

Drug-Induced Dementia isn't Alzheimer's

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Theme: [Science and Medicine](#)

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"More than 50 conditions can cause or mimic the symptoms of dementia." and "Alzheimer's (can only be) distinguished from other dementias at autopsy." — from a Harvard University Health Publication entitled What's Causing Your Memory Loss? It Isn't Necessarily Alzheimer's

"Medications have now emerged as a major cause of mitochondrial damage, which may explain many adverse effects. All classes of psychotropic drugs have been documented to damage mitochondria, as have stain medications, analgesics such as acetaminophen, and many others." – Neustadt and Pieczenik, authors of Medication-induced Mitochondrial Damage and Disease

"Establishing mitochondrial toxicity is not an FDA requirement for drug approval, so there is no real way of knowing which agents are truly toxic." – Dr. Katherine Sims, Mass General Hospital – <http://www.mitoaction.org>

"It is difficult to get a man to understand something, when his salary depends upon his not understanding it!" – Upton Sinclair, anti-fascist, anti-imperialist American author who wrote in the early 20th century

"No vaccine manufacturer shall be liable...for damages arising from a vaccine-related injury or death." – President Ronald Reagan, as he signed The National Childhood Vaccine Injury Act (NCVIA) of 1986, absolving drug companies from all medico-legal liability when children die or are disabled from vaccine injuries.

Over the past several decades there have been a number of well-financed campaigns, promoted by well-meaning laypersons, to raise public awareness to the plight of patients with dementia. Suspiciously, most of these campaigns come from "patient support" groups lead the public to believe that every dementia patient has Alzheimer's dementia (AD).

Not so curiously, it turns out that many – perhaps all – of these campaigns have been funded – usually secretly – by the very pharmaceutical companies that benefit economically by indirectly promoting the sale of so-called Alzheimer's drugs. Such corporate-generated public relations "campaigns" are standard operating procedure for all of BigPharma drugs, especially its psychopharmaceutical drugs. BigPharma has found that the promotion and destigmatization of so-called "mental illnesses (for which there are FDA-approved drugs) is a great tool for marketing their drugs.

(<http://www.propublica.org/blog/item/health-advocacy-groups-take-drug-company--cashaften-without-full-disclosures>)

Recently Alzheimer's support groups all around the nation have been sponsoring the

documentary about country singer Glen Campbell who has recently been diagnosed by his physicians with Alzheimer's disease (of unknown etiology) despite the obvious fact that Campbell was infamous for his chronic heavy use of brain-damaging, dementia-inducing, addicting, and very neurotoxic drugs like cocaine and alcohol. And, just like so many other hard-living celebrities like the recently suicide Robin Williams, Campbell was known to have received prescriptions of legal drugs from their prescribing boutique psychiatrists and physicians, just adding to the burden that their failing livers, brains and psyches had to endure.

Since it is known that Alzheimer's disease can only be truly diagnosed by a microscopic examination of the cerebral cortex (at autopsy), we have to question the very alive Glen Campbell's diagnosis. And we also have to question the veracity and motivations of the sponsoring patient support groups and their BigPharma sponsors.

Is the Alzheimer's Epidemic Actually a Drug-Induced Dementia Epidemic?

Synchronous with the huge increases (over the past generation or so) in

- 1) the incidence of childhood and adult vaccinations,
- 2) the widespread use of psychotropic and statin (cholesterol-lowering) drug use, and
- 3) the increased ingestion of a variety of neurotoxic substances – including food additives, there has been a large parallel increase in the incidence of
 - a) chronic illnesses of childhood, including autistic spectrum disorders
http://www.huffingtonpost.com/david-kirby/new-study---mitochondrial_b_147030.html),
 - b) “mental illnesses of unknown origin”, and also
 - c) dementia, a multifactorial reality which, via clever marketing and the studied ignorance of what is scientifically known about the actual causes – and diagnosis – of dementia, which has been primarily – and mistakenly – referred to as Alzheimer's disease (of unknown etiology).

It is important to ask and then demand an honest answer to the question “could there be a connection between America's increasingly common over-prescribing of immunotoxic, neurotoxic, synthetic prescription drugs and vaccines and some of the neurodegenerative disorders that supposedly “have no known cause”?

Could the economically disabling American epidemic of autoimmune disorders, psychiatric disorders, autism spectrum disorders, etc (all supposedly of unknown origin) that have erupted over the past several decades be found to have recognizable root causes and therefore be treatable and, most importantly, preventable?

These are extremely important questions, especially in the case of the current dementia epidemic, because the so-called Alzheimer's patient support groups seem to be totally unaware of the powerful evidence that prescription drugs known to damage brain cells (especially by poisoning their mitochondria) would be expected to cause a variety of neurological and psychological disorders because of the brain cell death that eventually

happens when enough of the mitochondria (the microscopic hearts and lungs of every cell) have been wounded irretrievably or killed off. (See more info on drugs and mitochondria below.)

