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14 Lies /Myths That Big Pharma and Their Academic Psychiatrists Teach Medical Students

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Theme: Media Disinformation, Science and Medicine

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"I saw thousands who could've overcome the darkness, but for the love of a lousy buck I watched them die." – Bob Dylan

Myth # 1:

"The FDA (US Food and Drug Administration) tests all new psychiatric drugs"

False. Actually, the FDA only reviews studies that were designed, administered, secretly performed and paid for by profit-driven, multinational pharmaceutical companies or farmed out by those companies to private research firms, in whose interest it is to find positive results for their employers. Unsurprisingly, such collaborations virtually guarantee fraudulent results.

Myth # 2:

"FDA approval means that a psychotropic drug is effective long-term"

False. Actually, FDA approval doesn't mean that psychiatric drugs have been proven to be either safe or effective – either short-term or long-term. Most psych drugs are never tested in clinical trials for longer than a few months, and most patients that are caught up in the psychiatric system take their drugs for years or decades.

Psychopharmaceutical companies lavishly pay drug "researchers" who are often academic psychiatrists that have relatively easy access to compliant, already-drugged-up chronic patients. These psychiatrists often have financial or professional conflicts of interest – some of them even sitting on FDA or industry advisory committees that attempt to "fast track" drugs through the approval process.

For each new drug application submitted by drug companies to the FDA for potential marketing approval, the agency only receives 1 or 2 of the most favorable studies that purport to show short-term safety and effectiveness. The negative studies are shelved and not revealed to the FDA – or any agency – unless subpoenaed for legal reasons by the court system. In the case of the SSRI drugs (the so-called Selective Serotonin Reuptake-pump Inhibitors), lab animal studies typically lasted only hours, days or weeks and the human clinical studies only lasted, on average, 4- 6 weeks, far too short to draw any valid conclusions about long-term "effectiveness" or safety!

Hence the FDA, prescribing physicians and their patients should not have been "surprised" by the eventual documented epidemic of SSRI drug-induced adverse reactions (including addiction, suicidality, homicidality, brain damage, dementia, etc) that have been disabling so many patients during the decades since Prozac was introduced in 1987. In actuality, many of the SSRI trials proved that those drugs were barely more effective – and certainly more dangerous – than placebo, with unaffordable economic costs and serious health consequences, some of which are life-threatening.

Myth # 3:

"FDA approval means that a psychotropic drug is safe long-term"

False. Actually, the SSRIs the so-called "anti-psychotic" drugs (historically called "major" tranquilizers), the "minor" tranquilizers/anti-epileptics/sleeping pills and the amphetamine-based psychostimulants are usually only tested in human clinical trials for a couple of months before being granted marketing approval by the Big Pharma-conflicted FDA. The FDA does, on occasion, require the drug companies to post black box warnings on their drug information hand-outs which they hate to do because it reveals to potential consumers of their drugs some of the reasons that they shouldn't take the drug. Fortunately for everybody involved in the industry, the black box and fine print warnings are usually ignored by both customers and prescribers.

In our fast-paced corporate medical practices, where it is quicker and more profitable to write a prescription than to take a thorough history, we over-burdened physicians and our prescribing assistants have never been able to be fully aware of the multitude of dangerous, potentially lethal adverse psych drug effects that include addiction, mania, psychosis, suicidality, homicidality, worsening depression, worsening anxiety, insomnia, somnolence, obesity, diabetes, blood pressure abnormalities, akathisia, brain damage, dementia, violence, etc, etc.

But when was the last time anybody heard the FDA or Big Pharma apologize for the drug-induced damage their medications have done? And when was the last time there were significant punishments (other than wrist slaps and multimillion dollar fines [chump change for Big Pharma]) or prison time for the CEOs of the guilty multibillion dollar drug companies? It never happens and so the scams continue apace.

Myth # 4:

"Mental 'illnesses' are caused by 'brain chemical imbalances'"

False. In actuality, neurotransmitter (brain chemical) imbalances have never been proven to exist except in the case of neurotransmitter depletions (particularly in the case of serotonin)

that can be caused by the very psych drugs that Big Pharma has falsely promoted as being capable of correcting the mythical “imbalance”.

Knowing that there are over 100 known neurotransmitter systems in the human brain, proposing a theoretical “brain chemical imbalance” is laughable and flies in the face of real neuroscience. Not only that, but if there was a theoretical imbalance between any two of those 100+ systems (which would be impossible to prove), no drug could ever be expected to re-balance it! And besides, no psychiatric drug has ever been tested on more than a small handful of the known brain neurotransmitter systems.

