# Drugs, Foods, and Vitamins That DON'T MIX

*Dangerous Combos to Avoid at All Costs*

Julian Whitaker, MD

## Topics in this Report



*Note*: Julian Whitaker, MD, has extensive experience in the areas of preventive medicine and natural healing. All recommendations in this report have met stringent criteria for safety and effectiveness; however, they have not been reviewed by the Food and Drug Administration. The recommendations in this report are not intended to replace the advice of your physician, and you are encouraged to seek advice from competent medical professionals for your personal health needs.

# Drugs, Foods, and Vitamins That Don't Mix: Dangerous Combos to Avoid at All Costs

"Dr. Whitaker, is it safe to take vitamins with my prescription drugs?" This is one of the most common questions I'm asked by subscribers to my newsletter who feel they can't ask their own doctor. They feel this way because only a handful of medical schools in this country require even a single course in nutrition, and very few conventional physicians take the time to study non-drug therapies on their own. Worse still, many physicians have a deeply rooted bias against nutritional supplements.

But whether the medical establishment approves or not, nutritional supplements are here to stay. An estimated 70 percent of adults in the United States take nutritional supplements, a sure sign that the tide of popular opinion is turning—away from dependence on conventional medicine and toward a more natural approach to preventing illness and prolonging life.

Though I would like to say that the growing use of nutritional supplements has led to a decrease in our reliance on prescription drugs, that hasn't happened. Thanks to the pharmaceutical companies' multi-billion-dollar marketing campaigns hawking their products to physicians and consumers, Americans are taking more drugs than ever before.

There are few studies that demonstrate what occurs when several drugs are mixed, and no one—and I mean no one—can predict what could happen in the long run. Patients are rarely informed about the risks of polypharmacy (the use of multiple drugs to treat several health problems at the same time). In fact, they're often told that the many drugs they are taking are the only things keeping them alive.

## Dangerous Drugs

Three out of five Americans age 20 and older take at least one prescription drug, a dramatic increase since 2000. Polypharmacy is growing even faster. The number of adults taking five or more medications nearly doubled during that time! Today, 36 percent of people ages 62–85 are victims of polypharmacy, and many of them are on

medications that are inappropriate for their age group. Furthermore, 15 percent take drug combos that place them at risk of major drug-drug interactions.

At the same time, prescription drug–related problems have skyrocketed. A recent study revealed that adverse reactions to properly prescribed drugs result in 1.9 million hospitalizations every year, and another 840,000 patients experience life-threatening adverse medication events while in the hospital. These adverse outcomes did not include illicit drugs or intentional misuse. They were limited to "side effects of prescribed drugs that were taken as directed, unintentional overdosing by the patient, and medication errors such as incorrect prescribing and dosing."

To put this into perspective, every day, more than 5,200 people are hospitalized due to adverse reactions to medications that are supposed to help them, and 2,300 are seriously harmed by drugs given to them while they're in the hospital. All told, prescription drugs are responsible for 128,000 deaths per year, making this America's fourth leading cause of death.

Bottom line: You must take charge of your drug regimen. Never forget that you own your health, and you control what goes in your body. Work with your doctors, but do not hand the reins of your health over to them. Ask questions. Do your own research. And keep in mind that millions of people who suffer or die each year from adverse drug effects listened to their doctors and took their drugs exactly as directed.

## Do You Have Drug Sensitivities?

While many people will likely encounter sensitivity to medication here or there, some people have a general medication sensitivity. Age, sex, and body size aside, these people are simply poor metabolizers—they cannot break drugs down and eliminate them as quickly from their bodies as the average person.

How can you know if you're likely to have prescription drug sensitivities? Your response to caffeine, alcohol, and over-the-counter (OTC) drugs is a useful clue. So is your family history. If certain types of drugs have caused problems for your mother or brother, these drugs may be troublemakers for you as well. Your overall health must also be taken into account. People in poor health and those with kidney

or liver disease have more difficulty metabolizing drugs than those in good health with normal kidney and liver function.

