adults except an upset stomach. Afterwards I was told that what I was experiencing could not be related to the drug. Obviously the doctor had never read the documentation that states otherwise.'

These are not isolated cases. Since the publication of my article with its 45 cases two and a half years ago, I have received e-mails from more than 1000 people seeking help for their reactions. In most cases, their doctors have dismissed their complaints or outright deny that the reactions could occur with fluoroquinolones. Yet extensive medical workups do not find any other cause. Worse, there are no known effective treatments, thus, these people suffer pain and disability for weeks, months, years.

Overall, my sense is that these reactions are not rare. I have spoken to the U.S. Food and Drug Administration about this. I am shocked that the agency still hasn't acted. Other major reactions such as Stevens-Johnson syndrome or Churg Strauss syndrome from medications are posted prominently on drug labels. These reactions are much rarer than the ones occurring with fluoroquinolone antibiotics.. At the very least, black boxes should be placed in fluoroquinolone package inserts about severe, multi-system reactions.

I readily agree that fluoroquinolone antibiotics play an important role in treating infectious diseases, but we must alert doctors and patients about the potential devastating effects of these drugs. We must educate them that if any signs of reactions occur, such signs should be reported immediately and the drugs should be discontinued. Most of all, we must educate doctors to avoid prescribing fluoroquinolones for minor infections, instead saving them for serious infections, just as we do with other groups of antibiotics with serious toxicities.

I hope you will seriously look at this problem and respond accordingly. These people need your help. This is largely a preventable problem.. Thank you..

Jay S. Cohen, M.D.
Associate Professor (voluntary)
Departments of Family and Preventive Medicine and of Psychiatry
University of California, San Diego

The quinolone class is not a safe alternative to the antibiotics

currently on the market today. To state otherwise is frivolous and foolish. The evidence does not support your contention that it is just as safe as the alternatives. In fact the evidence does the exact opposite.

Although we have come close to losing our tempers here, we have refrained from doing so. What concerns me the most is not whether you think I am a nutcase to be indulged, (I could care less what you think of me anyhow), but imagining some poor slob sitting in your office, suffering these horrendous reactions, and you, in your ignorance, telling him that it is "dribble". That is what scares the hell out of me more than anything. I lived that. And I will suffer all the abuse you have to offer to prevent just ONE person from having to do the same. So bring it on if you care to.

Or would you rather admit that you were rather hasty in suggesting that the quinolones are great drugs, (which I would not hold against you in the least) and see what you can learn to prevent you from crippling a patient in the same manner that ignorant ass of an urologist crippled me?

This is what interest me. Kidney and bladder stones appears to be what interest you.

I'm willing to admit I was rather hasty to state that cipro causes bladder stones. The potential is there due to the crystals and ph levels and that was all that I was trying to communicate to you. But as we have found, only one such case had been reported. But the question that begs to be asked is how many cases were NOT reported? I know for a fact that my urologist did not write any such paper, nor did he bother to file a medwatch report. The same thing with the kidney stones, as we see with the 2006 quarter any number of kidney stones were associated with the quinolones. But how many papers do you think will be written regarding that? NONE I'll bet.

So swallow your pride and listen to your patients. You will be a far better physician for it. Or continue to blow me off and be a worse one. Choice is yours my friend.

Makes no difference to me one way or the other. Nothing you do or do not do will have any impact on my life at this point. But it will have a helluva impact on your patients. Ultimately that is all I care about anyhow.