Such simplistic theories have been relentlessly promoted by Big Pharma upon a gullible public and a gullible medical industry because corporations that want to sell their dubious products know that they have to resort to propaganda to convince prospective patients and prescribers why they should be taking or prescribing synthetic, brain-altering drugs that haven’t been adequately tested either for safety of efficacy.

Myth # 5:

“Antidepressant drugs work like insulin for diabetics”

False. This laughingly simplistic – and very anti-scientific – explanation for the use of dangerous and dependency-inducing/addictive synthetic drugs is patently absurd and physicians and patients who believe it should be ashamed of themselves for falling for it. There is such a thing as an insulin deficiency but only occurs in type 1 diabetes, which is an autoimmune disorder where the insulin-producing cells in the pancreas have been destroyed by a hyper-stimulated immune system that produced antibodies against its body’s own cells.

Of course, it is obvious that there is no such thing as a Prozac deficiency. The so-called Selective Serotonin Reuptake Inhibitors have been deceptively mis-named by Big Pharma because those amphetamine molecule-based SSRI drugs do NOT mess only with serotonin neurotransmitter systems! In fact, they do not actually raise total brain serotonin levels as advertised. Actually, SSRI drugs deplete serotonin long-term while only “goosing” the release of serotonin at the synapse level while at the same time interfering with the storage, reuse and re-cycling functions of the serotonin synapses that, by the way, are far more abundant in the human intestinal tract than in the central nervous system.

Parenthetically, the distorted “illogic” of the insulin/diabetes comparison above could legitimately be made in the case of the amino acid brain nutrient tryptophan, which is the precursor molecule of serotonin. If a serotonin deficiency (or “imbalance”) could be proven, the only logical treatment approach would be to supplement the diet with tryptophan rather than inflict upon the brain a synthetic chemical that actually depletes serotonin long-term!

Myth # 6:

“SSRI ‘discontinuation syndromes’ are different than ‘withdrawal syndromes’”

False. The so-called “antidepressant” drugs are indeed dependency-inducing (addictive) and the neurological and psychological symptoms that occur when these drugs are stopped or tapered down too quickly are not “relapses” into a previous ”mental disorder” as psychiatrists have tried to make us believe, but are actually drug withdrawal symptoms that are different from the symptoms that prompted the original mis-diagnosis.

The term “discontinuation syndrome” is part of a cunningly-designed conspiracy that was secretly concocted between members of Big Pharma and psychiatric thought leaders in academia in order to deceive prescribing physicians into thinking that SSRIs are not addictive. (See the story about that conspiracy in Dr Joseph Glenmullen’s important book, “Prozac Backlash”.) The “discontinuation syndrome” deception has ever since been shamelessly promoted to distract attention from the fact that most psych drugs are actually dependency-inducing at the synapse levels of the brain and are therefore likely to cause withdrawal symptoms when the drugs are stopped or their dosages abruptly reduced.

Myth # 7:

“Ritalin is safe for children”

False. In actuality, methylphenidate (= Ritalin, Concerta, Daytrana, Metadate and Methylin) is derogatively called “kiddie cocaine”, and it deserves the label. It is a dopamine reuptake pump inhibitor drug that functions exactly like cocaine on dopamine and other neurotransmitter systems, except that orally-dosed methylphenidate reaches the brain slower than does snortable or smoked cocaine. Therefore the oral form has less of an orgasmic “high” than cocaine. On the street, cocaine addicts actually prefer Ritalin if they can get it in a relatively pure powder form that can be snorted.

Ritalin (a lab-manufactured synthetic drug that is therefore less easily metabolically-degraded than cocaine) has the same onset of action as cocaine. But, because of the resistance to metabolic denaturation Ritalin has a predictably longer lasting “high” than the natural cocaine molecule no matter the route it is administered which is why it is preferred by some addicts. The molecular structures of Ritalin and cocaine both have amphetamine-based molecular structures with ring-shaped side chains which, when examined side by side, are remarkably similar. The dopamine synapses in the brain (and the heart, the blood vessels, the lungs and the guts) can’t tell the difference between the two drugs, no matter if the individual’s brain is that of a 3 year-old inattentive or active toddler or a wasted, terminally-addicted adult dying on skid row.