*Sidestepping Sedation*

One of the most common drug side effects is sedation (feeling sleepy). Any drugs can cause sedation, but the most likely culprits are the following:

- **Antihistamines:** Both prescription and OTC antihistamines can cause drowsiness and fatigue. Be aware that many nonprescription cold, cough, allergy, sinus, and sleep remedies contain antihistamines.
- **Anti-anxiety medications:** Although all anti-anxiety medications are potentially sedating, the worst culprits are benzodiazepines.
- **Sleep remedies:** Prescription and nonprescription sleeping pills are designed to produce sedation, but their effects may be prolonged.
- **Antidepressants:** Certain antidepressants are more likely to cause sedation in susceptible individuals.
- **Beta blockers:** Virtually all beta blockers can cause drowsiness or lethargy in sensitive individuals.
- **Prescription painkillers:** Those that contain opiates have sedative effects, especially with excessive use.
- **Muscle relaxants:** These drugs may cause drowsiness or fatigue in sensitive individuals.

*Avoiding Agitation and Insomnia*

Some medications can cause totally opposite effects—agitation, nervousness, anxiety, or insomnia. While many drugs can have these side effects, the following are often the most problematic:

- **Decongestants:** The decongestant pseudoephedrine, which is found in several cold, cough, and sinus remedies, can cause edginess or agitation.
- **Antidepressants:** Zoloft, Prozac, and other SSRI antidepressants are linked with anxiety, agitation, and insomnia—even in people who are not prone to these symptoms.
- **Diet pills**: Most prescription and nonprescription diet pills can cause or exacerbate agitation and insomnia.

## Avoiding Prescription Drug Side Effects

While the simplest way to avoid these and other prescription drug side effects is not to take the meds in the first place, I recognize that this isn't always feasible. Unfortunately, most doctors follow the pharmaceutical company's recommended starting dose for a prescription drug, even though this dose is often higher than necessary to achieve the desired effect. Since many side effects occur with the first dose of a new medication or when the dose is increased, you can reduce your risk of side effects by following this simple rule: Start with the lowest possible dose and increase it gradually and only if necessary.

This low-dose approach minimizes the risk and severity of side effects as well as the rare catastrophes that can occur when patients have an unforeseen, potentially life-threatening response to a prescribed drug.

While the low-dose approach is not appropriate for antibiotics, medical emergencies, or severe illnesses, "start low, go slow" works fine for the vast majority of conditions that doctors treat—and for the vast majority of drugs prescribed to treat them.

In fact, many popular drugs can be just as effective at half the dose recommended by the manufacturer. These include anti-inflammatory drugs, beta blockers, statin drugs, antidepressants, diuretics, drugs for treating insomnia, drugs for nausea, and drugs for treating ulcers and acid reflux. If you take any of these medications, discuss your dosages with your doctor. (**Caution: Do not make changes to your medications without first consulting a physician.**)

## Drug-Nutrient Interactions Are Few and Far Between

Studies have shown that roughly one in five adults in the US takes prescription drugs along with nutritional supplements. If you're one of them, I want to assure you that, with a few exceptions, the supplements you are taking are unlikely to interact dangerously with your prescription drugs. While the list of drug-drug interactions could fill a book, the list of nutrient-drug interactions wouldn't even fill a page. In fact, my careful review of the research on nutrient-drug interactions has only turned up a few worth mentioning.

## What Are "Drug Interactions"?

Any substance, whether it is another drug, food, nutrient, or herb, can interact with a medication in one of three ways: It can increase the effect of the medication, decrease the effect of the medication, or—most dangerous of all—it can cross-interact in an unpredictable way and cause an entirely unrelated effect.

One common additive effect is the potentially lethal interaction of alcohol and barbiturates, two drugs that both suppress central nervous system activity. An example of interference is the adverse effect of dietary fiber on the absorption—and therefore the performance—of certain drugs, including the heart drug digoxin. As for dangerous cross-interactions, they are much more likely to occur among multiple drugs than among combinations of nutrients or herbs and drugs. The unexpected interaction of the diet drugs fenfluramine and phentermine was a case in point. Six million Americans took fen-phen before it was discovered that this drug combination could cause serious heart valve damage and primary pulmonary hypertension.

Interactions between the blood thinner Coumadin (warfarin) and vitamin K are well documented. **Vitamin K, which is integral for normal blood clotting, can reverse the anticoagulant activity of Coumadin, making the drug less effective.** This is why most doctors tell their patients to avoid vitamin K in foods and supplements if they are taking Coumadin.