One of the big problems in America's corporate-controlled culture, corporate-controlled media and corporate-controlled medical industries is that the giant pharmaceutical corporations, who are in the business of developing, marketing and selling known mitochondrial toxins (in the form of their drugs and vaccine ingredients) have a special interest in pretending that there is no known cause for the disorders that their synthetic chemicals are causing (or they use the unprovable "it's probably genetic" subterfuge).

It should be a concern of everybody who knows a demented patient, that some AD patient support groups are known to be front groups for the pharmaceutical companies that profit from the marketing to patients and their doctors the disappointingly ineffective drugs for Alzheimer's like Aricept, Exelon, Namenda, Hexalon, and Razadyne.

Prescription Drug-Induced – and Vaccine-Induced – Mitochondrial Disorders

Acquired mitochondrial disorders (as opposed to the relatively rare primary mitochondrial disorders like muscular dystrophy) that can be caused by commonly prescribed drugs are difficult to diagnose and are generally poorly understood by most practitioners. When I went to med school, nobody knew anything about what synthetic drugs or vaccines did to the mitochondria.

A lot of mitochondrial research, especially since the 1990s, has proven the connections between a variety of commonly prescribed medications and mitochondrial disorders. That evidence seems to have been cunningly covered-up by the for-profit pharma groups (who control medical education and much of the media) and various other powers-that-be because of the serious economic consequences if the information was allowed in the popular press. The stake-holders in the pharmaceutical and medical industries, most of whom profit mightily from the routine and increasing usage of neurotoxic drugs and vaccines, supposedly operating in the name of Hippocrates, would be very displeased if this information got out. I submit that BigPharma's cover-up of the connections is totally unethical and, in the opinion of many other whistleblowers, criminal.

An Honest Patient Guide for Dementia Patients from Harvard!

So I was pleasantly surprised to find a reasonably honest guide for dementia patients on a Harvard University website.

(The entire guide can be accessed at <http://www.helpguide.org/harvard/whats-causing-your-memory-loss.htm#top>.)

The information at that website stated that there were over 50 conditions that could cause or mimic early dementia symptoms. I hadn't been taught anything about that reality when I went to med school, and I doubt that many of my physician colleagues were either. And besides, what medical practitioner in our double-booked clinic environment, even if he or she was aware, has the time to thoroughly rule out the 50 conditions when confronted with a patient with memory loss?

I have often said to my patients and my seminar participants: "it takes only 2 minutes to write a prescription, but it takes 20 minutes to not write a prescription". And in the current

for-profit clinic culture, time is money and few physicians are given the “luxury” of spending adequate time with their patients. (In defense of the physicians that I know, they are not happy about that reality but don’t know what to do about it.)

It is so tempting to use the popularized, but rather squishy label of AD (of unknown etiology) rather than to educate ourselves about the possibility of drug- or vaccine-induced dementia. But what is so important is that many of the 50+ conditions are preventable or reversible, which will be therapeutic only if the conditions are identified before permanent brain damage occurs.

The Harvard guide actually said that *“medications are common culprits in mental decline. With aging, the liver becomes less efficient at metabolizing drugs, and the kidneys eliminate them from the body more slowly. As a result, drugs tend to accumulate in the body. Elderly people in poor health and those taking several different medications are especially vulnerable.”*

The guide continued with a list of the possible classes of prescription drugs that number in the hundreds:

“The list of drugs that can cause dementia-like symptoms is long. It includes antidepressants, antihistamines, anti-Parkinson drugs, anti-anxiety medications, cardiovascular drugs, anticonvulsants, corticosteroids, narcotics, sedatives.”

The Harvard guide went on to emphasize that Alzheimer’s can only be accurately diagnosed on a post-mortem examination. The guide states that *“Alzheimer’s is distinguished from other dementias at autopsy by the presence of sticky beta-amyloid plaques outside brain cells (neurons) and fibrillary tangles within neurons (all indicative of cellular death). Although such lesions may be present in any aging brain, in people with Alzheimer’s these lesions tend to be more numerous and accumulate in areas of the brain involved in learning and memory.”*

“The leading theory is that the damage to the brain results from inflammation and other biological changes that cause synaptic loss and malfunction, disrupting communication between brain cells. Eventually the brain cells die, causing tissue loss. In imaging scans, brain shrinkage is usually first noticeable in the hippocampus, which plays a central role in memory function.”

But even the Harvard guide inexplicably failed to mention known mitochondrial toxins such as statin drugs, metformin, Depakote, general anesthetics, fluoroquinolone antibiotics, fluorinated psychotropic drugs, NutraSweet (every molecule of aspartame, when it reaches 86 degrees F, releases one molecule of the excitotoxin aspartic acid and one molecule of methanol [wood alcohol] which metabolizes into the known mitochondrial poison formaldehyde [embalming fluid]), pesticides (including the chlorinated artificial sweetener Splenda, which was initially developed as a pesticide) or thimerosal (thimerosal), aluminum and formaldehyde which are common ingredients in vaccines. These are only some of the synthetic drugs that are capable of causing mitochondrial damage in brain cells – with memory loss, confusion and cognitive dysfunction, all early symptoms of dementia.

