Watch: [https://www.youtube.com/watch?v=7K3KR9of4gw](https://www.youtube.com/watch?v=7K3KR9of4gw)

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COUNTERTHINK

IF BIG PHARMA TOOK OVER THE CHURCH

FORGIVE ME FATHER FOR I HAVE SINNED.

WE HAVE A DRUG FOR THAT!
8 Invented Diseases Big Pharma Is Banking on

Sleep sweating? Restless legs? Shy? Refuse to Play Nice?

Here are some new ways the pharmaceutical plans to make money.

By Martha Rosenberg

April 15, 2010

Since direct-to-consumer drug advertising debuted in 1997, pharma's credo has been “When The Medication Is Ready, The Disease (and Patients) Will Appear.” Who knew so many people suffered from restless legs?

But pharma's recent plan to move from mass-market molecules into more lucrative vaccines and biologics did not see the anti-vaxer movement coming: millions of Americans saying You Want to Vaccinate Me -- and My Child -- with WHAT?? and condemning vials of H1N1, rotavirus and MMR vaccines to sit, well, way past their expiration dates. Nor were fears of an international vaccine conspiracy helped by former CDC Director Julie Gerberding resurfacing as President of Merck Vaccines in December. (Nice revolving door if you can catch it.)

Now pharma is back to creating new diseases, patients, risks and "awareness campaigns" faster than you can say thimerosal (the vaccine preservative that started the backlash.)

1. SERM deficiency

A pill to prevent postmenopausal osteoporosis packs the "magic three" of drug sales--fear, forever and faith--since you never know if it's working or you need it but fear stopping. But 15 years after women began swallowing bisphosphonates like Boniva and Fosamax because pharma-planted bone density machines in medical offices revealed they had "osteopenia,"* bisphosphonates are linked to jaw bone death, esophageal cancer and causing the fractures they were supposed to prevent. Sorry
about that. Now pharma is hawking Selective Estrogen Receptor Modulators (SERMs) like Evista and Tamoxifen to prevent osteoporosis and even some cancers. Unfortunately they can cause others…

2. Statin Deficiency

If it seems like the whole world is on statins, it's not your imagination. Last year the FDA approved AstraZeneca's Crestor for children as young as 10 and in March it approved Crestor for 6.5 million people who have no cholesterol or heart problems at all! (See: fear, forever and faith.) Many say, since lead investigator of the Justification for the Use of Statins in Primary Prevention study Paul Ridker of Brigham and Women's Hospital in Boston is co-patent holder/inventor of the C-reactive protein (CRP) test which "proves" Crestor's effectiveness, there's a conflict of interest. Others say, since CRP isn't necessarily even a marker for heart disease and statins can cause Type 2 diabetes, it's bad science along with a conflict of interest.)

3. Circadian Dysrhythmia

Insomnia is a gold mine for pharma because everyone sleeps -- or watches TV when they can't. But Ambien, Lunesta, Sonata and Rozerem have reached market saturation, so pharma is rolling out subcategories like nocturnal, middle-of-the-night (MOTN) and terminal insomnia and sleep eating, sleep walking and sleep sweating (yes sweating) to boost the franchise. Meanwhile another demo is swelling Circadian Dysrhythmia numbers: Thanks to restless legs syndrome, sleep apnea, shift work sleep disorder, people who skimp on sleep and of course insomnia meds themselves, there's an epidemic of excessive sleepiness! Enter Provigil --"a mood-brightening and memory-enhancing psychostimulant which enhances wakefulness and vigilance," -- Adderall and Vyvanse, known in the days of Lenny Bruce -- also an "excessive sleepiness" sufferer -- as speed.

4. Adult Autism, ADHD and Refusal to Play Nicey

Having marketed adult diseases like depression, bipolar disorder and schizophrenia in 4-year-olds to death, pharma is now finding childhood diseases in adults. Adults with ADHD have hyperactivity, impulsivity, "executive function deficits" and "difficulty
with organization and time management," says Harvard Medical School's Joseph Biederman, in a 2004 JAMA. The disease, found in most people's brother-in-laws, requires "lifelong" medication says Biederman, who was accused of pushing Risperdal and hiding pharma income by Congress in 2008. Adults may suffer from autism too says a 2008 article in Psychiatric News, if they're "unsociable, extremely rigid, given to angry outbursts" and "acutely sensitive to light, heat, and pain." Luckily, in two studies "SSRI antidepressants led to a decrease in repetitive behaviors and to somewhat more socializing," in adults with autism says Psychiatric News.

5. Asthma That Requires "Two Drugs"

Leave it to pharma to develop an asthma drug--the long-acting beta2-agonists (LABAs)-- that triples the rate of asthma deaths, especially in African-Americans. And leave it to the FDA to approve LABA's on the basis of a trial, the 2003 SMART trial (Salmeterol Multicenter Asthma Research Trial), that was stopped early because of so many deaths. In March, after more deaths, especially in children, a sheepish FDA recast LABAs as a last resort medication with or without use of a concomitant inhaled steroid. But AstraZeneca doesn't want to stop selling its LABA with a steroid, Symbicort -- and GSK its LABA with a steroid, Advair -- just because they're correlated with death. So the LABA drugs are being billed as safe and able to treat "both" causes of asthma (see: Vytorin) and projected to earn billions this year.

6. "Treatment Resistant" Conditions

If an engine additive or laundry product didn't work, who would chase it with another product--or two-- because the manufacturer told them to? Who would pay $300 to $900 a month out of their pocket for antidepressants, antipsychotics, mood stabilizers and mood brighteners some of which don't work? (see: fear, forever, faith.) Increasingly, pharma is approving drugs as add on or "adjunctive therapy" like AstraZeneca's antipsychotic Seroquel, approved last year "for patients who had failed to respond adequately to an antidepressant alone." Also last year, the FDA approved Eli Lilly's Symbyax, a combination of the SSRI antidepressant Prozac and controversial antipsychotic Zyprexa -- do patients gain 100 pounds but feel great? -- for "treatment resistant depression." Why are diseases "treatment resistant" instead of the drugs "ineffective" or diagnoses "wrong"?
7. Low T

Men are you feeling run down and over the hill? Is your hair falling out, skin wrinkling and abdomen developing its own zip code? Have you lost interest in sex or worse, has your partner? (With you?) Do you need reading glasses, dental implants and heel splints? You're not getting old, you just have Low T and are ready for the aging-is-really-just-low-hormones con that women have lived with for 60 years: hormone replacement therapy. Like 50 million women before you, you can be Forever Masculine even though, to (quote hormone giant Wyeth) you have outlived your testes if you start replacing your lost testosterone. You'll get both kinds of zips back in your life, and it won't change your prostate-specific antigens. Pharma promises.

8. "Spectrum" Disorders

Nothing proves pharma's when-the-medication-is-ready credo better than the legions of people who have fibromyalgia now that Cymbalta, Savella and Lyrica are available to treat it. Still, a "grassroots" pharma front group is conducting a Fibromyalgia Is Real awareness campaign like it did for depression and bipolar disorder, just to make sure. Pharma has also rolled out the term "depression spectrum disorder" for fibromyalgia to make sure patients who have some but not all of the symptoms seek treatment. And speaking of spectrums, "Epilepsy Spectrum Disorder" was rolled out in January's JAMA -- a disorder which is not just about seizures anymore but has "shared mechanisms" with "depression, autism..., and other cognitive comorbidities." Spectrum disorders are Real--which is pharma for Reimbursable.

* a pharma contrivance like "perimenopause" to widen the patient pool
The Drug Patent Rush
There's Gold in Them Thar Pills

http://medicalexpose.org/

IMUNE
International Medical University for Natural Education
Evidence Based Natural Energetic Medicine Education
HOW THE WORLD’S BIGGEST PHARMACEUTICAL COMPANIES ARE TURNING US ALL INTO PATIENTS

SELLING SICKNESS

Ray Moynihan
Alan Cassels


The Best Selling Drugs in the World
2014 Sales in Billions

Humira $12.54
Sovaldi $10.28
Remicade $9.24
Rituxan $8.68
Enbrel $8.54
Lantus $7.28
Avastin $6.96
Herceptin $6.79
Advair $6.43
Crestor $5.87

Data Source: Genetic Engineering & Biotechnology News

IMUNE
International Medical University for Natural Education
Evidence Based Natural Energetic Medicine Education
A typical school day

Starts CONCERTA

Finds attention's lost class

Interacts better with classmates etc.

Focuses on homework

Forgets homework

Keeps interrupting lunch

Eats lunch alone

Time to ask your child's doctor about CONCERTA!

CONCERTA® CAN HELP YOUR CHILD GET ON THE PATH TO SUCCESS IN MANAGING ADHD.