Since stones interest you let's take a look at what I had based my assertion on. When reviewing the following keep in mind that enrofloxacin is the animal equivalent of ciprofloxacin:

"Not only does enrofloxacin cause crystals; entire bladder stones can be formed out of enrofloxacin. Granted, a urinary stone composed of enrofloxacin is somewhat unusual but it is important to realize that enrofloxacin crystals might be found in a urine sample of a patient on enrofloxacin and that these crystals should be recognized as such."
Iatrogenic Disorders of the Urinary Tract--Treating our Treatments.
ACVIM 1999, C.A. Osborne, D.J. Polzin, J. P. Lulich, S.J. Ross, F. Jacob, A. C. O'Keefe.
Pharmacologic Treatment of Uroliths -- Cause or Cure.
ACVIM 1998, C. Osborne, J. Lulich, et. al.
Drug-Induced Urolithiasis
Osborne, C.A., Lulich, J.P., Bartges, J.W. et al.
Veterinary Clinics of North America Small Animal Practice 29[1]:
251-66, xiv 1999 Jan.

Since we use animal studies to predict a drugs adrs in humans there is some basis for thinking that cipro can cause a bladder stone. These stones are usually associated with urinary stasis, as you had noted, but they can also form in healthy individuals without evidence of anatomic defects, strictures, infections, or foreign bodies.

"A bladder stone can be caused by a fluoroquinolone antibiotic." UUTS
pg 137 written by Dr. R.A.S. Hemat
Dr. R.A.S Hemat is an experienced urologist, orthomolecularist and refined medical educator with extensive international teaching experience, both in traditional and integrated systems of medical schools." I know nothing about Dr. Hemat and he could very well be a quack for all I know. But this is what he stated in his urological text book.

"Ciprofloxacin is a fluoroquinolone antibiotic used to treat complicated and uncomplicated infections. It is nearly insoluble at neutral or alkaline pH and crystallizes in excreted alkaline urine of animal models. In humans, ciprofloxacin crystalluria may be induced when urinary pH is greater than 7.3 and doses greater than 1000 mg are administered. Chopra and colleagues(1) reported a patient with bilateral ureteral obstruction due to calculi composed largely of ciprofloxacin."

1. BILATERAL HYDRONEPHROSIS FROM CIPROFLOXACIN INDUCED CRYSTALLURIA AND STONE FORMATION.

The Journal of Urology, Volume 164, Issue 2, Pages 438-438

N. CHOPRA, P. FINE, B. PRICE, I. ATLAS

(the reason I have not been providing abstracts for these citations is

the fact that almost all of the studies that are negative in nature are "pay to view" costing a ton of money. I am not doing this to be "cute". All those that "cheerleading" the use of the quinolones, written by the drug company ghost writers, (like that numbnut Peter Ball and his cohort Tillitson, who I think is still pissed at me for calling him a horse's ass to his face years ago) and other such misleading propaganda are of course free)

So this was not being stated frivolously but with some basis in research. So far we have been able to identify one patient with a cipro bladder stone and another with a cipro kidney stone. As well as the two cipro kidney stones I suffered from. As such one cannot dismiss this out of hand as being "improbable". And I have no doubt if I were to dig deep enough and spend a few hundred dollars on the "pay to view" articles I would come up with quite a few more. But I have no interest in pursuing this aspect. As I had said I was rather hasty to state what I did, but I did not do so frivolously.

So shall we continue this discussion after you have read all of the above or should I now just write you off as another lost cause? I'll refrain from calling you a horse's ass like I did Tillitson as you have yet to push me that far. Guess I have mellowed a bit over the years after all. But ever since I was a kid I had no problem with giving a bully the finger and then tangling with 'em. I for one cannot be intimidated, by anyone, so don't waste your time pursuing the approach. Won't work.

I've showed you a portion of mine so when are you going to show me something of yours that proves me wrong? I'm still waiting...for something written by someone other than yourself that is. (the drug company propaganda is totally unacceptable, you have to come up with something else other than their "cheat sheets" if you hope to impress me with your superior intellect.)

If you still find this to be boring we can quit anytime you care to. Like you I tend to post things that interest me as well. And I find your denial concerning the safety profile of this class fascinating to say the least.

<http://www.mombu.com/medicine/medicine/t-the-fluoroquinolone-drugs-are-the-most-toxic-and-dangerousantibiotic-in-clinical-practice-today-levaquin-bladder-stones-carpal-tunnel-stasis-psychiatric-4517987.html>