

Lies That My Medical School Professors Taught Me (And Which Were Reinforced by My Drug Reps)

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Myth # 1: “The FDA (US Food and Drug Administration) tests all new psychiatric drugs”

Actually the FDA only reviews studies that have been designed, administered and paid for by the drug companies. The studies are frequently conducted by well-paid research firms, in whose interest it is that positive results are obtained for their corporate employers, who are likewise poised to make billions of dollars if the “correct” results are obtained. Unsurprisingly, it has become rare for such research to result in negative findings for the drug company. Fraud in such research has been rampant for decades.

Myth # 2: “FDA approval means that a psychotropic drug is effective long-term”

Actually, FDA approval doesn't even mean the drugs are effective short term. The pharmaceutical industry has cunningly infiltrated and also partially funds (or perhaps “bribes” is the better word) various physician “experts” with Big Pharma connections on many of the FDA committees that “fast track” drugs through the approval process. The FDA only receives studies that report short-term effectiveness from the pharmaceutical corporations who are hoping for rapid marketing approval. In the case of the SSRI drugs during the 1990s and 2000s, animal lab studies typically lasted only hours, days or weeks and the human clinical studies only lasted, on average, 6-8 weeks, far too short to say anything about long-term effectiveness!

Hence the FDA, prescribing physicians and patient-victims should not have been “surprised” by the resulting epidemic of SSRI drug-induced adverse reactions. Indeed, many SSRI trials have shown that those drugs are barely more effective than placebo, with unaffordable economic costs and serious potential health risks, some of which are life-threatening and known to be capable of causing brain damage.

Myth # 3: “FDA approval means that a psychotropic drug is safe long-term”

Actually, the SSRIs and the “anti-psychotic” drugs are usually only tested in human trials for 4–12 weeks (mostly 6-8 weeks) before being granted marketing approval by

the FDA. And the drug companies are only required to report 2 studies (even if many other studies on the same drug showed negative, even disastrous, results – and were therefore, of course, hidden away somewhere in the bowels of corporate headquarters!). Drug companies prefer that the black box and fine print warnings are ignored by both consumers and prescribers.

In our fast-paced consumer society, the super-busy medical clinics and the highly efficient pharmacy folks tend to remain oblivious to the multitude of dangerous, potentially fatal adverse drug effects that include addictions, mania, psychoses, suicidality, worsening depression, worsening anxiety, insomnia, akathisia, brain damage, dementia, homicidality, violence, etc, the emerging evidence of which has often forced the FDA to shamefully and belatedly backtrack on its earlier hasty, fast-track marketing approvals of these highly profitable synthetic drugs.

But when was the last time anybody heard the FDA or Big Pharma apologize for the damage they did? And when was the last time there were significant punishments (other than “chump change” multimillion dollar fines) or prison time that was meted out to the CEOs of the guilty multibillion dollar drug companies?

Myth # 4: “Mental ‘illnesses’ are caused by ‘brain chemistry imbalances’”

In actuality, brain chemical/neurotransmitter imbalances have never been proven to exist despite vigorous examinations of virgin brains by drug company neuroscientists. The fact that there are over 100 different neurotransmitter systems in the human brain, makes chemical “imbalances” laughable, incapable of scientific study and certainly, if one existed at all, never treatable with a drug!

Such simplistic theories have probably been perpetrated by Big Pharma and the psychiatric industry because they feel that they have to resort to 20 second sound bite propoganda to convince patients why they should be taking dangerous drugs.

Myth # 5: “Antidepressant drugs work like insulin for diabetics”

This laughingly simplistic and anti-scientific explanation for the use of dangerous and addicting synthetic drugs is patently absurd. There is no such thing as a Prozac deficiency and SSRIs (Selective Serotonin Reuptake Inhibitors) such as Prozac do not raise total brain serotonin. Rather SSRIs actually deplete serotonin long-term while only “goosing” it temporarily at the synapse level.

Parenthetically, the logic of the insulin/diabetes comparison above could legitimately be made in the prescribing of the two amino acid brain nutrients tryptophan and 5-

hydroxytryptophan (5-HTP), the only precursor molecules of natural serotonin. That statement can be made because of the known long-term depletion of serotonin by SSRI drugs and amphetamine-type psychostimulants. Replenishment of depleted serotonin requires not just the ingestion of these amino acids but also the ingestion of certain vitamin and mineral supplements such as vitamin C, vitamin E, vitamin B6, magnesium and zinc, all of which are necessary for the metabolic conversion of tryptophan and 5-HTP to serotonin within the serotonin nerve cells.

