

1. Feature Article: The Science of Deceit

> by Burton Goldberg

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> The mainstream media regularly reports on the "dangers" of
> "unproven" herbal remedies and supplements. But what is the
> reported number of people who have died from using herbs and
> supplements? According to the FDA, between 1993 and 1998,
> federal, state and local agencies reported a total of 184
> deaths, most of which were associated with weight loss
> formulas.

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> Compare that to the reported number of people who
> die in hospitals because of the side effects of properly
> prescribed pharmaceutical drugs: more than 100,000, every
> year. You can add to that the number of patients killed in
> hospitals because of "medical errors": another 100,000 or so.

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> Those statistics are from the Journal of the American Medical
> Association (JAMA). This means that the ordained guardians of
> our health kill as many people every week as died in the
> September 11 terrorist attacks.

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> And that number only includes people who died in hospitals. A
> 1998 JAMA article estimated that more than 2 million people
> require hospitalization every year because of the adverse side
> effects of drugs. Moreover, it is widely conceded that the
> number of adverse reactions and fatalities attributable to
> prescription drugs is actually many times the number reported.

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> Statistics aside, let's put a face on what I'm talking about.
> Paul Domb is the son of a dear friend of mine. Two years ago,
> Paul was a 41-year-old endurance athlete who had run thousands
> of road races, hundreds of triathlons and other world-class
> endurance events. Paul had regularly trained twice a day for
> 20 years to stay in competitive shape, so it was hard for him
> to understand why he should begin to experience anxiety and
> panic attacks. He went to a psychologist who, after a few
> sessions, recommended that Paul take the antidepressant drug
> Paxil. Paul was reluctant, but his anxiety was affecting his
> work in corporate real estate, so he started taking a daily
> dose of 20 mg.

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> About three weeks later, Paul was set to begin an early
> morning swim when he felt his heart suddenly speed up. For the
> first time in his life, he felt faint and lost consciousness.
> He fell backward, crashing onto a metal pool chair. He revived
> after several seconds, and felt ready to continue his workout,
> but his training partner convinced him to take it easy and go
> home. Paul related the incident to his wife, who insisted he
> go to the hospital for an examination.

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> At the hospital, he underwent an extensive battery of tests.
> They took Paul's medical history, asking what medications he
> was on, and took brain scans, electrocardiograms and various
> other tests. Paul's electrocardiogram, measuring his heartbeat
> rhythms, showed an unusual pattern. A cardiologist specializing
> in heart rhythms was called in. He told Paul that he needed to
> put a catheter up Paul's groin to stimulate the heart in an
> effort to reproduce the earlier arrhythmia. Paul refused, but
> the physician told him that a previous patient with the same
> symptoms who refused the test died soon after. Scared into it,
> Paul took the test. Afterward, the doctor came back with the
> bad news: Paul had a rare disorder called Brugada Syndrome.

> Without having a pacemaker/defibrillator inserted, he was
> told, his heart could suddenly stop and he could drop dead at
> any moment.
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> There was worse news: The disease was genetic and the
> possibility existed that Paul's 5-year-old daughter had the
> same condition and could die at any time.
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> Paul had the pacemaker inserted. Unfortunately, his doctors
> did not take into account that he was a competitive athlete,
> and they set the parameters of the pacemaker wrong. Whenever
> Paul went to sleep, his heart rate dropped below "standard,"
> and the device would rapidly pace his heart. Paul was unable
> to get more than two hours of sleep at a time. Although the
> doctors eventually reset his pacemaker, that was just the
> beginning of what became almost six months of physical and
> emotional hell. He was nauseated, but vomiting brought no
> relief. He frequently had convulsions. Electric shocks would
> shoot through his body 30 or 40 times a day, sometimes violent
> enough to cause him to fall. He started having recurring
> thoughts of suicide -- or violence toward others.
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> And through it all he was tortured by the fear that his
> daughter was going to die because of the genes he had passed
> on to her. Paul traveled the country, seeking an answer, but
> no doctor could help him. So Paul buried himself in research,
> trying to find a solution to his problems. And then one day he
> happened to catch the TV news show 20/20. On it were people
> describing exactly the same symptoms as he had, only they
> didn't have Brugada Syndrome --they were suffering side
> effects of trying to withdraw from Paxil.
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> Paul could hardly believe it. His doctor had told him to stop
> taking Paxil before his heart surgery. Paul started studying
> Paxil, and what he found shocked and enraged him. He
> discovered an astounding pattern of apparently deliberate
> deception by SmithKline Beecham (now called GlaxoSmithKline),
> the manufacturer of Paxil, withholding information on the
> dangers of this drug from the FDA and the medical community.
> In June 2001, GlaxoSmithKline lost a lawsuit when a Wyoming
> jury awarded \$6.4 million to the family of a man who killed
> three relatives and himself after taking the antidepressant.
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> The verdict was based on the company's failure to sufficiently
> warn doctors and patients that the effects of the drug could
> include violence. It has since come to light that 20% of
> patients worldwide who were prescribed Paxil for depression
> stopped taking it because of suffering adverse effects. And
> effects of withdrawal include intense insomnia; vertigo;
> electric shocks; profuse night sweats; nausea; extreme
> confusion; intense fear of losing sanity; and thoughts of
> suicide and homicide. A class action filed in San Diego,
> representing thousands of victims of Paxil is pending.
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> Paul then went to an expert: Pedro Brugada, the physician son
> of Dr. Ramon Brugada, for whom the condition is named. Brugada
> the younger looked at all of Paul's records and told him that
> he didn't have Brugada Syndrome. Other experts concurred. Paul
> was told that the hospital's original procedure to reproduce
> arrhythmia "would've brought a horse down." His "abnormal"
> heart rhythms come from having the benign "athletic heart
> syndrome," a sign of a super heart. The original fainting was
> probably due to taking Paxil; the later problems were likely

