

# Reader's Digest 'Advice' On Drugs Is Biased And Ignorant



By Josh Bloom — January 29, 2019



The Reader's Digest Medicine Cabinet.

Photo: Wayfair.com [1]

Wikipedia has a [list](#) [2] of more than 500 defunct magazines. Unfortunately, Reader's Digest, isn't on it, although it came close when its parent company RDA Holding Co filed for bankruptcy [for the second time](#) [3] in 2013. They should have left well enough alone.

Like Jason, the magazine refuses to die, but you might if you use it as a source of medical advice. In the January 25th issue Dawn Yanek, who founded the parenting site [Momsanity](#) [4], is in way over her head with her article "14 Medications Pain Doctors Try to Avoid." The article consists of cherry-picked quotes from doctors some of whom have an agenda, are ignorant, or both.

Yanek has put together an article based on a classic error commonly made by drug critics - failure to discuss the benefits of a drug while focusing on its side effects. There is **no medicine in the world** that would pass muster in this discussion.

Unfortunately, Yanek's article is harmful rather than just useless; it focuses on pain and the drugs that are used to control it. At a time when pain patients are suffering mightily from the fanatic ideology and ignorance of policymakers and other assorted busybodies, this article, which is little more than an anti-drug screed is just about the last thing we need. Here are some examples of the more egregious errors and misinformation that *Reader's Digest* manages to cram into a few hundred words.

## 1. Fentanyl

First, Yanek quotes Dr. James Petros, the founder and medical director of Allied Pain & Spine

Institute.

*"Among the more than 72,000 drug overdose deaths estimated in 2017, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs, with nearly 30,000 overdose deaths. In my professional opinion, fentanyl patches should generally be restricted to cases of cancer and palliative care." —James Petros, MD,*

It is unfortunate that Petros would make such a disingenuous statement. He gives us the usual blather about 72,000 drug overdose death, implying that prescription pain medicines are responsible for these deaths. This is just plain wrong (See [No, Vicodin Is Not The Real Killer In The Opioid Crisis](#) [5]). Even worse, Petros conflates "deaths related to fentanyl and fentanyl analogs" with pharmaceutical fentanyl - patches and lozenges etc. Surely Petros knows that these are two entirely different animals. It is *illicit* fentanyl (and its more dangerous analogs), which is made in China and smuggled into the US from Mexico, that is responsible for virtually all of the OD deaths - not pharmaceutical patches.

Statements like these tarnish the drug, which is powerful, effective, and safe if used properly.

Message - fentanyl is bad. Period. A lie. It is a powerful, important analgesic which handles the pain that "weaker" drugs like Vicodin cannot manage.

## 2. Aspirin and Advil

Next up is Elroy Vojdani, the founder of [Regenera Medical](#) [6].

*"I personally would never take any medication in the nonsteroidal anti-inflammatory drug (NSAID) family—particularly aspirin or Advil...My alternative is a daily high-dose fish oil. At doses of 2–3 grams a day, fish oil has strong anti-inflammatory properties and has the added benefits of reducing pain, improving your cholesterol numbers, and potentially lowering your risk of heart disease."*

*Elroy Vojdani, MD*

Splendid. Sure, go get some gum surgery and try 2-3 grams of fish oil. This will result in:

- Agony.
- A fishy taste in your mouth.

No thanks.

It continues...

## 3. Oxycodone

*“The pain med I would never take again is oxycodone. I took it once after a C-section—gave me nightmares. I rarely, if ever, prescribe oxycodone and not just because it gave me problems.*

*Cynthia Jones-Nosacek, M.D.*

Is it wrong to wonder why a physician should base her practice on her own (n = 1) experience?

Then there's this:

*Most patients, if they need something stronger for pain than over-the-counter meds, get prescription-strength naproxen [an NSAID].*

Which would be fine except that it contradicts what Dr. Vojdani wrote above:

*I have suffered from irritable bowel syndrome in the past, and NSAIDs have been closely linked with the development of [intestinal permeability](#) [7] (leaky gut)*

*Elroy Vojdani, MD*

Message: OK, now we are being told not to use the opioids fentanyl and oxycodone (Percocet) and the NSAIDs Advil, aspirin, naproxen. Just fish oil.

### 3. Opioids in General

*“The misuse of opioids—codeine, oxycodone, fentanyl, hydromorphone, and morphine, to name a few—has resulted in the taking of approximately 115 American lives every day, quadrupling since 1999.*

*Jonathan Kost, MD*

Dr. Kost's deceiving statement is virtually identical to those of Andrew Kolodny and the CDC. But lumping prescription drugs in with illicit street drugs gives a completely false picture of the real opioid epidemic - it is a fentanyl and heroin epidemic (See [The Opioid Epidemic In 6 Charts Designed To Deceive You](#) [8]). Surely Kost must know this, so why does he parrot false, misleading information? Beats me.