- CONCERTA® can help improve your child's focus
- CONCERTA® improves social interactions as reported by teachers and parents
- In a survey, 96% of parents reported that their child get in trouble less often at school when on CONCERTA®
- CONCERTA® has over 8 years of proven safety

TALK TO YOUR HEALTHCARE PROFESSIONAL ABOUT CONCERTA®
VISIT CONCERTA.NET/ADHD OR CALL 1-800-487-4400

COUNTERTHINK
WHAT THE DRUG COMPANIES REALLY WANT

Croaker Cola

Rx CENTER
FDA APPROVED

INSERT LIFE SAVINGS HERE

DEPRESSION
CHOLESTEROL
OBESITY
BLOOD PRESSURE
BREAST CANCER
OSTEOPOROSIS
Disease-Inventing is putting people at risk, researchers say

Drug firms 'inventing diseases' to make money

Pharmaceutical firms are inventing diseases to sell more drugs, researchers have warned.

Disease-mongering promotes non-existent diseases and exaggerates mild problems to boost profits, the Public Library of Science Medicine reported.

Researchers at Newcastle University in Australia said firms were putting healthy people at risk by medicalising conditions such as menopause. But the pharmaceutical industry denied it invented diseases.

Report authors David Henry and Ray Moynihan criticised attempts to convince the public in the US that 43% of women live with sexual dysfunction. They also said that risk factors like high cholesterol and osteoporosis were being presented as diseases - and rare conditions such
as restless leg condition and mild problems of irritable bowel syndrome were exaggerated. The report said: "Disease-mongering is the selling of sickness that widens the boundaries of illness and grows the markets for those who sell and deliver treatments.

Campaigns

"It is exemplified mostly explicitly by many pharmaceutical industry-funded disease awareness campaigns - more often designed to sell drugs than to illuminate or to inform or educate about the prevention of illness or the maintenance of health."

The researchers called on doctors, patients and support groups to be aware of the marketing tactics of the pharmaceutical industry and for more research into the way in which conditions are presented. They added: "The motives of health professionals and health advocacy groups may well be the welfare of patients, rather than any direct self-interested financial benefit, but we believe that too often marketers are able to crudely manipulate those motivations.

"Disentangling the different motivations of the different actors in disease-mongering will be a key step towards a better understanding of this phenomenon." But Richard Ley, of the Association of the British Pharmaceutical Industry, said the research was centered on the US where the drugs industry had much more freedom to promote their products to the public.

"The way you can advertise is much more restricted in the UK so it is wrong to extrapolate it. "Also, it is not right to say the industry invents diseases, we don't. It is up to doctors to decide what treatment to give people, we can't tell them."

<table>
<thead>
<tr>
<th>DISEASE-MONGERING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restless legs - Prevalence of rare condition exaggerated</td>
</tr>
<tr>
<td>Irritable bowel syndrome - Promoted as a serious illness needing therapy, when usually a mild problem</td>
</tr>
<tr>
<td>Menopause - Too often medicalised as a disorder when really a normal part of life</td>
</tr>
</tbody>
</table>
CounterThink
What the Drug Companies Really Want

If the drugs do cause a problem then we’ve got some pills that might help...

And some other pills for the side effects of the pills you take for the problems the drugs cause...

And some other pills for the side effects of the pills you take for the problems the drugs cause...

And some other pills for the side effects of the pills you take for the problems the drugs cause...

With the cost of bringing a drug to market at over 1.5 million dollars, When will we see the ludicrous folly.
A pill for SHY people !!!! How Stupid does the drug companies think we are ??

Have you ever been SHY and cautious in Public, Here is a drug that will allow you to make a stupid fool out of yourself
Get Free Music.  
**Fight Acne. Stay cool.**

Get free music downloads from Differin® and RealPlayer Music Store — every time you fight acne with Differin®. RealPlayer Music Store has all the hit music you love, from rock to rap, from country to pop. It's ready and waiting.

So rock harder. And rock acne free. [Sign up now](#) — so you can download free music and receive tips and ideas for keeping your skin looking great.

Do you need to print your proof of purchase form? [Click here](#).

### The 3 Levels of Cool

<table>
<thead>
<tr>
<th>Level</th>
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<tr>
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<td>Sign Up</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Get and Fill Differin® Prescription</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Refill Differin® Prescription</td>
<td>10</td>
</tr>
</tbody>
</table>

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![IMUNE](IMUNE.png)

Evidence Based Natural Energetic Medicine Education
Thalidomide, Bendictine, Ondansetron, Zoloft, Depakote, Topamax, Way too Many SINthetic Drugs cause Birth Defects, They Insult the Body
WITH SUCH MASSIVE MISTAKES MADE IN REGISTERING DRUGS LATER FOUND OUT TO BE DANGEROUS WE NEED TO RE-EVALUATE OUR METHOD OF DRUG ACCEPTANCE AND CONSIDER THAT A SYNTHETIC ANYTHING IS AN INSULT TO THE BODY AND TO HEALTH.
Prescription Drugs Outpace Car Accidents As Leading Cause Of Death

Car accidents have been the leading cause of death in the United States for decades. Recently, for the first time, the leading cause of death was replaced in 16 states by drugs.

And not the kind of drugs you'd expect.

While illegal drugs such as heroin and cocaine do contribute a fair share to the death toll, the sharpest increase in fatalities was due to prescription opiates such as methadone, Oxycontin and Vicodin. The number of deaths from methadone alone increased sevenfold between 1999 and 2006, according to a recent report by the Centers for Disease Control and Prevention (CDC).

The number of states where deaths caused by overdoses and other drug-related fatalities (including organ damage from long-term drug use) outnumbered those caused by car accidents doubled to 16 between 2003 and 2006. Those states are New York, New Jersey, Connecticut, Rhode Island, New Hampshire, Massachusetts, Maryland, Pennsylvania, Michigan, Ohio, Illinois, Utah, Nevada, Colorado, Oregon and Washington.

WE ARE KILLING PEOPLE WITH SYNTHETIC DRUGS
Disease mongering and drug marketing

Howard Wolinsky

Summary
Most people may not have heard of metabolic syndrome, but that is likely to change. Once known mysteriously as Syndrome X, the condition, a precursor to heart disease and type 2 diabetes, is about to be transformed into a household name by the US pharmaceutical industry and its partners in the medical profession. A society dedicated to addressing the condition has been organized, a journal has been started, and an education campaign launched. Patients are already being tested for metabolic syndrome. As the trade publication Pharmaceutical Executive said in its January 2004 issue: “A new disease is being born” (Breitstein, 2004).

...industry has found itself under fire from detractors who contend that, in the pursuit of profits, companies are in league with medical doctors and patient advocacy groups to ‘disease monger’...

The situation is reminiscent of the attitude towards cholesterol. Twenty years ago, physicians were not concerned about the effects it might have on heart disease. Today, thanks to efforts by pharmaceutical companies, high cholesterol levels are now recognized as a major health problem. In fact, IMS Health, a global healthcare information company, reports that the two best-selling drugs in 2004 were statins: Lipitor® (atorvastatin calcium) from Pfizer (New York, NY, USA)—valued at US$10.6 billion with growth of 13.9% over the previous year—and Zocor® (simvastatin) from Merck (Whitehouse Station, NJ, USA). Pharmaceutical Executive noted: “The emergence of cholesterol reduction as a market was a major event for pharma. Metabolic syndrome promises to be as big or bigger” (Breitstein, 2004).

However, critics note that not every new disease for which the pharmaceutical business provides a drug is necessarily a major public health problem, but rather a venue for drug companies to increase revenues. Pharmaceutical companies research, develop and exploit drugs to prevent, control and cure diseases and treat symptoms. Companies then market these medications to recoup their investments and reward shareholders. It would seem to serve the interests of society, but some critics characterize it as a vicious circle in which businesses invent new diseases to match their existing drugs. Increasingly, industry has found itself under fire from detractors who contend that, in the pursuit of profits, companies are in league with medical doctors and patient advocacy groups to 'disease monger': convince people that their usually mild ailment urgently needs drug treatment.

The late medical journalist Lynn Payer addressed the issue in the early 1990s in her book Disease-Mongers: How Doctors, Drug Companies, and Insurers Are Making You Feel Sick. She wrote: “Disease-mongering—trying to convince essentially well people that they are
sick, or slightly sick people that they are very ill—is big business.... Disease mongering is the most insidious of the various forms that medical advertising, so-called medical education, and information and medical diagnosis can take.” Similarly, Arthur Caplan, Professor of Bioethics at the University of Pennsylvania, Philadelphia, USA, last December told the popular American TV programme 60 Minutes, “If you want to stir up worry in the public, and you've got the advertising dollars to do it, you can turn almost anything into a disease.” The focus of the 60 Minutes report was the recent emergence of a market for adult attention deficit disorder (ADD)—the traditional view was that ADD afflicted only children who would eventually outgrow it.

Critics such as Payer and Caplan maintain that the routine human condition...is increasingly being re-defined as disease...

Critics such as Payer and Caplan maintain that the routine human condition—unhappiness, bone thinning, stomach aches and boredom—is increasingly being re-defined as disease: depression in its milder forms, osteoporosis, irritable bowel syndrome and attention deficit disorder. Likewise, risks factors, such as high cholesterol and high blood pressure, are declared diseases in their own right—hyper-cholesterolaemia and hypertension—with falling thresholds resulting in more people considered to be sick. In other cases, drugs approved for devastating illness, such as clinical depression, are indicated for milder conditions, such as shyness, which is now dubbed 'social phobia'.

