

**The Road Back  
Program  
How to Get Off  
Psychoactive  
Drugs  
Safely**

**There is Hope.  
There is a Solution.**

**By James Harper**

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You should not use the information in this book for diagnosis or treatment of any health problem or for prescription of any medication or other treatment.

You should consult with a health-care professional before starting any diet, exercise or supplementation program, before taking any medication, or if you have, or suspect that you might have a health problem.

*The Road Back Program, How to Get Off Psychoactive Drugs Safely*

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# INTRODUCTION

BY JAMES HARPER

**AFTER FOURTEEN YEARS** of research, assisting tens of thousands of people to get off their psychoactive medication, this book is the final and closing chapter of the development of *The Road Back Program*. Not to say there will not be future advancements in this program, but the needed foundation for a psychoactive drug withdrawal program and health program is now firmly in place. The success rate of people now using this program is higher than ever imagined, the basic causes of drug withdrawal symptoms and the human health decline have now been discovered, and the solution is backed by scientific evidence.

This book is written mainly for the patient, or individual wanting to get off their drug or to simply rebuild or maintain good health. The last chapter of this book details the science behind this program and is written for the health-care provider.

If you have tried to get off your medication in the past and suffered, have found this book in the middle of your withdrawal or quit the drug cold turkey, you may have a little more work to do than most, but the success will still be there. With the advancements in *The Road Back Program* your route to recovery and feeling well again or maybe feeling well for the first time in years can now be accomplished in a rather short amount of time.

If you are seeking to improve your overall health, there is usually no need to be patient when you use the program, it works rather quickly. Many of us are just accustomed to feeling how we feel and we may have lost track of how good we can feel when the body and mind work as a unique team. By doing a few basic things, we can reverse much of what is happening inside of our body and that reversal usually equates to a better attitude in life and a major quality of life improvement.

I want to acknowledge the many people, from the four corners of Earth and all walks of life, who have successfully changed their life while using this program. Their perseverance and feedback have helped advance this program to today's high degree of success.

And I applaud you, opening this book for the first time, for your courage and resolve to change your life and get yourself back as your reward.

I understand the apprehension you may feel about deciding to come off the drug, especially if you have tried to do so before and failed, or if you have heard horror stories of others who have tried to come off psychoactive medication.

Further, I understand the questions you might be asking at this point:

- *Will I experience mental or physical pain while on this program?*
- *Will I have other side effects while on this program?*
- *Will the drug side effects get worse before they get better?*
- *Will my depression get worse during this program?*

- *Will my anxiety levels increase?*

You may have many other questions in addition to those above, but most importantly you should know that *The Road Back Program* is virtually side effect free. The testament to this, as you will see throughout the book, is that people just like you start to feel better, mentally and physically, sometimes from day one.

The program is setup so that you usually only start reducing the drug after you feel a major positive change and all or nearly all-existing side effects from the drug are eliminated. Thus, you know from the very beginning, change is possible; that this time there is a chance for you, and that you can do this and feel well once again.

The program is simple, effective, and extremely powerful when applied correctly. You too can have resounding success in getting off the medication and getting your life back.

Based on extensive research, specific “nutrients” have been formulated for this program. Their use, in conjunction with the full and complete program, have resulted in a high success rate of people getting off psychoactive medication, while also enormously reducing the potential and feared side effects from withdrawal.

What unwanted feelings come from you and what feelings does the medication generate? The program separates these confusing symptoms, and once this separation occurs, the real you will emerge.

One major change most people experience during the program; their reach for life returns or truly begins for the first time. Reach is defined as: to extend out; to touch or to seize; to communicate with.

Life is defined as: the quality that distinguishes a *vital* and functional being from a dead body or inanimate matter (Webster's Dictionary). Per the definition of life, *you* are vital. We need you and humankind needs you. The positive changes you can bring to others are beyond imagining. Life can be grand, life can be fulfilling; you, changing your life and having "reach" return will absolutely affect others in your environment.

Reach can return with your children, spouse, work or activities you have been putting off for years that you have always wanted to do, or to do once again.

Remember and hold the following close to your heart as you travel this journey:

- You Can Change.
- You Can Change How You Feel.
- You Can Be a Positive Influence for Others.
- You Can Make It.

Antidepressants are often prescribed for post-menopausal symptoms without full knowledge of the risk/benefit equation. During 2009, two studies were published that still stick in my mind and need sharing.

It is acknowledged by the medical community that there is an increased risk for heart disease and stroke for post-menopausal women taking antidepressants. Antidepressants do work somewhat like aspirin, helps thin the blood, helps stop clotting, and with a few percentage points above a placebo in clinical trials, will work for depression or anxiety.

That is the benefit of antidepressants. What are the risk factors?

In December 2009, a troubling antidepressant study was published



in Archives of Internal Medicine.

136,000 women participants enrolled in the Women's Health Initiative study. None were taking an antidepressant at the time of enrollment.

The women had their first follow-up visit between year 1 and 3.

During their follow-up visit, 5,500 women had started taking an antidepressant.

The researchers found that the women taking an antidepressant had a 45% increase in the risk of stroke.

There was a 32% increase risk of dying from any cause during the follow-up period with the women taking an antidepressant.

The older tricyclic antidepressants were not linked to stroke, but they did increase the risk of dying by 67% during follow-up. Jordan W. Smoller, M.D., ScD, of the Massachusetts General Hospital (MGH) Department of Psychiatry, was the study's lead author.

Earlier in 2009, the American Medical Association's, American Medical News\* (vol. 59, #9) includes an article: *"The long goodbye: The challenge of discontinuing antidepressants; Tapering slowly is the mantra for pruning these regimens, but some patients may still experience withdrawal symptoms."*

*"For various reasons, patients often are eager to discontinue antidepressants."*

*"Some stop or reduce dosages on their own because of side effects, the expense, a desire not to take pills anymore or as a response to perceived stigma."*

The labels of antidepressants warn of symptoms that can occur with sudden discontinuation, and physicians often use this as a motivator for adherence.

Studies suggest about 20% of patients on these medications

will experience symptoms of what's been coined "the antidepressant discontinuation syndrome" when they try to stop.

- Only a fraction of antidepressant side effects are reported to the FDA. The 20% experiencing withdrawal may actually be quite higher.
- Some patients may be traumatized by the discontinuation attempt.

Dr. Charles Whitfield M.D. describes in detail the trauma caused by psychoactive medications in his new book, *Not Crazy: You May Not Be Mentally Ill*. Many times we spend more time assisting a person through the trauma caused by these medications than the actual withdrawal of the drug. This is also the part where the real you begins to come out and shine again. *The Road Back Program* does handle the body and the drug now with ease and this can be quite shocking for some individuals. If you were to take a person who has never spoken one word and have them speak overnight, if you were to take any person addicted to a drug and create such a sweeping positive change in a matter of hours, they need time to adjust and get accustomed to how they now feel. This feeling has been described to me as near overwhelming and has been instrumental in helping overcome the drug-induced trauma.

I have included information from these two articles in this section of the book for a few reasons:

1. I want you to know you are not alone with how you may feel now and that your experience with attempting to get off an antidepressant in the past was not you being mentally ill.
2. There are risks with antidepressants that may be downplayed

by your physician. Your physician may not even be aware of the two studies I have mentioned. Educate yourself.

Review the chapter, Medication Side Effects Defined for a complete list of published side effects of psychoactive medication.

My intent is not to worry you, but to inform. Each physician, before prescribing any medication is required to use what is called Informed Consent. Explaining the risk and benefits in a manner that the patient can fully understand, is Informed Consent. This list of side effects includes the risks associated with stopping any medication. In other words, the side effects that are possible while taking the medication can also happen during withdrawal from the drug. All too often, a person was able to use an antidepressant for years and never gain weight, but the moment they began to reduce the antidepressant weight gain started. This weight gain was a withdrawal side effect.

### **The Final Stages of *The Road Back Program***

While I start to write this part of the book I am overwhelmed with emotion. This has been a fourteen-year journey so far and most of my original goals with this program have now reached their conclusion. I almost wish I could now sit back and relax and put my attention elsewhere, but it is time to set the next goals for this program and ensure they are as far reaching as they were in 1999.

It is equally as important for you to begin setting your next goals as you read this book. You will get off the medication and you will feel good once again and there will be a reach for life. Getting off the medication is a major decision and will feel like a major accomplishment and having your next goal ready to launch is vital. Don't let any person tell you that you can't attain your new goal. What have you dreamt of doing for years? Start planning now!

In June 2010, I found a clinical study detailing the cause of antidepressant weight gain.

We have a gene in our body that is called JNK, and the JNK gene becomes over activated by antidepressants and that phenomenon is the cause of antidepressant induced weight gain. On further research I found the activation of the JNK gene is not only the cause of antidepressant induced weight gain, but virtually all side effects caused by a psychoactive medication can be directly linked to the over activation of the JNK gene. Reducing the JNK gene expression can be accomplished naturally and that technique is now a major part of this program.

The role of the JNK gene in our health is a basic starting point. Most disease cannot begin or at the least cause harm inside the body unless this JNK gene becomes overly activated. The poliovirus must first activate the JNK gene, Parkinson's does not begin until the JNK gene is stimulated, cancer and tumors cannot exist as long as the JNK gene remains in a normal state. An autistic begins to lose their symptoms of autism when this JNK gene expression is reduced. Diabetes requires an activated JNK gene, just the same as weight gain and liver conditions.

Asians have a problem when consuming alcohol due to a missing gene. When an Asian drinks alcohol, the alcohol creates an immediate and prolonged activation of the JNK gene and this is what causes the near immediate intoxication, liver problems and more.

The answer is to reduce the JNK gene activation naturally and quickly. This is what *The Road Back Program* now accomplishes. This may seem like this program is treating, preventing or curing disease with these statements, we are not.

We are just reducing the activation of the JNK gene and letting the body do what it naturally does when this gene is

regulated effectively.

Drugs create a metabolic disorder. The metabolic disorder occurs while taking the drug as well as when you begin reducing the drug. An example of one would be the depletion of the B vitamin biotin if a person has a prolonged use of a benzodiazepine, anti-anxiety drug. The individual may experience a reaction to bright light, a reaction to loud noise and more. This is a symptom of low biotin in the body and when you take biotin the symptom goes away as long as it was coming from low biotin levels. This approach is not treating, preventing or curing an illness or disease.

In closing, as you read this book, perhaps you might be thinking “...this sounds good for others...” or “...others can make it, but not me...” Believe me; I am referring directly to you.

My best to you in your journey,

Jim Harper

# **Dedication**

To my Mother, I thank you from the bottom of my heart. As a child you gave me a safe space to just be a child and allowed me to stumble and learn from my mistakes. As an adult you encouraged me to keep looking for new answers. With your passing this past year you have helped me learn value in each moment. Thank you and you are missed.

To all of you that have helped along the way, your assistance has been invaluable.

Dr. Hyla Cass, M.D., your years of lecturing and helping others are beyond compare and thank you for reviewing this book.

# **Chapter 1**

## **The Road Back Basics**

*THE ROAD BACK Program* is a very specific, heavily researched, proven program. This program is designed to help people get off all types of psychoactive medications while reducing to almost zero the crippling side effects often associated with coming off the medication. With the recent advancements of this program, many people are now using the principles of this program for their general health, even if they have never used drugs or medications. The basics of the body are the same whether medication withdrawal is your goal or not and the same successes are available.

Newly formulated psychoactive medications seem to incessantly roll out of research labs into distribution. Nevertheless, we have found over the years that no matter what the drug's formulation, *The Road Back Program* is still effective. Since you are reading this book you most likely understand, firsthand, the side effects that are possible with psychoactive medications and are looking for real answers.

### **Which Side Effects Are You Suffering From?**

Due to the widely varying circumstances of the many people who will read this book, we have outlined several scenarios delineating where you might now stand, and how *The Road Back Program* will apply to you.

If you are not on a medication, read through the chapters of this book. This will increase your understanding of what is

probably happening within your body and guide you through steps you can take for general health, as well as what you can do to eliminate anxiety, depression, insomnia and a host of conditions.

Many of you are in the middle of withdrawal when you find this book. We want you to know, how you feel can be remedied and this can be accomplished quickly. Read all chapters of the book and feel free to contact us at *The Road Back* for guidance. Pay close attention to the chapter, What to Do if You Are Already in Withdrawal or Quit Your Medication Cold Turkey if that applies to you.

If you are on a medication and have not started to taper yet, take your time, read through the material found in this book, get with your prescribing physician and have your full taper plan in place.

If you are already off a drug or medication and an extended period of time has passed, *The Road Back Program* can still assist. This scenario is often referred to as “protracted withdrawal.” You may be sensitive to most supplements and foods by now and completely on edge. *The Road Back Program* should still be of benefit, it may take a little tweaking and we do suggest you contact us for an individualized program.

***I urge you to not give up hope. This program should get you fully recovered from the medication.***

You can send us an e-mail as well to  
info@theroadback.org and we will help  
guide you through the program.



## **Chapter 2**

### **The Four Simple Steps**

#### **STEP ONE**

##### **Do Not Stop Your Medications Abruptly**

- Do not “self-medicate” (adjust the medication dosage without consulting your prescribing physician).
- Do not think you are somehow “different” regarding your medications and think you can cut your medications by 50%, or skip days of the medication, etc.
- Keep it simple; follow the program.
- If you are doing well and seeing results, do not change anything. Just stay on the program.
- Remember that The Road Back Program is a systematic process.

#### **STEP TWO**

##### **Find Out What You Will Need for the Program**

- Read through the Pre-Taper chapter for your medication or situation.

#### **STEP THREE**

##### **Get a Complete Physical**

- Schedule a complete physical with your doctor.

Take this book with you and review the program with your doctor.

- Have your physician rule out any actual physical illness or disease.

## **STEP FOUR**

- Purchase Your Supplements and Get Started
- Go to *www.Shop.NeuroGeneticSolutions.com* and locate a distributor nearest you and purchase the supplements needed for your personal program.

## **Chapter 3**

# **“Nutritionals” Used On The Road Back Program**

**Disclosure:** I want you to know before you read this chapter, I own the company, Neuro Genetic Solutions, which manufactures most of the supplements used in *The Road Back Program*. It is important for the supplements to be continually manufactured exactly as I have formulated them, and I have found that the **only** way to ensure that all of the products used in *The Road Back Program* are of the highest quality and effectiveness, is to oversee this process myself. My goal is to maintain these standards for higher quality ingredients while also working to ensure that they are as affordable as possible.

**In 1999, we were assisting** individuals off their medication without using nutritional supplements by having people gradually reduce the dosage. We came up with a slow tapering process, wherein the drug was only tapered further when a person felt they could handle the withdrawal side effects caused by the previous taper of the medication. Roughly 50% of the people could taper off their medication using a gradual taper, but the 50% that successfully got

off of their medication still suffered extreme withdrawal side effects. The F.D.A. and the drug companies now recommend what we were doing in 1999, with a gradual reduction.

However, we were not satisfied with a 50% success rate or with the suffering that still took place during the taper process for the lucky half that could get off their medication. We began experimenting with a few nutritional supplements in 2001 to see if they would help with the side effects, and the success rate increased enough for further investigation.

In 2004 I started a DNA testing company and we conducted hundreds of DNA test on individuals who were either currently taking medication, off their medication already or had never used a psychoactive medication.

We looked at how our individual DNA altered the metabolism of drugs as well as how we were able to metabolize food groups and specific nutrients. This information made it very clear why some people experienced adverse reactions to their drug immediately and why some were able to take the drug for an extended period of time before having a negative reaction. However, the DNA Drug Reaction Test did not give evidence or become useful with how to get a person off a drug. The DNA testing of food groups and nutrients did show promise. With this information, we began to create nutritional formulations in the hope it would help eliminate withdrawal side effects or at the least reduce them to a livable amount.

Although the steps above were complicated to a degree, the real work was to create formulations of supplements that would not

interact with drugs and would reduce or eliminate side effects associated with tapering off psychoactive medication. At the time, this was uncharted territory in the scientific community, but with our research and success we now see our discoveries and breakthroughs used by many physicians and drug detoxification programs throughout the world.

The nutritional supplements used with *The Road Back Program* have changed over the past decade as new discoveries have become known. The spring of 2013, has brought the next generation of research to application. Over the past decade, I have spent thousands of hours researching the correct and most basic nutrient system for this program. This edition of the book makes the program even more effective, easier to follow and dramatically reduces the time it takes to get off psychoactive medications. Our goal is and always will be to get a person feeling better faster and allow an individual to safely reduce their medication in less time.

The breakthrough this spring 2013, deals with the time release medications, benzodiazepines and antipsychotic medications. Most new antidepressants are only available as a time release and antipsychotic medications are quickly following suit. The time release drug could not be reduced slow enough to reduce the risk of withdrawal side effects. Often, the individual would need to go back up on the dosage and would never attempt to taper the drug again, even with encouragement from the prescribing physician to reduce the medication.

When the body's chemistry or systems are altered, the body will fight back to balance out the attack. Bringing back that balance is critical if a person is taking a psychoactive medication or if they are suffering from the feeling of anxiety, stress or depression without ever having taken a psychoactive drug.

This program is based on clinical studies conducted by major universities and scientific bodies kept in high regard by the medical community. Here are a few of the results of clinical studies used while developing this program. Antidepressants cause insulin resistance, and if you are predisposed to diabetes and take an antidepressant, you have a four-fold increased chance of becoming a diabetic. Prolonged use of benzodiazepines depletes the body of the B vitamin biotin and can cause problems with receptors used by a benzodiazepine. These two examples give an indication of how one might treat medication side effects and why a few supplements are part of this program.

In other words, if you have taken a benzodiazepine for an extended period of time and have depression and/or tingling or numbness of the extremities, you are probably deficient in biotin. Thus, adding biotin to your daily routine will usually handle the symptom if the biotin deficiency is, in fact, the cause.

The list of symptoms associated with insulin resistance is quite long. Diabetes and obesity are two of several conditions resulting from insulin resistance, but there are other symptoms a person will begin experiencing before the onset of such conditions. Antidepressants cause these body conditions and consequently create physical symptoms that can be confused with actual drug withdrawal symptoms, making the withdrawal from any drug more confusing for the individual and their physician.

## **How the Program Works**

Your body naturally triggers a self-protective inflammatory process when a psychoactive medication is started. This natural function also responds to normal activities, such as exercise, fighting off toxins, allergies, illness, incorrect foods, weight gain, medications, you name it.

For example, let's take a sore throat or an infected cut. The area becomes red and inflamed as the body rushes microscopic “fire fighters” to the area to contain and put out the fire and start the healing process.

However, if your body gets overloaded and can no longer control the inflammation or lacks enough “fire fighters” to douse the flames, then an internal switch flips, and your systems will start going awry, ultimately resulting in an overall imbalance. At this point, but probably earlier in the process, a gene called JNK that is found in all of our cells becomes over activated. If you are taking a drug, there is no doubt the JNK gene is now over activated. This over activation of the JNK gene is the underlying cause of side effects and bodily and mental symptoms associated with all psychoactive drugs.

If you have a physical condition, including menopause, weight gain, diabetes or so many others, and then throw psychoactive medications on top, you can be adding fuel to an already burning fire. In essence, you flip the switch that overloads your body so it can no longer function as intended.

However, and a big however, using supplements (specifically antioxidants) incorrectly, in the wrong amount,

combinations or time of day can cause more harm than help.

Reducing the over activation of the JNK gene and cleaning up the cause/effect phenomena is what gives you relief from the drug side effects, allowing the body to heal itself.

The body will produce and release substances called cytokines when the immune system is activated. When the JNK gene becomes over activated, the immune system will begin to have difficulty handling the body and a protein called Interleukin-2 will either plummet or shoot sky high. High Interleukin-2 levels will create a mania in an individual. A chronic high Interleukin-2 will also cause a different substance called Interleukin-6 to become high, and a high level of Interleukin-6 is associated with depression. It is now known, high Interleukin-6 precedes depressions. Here you have the bipolar individual who cycles between mania and depression.

Depending on your body and what you were exposed to, these cytokines may have been overly active before you started taking medication, or they may have become inhibited once the medication was started. We all react differently when medication is taken. One thing is common with all of us—the need to maintain or get back to a natural body balance.

Oxidative stress will be higher in the body of anyone diagnosed with anxiety, depression, bipolar, schizophrenia, ADHD and OCD. The brain is most susceptible to oxidative stress, and a multitude of clinical trials have shown *significantly higher oxidative stress in the brain of bipolar and schizophrenic patients*. The supplements called Neuro Day and JNK Formula will help stop



the oxidative stress before it even starts or stop the continued progress if it is already underway.

The area of nutrition is littered with confusing words and information so technical it can seem overwhelming. I have tried to simplify and distill what you need to know so you can proceed with the program while understanding the basic premise of how your body works to counteract the imbalances created by the medication.

If you wish to read more of the technical information please read the Science chapter, Chapter 23.

Thousands of people worldwide have stood where you now stand-ready to take their lives back and free themselves from psychoactive medication and the resulting side effects. While every person is unique and life offers no guarantees, if you follow this program precisely, you should begin to feel better soon after you start.

### **Supplements Used in the Program**

During the past 18 years, the supplements used with this program have changed considerably. I have continued to research and to look for more effective ways of combating withdrawal side effects. When a more effective way was found to reduce side effects this program was changed. I have been asked frequently; why do I keep changing the program if it is successful? A simple answer really. Why wouldn't you change a program if you found a more effective way? It creates quite a bit more work for me to make these changes, especially as often as I have over the years, but I'm not doing this for me. This program is for you and I owe you the best possible solution I know of.

The names of the supplements used in The Road Back Program are: JNK Formula, Neuro Day, Neuro Night and Omega 3 Supreme TG.

To this book in a manner so I do not need to keep coming back and editing the ingredients of a supplement and changing names of a supplement to in the book to match what is currently suggested for your use, I will be keeping the names of each supplement the same from here on.

No matter the medication you are taking, you will use the JNK Formula, Neuro Day and Neuro Night.

If you are taking an antidepressant you will include the Omega 3 Supreme TG. It is not a bad idea to include the Omega 3 Supreme TG if you are taking an antipsychotic medication for general health but the Omega 3 Supreme TG will not really have any effect on reducing withdrawal side effects for you.