Myth # 8:

“Psychoactive drugs are totally safe for humans”

False. See Myth # 3 above. Actually all five classes of psychotropic drugs have, with long-term use, been found to be neurotoxic (ie, known to destroy or otherwise alter the physiology, chemistry, anatomy and viability of vital energy-producing mitochondria that are in every brain cell and nerve). They are therefore all capable of contributing to dementia, memory loss, confusion, sleep disorders as well as serious bowel dysfunction when used long-term.

Any synthetic chemical or toxic metal (such as the aluminum and mercury that are in many vaccines) that is capable of crossing the blood-brain barrier into the brain (especially the immature, poorly-developed or immunocompromised brains of infants, toddlers, adolescents and young adults up to the age of 25) can alter, damage or otherwise disable the brain. Synthetic chemical drugs are NOT capable of healing brain dysfunction, curing malnutrition or reversing brain damage. Rather than curing anything, synthetic psychiatric drugs (that can’t be easily metabolized or excreted) are fully capable of masking symptoms while the

abnormal emotional, neurological or malnutritional processes that mimic “mental illnesses” continue unabated.

Myth # 9:

“Mental ‘illnesses’ have no known cause”

False. The Diagnostic and Statistical Manual (DSM) is published by the American Psychiatric Association and is pejoratively called “the psychiatric bible and billing book” for psychiatrists. Despite its name, it actually has no statistical data in it, and, of the 374 psychiatric labels/diagnoses in the fourth edition (DSM-IV) there seems to be only two that emphasize known root causes. Those two diagnoses are Posttraumatic Stress Disorder(PTSD) and Acute Stress Disorder.

In my decade of work as an independent holistic mental health care practitioner, with enough hard work, I was always able to detect many of the multiple root causes for emotional and neurological dysfunction that easily explained the signs, symptoms and behaviors that had resulted in the perplexing number of mis-labels of “mental illnesses of unknown origin”. The most common root cause was psychological trauma in all its variations.

Many of my patients had been made worse by being hastily mis-diagnosed and then hastily over-drugged with cocktails of various brain-altering drugs that had never been tested for safety or efficacy in any combination of drugs, even in the rat lab. Many of my psychiatric-survivor patients had been bullied into being drugged, isolated, malnourished, incarcerated and even electroshocked, often against their wills without fully informed consent. The realities of “One Flew Over the Cuckoo’s Nest” haven’t changed much since the 1970s.

My over-drugged patients had usually been rendered unemployable or even permanently disabled as a result of the early resort to drugging, all because temporary, potentially reversible stressors had not been recognized at the outset. Because of the reliance on drugging as Plan A, many of my patients had been made virtually incurable by not being luck enough to have gone to healing practitioners who practiced high quality, non-drug-based, potentially curable psychotherapy coupled with good brain nutrition.

The root causes of my patient’s so-called mental illnesses (of supposedly unknown cause) typically began before adulthood. Acute or chronic psychologically-traumatizing experiences of neglect, abuse or other forms of violence, including sexual, physical, emotional, psychological, spiritual and military can cause an otherwise normally-developing individual to decompensate into a temporary, preventable, potentially curable, emotionally abnormal state that could be tragically mis-interpreted – and mis-treated – as a mental illness of unknown cause.

Most of my drugged-up patients also experienced hopelessness, sleep deprivation, serious emotional and physical neglect and brain nutrient deficiencies as well. It was only possible to obtain this essential patient information by carefully, compassionately and thoroughly obtaining the patient’s and family’s complete history, starting with prenatal, maternal, infant and childhood exposures to toxins when the patient’s brain was developing. Importantly, the information-gathering needed to include the known neurotoxins that are in childhood vaccines that are always administered in cocktails that have never been tested for safety even in the rat lab.

My clinical experience proved to me that if enough high-quality time was spent with the patient and the patient's loved ones and if enough hard work was exerted looking for root causes, the patient's predicament could usually be clarified and the erroneous past labels (of "mental illnesses of unknown origin") could be thrown out.

My efforts at looking for root causes were often tremendously therapeutic for my patients, who up to that time had been made to feel guilty, ashamed or hopeless by previous exposures to therapists. In my experience, most mental ill health syndromes represented identifiable, often serious emotional de-compensation due to temporarily overwhelming crisis situations linked to traumatic, frightening, torturous, neglectful and soul-destroying life experiences.

My practice consisted mostly of patients who knew for certain that they were being sickened by months or years of swallowing one or more brain-altering prescription drugs that they couldn't get off of by themselves. I discovered that many of them could have been cured early on in their lives if they had only had access – and could afford – compassionate psychoeducational psychotherapy, proper brain nutrition and help with addressing issues of deprivation, family/societal neglect/abuse, poverty and other destructive psychosocial situations.