One such example is Strattera® (atomoxetine hydrochloride), developed by Eli Lilly & Co. (Indianapolis, IN, USA) and approved in November 2002 by the US Food and Drug Administration (FDA) for treating ADD in children, teens and, for the first time, adults. One Lilly advertisement shows a series of photographs of an uptight-looking model, and asks in the headline: “Distracted? Disorganized? Frustrated? Modern Life or Adult ADD?” The advertisement notes that adult ADD can go undiagnosed because “its symptoms are often mistaken for a stressful life.” The commercial suggests that readers get checked out by their physician, because Strattera®, the first approved medication for adult ADD, can help “you stay focused, so you can get things done at work and at home.”

“I certainly have watched adult attention deficit disorder start to spread out from the first grade/kindergarten crowd right up to adulthood. I am suspicious because I think that this expansion is fuelled by Lilly and Strattera®,” Caplan commented. “I don't like the way their website [suggests that] people go pester their doctor if they have problems waiting in lines or get frustrated being put on hold on the phone.” Lilly did not respond to a request for comment.

Adult ADD has been a favourite target of the critics. But psychiatrist Peter Jensen, a mental health researcher at Columbia University (New York City, NY, USA), concedes there is a dearth of epidemiological research on adult ADD, which can be a real condition that impairs and
disables people. “Pharmaceutical companies are businesses that are out there to make money and sell things. But saying that diseases are invented seems a little over the top. [Companies] certainly spread information and increase awareness, but you can't sell it to the FDA that way,” said Jensen, who serves on the governing board of Children and Adults with Attention–Deficit/Hyperactivity Disorder (CHADD; Landover, MD, USA), a non-profit patient support group. “Illness is defined in a social context. Value systems are inherent in medicine. With adult attention deficit disorder, some people whose brains are easily distracted are [annoyed] at being labelled [and] will say that they are just high energy and creative; others will be thankful they were diagnosed, treated and had their attention span restored to almost normal.”

...it is not only companies who are to blame, but also physicians who diagnose a disorder and prescribe a drug, as well as patients who feel that they have a serious disease that needs treatment

Not surprisingly, the pharmaceutical industry does not buy the 'disease mongering' critique. “Our [industry's] job is to look for cures, not to create disease. It's up to the medical community to develop new diagnostic tools and ways to evaluate patient response,” said Alan Goldhammer, Associate Vice President for Regulatory Affairs for Pharmaceutical Research and Manufacturers of America (PhRMA), an industry trade group based in Washington, DC, USA. He maintains that drug regulators, such as the FDA, approve drug therapies on the basis of clinical trials. “One can argue you can't do a clinical trial because if it's not a disease, it's unethical to treat people with a drug if you're not going to come up with any potential benefits. There are a number of checks and balances throughout the development process that are totally external to the pharmaceutical companies.”

Critics maintain that it is not only the pharmaceutical industry that has a role in the creation of new diseases, although they certainly fuel the process. For this reason, Australian journalist Ray Moynihan, a visiting editor at the British Medical Journal and co-author of the forthcoming book Selling Disease: How Drug Companies are Turning Us All into Patients, describes the process as 'corporate-sponsored drug creation' because it also involves physicians and patient groups. “There are informal alliances of doctors, drug companies and increasingly patient groups that help to widen the boundaries of illness in order to widen markets for those selling treatments. Often this process is driven by the medical profession, but it's driven with fuel provided by the drug companies,” he said. Nevertheless, drug companies have an important role in the process. “The meetings where these disorders are defined and expanded are all drug-company funded,” Moynihan said. “Drug company activity lubricates this process, but it's often
not corporate executives in the driving seat. Often it's the so-called thought leaders at the top of the tree in their profession and in their specialties.”

**BIG BUSINESS**
**THE TOP COMPANIES BY CANCER DRUG SALES.**

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>SALES ($B)</th>
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<tbody>
<tr>
<td>ROCHE</td>
<td>31.3</td>
</tr>
<tr>
<td>NOVARTIS</td>
<td>11.2</td>
</tr>
<tr>
<td>AMGEN</td>
<td>6.8</td>
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<tr>
<td>CELGENE</td>
<td>5.5</td>
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<tr>
<td>JOHNSON &amp; JOHNSON</td>
<td>3.7</td>
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<tr>
<td>ELI LILLY</td>
<td>3.3</td>
</tr>
<tr>
<td>ASTRAZENECA</td>
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<tr>
<td>BRISTOL-MYERS SQUIBB</td>
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<tr>
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**FOR EVERY CURE WE WILL FIND A DISEASE**

Furthermore, it is not always obvious where the border should be defined between a mild symptom and a disorder that needs medical attention. “I wouldn't draw such a clean line between manufactured and real diseases,” said Joe Dumit, Associate Professor of the Anthropology and Science-technology Studies' Programme at the Massachusetts Institute of Technology (Cambridge, MA, USA). He has been studying the topic of disease creation as part of his work on how patients with controversial sociomedical conditions, such as chronic fatigue syndrome, Gulf War syndrome and multiple chemical sensitivity, organized themselves to obtain research funding from the US National Institutes of Health. Dumit found that when patient groups were backed by pharmaceutical companies, such as patients with ADD and post-traumatic stress disorder (PTSD), the character of the debate changed entirely. “When Zoloft [®; sertraline hydrochloride] was approved [in 1999 for PTSD], almost every article that came out about PTSD now more or less no longer questioned the existence of the disease, but instead talked about the treatment and whether [PTSD is] underdiagnosed or overmedicated,” he said. In addition to forming alliances with patient groups, drug companies also attempt to “maximize the detectable prevalence of conditions as part of the economic rationale for growing the market for the medications,” said Dumit. “Once you decide on a threshold like a cholesterol level or an amount
of irritation in your bowels, and once you decide there's a drug that could reduce that in a population, they have a strong incentive to market to that whole population.”

One such example is social anxiety disorder, better known as shyness. GlaxoSmithKline (Uxbridge, UK) had the indications for its antidepressant Paxil® (paroxetine hydrochloride) extended to treat social anxiety disorder, an extreme form of shyness marked by fear of public speaking, eating in front of others or using public bathrooms. The FDA approved this new indication in October 2003. However, “shyness is a new disease invented by Glaxo,” said Sidney Wolfe, executive director of the Public Citizen's Health Research Group (Washington, DC, USA). “In a pathological way I'm sure that people are so shy it can be a disease. It can be a real downside for people. A lot of these people are depressed. A number of these people are shy because they have been physically or sexually abused when they were younger. Shyness is generally a symptom of something else and to gloss over finding the cause and to just throw a drug at someone is doing a disservice.” GlaxoSmithKline did not respond to a request for an interview.

In the end, it is not only companies who are to blame, but also physicians who diagnose a disorder and prescribe a drug, as well as patients who feel that they have a serious disease that needs treatment. “What you have in social anxiety disorder is senior clinicians who are often connected with [several] different drug companies promoting this almost as a horrifying psychiatric disease,” Moynihan explained. He therefore lays some blame on the medical profession if they are not forthcoming about these connections. “I just don't think you can be credible when you're taking money from drug companies. And often when these [experts] are communicating with the public, the public does not know of those ties,” Moynihan said. “This is the marketing of fear. This is not a healthy way to run a society. It's putting disease at the centre of human life.”

The USA is the epicentre for both drug and drug-marketing innovation. In addition, it is the only developed country apart from New Zealand that allows direct-to-consumer advertising for medications. According to Moynihan, consumers are exposed to an average of ten drug advertisements per day on news programmes, sitcoms and soap operas, which has a major impact on their view of disease. “The drug ads are changing perceptions of human ailments and conditions and experiences,” he said. Referring to the process in which disease prevalence is maximized, Moynihan cited GlaxoSmithKline's campaign to market Paxil in the late 1990s, when pamphlets were distributed suggesting that one in eight Americans had social anxiety disorder. “One in eight Americans! This is clearly an absurd fiction. The point of that is to try and make ordinary people feel sick,” Moynihan said.

It's not healthy for children or adults to sit in front of a wall of drug-company promotion every day that tells healthy people they're sick.
Although other developed countries may not have direct-to-consumer advertising, they are not immune to the influence of marketing campaigns. “This is a global phenomenon,” Moynihan said. “In other countries, you can't advertise drugs direct to the public, but you can run and sponsor disease awareness campaigns and that's what they see in Europe and Australia.” In fact, in the autumn of 2003, Germany's largest weekly news magazine Der Spiegel devoted a cover story on the topic, based on German science journalist Jörg Blech's book Die Krankheitserfinder (The inventors of disease), which analyses how the pharmaceutical industry invents new diseases to increase sales of their drugs.

Jerry Avorn, a medical professor at Harvard University and Chief of the Division of Pharmacoepidemiology and Pharmacoeconomics at the Brigham and Women's Hospital (Boston, MA, USA), is a long-time critic of the drug industry's marketing practices. However, he is also sceptical of the social critics: “The reason we're not still using leeches is we base our decisions about drugs on well done clinical trials of what works and what doesn't. Nothing that comes out of the realms of anthropology or philosophy matters much if the science isn't taken into account.” According to Avorn, there are two extremes in the discussion: those who overpromote the pill-for-every-ill philosophy and nihilists who view diseases as being invented. “The truth is somewhere in the middle,” he said.