With an antidepressant the Omega 3 Supreme TG is essential to take. Negative head symptoms are very common when reducing an antidepressant. A withdrawal symptom called “brain zaps” stops most people from ever coming off an antidepressant. The brain zap is described by most as an electrical jolt that runs from the base of the neck up and into the lower base of the skull.

You may also have dizziness and/or a whirling type of feel when reducing an antidepressant. The Omega 3 Supreme TG is the only solution I know of for these symptoms.

I first tested omega 3 for these head symptoms around 2002, and the relief was immediate for most people.

The amount of omega 3 people had to take in those days was rather high. This was due to the type of omega 3 available in those days and the low concentration of EPA found in most omega 3.

Over the next several years I kept refining the type of omega 3 that worked best and even researched what type of fish would give the fastest results.

There is no longer a need to take 15 softgels of an omega 3, two times a day for relief. With the Omega 3 Supreme TG, usually 2 softgels in the morning and 2 softgels around noon will keep the head symptoms very slight or nonexistent.

<b>Supplement Facts</b>		
Serving Size: 2 Capsules		
Servings Per Container: 30		
Amount Per Serving		% DV
AntiOxidant-JNK™ ** Formula	918 mg	†
Acai fruit extract, Gogi berry extract, Hawaiian Noni extract, Mangosteen extract, Pomegranate extract, Resveratrol.		
Proprietary Formula	30 mg	†
Consisting of: Raspberry Fruit Powder, Wild Black Cherry Fruit Powder, Blueberry Fruit Powder, Elderberry Extract (5% flavonoids), Grape Skin Extract (30% polyphenols).		
† % Daily Value not established		

### **JNK Formula Ingredients**

**JNK Formula** – The JNK Formula has been reformulated several times since 2010. Each new formula has been more effective than the previous formula. As new clinical studies are published new formulas will continue to be created.

The ingredients in the JNK Formula are subject to change still. This dynamic supplement has been the building block of this program since 2010 and I do not see that changing.

In 2010, when I formulated the first JNK supplement there was enough science to back my claims for what it should do. As I rewrite this portion of the book in 2017, the numbers of clinical studies are now in the thousands. This current formula may change again but the overall effect of the JNK Formula will only be enhanced if I do that.

All medications, drugs, toxins, stress, make the JNK gene become overly active. This over activity of the JNK gene is where many of the side effects of medications come from. Opioids (pain medications) cause the JNK gene to be over activated each time the dosage of the drug is changed. My guess is; each time any psychotropic medication is increased or reduced in the dosage they also cause the JNK gene to become overly activated as well. Keeping this JNK gene chilled out is needed for good health as well as reducing withdrawal side effects.

Over the past few years new studies have revealed proteins and other substances that are upstream from the JNK gene are the ultimate cause of the JNK gene being activated from the medications. These new findings are why the JNK Formula was changed. Silencing these proteins before they can affect the JNK gene helps reduce withdrawal symptoms further.

If you are taking or have taken an antidepressant, and have gained weight, there is a chance you may lose weight while taking the JNK Formula. The JNK gene being overly activated is directly related to antidepressant induced weight gain. Reducing the JNK gene activation helps with weight loss but there can be many other factors causing the weight gain that need to be addressed as well. Ultimately, reducing the JNK gene activation will eventually lead to weight loss but it may take an extended amount of time if that is all that is being addressed.

### **Neuro Day -**

The Neuro Day is formulated to help with daytime anxiety, daytime stress and to help give you a calm feeling during the daytime hours. The formula should not make you tired or drowsy. Taken as directed in this program you would take 2 capsules each day but spread each capsule apart by 4 to 5 hours.

The idea is to keep you chilled and calm throughout the day so when it comes time to sleep you are already in a very relaxed state of mind. With the JNK Formula and Neuro Day being used during the daytime, do not be surprised if your mental focus improves as well.

You may have other negative symptoms happening during the day that go beyond the feeling of anxiety, stress or hyper type feelings. This formula has been made to address the vast amount of potential side effects a psychotropic medication might cause as well as other underlying conditions.

Watch for an improvement of mood as well during the daytime as stress and anxiety are reduced.

Supplement Facts		
Serving Size: 2 Veggie Capsules		
Servings Per Container: 30		
	Amount Per Serving	%DV
Vitamin B1	12 mg	800%
Vitamin B2	12 mg	700%
Vitamin B5	16 mg	160%
Vitamin B6	8 mg	400%
Niacin	28 mg	140%
Biotin	300mcg	100%
Calcium Carbonate	25 mg	3%
Magnesium Oxide	25 mg	6%
Zinc Oxide	25 mg	160%
Potassium Gluconate	25 mg	***
Proprietary Blend	830 mg	**
<i>Rhodiola Ext Sal 1% HPLC, Lutein 5%, Ashwagandha, Chamomile, GABA, Lemon Balm, Skullcap, Hawthorn, Bacopa (Brahmi), Magnolia, Passion Flower, Valerian, L-Theanine, Oat Straw (Avena Sativa) 20:1, Mucuna Pruriens 14% HPLC, St John's Wort, Hops, Griffonia Seed Ext 5-HTP</i>		
** Daily Value (DV) not established		
*** Less than 2% of Daily Value		

The picture above shows the Neuro Day ingredients.

## Neuro Night

The Neuro Night is used before bedtime to promote a full and restful night of sleep. Over the past 17 years, countless people that have contacted The Road Back have not slept well for years. Their side effect profile was quite long and diverse. Once these people were able to get a restful and full night of sleep for about 1 week the vast majority of side effects they were experiencing vanished.

Any person that does not sleep well for an extended period of time will begin to have mood issues be irritable or any number of negative conditions begin. Get some restful sleep and these other symptoms simply go away. Not rocket science as some people like to make this sound. It really is that easy to get rid of many side effects.

<b>Supplement Facts</b>		
<b>Serving Size:</b> 2 Veggie Capsules		
<b>Servings Per Container:</b> Any Count		
<b>Amount Per Serving %DV</b>		
Calcium Carbonate	45 mg	5%
Vitamin B6	1.8 mg	90%
Magnesium Citrate	90 mg	23%
Sleep Formula Proprietary Blend:	1071 mg	**
<i>L-Tryptophan, Valerian, Goji (Wolfberry), Chamomile, Lemon Balm, Passion Fruit, L-Taurine, Hops, St. John's Wort, GABA, Skullcap, L-Theanine, Ashwagandha, Inositol, 5-HTP, Melatonin.</i>		
** Daily Value (DV) not established		

## Neuro Night Supplement Facts

**Beta 1, 3-D Glucan** – This supplement is made by Transfer Point and I want to include a little about it in the book. The human immune system includes a substance called IL-2. Individuals with low levels of IL-2 will normally have anxiety and problems with sleep. This does not mean if you have anxiety and cannot sleep you have low IL-2 levels. I am just stating if you do have low IL-2 levels, you likely have anxiety and difficulty having a deep restful night of sleep. If you use the Neuro Night and still do not sleep well after one week using it, try the Beta 1, 3-D Glucan.

**If** you have been taking the JNK Formula, Neuro Day and Neuro Night for 2 full weeks and you still cannot get a nice deep restful sleep, adding this Beta 1, 3-D Glucan is advisable.

**Tip:** The Beta 1, 3-D Glucan must be taken apart from food or water and not within a half hour of consuming food or liquid. Only use enough liquid to get the Beta 1, 3-D Glucan down the throat and no more than that. The Beta 1, 3-D Glucan needs to absorb, and taking it in any other fashion will not allow assimilation.



The time of day or evening you take these supplements can make all the difference in the world. I will give you some tips in the rest of this chapter.

Before I begin though let's address the medication you are taking and how and when it fits into this program.

**DO NOT CHANGE THE TIME OF DAY OR EVENING YOU ARE TAKING THE MEDICATION WHEN DOING THIS PROGRAM.** Adjust these supplements around the medication. There can be an exception to this rule but it is so rare I have used the DO NOT.

**Omega 3 Supreme TG** is taken in the morning and at noon. Omega 3 fish oil of this type is excellent to take daily for general health but in the case of this material we are only referring to helping with antidepressant head symptoms.

The amount of softgels you would need can go up and down. Begin the program with 1 softgel in the morning and 1 softgel at noon. If you currently have head symptoms and are taking an antidepressant you may want to start with 2 softgels in the morning and 2 at noon. If head symptoms subside after one day of this try reducing back to 1 softgel in the morning and 1 more at noon. If head symptoms return then go back up to the 2 in the morning and 2 more at noon and stay at that amount.

Some people that are in the middle of heavy withdrawal from an antidepressant when they find this program have required 4 softgels in the morning and 4 additional softgels at noon and had to remain taking that amount for the duration of the program to keep the head symptoms diminished.

The main point here is we are all different. Adjust the omega as needed.

The JNK Formula, Neuro Day and the Neuro Night are used in this program with any medication type you may be taking.

### **JNK Formula**

You will be taking 1 capsule of the JNK Formula two times each day. Take the first capsule in the morning. As soon as you can take it in the morning is ideal.

Many of you take your medication in the morning the first thing after you awake. Continue taking the medication at that time. Wait 1 hour after taking the morning medication and then take the 1 capsule of JNK Formula.

Take the second JNK Formula capsule roughly 4 to 5 hours later.

You will most likely know when it is time for the second JNK Formula capsule. You might begin to feel a little letdown but with you also using the Neuro Day, you most likely will not have a letdown.

### **Neuro Day**

The best way to start the program is by taking the Neuro Day a couple hours after the morning JNK Formula. If work or school prevents you from taking the Neuro Day a few hours later, then go ahead and take the Neuro Day at the same time as the JNK Formula.

We are going for a steady and smooth entry of these nutrients into your body and it is always ideal to space them out but if your time does not allow that, then take the JNK Formula and Neuro Day together.

Feel free to adjust the JNK Formula and Neuro Day around to fit you, how you are responding to each as well as your schedule.

## **Neuro Night**

Take 1 capsule about 15 minutes before bedtime.

Give this timing approach 3 full nights before adjusting this supplement.

Some of you may need to take the Neuro Night 30 minutes before bedtime to give the supplement time to begin working.

The goal here with the Neuro Night is a full night of sleep. If you awake in the middle of the night, you can easily go back to sleep.

Rating your sleep on a 1-10 scale can be quite valuable with this. If you are seeing an improvement, do not change anything you are doing during the daytime supplement portion of this program or with the Neuro Night. Just give this more time and keep a graph going that shows your rating on a 1-10.

I am going for a perfect sleep but let's face it, if you have constantly tossed and turned all night, wake up and can't get back to sleep and those sleep disturbances go away; you have had a massive improvement. That just might be the time to be happy with the improvement and stay the course throughout the rest of this program.

## **Combination of the JNK Formula, Neuro Day and Neuro Night**

These 3 supplements have been formulated to work together. For the best results with this program you will be taking all 3 of these supplements spread out during the day and the Neuro Night at bedtime. Again, we are going for a nice balance, reduced anxiety, relief from the feeling of stress, a sound sleep and the other medication side effects you may be experiencing reduced or completely eliminated.

The supplements are available at:

***www.shop.neurogeneticsolutions.com***

Neuro Genetic Solutions is based in the United States and has distributors in Europe, Australia, and Canada and very soon in Hong Kong. Go to

www.shop.neurogeneticsolutions.com for distributor web site information.

The following two pages have been left blank intentionally so you can use that clean space to write notes.

Chapter 3 – “Nutritionals” Used On The Road Back Program



## **Chapter 4**

# **Drug Side Effects**

### **Side Effects of Psychoactive Medications**

This book addresses drugs of all types. The drugs we are dealing with are usually classified as psychotropic – having ability or quality of altering emotions, perceptions, behaviors, and bodily functions – especially true of certain drugs.

This chapter lists many possible side effects experienced from either taking these drugs, or when trying to withdraw from them. If you, or anyone you know, are taking any of these drugs the “real you” could well be buried under some of the following symptoms. But rest assured, no one has all of these side effects, and no single drug or combination of these drugs can produce all the side effects listed here.

You may know from experience that a single withdrawal side effect can be horrifying. And if you, or anyone you know, have ever had a bad withdrawal experience you would probably rather sign up for open-heart surgery without anesthesia than suffer those side effects again. And for this very reason, many people who have contacted *The Road Back Program* are gun shy at the very thought of withdrawing from a drug. Before *The Road Back Program*, you were faced with a quandary: suffer the side effects of the drugs, or gut it out and suffer the side effects of withdrawal.

One thing to keep in mind while doing this program or with any inpatient program you might enroll in, if you have a bad day and feel out of sorts, have a headache, an ache or a pain, do not sleep well etc., these feelings or symptoms may not be

withdrawal. We all have bad days from time to time and how you feel out of the blue can be quite normal. This can be difficult when you have had insomnia for months and begin to sleep better and then out of the blue you have a difficult night sleeping. If the insomnia last for more than 3 nights then something needs to be done, but an occasional restless night or sleepless night is common.

This past year we had a person call us and she described how she has had a headache for the past 4 days and how it came out of nowhere. She was ½ way off her medication and doing very well and she felt this was a withdrawal side effect and wanted to know what to do. After a little communication and looking for changes that might have taken place, we found out her best friend had died unexpectedly the day before the headaches started. This might seem easy to spot as a reason for the headaches, but when you are in the middle of withdrawal and you have suffered extreme withdrawal side effects in the past, it can be easy to lose track and worry about the slightest changes in how you feel.

As you read through the list of side effects in this chapter, do keep in mind these emotional and physical conditions existed long before the first psychoactive drug was manufactured. We are only dealing with drug induced side effects with this program.

*The Road Back Program* helps to eliminate these worries and concerns by reducing the side effects of withdrawal, so that you can come off your drug(s) smoothly and easily.



The following list is broken down into categories, covering the various areas of the body, such as the nervous system, lymph system, emotional and mental symptoms and so forth. These categories will make it easier for you to find the part of the body or system that you are interested in, or want to know more about.

In this list, you will find many physical ailments and complaints, as well as emotional or mental symptoms that people experience every day because of a specific medical condition. These symptoms and ailments may be the reason that you started using a drug, or conversely, these drugs may actually be causing the negative symptoms you are experiencing now.

This unknown catches almost everyone, doctor and patient alike, off guard. So the question that needs to be answered, in order for you to proceed with *The Road Back Program* is: Are you dealing with a physical condition that needs to be treated medically or with a by-product symptom of the drug(s) you are taking?

### **Getting Your Doctor's Approval**

Because of the overload and damage potentially caused by drugs, your body in general, and your immune system in particular, are in a weakened condition, and can thus leave you open to infections and disease. On the other hand, you may be taking prescription medications for actual physical conditions, which could be contra-indicated or need to be closely monitored in terms of doing *The Road Back Program*. These could include blood thinners and heart medication, as well as clotting agents.

For these reasons, consult your doctor before starting any part of this program to sort out, or discover and correctly determine, whether you are a candidate for *The Road Back Program*.

After you have ruled out any real medical problem, you will know that if any strange symptom begins during *The Road Back Program*, you are most likely experiencing something caused by the drug you are taking. Such will be true for both emotional and physical symptoms.

Antidepressants, antipsychotics, anti-anxiety drugs give such a broad side effect profile, the list of side effects in this chapter are side effects with those drugs. You may be taking a pain killer, hypnotic, alcohol or street drugs, but if you go through the list of side effects in this chapter you will find you have more than a few. The reason the side effects from psychoactive medications mimic other drug side effects is due to what was discussed in earlier chapters and the Science Chapter 23, that being, the activation of the JNK gene and the need for an adaptogen to come in and clean up the havoc created by the drug.

The following list does not include all possible side effects from drugs, this book would need thousands of pages if this were undertaken. Using the Freedom of Information Act, I received all side effects associated with a popular antidepressant medication during clinical trials. That list alone is long enough to make this book be double the size if they were included. The side effects in this chapter are the most common.

The list of side effects in the first part of this chapter are for antidepressants, antipsychotics and ADHD medications. Later in this chapter you will find benzodiazepine, anti-anxiety and sleep medication/ narcotics/hypnotics side

effects.

***SIDE EFFECTS OF ANTIDEPRESSANTS, ANTIPSYCHOTICS  
AND ADHD MEDICATION GENERAL BODY***

**Dry Mouth** - Less moisture in the mouth than is usual.

**Increased Sweating** - A large quantity of perspiration that is medically caused.

**Allergy** - Extreme sensitivity of body tissues triggered by substances in the air, drugs, or foods causing a variety of reactions such as sneezing, itching, asthma, hay fever, skin rashes, nausea and/or vomiting.

**Asthenia** - A physically weak condition.

**Chest Pains** - Severe discomfort in the chest caused by not enough oxygen going to the heart because of blood vessel narrowing or spasms.

**Chills** - Appearing pale while cold and shivering. Sometimes accompanied by fever.

**Edema of Extremities** - Abnormal swelling of body tissue caused by the collection of fluid.

**Fall** - Suddenly losing a normal standing upright position.

**Fatigue** - Loss of normal strength thus not able to do usual physical and mental activities.

**Fever** - Abnormally high body temperature, normal being 98.6 degrees Fahrenheit or 37 degrees Centigrade. Fever is a symptom of disease or disorder in the body. The body is affected by feeling hot, chilled, sweaty, weak and exhausted. If the fever goes too high or

lasts too long, death can result.

**Hot Flashes** - Brief, abnormal enlargement of the blood vessels that causes a sudden heat sensation over the entire body. Sometimes experienced by menopausal women.

**Influenza (Flu)-like Symptoms** - Demonstrating irritation of the respiratory tract (organs of breathing) such as a cold, sudden fever, aches and pains, as well as feeling weak and seeking bed rest, which is similar to having the flu.

**Leg Pain** - A hurtful sensation in the legs caused by excessive stimulation of the nerve endings in the legs, resulting in extreme discomfort.

**Malaise** - The somewhat unclear feeling of discomfort when a person starts to feel sick.

**Pain in Limb** - Sudden, sharp and uncontrolled leg or arm discomfort.

**Syncope** - A short period of light-headedness or unconsciousness (black-out) also known as fainting, caused by lack of oxygen to the brain because of an interruption in blood flow to the brain.

**Tightness of Chest** - Mild or sharp discomfort, tightness or pressure in the chest area (anywhere between the throat and belly). The causes can be mild or seriously life-threatening because they include the heart, lungs and surrounding muscles.

## **CARDIOVASCULAR** **(INVOLVING THE HEART AND THE BLOOD VESSELS)**

**Palpitation** - Unusual and abnormal heartbeat that is sometimes irregular, but rapid, and forceful thumping or fluttering. It can be brought on by shock, excitement, exertion or medical stimulants. A person is normally unaware of his/her heartbeat.

**Hypertension** - High blood pressure, a symptom of disease in the blood vessels leading away from the heart. Hypertension is known as the “silent killer.” The symptoms are usually not obvious; however, it can lead to damage to the heart, brain, kidneys and eyes, and can even lead to stroke and kidney failure.

**Bradycardia** - The heart rate is slowed from around 72 beats per minute, which is normal, to below 60 beats per minute in an adult.

**Tachycardia** - The heart rate speeds up to above 100 beats per minute in an adult. Normal adult heart rate average is 72 beats per minute.

**ECG Abnormal** - A test called an electrocardiogram (ECG) records the activity of the heart by measuring heartbeats as well as the position and size of the heart’s four chambers. An ECG also measures whether there is damage to the heart and the effects of drugs or mechanical devices like a heart pacemaker. When the test is abnormal this means one or more of the following are present: heart disease, defects, beating too fast or too slow, disease of the blood vessels leading from the heart or the heart valves, and/or a past or impending heart attack.

**Flushing** - Skin all over the body turns red.

**Varicose Veins** - Unusually swollen veins near the surface of the skin that sometimes appear twisted and knotted, but always enlarged. They are called

hemorrhoids when appearing around the rectum. The cause is attributed to hereditary weakness in the veins aggravated by obesity, pregnancy, pressure from standing, aging, etc. Severe cases may develop swelling in the legs, ankles and feet, eczema and/or ulcers in the affected areas.

### ***GASTROINTESTINAL (INVOLVING THE STOMACH AND THE INTESTINES)***

**Abdominal Cramp/Pain** - Sudden, severe, uncontrollable and painful shortening and thickening of the muscles in the belly. The belly includes the stomach, as well as the intestines, liver, kidneys, pancreas, spleen, gall bladder and urinary bladder.

**Belching** - Noisy release of gas from the stomach through the mouth.

**Bloating** - Swelling of the belly caused by excessive intestinal gas.

**Constipation** - Difficulty in having a bowel movement where the

material in the bowels is hard due to a lack of exercise, fluid intake, or roughage in the diet or due to certain drugs.

**Diarrhea** - Unusually frequent and excessive runny bowel movements that may result in severe dehydration and shock.

**Dyspepsia/Indigestion** - The discomfort one may experience after eating. Can be heartburn, gas, nausea, a bellyache or bloating.

**Flatulence** - More gas than normal in the digestive organs.

**Gagging** - Involuntary choking and/or involuntary vomiting.

**Gastritis** - A severe irritation of the mucus lining of the stomach, either short in duration or lasting for a long period of time.

**Gastroenteritis** - A condition in which the membranes of the stomach and intestines are irritated.

**Gastrointestinal Hemorrhage** - Excessive internal bleeding in the stomach and intestines.

**Gastro Esophageal Reflux** - A continuous state where stomach juices flow back into the throat causing acid indigestion and heartburn and possibly injury to the throat.

**Heartburn** - A burning pain in the area of the breastbone caused by stomach juices flowing back up into the throat.

**Hemorrhoids** - Small rounded purplish swollen veins that bleed, itch or are painful and appear around the anus.

**Increased Stool Frequency** - see “Diarrhea.”

**Indigestion** - Inability to properly consume and absorb food in the digestive tract, causing constipation, nausea, stomachache, gas, swollen belly, pain and general discomfort or sickness.

**Nausea** - Stomach irritation with a queasy sensation similar to motion sickness and a feeling that one is going to vomit.

**Polyposis Gastric** - Tumors that grow on stems in the lining of the stomach, which usually become cancerous.

**Swallowing Difficulty** - A feeling that food is stuck in the throat or upper chest area and won't go down, making it difficult to swallow.

**Toothache** - Pain in a tooth above and below the gum line.

**Vomiting** - Involuntarily throwing up the contents of the stomach, usually accompanied by a nauseated, sick feeling just prior to doing so.