I also made this recommendation to my patients until I found research demonstrating that a low dose of the natural form of vitamin K2 called MK-7 won't cause this effect, and may actually stabilize Coumadin's anticoagulant activity. If you are taking Coumadin, talk to your doctor about taking a low dose (45 mcg per day) of vitamin K2 (MK-7). Make sure you test your INR regularly, especially when you first start on the supplement, and adjust your drug dose accordingly. Do this only under the supervision of your doctor, do not exceed 45 mcg per day, and stay away from the synthetic MK-4 form.

Coumadin should be used with caution with a number of drugs, supplements, and foods (as discussed on page 13). Supplements that may be problematic include dong quai, garlic, *Ginkgo biloba*, ginseng, green tea, St. John's wort, and vitamin E (but only in very high doses, over 400 IU per

day). The concern in most cases is that these drug-supplement combos could increase Coumadin's already significant risk of bleeding.

**The second potential nutrient-drug interaction can occur when certain antibiotics are taken with minerals.** Some minerals can bind to tetracycline (Achromycin, Sumycin, Tetracyn) or high-powered quinolones (Cipro, Floxin, Levaquin, etc.), and form an insoluble mass that prevents the drug from being absorbed. Calcium is the most likely mineral to be problematic. In fact, tetracycline usually comes with a warning on the label not to take it with milk or dairy products. Some antacids and laxatives also contain calcium and should not be taken with antibiotics. To minimize any possible interaction between minerals and antibiotics, take supplements at least two hours before or after you take the drug.

The therapeutic effects of thyroid replacement drugs such as Synthroid (levothyroxine) and natural thyroid can be inhibited when taken at the same time as certain supplements. These include iron and calcium (as well as calcium-based antacids such as Tums or Rolaids). Fiber, soy, and iodine may also impair absorption and utilization of thyroid hormones, which is why it's recommended to take the drug on an empty stomach. This effect is highly variable from person to person, but to be safe, it's best to take thyroid meds about four hours before or after iron, calcium, soy, fiber, or iodine supplements.

**L-arginine, an amino acid that is the primary precursor of nitric oxide, also has known interactions with a handful of medications.** Nitric oxide is a very powerful vasodilator, meaning it relaxes the arteries. That's why I recommend supplemental L-arginine for enhancing vascular health, improving blood flow, and even boosting sexual function. However, because it works on the same pathway as certain medications, it shouldn't be used by anyone taking Viagra or other drugs for erectile dysfunction, nitroglycerin for angina, or medications for hypertension. Using L-arginine supplements with these drugs could potentially cause an unsafe drop in blood pressure.

St. John's wort, a botanical extract, also interacts with a number of drugs. See page 11 for details.

## Drugs Can Deplete Vital Nutrients

As you can see, negative effects of nutrients on drugs are rare. Far more common—and more serious—are the well-documented negative effects of drugs on nutrient status. Many prescription drugs deplete the body of vitamins, minerals, and other essential compounds, contributing to deficiency diseases that can be life threatening. Yet these drug-nutrient interactions never make headlines.

Scarcely a day goes by when a new drug isn't heralded in the press for its potential to eliminate arthritis pain, relieve depression, or prevent heart attacks. In TV ads the potential risks of these drugs are glossed over by a cheery narrator who sounds as if he or she were describing a lottery prize. Yet supplement manufacturers cannot even tell you what their products do without prior approval from the FDA. And in spite of the many health claims that are supported by solid scientific research, this rogue agency is glacially slow at approving them. It's no wonder many Americans are under the impression that prescription drugs are panaceas with an unblemished history of success and safety.

## Statins Lower Cholesterol and Coenzyme Q10

Cholesterol-lowering statin drugs are the darlings of the medical establishment. Cardiologists and Big Pharma maintain that statins will prevent millions of heart attacks. Yet no one is pointing out that medications in this class such as Lipitor, Mevacor, Pravachol, and Zocor deplete the body of coenzyme Q10 (CoQ10), which is required for healthy heart function. Statins work by inhibiting a liver enzyme that is required for the production of cholesterol. But this enzyme is also involved in the manufacture of CoQ10, which is essential for energy production and is especially abundant in heart cells. Depletion of CoQ10 can result in serious side effects ranging from muscle pain and weakness to cognitive disturbances and, ironically, heart failure. If you must take a statin drug, make sure you are supplementing with 200 mg of CoQ10 daily. But be aware that niacin, flaxseed, and weight loss are all safe, natural solutions for lowering cholesterol.