Faced with increasing costs for healthcare services to cover drug prescriptions, politicians have also begun to investigate the issue of disease mongering. In 2004 and 2005, the British House of Commons held hearings on practices of the pharmaceutical industry, including disease mongering. In March 2005, the House of Commons Health Committee published a report, The Influence of the Pharmaceutical Industry, in which it expressed concerns about the effects of
“medicalisation of our society—the pill for every problem.” The committee did not blame this trend solely on the pharmaceutical industry, but rather said the industry has encouraged it by acting as a “disease monger”, with the aim of categorising an increasing number of individuals as ‘abnormal’ and thereby requiring (drug) treatment. This process has lead to an unhealthy over-reliance on, and an overuse of, medicines. It also diverts resources and priorities from more significant disease and health problems” (House of Commons, 2005).

To increase people's awareness of disease mongering, Moynihan called for “a more robust conversation” on regulation. “The disease-awareness campaigns need to be seriously regulated. It's not healthy for children or adults to sit in front of a wall of drug-company promotion every day that tells healthy people they're sick,” he said. “I actually think quite strongly that there must be a conversation about how or if to regulate this. I think that's extremely unlikely [in the USA] in the near future. I think the Europeans are a little more civilized about this stuff. And in fact the Europeans recently rejected loosening the rules on advertising.” As governments and public healthcare systems are increasingly confronted with the high cost of medications, no doubt the issue of medicalization and disease mongering will become even more important in future debates.

References

Create a disease to market a new drug

JANUARY 24, 2011
An excerpt from White Coat, Black Hat.
by Carl Elliott

Many of us have a relatively simple, commonsense view of the way that drug development and marketing work.

People get diseases; scientists develop drugs to treat those diseases; and marketers sell the drugs by showing that the drugs work better than their competitors. Sometimes, however, this pattern works in reverse. Drug company scientists develop a drug with a range of physiological effects, none of which are terribly helpful, so the marketers must identify and promote a disease for the drug to treat. This might mean co-opting a rare disease whose borders can be expanded to encompass more patients, or redefining an unpleasant aspect of ordinary life as a medical pathology. Once a disease has achieved a critical degree of cultural legitimacy, there is no need to convince anyone that a drug is necessary. It will come to him as his own idea.

A classic drug industry example is the strategy developed by Merck in the 1960s to promote amitriptyline, its new antidepressant. At the time, clinical depression was regarded as a rare condition—so rare, in fact, that there appeared to be little profit in marketing an antidepressant. The solution was to increase the frequency of the diagnosis. To that end, Merck bought fifty thousand copies of a book by Frank Ayd called Recognizing the Depressed Patient and sent them out free of charge to general practitioners all over the country. Prescriptions for amitriptyline took off dramatically, despite the fact that a similar antidepressant, imipramine, had been available since the mid-1950s. The key to selling antidepressants, it became clear, was to sell clinical depression.

Fifty years ago this kind of marketing was aimed mainly at doctors. Today it is also directed at patients. The marketing buzzword is disease branding. To brand a disease is to shape its public perception in order to make it more palatable to potential patients. This is usually done by telling people that the disease is taken seriously by doctors, that it is far more common than they ever realized, and that having it is nothing to be ashamed of. As Vince Parry, the president of Y Brand, puts it, disease branding is a "win-win marketing strategy that illuminates, educates and promotes at the same time."

Disease branding works especially well for two sorts of conditions. The first is the condition that, like clinical depression in the early 1960s, can be plausibly portrayed as common yet underdiagnosed. This sort of branding campaign legitimates the pain or discomfort that people experience, not just by giving it a clinical name but by assuring potential patients they are part of a large community of sufferers. Take, for instance, restless legs syndrome. Until recently, restless legs syndrome was
seen by clinicians as an unusual, somewhat mysterious condition. It was characterized by a crawling or aching sensation in the legs, often more severe at night, which could be relieved by movement such as walking. It was not a common affliction. In 2005, however, GlaxoSmithKline got approval from the FDA to market Requip, a drug used to treat Parkinson’s disease, as a treatment for restless legs syndrome. GlaxoSmithKline soon issued a press release titled “New Survey Reveals Common Yet Under-Recognized Disorder—Restless Legs Syndrome—Is Keeping Americans Awake at Night.” The Requip public relations campaign went on to suggest that problems such as insomnia and depression might actually be symptoms of restless legs syndrome, which tormented as many as one in ten Americans.

The second disease-branding candidate is the shameful condition that can be destigmatized. When Pharmacia launched Detrol in late 1990s, for instance, the condition it treated was known to doctors as urge incontinence. Patients called it “accidentally peeing in my pants,” and they were reluctant to mention it to their physicians. Pharmacia responded by rebranding urge incontinence as overactive bladder. This helped in two ways. First, whereas urge incontinence implied a kind of constitutional weakness and was associated mainly with elderly people, overactive bladder suggested that patients were afflicted by some sort of supercharged organ frantically working overtime. This shift from weakness to strength made the condition seem less embarrassing. Second, in contrast to incontinence, which meant actual loss of bladder control, overactive bladder was defined to include people who very often simply had a strong urge to go to the bathroom. The vice president of Pharmacia, Neil Wolf, explained his strategy in a 2002 presentation called “Positioning Detrol: Creating a Disease.” By creating the disease of overactive bladder, Wolf said, Pharmacia expanded the treatable population nearly threefold, to a total of twenty-one million potential patients—the difference between a “niche product” and a “mass-market opportunity.” By 2003, Detrol and its long-acting version, Detrol LA, accounted for $757 million in annual sales.

Because it is difficult to create a disease without the help of physicians, companies typically recruit physician thought leaders to write and speak about any new concepts they are trying to introduce. “It is always presented as a scientific and clinical opportunity to help patients,” says Peter Whitehouse, a neurologist at Case Western Reserve University. Physicians must be convinced that a new disease category actually describes a patient population whose symptoms warrant a drug. It also helps if the physicians believe the condition is dangerous. When AstraZeneca introduced Prilosec (and later Nexium) for heartburn, for example, it famously repositioned heartburn as gastroesophageal reflux disease, or GERD. But it also commissioned research to demonstrate the devastating consequences of failing to treat it. Once physicians are on board, a company can get a concept like overactive bladder or reflux disease into widespread circulation simply by funding CME events, journal supplements, and disease-awareness campaigns. “That’s easy,” says Whitehouse. “You just have to have enough money.”

If a marketing campaign is really successful, it goes beyond hype to insinuate itself into the language and thought of the population as a whole, essentially remaking the way people think of themselves. Concepts such as reflux disease, erectile dysfunction, and irritable bowel syndrome have had considerable success, but the most remarkable changes have come in the language of psychiatry.
with the emergence of neurobiological concepts such as social anxiety disorder, attention deficit hyperactivity disorder, and bipolar disorder. What is striking about this neurobiological language is the extent to which ordinary people have come to incorporate it into their identities. You may have erectile dysfunction or irritable bowel syndrome, but you are bipolar or ADHD. Your diagnosis is part of who you are.
Big Pharma invents yet another disease to sell deadly drugs: 'Shift Work Disorder' now used to push medication that may kill you

by: Mike Adams

Ever heard of "shift work disorder?" It's a new disease being played up by the pharmaceutical industry to sell drugs so dangerous that even the home page of the drug website admits the drug may kill you.
One such drug is called "Nuvigil," sold by Cephalon, Inc., a wholly-owned subsidiary of Teva Pharmaceutical Industries Ltd. The warning text on the Nuvigil website says:

**NUVIGIL (armodafinil) Tablets [C-IV]** may cause serious side effects including a serious rash or a serious allergic reaction that may affect parts of your body such as your liver or blood cells, and may result in hospitalization and be life-threatening. If you develop a skin rash, hives, sores in your mouth, blisters, swelling, peeling, or yellowing of the skin or eyes, trouble swallowing or breathing, dark urine, or fever, stop taking NUVIGIL and call your doctor right away or get emergency help.


According to the Nuvigil website, the drug is, "a prescription medicine used to improve wakefulness in adults who experience excessive sleepiness due... shift work disorder (SWD)"

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Yet another fictitious disease

SWD, of course, is a made-up "disease" now being propagandized for the sole purpose of selling drugs like Nuvigil. The pushing of fictitious disorders is generally known as "disease mongering" across the industry. The premise of so-called Shift Work Disorder is that the tiredness you feel when you stay up all night working a night shift is actually some sort of disease requiring chemical intervention.

You're not simply tired because you're out of sync with the sun, the fictional narrative says: you're tired because you have a disorder! And unless you pop these pills -- which might kill you -- you'll never be
normal again!

This is the incessant lie of all drug advertisements: these pills will make you normal and healthy, they claim. Yet people who take their pills aren't normal and healthy; they're chronically diseased and suffering kidney failure, liver failure, skin disorders, sleep disorders and often dying from FDA-approved medications.

An incredible 783,000 Americans die each year from conventional medicine. Roughly 100,000 of those are killed by FDA-approved prescription medications. Yet the industry's answer is to keep inventing more and more medications to add to the toxic burden patients are already experiencing from the half-dozen meds they're already popping on a daily basis.