### **HEMIC & LYMPHATIC**

#### **(INVOLVING THE BLOOD AND THE CLEAR FLUIDS IN THE TISSUES THAT CONTAIN WHITE BLOOD CELLS)**

**Anemia** - A condition in which the blood is no longer carrying enough oxygen, so the person looks pale and easily gets dizzy, weak and tired. More severely, a person can end up with an abnormal heart, as well as breathing and digestive difficulties.

**Bruise** - Damage to the skin resulting in a purple-green-yellow skin coloration that is caused by breaking of the blood vessels in the area without breaking the surface of the skin.

**Nosebleed** - Blood loss from the nose.

**Hematoma** - Broken blood vessels that cause a swelling in an area on the body.

**Lymphadenopathy Cervical** - The lymph nodes in the neck, part of the body's immune system, become swollen and enlarged by reacting to the presence of a drug. The swelling is the result of the white blood cells multiplying in order to fight the invasion of the drug.



***METABOLIC & NUTRITIONAL***  
**(ENERGY AND HEALTH)**

**Arthralgia** – Sudden sharp nerve pain in one or more joints.

**Arthropathy** – Joint disease or abnormal joints.

**Arthritis** - Painfully inflamed and swollen joints. The reddened and swollen condition is brought on by a serious injury or shock to the body either from physical or emotional causes.

**Back Discomfort** - Severe physical distress in the area from the neck to the pelvis along the backbone.

**Bilirubin Increased** - Bilirubin is a waste product of the breakdown of old blood cells. Bilirubin is sent to the liver to be made water-soluble so it can be eliminated from the body through emptying the bladder. A drug can interfere with or damage this normal liver function, creating liver disease.

**Decreased Weight** - Uncontrolled and measured loss of heaviness or weight.

**Gout** - A severe arthritis condition that is caused by the dumping of a waste product called uric acid into the tissues and joints. It can worsen and cause the body to develop a deformity after going through stages of pain, inflammation, severe tenderness and stiffness.

**Hepatic Enzymes Increased** - An increase in the amount of paired liver proteins that regulate liver processes causing a condition in which the liver functions abnormally.

**Hypercholesterolemia** - Too much cholesterol in the blood cells.

**Hyperglycemia** - An unhealthy amount of sugar in the blood.

**Increased Weight** - A concentration and storage of fat in the body accumulating over a period of time caused by unhealthy eating patterns, a lack of physical activity, or an inability to process food correctly, which can predispose the body to many disorders and diseases.

**Jaw Pain** - Pain due to irritation and swelling of the nerves associated with the mouth area where it opens and closes just in front of the ear. Some of the symptoms are: pain when chewing, headaches, loss of balance, stuffy ears or ringing in the ears and teeth grinding.

**Jaw Stiffness** - The result of squeezing and grinding the teeth while asleep that can cause teeth to deteriorate, as well as the muscles and joints of the jaw.

**Joint Stiffness** - A loss of free motion and easy flexibility.

**Muscle Cramp** - When muscles contract uncontrollably without warning and do not relax. The muscles of any body organs can cramp.

**Muscle Stiffness** - The tightening of muscles making it difficult to bend.

**Muscle Weakness** - Loss of physical strength.

**Myalgia** - A general widespread pain and tenderness of the muscles.

**Thirst** - A strong, unnatural craving for moisture/water in the mouth and throat.

**NERVOUS SYSTEM (SENSORY CHANNELS)**

**Carpal Tunnel Syndrome** - A pinched nerve in the wrist that causes pain, tingling, and numbing.

**Coordination Abnormal** - A lack of normal, harmonious interaction of the parts of the body when it is in motion.

**Dizziness** - Losing one's balance while feeling unsteady and lightheaded. May lead to fainting.

**Disequilibrium** - Lack of mental and emotional balance.

**Faintness** - A temporary condition in which one is likely to become unconscious and fall.

**Headache** - A sharp or dull persistent pain in the head.

**Hyperreflexia** - A not normal (abnormal) and involuntary increased response in the tissues connecting the bones to the muscles.

**Light-Headed Feeling** - An uncontrolled and usually brief loss of consciousness usually caused by a lack of oxygen to the brain.

**Migraine** - Recurring severe head pain sometimes accompanied by nausea, vomiting, dizziness, flashes or spots before the eyes and ringing in the ears.

**Muscle Contractions Involuntary** - A spontaneous and uncontrollable tightening reaction of the muscles caused by electrical impulses from the nervous system.

**Muscular Tone Increased** - Uncontrolled and exaggerated muscle tension. Muscles are normally partially tensed which is what gives muscle tone.

**Paresthesia** - Burning, prickly, itchy, or tingling skin with no obvious or understood physical cause.

**Restless Legs** - A need to move the legs without any apparent reason. Sometimes there is pain, twitching, jerking, cramping, burning or a creepy-crawly sensation associated with the movements. It worsens when a person is inactive, and can interrupt sleep so one feels the need to move to gain some relief.

**Shaking** - Uncontrolled quivering and trembling as if one is cold and chilled.

**Sluggishness** - Lack of alertness and energy, as well as being slow to respond or perform in life.

**Tics** - A contraction of a muscle causing a repeated movement not under the control of the person, usually on the face or limbs.

**Tremor** - A nervous and involuntary vibrating or quivering of the body.

**Twitching** - Sharp, jerky and spastic motion, sometimes with a sharp sudden pain.

**Vertigo** - A sensation of dizziness with disorientation and confusion.

### **MENTAL AND EMOTIONAL**

**Aggravated Nervousness** - A progressively worsening, irritated, and troubled state of mind.

**Agitation** - A suddenly violent and forceful emotionally disturbed state of mind.

**Amnesia** - Long or short term, partial or full memory loss created by emotional or physical shock, severe illness, or a blow to the head where the person was caused pain and became unconscious.

**Anxiety Attack** - Sudden and intense feelings of fear, terror, and dread, physically creating shortness of breath, sweating, trembling and heart palpitations.

**Apathy** - Complete lack of concern or interest for things that ordinarily would be regarded as important or would normally cause concern.

**Appetite Decreased** - Lack of appetite despite the ordinary caloric demands of living, with a resulting unintentional loss of weight.

**Appetite Increased** - An unusual hunger causing one to overeat.

**Auditory Hallucination** - Hearing things without the voices or noises being present.

**Bruxism** - Grinding and clenching of teeth while sleeping.

**Carbohydrate Craving** - A drive or craving to eat foods rich in sugar and starches (sweets, snacks and junk foods) that intensifies as the diet becomes more and more unbalanced due to the unbalancing of the proper nutritional requirements of the body.

**Concentration Impaired** - Unable to easily focus attention for long periods of time.

**Confusion** - Inability to think clearly or understand, preventing logical decision making.

**Crying (Abnormal)** - Unusual fits of weeping for short or long periods of time for no apparent reason.

**Depersonalization** - A condition in which one has lost a normal sense of personal identity.

**Depression** - A hopeless feeling of failure, loss and sadness that can deteriorate into thoughts of death. A very common reaction to or side effect of psychoactive drugs.

**Disorientation** - A loss of sense of direction, place, time or surroundings, as well as mental confusion regarding one's personal identity.

**Dreaming (Abnormal)** - Dreaming that leaves a very clear, detailed picture and impression when awake that can last for a long period of time and sometimes be unpleasant.

**Emotional Lability** - Suddenly breaking out in laughter or crying or doing both without being able to control the outburst of emotion. These episodes are unstable as they are caused by experiences or events that normally would not have this effect on an individual.

**Excitability** - Uncontrollably responding to stimuli (one's environment).

**Feeling Unreal** - The awareness that one has an undesirable emotion like fear, but can't seem to shake off the irrational feeling. For example, feeling like one is going crazy, but rationally knowing that it is not true. Resembles experiencing a bad dream and not being able to wake up.

**Forgetfulness** - Unable to remember what one ordinarily would remember.

**Insomnia** - Sleeplessness caused by physical stress, mental stress or stimulants, such as coffee or medications, awake when one would ordinarily be able to fall and remain asleep.

**Irritability** - An abnormal reaction of being annoyed or disturbed in response to a stimulus in the environment.

**Jitteriness** - Nervous fidgeting without apparent cause.

**Lethargy** - Mental and physical sluggishness and apathy (a feeling of hopelessness that “nothing can be done”) which can deteriorate into an unconscious state resembling deep sleep. A numbed state of mind.

**Libido Decreased** - An abnormal loss of sexual energy or desire.

**Panic Reaction** - A sudden, overpowering, chaotic and confused mental state of terror resulting in being doubt-ridden, often accompanied with hyperventilation and extreme anxiety.

**Restlessness Aggravated** - A constantly worsening troubled state of mind characterized by increased nervousness, inability to relax and quick temper.

**Somnolence** - Feeling sleepy all the time or having a condition of semi- consciousness.

**Suicide Attempt** - An unsuccessful deliberate attack on one’s own life with the intention of ending it.

**Suicidal Tendency** - Most likely will attempt to kill oneself.

**Tremulousness Nervous** - Very jumpy, shaky, and uneasy, while feeling fearful and timid. The condition is characterized by dread of the future, involuntary quivering, trembling, and feeling distressed and suddenly upset.

**Yawning** - Involuntary opening of the mouth with deep inhalation of air.

### **REPRODUCTIVE FEMALE**

**Breast Neoplasm** - A tumor or cancer, of either of the two milk-secreting organs on the chest of a woman.

**Menorrhagia** - Abnormally heavy menstrual period or a menstrual flow that has continued for an unusually long period of time.

**Menstrual Cramps** - Painful, involuntary uterus contractions that women experience around the time of their menstrual period, sometimes causing pain in the lower back and thighs.

**Menstrual Disorder** - A disturbance or derangement in the normal function of a woman's menstrual period.

**Pelvic Inflammation** - The reaction of the body to infectious, allergic or chemical irritation, which, in turn, causes tissue irritation, injury, or bacterial infection characterized by pain, redness, swelling, and sometimes loss of function. The reaction usually begins in the uterus and spreads to the fallopian tubes, ovaries and other areas in the hipbone region of the body.

**Premenstrual Syndrome** - Various physical and mental symptoms commonly experienced by women of childbearing age usually 2 to 7 days before the start of their monthly period. There are over 150 symptoms including eating binges, behavioral changes, moodiness, irritability, fatigue, fluid retention, breast tenderness, headaches, bloating, anxiety and depression. The



symptoms cease shortly after the period begins and disappear with menopause.

**Spotting Between Menses** - Abnormal bleeding between periods. Unusual spotting between menstrual cycles.

### **RESPIRATORY SYSTEM**

**Asthma** - A disease of the breathing system initiated by an allergic reaction or a chemical, with repeated attacks of coughing, sticky mucus, wheezing, shortness of breath and a tight feeling in the chest. The disease can reach a state where it stops a person from exhaling, leading to unconsciousness and death.

**Breath Shortness** - Unnatural breathing, using a lot of effort resulting in not enough air taken in by the body.

**Bronchitis** - Inflammation of the two main breathing tubes leading from the windpipe to the lungs. The disease is marked by coughing, a low-grade fever, chest pain and hoarseness. Can also be caused by an allergic reaction.

**Coughing** - A cough is the response to an irritation, such as mucus, that causes the muscles controlling the breathing process to expel air from the lungs suddenly and noisily to keep the air passages free from the irritating material.

**Laryngitis** - Inflammation of the voice box characterized by hoarseness, sore throat, and coughing. It can be caused by straining the voice or exposure to infectious, allergic or chemical irritation.

**Nasal Congestion** - The presence of an abnormal amount of fluid.

**Pneumonia Tracheitis** - Bacterial infection of the air passageways and lungs that causes redness, swelling and pain in the windpipe. Other symptoms are high fever, chills, pain in the chest, difficulty

breathing and coughing with mucus discharge.

**Rhinitis** - Chemical irritation causing pain, redness and swelling in the mucus membranes of the nose.

**Sinus Congestion** - The mucus-lined areas of the bones in the face that are thought to help warm and moisten air to the nose. These areas become clogged with excess fluid or become infected.

**Sinus Headache** - An abnormal amount of fluid in the hollows of the facial bone structure, especially around the nose. This excess fluid creates pressure, causing pain in the head.

**Sinusitis** - The body reacting to chemical irritation causing redness, swelling and pain in the area of the hollows in the facial bones especially around the nose.

### **SKELETAL**

**Neck/Shoulder Pain** - Hurtful sensations of the nerve endings caused by damage to the tissues in the neck and shoulder, signaling danger of disease.

### **SKIN AND APPENDAGES (SKIN, LEGS AND ARMS)**

**Acne** - Eruptions of the oil glands of the skin, especially on the face, marked by pimples, blackheads, whiteheads, bumps and more severely, by cysts and scarring.

**Alopecia** - The loss of hair, baldness.

**Angioedema** - Intense itching and swelling welts on the skin called hives caused by an allergic reaction to internal or external agents. The reaction is common to a food or a drug. Chronic cases can last for a long period of time.

**Dermatitis** - Generally irritated skin that can be caused by any of a number of irritating conditions, such as parasites, fungus, bacteria, or foreign substances causing an allergic reaction. It is a general inflammation of the skin.

**Dry Lips** - The lack of normal moisture in the fleshy folds that surround the mouth.

**Dry Skin** - The lack of normal moisture/oils in the surface layer of the body. The skin is the body's largest organ.

**Epidermal Necrolysis** - An abnormal condition in which a large portion of the skin becomes intensely red and peels off like a second-degree burn. Symptoms often include blistering.

**Eczema** - A severe or continuing skin disease marked by redness, crusting and scaling, with watery blisters and itching. It is often difficult to treat and will sometimes go away only to reappear again.

**Folliculitis** - Inflammation of a follicle (small body sac), especially a hair follicle. A hair follicle contains the root of a hair.

**Furunculosis** - Skin boils that show up repeatedly.

**Lipoma** - A tumor of mostly fat cells that is not health endangering.

**Pruritus** - Extreme itching of often-undamaged skin.

**Rash** - A skin eruption or discoloration that may or may not be itching, tingling, burning or painful. It may be caused by an allergy, a skin irritation or a skin disease.

**Skin Nodule** - A bulge, knob, swelling or outgrowth in the skin that is a mass of tissue or cells.

## **RELATED TO THE SENSES**

**Conjunctivitis** - Infection of the membrane that covers the eyeball and lines the eyelid, caused by a virus, allergic reaction or an irritating chemical. It is characterized by redness, a discharge of fluid and itching.

**Dry Eyes** - Not enough moisture in the eyes.

**Earache** - Pain in the ear.

**Eye Infection** - The invasion of the eye tissue by a bacteria, virus, fungus, etc, causing damage to the tissue, with toxicity. Infection spreading in the body progresses into disease.

**Eye Irritation** - An inflammation of the eye.

**Metallic Taste** - A range of taste impairment from distorted taste to a complete loss of taste.

**Pupils Dilated** - Abnormal expansion of the black circular opening in the center of the eye.

**Taste Alteration** - Abnormal flavor detection in food.

**Tinnitus** - A buzzing, ringing or whistling sound in one or both ears occurring from the use of certain drugs.

**Vision Abnormal** - Normal images are seen differently by the viewer than by others.

**Vision Blurred** - Eyesight is dim or indistinct and hazy in outline or appearance.

**Visual Disturbance** - Eyesight is interfered with or interrupted. Examples of disturbances are light sensitivity and the inability to easily distinguish colors.

### **URINARY SYSTEM**

**Blood in Urine** - Blood is present when one empties the liquid waste product of the kidneys through the bladder by urinating in the toilet, turning the water pink to bright red. Or spots of blood are observable in the water after urinating.

**Dysuria** - Difficult or painful urination.

**Kidney Stone** - Small hard masses of salt deposits that the kidney forms.

**Urinary Frequency** - Having to urinate more often than usual or between unusually short time periods.

**Urinary Tract Infection** - An invasion of bacteria, viruses, fungi, etc., of the system in the body. This starts with the kidneys, which eliminate urine from the body. If the invasion goes unchecked, it can injure tissue and progress into disease.

**Urinary Urgency** - A sudden compelling urge to urinate, accompanied by discomfort in the bladder.

### **UROGENITAL (URINARY TR ACT)**

**Anorgasmia** - Failure to experience an orgasm.

**Ejaculation Disorder** - Dysfunction during orgasm.

**Menstrual Disorder** - Dysfunction of the discharge during the monthly menstrual cycle.

### **VIOLENT OR PHYSICALLY DANGEROUS SIDE EFFECTS**

**Acute Renal Failure** - The kidneys stop excreting waste products properly, leading to rapid poisoning (toxicity) in the body.

**Anaphylaxis** - A violent, sudden, and severe drop in blood pressure caused by a re-exposure to a foreign protein or a second dosage of a drug that may be fatal unless emergency treatment is given right away.

**Grand Mal Seizures (or Convulsions)** - A recurring sudden, violent and involuntary attack of muscle spasms with a loss of consciousness.

**Neuroleptic Malignant Syndrome** - A life threatening, rare reaction to an anti-psychotic drug marked by fever, muscular rigidity, changed mental status and dysfunction of the autonomic nervous system.

**Pancreatitis** - Chemical irritation with redness, swelling and pain in the pancreas where digestive enzymes and hormones are secreted.

**QT Prolongation** - A very fast heart rhythm disturbance that is too fast for the heart to beat effectively so the blood to the brain falls, causing a sudden loss of consciousness. May cause sudden cardiac arrest.

**Rhabdomyolysis** - The breakdown and release of muscle fibers into the circulatory system.

**Serotonin Syndrome** - A disorder brought on by excessive levels of serotonin. Symptoms include euphoria, drowsiness, sustained and rapid eye movement, agitation, reflexes overreacting, rapid muscle contractions, abnormal movements of the foot, clumsiness, feeling drunk and dizzy without any intake of alcohol, jaw muscles

contracting and relaxing excessively, muscle twitching, high body temperature, rigid body, rotating mental status – including: confusion and excessive happiness - diarrhea and loss of consciousness.

**Thrombocytopenia** - An abnormal decrease in the number of blood platelets in the circulatory system. A decrease in platelets causes a decrease in the ability of the blood to clot when necessary.

**Torsades de Pointes** - Unusually rapid heart rhythm starting in the lower heart chambers. If the short bursts of rapid heart rhythm continue for a prolonged period, it can degenerate into a more rapid rhythm and can be fatal.

### **Benzodiazepine Side Effects**

### **CARDIAC DISORDERS**

**Palpitation** - Perceptible forcible pulsation of the heart, usually with an increase in frequency or force, with or without irregularity in rhythm.

**Tachycardia** - Rapid heart rate.

### **EAR AND LABYRINTH DISORDERS**

**Ear pain** - Any pain connected to the inner or outer portion of the ear.

**Tinnitus** - A sound in one ear or both ears; buzzing, ringing, or whistling, occurring without an external stimulus and usually caused by a separate condition.

**Vertigo** - A sensation of irregular or whirling motion, either of oneself or of external objects.

### **EYE DISORDER**

**Blurred vision** - Compared to normal, a distortion of vision.

**Mydriasis** - Prolonged abnormal dilation of the pupil of the eye induced by a drug or caused by disease.

**Photophobia** - An abnormal sensitivity to or intolerance of light, especially by the eyes, as may be caused by eye inflammation. An abnormal fear of light.

### **GASTROINTESTIONAL DISORDERS**

**Abdominal pain** - Pain between the chest and pelvis, stomach, intestines, liver, spleen, and pancreas.

**Constipation** - Difficulty having normal bowel movement.

**Diarrhea** - Excessive and frequent evacuation of watery feces.

**Dry mouth** - When the mouth is dry beyond what might be normal.

**Dyspepsia** - Disturbed digestion; indigestion.

**Dysphagia** - Difficulty in swallowing or inability to swallow.

**Nausea** - A feeling of sickness with the urge to vomit.

**Pharyngolaryngeal syndrome** - Of or pertaining to the larynx or pharynx.

**Salivary hypersecretion** - A continual or excessive



amount of saliva.

**Vomiting** - Ejecting all or part of the stomach contents.

### **GENERAL DISORDERS**

**Asthenia** - Loss or lack of bodily strength.

**Chest tightness** - A feeling in the chest of contraction.

**Edema** - An accumulation of an excessive amount of watery fluid in cells, tissues, or body cavities.

**Fatigue** – The body feeling drained of energy.

**Feeling drunk** - Feelings associated with drinking too much alcohol.

**Feeling hot or cold** - An uncontrollable feeling of being too hot or cold that is abnormal for the temperature.

**Feeling jittery** - An uneasy feeling often associated with the inability to remain still.

**Hangover** - Feeling like the day after consuming too much alcohol. All or a few hangover sensations may be present.

**Increased energy** - An abnormal amount of energy.

**Loss of control of legs** – Inability to control legs.

**Malaise** - A vague feeling of bodily discomfort.

**Pyrexia** – Fever

**Rigors** - Shivering or trembling, as caused by a chill. A state of rigidity in living tissues or organs that prevents response to stimuli.

**Sluggishness** - A fatigue type feeling or dull.

**Thirst** - An abnormal sensation of needing liquid.

**Weakness** - A reduced state of normal energy and stamina.

## **INFECTIONS AND INFESTATIONS**

**Influenza symptoms** - The body feeling and at times the manifestation of flue like symptoms.

**Upper respiratory tract infections** - Infection of the nose, sinuses, pharynx (part of neck and throat) or larynx (commonly known as the voice box).

## **MENTAL DISORDERS**

**Abnormal dreams** - Nightmares or dreams that are upsetting to the individual.

**Aggression** - Hostile or destructive behavior or actions.

**Agitation** - A feeling where something or anything could set a person toward anger or combativeness.

**Anger** - Uncontrollable and volatile emotion with rage; usually an attempt to stop someone or something.

**Anxiety** - A state of uneasiness and apprehension, as about future uncertainties. A state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation, often to a degree that normal physical and psychological functioning is disrupted.

**Apathy** - A feeling of no hope, such as if anything can be done it would not work.

**Bradyphrenia** - A slowness of the mind.

**Confusion** - An impaired orientation with respect to time, place or the form of an event.

**Depersonalization** - The normal sense of personal identity and reality is lost, characterized by feelings that one's actions and speech cannot be controlled.