It didn't take me long to come to the sobering realization that many of my psychiatric-survivor patients could have been cured years earlier if it hadn't been for the disabling effects of mis-diagnoses, mis-treatment, isolation/loneliness, punitive incarcerations, discrimination, malnutrition, and/or electroshock. The neurotoxic, brain-disabling drugs, vaccines and frankenfoods that most of my patients had been given early on, in combination with the adverse effects of un-acknowledged psychological trauma had started them on the road to chronicity and disability.

Myth # 10:

"Psychotropic drugs have nothing to do with the huge increase in disabled and unemployable American psychiatric patients"

False. See Myths # 2 and # 3 above. In actuality, recent studies have shown that the major cause of permanent disability among the "mentally ill" is the long-term, high dosage and/or use of multiple neurotoxic psych drugs – any combination of which, as noted above, has never been adequately tested for safety even in the animal lab. Many commonly-prescribed drugs are fully capable of causing brain-damage long-term, especially the "major tranquilizers" like Thorazine, Haldol, Prolixin, Clozapine, Abilify, Clozapine, Fanapt, Geodon, Invega, Risperdal, Saphris, Seroquel and Zyprexa, any of which can cause brain shrinkage that is commonly seen on the MRI scans of drugged-up, so-called "schizophrenics" finding that are deceptively pointed out as "proof" that schizophrenia is an anatomic brain disorder that causes the brain to shrink! (Incidentally, non-psychiatric patients who had been on major tranquilizer drugs for reasons other than mental health have been known to experience withdrawal hallucinations and withdrawal psychoses when they quit the drug.

Astonishingly, some of these unfortunate patients have been told by psychiatrists that their new schizophrenia was "uncovered" because of the drug – a ridiculous claim very similar to the one psychiatrists used to use when unipolarly depressed patients who had been on SSRI's suddenly developed drug-induced mania and were then told that their real diagnosis of bipolar disorder was uncovered by the drug!)

Of course, highly addictive “minor” tranquilizers like Valium, Ativan, Klonopin, Librium, Tranxene and Xanax can cause withdrawal symptoms too. All tranquilizers, both major and minor, are dangerously dependency-inducing and very difficult to withdraw from.

Tranquilizer drug withdrawal syndromes, especially caused by abrupt withdrawal, can easily cause difficult-to-treat rebound insomnia, panic attacks, agitation, violence, and seriously increased anxiety, and, after long-term use, memory loss, dementia, loss of IQ points and the high likelihood of being mis-diagnosed with the so-called “Alzheimer’s dementia” of “unknown etiology” instead of the real diagnosis: “iatrogenic dementia”).

Myth # 11:

“So-called bipolar disorder can mysteriously ‘emerge’ in patients who have been taking stimulating antidepressants like the SSRIs”

False. Actually, alternating, erratic, crazy-making behaviors like mania, agitation and aggression are commonly caused by the so-called anti-depressant drugs like Prozac, Paxil, Zoloft, Celexa, and Lexapro. The long list of adverse drug effects from these SSRIs includes a syndrome called akathisia, a severe, drug-induced, sometimes suicidality-inducing internal restlessness – like having restless legs syndrome over one’s entire body and brain. In the history of medicine, akathisia was once understood to only occur as a long-term adverse effect of antipsychotic drugs (See Myth # 10). So it was a shock to many psychiatrists to see that SSRIs could also cause that deadly problem. Because of this new reality, it is my considered opinion that SSRIs should be called “agitation-inducing” drugs rather than “anti-depressant” drugs.

The important point to make is that SSRI-induced mania, SSRI-induced agitation, SSRI-induced akathisia and SSRI-induced aggression is NOT bipolar disorder “of unknown cause”, and that SSRI-induced psychosis is NOT schizophrenia.

A more sobering realization, of course, is that all those disorders are iatrogenic (doctor-caused or drug-caused) and therefore preventable.

I urge readers to visit this site, to read some 6,000 mainstream media–documented stories of SSRI-induced aberrant behaviors, including numerous school shootings, numerous road rage incidents, numerous cases of postpartum depression, cases sexual misconduct among female school teachers, a multitude of murders, hundreds of murders-suicide and other acts of violence including workplace and school violence. These cases only represent a small fraction of the possible cases, since psych drug use by the perpetrators of newsworthy irrational violence is usually not reported in the mainstream media.