That's the business model of Big Pharma, of course: invent a fake disease, promote the disease to push a new pill, then get as many people to take those pills as possible while government Medicaid and Medicare programs write the checks.

The patient, in essence, is just a proxy for profit. The patient's body is essentially a chemical dumping ground so that drug companies can collect profits while claiming to have offered some sort of “treatment” that never actually treats anything other than symptoms.

"NUVIGIL may help the sleepiness caused by these conditions, but it may not stop all of your sleepiness and does not take the place of sleep,” says the Nuvigil website. In other words, you'd probably have similar results by slamming a couple of Monster energy drinks (not that I'm recommending energy drinks, of course).

Highly addictive controlled substance

But wait, there's more: "NUVIGIL is a federally controlled substance (C-IV), so use NUVIGIL only as directed and keep in a safe place to prevent misuse and abuse. It is against the law to sell or give NUVIGIL to another person."

Ah, and now we get to the real heart of the matter. Nuvigil is a highly addictive controlled substance.

"NUVIGIL is a federally controlled substance [C-IV] because it has the potential to be abused or lead to dependence,” says the Nuvigil website. “Selling or giving away NUVIGIL may harm others and is against the law.”

What they mean, of course, is that you selling Nuvigil to someone else is against the law, but it's not against the law for the drug industry to conspire with your doctor to sell you the drug. Keep this in mind when you hear about front groups like the Partnership For A Drug-Free America. Nearly all these front groups are funded by Big Pharma, and their goal is to get drugs off the streets so that people have to buy those very same drugs via prescription. It's a turf war, and Big Pharma wants to be your dealer.

By the way, the company that makes Nuvigil is running clinical trials now in an effort to get the pill approved for treating depression and "bi-polar disorder," yet another fictitious disease invented by the psychiatric industry to sell more high-profit pharmaceuticals that harm people. If they get their way, you'll soon be able to buy highly addictive, class IV controlled substances to treat your "bi-polarness."
One of the most common side effects of Nuvigil is insomnia

"In placebo-controlled studies, the most commonly observed side effects were headache, nausea, dizziness, and insomnia," says Wikipedia, a website I don't always trust but nevertheless tends to have useful information about drug side effects.

So wait, let me get this straight: The pill people are supposed to take when they feel too sleepy and can't stay awake somehow causes insomnia? Say it isn't so...

Taking the pill, then, can cause you to be unable to attain normal, healthy sleep. This causes your next night shift to be worse than the previous one, making you feel so tired you start popping extra Nuvigil. Then the hallucinations from sleep deprivation start to kick in, probably, and you find yourself playing out the opening sequence of "Fight Club" starring Ed Norton.

Keep in mind that the people who are likely to be targeted for this drug are paramedics, EMTs, doctors, nurses and other night-shift workers who need to have their heads on straight. If I'm in a late-night car accident and end up in the emergency room, I don't want some pill-popping medical addict trying to patch me up.

A safer alternative: phototherapy

So what can late-night workers do to stay alert on their night shifts? The answer is found in nature: phototherapy (light therapy).

Your endocrine system has its own light sensors that control the levels of hormones like melatonin. When your body senses light, it tells you to wake up and be alert. When it senses an absence of light, it tells your body to produce hormones that wind you down and help you go to sleep.

The simple solution for late-night work shifts is therefore twofold:

1) Avoid all light sources when sleeping (wear a blindfold or have window shades that can block out nearly 100% of outside light).

2) Supplement your light before or during night shifts. This may mean purchasing and using a high-intensity phototherapy device. Sunlight is quite intense, after all. Search for "light therapy device" or "Seasonal Affective Disorder" lamp to locate such products.

In addition, having a healthy endocrine system will further support your ability to work late-night shifts without compromising your overall health. This means avoiding all hormone mimickers such as BPA and drastically reducing your exposure to heavy metals.

In the end, however, there is no replacement for natural sunlight. Your body is engineered to work in harmony with Mother Nature, and that means waking and sleeping in rhythm with the orbit and rotation of planet Earth. Working late-night shifts will inevitably accelerate your aging, suppress your immune system, worsen your moods and disrupt your hormones. No drug will reverse this. Ultimately, the best
solution is to work night shifts only temporarily and return to normal waking schedules as quickly as you can.

SYNTHETIC IS SYNTHETIC

Pharmacology Fact: To Use a SYNTHETIC anything is an Insult to the Body

http://syntheticissinthetic4u.com/

Big pharma’s biggest market comes from causing disease, the side effects of the SINthetic drugs creates more disease than it cures
With the cost of bringing a drug to market at over 1.5 million dollars, when will we see the ludicrous folly?

Deaths are just the tip of the iceberg
Every day, Americans are injured by side effects of dangerous drugs. This makes more money for the drug companies

**THIS IS AN OPPORTUNITY TO MAKE A NEW DRUG TO TREAT THE SIDE EFFECTS**

The pharmaceutical industry makes sky-high profits that allow them to move quickly from one faulty drug to the next. From 2004 to 2008, Pfizer, one major pharmaceutical company, took in $245 billion. During that same time period, another company, Eli Lilly, made $36 billion from just one of its drugs (Zyprexa).

Between 2004 and 2010, major drug companies paid out $7 billion in fines, penalties and lawsuits — just a drop in the bucket when compared with soaring profits. No one seems to care that every day, Americans are injured or killed by dangerous prescription drugs.

Since 2000, the Food and Drug Administration (FDA) has approved an average of 24 drugs a year, including many that pose health risks and serious long-term side effects.

Drug companies help this happen when they conduct flawed or dishonest clinical trials by:

- Failing to report negative results to the FDA.
- Studying side effects for a short period of time.
- Studying a tiny group of people.
The FDA responds to adverse reactions to drugs in a variety of ways, such as meetings, reports, reviews, demands for more trials, letters to doctors, added warnings to labels, and requirements that patients enroll in special programs for drugs. FDA action, however, can take years — something patients may not have.

Consumers who have been injured by a prescription drug often take action of their own by filing lawsuits against drug companies. These lawsuits can cover exorbitant medical costs, as well as pain and suffering. The most important role of the lawsuits is that they speak the drug companies’ language — money — and can teach them a lesson.

### Among the dangerous drugs out there are:

- Type 2 diabetes drugs Avandia and Actos.

- Antidepressants Paxil, Prozac, Effexor, Zoloft and Lexapro.

- Mood stabilizer Depakote.

- Birth control pills Yaz and Yasmin.

- Acne medication Accutane.

- Blood thinners Pradaxa and Xarelto.

- Osteoporosis treatment Fosamax.

- GranuFlo and NaturaLyte, which are used in dialysis.

- Hair loss pill Propecia.
These drugs come with side effects that range from birth defects and liver damage to suicidal behavior, blood clots, bladder cancer, Crohn’s disease, heart attacks, strokes, uncontrollable bleeding and heart failure.

**Diabetes Drugs**

**Actos**

*Actos* (pioglitazone) received FDA approval in 1999, and was celebrated as the next great type 2 diabetes drug. It has been prescribed to 10 million people around the world. Actos’ bright future began to grow dim in 2007, however, when the FDA added a black-box warning to the label, warning patients of the risk of heart failure.

In 2011, the FDA added another warning to the Actos label — for bladder cancer. The label change came after Takeda Pharmaceuticals, which manufactures Actos, released study results showing that long-term use of Actos increases the risk of bladder cancer by 40 percent. France and Germany banned Actos in 2011. The FDA is waiting until final results from that study are released in 2013 to take any further action on Actos.

While the FDA sits on its hands, a new study published in the British Medical Journal shows long-term use of Actos increases the risk of bladder cancer by 83 percent. Thousands of patients have filed lawsuits after going through multiple surgeries, radiation and chemotherapy — all thanks to the would-be miracle drug Actos.

**FREE CASE REVIEW**

If you were harmed by a dangerous drug or a defective medical device, you may have legal options.

**Avandia**

*Avandia*, another type 2 diabetes drug, also launched in 1999, but was later implicated in heart attacks. The FDA estimates that Avandia caused 83,000 heart attacks from 1999 to 2007, the year in which the FDA added a black-box warning to the drug. In September 2010, the FDA significantly restricted use of Avandia, allowing access only to a select group of doctors and patients.
GlaxoSmithKline has settled at least 35,000 Avandia lawsuits, paying out $3 billion in late 2011 to settle cases involving several of its drugs as well as a government investigation. The two-year investigation by the U.S. Senate Finance Committee revealed that the drug company knew of the heart risks associated with Avandia for a long time and tried to hide concerns about the drug.

Antidepressants

Paxil

In 1992, SmithKline Beecham — which would later become GlaxoSmithKline — launched Paxil (Paroxetine), which is a selective serotonin reuptake inhibitor (SSRI). Like other antidepressants, Paxil carries a black-box warning that it can increase suicidality in children, adolescents and young adults. FDA reported in 2006 that 11 suicide attempts had occurred in patients given Paxil in trials. Based on the allegation that GlaxoSmithKline misled consumers about Paxil’s safety — including increasing suicidal behavior — a $64 million class-action suit was settled in 2007.