**Depressed mood** - A lowering of the state of mind or emotion compared to what a person normally feels.

**Depression** - A feeling of no hope.

**Derealization** - The feeling that things in one's surroundings are strange, unreal, or somehow altered, as seen in schizophrenia.

**Disorientation** – A loss of sense of direction, position, or relationship with one's surroundings. A temporary or permanent state of confusion regarding place, time or personal identity.

**Dysphonia** - An emotional state marked by anxiety, depression, and restlessness.

**Euphoric mood** - A feeling of great happiness or well-being, commonly exaggerated and not necessarily well founded.

**Hallucination** - False or distorted perception of objects or events with a compelling sense of their reality, usually resulting from a traumatic life event or drugs.

**Homicidal ideation** - The formation of the idea or having the mental image of murder.

**Hypomania** - A mild form of mania, characterized by hyperactivity and euphoria.

**Impulse control** - A sudden pushing or driving force. A sudden wish or urge that prompts an unpremeditated act or feeling, an abrupt inclination.

**Insomnia** - Chronic inability to fall asleep or remain asleep for an adequate length of time.

**Irritability** - 1. The capacity to respond to stimuli. 2. Abnormal or excessive sensitivity to stimuli of organism, organ, or body part.

**Libido decreased** - Sexual desire decreased.

**Libido increased** - Sexual desire increased.

**Logorrhea** - Incoherent talkativeness.

**Mania** - A manifestation of bipolar disorder characterized by profuse and rapidly changing ideas, exaggerated gaiety, and excessive physical activity.

**Mood swings** - The up and or down movement of emotions that are uncontrollable.

**Nervousness** - Easily agitated or distressed.

**Nightmare** - A dream creating intense fear, horror, and distress.

**Psychomotor retardation** - The retardation of movement and or mental process.

**Restlessness** - An uneasy feeling of not being able to be where one is located comfortably.

**Suicidal ideation** - The formation of an idea or mental image of killing one self.

### **METABOLISM AND NUTRITION DISORDERS**

**Anorexia** - Loss of appetite, usually including a fear of becoming obese or an aversion toward food.

**Appetite decreased** - A decrease in the feeling one needs food for survival.

**Appetite increased** - An increase of the desire for food for survival.

## **MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS**

**Arthralgia** - Severe pain in a joint.

**Back pain** - An unexplained pain anywhere in the back.

**Muscle cramps** - Muscle being contracted to the point of discomfort.

**Muscle twitching** - A rhythmic or irregular involuntary movement of any muscle.

**Myalgia** - Muscular pain or tenderness, especially when nonspecific.

**Pain in limb** - Pain in arm or leg.

## **NERVOUS SYSTEM DISORDERS**

**Amnesia** - The loss or impairment of memory.

**Ataxia** - Loss of the ability to coordinate muscular movement.

**Coordination abnormal** - Maintaining balance of the body difficult in comparison to what is normal for the person.

**Disturbance in attention** - Not able to remain as focused as one was able to in the past.

**Dizziness** - A disorienting sensation such as faintness, light-headedness, or unsteadiness.

**Dysarthria** - Difficulty in articulating words due to emotional stress or to paralysis or incoordination of the muscles used in speaking.

**Dyskinesia** - An impairment in the ability to control movements, characterized by spasmodic or repetitive motions of lack of coordination.

**Headache** - A continual or time specific duration with pressure or pain within the head.

**Hypersomnia** - A condition in which one sleeps for an excessively long time but is normal in the waking intervals.

**Hypoesthesia** - Drowsiness.

**Hypotonia** - Reduced tension or pressure, as of the intraocular fluid in the eyeball.

**Memory impairment** - Not able to recall an instance from the past as well as before.

**Mental impairment** - The ability to think and reason diminished.

**Paresthesia** - A skin sensation, such as burning, prickling, itching.

**Sedation** - An over expression of reduction of anxiety, stress, irritability or excitement.

**Seizures** - A sudden attack, spasm, or convulsion, as in epilepsy.

**Sleep apnea** – A temporary cessation of breathing while asleep.

**Sleep talking** - Speaking words while asleep.

**Somnolence** - A state of drowsiness; sleepiness. A condition of semi- consciousness approaching coma.

**Stupor** - A state of impaired consciousness characterized by a marked diminution in the capacity to react to environmental stimuli.

**Syncope** - A brief loss of consciousness caused by a sudden fall of blood pressure or failure of cardiac systole, resulting in cerebral anemia.

**Tremor** - An involuntary trembling movement.

### **RENAL, THORACIC, AND MEDIASTINAL DISORDERS**

**Difficulty in micturition** - Difficulty with urination or the frequency of.

**Urinary frequency** - An abnormal frequency of urination.

**Urinary incontinence** - Involuntary leakage of urine.

### **REPRODUCTIVE SYSTEM AND BREAST DISORDERS**

**Dysmenorrhea** - A condition marked by painful menstruation.

**Premenstrual syndrome** - A group of symptoms, including abdominal bloating, breast tenderness, headache, fatigue, irritability, and depression.

**Sexual dysfunction** - A non-normal, for the individual, behavior or ability to have sex.

### **RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS**

**Choking sensation** - A feeling of choking with or without cause.

**Dyspnea** - Difficulty in breathing, often associated with lung or heart disease and resulting in shortness of breath.

**Epistaxis** - Nosebleed.

**Hyperventilation** - Abnormally fast or deep respiration resulting in the loss of carbon dioxide from the blood, thereby causing a decrease in blood pressure and sometimes fainting.

**Nasal congestion** - A stoppage or restriction of the nasal passage.

**Rhinitis** - Inflammation of the nasal membranes.

**Rhinorrhea** - A discharge from the mucous membrane, especially if excessive.

### **VASCULAR DISORDERS**

**Hot flashes** – A sudden, brief sensation of heat, often over the entire body, caused by a transient dilation of blood vessels of the skin.

**Hypotension** - Abnormally low arterial blood pressure.

### **SKIN AND SUBCUTANEOUS TISSUE DISORDERS**

**Clamminess** - Abnormally moist, sticky and cold to the touch.

**Pruritus** - Severe itching, often of undamaged skin.

**Rash** - A skin eruption.

**Sweating increased** - Abnormal increase of perspiration.

**Urticaria** - A skin condition characterized by welts that itch intensely, caused by an allergic reaction, an infection, or nervous condition.



## **Chapter 5**

### **Things To Be Aware Of**

**THERE ARE SEVERAL** medical situations you need to be aware of before you start this program. First let me repeat, check with your doctor before starting this program. Medically and physically, do this for your health and safety as you travel through this process.

I understand there could be a problem; possibly your doctor does not support tapering off the medication.

This is your journey. Find those who will help you travel the proven successful road laid out for you.

#### **Physical Conditions and Drug Interactions**

Many people have contacted me over the years, asking about their activities and/or medications taken and whether they can use these in combination with *The Road Back Program*. My answer? Check with your doctor about medications and how these could interact with other supplements, vitamins, drugs and so on. Having said that, I know various medical conditions and/or drugs could possibly interfere with this program, including the following:

##### **1. Blood thinners and heart medication**

Omega 3 and vitamin E both thin the blood. Taking either of these supplements, in conjunction with a medication that is already thinning your blood, could be contraindicated, or not advised. If your blood pressure is too low

or too high and you are taking medication in an attempt to correct that condition, you need to closely monitor your blood pressure.

## **2. Clotting agents**

If you are on medication for your heart get with your physician before starting this program.

## **3. Diabetes Medication**

If you are diabetic and taking medication to raise or lower glucose levels, when using this program you need to monitor your glucose levels closely. The JNK Formula, will probably bring your glucose levels back to a normal range quickly and if you are taking medication to lower your glucose level you will find the need for a piece of fruit quickly in order to get your glucose level up again.

The problem is the drug you are taking, not the supplement.

The supplements work dramatically and quickly to balance out our bodily functions.

## **Alternative Therapies**

While I have personally seen the results from natural health and healing practices, each has its own purpose and end result. Additionally, I have found they can too often

be counter-productive when used in conjunction with *The Road Back Program*. Any alternative therapy or health practice that recommends additional nutrients, supplements, vitamins, drips, sprays, drinks and methodologies can and do exacerbate, aggravate or make worse, the very sensitive process we are trying to guide you through now.

Due to your drugs, your system is essentially balanced on the “head of a pin,” meaning that your tolerance for anything can be, or is, very limited.

*The Road Back Program* has been researched and developed around very specific parameters, undercutting any other health products. While these other health products might be great in a healthy, balanced body, they often do not mix well with psychoactive medications and your tapering process. Right now, you need to slowly and safely taper off your drug. Add other health products back into your daily regime after you have completed this venture. Once completely and safely off the drug, by all means, help yourself.

While on *The Road Back Program*, taking various health products adds one more thing to an already overloaded system. Therefore, I emphatically recommend you evaluate these alternative therapies, practices, nutritional items and restrict them until successfully completing your program. Specifically, anything that moves medications too rapidly or inhibits their metabolism through your body greatly should be avoided.



## **Chapter 6**

# **General Pre -Taper And Taper Instructions**

**DESPITE APPARENT REDUNDANCY**, what I am about to say cannot be said too many times, so bear with me.

As you start your road back, I want your journey to be as successful and as smooth as possible. Therefore, I repeat: you cannot simply quit your prescription medications cold turkey. The illegal use of prescription drugs are the most abused drugs by young adults and teens at this time, and that may present a little difficulty with tapering off of psychoactive medications slowly for you, if you are using the drug without a prescription. You still need to taper the drugs to help prevent the psychotic episodes associated with an abrupt withdrawal. Go to the chapter of this book that details how to reduce the medication and follow the instructions as closely as possible.

You must methodically taper off most drugs, giving your body all possible assistance to ensure you fully complete this program and are not driven back onto your drug.

Your program consists of a two-part process: First, the pre-taper, which is usually done in one week. If you need more time on the pre-taper go-ahead and spend the time, but the final relief may not

come until you are reducing the drug or until you are completely off the drug.

This is a journey back to you through steady steps that become more and more certain over time.

Once finished with the pre-taper, you will start the actual taper. You will start to reduce the drug while continuing your supplements. The number of drugs you are currently taking, and your speed of progress each step along the way, will determine the length of the tapering process.

This chapter is an overview of the pre-tapering and tapering process, and what you will do no matter which drug or drugs you are taking.

*These steps are vitally important to your success. Please study them carefully to ensure confidence when beginning your personal program.*

### **The Purpose of the Pre-Taper**

Just as in running a marathon, swimming a mile, buying a house, or having a baby, you have to build up to the ultimate goal. The same applies with *The Road Back Program*. You need to stretch your muscles, get some correct nutrients into your system and know how your daily schedule will change. The Pre Taper will set you up for a smooth reduction off your medications.

### **The Pre-Taper Goals**

Elimination or a *drastic* reduction of all existing side effects caused by the drug.

Determining which supplements created the positive change.

When you know the exact supplement that eliminated the side effects, you will know how to eliminate that side effect, if it recurs during the drug reduction phase of your program.

The reasoning. If a withdrawal side effect begins during the taper, odds are high that it was one of the existing side affects you had *before you started your pre-taper*.

An example of the importance of the pre-taper is found in the Introduction to *The Art of War* by Sun Tzu, from Thomas Cleary's translation.

*“Plan for what is difficult while it is easy, do what is great while it is small. The most difficult things in the world must be done while they are still easy; the greatest things in the world must be done while they are still small.”*

### **Nutritional Supplements**

Review Chapter 3 “Nutritionals Used on The Road Back Program” and make sure you have the nutritional supplements on hand. The day before you start your pre-taper, review which supplements you will be taking the next day, and the times you will be taking them. If you will be carrying the supplements with you during the day, and need to put those quantities into smaller containers, do so. If you know that you have a busy schedule on the day that you will start, or any day following that, prepare by making a note of when you need to take your supplements and how you can arrange to do so. If you do not usually carry water with you, or have it available where you will be, take some with you.

Today, with this program a person can taper completely off their drug quickly. The changes to the program are fewer supplements used and a two third reduction in time that it takes to complete the entire program. The pre- taper has been able to change from taking twenty-two days to seven days.

### **Your Daily Journal:**

*Every day you will keep a written record of your progress in a journal.*

You are free to copy the journal found in the next chapter and put together your own, or you can find pre-made journals at *The Road Back* website. In your Daily Journal you will note certain information over the course of a 24-hour period. These specific statistics are important because they will help you find your way back to center, if you falter at any point during the program. Before going to bed each night, or during the day as you take each step, write down the following:

- ☐ The date.
- ☐ The time of all medications you took that day and dosage amount.
- ☐ All food and drinks, including coffee, water, alcohol, etc; times you ate or drank, and the amount.
- ☐ Rate your own progress as to how you feel.
- ☐ Rate your energy, appetite, mood and exercise.
- ☐ Include anything that you added or deleted from your



daily routine.

Keeping the journal allows you to review changes and determine which changes made positive improvements. However, if a problem occurs, the journal allows you to look back and locate which change may have made a negative impact. Locating such change will enable you to quickly fix what happened and get yourself back on track.

For example, you may have increased your supplements too quickly or too much, and now you need to reduce them to the quantity you were taking when you last felt good. Or possibly you felt so good from the pre-taper that you added exercise into your day, which created a negative change. Whatever the case, it could be a small and seemingly insignificant change, or it could be a major change that you did not realize you had made. Using your Daily Journal, you will be able to find your way back. The Daily Journal will act like a positive voice sitting on your shoulder reminding you of what works for you, and what does not.

By noting the exact quantity of each supplement you have taken daily, you will know the positive changes are a direct result of the exact amounts and times you took your supplements.

### **Graph Your Success**

Along the way it will also help if you were to keep a daily graph. Sometimes it can be easy to lose track of where you actually started from, but with a daily graph, it is easy to look back and see where you have been and more importantly, to look at the current trend you are having. The example graphs on the following page are quite common:

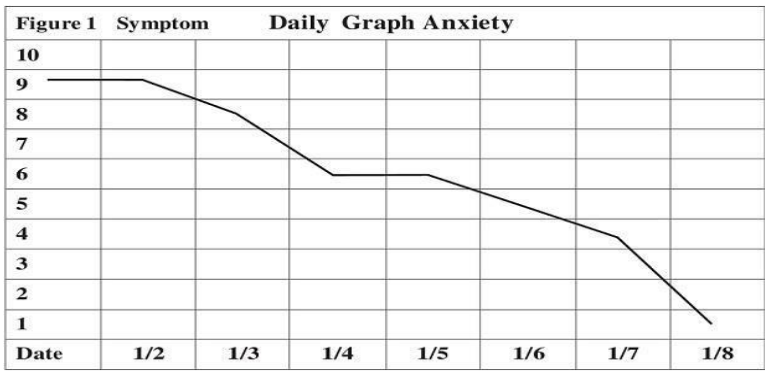
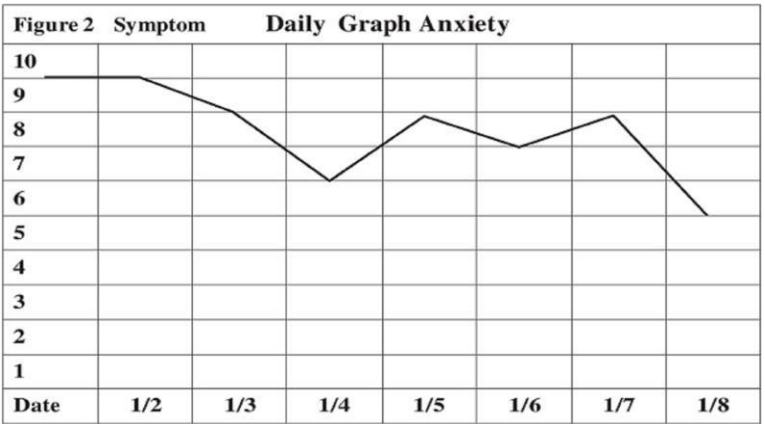


Figure 1 shows a person starting the pre-taper with an anxiety rating of 9 on day 1. At the end of day 3 of the pre-taper the anxiety drops to an 8 and at the end of day 4 the anxiety level is now down to a 6 rating.



Your individual graph may even look like the chart of Figure 2

Figure 2 is not a constant and steady decline of anxiety, but while you study the graph you will be able to see the overall trend changing and the anxiety level decreasing. As you leave the world of drug induced anxiety, you enter back into what is normal or the all too common levels of anxiety. The common is; none of us have a continual steady line without any anxiety or anxiousness. As we cope with daily events of life our anxiety may go up and down several times each day. *The Road Back Program* will be offering an anxiety solution program in the near future to help individuals learn how to handle the daily common and normal anxiety.

You could place fatigue, depression or any other condition in the Figure 1 and Figure 2 graphs. Please do that. If depression is your main symptom and not anxiety, graph the depression, if it is fatigue, graph fatigue etc.

Take your graphs in to your physician and show your physician the changes you are now experiencing. This will help your physician see an objective piece instead of a purely subjective of “how you feel”.

### **Deviation from *The Road Back Program***

You might think deviating from the program would be obvious and easy to detect. Not always.

*The Road Back Program* usually works quickly, with the person experiencing a vast improvement within the first few days. This blessing can also be a curse. In the first years of the program, a person would typically feel a major positive change about halfway through the tapering portion and start doing things they have put off for years, such as exercise or dieting. Now they frequently experience major positive change after a few days on the pre-taper

and have the urge to introduce new things to their daily life. The creation of the supplements and the time of day each is taken have greatly sped up the program. Imagine feeling as though you had never taken a drug only one week after starting the pre-taper part of *The Road Back Program*.

However, when this major positive change occurs, a person can feel so good that he or she begins doing things they have wanted to do for years, such as quitting smoking, giving up coffee or starting a major exercise program.

### **Then they suddenly crash and wonder why**

I first experienced this curse in 1999 when a woman called who was tapering off her medication. After first doing well, suddenly she was not. She had tried to taper off an antidepressant medication several times over the years before starting *The Road Back Program*, never reducing the drug without extreme withdrawal and always returning to her original dosage. This time she had been halfway off her medication and feeling great.

It took two weeks to figure out what changed. I asked every question I could think of; there was something she was doing differently. I finally found out that typically, every six months, she went onto an all-protein diet. This was so “normal” for her she never thought to mention, or view it, as a major change in her lifestyle. However, this diet change hugely impacted her progress, and was the major deviation from the program. Once the change was discovered, she re-started her tapering program from

square one and successfully completed tapering off the antidepressant.

I cannot over stress looking for and finding obvious as well as subtle changes if you experience a negative change during this program.

Another major deviation from the program can occur – you feel so good, you forget to take your medication(s). This is a no-no, but happens. Lower the medication only at specific amounts and make that gradual reduction. Numerous people over the years have begun a pre-taper while suffering from widely varying side effects. Taking psychoactive medications for years, they had tried to get off the drugs countless times. After beginning the pre-taper and finally sleeping through the night for the first time in months, their daytime anxiety vanished. Three days later, they forgot to take their medication at bedtime. The next day, they went into full withdrawal and began to question whether *The Road Back Program* was right for them. The only problem was forgetting to take their medication.

These variations or deviations from the program can also be extremely troubling for a doctor. He or she can only help guide you through the steps with all the information on hand. Again, it is imperative that: a) you write everything down in your Daily Journal, including things you might think have no bearing whatsoever, and b) bring your Daily Journal to your doctor visits, so that together you can chart your progress and get back to square one if needed.

### **Major Improvement**

A major improvement is what you are going for with the pre-taper.

**If** you have extreme daytime anxiety and are able to reduce it to a

point where you have to stop and look for anxiety to even see or feel any, you have had a major improvement.

**If** you could not sleep more than two hours a night and are now able to sleep four to five hours, wake up and then go back to sleep, that is a major improvement.

**If** every joint in your body ached, and now you have only a little ache in the morning when you awake that goes away within the first few minutes, you have experienced a major improvement.

**If** you felt a major depression every day and now you feel a little depressed occasionally, you have had a major improvement.

**If** you feel like you are not even taking a medication now, you have had a major improvement.

Major changes are what you are going for during the pre-taper. The goal is to alleviate major complaints or reduce them to the point of being very acceptable and not in the way of day-to-day life, so that you can fully taper off the medication and “live life.”

**Steady State:** The term “steady state” has special definitions in biochemistry, chemistry, electronics and even macroeconomics.

In *The Road Back Program* “steady state” is defined as: A constant level or a level of action that allows a balance between two or more substances.

A *constant level* would be maintaining a level of a supplement in the body to a degree where it never drops below a certain point. Much like the half- life of

medication, keeping enough of a substance in the body at a specific strength gives a result. If you skip a dosage of medication, withdrawal begins. If you skip a serving of a supplement, withdrawal does not take place, but you do lose the steady or *constant* state of the supplement.

*A level of action that allows a balance between two or more substances* is different from a *constant level*. Psychoactive medications alter hormones and the adrenals. When a “steady state” occurs with the nutritional at a *constant level*, the cells will use the nutrients to begin working with each other, balancing each other, allowing the cells to receive energy and exchange back to other cells desired substances for optimum survival.

During the pre-taper, one goal is finding the “steady state” of each nutritional for your body. Age, height, weight, gender, how long you have been using a medication or the type of medication you might be using cannot be used to predict the correct amount of a nutritional in this program. This takes trial and success.

### **If You Have Anxiety, Insomnia, Fatigue, What to Expect**

You can and should expect a rapid reduction in anxiety, insomnia or fatigue. The JNK Formula, Neuro Day and Neuro Night work fast with these conditions. Relief generally comes within 3 days of starting this program.

### **Calcium-Induced Side Effects**

If you have anxiety or insomnia and are taking a calcium supplement, please read this section carefully. In 2005, we found one common factor of anxiety with people taking anti-anxiety drugs and that common factor was the use of calcium. Once they stopped the calcium supplement their anxiety and insomnia

improved greatly. This was later found to be the case for people taking all types of medication, not just antianxiety medication. In time we also found the calcium/anxiety problem to exist for those not even taking a psychoactive medication.

### **Calcium Solution Breakthrough**

After 6 years of research we have found a person can take calcium, however it needs to be calcium citrate with the right ratio and type of Magnesium Glycinate.

Calcium stimulates electrical discharge of the nerves. The stimulation of nerve impulses is one problem associated with the incorrect calcium. If you need to take calcium daily or if you have agitation, daytime anxiety or insomnia, use the calcium citrate.