> due to withdrawal from it.

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> Even with this confirmation, Paul had to go to more than 20
> doctors before he found one who would remove the pacemaker.
> Paul is recovering from his ordeal; he is able to walk a mile
> now, although previously he could run 50. Despite off-the-
> record confirmations of incompetence and negligence in Paul's
> misdiagnosis and treatment, not one physician would sign a
> letter to that effect, or agree to testify on his behalf. Now,
> multiply Paul's story by thousands -- by millions -- every
> year, and you can understand my anger over sensationalistic
> headlines about the "dangers" of taking herbs like St. John's
> wort.

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> Here are some truths about the "scientific" testing of
> pharmaceutical drugs that you probably are not aware of. Did
> you know that the research information contained in the
> Physicians' Desk Reference, the pharmaceutical bible used by
> M.D.s, is supplied by the drug manufacturers themselves? Did
> you know that the FDA approves drugs not by actually doing the
> testing, but simply by reviewing studies submitted by the drug
> manufacturers? Did you know that a drug manufacturer needs to
> submit only two studies showing satisfactory results to get a
> drug approved by the FDA -- even if there are even more studies
> showing the drug causes adverse reactions in an unacceptably
> high number of cases?

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> Did you know that most of the articles discussing the efficacy
> of drugs that are published in medical journals are studies
> paid for by the drug manufacturer? And that often, as the New
> York Times reported last summer, the academic scientists
> listed as lead authors are often just "window dressing, to
> lend credibility to papers that are really the work of drug
> companies. The academic scientists' main role in such studies
> is to recruit patients and administer experimental treatments.
> The scientists or their universities are paid for this work."

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> And did you know that a study conducted by USA Today found
> that more than half of the experts hired to advise the
> government on the safety and effectiveness of medicine had a
> direct financial interest in the drug or topic they were asked
> to evaluate? An analysis of financial conflicts of interest at
> 159 FDA advisory committee meetings from January 1, 1998,
> through June 30, 2000, found that at 92% of the meetings, at
> least one member had a financial conflict of interest, while
> at 55% of meetings, half or more of the FDA advisers had
> conflicts of interest. These conflicts included helping a
> pharmaceutical company develop a medicine, then serving on an
> FDA advisory committee that judges the drug.

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> You may not know that a significant portion of your tax
> dollars earmarked for healthcare goes to research on
> patentable drugs that make billions of dollars for drug
> companies. The government should fund research into nontoxic,
> nonpatentable remedies at a much higher level than it is
> presently doing. This situation again points out the need for
> political action, for campaign reform. For 2001, the budget
> for the National Institutes of Health was \$20 billion. This
> amount could be doubled by 2003. Approximately 83% of this is
> spent on research performed outside the NIH. This is serious
> money, and most of it goes to developing patentable drugs.

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> A recent article in the New York Times revealed that the

> pharmaceutical industry spent \$177 million on lobbying in 1999
> and 2000: That's \$50 million more than their nearest rival,
> the insurance industry. They employ more lobbyists (625) than
> there are members of Congress; and more than half of the
> lobbyists are former members of Congress, congressional staff
> members or government employees.
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> This shows how important it is to get involved politically,
> and work for campaign-finance reform. It's also time for
> individual physicians to take responsibility for their
> actions, and stop being pawns in the economic games played by
> the drug and health insurance industries. Physicians will
> change only if their patients demand it.
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> Reform will only come from market forces, which means you: how
> you spend your money on healthcare, and on charitable and
> political donations. Get informed, take responsibility for
> your own health, and choose your doctors and medicines wisely.
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