It is tragic, but all-too-common, for reversible and preventable drug-induced dementias

(therefore of known cause and thus not Alzheimer's) to be mis-diagnosed as Alzheimer's disease "of unknown etiology" and to then be prescribed costly, essentially ineffective and potentially toxic drugs – whose mitochondrial toxicities have not been tested for.

(The pharmaceutical industry, it should be noted, is not required by the FDA to test its drugs for mitochondrial toxicity when it is doing its studies for marketing approval, again exhibiting the total disdain for the Precautionary Principle by both industry and the regulatory agencies such as the FDA, the CDC and WHO.)

There is much more in the basic neuroscience literature proving the connections, at least from authors who do not have conflicts of interest with BigPharma and BigMedicine. The authors of these articles have raised the questions and have published the proof that concerned families of patients and their physicians desperately need to know.

Don't expect BigPharma to respond or to offer apologies or mea culpas. Do expect denials, dismissals, distractions, discrediting and then the delaying of real legitimate explorations of the real scientific evidence that exposes its subterfuge in the name of maintaining large profits for their stakeholders.

Here are the abstracts from just two of the many peer-reviewed articles from various science journals that support the thesis of this column.

Medication-induced mitochondrial damage and disease

Published in the Molecular Nutrition and Food Research journal; 2008 Jul;52(7):780-8.

Authors: Neustadt, J, [Pieczenik SR](#).

Posted at: <http://www.ncbi.nlm.nih.gov/pubmed/18626887>

Abstract

Since the first mitochondrial dysfunction was described in the 1960s, the medicine has advanced in its understanding the role mitochondria play in health and disease. Damage to mitochondria is now understood to play a role in the pathogenesis of a wide range of seemingly unrelated disorders such as schizophrenia, bipolar disease, dementia, Alzheimer's disease, epilepsy, migraine headaches, strokes, neuropathic pain, Parkinson's disease, ataxia, transient ischemic attack, cardiomyopathy, coronary artery disease, chronic fatigue syndrome, fibromyalgia, retinitis pigmentosa, diabetes, hepatitis C, and primary biliary cirrhosis. Medications have now emerged as a major cause of mitochondrial damage, which may explain many adverse effects. All classes of psychotropic drugs have been documented to damage mitochondria, as have stain medications, analgesics such as acetaminophen, and many others. While targeted nutrient therapies using antioxidants or their precursors (e. g., N-acetylcysteine) hold promise for improving mitochondrial function, there are large gaps in our knowledge. The most rational approach is to understand the mechanisms underlying mitochondrial damage for specific medications and attempt to counteract their deleterious effects with nutritional therapies. This article reviews our basic understanding of how mitochondria function and how medications damage mitochondria to create their occasionally fatal adverse effects.

Mitochondrial Dysfunction and Psychiatric Disorders

From: The Journal of Neurochemical Research 2009 Jun;34(6):1021-9.

Posted at: <http://www.ncbi.nlm.nih.gov/pubmed/18979198>

Abstract

Mitochondrial oxidative phosphorylation is the major ATP-producing pathway, which supplies more than 95% of the total energy requirement in the cells. Damage to the mitochondrial electron transport chain has been suggested to be an important factor in the pathogenesis of a range of psychiatric disorders. Tissues with high energy demands, such as the brain, contain a large number of mitochondria, being therefore more susceptible to reduction of the aerobic metabolism. Mitochondrial dysfunction results from alterations in biochemical cascade and the damage to the mitochondrial electron transport chain has been suggested to be an important factor in the pathogenesis of a range of (*so-called*) neuropsychiatric disorders, such as (*psychotropic drug-treated*) bipolar disorder, depression and schizophrenia....Alterations of mitochondrial oxidative phosphorylation in (*anti-psychotic drug-treated*) schizophrenia have been reported in several brain regions and also in platelets. Abnormal mitochondrial morphology, size and density have all been reported in the brains of (*anti-psychotic drug-treated*) schizophrenic individuals. Considering that several studies link energy impairment to neuronal death, neurodegeneration and disease, this review article discusses energy impairment as a mechanism underlying the pathophysiology of some psychiatric disorders, like (*psychotropic drug-treated*) bipolar disorder, depression and schizophrenia.

Dr Kohls is a retired physician who practiced holistic mental health care for the last decade of his career, and took seriously the Hippocratic Oath that he swore when he received his medical degree. He is also a peace and justice advocate and writes a weekly column for the Reader Weekly, an alternative newsweekly published in Duluth, Minnesota, USA. The last three years of Dr Kohls' columns are archived at http://duluthreader.com/articles/categories/200_Duty_to_Warn.

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