### **Calcium-induced side effects can include:**

- ☐ **Hyperkinesia:** an abnormal increase in muscular activity, hyperactivity, especially in children.
- ☐ **Hyperthermia:** unusually high body temperature. Hyper aggression.
- ☐ **Audiogenic seizures:** Seizures caused by loud sounds and noises.
- ☐ **Reaction to bright light or a reaction to a sudden increase of light.** Increased anxiety.



- Psychosis.
- Numbness around the mouth. Tingling in the extremities.  
Shortness of breath.

**Your Next Step** – Make a copy of the Daily Journal found in the next chapter and then make yourself some graphs found in the following chapter, then proceed to the chapter matching the drug/s you wish to taper. If you are tapering from more than one drug, make sure to read all of the drug chapters that relate to your situation.



## **Chapter 7**

### **Daily Journal**

Date: \_\_\_\_\_ Pre-Taper/Taper (Circle One) Day # \_\_\_\_ Step# \_\_\_\_

Note: Do not change eating or exercise habits during this program.

**Current Drugs & Dosages:** (List all taken, time of day and amount)

\_\_\_\_\_

\_\_\_\_\_

**Food and Liquid:**

(List all food and liquid consumed, time of day and amount)

**The Road Back Nutritionals:** (List all taken, time of day and amount)

**Rate the Following Areas Using a Scale of 1 to 10 :** (Rate daytime anxiety at bedtime and rate the previous night's sleep first thing in the morning. Rate all other items before bedtime. Rate with the #1 being the best and use #10 as the worst)

Symptom	1-10 Rating	List All Changes Made During the Day
Aches		
Anxiety		
Appetite		
Body Pains		
Energy		
Exercise		
Fatigue		
Mood		
Sleep		

# Chapter 8

## Graph Your Success

**A GRAPH FOR** each symptom you are rating each day can greatly help track your progress and allow you to look back at how far you have come.

See an example below of how to fill in the graph. The next page is a blank graph for you to copy or recreate on your own.

Pre-Taper / Taper (Circle one)      Day # \_\_\_\_\_ Rate with the #1 being the best and use #10 as the worst.

Symptom	Anxiety						
10							
9							
8							
7							
6							
5							
4							
3							
2							
1							
Date	1/2	1/3	1/4	1/5	1/6	1/7	1/8

Notice the trend changes in the graph. After three days a level period starts for two days and then changes again. Look at the long term trend of your graphs to determine improvement.

This is a normal daily trend during the beginning of the pre-taper. If you have already quit taking the medication and are suffering from withdrawal side effects, make sure you use these graphs. I understand you need hope, and seeing for yourself may spark the hope that inspires you to continue and make it back.

After graphing each day and symptom for a period of time, you will see a longer-term trend. Placing each graph side-by-side you can easily see your ratings for several weeks and your trend for each symptom.

Make sure you take your Daily Journal and graphs to your doctor visits.

By running each graph for seven days, you can attach one completed graph to seven days of your Daily Journal and create a weekly file.

## **Chapter 9**

# **Anti-Anxiety, Anticonvulsants, Benzodiazepine, And Sleep Medication Pre-Taper**

### **Starting Your Pre-Taper**

***Note:*** This pre-taper addresses several types of medication, as indicated in this Chapter title. For the rest of this Chapter, the word “benzodiazepine” is used alone to encompass all of the medications included in the chapter title (Benzodiazepine, Antianxiety, Anticonvulsant and Sleep Medication).

During the pre-taper and taper, you will address the immune system, the hypothalamic pituitary adrenal-axis, cortisol and the adrenals, along with enzymes that regulate anxiety, sleep and other symptoms resulting from benzodiazepine usage. While many of these symptoms may be viewed as mental (anxiety, insomnia, and other subjective symptoms), we will address them as physical symptoms.

You may already have heart palpitations or aches and pains throughout the body. These side effects are addressed with this

program as well as any and all side effects you may be experiencing.

You will begin your pre-taper by taking the Neuro Day, JNK Formula, and Neuro Night. These are the basic supplements used for a benzodiazepine taper, and the majority of you will not need any other supplements.

**If you are also taking an antidepressant**, you should reduce the benzodiazepine first. You will be taking; Neuro Day, JNK Formula, Neuro Night and the Omega 3 Supreme TG.

These supplements should take care of most or all daytime anxiety, panic attacks, sleep problems, etc. If you have taken a benzodiazepine for a prolonged period and have depression or a tingling or numbness of the extremities, the JNK Formula will be vital. Prolonged use of a benzodiazepine massively depletes the B vitamin biotin and leads to depression and tingling or numbness of an extremity. To help address this you should get a biotin supplement and take 5,000mcg daily.

A few individuals will also have fatigue during the daytime while taking these medications. If you are one of them, handle the daytime anxiety first, have 3 good nights of sleep in succession and re-evaluate the fatigue. For most people it will go away with 3 good nights of sleep.



Remember, as soon as you start the pre-taper, you simultaneously begin keeping your Daily Journal and keeping your graphs up to date.

*Make sure to note in your journal when existing side effects stop or when there is a major improvement. This is very important.*

Anxiety first thing in the morning and again in the afternoon is a very common side effect of benzodiazepines. By the time you are ready to go to sleep at night, you are too stressed out and fatigued from dealing with anxiety difficulties all day long that sleep simply may not come. You could easily end up feeling depressed due to this endless cycle of anxiety, insomnia, anxiety, and insomnia.

Part of the process of handling sleep is by addressing the anxiety that is usually present during the daytime. You will be taking the JNK Formula and Neuro Day during the daytime to help with anxiety, which will also help set you up for a good night's sleep when it is bedtime. It is much easier to go to sleep if you are not all ramped up from daily activities or constant daily anxiety.

If you are also experiencing some degree of depression, do not be surprised if the depression lifts during the pre-taper as your ability to sleep improves, daytime anxiety abates or other symptoms you may be experiencing vanish. Even so, as you start to experience relief from your symptoms, *do not change anything*; just continue with the program. There are still many, many gains available as you continue through and complete *The Road Back Program*.

There are optional supplements you can use along the way, but they are here for specific symptoms that not everyone will have. Again, most people will do very well with only taking the Neuro Day, JNK Formula, and Neuro Night.

If you would like to include some optional supplements, read through Chapter 3 “Nutritionals Used on *The Road Back Program*” for a full list of optional supplements.

If mood is a constant problem for you, try out a bottle of Omega 3 Supreme TG. Put 3 of the softgels in your mouth and bite through the softgel, swallow the oil and remove the softgels from your mouth. If this is what you needed for mood you will feel the difference in minutes.

**What to do next:**

1. Read through the Chapter 14, How to Taper Anti-anxiety, Anticonvulsants, Benzodiazepines and Sleep Medication.
2. Consult with your prescribing physician and/or pharmacist and layout your drug taper schedule.
3. Plan out the second and third reduction of the medication as well at this point to ensure you are ready with the correct dosages of the drug.

**The Pre-Taper**

For the next 7 days you will be doing your pre-taper. You do not reduce your medication during the pre-taper.

**Pre-Taper Goals:**

- ☐ Improved sleep.
- ☐ Vast reduction or elimination of anxiety, fatigue and insomnia.

- Lessening or elimination of other drug-induced side effects.

**Below are the supplements you will take:**

Neuro Day – **Take 1 capsule 2 times a day 5 hours apart.**

JNK Formula – **Take 1 capsule twice a day.**

Neuro Night – **Take 1 capsule 15 minutes before bedtime**

**DAY ONE THROUGH DAY THREE:**

Use your Daily Journal and rate your anxiety, panic attacks, insomnia and any additional symptoms you may be experiencing. Rate them from 1 to 10, with number 10 being the worst and number 1 being no side effect or symptom remaining.

**MORNING SUPPLEMENTS:**

If you take your medication first thing in the morning, take the medication as usual, and 1 hour later take 1 JNK Formula. If you do not take the medication first thing in the morning, take the JNK Formula first thing. Never take supplements within 1 hour of medication.

**JNK** – Take 1 capsule twice a day.

**Neuro Day**– 2 hours after the morning JNK Formula, take 1 capsule of Neuro Day. Take the second capsule roughly 5 hours later

If you found the morning JNK Formula reduced your daytime

anxiety but the anxiety crept back in near noon, you can take an additional JNK Formula anytime you wish.

You can adjust the JNK Formula and the Neuro Day around to fit your specific needs.

## **BEDTIME**

**Neuro Night** – If you take medication at bedtime, take one capsule of the Neuro Night one hour before taking your medication.

If you do not take medication at bedtime, take 1 capsule of Neuro Night 15-minutes before going to bed. Take the supplements exactly as described here for 3 full days. If your anxiety levels are going down and your sleep is improving, remain with this schedule.

## **HOW TO ADJUST THE SUPPLEMENTS**

Adjusting the supplements around to fit your own desires is fine to do. If you are feeling very calm all day with 2 of the JNK Formula and only 1 Neuro Day, just take 1 of the Neuro Day. If you need to take the second JNK Formula or the second Neuro Day within 3 hours of the first to keep the anxiety levels down, it is fine to do that.

The point here; we are all not the same. Some of us have morning anxiety; some anxiety comes in the middle of the day. You can take these supplements to fit you!!!

**Neuro Day** – You can take 2 of these capsules in the day but only 1 capsule at a time. Space out at least 3 hours apart.

**Neuro Night** – If you find you are sleeping much better when you go to sleep but you are still having difficulty going to sleep, take the Neuro Night 1 hour earlier than you were taking it..

The concept of adjusting the supplements during the program is straightforward:

- If you felt an improvement after starting the JNK, but symptoms came back later in the day, take an additional JNK capsule about 4 hours after the morning JNK.
- If you responded well to the Neuro Day but the symptoms you are fighting come back within a few hours, take the second Neuro Day before the 5 hours has arrived.

If you started getting tired during the daytime, and this is new for you, try taking only 1 Neuro Day during the daytime.

- If anxiety always comes back at around noon each day, and it is not time to take the JNK Formula or the Neuro Day for another hour, adjust your schedule so you take 1 capsule of the Neuro Day at 11am.

Make sure to keep your Daily Journal and graphs updated each day. The pre-taper is really that simple.

After 7 full days of the pre-taper, you are now ready to begin reducing the medication.

The key is to keep good notes or at the very least, make a mental note of how you felt. You can adjust the supplements around as you like, but be consistent with how you adjust them.

**If you feel a massive reduction of symptoms after taking the Neuro Day**, you can adjust around the time you take it. Try and keep the time at least 4 hours apart though.

## **Chapter 10**

### **Time-Release Antidepressant Pre-Taper**

**Please Note:** This pre-taper is for individuals taking a time-release antidepressant. Your brand may be called; extended release sustained release or any other name that means the antidepressant will metabolize slowly, over an extended period of time.

#### **Starting Your Pre-Taper**

If you have not read the entirety of Chapter Six “General Pre-Taper and Taper Instructions,” please do so before continuing with this chapter. Reading and understanding the Chapter “General Pre-Taper and Taper Instructions” is vital before starting the pre-taper.

You may already be in withdrawal before you found *The Road Back Program*. Please hang in there; relief can come very quickly for you. Most people are never able to get off an antidepressant due to the head symptoms that are common with reducing this type of medication and the larger percentage of reduction that must be done because of the availability of dosages. It is too common to have reductions of 25% or more because the drugs only come in those dosages.

Your pre-taper is a little different than for an immediate release antidepressant.

The American Medical Association now acknowledges at least 10% of the people that try to get off an antidepressant will not be successful due to the withdrawal side effects. The 10% is probably higher with a time-release antidepressant. We want you to know this so you know it is not just you. Sorry to say, most physicians have never read the AMA report on antidepressant withdrawal and they have not realized that 1 out of every 10 of their patients they have prescribed an antidepressant to will have this withdrawal problem unless they begin doing something differently.

Head side effects are the ones that stop most people from being able to get off an antidepressant. An electrical brain zap, dizziness and other head symptoms are the problem. For *The Road Back*, these debilitating head side effects are easy to stop and stop quickly. If you have not started to taper the antidepressant yet, using this Antidepressant Pre-taper should stop the head symptoms from even starting. If you have already started to taper the antidepressant and have these head symptoms, the right type of omega 3 fish oil will get you back on your feet quickly.

The supplements required for the time-release antidepressant program are the JNK Formula, Omega 3 Supreme TG, Neuro Day and Neuro Night.



It's a good idea to take 200 to 400 i.u. of vitamin E when taking an omega 3 fish oil each day.

Make sure to keep your Daily Journal up-to-date and use graphs so you can visually see the changes taking place with you.

**What to do:**

1. Get with your prescribing physician and/or pharmacist and layout your drug taper schedule.
2. Plan out the second and third reduction of the medication as well at this point to ensure you are ready with the correct dosages of the drug.

Once you have read all of the pre-taper section proceed to Chapter 15, "How to Taper Antidepressants" and fully read it as well.

**The Pre-Taper:**

For the next 7-days you will be doing your pre-taper. You do not reduce your antidepressant during the pre-taper, but, to state again, this is the time to also plan out the reduction phase of the drug which starts after the seven days of the pre-taper are completed.

**Goal of Antidepressant Pre-taper**

- If anxiety is present, have it eliminated
- If fatigue is present, have it eliminated
- If flu like symptoms are present, have them eliminated

- If depression is present, have it eliminated
- Eliminate all other antidepressant side effects
- Set up the body correctly to eliminate potential withdrawal symptoms.

The goal of the pre-taper may seem unobtainable to you at this moment, but after you experience a day to two of taking the supplements used with this program, you should begin to experience the changes we suggest will happen. It is not out of character for people to feel as though they are no longer even on an antidepressant as all side effects vanish quickly.

### **Supplements You Will Take:**

JNK Formula

Neuro Day

Omega 3 Supreme TG

Neuro Night

### **Anxiety or Insomnia**

The JNK Formula and neuro Day are formulated to address these symptoms.

### **Fatigue**

If you have fatigue, the JNK Formula and Omega 3 Supreme TG may handle those. A good night of sleep won't hurt either!

### **DAY ONE Action:**

Rate your daytime anxiety, panic attacks, insomnia and other side effects. Use the Daily Journal and rate anxiety, sleep and any additional symptoms you may be experiencing from 1 to 10. Rate with number 10 being the worst and number 1 being no side effect or symptom remaining.

Rate the previous night's sleep first thing the next morning. Rate the daytime anxiety just before bedtime of that day.

If you take the antidepressant first thing in the morning, take the medication as normal and 1 hour later take the morning supplements.

### **How to do the Pre-Taper**

#### **Supplements:**

**JNK** – Take 1 capsule of the JNK Formula in the morning and 1 in the afternoon. You can take with or without food.

**Omega 3 Supreme TG** – Take 2 Omega 3 Supreme TG in the morning and 2 more at noon.

**Vitamin E** – Take 1 vitamin E along with the Omega 3 Supreme TG in the morning.

**Neuro Day** – Take 1 capsule 1 or 2 hours after the morning JNK. Take the second roughly 4-5 hours later.

**Neuro Night** – Take 1 capsule 15-minutes before bedtime.

You can adjust these supplements around during the daytime, except for the Omega 3 Supreme TG. Morning and noon is the best with the omega.

Don't be shy about adjusting the supplements to fit your own needs. This is the beautiful thing about these new formulas.

Just keep the JNK Formula and the Neuro Day to; only 1 capsule at a time of each and at least 3 hours apart.

**Neuro Night** – 15-minutes before bedtime take 1 capsule. If sleep has not improved within 3 days try taking the capsule 1 hour before bedtime

**Fatigue:**

If you have fatigue, the JNK Formula and Omega 3 Supreme TG should help.

**How to Adjust the Supplements if Needed:**

**JNK Formula** – The first capsule in the morning is ideal. If you find you respond better to the Neuro Day in the morning though, take the Neuro Day first. Just no more than 1 capsule at a time of the JNK Formula and at least 3 hours apart. No more than 2 capsules in a day.

**Neuro Day** – Take an hour after the morning JNK Formula to begin. Adjust it around to fit you though. Just no more than 1 capsule at a time, at least 3 hours apart and no more than 2 capsules taken during the day.

Neuro Day is formulated to be taken 2 times a day, starting in the morning and twice more during the day 5 hours apart. So, 1 capsule in the morning, 5 hours later another capsule and another capsule again in 5 hours.

You may only need 1 capsule of the Neuro Day. Base the need for the second capsule on how you feel. Believe me, you will know!

**Omega 3 Supreme TG** – All head symptoms, except headaches, when coming off an antidepressant are handled by the Omega 3 Supreme TG. If you are feeling any symptoms in the head, increase the Omega 3 Supreme TG to 2 softgels in the morning and 2 additional softgels at noon. If symptoms persist after this increase, raise the amount of Omega 3 Supreme TG to 5 softgels in the morning and 5 at noon. A few people have needed to increase to 6 softgels in the morning and at noon to get the head symptoms under control. Once the head symptoms are back under control reduce the Omega 3 Supreme TG back down to the 3 softgels in the morning and the 3 softgels at noon. Check with your doctor before increasing the Omega 3 fish oil if you are taking heart medication or blood pressure medication.

**Neuro Night** – Start by taking 1 capsule 15 minutes before bedtime. If you are not going to sleep with ease by the end of the third night, try taking the Neuro Night a little earlier in the evening.

You might try 30 minutes or even 45 minutes before bedtime.

There will be that time that fits you perfectly. The Neuro Night is formulated to work the best with the Neuro Day being used during the daytime. Going to bed already chilled out makes sleep so much easier.

## **Finishing the Pre-Taper**

Do the pre-taper for 7-full days. Do not cut the pre-taper short no matter how well you may feel after a few days. Give your body a chance to balance, give yourself the chance to fully experience relief before you tackle the reduction of the antidepressant.

**If you wish to stay on the pre-taper for an extended time, that is fine to do, many have.** You may have experienced extreme trauma the last time you tried to get off the antidepressant and the apprehension you may feel now is normal, not a mental disorder. This is your time; do not let yourself get rushed by your physician or by the information in this book. The drug manufacturer, the F.D.A., and even the American Medical Association state a gradual reduction of the medication is required. We cannot stress enough, take your time. This is when the tortoise beats the hare to the finish line.

## **Chapter 11**

# **Immediate Release Antidepressant Pre-Taper**

**Please Note:** This pre-taper is for individuals taking an **Immediate Release** antidepressant.

### **Starting Your Pre-Taper**

If you have not read the entirety Chapter Six “General Pre-Taper and Taper Instructions,” please do so before continuing with this chapter. Reading and understanding the Chapter “General Pre-Taper and Taper Instructions” is vital before starting the pre-taper.

You may already be in withdrawal before you found *The Road Back Program*. Please hang in there; relief can come very quickly for you. Most people are never able to get off an antidepressant due to the head symptoms that are common with reducing this type of medication.

Your pre-taper is a little different than for a time release antidepressant.

The American Medical Association now acknowledges at least 10% of the people that try to get off an antidepressant will not be successful due to the withdrawal side effects. The 10% is probably higher with a time-release antidepressant. We want you to know this so you know it is not just you. Sorry to say, most physicians

have never read the AMA report on antidepressant withdrawal and they have not realized that 1 out of every 10 of their patients they have prescribed an antidepressant will have this withdrawal problem unless they begin doing something differently.

Head side effects are the ones that stop most people from being able to get off an antidepressant. An electrical brain zap, dizziness and other head symptoms are the problem. For The Road Back, these debilitating head side effects are easy to stop and stop quickly. If you have not started to taper the antidepressant yet, using this Antidepressant Pre-taper should stop the head symptoms from even starting. If you have already started to taper the antidepressant and have these head symptoms, the right type of omega 3 fish oil will get you back on your feet quickly.

The supplements that are required for the immediate release antidepressant withdrawal program are the Neuro Day, JNK Formula, Omega 3 Supreme TG, and Neuro Night.

It would be good if you also take 200i.u. to 400i.u. of vitamin E each day. Omega 3 supplements need a little extra vitamin E each day to help with absorption.



Make sure to keep your Daily Journal up-to-date and use graphs so you can visually see the changes taking place with you.

**What to do:**

1. Get with your prescribing physician and/or pharmacist and layout your drug taper schedule.
2. Plan out the second and third reduction of the medication as well at this point to ensure you are ready with the correct dosages of the drug.

Once you have read all of the pre-taper section proceed to Chapter 15, “How to Taper Antidepressants” and fully read it as well.

**The Pre-Taper**

For the next 7-days you will be doing your pre-taper. You do not reduce your antidepressant during the pre-taper but, to state again, this is the time to also plan out the reduction phase of the drug which starts after the seven days of the pre-taper are completed.

**Goal of Antidepressant Pre-taper**

- If anxiety is present, have it eliminated
- If fatigue is present, have it eliminated
- If flu like symptom are present, have them eliminated
- If depression is present, have it eliminated
- Eliminate all other antidepressant side effects
- Set up the body correctly to eliminate potential withdrawal symptoms.

The goal of the pre-taper may seem unobtainable to you at this moment, but after you experience a day to two of taking the supplements used with this program, you should begin to experience the changes we suggest will happen. It is not out of character for people to feel as though they are no longer even on an antidepressant as all side effects vanish quickly.

### **Supplements You Will Take:**

Neuro Day

JNK Formula

Omega 3 Supreme TG

Neuro Night

### **Anxiety or Insomnia**

The Neuro Day, JNK Formula and the Omega 3 Supreme TG should handle these symptoms with ease.

### **Fatigue**

If you have fatigue, the JNK Formula and the Omega 3 Supreme TG should help but 3 nights of a sound sleep will likely do wonders.

### **DAY ONE Action:**

Rate your daytime anxiety, panic attacks, insomnia and other side effects. Use the Daily Journal and rate anxiety, sleep and any additional symptoms you may be experiencing from 1 to 10. Rate with number 10 being the worst and number 1 being no side effect or symptom remaining.

Rate the previous night's sleep first thing the next morning. Rate the daytime anxiety just before bedtime of that day.

If you take the antidepressant first thing in the morning, take the medication as normal and 1 hour later take the morning supplements.

### **How to do the Pre-Taper:**

#### **Supplements:**

**JNK** – Take 1 capsule of the JNK Formula first thing in the morning but at least 1 hour apart from medication. Take a second JNK Formula capsule 4 to 5 hours later in the day.