Myth # 12:

“Antidepressant drugs can prevent suicides”

False. Actually, there are zero psychiatric drugs that are FDA-approved for the prevention of suicidality because psych drugs, especially the so-called antidepressants, actually INCREASE the incidence of suicidal thinking, suicide attempts and completed suicides. Over the past decades, drug companies have spent billions of dollars futilely trying to prove the effectiveness of various psychiatric drugs in suicide prevention. Even the most corrupted drug company trials have failed to accomplish that goal! The fact remains that every one of the so-called “antidepressant” drugs actually increase the risk of suicidality.

The FDA requires black box warning labels to be published on drug handout materials when research has proved that a drug increase suicidality. Drug-makers, marketers and prescribers naturally did all they could to oppose the FDA's action. Those, all of whom feared that such truth-telling would hurt their profits (it hasn't). What can and does avert suicidality, of course, are not drugs. Instead, suicide prevention requires the interventions by caring, compassionate and thorough teams of care-givers that includes families, faith communities and friends as well as aware psychologists, counselors, social workers, relatives (especially wise grandmas!) and, obviously, the limited involvement of psychiatric drug prescribers.

Myth # 13:

"America's school shooters and other mass shooters are 'untreated' schizophrenics who should have been taking psych drugs"

False. Actually, 90% or more of the infamous homicidal and suicidal mass school shooters have, prior to the shootings, been under the "care" of psychiatrists (or other psych drug prescribers) and therefore they have typically been taking (or withdrawing from) cocktails of psychiatric drugs. SSRIs such as Prozac and psychostimulants (such as Ritalin) have been the most common classes of drugs involved in school shootings. Antipsychotics are too sedating, although any previously abused, disrespected and justifiably angry teen who is withdrawing from major or minor tranquilizers could easily become a school shooter if given access to lethal weapons.

The 10% of school shooters whose drug history is not yet known, have typically had their medical files sealed by the authorities – probably in order to protect the drug companies and the medical professionals who were responsible for the shooters having the drugs.

Every industry that is responsible for supplying the offending drugs to those who were involved in crimes such as mass school shootings have spent an enormous amount of advertising money to get the public to buy the notion that these adolescent, white male school shooters were mentally ill rather than under the influence of their crazy-making, impulse-altering, brain-altering psych drugs (or going through withdrawal from them).

Parents often comment on how their children suddenly developed an "I-don't-give-a -damn attitude" after going on psych drugs. Nothing good can ever come out of a situation where brain-altering psych drugs are prescribed for a teased, abused, isolated, disrespected, justifiably angry and understandably vengeful adolescent boy who has access to lethal weapons.

A CBS's 60 Minutes television program several years ago made the outrageously false claim that "untreated schizophrenics" were responsible for "half of the mass shootings in America". The four examples mentioned in the segment were, in fact, almost certainly patients who had been "made crazy" by their past "treatment" with brain-altering psychiatric drugs by unnamed psychiatrists and clinics who obviously were being protected by CBS from public identification or interrogation by the authorities as accomplices (or at least witnesses) to the crimes.

Because of this secrecy, the public was being kept in the dark about exactly what crazy-making, homicidality-inducing, suicidality-inducing psych drugs could have been involved. The names of the drugs and the Big Pharma corporations that have falsely marketed them

as safe are also being protected from scrutiny, and thus the chances of prevention of future drug-related shootings or suicides is being squandered. Such decisions by America's corporate ruling elites represent public health policy at its worst, and it is a disservice to past and future shooting victims and their loved ones.

The four most notorious mass shooters that were highlighted in the aforementioned 60 Minutes segment were the Virginia Tech shooter, the Tucson shooter, the Aurora shooter and the Sandy Hook shooter whose wild-eyed (actually "drugged-up") photos had been carefully chosen for their dramatic "zombie-look" effect, so that most ill-informed, frightened, paranoid Americans could be convinced that it was a crazy "schizophrenic", rather than a victim of another cocktail of inebriating, psychoactive, crazy-making drugs (or the withdrawal from those drugs) that likely made them perpetrate the otherwise irrational violence.

Parenthetically, it needs to be emphasized that all major media outlets profit handsomely from advertising revenues from various pharmaceutical and medical industries. Therefore, those outlets have a compelling financial 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 otherwise be linked to the crimes.

Certainly if a methamphetamine-intoxicated person shot someone, the person who sold the intoxicating drug to the perpetrator would be considered an accomplice to the crime, just like the bartender who supplied the liquor to some inebriated customer who later killed someone in a car accident could be held accountable. A double standard obviously exists when it comes to powerful, respected and highly profitable corporations whose honorable drug dealers wear lab coats or three-piece suits and hobnob with the elites.