Myth # 6: “SSRI ‘discontinuation syndromes’ shouldn’t be thought of as ‘withdrawal syndromes’”

The SSRI “antidepressant” drugs are indeed dependency-inducing/addictive and the neurological and psychological symptoms that occur when these drugs are stopped or tapered down are not “relapses” into a previous “mental disorder” but are actually new addictive drug withdrawal symptoms unlike the original symptoms that prompted the original diagnosis. The term “discontinuation syndrome” has been promoted by the drug industry to distract attention from the fact that those drugs that cause “discontinuation symptoms” when they are stopped are indeed addicting. Most members of the consuming public do not want to swallow pills that cause withdrawal symptoms. Such inconvenient truths surely might cause aware and awake patients to distrust pharmaceutical and medical industries that are trying to deceive them – and distrust cannot be tolerated by those industries!

Myth # 7: “Ritalin is safe for children (and adults)”

In actuality, methylphenidate (= Ritalin, Concerta, Daytrana, Metadate and Methylin; aka “kiddie cocaine”) works just like cocaine, except that orally-dosed methylphenidate reaches the brain more slowly than snortable or smoked cocaine does (and therefore the oral form has less of an orgasmic “high”). Cocaine addicts actually prefer Ritalin if they can get it in a relatively pure powder form. When snorted, the synthetic Ritalin (as opposed to the naturally occurring, and therefore more metabolizable cocaine) has the same onset of action but actually has a longer lasting “high”. The molecular structures of Ritalin and cocaine both have amphetamine base structures which, when examined side to side, are remarkably similar. The dopamine synaptic organelles in the brain (and heart) are surely unlikely to sense any difference between the two drugs.

Myth # 8: “Psychoactive drugs are totally safe for humans”

See Myth # 3 above. Actually all five classes of psychotropic drugs are potentially neurotoxic drugs that are known to alter the function, chemistry and anatomy of the brain - and they all are capable of causing dementia when used long-term. Any

synthetic chemical that is capable of crossing the blood-brain barrier into the brain can alter and disable the brain. Synthetic chemical drugs are NOT capable of actually healing brain dysfunction nor can they correct brain malnutrition or reverse brain damage. Rather than curing anything they can only mask neurological and emotional symptoms while the damage continues unabated.

Myth # 9: “Mental ‘illnesses’ have no known cause”

The Diagnostic and Statistical Manual (DSM) is pejoratively called “the psychiatric bible and billing book” for psychiatrists. Despite its name, it actually has no statistics in it, and, of the 374 psychiatric diagnoses in the DSM-IV there are only two that even mention, much less emphasize, root causes. (The two are Posttraumatic Stress Disorder and Acute Stress Disorder.)

However, in my ten years of experience as a holistic mental health care practitioner, I was virtually always able to detect (and for my patients, de-mystify) many of the multiple root causes and contributing factors that could explain the signs, symptoms and behaviors that resulted in one or more mental illness diagnoses. Many of my patients had been made worse by being hastily diagnosed, harshly treated, malnourished, incarcerated, electroshocked, drugged (often against his will and/or without fully informed consent) and frequently rendered unemployable or even permanently disabled as a result; all because of temporary, potentially reversible, and therefore potentially curable emotional stressors that could have been treated and even cured with high quality and compassionate psychotherapy.

The root causes of my patient’s understandable emotional distress (and de-compensation) were typically multiple. And they usually involved sexual, emotional, spiritual and/or physical trauma – usually accompanied by serious emotional neglect and brain nutrient deficiencies as well. The only way to obtain this critically important information was through the use of thorough, compassionate (and, unfortunately, time-consuming) gathering and documenting of the patient’s complete history, starting with the drug exposure history and the vitally important prenatal/maternal history (a period when the patient’s brain was rapidly developing).

My clinical experience proved to me that if enough high quality time was spent with the patient and enough hard work was exerted, the patient’s predicament could usually be de-mystified and the erroneous past diagnoses could be corrected. Such efforts were usually tremendously therapeutic. In my experience, most mental ill health syndromes (previously erroneously labeled disorders “of unknown cause”) represented serious emotional de-compensation due to temporarily overwhelming crisis situations due to traumatic, frightening and soul-destroying experiences in a patient’s life.