**Omega 3 Supreme TG** – Take 1 Omega 3 Supreme TG in the morning and 1 more at noon.

**Neuro Day** – Take 1 capsule 1 hour after taking the JNK Formula. Take a second capsule of the Neuro Day 4 or 5 hours after the first capsule.

#### **Anxiety or Insomnia**

##### **Anxiety:**

Between the JNK Formula, Neuro Day and the Omega 3 Supreme TG, your daytime anxiety should fade away quickly. The sequence of taking the JNK Formula first and the Neuro Day an hour later can be changed as needed.

If you respond real well to the Neuro Day and really do not feel much change after taking the JNK Formula in the morning, try taking the Neuro Day first, wait one hour and then take the JNK Formula.

**Insomnia** – The Neuro Night should help with a sound sleep quickly.

### **Fatigue**

Once again, the JNK Formula and the Omega 3 Supreme TG should help with the fatigue but most likely the fatigue should lift after 3 solid nights of sleep.

### **How to Adjust the Supplements if Needed:**

**JNK** – As stated earlier, the JNK Formula and the Neuro Day can be switched around. Start with the JNK Formula first in the morning but if more relief comes from the Neuro Day, take it first.

**Neuro Day**– The Neuro Day formula addresses quite a broad scope of side effects caused by antidepressants. From stress feelings, anxiety, agitation, and more, you should begin to have a calm feeling within a day or two of starting this supplement.

Just remember; no more than 1 capsule at a time, no more than 2 capsules in a day and have at least 3 hours apart with this supplement.

If anxiety tends to return or start at a certain time of the day, take the Neuro Day about 1 hour before that normal time the anxiety starts.

Don't leave the JNK Formula out of the daily routine though, even if you do not feel a massive change after taking it. It is working and working in concert with the Neuro Day.

**Omega 3 Supreme TG** – All head symptoms, except headaches, when coming off an antidepressant are handled by the Omega 3 Supreme TG. If you are feeling any symptoms in the head, increase the Omega 3 Supreme TG to 2 softgels in the morning and 2 additional softgels at noon. If symptoms persist after this increase, raise the amount of Omega 3 Supreme TG to 5 softgels in the morning and 5 at noon. A few people have needed to increase to 6 softgels in the morning and at noon to get the head symptoms under control. Once the head symptoms are back under control reduce the Omega 3 Supreme TG back down to the 3 softgels in the morning and the 3 softgels at noon. Check with your doctor before increasing the Omega 3 fish oil if you are taking heart medication or blood pressure medication.

**Neuro Night** – Adjust around the time you take this supplement as needed. Start with 15 minutes before bedtime but move to an earlier time if you are not feeling sleepy at bedtime.

### **Finishing the Pre-Taper**

Do the pre-taper for 7-full days. Do not cut the pre-taper short no matter how well you may feel after a few days. Give your body a chance to balance, give yourself the chance to fully experience relief before you tackle the reduction of the antidepressant.

If you wish to stay on the pre-taper for an extended time, that is fine to do, many have. You may have experienced extreme trauma the last time you tried to get off the antidepressant and the apprehension you may feel now is normal, not a mental disorder.

This is your time; do not let yourself get rushed by your physician or by the information in this book. The drug manufacturer, the F.D.A., and even the American Medical Association state a gradual reduction of the medication is required. We cannot stress enough, take your time. This is when the tortoise beats the hare to the finish line.

## **Chapter 12**

# **Antipsychotic Medication Pre-Taper**

**THE PRE-TAPER FOR** an antipsychotic medication has changed more than any other medication type with recent scientific breakthroughs at *The Road Back*. The amount of nutritional supplements required has continued to drop dramatically with these discoveries and the ease a person can now get off an antipsychotic has dramatically improved.

Antipsychotics disrupt additional balances within the body and the drug created conditions need to be addressed. In the past years, antipsychotics were only prescribed for schizophrenia, bipolar, psychosis and extreme mental disturbances, but that is no longer the case. This edition of the book includes the recent breakthroughs that dramatically reduce the side effects and major symptoms associated with antipsychotic medication as well as the normal mental symptoms people may be experiencing that might prompt a physician to prescribe this class of medication initially.

## **Starting Your Pre-Taper**

Now is the time to take a deep breath and relax. You may have suffered greatly from the medication in the past and you may be suffering from what appears to be side effects that will never go away. There is hope and there is a solution. Your body will be going through some changes during the pre-taper and those changes are positive changes. Your life is about to change for the better.

If you need assistance from a parent or a trusted friend, give them this book and have them work with you and help you through the daily procedures.

Your physician should also be supportive as well.

### **What to do:**

1. Consult with your prescribing physician and/or pharmacist and layout your drug taper schedule.
2. Plan out the second and third reduction of the medication as well at this point to ensure you are ready with the correct dosages of the drug.
3. Once you have read all of the pre-taper section proceed to Chapter 16, “How to Taper Antipsychotic Medication” and fully read it as well.

## **The Pre-Taper**

For the next 7-days you will be doing your pre-taper. You do not reduce your medication during the pre-taper, but, to state again, this is the time to also plan out the reduction phase of the drug which starts after the seven days of the pre-taper are completed.



### **Goal of Pre-Taper:**

- Drastic reduction of all major side effects.
- If hearing voices, those completely gone.
- Mood swings stabilized.

### **Supplements you will**

**take:**

### **JNK Formula**

#### **Neuro Day**

#### **Neuro Night**

#### **DAY ONE**

#### **Supplements:**

**JNK Formula** – Take 1 of the JNK Formula first thing in the morning. DO NOT TAKE A SUPPLEMENT WITHIN 1 HOUR OF TAKING MEDICATION. If you take the medication when you awake, take medication as normal, wait 1 hour and then take 1 JNK Formula. Take the second JNK Formula capsule roughly 4 to 5 hours after the first one.

**Neuro Day** - One hour after taking the JNK Formula take 1 capsule of the Neuro Day. Take the second Neuro Day roughly 4 to 5 hours after the first Neuro Day.

**Neuro Night** – Take 1 capsule of the Neuro Night 15 minutes before bedtime. Take in this way the first 3 days. If you do not feel sleepy or have a difficult time going to sleep still, try taking the Neuro Night a little earlier than you have. Usually 30 to 45 minutes before bedtime does the trick then.

Antipsychotic medications cause a condition called metabolic syndrome. This begins after only 1 week of starting the medication. This is why diabetes is so common when taking an antipsychotic medication.

The supplements used in this program will begin to regulate glucose and help stop insulin resistance. If you are taking medication for diabetes you and your doctor need to be aware of this. The dosage of the diabetes medication may need to be lowered over time and likely stopped in the future when insulin and glucose remain normal.

You may not need to take the second JNK Formula or the second Neuro Day each day. Judge that by how you are feeling. If 1 JNK Formula and 1 Neuro Day keeps symptoms away, then just use 1 capsule of each a day.

Taking notes along the way will help as well. Notate how you feel, if symptoms come back during the day and the time. If a negative symptom tends to come back at a certain time of the day try taking the Neuro day an hour before that time.

## **Chapter 13**

### **ADD, ADHD Medication And Stimulants Pre-Taper**

#### **Starting Your Pre Taper**

If you are wondering how you will feel once you are off the medication or during the withdrawal portion of the program, you are not alone and that is a normal question. Most people begin to feel a major improvement once they start the pre-taper and the rest feel a positive change once the medication begins to be reduced.

I am assuming you were prescribed this class of medication for Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder. The pre-taper and the supplements used in this program will not only help eliminate withdrawal, but will probably give your body some basic nutrients it was lacking before the diagnosis and are probably one of the root causes of the symptoms you experienced.

#### **What to do Next:**

1. Consult with your prescribing physician and/or pharmacist and layout your drug taper schedule.
2. Plan out the second and third reduction of the medication as

well at this point to ensure you are ready with the correct dosages of the drug.

Once you have read all of the pre-taper section proceed to Chapter 17, “How to Taper ADD, ADHD Medication and Stimulants” and fully read it as well.

### **The Pre-Taper**

For the next 7-days you will be doing your pre-taper. You do not reduce your medication during the pre-taper.

**Goal of Pre-Taper** is the drastic reduction or elimination of all major side effects.

### **Supplements You Will Take:**

#### **JNK Formula**

#### **Neuro Day**

#### **Neuro Night**

#### **Supplements:**

ADHD medication is different from other psychoactive medications during withdrawal. You might alternate from being anxious and having insomnia one week and then fatigued and dull for the next few weeks and then back again to anxious and not able to sleep.

The JNK Formula might handle both ends of the spectrum but it may not be able to completely eliminate the anxiety, insomnia, fatigue and a dull feeling.

The Neuro Day and Neuro Night should do wonders for you with any other symptoms.

**JNK Formula** – Take 1 capsule of the JNK in the morning first thin. Take the second JNK Formula roughly 4 to 5 hours later..

**Neuro Day** – Take 1 capsule in the morning 1 hour after the morning JNK Formula. Take a second Neuro Day 4 to 5 hours later.

**Neuro Night** – Take 1 capsule 15 minutes before bedtime. If you still do not have a sound sleep after 3 nights of this try taking the Neuro Night a little earlier before going to be.

Refer to Chapter 3, “Nutritionals Used on The Road Back Program” for additional information.

Make sure to keep your daily Journal and Daily Graphs. The pre-taper is really this simple. Do the pre-taper for 7 full days and then proceed to tapering off the medication.



## **Chapter 14**

### **How To Taper Anti-Anxiety, Anticonvulsants, Benzodiazepine, And Sleep Medication**

**THE FDA HAS** published approved guidelines for tapering off these medications. Those guidelines are what the authors published a decade ago and this approach is as effective now as it was in 1999.

*Reduce the medication gradually and if side effects begin that are too severe, go back to the last dosage you were doing fine with, get stable again and then reduce the medication again, but this time at a slower reduction amount.*

**Gradual** – Most of us take the word gradual to mean slowly, but there is a need to give a good example of gradual. Imaging you are in an airplane that is about to descend for the landing. What would you like that landing to be like? Would you prefer to not feel the decent and when the plane touches the runway you do not even feel the tires touch ground? This is a landing where I have heard the passengers cheer and thank the pilot when they get off the plane. This is also the gradual landing we want for you when reducing your medication.

“Gradual” when tapering off a medication would be; a slow and steady decent that does not jar and bump the person reducing the

drug. Gradual would also be a speed of reduction that would allow the person to still function in life and reduce to a minimum the chance of withdrawal side effects.

If you agree with the above, this removes the idea of skipping days of the medication in order to reduce the dosage and get off the drug. Skipping days or alternating from a higher dosage to a lower dosage every other day is not gradual. One only needs to examine the half-life of the medication to establish that fact. You go into withdrawal every other day and feel an overdose effect the days you are going back up on the dosage.

### **Never Skip Days of the Drug**

All drugs in this class come in completely different dosages and with some being in a time-release, the variances are too vast to list in a book of this type. We will first discuss what to do with a non-time release medication.

### **ONLY REDUCE MEDICATION EVERY 14-DAYS Non-Time Release Medication**

If you are taking a non-time release medication, reduce the medication as close to 5% as possible. I understand the 5% is an arbitrary number but this is what most have found to work well.

With most medications being different there is no way for us to describe each one and your physician and pharmacist should be involved in this process regardless.

Some medications can be compounded into exact and precise



reductions. Compounding is when the pharmacist takes the medication and grinds it to a powdered form and then encapsulates to a new dosage. This is the ideal way to reduce all medications but some cannot be compounded and the cost can also be out of reach for some individuals.

With your pharmacist, see if purchasing a pill slicer will work for you. These typically cost about \$5 at a pharmacy.

You can also purchase a relative low cost digital scale that will measure milligram amounts.

Talk with your pharmacist about putting the medication in a solution for measuring reductions. Some medications dissolve well and can be crushed and put in water and then you pour out of a flask the reduction amount.

An experienced pharmacist will be of great value to you during this process.

### **Time Release or Extended Release Medication**

When it comes to reducing medication that is time release, the process needs to be a little different with the program. Sometimes time release medications are also offered in a non-time release form and it is best to cross-over to the non-time release form of the drug. Your physician and pharmacist are the ones to guide you through how to take the medication. Cross over to the non-time release form of the medication if that is at all possible. The cross - over would be the first reduction.

### **How to Adjust Supplements During the Taper**

Keeping good notes with your Daily Journal during the pre-taper is worth its weight in gold during the tapering of the medication.

**A rule of thumb:** The supplement that got rid of a side effect or symptom during the pre-taper is the supplement to increase during the taper if that symptom returns while tapering off the drug. An example of this can be made with the Neuro Day.

If all of your anxiety vanished during the pre-taper after starting the Neuro Day and anxiety creeps back when you start reducing the medication, adjust the time you take the Neuro Day to fit the time the anxiety begins. You would take the Neuro Day an hour before the anxiety tends to start.

Keep in mind you can adjust the supplements around to fit your current symptoms.

**JNK Formula** – Only take 1 capsule at a time. No more than 2 capsules in a day. The second capsule needs to be at least 3 hours after the first.

**Neuro Day** - Only take 1 capsule at a time. No more than 2 capsules in a day. The second capsule needs to be at least 3 hours after the first.

**Neuro Night** – Only 1 capsule a day.

If the information above is not making a smooth and relative withdrawal free program for you, it is time to reduce the drug at a slower pace.

We do not advise switching from one drug to another drug because the new one has a longer half-life. This does not work and will cause more problems and symptoms than you currently are experiencing. Some people promote crossing over to Valium because of the longer half-life. **DO NOT DO THIS.**

Reread and keep in mind Chapter 3, “Nutritionals Used in The Road Back Program” for tips and how to increase the supplements.

Reducing the medication is actually the easy part of the program.

**Note:** If you have had difficulty reducing the medication in the past, compounding the drug for a 2% reduction is advised. Reduce every 14-days, have success and then try reducing by 5% every 14-days.

If this is your first attempt tapering the medication, start with a 5% reduction, reduce again in 14-days and repeat at the 5% reduction two additional times. If successful, you can try a further increase of reduction, but that is not advised. If withdrawal side effects begin, go back to the last dosage you were doing fine with and for the next reduction, reduce at a more gradual rate.



## **Chapter 15**

### **How To Taper Antidepressants**

**THE FDA HAS** published approved guidelines for tapering off these medications. Those guidelines are what the authors published a decade ago and this approach is as effective now as it was in 1999. The American Medical Association published a report in 2010 acknowledging at least 10% of the population will not be able to get off their antidepressant because of the withdrawal side effects. One particular side effect associated with antidepressant withdrawal is the “brain zaps.” This is an electrical jolt that runs from the base of the neck to the base of the skull and the jolt can happen several times a day or non-stop.

*The Road Back Program* is the pioneer in this area and we were the ones that found the solution years ago. Omega 3 fish oil is the key to get rid of the brain zaps as well as to never allow them to start. Using the correct omega 3 fish oil is critical and you need to know just any fish oil will not do the trick. It takes an omega 3 fish oil

made from sardines and the EPA to DHA ratio content needs to be specific. Flax seed will not work; please do not waste your time and the unneeded trauma. If you are a vegetarian it is time to take a break if you want to have a chance of eliminating the brain zaps. To be blunt, it is time to decide which is worse for you; an antidepressant or fish oil for a short time.

We only recommend Omega 3 Supreme TG, a fish oil that is distilled and brought back to the true natural form of the oil of fish.

### **Reducing the Medication**

Reduce the medication gradually and if side effects begin that are too severe, go back to the last dosage you were doing fine with, get stable again and then reduce the medication again, but this time at a slower reduction amount.

The above can seem too basic and too easy to understand for it to be misinterpreted. However, that is not the case.

**Gradual** – Most of us take the word gradual to mean slowly, but there is a need to give a good example of gradual. Imaging you are in an airplane that is about to descend for the landing. What would you like that landing to be like? Would you prefer to not feel the decent and when the plane touches the runway you do not even feel the tires touch ground? This is a landing where I have heard the passengers cheer and thank the pilot when they get off the plane. This is also the gradual landing we want for you when reducing your medication.

Gradual when tapering off a medication would be a slow

and steady decent that does not jar and bump the person reducing the drug. Gradual would also be a speed of reduction that would allow the person to still function in life and reduce to a minimum the chance of withdrawal side effects.

If you agree with the above, this removes the idea of skipping days of the medication in order to reduce the dosage and get off the drug. Skipping days or alternating from a higher dosage to a lower dosage every other day is not gradual. One only needs to examine the half-life of the medication to establish that datum. You go in withdrawal every other day and feel an overdose effect the days you are going back up on the dosage.

Reduce the antidepressant as close to 10% with each reduction as possible. With this approach 10 reductions and you are off the antidepressant.

### **Never Skip Days of the Drug**

All drugs in this class come in completely different dosages and with some being in a time-release the variances are too vast to list in a book of this type.

We will first take what to do with a non-time release medication.

### **ONLY REDUCE MEDICATION EVERY 14-DAYS**

#### **Non-Time Release Medication**

If you are taking a non-time release medication, reduce the medication at the smallest reduction possible. We understand the “smallest reduction possible” is an arbitrary and we assure you it will be interpreted differently by many physicians and pharmacists.

With most medications being different there is no way for us to describe each one and your physician and pharmacist should be

involved in this process regardless.

Some medications can be compounded in to exact and precise reductions. Compounding is when the pharmacist takes the medication and grinds it to a powdered form and then encapsulates to a new dosage. This is the ideal way to reduce all medications but some cannot be compounded and the cost can also be out of reach for some individuals.

With your pharmacist, see if purchasing a pill slicer will work for you. You can also purchase a relative low cost digital scale that will measure milligram amounts. Talk with your pharmacist about putting the medication in a solution for measuring reductions. Some medications dissolve well and can be crushed and put in water and then you pour out of a flask the reduction amount.

An experienced pharmacist will be of great value to you during this process.

Remember, as close to 10% reduction as you can do.

### **Time Release or Extended Release Medication**

When it comes to reducing medication that is time release, the process needs to be a little different with the program. Sometimes time release medications are also offered in a non-time release form and it is best to cross-over to the non-time release form of the drug. Your physician and pharmacist are the ones to guide you through how to take the medication. Cross over to the non- time release form of the medication if that is at all possible. Count the cross-over as the first reduction and do not lower the medication for 14-days.



You have specific dosages of a time release antidepressant. **DO NOT OPEN THE CAPSULES AND COUNT THE BALLS.** Over the years, many people sent us an e-mail about how well they were doing with removing the balls from the capsule. Invariably, each of them contacted us again but this time in full withdrawal and it took an extended period of time to get them back on track again. Please, do not taper an antidepressant in this manner.

**DO NOT OPEN THE CAPSULE AND POUR THE BALLS IN LIQUID AND REDUCE GRADUALLY BY REMOVING A PORTION OF THE LIQUID EACH DAY.** This will cause an overdose. A time release is designed to slowly enter the body, not all at once.

Follow the pre-taper precisely for Time Release Antidepressants. Go to the next available dosage of the antidepressant when you have felt stable for at least 5 days and 14-days have passed since the last reduction.

### **How to Adjust Supplements During the Taper**

Keeping good notes with your daily Journal during the pre-taper is worth its weight in gold during the tapering of the medication.

**A rule of thumb:** The supplement that got rid of a side effect or symptom during the pre-taper is the supplement to adjust during the taper if that symptom returns while tapering off the drug. An example of this can be made with the Neuro Day.

Adjusting the time you take the supplement is the key. Negative symptoms tend to start around the same time each day. So, if you were taking the Neuro Day at 9am and symptoms now tend to begin at 11am, take the Neuro Day at 10am each day. You are free to adjust the time you take the supplements to help combat a side effect.

If the information above is not making a smooth and relative withdrawal free program for you, it is time to reduce the drug at a slower pace.

Reread and keep in mind Chapter 3, “Nutritionals Used in The Road Back Program” for tips and how to increase the supplements.

Reducing the medication is actually the easy part of the program now.

**JNK Formula** – Only take 1 capsule at a time. No more than 2 capsules in a day. The second capsule needs to be at least 3 hours after the first.

**Neuro Day** - Only take 1 capsule at a time. No more than 2 capsules in a day. The second capsule needs to be at least 3 hours after the first.

**Neuro Night** – Only 1 capsule a day.

## **Chapter 16**

### **How To Taper Antipsychotic Medication**

**THE FDA HAS** published approved guidelines for tapering off these medications. Those guidelines are what the authors published a decade ago and this approach is as effective now as it was in 1999.

If you are taking Cogentin along with an antipsychotic drug, you need to rotate the drug being reduced. Start by reducing the antipsychotic, wait 14-days and then reduce the Cogentin, wait 14-days and then reduce the antipsychotic drug again, and repeat this approach back and forth until off both medications.

#### **Reducing the Medication**

Reduce the medication gradually and if side effects begin that are too severe, go back to the last dosage you were doing fine with, get stable again and then reduce the medication again, but this time at a slower reduction amount. The above can seem too basic and too easy to understand for it to be misinterpreted. However, that is not the case.

**Gradual** – Most of us take the word gradual to mean slowly, but

there is a need to give a good example of gradual. Imagine you are in an airplane that is about to descend for the landing. What would you like that landing to be like? Would you prefer to not feel the decent and when the plane touches the runway you do not even feel the tires touch ground? This is a landing where I have heard the passengers cheer and thank the pilot when they get off the plane. This is also the gradual landing we want for you when reducing your medication.

Gradual when tapering off a medication would be; a slow and steady decent that does not jar and bump the person reducing the drug. Gradual would also be a speed of reduction that would allow the person to still function in life and reduce to a minimum the chance of withdrawal side effects.

If you agree with the above, this removes the idea of skipping days of the medication in order to reduce the dosage and get off the drug. Skipping days or alternating from a higher dosage to a lower dosage every other day is not gradual. One only needs to examine the half-life of the medication to establish that datum. You go in withdrawal every other day and feel an overdose effect the days you are going back up on the dosage.

### **Never Skip Days of the Drug**

All drugs in this class come in completely different dosages and with some being in a time-release the variances are too vast to list in a book of this type.

We will first take what to do with a non-time release medication.

## **ONLY REDUCE MEDICATION EVERY 14-DAYS Non-Time Release Medication**

If you are taking a non-time release medication, reduce the medication at the smallest reduction possible. We understand the “smallest reduction possible” is an arbitrary and we assure you it will be interpreted differently by many physicians and pharmacists.