One FDA study shows that pregnant women who take Paxil during the first trimester have double the risk of having a baby with a heart defect, compared to other women. GlaxoSmithKline has spent almost $1 billion to settle birth-defect litigation.

Prozac

Prozac (fluoxetine) is an antidepressant made by Eli Lilly that hit the market in 1987. Prozac is an SSRI that is used for depression, obsessive compulsive disorder (OCD), bulimia nervosa and panic disorder. This medicine that has been prescribed to over 50 million people worldwide may cause serotonin syndrome and increases the risk of suicidal thinking and violent behavior.

In 1989, Prozac made the news as one man, Joseph Wesbecker, wounded 12 people and killed eight, before killing himself. Just weeks before the shooting, Wesbecker had started taking Prozac. The victims’ families sued Eli Lilly and lost. In 2011, a 16-year-old boy received a three-
year sentence after stabbing one of his friends. His doctor attributed his actions to a Prozac-induced mood disorder.

More than 150 lawsuits have been filed faulting Eli Lilly for not properly testing Prozac to show that it may make users aggressive and suicidal. Eli Lilly is also facing lawsuits over birth defects that resulted from a woman’s use of Prozac during pregnancy.

In 2006, the FDA added labeling to all SSRIs warning of the increased risk of pulmonary hypertension in the newborn (PPHN), which can be fatal.

Effexor

Approved in 1993, Effexor (venlafaxine) is manufactured by Wyeth — which was later purchased by Pfizer — to treat depression, generalized anxiety disorder, social anxiety disorder and panic disorder. In 2005, sales of Effexor totaled $3.5 billion.

In 2003, Wyeth warned health care professionals that in children ages 6 to 17 Effexor was not shown to be effective or safe, causing hostility and suicidal events. The U.K. General Practice Research Database was used in 2007 to compare antidepressants Celexa (citalopram), Prozac (fluoxetine), dothiepin and Effexor. The study showed that Effexor carries the highest risk of suicidality.

Effexor and all antidepressants carry the FDA’s black-box warning about the risk of suicide during the early stages of treatment, especially in kids. Effexor use during pregnancy can cause serious birth defects, and many parents have sued Pfizer after their baby has suffered.

Zoloft

Zoloft (sertraline) is an antidepressant created by Pfizer and approved by the FDA in 1999. By 2011, nearly 100 million people had taken Zoloft. Mainly used to treat major depressive disorder, Zoloft is part of the SSRI drug class. SSRIs come with a risk of suicidality and violent behavior, especially in children and adolescents.
Using Zoloft while pregnant can lead to birth defects, including persistent pulmonary hypertension in infants (PPHN), which can be fatal. In May 2012, more than 60 Zoloft lawsuits were filed on behalf of babies born with birth defects.

**Lexapro**

Approved by the FDA in 2002 to treat depression and anxiety, Lexapro (escitalopram) is a popular SSRI but is associated with birth defects. The drug, made by Forest Laboratories, had sales topping $355 million in 2011. Dozens of lawsuits have been filed after women took Lexapro and gave birth to children with birth defects. Birth defects resulting from Lexapro include persistent pulmonary hypertension of the newborn (PPHN), limb defects, spina bifida, cranial defects and neural tube defects.

**Depakote**

Depakote (divalproex sodium) is an anticonvulsant and is used to treat mood disorders, seizures and migraines. It was approved for its first indications by the FDA in 1983. The drug later was illegally marketed for unapproved uses, such as for youths with bipolar or seniors with dementia. As a result, Abbott Laboratories, the drug’s manufacturer, was required to pay $700 million in criminal penalties.

Many women have filed lawsuits against Abbott Laboratories, after Depakote led to birth defects such as developmental delays, spina bifida, cleft palate and bodily malformations. A 2006 study showed that 20 percent of women taking the medication while pregnant gave birth to children with birth defects, and as a result the FDA gave the medication a black-box warning concerning potential birth defects.

**Hormone Drugs**

**Testosterone**

There are a number of testosterone replacement drugs currently on the market. The most popular and most prescribed drug in the U.S. is AngroGel (testosterone gel) manufactured by Abbott Laboratories’ subsidiary, AbbVie.

The National Institutes of Health (NIH) funded one of the most recent studies published in PLOS ONE. The study was based on the records of 55,000 men who were prescribed testosterone in the
U.S. Researchers found the risk of heart attacks doubled for men who had used testosterone during the first three months. There have been other studies that also show an increased cardiovascular risk.

Based on these findings, watchdog group, Public Citizen, petitioned the FDA to add a black box warning to all testosterone drugs. Dr. Sidney Wolf wrote in an article published in BMJ on February 27, 2014 that 1 in 167 men over aged 65 will have a heart attack because of testosterone drugs. For men under 65 with preexisting heart conditions, that risk jumps to 1 in 100.

Men who suffered heart attacks and strokes are already filing lawsuits against testosterone replacement drug makers.

**Birth Control Pills**

**Yaz and Yasmin**

Released in the United States in 2006, Yaz (drospirenone/ethinyl estradiol) is a birth control pill manufactured by Bayer. Yaz is a sister drug to Yasmin, which was approved in 2001. Both medications contain drospirenone/ethinyl estradiol, so they carry the same risk.

From 2008 to 2009, Yaz was the top-selling birth control pill in the United States. In April 2012, Yaz continued in popularity as the fourth best-selling oral contraceptive. Yet several studies show that Yaz puts women at an increased risk for blood clots. Blood clots can contribute to deep vein thrombosis (DVTs), pulmonary embolism (PE), stroke or heart attack.

On April 10, 2012, the FDA required Yaz to include a warning that drospirenone-containing pills increase the risk of blood clots by threefold. Also, a former FDA commissioner, David Kessler, filed an affidavit, claiming that Bayer withheld early reports of blood clots from the FDA in 2004.

A multidistrict litigation (MDL) has been set up in Illinois to handle the 10,000-plus lawsuits over Yaz and Yasmin side effects.

**Acne Medication**
**Accutane**

Approved by the FDA in May 1982, Accutane (isotretinoin) is an oral medication from Roche that was once available for treating acne. Prescribed to more than 13 million patients, many users experienced cured acne after four to five months of treatment. Serious side effects from Accutane include inflammatory bowel disease, ulcerative colitis, Crohn’s disease, suicidal thoughts, birth defects, liver damage and gastrointestinal disorders. The Adverse Event Reporting System (AERS), a computer database of post-marketing adverse side effects, includes around 23,000 Accutane reports from 1982-2002, covering everything from alopecia (hair loss) and depression, to headache, dry skin and induced abortion.

As of 2002, 172 babies had been born with a congenital defect or anomaly after the mother had taken Accutane. Through 2002, there was a cumulative total of 173 suicides in association with Accutane.

The FDA met with Roche, the manufacturer of Accutane, in 2000 to set up a program to ensure that no woman took Accutane during pregnancy and that no pregnancies would occur while a woman was taking Accutane. The SMART (System to Manage Accutane Related Teratogenicity) program was designed to minimize the risk of birth defects by requiring a qualification sticker on prescriptions, consent forms, an information guide, a patient video, a guide for those who prescribe drugs and pharmacists and carton instructions.

Warnings concerning severe stomach pain, diarrhea and rectal bleeding were hidden in 3,000 words of possible side effects, and in 2005 Kamie Kendall won $10.5 million in damages after having her colon and rectum removed.

Andrew McCarrell won $25 million after having his colon removed in 2007. In 2009, Roche Pharmaceuticals responded to multiple personal injury lawsuits by removing Accutane from the market. But the legal settlements didn’t end there. In 2012, Gillian Gaghan was awarded $2 million for injuries related to inflammatory bowel disease after using Accutane for six months.

**Cholesterol Drugs**
Crestor

Crestor (rosuvastatin), made by AstraZeneca, was approved in August 2003. It is known to lower bad cholesterol up to 52 percent. Global sales reached $6.6 billion in 2011. Crestor belongs to a class of drugs known as statins. Crestor can cause rhabdomyolysis (muscle tissue damage), kidney (renal) failure and chronic or abnormal bleeding.

The FDA has written letters to AstraZeneca demanding it stop running commercials that exaggerate the drug’s benefits and downplay its dangers. In 2005, the FDA added a warning to the drug that all patients who use high doses of Crestor — 40 mg a day — are at an increased the risk of developing life-threatening muscle damage.

Sydney Wolfe from the Public Citizens Health Research Group — a nonprofit advocacy organization that represents consumer interests in Congress — said that in two years Crestor was linked to 117 cases of rhabdomyolysis and 41 cases of kidney failure, 11 of which resulted in death.

Blood Thinners

Pradaxa

Millions of Americans take blood thinners to reduce the risk of stroke caused by atrial fibrillation (irregular heartbeat). For decades, patients had limited options for blood thinners with most taking warfarin, a medication that requires diet changes and regular blood tests. All of that changed in October 2010, when the FDA approved Boehringer Ingelheim’s Pradaxa (dabigatran), a blood thinner that does not require the same maintenance as warfarin. Within two years, more than 3.7 million U.S. patients had filled Pradaxa prescriptions.