## Acid Blockers Impair Absorption

Proton-pump inhibitors (PPIs), histamine-2 receptor antagonists (H2 blockers), and antacids are popular drugs for heartburn, ulcers,

and gastroesophageal reflux disease (GERD). They work by buffering or suppressing the production of stomach acid, which provides relief but decreases the body's ability to break down and absorb nutrients.

PPIs and H2 blockers significantly increase risk of vitamin B12 deficiency, especially in older people. These drugs, especially the more potent PPIs, also affect levels of iron, magnesium, calcium, zinc, and folic acid. Long-term use has been associated with elevated risk of fractures, heart disease, chronic kidney disease, dementia, and infections—likely as a result of nutritional deficiencies.

Anyone taking an acid-reducing medication should take a potent daily multivitamin.

## Nutrient-Robbing Diabetes Drugs

Metformin (Glucophage) is the most popular oral drug for treating type 2 diabetes. If I didn't understand the power of lifestyle changes and targeted supplements are for lowering blood sugar, it's the drug I would prescribe. However, metformin has a serious side effect: It dramatically lowers vitamin B12 levels. Studies show that this drug creates deficiencies in 30 percent of longtime users—and the longer the use and the higher the dose, the lower the B12 level.

Research suggests metformin also adversely affects levels of folic acid, vitamin D, and coenzyme Q10, although to a lesser degree. To mitigate these risks, make sure you're taking a good multivitamin, along with extra vitamin D (2,000 to 5,000 IU per day) along with 100–200 mg of coenzyme Q10. Better yet, explore safe, natural therapies for managing blood sugar and staving off complications.

## The Drain of Diuretics

Diuretics, common treatments for hypertension, heart failure, and other conditions, rid the body of excess water and sodium via the urine. By increasing urination, however, they also increase the loss of water-soluble nutrients.

Potassium is often prescribed to offset the loss of this important mineral. However, magnesium, zinc, sodium, vitamin C, B-complex vitamins, and other nutrient losses are ignored. At worst, this can lead to life-threatening electrolyte imbalances and arrhthmias. At best, these drugs are linked with chronic nutritional deficiencies that

seriously impair health. A high-dose daily multivitamin and mineral supplement is imperative for anyone taking a diuretic.

## Other Nutrient Depletions

As you can see on the table below, many commonly prescribed drugs can deplete your body of vital nutrients. If you require any of the medications listed in the table, make sure you shore up your overall nutritional status by taking a potent daily multivitamin along with additional supplements as needed.

| *Drug Category* | *Nutrient Depletions* |
|---|---|
| **ACE Inhibitors** | Zinc, sodium |
| **Antibiotics** | Calcium, magnesium, potassium, vitamin K, disruption of beneficial intestinal bacteria |
| **Benzodiazepines** | Melatonin |
| **Beta Blockers** | Coenzyme Q10, melatonin |
| **Birth Control Pills** | Folic acid, vitamins B1, B2, B3, B6, B12, C, zinc, selenium, trace minerals |
| **Bronchodilators** | Potassium, magnesium, calcium, phosphate |
| **Calcium Channel Blockers** | Potassium |
| **Diuretics** Thiazide, loop, potassium-sparing | Folic acid, iron, vitamin C, zinc, magnesium, sodium, B-complex vitamins, potassium |
| **Estrogen** Premarin, Prempro | Vitamin B6 |
| **Metformin** (Glucophage) | Vitamins B12 and D, folic acid, coenzyme Q10 |
| **NSAIDs** ibuprofen, naproxen | Folic acid, iron, vitamin C |
| **PPIs and H2 Blockers** | Vitamin B12, calcium, iron, zinc, folic acid, magnesium |
| **SSRI Antidepressants** | Sodium, folic acid, melatonin |
| **Statins** | Coenzyme Q10 |
| **Thyroid Replacement** | Calcium |

## Nature's Pharmacy

There is no greater testament to the heavy-handed dominance of conventional medicine and the pharmaceutical industry in this country than the fact that herbal medicine is relegated to the fringes of our culture. These natural remedies are often looked upon by conventional physicians as an unproven remnant of our primitive past, rather than as thoroughly modern therapies for the diseases that plague us. But despite the prejudice, Americans are buying herbs.