With most medications being different there is no way for us to describe each one and your physician and pharmacist should be involved in this process regardless. Some medications can be compounded into exact and precise reductions. Compounding is when the pharmacist takes the medication and grinds it to a powdered form and then encapsulates to a new dosage. This is the ideal way to reduce all medications but some cannot be compounded and the cost can also be out of reach for some individuals.

With your pharmacist, see if purchasing a pill slicer will work for you. You can also purchase a relatively low cost digital scale that will measure milligram amounts.

Talk with your pharmacist about putting the medication in a solution for measuring reductions. Some medications dissolve well and can be crushed and put in water and then you pour out of a flask the reduction amount.

An experienced pharmacist will be of great value to you during this process.

## **Time Release or Extended Release Medication**

When it comes to reducing medication that is time release, the process needs to be a little different with the program. Sometimes

time release medications are also offered in a non-time release form and it is best to cross-over to the non-time release form of the drug. Your physician and pharmacist are the ones to guide you through how to take the medication. Cross over to the non-time release form of the medication if that is at all possible. Count the cross-over as a reduction and do not reduce the medication for 14-days.

## **DO NOT OPEN THE CAPSULE AND REMOVE THE BALLS.**

### **How to Adjust Supplements During the Taper**

If you experience withdrawal side effects every time you reduce the medication, increase the supplements the day before you reduce the drug, wait 4 days to ensure there is no withdrawal and then reduce the supplements back down again.

Reducing the medication is actually the easy part of the program now.

**Note:** If you have had difficulty reducing the medication in the past, compounding the drug for a 5% reduction is advised. Reduce every 14-days, have success and then try reducing by 5% every 14-days.

If this is your first attempt tapering the medication, start with a 10% reduction, reduce again in 14-days and repeat at the 10% reduction two additional times. If successful, you can try a further increase of reduction, but that is not advised. If withdrawal side effects begin, go back to the

last dosage you were doing fine with and for the next reduction, reduce at a more gradual rate.





## **Chapter 17**

### **How To Taper ADD, ADHD And Stimulant Medication**

**THE FDA HAS** published approved guidelines for tapering off these medications. Those guidelines are what I published a decade ago and this approach is as effective now as it was in 1999.

Reducing this class of medication is rather straightforward and usually does not cause a problem.

#### **Reducing the Medication**

Reduce the medication gradually and if side effects begin that are too severe, go back to the last dosage you were doing fine with, get stable again and then reduce the medication again, but this time at a slower reduction amount.

The above can seem too basic and too easy to understand for it to be misinterpreted. However, that is not the case.

**Gradual** – Most of us take the word gradual to mean slowly, but there is a need to give a good example of gradual. Imagine you are in an airplane that is about to descend for the landing. What would you like that landing to be like? Would you prefer to not feel the decent and when the plane touches the runway you do not even feel the tires touch ground? This is a landing where I have heard the

passengers cheer and thank the pilot when they get off the plane. This is also the gradual landing we want for you when reducing your medication.

Gradual when tapering off a medication would be; a slow and steady decent that does not jar and bump the person reducing the drug. Gradual would also be a speed of reduction that would allow the person to still function in life and reduce to a minimum the chance of withdrawal side effects.

If you agree with the above, this removes the idea of skipping days of the medication in order to reduce the dosage and get off the drug. Skipping days or alternating from a higher dosage to a lower dosage every other day is not gradual. One only needs to examine the half-life of the medication to establish that datum. You go in withdrawal every other day and feel an overdose effect the days you are going back up on the dosage.

### **Never Skip Days of the Drug**

All drugs in this class come in completely different dosages and with most being in a time-release the variances are too vast to list in a book of this type. We will first take what to do with a non-time release medication.

## **ONLY REDUCE MEDICATION EVERY 14-DAYS**

### **Non-Time Release Medication**

If you are taking a non-time release medication, reduce the medication as near to 10% as possible. You can get a pill slicer from a pharmacy to help with this. Every 14-

days reduce the drug by another 10%. After 10 reductions of the drug you are drug free.

### **Time Release or Extended Release Medication**

There are specific dosages the drug is available in as a time release. After 7 days of the pretaper, you reduce the drug to the next lower available dosage. Every 14-days you should be able to reduce the drug again to the next available lower dosage.

Continue with this method until completely off the drug.

**DO NOT OPEN THE CAPSULE AND REMOVE THE BALLS.**



## **Chapter 18**

# **How To Taper Off Multiple Medications**

### **What to Do If You Are Taking Multiple Drugs**

With our breakthroughs this past year, people are now able to taper off more than one medication at a time. The reformulated JNK Formula and Neuro Day have made this possible and this new breakthrough cuts the time it takes a person to be medication free dramatically.

There are still some things that need to be watched when reducing more than one medication at a time.

The medications that can be reduced at the same time are: ADD, ADHD, stimulants, antidepressants and antipsychotics can be reduced at the same time. Any combination of these medications can be reduced simultaneously. **Alternate their reductions every 14-days.** An example of this would be:

- Reduce the antidepressant
- 7 days later reduce the antipsychotic
- 7 days later reduce the antidepressant again
- 7 days later reduce the antipsychotic again

This still gives 14-days before the dosage of a specific medication is reduced and if withdrawal side effects begin, it makes it easier to tell which drug reduction is causing the problem.

**If you are also taking a benzodiazepine, anti-anxiety drug or sleep medication, taper these drugs first, before you reduce any other class of drug.** The antidepressants, antipsychotics, ADD, ADHD, stimulants increase the clearance time of the benzodiazepines by as much as 50% and if you reduce these other drugs first you will go in withdrawal with the benzodiazepine, even though the benzodiazepine dosage was not reduced. You can read Chapter 23, The Science, for more information on this.

### **Pre-Taper for More Than One Drug**

Read through the pre-taper chapters for each drug you want to taper off and use the required supplements and the instructions on how to take each supplement. You simply combine the programs.

Tapering off multiple medications is now as easy as tapering off one! Welcome to the *New Road Back Program* and we thank the people that paved the way for this advancement.

## **Chapter 19**

# **What To Do If You Are Already In Withdrawal Or Quit Your Medication Cold Turkey**

### **In Withdrawal Already**

The key to handling withdrawal side effects when you begin to reduce the medication is: **Put Control Back in the Process Again.**

Roughly 80% of the people who begin *The Road Back Program* have already started to taper off their medication or have gone off their medication abruptly and are experiencing withdrawal side effects. The recommendations or suggestions offered in this Chapter come from years of experience assisting these individuals.

First, it is not YOU. That may be difficult to grasp at first, but in time, you will come to understand it was not you; it was the withdrawal side effect.

**Immediately do the following if you have abruptly stopped your medication or are reducing the medication and you are having withdrawal side effects:**

- Inform the prescribing physician.

- Go to the pre-taper chapter in this book that covers your medication.
- Start the supplements in the pre-taper immediately.
- If you are or were taking an antidepressant and you have head symptoms or an electrical jolt type of sensation, go to any store that sells vitamins and purchase a bottle of omega 3 fish oil. Look at the back label of the bottle and look for the highest amount of EPA content. This should get you some relief quickly, but make sure you get the Omega 3 Supreme TG from Neuro Genetic Solutions ([www.shop.neurogeneticsolutions.com](http://www.shop.neurogeneticsolutions.com)) for a complete solution. You will need to take around 1,500 mg of the EPA, so expect to take quite a few of the softgels from a local vitamin store. Most stores only sell omega 3 fish oil with low EPA amounts.

Relief should come shortly after you start the pre-taper supplements. I understand you may have already quit the medication and you are not actually doing a pre-taper now. Just start taking the supplements as described in the pre-taper and follow the directions as outlined in that chapter.

The supplements are formulated to work quickly, even when you have quit cold turkey.

### **Medication Decisions**

You need to make a decision rather quickly about the medication. **I understand some of you absolutely refuse to go back on the medication or to go back up in**



**dosage, but I still need to give you my viewpoint. This is only my viewpoint and should not be taken as medical advice.**

If you have gone off the drug cold turkey and it has been more than one week since you stopped the drug, going back on the drug may not help. It may compound the situation. Going back on the drug and doing a slow taper may be the only thing that will help. This is a flip of the coin and I do wish there was a better answer for you.

Start the pre-taper supplements and continue taking them for 45-days after you feel well again. Use the supplements based on the drug you were taking.

If it has been less than one week since you stopped the drug cold turkey, go back on the drug to the last dosage you were doing your best at, and do the pre-taper for that type of medication and gradually reduce the drug from that point.

You may feel this approach moves you backwards but it should get you off the drug and feeling well once again.

- If you are reducing the medication and you are experiencing withdrawal side effects, you need to determine the severity of the side effects. If the side effects are too strong, go back up to the last dosage when you were doing better. Start the pre-taper, get stable again and then gradually reduce the medication.
- If the side effects are on the mild side, quit reducing for now, start the pre-taper for the drug you are taking, after using the supplements for 7-days of the pre-taper, continue with the taper and supplements.

There is really no need to expand on this further. You may feel like death warmed over, but the options are few and they are basic. Keep in mind, how you feel is the drug and that it is not you. Make sure to inform your physician of any choice you make.

## **Chapter 20**

### **Once Off All Medication**

**CONGRATULATIONS!** If anyone ever deserved a celebration party for an accomplishment, it is you. You not only made it off your medication, but also adhered to a schedule most other people have never had to confront. Only you can know what I mean.

As stated earlier in this book, you should continue taking all supplements for 45 days after the last dosage of the medication. It takes about 20 days for the liver enzymes used to metabolize the medication to return to a normal state, and depending on your own DNA, about 19 days for the medication to fully clear your body.

Continue writing in your Daily Journal during this ending of the program.

The supplements used during the program are not addictive and there is no withdrawal from these natural products. However, if you were lacking the

nutrients found in a specific supplement and you discontinue using it, you may feel a letdown or a negative change. This would be the same feeling any person would have, even if they have never used these medications.

Omega 3 is needed in our diet. The human body needs an adequate amount of vitamins, minerals, and amino acids from a food source to work at an optimum level. If there were one supplement you would continue taking after the 45-days have passed, it would be Omega 3 Supreme TG fish oil.

Once off all medication for 45 days, it is advisable to get a complete physical exam with specific attention to hormones, adrenals, your immune system and insulin/glucose: an all-natural treatment, by a healthcare provider who fully understands that this intricate system is needed.

We strongly urge you to keep taking the JNK Formula you have used during the program for the full 45-days after the last dosage of your medication. The JNK gene needs to be held in check for the body to have time to heal.

### **What to Do With Supplements**

After you are off the medication for around 20 days, you may need to begin reducing some of the supplements.

*Neuro Day* – Reducing the *Neuro Day* to 1 capsule a day might be needed after 20 days off the medication if you are now feeling tired in the daytime.

**JNK Formula** – Not a bad idea to stay at the 2 capsules a day with the JNK Formula. If you wish to reduce to 1 capsule a day you can. Just watch for returning symptoms and if they come back increase back to the 2 capsules a day.

*Omega 3 Supreme TG* – If you are taking 1 of the Omega 3 in the morning and at noon, you can reduce the Omega 3 down to 1 softgel in the morning.

If any head symptoms reappear, increase the Omega 3 back up.

**Once again, congratulations on completing *The Road Back Program* and may your journey in life from this point forward be ever-expanding.**



## **Chapter 21**

### **What Can Be Done If You Have Never Taken Psychoactive Medication**

If you are suffering from anxiety, stress that does not seem to end, fatigue or a host of symptoms, you absolutely have an alternative to psychoactive medication.

**First:** Get a complete physical and have the physician rule out all disease or illness.

There can be life events that were the direct cause of depression, anxiety, stress, fatigue and more. Usually, these feelings go away on their own in a matter of days or weeks without you doing anything other than letting some time pass.

If you lost your job and no matter how hard you search you can't find gain-full employment, which is depressing and stressful on all of us. It does not mean you now have an illness as some would like to make you believe. If you found the job you were looking for the depression and stress would vanish overnight. The answer is a job that pays what you need. You do not suddenly have a lifelong chemical imbalance due to unemployment.

These medications are strong, some are truly addicting, and all of the drugs are life altering. The question is how your life will be altered.

When depression, anxiety, stress, and/or fatigue begin, other factors also play a role in general health. Levels of hormones, adrenals, glucose, cortisol and other functions can become drained, imbalanced or overly stimulated. Psychoactive medications, in part, are designed to regulate all of these functions to some degree, but they ultimately affect these functions by altering other chemicals in the brain and body. Read Chapter 4, Drug Side Effects again if needed to gain a full understanding of the risk/reward.

**Second:** If you are diagnosed with a disease or illness, make sure the diagnosis is from an objective test – not a subjective analysis. As of this writing, all mental disorders are diagnosed with subjective tests.

Later in this chapter you will find possible solutions for symptoms you may be experiencing. One example is using the JNK Formula, Neuro Day, and Neuro Night for anxiety symptoms. These supplements do not cure disease or illness. With that in mind, if you feel the anxiety vanish once you begin using these supplements, you must not have had an Anxiety Disorder.

If you were diagnosed with chronic fatigue syndrome, take the JNK Formula, Neuro Day and Neuro Night. Misdiagnoses can and does happen more often than not.



If a diagnosis of ADHD is presented, then you take JNK Formula and Neuro Day. Again, these supplements do not cure or prevent disease or illness. If you feel the major positive changes after using these supplements, your body was just lacking those nutrients.

If you are hearing voices, experiencing ringing in the ears, seem to be manic and then feel depressed and you take the JNK Formula and the Neuro Day, and those symptoms vanish, you were never bipolar, schizophrenic: you greatly lacked the nutrients found in those supplements. I'd stay on them!

Good-meaning, well-intentioned physicians often feel like they must prescribe psychoactive medication or face the threat of malpractice. One senior partner in a law firm refused to even read this book. Why? His answer was, "If there is a way to taper off psychoactive drugs, we would no longer have a case."

If you receive a clean bill of health from your physician, there are suggestions and probable solutions.

Read Chapter 3, *Nutritionals Used on The Road Back Program* and locate the supplement/s that pertains to how you feel. The supplements work quickly and you will probably experience relief faster than you ever imagined.

If you have just lost a loved one, there are no supplements or medications that will replace the loss. The most a psychoactive medication will do is deaden the feelings experienced because of the loss. The most a good supplement will do is assist the body to not succumb to the continued drain put on it because of the feeling of loss.

*The Road Back* of course, is unable to handle the life reason for anxiety, stress, depression or even fatigue. However, we can assist your body to not succumb to the physical stressors being put on it daily from emotional trauma.

Hundreds of clinical trials have shown that people with anxiety; stress, fatigue and depression have low levels of amino acids, vitamins, minerals, antioxidant levels and more. These clinical trials point to the fact that a person will suffer a depletion of these vital nutrients if they are put under enough stress or duress for a period of time.

Our goal here is to point out a few things you can do to help your body maintain general health and well-being while you address the real reason for the problem you are experiencing.

If an emotion continues beyond some arbitrary “they should be over it by now” time period, psychoactive medications come into play. Neither these drugs nor supplements will help you “realize” or have an “earth shattering realization” about why you have felt that way for such a long time or remove the loss you feel. They will not.

Psychoactive medication may block the emotion, but the emotion will need to be dealt with at some time in the future, unless you just wish to feel “flat-lined” forever.

Most people tell us, in hindsight, they would have been better off dealing with the emotion when it happened, instead of putting it off for months or years and then dealing with the emotion on top of the drug withdrawal.

This is why *The Road Back* suggests using a few supplements. Again, the supplements are not going to solve the problem or underlying condition. They will only help maintain the body's general health and well-being and give you the chance to address the original problem.



## **Chapter 22**

### **FREQUENTLY ASKED QUESTIONS**

**THIS CHAPTER MAINLY** addresses questions about the supplements used on the program. Reducing the medication is fairly straightforward. You reduce the drug slowly and if side effects become too unbearable, go back to the last dosage you were doing fine with, get stable and the next time you reduce the drug, reduce it slower.

**The Neuro Day** will likely be the one supplement that brings the most change for you and the one supplement that gets rid of most withdrawal side effects.

**Always start by taking the Neuro Day 2 times a day. One capsule each time and keep the capsules at least 3 hours apart.**

Let's say you are doing great most of the day but anxiety still comes back at 5pm. Take the second Neuro Day at 4pm.

**You can adjust the Neuro day around to fit you and your symptoms.**

The only rules with the Neuro Day:

Only take 1 capsule at a time

No more than 2 capsules in a day.

Wait at least 3 hours before taking the second Neuro day.

**JNK Formula** – The JNK Formula were introduced to the program mid-2010 and were a major breakthrough at that time for symptoms relief.

With the introduction of the Neuro Day the JNK Formula are not the predominate supplement any longer. It is still as effective as ever but with the Neuro Day addition, you no longer need to take as much of the JNK Formula.

Taking 1 JNK Formula capsule, twice a day is all that is needed now, instead of 3 capsules from the old formula.

Most everyone will do perfectly fine with only one JNK twice a day. Give this at least 3 days before you start adjusting the JNK and Neuro Day around.

Those of you tapering from an antidepressant or antipsychotic drug that have gained weight will likely be the candidates that will benefit from using JNK Formula. Don't be surprised if you actually begin to lose some weight with this addition.

**What if I was using the supplements to taper and now you have the Neuro Day?**

I kept that in mind when reformulating the new JNK Formula, Neuro day and Neuro Night. Just switch over to these new supplements as described and discontinue the old ones when you run out. No other adjustments are required.

What you should find – A program that is much easier to follow, an even better response to the supplements, more negative symptoms gone, an all around

Improvement in mood, stress levels and feeling like there is a light at the end of the tunnel.

**Do I need to take the Neuro Day and the JNK Formula?**

These two supplements were formulated to work hand in hand. For the best and quickest results, you would use both the JNK Formula and the Neuro Day.

**Omega 3 Supreme TG** – I seriously doubt you will need to take more than 2 softgels in the morning and 2 at noon for the head symptoms when tapering an antidepressant but you can increase to as many as 4 softgels morning and noon if needed.

**As soon as the head symptoms have left, reduce back down again.**

### **When Reducing Medication**

Sometimes when you reduce a medication side effects will still begin. If this is happening to you note down the time the negative symptom begins. Try taking the Neuro Day 1 hour before the symptoms usually starts up again.

If head symptoms start every time you reduce an antidepressant, try increase the amount of omega 3 the day before you reduce the medication.



## **Chapter 23**

### **The Science**

#### **INTRODUCTION**

*The Road Back Program* and the development of the program:

1. There are basic common denominators of psychotropic drug side effects.
2. How our individual DNA affects drug metabolism.
3. The effect of psychotropic medication within the Hypothalamic-Pituitary-Adrenal Axis and immune system.
4. Utilizing DNA clinical trials, test subject trials and psychotropic drug clinical trials to formulate specific nutritional products to eliminate, reduce or avert withdrawal side effects, while not creating drug/supplement interactions.

This research and development complexity has been transformed into an easy to understand, systematic program, which allows an individual to taper off their medication while alleviating a vast percentage of the debilitating side effects of withdrawal.

The sequence of this program and the application of each step is the key to success. Your patient will not begin to reduce a medication until the pre- taper is complete. The pre-taper is a 7-day process.

*Statements of fact:* All psychoactive medications metabolize through specific pathways. All psychoactive medications alter the Hypothalamic Pituitary-Adrenal Axis to some degree. To some extent, you can predict the duration before drug-adverse reactions begin with most psychoactive drugs if the patient's P450 (CYP) enzymes have been screened. A poor metabolizer as well as an extensive metabolizer will eventually reach the same saturation point; the poor metabolizer much faster, of course. If one were to look at the basic structure of the human body, the chemical structure of psychoactive drugs, and include how psychoactive drugs are metabolized, how foods, vitamins, minerals, DNA, amino acids, hormones, glands, proteins, fatty acids and enzymes work, in relation to psychoactive drugs, you have *The Road Back science*.

The patient has been under some duress and stress before a diagnosis was given and the prescription was written. With this in mind the patient's JNK gene would have been overly expressed for some duration. Balancing the JNK gene activation will lead to a normalization of the patient in time.

Drug targets for most disorders will be the purinergic system, the dynorphin opioid neuropeptide system, the cholinergic system (muscarinic and nicotinic systems), the melatonin and serotonin system, and the HPA axis. An

additional reason the supplements were selected to be used in this program; their natural action of helping to balance the same drug targets.

## DNA and Prediction of Drug Adverse Reactions

The following charts detail the P450 enzymes used to metabolize the most common antidepressants, anti-psychotics, benzodiazepines and ADHD stimulant medications. An X in the row denotes that the medication utilizes that specific pathway. Below each chart, you will find other routes of metabolism if applicable.

These medications *inhibit* metabolism via listed CYP pathways.

<b>Drug</b>	<b>P450 Enzyme Pathway</b>				
<b>Antidepressant</b>	<b>1A2</b>	<b>2C19</b>	<b>2C9</b>	<b>2D6</b>	<b>3A</b>
*Adapin	X	X	X	X	
*Anafranil	X	X		X	X
*Amitriptyline	X	X	X	X	
*Celexa		X		X	
*Clomipramine	X	X		X	
Cymbalta	X			X	
*Doxepin	X	X	X	X	
*Desyrel				X	
*Elavil	X	X		X	
*Effexor				X	X
*Effexor XR				X	
*Imipramine	X	X		X	
Lexapro		X		X	
*Luvox	X	X	X	X	X

<b>Drug</b>	<b>P450 Enzyme Pathway</b>				
<b>Antidepressant</b>	<b>1A2</b>	<b>2C19</b>	<b>2C9</b>	<b>2D6</b>	<b>3A</b>
*Norpramin				X	
*Pamelor				X	X
*Paxil	X	X	X	X	
*Paxil CR	X	X		X	
*Pristiq				X	X
*Prozac	X	X	X	X	X
Remeron	X			X	X
Sarafem	X	X	X	X	X
Serzone					X
Sinequan	X	X	X	X	
Strattera		X		X	
*Tofranil	X	X		X	X
Trazodone				X	X
*Wellbutrin	X		X	X	X
*Zoloft	X	X	X	X	X

Marked medications (\*) will also use other routes for metabolism.