My practice consisted mostly of patients who knew for certain that they were being sickened by one or more brain-altering and addicting prescription drugs that they couldn't get off of by themselves. I discovered that many of them could have been cured early on their lives if they only had had compassionate psychoeducational psychotherapy, proper brain nutrition and help addressing issues of deprivation, parental neglect/abuse, poverty and other destructive psychosocial situations. I came to the sobering realization that many of my patients were not cured years earlier because of the disabling effects of psychiatric drug regimens, isolation, loneliness, punitive incarcerations, solitary confinement, discrimination, malnutrition, and/or electroshock. The neurotoxic and brain-disabling drugs that most of my patients had been given early on had started them on the road to chronicity and disability.

Myth # 10: "Psychotropic drugs are safe to use long term"

See Myths # 2 and # 3 above. In actuality recent studies have shown that the major cause of permanent disability in the "mentally ill" is the long-term, high dosage and/or use of multiple neurotoxic psych drugs – any combination of which has never been tested for safety even in animal labs, much less in clinical studies! Many commonly-prescribed drugs are fully capable of causing brain-damage long-term, especially the anti-psychotics, which can cause the brain shrinkage commonly seen on the MRI scans of treated schizophrenics (and that are deceptively pointed out as "proof" that schizophrenia is an anatomic brain disorder while conveniently ignoring the fact that antipsychotics caused the brain atrophy!).

Tranquilizers such as the benzodiazepines (Valium, Ativan, Klonopin, Tranxene, Xanax) are all highly addictive, very difficult to withdraw from (withdrawal results in difficult-to-treat rebound insomnia and seriously increased anxiety), and, when used long-term, they can all cause memory loss/dementia, the loss of IQ points and the high likelihood of being mis-diagnosed as Alzheimer's disease (of unknown etiology).

Myth # 11: "A disease called bipolar disorder can mysteriously 'emerge' in patients who have been taking stimulating antidepressants like the SSRIs"

In actuality, mania, agitation, aggressiveness and akathisia (severe, crazy-making, sometimes suicide-inducing internal restlessness - like having restless legs syndrome over one's entire body and brain that can also lead to homicidality and psychosis) are not uncommon adverse effects of all the SSRIs. (Parenthetically, it is important to understand that akathisia was once understood to only occur as a long-term adverse effect of antipsychotic drugs. So it was a shock to many psychiatrists in the 1990s to have to admit that SSRIs could also cause that serious problem.) At any rate, it is my considered opinion that SSRIs should more accurately be called "agitation-inducing"

drugs rather than “anti-depressant” drugs. It is important to also state unequivocally that SSRI-induced mania and agitation DOES NOT represent bipolar disorder!

Myth # 12: “Antidepressant drugs can prevent suicides”

In actuality, there is no psychiatric drug that is FDA-approved for the treatment of suicidality because these drugs, especially the SSRIs, actually INCREASE the incidence of suicidal thinking, suicide attempts and completed suicides. Drug companies have spent billions of dollars futilely trying to prove the effectiveness of various psychiatric drugs in suicide prevention. They have all failed. Indeed what they have discovered is that most of the psychiatric drug trials showed that all the so-called “antidepressants” actually increased the incidence of suicidality.

The FDA has required black box warning labels about drug-induced suicidality on all SSRI marketing materials, but that was only accomplished after over-coming powerful opposition from the drug-makers and marketers of the offending drugs, who feared that such truth-telling would hurt their profits. What can and does avert suicidality, of course, are not drugs, but rather interventions by caring, compassionate and thorough teams of care-givers that include family, faith communities and friends as well as psychologists, counselors, social workers, relatives (especially wise grandmas!), and, obviously, the limited involvement of compassionate drug prescribers.

Myth # 13: “America’s school shooters and other mass shooters are ‘untreated’ schizophrenics who should have been taking psych drugs”

False. In actuality, 90% or more of the infamous homicidal - and suicidal - school shooters have already been under the “care” of psychiatrists (or other psych drug prescribers) and therefore have typically been taking (or withdrawing from) one or more psychiatric drugs. SSRIs such as Prozac or psychostimulants such as Ritalin are the most common class of drug. (See www.ssristudies.org).

The other 10% of school shooters have typically had their medical files sealed by the authorities - probably to protect from liability and/or embarrassment the drug companies and/or the medical professionals who supplied the drugs. The four most recent of these shooters have been popularized as being schizophrenic, not because the treating psychiatrist has come forward and testified about the diagnostic method, but because of photos (!) which were released to the media. (In the case of the Tucson and Aurora shooters, the dramatic photos were made after they were captured, sleep-deprived, abused, and very likely under the numbing or crazy-making influence of - or going through withdrawal from - some major brain-altering psych drug or other).

