

Medications

AND INTERACTIONS TO AVOID WITH THE MARSHALL PROTOCOL (MP)

The medications recommended on the MP have excellent safety profiles but it is not known how they might interact with other medications.

Therefore, it is best to prescribe the least amount of other medications in order to eliminate potential medication interactions. Medications or supplements already being taken for symptom relief may be continued if symptoms are intolerable, and the medication is effective and is not contraindicated.

Monitor thyroid function and anticoagulant therapy closely because changes may occur as inflammation resolves.

All medications or supplements that are part of another protocol should be discontinued to avoid interaction with the MP meds. If a short course of a non-MP antibiotic (or Zithromax) or antifungal or antimetabolite is needed for an acute infection or prophylaxis, Benicar and any MP antibiotics should be withheld for the course of the therapy to avoid a severe Jarisch-Herxheimer reaction.

The following categories of medications are contraindicated for use by patients with Th1 inflammatory diseases. A detailed list is available at www.marshallprotocol.info

Vitamin D (Rx or OTC): The level of 25-D must be kept below 12ng/ml to allow the immune system to function.

Corticosteroids: Contraindicated in the presence of bacterial infections, cause relapse.

Epinephrine: (Particularly in dental injections, also in local anesthetics.) Causes local inflammation, nullifies local anesthetic and may cause adverse systemic biochemical reaction such as migraine.

Thiazide Diuretics: Prescribed individually or in combination. (Too hard on kidneys that are possibly affected with occult inflammation.)

Antilipidemics-(STATINS): Risk of muscle damage in patients already susceptible to muscle inflammation.

Immunosuppressants: Allow occult bacteria to multiply unhindered.

Folic acid (Rx or OTC): Makes it easier for occult bacteria to replicate and create new DNA.

Fluoroquinolones: Increased risk of tendon damage. (OK on their own, but you need to avoid combining these with other drugs, particularly Steroids and minocycline.)

Calcium supplements: Should be avoided in the presence of hypercalciuria or hypercalcemia. Also avoid **Biphosphonates** to prevent soft tissue calcium deposition and possible Osteonecrosis of the jaw (ONJ).

All OTC supplements: Vitamins, herbs, minerals, antioxidants, oils, nutrients, amino acids, fatty acids, digestive aids, etc., should be considered suspect sources of hidden Vitamin D even if it is not listed on the label. **Iron** supplements do not resolve anemia due to inflammation.

CAUTION

Known drug interactions with Benicar:

- **Blood Pressure Medications**
Blood pressure may become too low if usual antihypertensives are continued; monitor blood pressure.
- **Hawthorn**
- **Lithium**
Lithium toxicity may occur when taking Benicar (due to slow renal clearing; blood levels should be monitored very closely).
- **Potassium supplements**
Potassium level may become too high due to renal resorption, monitor serum K⁺ level if concerned or if presence of renal disease.
- **Diuretics**
Diuretics may cause blood pressure to become too low. **Spironolactone** diuretic may cause hyperkalemia (characteristic specific to this diuretic).

◆ **All medical professionals are invited to join a private forum at www.marshallprotocol.info**