If you're confused about the safety of combining herbs and drugs, you're not alone. Here are some important things to keep in mind.

## Herbs Have Medicinal Effects

Though you may find herbs in drugstores or health food stores alongside beta-carotene, calcium, and other nutritional supplements, these plant extracts are less like nutrients and more like medicines in the way they function. As with medicines, they should be taken only to address specific health concerns. Furthermore, people with certain medical conditions should avoid specific herbs, and women who are pregnant or nursing should only use them under a doctor's care.

Though herbs are extremely safe when used as directed, the fact that they have medicinal properties means that they can interact with drugs. In reality, herb-drug interactions occur much less frequently than expected—and far less often than drug-drug interactions. However, herbs that have medicinal effects similar to a prescription drug can act synergistically, increasing the effects of the drug.

For instance, just as you should never mix alcohol (a sedative) with barbiturates, you shouldn't mix the natural anti-anxiety herb kava with powerful prescription tranquilizers or the natural antidepressant St. John's wort with Prozac or any other prescription antidepressant.

Keep in mind that when herb and drug interactions do occur, the culprits are usually the drugs, not the herbs, as they are much more pharmacologically active. In fact, when patients at Whitaker Wellness experience any incompatibility between a drug and an herb used for medicinal purposes, we generally discontinue the drug and stick with the herb, as it is usually just as effective and far safer.

## St. John's Wort: Use With Care

In addition to additive effects, some herbs can decrease the absorption or metabolism of a drug. For example, St. John's wort, which is safe when taken alone, increases the activity of liver enzymes that metabolize certain prescription drugs, thereby speeding their breakdown and lessening their therapeutic effects. For this reason, it should never be taken with Coumadin, the asthma drug theophylline (Theo-Dur), the heart drug digoxin (Lanoxin), and migraine drugs in the triptan family (Imitrex, Amerge, and Maxalt).

St. John's wort may also lower blood levels of oral contraceptives, thereby increasing the chance of pregnancy. Other medications that may be affected by St. John's wort include immune-suppressing drugs (used to treat autoimmune disorders), anti-rejection drugs used by transplant patients, benzodiazepines (anti-anxiety drugs), and prescription antidepressants.

**As you can see, this herb interacts with a large number of medications. Therefore, I strongly encourage you to visit this website www.drugs.com/drug-interactions/st-john-s-wort.html and talk to your doctor before using it.**

# Drug-Food Interactions

Despite the publicity given to herb-drug interactions, these are much less common than drug interactions with foods and beverages that people consume every day.

## Grapefruit Juice's Hidden Dangers

Grapefruit juice interacts adversely with dozens of medications. In some cases, compounds in this popular fruit block enzymes that metabolize the drug, causing it to remain in the system and build up to potentially toxic levels. In others cases, it inhibits the drug's absorption in the intestinal tract, so it isn't properly absorbed and therefore doesn't have the full therapeutic effect.

As little as a whole grapefruit or a 6–7 ounce glass of juice is enough to potentially cause problems, including drug toxicity. On the next page is a partial list of common classes of medications that include drugs that don't mix well with grapefruit. Not all drugs in these classes are

problematic but many are, so it's important that you talk to your doctor about any medications you are taking. Here is a partial list of others:

| | |
|---|---|
| *Anti-anxiety drugs* | *Erectile dysfunction drugs* |
| *Antiarrhythmics* | *HIV medications* |
| *Antidepressants* | *Immunosuppressants* |
| *Antihistamines* | *Methadone* |
| *Calcium channel blockers* | *Statins* |

*Note:* **This list does not include all drugs that may interact with grapefruit. Visit www.cmaj.ca/content/suppl/2012/11/26/cmaj.120951.DC1/grape-bailey-1-at.pdf for a full list. If you have questions about any of your medications, talk to your physician or pharmacist.**

## Alcohol and Drugs

Alcohol, especially in excess, adversely affects hundreds of prescription and over-the-counter drugs. Concurrent use with some heart medications can speed up the heart rate and cause changes in blood pressure. Taken with nonsteroidal anti-inflammatory drugs (NSAIDs), alcohol increases risk of heart attacks and strokes, as well as gastrointestinal ulceration and bleeding.