Contrary to the claims of a recent 60 Minutes, Big Pharma-approved, segment about “untreated schizophrenics” being responsible for half of the mass shootings in America, the four mentioned in the segment were, in fact, almost certainly being already “treated” with psych drugs – prior to the massacres - by psychiatrists or other prescribing practitioners (who obviously are being protected from public identification and/or interrogation by the authorities).

Because of this secrecy, the public is being kept in the dark about exactly what crazy-making, homicidality-inducing psychotropic drugs could have been involved. The names of the drugs and the corporations that have marketed them (as safe drugs) are also being actively protected from scrutiny and thus the chance of prevention of future drug-related shootings or suicides. Such decisions by America’s ruling elites represent public health policy at its worst and is a disservice to past and future shooting victims and their loved ones.

The four most notorious mass shooters that were highlighted in last Sunday’s 60 Minutes segment included the Virginia Tech shooter, the Tucson shooter, the Aurora shooter and the Sandy Hook shooter whose wild-eyed (“drugged-up”) photos have been carefully chosen for their dramatic effect, and they were repeatedly shown on our corporate-controlled media so that most people are convinced that it was the crazy “schizophrenic”, rather than the “innocent” drug or his guns that explains everything.

Parenthetically, it needs to be mentioned that many media outlets profit handsomely from the drug and medical industries. Therefore those media outlets have an incentive to protect the names of the drugs, the names of the drug companies, the names of the prescribing MDs and the names of the clinics and hospitals that could, in a truly just and democratic world, otherwise be linked to the crimes. Certainly if a methamphetamine-intoxicated person shot someone, the person who supplied the intoxicating drug would be considered an accomplice to the crime, just like the bartender who supplied the liquor to someone who later committed a violent crime would be held accountable. A double standard obviously exists when it comes to powerful, respected and highly profitable corporations.

A thorough study of the scores of American school shooters, starting with the University of Texas tower shooter in 1966 and (temporarily) stopping at Sandy Hook, reveals that the overwhelming majority of them (if not all of them) were taking brain-altering, mesmerizing, impulse-destroying, “don’t give a damn” drugs that had been prescribed to them by well-meaning but too-busy psychiatrists, family physicians or physician assistants who somehow were unaware of or were misinformed about the homicidal and suicidal risks to their equally unsuspecting patients (and therefore they had failed to warn the patient and/or the patient’s loved ones about the potentially dire consequences).

Most practitioners who wrote the prescriptions for the mass shooters or for a patient who later suicided while under the influence of the drug, will probably (and legitimately so) defend themselves against the charge of being an accomplice to mass murder or suicide by saying that they were ignorant about the dangers of these cavalierly prescribed psych drugs because they had been deceived by the cunning drug companies that had convinced them of the benign nature of the drugs.

Myth # 14: “If your patient hears voice it means he’s schizophrenic”

Auditory hallucinations are known to occur in up to 10% of normal people; and up to 75% of normal people have had the experience of someone that isn’t there calling their name. (<http://www.hearing-voices.org/voices-visions/>).

Dreams, nightmares and flashbacks probably have similar origins to visual, auditory and olfactory hallucinations, but they do not represent mental illnesses, much less schizophrenia. Indeed, hallucinations are listed in the pharmaceutical literature as a potential side effect of many drugs, especially psychiatric drugs. These syndromes are called substance-induced psychotic disorders which, by definition, are neither mental illnesses nor schizophrenia (which is of unknown etiology). Rather, substance-induced psychotic disorders are directly caused by the intoxicating effects of brain-altering drugs such as alcohol, medications, and other toxins.

Psychotic symptoms, including hallucinations and delusions, can be caused by substances such as alcohol, marijuana, hallucinogens, sedatives, hypnotics, and anxiolytics, inhalants, opioids, PCP, and the many of the amphetamine-like drugs (like Phen-Fen, fenfluramine, cocaine, methamphetamine, Ecstasy, and agitation-inducing, psycho-stimulating drugs like the SSRIs).

Psychotic symptoms can also result from sleep deprivation, sensory deprivation and the withdrawal from certain drugs like alcohol, sedatives, hypnotics, anxiolytics and especially the many dopamine-suppressing, dependency-inducing, sedating, and zombifying anti-psychotic drugs.

Examples of other medications that may induce hallucinations and delusions include anesthetics, analgesics, anticholinergic agents, anticonvulsants, antihistamines, antihypertensive and cardiovascular medications, some antimicrobial medications, anti-parkinsonian drugs, some chemotherapeutic agents, corticosteroids, some gastrointestinal medications, muscle relaxants, non-steroidal anti-inflammatory medications, and Antabuse.