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, inebriating, impulse-destroying, "I don't give a damn" psych drugs that had been prescribed to them by well-meaning but too-busy psychiatrists, family physicians or physician assistants who somehow claimed to be unaware of or misinformed about the homicidal and suicidal risks to their equally unsuspecting patients.

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 defend themselves against the charge of being an accomplice to mass murder or suicide by saying that they didn't know about the lethal dangers of these often cavalierly-prescribed drugs because they had been deceived by the drug companies that had convinced them of their benign nature.

Such a defense is obviously weak simply because those lethal side effects have been widely published and have been listed in the prescribing information.

Myth # 14:

"If your patient hears voices it means he's a schizophrenic"

False. 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. (See this). Hearing voices does necessarily not mean you are crazy.

Vivid nighttime dreams, hearing voices while experiencing a nightmare and daytime flashbacks of past military traumas in combat veterans probably have similar origins to daytime visual, auditory and olfactory hallucinations, and many psychiatrists don't think that they represent mental illnesses. Indeed, hallucinations are listed in the pharmaceutical literature as potential side effects (or represent withdrawal symptoms) of many drugs, especially psychiatric drugs. These syndromes are called substance-induced psychotic disorders which are, by definition, neither mental illnesses nor schizophrenia. Rather, substance-induced or withdrawal-caused psychotic disorders are temporary and directly caused by the intoxicating effects brain-altering drugs, malnourishing or toxic foods or other exposures to combinations of common substances such as alcohol, the neurotoxic aluminum and mercury in injectable vaccines, diet soda, chemical toxins, etc, etc.

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 amphetamine-like drugs (like Phen-Fen, [fenfluramine]), cocaine, methamphetamine, Ecstasy, and, of course, 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 so-called 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.

Summary

The very sobering information revealed above should cause any thinking person, patient, thought-leader or politician to ask: "how many otherwise normal or potentially curable victims of Big Pharma's highly profitable psych drugs over the last half century have actually been mis-labeled as incurably mentally ill (and then tragically mis-treated as incurably mentally ill) and sent down the convoluted path of psychiatric therapeutic misadventures that often resulted in permanent disability?"

In my mental health care practice, I treated hundreds of patients who had been given a series of confusing and contradictory mental illness labels, many of which had been one of the new "diseases of the month" for which there was a new "psych drug of the month" that was being heavily marketed on TV to potential patients and in clinics across America by thousands of Big Pharma's drug sales representatives.

Most of my patients had been victimized by unpredictable and unforseeable adverse drug-drug interactions (far too often drug-drug-drug interactions) which had then been erroneously mis-diagnosed as representing the symptoms of a new mental illness!

Extrapolating my 1200+ patient experience to what surely has been happening in the rest of America boggles my mind. There has been a massive iatrogenic (doctor- or drug-caused) epidemic going on right under our noses that has affected tens of millions of suffering

victims who could have been cured if not for the drugs.

A lyric from one of Bob Dylan's songs comes to mind when I think about the massive amounts of human suffering caused by the un-ending search for profits that motivates the pro-drugging agendas of Big Pharma, Big Medicine, Big Psychiatry and fosters the willful ignorance of well-meaning, unaware healthcare practitioners that have victimized so many equally unaware, potentially curable patients. Dylan sang ***"I saw thousands who could've overcome the darkness, but for the love of a lousy buck I watched them die."***

A few of the many myths of mental illness are noted above. The time to act knowledge is long overdue.

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Partial Sources

(Authors and books that I used as background for the assertions in the above article)

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The Crazy Makers: How the Food Industry is Destroying our Brains and Harming our Children; Carol Simontacchi

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Dr. Kohls is a retired family physician who practiced holistic (non-drug) mental health care during the last decade of his professional life. His patients came to see him asking for help in getting off the psychotropic drugs to which they were addicted and which they knew had sickened and disabled them. He was successful in helping significant numbers of his patients get off or cut down on their drug dosages using a time-consuming program that was based on psychoeducational psychotherapy, brain nutrient therapy and a program of gradual, closely monitored drug withdrawal.

Many of his columns are archived at a variety of websites, including

http://duluthreader.com/search?search_term=Duty+to+Warn&p=2;

http://www.globalresearch.ca/author/gary-g-kohls; and

https://www.transcend.org/tms/search/?q=gary+kohls+articles

Articles by: Dr. Gary G. Kohls