### 4. Ambien and Lunesta

*But I would never take—and I never prescribe—prescription sleep medication like*

*Ambien or Lunesta. These medications have been linked to a higher risk of Alzheimer's disease. My alternative is using high-dose magnesium threonate, up to 1 gram, to help induce restful sleep before bed.*

*Elroy Vojdani, MD*

Very sneaky. Yes, Ambien and Lunesta, sleep aids designed to carry less baggage than benzodiazepines **(1)** have been linked to Alzheimer's. This "link" is the result of a [deeply flawed study](#) [9], which, even if true, cannot answer the question of whether sleeping pills cause Alzheimer's or whether people with Alzheimer's require more sleep aids. Does opening an umbrella make it rain or is the other way around?

I haven't bothered to do research on whether magnesium threonate works or not. But, I find the following more than a little disturbing.



## Magnesium L-Threonate (2000 mg)

270 CAPSULES

Size:  30-DAY SUPPLY  90-DAY SUPPLY

MSRP: \$139.95

YOUR PRICE: **\$86.97** Free Shipping\*\*

*Magnesium threonate is sold by Joe (Crazy Joe) Mercola. 37% off AND free shipping! Photo: [Mercola.com](#) [10]*

What we have so far: NSAIDs and opioids are verboten for pain relief and you shouldn't take the safest class of sleeping medications. Just fish oil and magnesium.

### 5. Steroids

*"This is controversial and case dependent, and I, of course, commonly use steroids in my practice as a very strong anti-inflammatory. Steroids can be prescribed as an injection or pills, and can rapidly reduce inflammation and be very helpful with extreme inflammation, as in cases of pinched nerves and arthritis. However, this is a heavy-duty drug that should not be overused.*

*Miho J. Tanaka, M.D.*

Unlike Vojdani and Kost, Tanaka is dead-on. Steroids (anti-inflammatory, not anabolic or sex hormones) are very powerful and also very dangerous (See [Prednisone: Satan's Little Helper](#) <sup>[11]</sup>), even when used properly.

So, what is the alternative to steroids for treatment of pain caused by inflammation? NSAIDs and opioids. Am I the only one who sees a problem here??

Although the rest of the article is more of the same, let's finish with one example of how ridiculous its message is.

*"I would not use topical anti-inflammatory ointments and creams for joint pain and arthritis. They are effective for some people and a good alternative for those who cannot ingest pills due to stomach ulcers, but I have seen a lot of patients with rashes and skin irritations.*

*Janette Nesheiwat, M.D.*

OK, if you've got anything wrong with you now you're *really* screwed. The two major knocks on NSAIDs are kidney and stomach toxicity. One way to get around these issues (albeit it is less effective) is to apply the NSAID directly to the skin near the injury, either by trans-dermal patches or creams or ointments. Blood levels of the NSAID are much lower and so is the possibility of NSAID side effects. But they *may* give you a rash. Horrors!

If you're a pain patient the real horror is this article. It is propaganda, not legitimate medical advice and was written with an obvious anti-drug bias. If you follow the Reader's Digest "advice" (hopefully you didn't) be prepared to experience a world of pain and discomfort. Ms. Yanek started a very nice website about parenting issues but she should not be writing about drugs.

On the bright side, at least your medicine cabinet won't be crowded anymore.



The Reader's Digest Medicine Cabinet®

NOTE:

(1) Although they are also being vilified in the current climate of opioid hysteria, benzodiazepines (e.g., Valium, Xanax) replaced older sleep medicines (barbiturates) because they are **much** safer (See [Can Valium Kill You](#) [12]?).

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[3] <https://dealbook.nytimes.com/2013/02/18/readers-digest-files-for-bankruptcy-again/>

[4] <http://momsanity.com/about-us/>

[5] <https://www.acsh.org/news/2017/04/12/no-vicodin-not-real-killer-opioid-crisis-11123>

[6] <https://www.regeneramedical.com/>

[7] <https://www.ncbi.nlm.nih.gov/pubmed/9824578>

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[9] <https://www.neurologyadvisor.com/neurodegenerative-diseases/alzheimer-disease-risk-zolpidem-dose/article/706317/>

[10] <https://shop.mercola.com/product/2387/1/magnesium-l-threonate-270-per-bottle-90-day-supply>

[11] <https://www.acsh.org/news/2016/12/12/prednisone-satans-little-helper-10561>

[12] <https://www.acsh.org/news/2017/01/04/can-valium-kill-you-10675>