All blood thinners make patients more susceptible to bleeding accidents, however, with Pradaxa there is no antidote to stop bleeding, which can lead to disabling or fatal injuries. Hundreds of bleeding accidents associated with Pradaxa have been reported, and 542 deaths were reported in 2011.
Studies of Pradaxa also show an increased risk of heart attack and heart disease compared with warfarin. Nearly 200 people have filed Pradaxa lawsuits, most of which are consolidated in a multidistrict litigation (MDL) in Illinois.

**Xarelto**

One of the newest blood thinners is Xarelto (rivaroxaban), approved by the FDA in July 2011. Xarelto is approved for use after knee and hip replacement surgery to reduce the risk of blood clots. In November 2011, the drug’s indications were expanded to include atrial fibrillation (AF). There is no bleeding antidote for Xarelto, which means users of the drug can experience dangerous, uncontrollable bleeding events. Additionally, since the drug was fast-tracked, unknown side effects may also be putting patients at risk.

**Osteoporosis Treatment**

**Fosamax**

The FDA approved Fosamax (alendronate sodium), made by Merck, in 1995 to treat osteoporosis in postmenopausal women. It is estimated that millions worldwide have used the drug for osteoporosis and other indications, including Paget’s disease.

Some people taking Fosamax have suffered from injuries such as ONJ, or jaw death, joint and muscle pain, atrial fibrillation, and inflammation and ulcers of the esophagus. Nearly 1,000 people have filed lawsuits against Merck after experiencing severe side effects.

**Pain Medication**

**Vioxx**

Initially approved for acute pain such as rheumatoid arthritis in adults or menstrual related symptoms, Vioxx (rofecoxib) was available from 1999 to 2004. Vioxx is a part of a class of drugs called non-steroidal anti-inflammatory drugs, or NSAIDs, and functions like ibuprofen. Merck manufactured the drug which reached sales of $2.5 billion in 2003. Multiple studies revealed that this drug meant to assist patients was actually increasing the risk of heart attack. September 2004 Merck voluntarily withdrew the drug from the market. Over
60,000 people have filed claims against Merck after Vioxx use led to heart attacks, strokes and other injuries.

The company set up a $4.85 billion dollar fund to assist in resolving consumer claims. Additionally, Merck pleaded guilty to charges based on illegal marketing and agreed to pay fines of $950 million.

Gastrointestinal Drugs

Reglan

Reglan (metoclopramide) was approved by the FDA in 1980 and is used to treat migraines, heartburn, acid reflux, nausea, vomiting and gastroparesis, a digestive condition. In 2011, around 1 million people filled prescriptions of Reglan. That same year the Institute for Safe Medication Practices released a report that 1,180 cases of Tardive Dyskinesia resulted from Reglan use. Tardive Dyskinesia (TD) occurs as a side effect of certain medications and is a neurological disorder causing uncontrollable rapid movements of the face and the body. Severe cases can inhibit talking, walking and eating. Because of this, over 5,000 people have filed lawsuits against manufacturers of metoclopramide.

Dialysis Treatment

GranuFlo and NaturaLyte

Many people with acute or chronic kidney failure receive dialysis treatment with GranuFlo and NaturaLyte. Fresenius Medical Care (FMC), the world’s leading provider of kidney dialysis services and products, manufactures these two products. They were approved in 2003 to assist in dialysis treatment. The products are now used by around half of dialysis patients. Because dialysis machines were not properly calibrated, patients have suffered from excessive amounts of acid in the blood, which can lead to organ damage, heart arrhythmia, heart attack, coma and death. In 2012, these two products briefly were recalled to clarify dosing instructions. FMC now faces mounting lawsuits, after more than 900 patients suffered cardiac arrest after using their products.
New meds are rushed to the market so industry can start making money even before safety has been determined. When a prescription drug causes risky side effects, the word often doesn’t get out for years, allowing Big Pharma to make money anyway. The FDA and Big Pharma contend that dangerous side-effects in a prescription drug only emerge when it is used by millions. Here are six extremely dangerous drugs on the market hurting people.

Hair Loss Pill

Propecia and Proscar

Men struggling with male-pattern baldness or enlarged prostate may take Propecia or Proscar, which both include finasteride and are manufactured by Merck. The FDA approved Proscar in 1992 and Propecia in 1997.

The FDA’s adverse event database received hundreds of reports of erectile dysfunction associated with use of finasteride. Even after discontinuing use of the drug, patients may
experience side effects. In April 2011, the FDA required updates to the drug label informing users that libido disorders, ejaculation disorders and orgasm disorders can occur during and after use of finasteride. The label also includes a warning concerning increased risk of high-grade prostate cancer.

The reckless behavior of the drug companies shows no signs of changing. Negative clinical trials are never reported or overlooked, and the FDA buys in. Doctors write millions of prescriptions that may be damaging the health of innocent patients. Only by holding companies accountable in court for threatening their very lives, can patients help prevent others from suffering from the same faulty drugs.
STOP !!!
Please

Big Pharma
Wants YOU
To Buy More

Hey Sonny, you look depressed. Here, take some Prozac. You're hyperactive. You need Ritalin. Take this, take that. It's OK, I'm a doctor.

The Drug Pusher
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<th>Drugs, Reinvented</th>
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<td>Bexarotene: from Chemotherapy for skin lymphomas to Alzheimer’s treatment</td>
<td>Bexarotene activates a chemical receptor in the body that affects how cells develop. In the brain, activating this receptor promotes activity that both attacks Alzheimer’s characteristic plaques and clears proteins that cause neuron death.</td>
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<td>Human studies are commencing</td>
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<td>Mifepristone: from Abortion to Antidepressant</td>
<td>Mifepristone was originally developed to block the neurotransmitter glucocorticoid to treat depression. Scientists discovered a useful side effect: the drug blocks progesterone, a neurotransmitter necessary in pregnancy. Abortion controversy motived research for decades, but now the drug is being reexamined as an antidepressant.</td>
<td></td>
<td>Large trials thus far have not found the drug very effective. Yet evidence suggests that at the correct dosage, more patients will respond. Researchers are also investigating new drugs that mimic mifepristone without inhibiting progesterone</td>
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<td>Gabapentin: from Epilepsy seizure prevention to Addiction withdrawal relief</td>
<td>Gabapentin appears to mimic certain neurotransmitters. One of its functions is normalizing activity in the amygdala, which can relieve addicts’ symptoms of withdrawal. A major side effect is drowsiness—a blessing in disguise for addicts trying to quit, for whom insomnia is common.</td>
<td></td>
<td>A study of 150 marijuana users aims to replicate a smaller study’s finding of reduced withdrawal symptoms. Other trials are also under way for other types of dependency</td>
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<td>Minocycline: from Acne medication and Arthritis reducer to Schizophrenia stabilizer</td>
<td>Minocycline is an anti-inflammatory drug that easily crosses the blood-brain barrier, so scientists wondered if it also helps to protect brain cells. They found that it diminishes some symptoms of schizophrenia, including social withdrawal and apathy—perhaps because it blocks glutamate, a neurotransmitter implicated in psychosis.</td>
<td></td>
<td>A study with 175 subjects seeks to replicate previous findings and incorporate neuroimaging to better understand changes in the brain associated with treatment</td>
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<td>Amantadine: from fighting the Flu to pulling patients out of a Vegetative State</td>
<td>Amantadine can cross the blood-brain barrier and alter neurotransmitters, so scientists have long sought to use it to treat brain disorders. The most exciting outcome: It helps patients in low-consciousness or vegetative states recover awareness, perhaps by ramping up dopamine activity, which reawakens the brain’s drive and arousal system.</td>
<td></td>
<td>Amantadine’s success in disorders of consciousness has led to investigations for other traumatic brain injuries, including injury-induced irritability and aggression</td>
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<td>Propranolol: from relieving Anxiety to diminishing Racism</td>
<td>Propranolol reduces blood pressure and anxiety because it blocks noradrenaline, part of the body’s stress response. Its calming effects also lower scores of subconscious racial bias.</td>
<td></td>
<td>The researchers—currently setting up a larger study—are interested in the neurobiology behind bias, not a racism cure. Their work also raises ethical questions about how the side effects of medication might influence personal attitudes</td>
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Media as Middleman

take your meds and avoid
all drugless therapies

DRUG-FREE AMERICA

AGE 0-4  4-12  12-18  18-24  24-38  38-65  65 AND UP
AMOXICILLIN RITALIN APPETITE NO-DOZ PROZAC ZANTAC EVERYTHING
SUPPRESSANTS

1 WIG

LAYOFFS

1 WIS
The fact that millions of school children require medication on a daily basis so they can more easily assimilate into the culture of public schooling does not mean these children are damaged. It means something is very wrong with the whole idea of schooling.