Alcohol can increase the effects of blood-thinning meds and, when used with large doses of acetaminophen, is associated with liver damage. It potentiates the effects of sleeping pills and increases side effects of drowsiness, poor concentration, and lightheadedness, which are listed on many drugs. Bottom line, even small amounts of alcohol do not mix well with many medications.

## Coffee and Tea Can Alter Drug Metabolism

Grapefruit juice isn't the only beverage to be wary of. Coffee and tea can interact with prescription drugs in harmful ways. Because they contain caffeine, these beverages may increase the effects of the asthma drug theophylline. Conversely, certain drugs (Cipro, Tagamet, and Noroxin) can slow the elimination of caffeine from the body, increasing the "java jolt" you get from your morning beverage.

Tea of any kind (green, black, or white) contains tannins that can bind to alkaloid compounds found in painkillers such as codeine preventing the drug from being absorbed. Tannins also bind to iron, so if your doctor

has prescribed a supplement to combat iron-deficiency anemia, don't take it with your breakfast tea.

## MAO Inhibitors and Pepperoni Pizza: A Dangerous Duo

If you're taking a prescription antidepressant that belongs to a class of drugs called MAO inhibitors (so called because they inhibit an enzyme called monoamine oxidase in the nervous system), eating a few slices of pepperoni pizza could be hazardous to your health—and I'm not talking about indigestion. The combination of a drug that inhibits MAO and a tyramine-rich food such as pepperoni can trigger dangerously high blood pressure. The list of tyramine-containing foods is a lengthy one, but the worst culprits are broad beans (fava beans); brewer's yeast and yeast concentrates; salted, smoked, and pickled fish; aged cheeses; and aged sausages such as salami, pepperoni, and bologna. Other foods that may interact with MAO inhibitors include fermented soy products, sauerkraut, chocolate, overripe fruit, and any type of meat that is not fresh. Alcohol also poses a hazard. Ask your doctor for a complete list of foods and beverages to avoid.

## Vitamin K-Rich Foods

Cruciferous vegetables like broccoli, cabbage, and cauliflower are nutritional superstars with proven anti-cancer activity. But if you're taking Coumadin, you have to watch your intake of these foods because they contain high levels of vitamin K. As I mentioned earlier, vitamin K is crucial to normal blood clotting and can counteract the blood-thinning action of Coumadin.

In addition to cruciferous vegetables, other vitamin K–rich foods include green onions, asparagus, spinach, and other leafy greens. As you can see, the list of vitamin K–rich foods includes some of the healthiest foods you can eat. Fortunately, if you're taking Coumadin, you don't have to avoid these foods altogether. Keep your intake fairly constant from day to day to minimize any alteration in your body's clotting mechanisms. If you do make a sudden change in your diet to include more (or less) of these foods, ask your doctor to monitor your prothrombin time more closely.

## Fiber Slows Absorption of Some Drugs

High-fiber foods such as oatmeal, bran, and other whole grains interfere with the absorption and effectiveness of several medications. They include Synthroid and other thyroid replacement drugs, tricyclic antidepressants, digoxin (a heart medication), carbamazepine (an anti-seizure drug), some cholesterol-lowering medications, lithium, and penicillin. As with vitamin K–rich foods, you needn't give up fiber altogether. Instead, try to keep your fiber intake fairly constant. For example, if you suddenly stop eating your morning bowl of oatmeal, your blood levels of digoxin could soar dangerously high.

## Understand Your Drug Regimen

Prescription drugs are not to be taken lightly. If you are on any medication, make sure you understand why it was prescribed, how long you will need to take it, how it interacts with other drugs and foods, and what adverse effects are associated with it. Ask your doctor about safer alternatives and find out if you could get by on a lesser dose or discontinue it altogether.

If you're taking multiple drugs, make a list of each one, including over-the-counter meds; and go over them with your physician. You should also include any supplements you're taking. (If you're seeing more than one physician, let each one know about everything you are using.) By taking these steps and following the other recommendations in this report, you can avoid becoming a prescription drug statistic.

## drwhitaker.com

Visit Dr. Whitaker's website. In addition to the latest medical news, you'll find:

- Answers to your most frequently asked health questions
- Solutions for your most pressing health concerns
- A variety of healthy recipes
- A fast, convenient way to place your nutritional supplement orders
- Articles and updates on the latest medical advancements
- Ways to make your supplements work better for you.

**Stop in and start feeling better today!**



9FDFV1214
9988d060816