Adapin – ABCB1-P-pg, UGT1A3, UGT1A4

Anafranil – UGT2B10, CYP3A4, UGT1A4, UGT1A4, UGT2B7, ABCB1-P-gp, CYP3A4

Amitriptyline – 3A4, UGT2B10, UGT1A4, SLC22A1-OCT1, ABCB1-P-gp, UGT2B7, CYP3A4, CYP2C8, CYP2D6

Celexa – ABCB1-P-gp, CYP3A4

Clomipramine – UGT2B10, CYP3A4, UGT1A4, UGT2B7, UGT1A4, UGT1A3  
Doxepin – ABCB1-P-gp, UGT1A3, UGT1A4  
Desyrel – CYP3A4, ABCB1-P-gp, P-gp Effexor – CYP3A4, ABCB1-P-gp, P-gp Effexor XR – CYP3A4, ABCB1-P-gp, P-gp  
Elavil – UGT1A4, UGT1A3, P-gp  
Imipramine – UGT2B10, ABCB1-P-gp, UGT1A4, CYP3A4, SLC22A2-OCT2, UGT1A3, UGT2B7, SLC22A1-OCT1, SLC22A3-OCT3, CYP3A4  
Luvox – 2B6, P-gp, intestinal 3A, ABCB1-P-gp, CYP2B6, CYP3A4  
Norpramin – SLCC22A1-OCT1, SLC22A2-OCT2, SLC22A3-OCT3, CYP3A4  
Pamelor – CYP3A4, ABCB1-P-gp, CYP2C8  
Paxil – 2B6, P-gp, CYP3A4, CYP2B6, ABCB1-P-gp  
Paxil CR – CYP3A4, CYP2B6, ABCR1-P-gp  
Pristiq – Assorted UGT isoforms  
Prozac – 2B6, P-gp, ABCG2-BCRP, SLC22A3-OCT3, CYP3A4, SLC22A1-OCT1, ABCB1-P-gp  
Sarafem – 2B6, P-gp, ABCG2-BCRP, SLC22A3-OCT3, CYP3A4, SLC22A1-OCT1, ABCB1-P-gp  
Serzone -- U  
Sinequan – UBCB1-P-gp, UGT1A3, UGT1A4  
Tofranil – UGT1A4, UGT1A3, P-gp, Triptil – ABCB1-P-gp  
Wellbutrin – 2E1, 2A6, 2B6, CYP2B6  
Wellbutrin SR – CYP2B6  
Zoloft – UGT2B7, UGT1A4, P-gp, 2B6, CYP2B6, MAO, CYP3A4, ABCB1-P-gp

<b>Drug</b>	<b>P450 Enzyme Pathway</b>				
	<b>1A2</b>	<b>2C19</b>	<b>2C9</b>	<b>2D6</b>	<b>3A</b>
<b>Anti-psychotics</b>					
Abilify				<b>X</b>	<b>X</b>
Cogentin				<b>X</b>	
*Chlorprom				<b>X</b>	
*Chlorpromanyl	<b>X</b>				
*Clozaril	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
*Geodon	<b>X</b>				<b>X</b>
*Haldol	<b>X</b>			<b>X</b>	
*Mellaril	<b>X</b>			<b>X</b>	<b>X</b>
Navane	<b>X</b>			<b>X</b>	
*Ridazine	<b>X</b>				
*Risperdal				<b>X</b>	<b>X</b>
*Saphris	<b>X</b>			<b>X</b>	
*Seroquel				<b>X</b>	<b>X</b>
*Thorazine				<b>X</b>	
*Zyprexa	<b>X</b>			<b>X</b>	
<b>*Lithium</b>					

Marked medications (\*) will also use other routes for metabolism:

Chlorprom – UGT1A4, UGT1A3, P-gp

Chlorpromanyl – UGT1A4, ABCB1-P-gp

Clozaril – FMO, UGT1A4, UGT1A3, ABCB1-P-gp, FMO3, ABCG2-BCRP

Geodon – Aldehyde oxidase substrate

Haldol – Glucuronidation, P-gp, UGT2B7, CYP3A4,

CYP3A5, UGT1A9, ABCB1-P-gp

Mellaril – CYP3A4, CES1, P-gp

Ridazine – UGT1A4, ABCB1-P-gp

Risperdal – P-gp, renal extraction, CYP3A4, ABCB1-P-gp, ABCG2-BCRP

Saphris – Various UGT

Seroquel – Glucuronidation, P-gp, intestinal 3A, epoxide by quetiapine, CYP3A4, ABG2-BCRP, ABCB1-P-gp

Zyprexa – Glucuronidation, FMO, UGT1A4

<b>Drug</b>	<b>P450 Enzyme Pathway</b>				
	<b>1A2</b>	<b>2C19</b>	<b>2C9</b>	<b>2D6</b>	<b>3A</b>
<b>Benzodiazepines, Anti-Anxiety, Anti-convulsant, Sleep Medication</b>					
Ambien	<b>X</b>		<b>X</b>		<b>X</b>
*Ativan					
*BuSpar				<b>X</b>	<b>X</b>
*Carbatrol	<b>X</b>	<b>X</b>	<b>X</b>		
*Depakene			<b>X</b>		
*Depakote	<b>X</b>	<b>X</b>	<b>X</b>		
*Dilantin		<b>X</b>			<b>X</b>
*Halcion					<b>X</b>
*Klonopin					<b>X</b>
*Lamectal					
*Librium					<b>X</b>
*Neurontin					
*Valium		<b>X</b>			<b>X</b>
*Xanax		<b>X</b>			<b>X</b>

Marked medications (\*) will also use other routes for metabolism.

Ativan – UGT2B15, UGT2B7

BuSpar – Intestinal 3A, 3A4

Carbatrol – 3A4, CYP2C8, SLC22A5-OCT2N, UGT2B7, CES1, CYP2B6, ABCB7-ASAT, SULT1A1, ABCC2-MRP2, ABCG2-BCRP, SLCO1A2-DATP1A2

Depakene – CYP2B6, UGT1A6, CYP2A6, UGT2B15, UGT2B7, UGT1A9, ABCB1-P-gp

Depakote – UGT2B7, UGT1A6, UGT1A9, UGT2B15, UGT1A4, UGT1A3

Dilantin – UGT1A4, UGT1A6, UGT1A9, ABCB1-P-gp, CYP2C9, CYP2C8, UGT1A1, CYP3A5, UGT2B7, CYP3A4, CYP2B6, UGT2B15

Halcion – CYP3A4, CYP3A5

Klonopin – NAT2, CYP3A4

Lamictal – UGT1A3, UGT2B7, UGT1A4

Librium – CYP3A4

Neurontin – SLC22A4-OCTN1

Valium – CYP3A4, CYP2B6, CYP3A5, UGT2B7

Xanax – Hepatic 3A, CYP3A5, CYP3A4



<b>Drug</b>	<b>P450 Enzyme Pathway</b>				
	<b>1A2</b>	<b>2C19</b>	<b>2C9</b>	<b>2D6</b>	<b>3A</b>
Adderall				X	
* Concerta				X	
* Medate		X		X	
* Methylin		X		X	
* Ritalin		X		X	
* Ritalin LA		X		X	
Strattera		X		X	
* Vyvanse	X			X	
* Vyvanse	X			X	

Marked medications (\*) will also use other routes for metabolism:

Concerta – Glucuronidation, CES1A1. Medate – CES1A1.

Methylin – CES1A1.

Ritalin – Glucuronidation, CES1A1. Ritalin – CES1A1.

Vyvanse – CYP3A4, MAO

## **How to Use Charts to Decide Sequence of Medication Reduction**

If you have two or more medications sharing the same CYP pathway to metabolize, reduce the medication that uses the fewest pathways first.

**Example:** Ambien used concurrently with Luvox, Paxil, Prozac, Wellbutrin or Zoloft. Reduce the Ambien first.

If you were to reduce any of the antidepressants listed first, the Ambien would begin to clear the body faster and the patient would experience Ambien withdrawal without the current Ambien dosage being reduced. Ambien would be reduced by as much as 43% if the antidepressant were reduced first. (See Ambien product insert.)

The best approach is to always taper the anticonvulsant, antianxiety, benzodiazepine or sleep medication first and then tackle the antipsychotic and antidepressant.

If taking two antidepressants concurrently, or taking an antidepressant and an antipsychotic, selecting which one to reduce first would also follow the format outlined earlier in this section. The drug using fewer common CYP pathways should be reduced first.

If taking two antidepressants or one antidepressant and one antipsychotic, and the CYP pathways match, evaluate the current side effects, when each side effect started, when each medication was introduced, and determine from those side effects which taper schedule to follow and which drug to taper first.

From time to time, a person will also be taking a drug as an inducer of the CYP pathways.

Determine if this “inducer” was prescribed to help offset the inhibitor drug’s effect or is the *inducer* drug prescribed for other health reasons not related.

You will generally find that those who are also taking the *inducer* medication will be suffering from a wide variety of adverse side effects. When reducing any medication attached to the same pathway as an inducer medication, reduce the normal taper speed by one-half for at least the first 2 months.

You may need to alternate reduction of the inducer drug and the inhibitor drug every other reduction in order to maintain a balance.

Other medications must be closely evaluated. Lipitor, as an example, is an inhibitor of the CYP 2C19, 2D6, and 3A, along with inhibiting the UGT1A3, UGT1A1, P-gp, and intestinal 3A.

Use drug product inserts to determine metabolism route or the Physicians’ Desk Reference.

**Example 1:** If taking multiple medications and each medication uses the same metabolic route, each of the medications is competing for clearance. If one medication is reduced, the other medications will also be reduced or clear the body faster.

Decide which medication to taper off first based on:

- CYP charts.
- Full evaluation of side effects.
- When side effects started with which medication.

If patient has used Lexapro for two years and used Risperdal for 2 months and side effects increased dramatically once Risperdal was introduced, taper the Risperdal first.

**Example 2:** If multiple medications are being taken and all medications can metabolize through several routes, the impact will be lessened, and selecting which medication to taper first would not be pathway dependent.

Avoid all *supplements* that compete with the same pathways, and eliminate as much as possible all foods that compete with the medication by inducing or inhibiting the metabolism routes of the medications.

With the advancements of *The Road Back Program*, as described in this book, patients can now taper off antidepressants, antipsychotics and ADHD medications and stimulants simultaneously. Reduce the medications as slowly as possible, as close to 10% reduction as possible, and only increase the rate of reduction once the patient has shown tapering success at lower reductions.

### **Supplements, Herbs and Foods**

Supplements, herbs or certain foods can have a direct impact on the success of the taper.

**Datum:** If a person smokes or drinks coffee before starting the pre- taper, do not suggest they quit. Cigarette smoke induces the CYP1A2, 2E1, 3A and UGT2B7. Nicotine inhibits UGT1A1, UGT1A4, UGT2A6, and UGT1A9. If taking Depakote and starting or stopping smoking, the impact on the medication will be dramatic.

If a patient starts to smoke or quits smoking while taking Cymbalta, the drug will be altered by as much as 15%. In theory, this should apply as well to any other drugs sharing the same metabolism routes.

Coffee or caffeine inhibits the CYP1A2, 2E1 and the 3A.

A high percentage of these medications metabolize through these pathways and caffeine usage will dramatically increase the medication, or if the person were to quit drinking caffeine, they would begin to go into withdrawal to some degree because the pathways will begin to metabolize the medication faster.

The times a person takes medication and when they drink two cups of coffee can have an impact as well. If the person drinks two cups of coffee every morning about one hour after their medication, and they change the time of the morning they drink the coffee, expect a slight to above average side effect from the medication.

The person's current daily routine should not be changed. If they were on a poor diet before starting this program, do not change their diet drastically. If they did not exercise before starting this program, do not advise them to do more than a casual walk.

Once off all medication for 45 days, a healthy diet can be implemented, an exercise program that matches their current physical condition can be started, the patient can stop smoking, etc.

A trace amount of an herb or supplement *will not* create an adverse reaction or alter the metabolism speed.

### **DNA Drug Reaction Testing and Taper Prediction**

For the past several years, DNA drug reaction testing has been available to determine the patient's ability to metabolize medication through the CYP450 enzymes.

We have conducted over 200 drug reaction tests with the objective of determining how well drug-adverse reactions could be predicted, and if there were clinical use of this DNA data for tapering.

**Prediction of a drug-adverse reaction:** The individuals who were slow or poor metabolizers or hyper metabolizers experienced drug-adverse reactions faster than normal or intermediate

metabolizers.

*However*, the normal or intermediate metabolizers still experienced adverse drug reactions, but after longer usage of the medication. *The metabolism type of the individual was not indicative of the severity of adverse reactions or duration.* Once the drug had saturated the CYP enzyme used for metabolism, all the individuals experienced the same side effect profile regardless of their metabolism speed noted from the DNA drug reaction test.

The test results from the DNA drug-reaction test did not lead to a worthwhile taper guide. It was postulated; if you were to induce the enzymes or inhibit an enzyme to match a specific test result and medication, you would be better able to adjust the metabolism and avoid withdrawal, or predict the withdrawal sequence. Again, this did not assist in tapering or eliminating withdrawal side effects in the slightest. This seems to parallel the results using an inducer drug to counteract the inhibition of the main drug.

If a DNA drug-reaction test has any use to a physician, it would be for predicting the dosage of the medication Coumadin. The initial prescription could be limited to a narrow band, and the correct therapeutic dosage would be found in a few weeks, instead of several months.

### **Nutritional DNA Test**

Nutritional DNA testing provided this program substantial information to work with. We tested the ability of over 100 subjects to metabolize B vitamins, folate, calcium, Omega 3, phase II liver detox genes, Interleukin-6, and an assortment of other genetic differences that ultimately determine overall health and physical well-being.

*The Road Back Program* and all suggested nutritionals used for medication tapering address the most common genetic variations of the population at large. Though DNA science is not precise at this date, enough evidence is available to formulate part of a program to address the highest percentage of the population.

### **Hypothalamic-Pituitary-Adrenal Axis (HPA)**

Psychoactive medications play havoc with the HPA. While benzodiazepines usually help with anxiety for a certain time period, the feedback loop sending incorrect data will eventually cause cortisol levels to increase, and the result will be increased anxiety in the morning and mid-afternoon. Insomnia will usually follow the cortisol level increase. Other psychoactive medications have their own unique side effect profile and ultimate effect upon the HPA.

First year medical school textbooks describe the hypothalamus as: “Hypothalamus/ homeostasis or maintaining the body’s status quo.” As an example, blood pressure, body temperature, fluid, the electrolyte balance and body weight are held in a precise value labeled the “set-point.” The body’s set-point may change over time, but from day to day, the set-point will remain nearly fixed. With the HPA receiving continual input about the state of the body and the ability of the HPA to initiate changes, as anything might sporadically fall out of balance, it is vital for the HPA to have at hand all necessary nutrients to assist with the compensation.

When the HPA is out of balance, you will have a problem with insulin, stress, anxiety, weight gain, thyroid problems, fatigue, unbalanced sexual hormones and countless other body difficulties.

The hormone, ACTH, will eventually become out of balance, as will the other hormones and adrenals.

Psychoactive medication directly alters specific areas within the

HPA. Examine any patient using a psychoactive medication for more than three months and you will probably find a problem with hormones, thyroid, adrenals, cortisol and immune system or other areas within the HPA.

However, it will be equally important to move beyond the normal view of the HPA. Psychoactive medication side effects are quite varied and diverse. This is not to rehash data from medical school, but to tie in the knowledge gained in the educational process with psychoactive medication.

Some fibers from the optic nerve go directly to a small nucleus within the hypothalamus (suprachiasmatic nucleus). This nucleus regulates circadian rhythms, and couples the rhythms to the light/dark cycles.

The nucleus of the solitary tract will collect sensory data from the vagus and relay the data to the hypothalamus. This data will include blood pressure and gut enlargement.

The reticular formation receives a vast supply of inputs from the spinal cord and relays that data to the hypothalamus. Part of that data will be skin temperature.

Nuclei, circumventricular organs, are unique in their own right as they lack a blood-brain barrier. They monitor substances in the blood and have the ability to monitor substances normally shielded by the neural tissue. Here you will find regulation of fluid and electrolyte balance, by controlling thirst, sodium excretion, blood volume regulation and vasopressin secretion. Include in this the area postrema, and you have the detection of blood toxins



and the vomit-inducing center. The OVLT and area postrema project to the hypothalamus.

The limbic and olfactory systems project to the hypothalamus. Psychoactive medication side effects, such as eating problems and reproduction difficulty, will probably be traced to this area.

Ionic balance and temperature will be subject to the hypothalamus via the receptors, thermoreceptor and osmoreceptor.

When the hypothalamus is aware of a problem, it will assert repair mechanisms. Neural signals to the autonomic system will attempt to regulate heart rate, vasoconstriction, digestion, sweating etc., and the endocrine signals to and or through the pituitary.

The pituitary side effects will include one or all six hormones, to include ACTH and the thyroid-stimulating hormone (TSH). The repair output attempt, and the psychoactive medication side effect profile, seem to run near a 50 percent occurrence. Furthermore, you can directly trace psychoactive medication side effects to the autonomic nervous system in both the sympathetic and parasympathetic systems.

The hypothalamus can alter blood pressure; control every endocrine gland in the body, body temperature, adrenal levels via ACTH, and metabolism.

The repetition of HPA information in this Chapter has been intentional. Do not be surprised to find a male patient with extremely high estrogen levels, a female with high testosterone or any other problems that can be associated within the HPA axis.

Taper the medication first, wait 45 days after the last dosage of the medication, reevaluate the patient, and then gradually bring all parts of the HPA back into balance. The nutritionals used with *The Road Back Program* were developed to help the body overcome

this imbalance *gradually*. Gradually is italicized because this is where most problems occur with psychoactive drug-taper programs. Either they do not address the HPA or the program is really a detoxification or heavy metal chelating program.

*The Road Back Program* utilizes specific nutritionals to address the drug side effects and to begin the process of balancing the HPA. Specifics on each nutritional, what each nutritional is addressing within the HPA or the body in relation to psychoactive medications, can be found in *The Road Back Program* patent when published by the U.S. Patent Office.

### **Immune System**

The immune system and the HPA are in constant communication and actions within one system will induce response in the other. The supplements used in this program are designed to also influence the immune response.

Reducing oxidative stress has been shown to balance Interleukin-2 (IL-2) as well as Interleukin-6. If you were to test your bipolar patients IL-2 levels, you will find they will be too high during the manic phase and IL-6 levels will have shot up high during the depressive phase. A schizophrenic will have either too high or too low IL-2 levels and will usually exhibit high IL-6 levels constantly.

The JNK supplement will reduce oxidative stress and lower IL-2 levels as well as IL-6 levels. The specific cascading effect is; JNK gene over expression leads to increase of Interleukin-2 levels which create an imbalance of Th1 and Th2. CD4 will usually show dysfunction after

prolonged Th1 and Th2 alteration.

### **Titration Medication**

*The Road Back* has tried titrating medication gradually without the use of nutritionals with limited success. About 50% of the people could taper off their medication without using these nutritionals but they still suffered extreme withdrawal side effects.

Using a gradual titration combined with a basic detoxification approach had lower than 50% success.

The normal supplements used to remove heavy metal or for a liver detox produced undesirable results.

A gradual titration with the use of the suggested nutritionals gives our standard successful results.

### **The Key to a Successful Taper With *The Road Back Program***

Following the pre-taper exactly as described is critical. The pre-taper is the make or break point for every successful taper.

Most problems occur when:

- The pre-taper is done too quickly.
- Patient does not stop increasing a nutritional once a positive change occurs.
- Patient changes the time of day they take medication.
- Patient changes the time of day they take nutritionals.
- Medication is reduced too quickly.
- A new medication is prescribed in addition to existing medication.
- Patient is switched to a new medication.

- Doctor has patient use additional supplements or vitamins not in this program.
- Patient begins taking other supplements.
- Patient makes a major change to their daily routine.
- Patient skips days of taking medication.

### **Titration Psychoactive Medication:**

Have the patient compound his/her medication whenever possible. An exact reduction of the medication each week provides prediction, no guessing, and the highest chance of success.

In the early days of psychoactive drugs, psychiatry did not titrate psychoactive drugs up slowly on patients and the results were catastrophic. Many drugs, other than psychoactive drugs, must be titrated up as well as down before complete discontinuing.

There seems to be a medical community consensus that psychoactive drugs can be reduced quickly, or patients can abruptly be taken off one psychoactive drug and prescribed another psychoactive drug without an adverse consequence. This is not the case. Even switching a patient from a tablet form of a psychoactive drug to the liquid form of the same psychoactive drug can cause extreme adverse drug reactions.

Dr. Donald E. McAlpine, psychiatrists at the Mayo Clinic states: *“It’s important to taper off slowly, extending the taper over several weeks under your physician’s*

*direction. When you stop too quickly, you may experience so-called discontinuation symptoms, which can masquerade as relapse.”*

The discontinuation process and side effects therein can be confusing to both the patient and physician. Which side effect is coming from the medication, or is it a return of the original symptom?

With a full pre-taper completed before reducing the medication, rest assured the side effect starting during the taper is due to one of the following:

**The patient changed something.**

**The reduction of the medication is too large.**

A change made by the patient can be the most difficult to find. It might be something the patient does not feel is a change.

Years ago, I had a person nearly halfway off Paxil. This person experienced no withdrawal side effects tapering the Paxil to that point. When trying to taper off Paxil in the past, the individual had extreme withdrawal side effects after the first reduction attempt and would then need to return to a full dosage.

With no valid explanation, this person began to suffer withdrawal side effect symptoms similar to those earlier. Two weeks passed and I could not find anything the person had changed. Finally, it was mentioned to me by the individual he or she had started an all-protein diet and began the diet 3 days before the side effects started.

For this person doing this diet was not a change. He or she would go on this all-protein diet every six months. I give you this example to point out that the change a patient makes may not be so

obvious. You may need to dig.

If a patient is keeping a complete Daily Journal these changes can be spotted more quickly and trouble tapering can be avoided.

### **Use the Suggested Supplements**

If you want the standard results with *The Road Back Program*, use the exact supplements suggested. Read through Chapter 3, “Nutritionals” Used on *The Road Back Program* for a list of all supplements, basic description of each and where they are available. Most, if not all of the manufacturers of these supplements offer a healthcare provider distributor program, if you wish to carry them in your practice.

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