Drug Companies HAVE A FORM OF MUNCHAUSEN’S BY PROXY

THEY INVENT IMAGINARY PROBLEMS, THEN FORCE A DEADLY "CURE" ON EVERYONE
What the law allows pharmaceutical drug manufacturers to do

Lies, deceit, falsification

The objective of pharmaceutical drug companies is to maximise their profits. They spend at least two and a half times more on marketing than on research.(3) They have no incentive whatsoever to provide the cheapest, most effective alternative for any ailment. On the contrary, they try to hide or discredit all remedies and cures that are alternatives to their current, most expensive, patented drug, even when these alternatives are demonstrably superior.(4)

*A successful pharmaceutical drug reduces your symptoms, and keeps you dependent for the rest of your life. A drug that actually cures you is a disaster because a customer is lost.*

The pharmaceutical drug industry is based on patents and legal approvals. The granting of a patent and approval for sale for a drug or a manufacturing process provides the lifeblood for drug companies. They will do anything to secure as many patents as possible in order to stifle their competition, and maximise their profits by selling at the highest possible price.

It currently requires enormous capital for testing and approval before a drug is approved for sale to the public. In America, it often takes ten years and $1 billion to get a new drug onto the market. Only the biggest few companies have the resources to do this. This is just one way that pharmaceutical companies stifle their competition - they simply make it too expensive to compete - and they continue to lobby (bribe, threaten and lie to) to make testing as expensive as possible. This also ensures that nearly all testing of pharmaceutical drugs is financed by themselves, rather than other impartial bodies that do not have this conflict of interest.

The bigger and more profitable the industry, the more it can afford to lobby (bribe, threaten and lie to) politicians and decision makers to pass laws that benefit the industry.

Marcia Angell, M.D. is an American physician, author, and the first woman to serve as editor-in-chief of the New England Journal of Medicine. She has had a distinguished and high-ranking career. This article draws on her book *The Truth About The Drug Companies.*(4)

Usually new drugs approved for patent and sale are me-too drugs, with a slightly altered molecule to an existing drug. In the USA, the testing required for drugs does not require that they be compared with their close cousins, with any other drugs, or with any natural or traditional medicines. It is sufficient to show that they are effective
in curing a particular ailment. The fact that they may be less effective than all the alternatives is deliberately concealed. Frequently a new and less effective me-too drug will go on sale with a new patent, a high price, and a campaign to hide or discredit the expired-patent drug it is replacing.(4)

Many drugs are ineffective, with falsified studies (1), lobbying pressure, and placebo effects distorting their use. "In more than half of the clinical trials for six leading antidepressants, the drugs did not outperform the placebo".(5) With pharmaceutical companies funding the research into and testing of their own products, there is tremendous pressure on the researchers to come up with the desired results - regardless of whether the drugs really work or not. Huge bribes, threats, and the making or breaking of careers are all at stake. "It is simply no longer possible to believe much of the clinical research that is published."(4)

**Statin** drugs are an example of a pharmaceutical that is promoted using falsified trials and a massive campaign of misinformation, bribery and corruption.

**Most pharmaceutical research is lies**

85% of trials of pharmaceutical drugs are completely funded by the company which will be selling that drug. This is a blatant conflict of interest.

Most research findings published by pharmaceutical companies are false. Up to three quarters (75%) of published research in the medical literature concerning pharmaceutical drugs is ghostwritten by public relations firms. Pharmaceutical companies routinely hire ghost writers or professional media consultants to ensure that the results of studies read the way that they want them to read - and they conceal potentially serious or even fatal side-effects. (1)

Drug companies withhold complete information on clinical trials, undermining the the ability of doctors, hospitals, other scientists and researchers, medical bodies and associations, and the government itself, to make informed decisions. (7) British MPs have expressed "extreme concern" that drug manufacturers appear to publish only about 50% of their completed trial results, and warned that this practice has "ramifications for the whole of medicine". Richard Bacon, a senior member of the committee (7), said that the drug companies do not allow access to past trials "which bear on the efficacy and safety of medicines in use today". He also said that trials which gave a favourable verdict were about twice as likely to be published as trials giving unfavourable results.

The fuel driving the continued use of HRT drugs was disinformation via Direct-To-Consumer (DTC) advertising. Since 1962, monitoring DTC advertising has been the sole responsibility of the Food and Drug Administration (FDA). But in a ghastly conflict of interest, the FDA granted the duty of DTC advertising to the pharmaceutical companies in 1997.
Officially, this was done as a means of "promoting health awareness to ensure health and safety." Unofficially, it was done to sell more drugs. DTC advertising dictated that all women over 50 should use HRT to remain healthy. Women scurried to their doctors to ask if "HRT was right for them."

DTC advertising dictates that lowering cholesterol prevents heart disease. Science proves otherwise.

DTC advertising dictates that an aspirin a day will keep heart attack away. Science proves otherwise.

DTC advertising dictates that depression is a disease that must be treated with prescription drugs. Science proves otherwise.

DTC advertising dictates that ADHD is a disease and that our children must be treated with amphetamines. Science proves otherwise.

DTC advertising dictates that infants must be vaccinated to prevent childhood illness. Science proves otherwise.

DTC advertising dictates that blood pressure must be controlled via a lifetime of servitude to prescription drugs. Science proves otherwise.

DTC advertising dictates that chemotherapy is your first line of defense against deadly cancer. Science proves otherwise.

DTC advertising dictates that Type II diabetes must be treated with daily insulin use. Science proves otherwise.

Dr Fiona Godlee, editor-in-chief of the British Medical Journal, told the MPs that the pharmaceutical industry published more positive results than negative results from their trials, and "when you add together the published and unpublished evidence, you get a very different picture of the quality and effectiveness of those drugs". (7)

**Washout.** A common technique used in pharmaceutical trials is the washout. Before the official trial begins, all subjects are given a dose of the drug. Those subjects who show any negative side-effects are not picked for the official trial.

A research article (6) published in 2005 came to the following conclusions. It seems that the manipulation and suppression of research results for financial reasons has worsened since then. (1)
"... most claimed research findings are false."

"The greater the financial and other interests and prejudices in a scientific field, the less likely the research findings are to be true. Conflicts of interest and prejudice ... are very common in biomedical research."

"There is increasing concern that in modern research, false findings may be the majority or even the vast majority of published research claims."

Suppression of adverse findings and avoidance of necessary research particularly applies to the **genetic modification** of food.

**A leading cause of illness and death**

Pharmaceutical drugs are the **third leading cause of death in the USA** (most other countries too). And for each person who dies from a drug, there may be a hundred suffering from the side-effects of the pharmaceutical medications that they are taking - sometimes knowing that the drugs are causing illness, but more often existing in a haze of confused sickness and ailments, not having connected the dots...

**No natural or traditional home remedies please**

This is why drug companies are not interested in natural or traditional products, which are usually more effective than pharmaceuticals, and have no side-effects. There are thousands of examples of effective natural cures that are not used because there is no financial incentive for anyone to do so, or because they have been actively discredited.

Here are a just couple of examples:

- **Borax** prevents and treats arthritis, candida, osteoporosis, cancer, hormonal imbalances and many other ailments. It is so cheap and effective that medical boards in Western countries have actively campaigned against it and got it discredited and labelled as a poison. In reality, it has about the same toxicity as table salt, and is widely and effectively used in countries where the pharmaceutical industry does not have as much clout.
- **Apple cider vinegar** is an effective and cheap remedy for many ailments. For example, if you have **acid reflux / heartburn**, ACV is a quick and permanent cure.
- Vitamin C is a cheap, effective natural antihistamine, with no side-effects. Perhaps you are allergic to pollen? Next time you find yourself sneezing, try taking it in the form of fresh lemon juice in water! ([Grow Youthful](http://www.growyouthful.com) has other, even more effective traditional home remedies for **allergies**).
- **Colloidal silver** is an effective antibiotic, antifungal and antiviral, cheap and without side-effects if used correctly. It is subject to an ongoing campaign to discredit it.
- The old diuretics are far more effective for treating **high blood pressure** than new drugs like ACE inhibitors and calcium channel blockers, but are seldom used (4) because their patents have expired and they are not so profitable.
- **Iodine** is another powerful natural remedy that is subject to a campaign to discredit it.
- **Progesterone** may be used in the treatment of menopause and some other hormonal symptoms. Real progesterone, identical to that found in the human body, cannot be
patented. Instead pharmaceutical companies synthesise harmful look-alike chemicals that are different enough to patent. The new drugs have names that are confusingly similar to progesterone, such as progestin and progestogen. With their control of doctor education, most doctors are not even aware that there is any difference. This is just one example of how you are being pushed to purchase expensive, dangerous, synthetic (manufactured), altered versions of natural remedies. The reason - proprietary drugs can be patented and sold at high prices, natural medicines cannot. When the molecules of natural remedies are altered to create a new molecule that can be patented, an inevitable consequence is horrific side-effects. Most drugs have side-effects, such as heart and liver disease, cancers, bone loss, dependence and addiction, skin diseases, depression and many other mental problems, and much more.

- Throughout this website you will discover numerous other highly effective natural and traditional remedies. Most are cheap, free or already available in your home. Some of these natural remedies are listed here. Pharmaceutical companies are doing everything they can to control, ban and discredit all remedies that they cannot own and patent.

References


6. Report in The Guardian Newspaper 3 January 2014, referring to a review of 20 existing studies by the non-profit Cochrane Collaboration. Also a review by the Department of Health, the Medicines and Healthcare products Regulatory Agency, and subsequent discussion by members of parliament. Article