

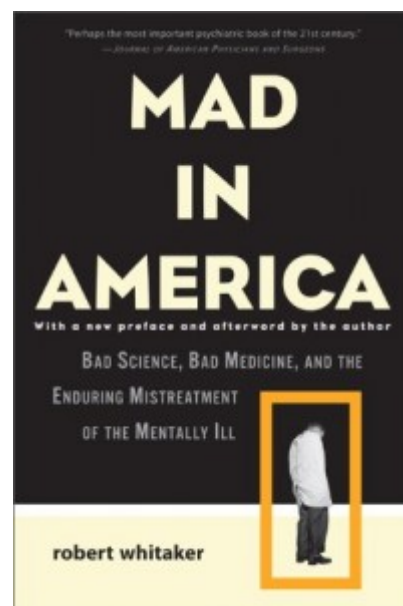
# Are Drugs Behind Dementia Epidemic?

Millions of Americans, when facing depression or even just anxiety, turn to powerful psychiatric drugs marketed by pharmaceutical giants, whose ads gloss over the risks in fast-talking fine print. A counter-movement warning of the dangers from an over-prescribed society is emerging, as Gary G. Kohls describes.

By Gary G. Kohls, MD

Since the introduction of major tranquilizers like Thorazine and Haldol, “minor” tranquilizers like Miltown, Librium and Valium and the dozens of so-called “antidepressants” like Prozac, Zoloft and Paxil, tens of millions of unsuspecting Americans have become mired deeply, to the point of permanent disability, in the American mental “health” system.

Many of these innocents have actually been *made* “crazy” and often disabled by the use of – or the withdrawal from – these commonly prescribed, brain-altering and, for many, brain-damaging psychiatric drugs that have been, for many decades, cavalierly handed out like candy – often in untested and therefore unapproved combinations of two or more.



Trusting and unaware patients have been treated with potentially dangerous drugs by equally unaware but well-intentioned physicians who have been likewise trusting of the slick and obscenely profitable psychopharmaceutical drug companies aka, BigPharma, not to mention the Food and Drug Administration, an agency that is all-too-often in bed with the drug industry that they are supposed to be monitoring and regulating. The foxes of BigPharma have a close ally inside the henhouse.

That is the conclusion of two books by a courageous investigative journalist and

health science writer named Robert Whitaker. His first book, entitled *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill*, noted that there has been a 600 percent increase (since Thorazine was introduced in the U.S. in the mid-1950s) in the total and permanent disabilities of millions of psychiatric drug-takers.

This uniquely First World mental health epidemic has resulted in the taxpayer-supported, life-long disabilities of large numbers of psychiatric patients who are now unable to be happy, productive, taxpaying members of society.

Whitaker has done a powerful service to humanity, albeit an unwelcome one for various healthcare-related industries, by presenting previously hidden, but very convincing evidence from the scientific literature to support his thesis: that it is the drugs and not the so-called “mental illnesses” that are causing the epidemic of “mental illness” disability.

Many open-minded physicians and many aware psychiatric patients are now motivated to be wary of any and all synthetic chemicals that can cross the blood/brain barrier because all of them are capable of altering the brain in ways totally unknown to medical science, especially with long-term medication use.

### **Astonishing Rise of Mental Illness**

In Whitaker’s second book, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, the author provides overwhelming proof regarding this sobering assertion.

He documents the history of the powerful forces behind the relatively new field of psychopharmacology and its major shapers, promoters and beneficiaries, namely BigPharma and those groups and individuals who benefit financially from the widespread and increasing use of psychiatric drugs, now even to toddlers, children and adolescents, despite no FDA-approval for marketing to the under-18 age group.

Psychiatric drugs are far more dangerous than the drug and psychiatric industries are willing to admit, especially for the developing brain. These drugs, it turns out, are fully capable of disabling – often permanently – bodies, brains and spirits. Whitaker presents evidence that is only rarely made available to mental health practitioners and the consumers of such synthetic drugs.

More evidence to support Whitaker’s well-documented claims are laid out in two other important new books written by practicing psychiatrist and scholar Grace E. Jackson, MD. Jackson has done yeoman’s work in researching and documenting,

from the voluminous basic neuroscience literature (which is often ignored by mental health clinicians), the unintended and often disastrous consequences of the chronic ingestion of any of the major classes of psychiatric drugs.

Jackson's most powerful book, in my opinion, is her second one, *Drug-Induced Dementia: A Perfect Crime*, which proves that any of the five classes of psychotropic drugs that are commonly used to alter the brains of psychiatric patients (antidepressants, antipsychotics, psychostimulants, tranquilizers and anti-seizure/"mood-stabilizer" drugs) have shown microscopic, macroscopic, radiologic, biochemical, immunologic and clinical evidence of brain shrinkage and other signs of brain damage, especially when used long-term.

Long-term use can result in clinically diagnosable, probably irreversible dementia, premature death and a variety of other related brain disorders that can mimic mental illnesses "of unknown cause."

Dr. Jackson's first book, *Rethinking Psychiatric Drugs: A Guide for Informed Consent*, was an equally sobering warning about the many hidden dangers of psychiatric drugs, dangers that are commonly not mentioned to patients when they get their first prescriptions.

The sad truth is that the prescribing of potent and often addicting (dependency-inducing) psychiatric drugs has become the standard of care in American medicine since the introduction of the so-called anti-schizophrenic "miracle" drug Thorazine in the mid-1950s. (Thorazine was the offending drug that Jack Nicholson's character Randall McMurphy and his fellow patients were coerced into taking – to keep them from revolting – at "medication time" in the Academy Award-winning movie "One Flew Over the Cuckoo's Nest.")

Thorazine and all the other "me-too" early "antipsychotic" drugs are now universally known to have been an iatrogenic (doctor or other treatment-caused) disaster because of their serious long-term, initially unsuspected, brain-damaging effects that resulted in a number of permanent and incurable neurological disorders such as tardive dyskinesia, tardive dementia, Parkinson's disease, etc.

Thorazine and all the other knock-off drugs (like Prolixin, Mellaril, Navane, etc.) are synthetic "tricyclic" chemical compounds similar in molecular structure to the tricyclic "antidepressants" like imipramine and the similarly toxic, obesity-inducing, diabetogenic, "atypical" anti-schizophrenic drugs like Clozaril, Zyprexa and Seroquel.

Thorazine, incidentally, was originally developed in Europe as an industrial dye. That doesn't sound so good although it may not be so unusual in the closely

related fields of psychopharmacology and the chemical industry.

For example, Depakote, a popular drug approved initially only as an anti-epilepsy drug is now being heavily promoted as a so-called “mood stabilizer.” Depakote, known to be a hepatotoxin and renal toxin (potentially poisonous to liver and kidney), was originally developed as an *industrial solvent* capable of dissolving fat – including, presumably, the fatty tissue in human livers and brains.

There are reports in the literature of patients who had never had a seizure in their lives but had been prescribed Depakote for other reasons, who suffered withdrawal seizures when discontinuing the drug!

Some sympathy and understanding needs to be generated for the various victims of BigPharma’s relentless drive to expand market share and “shareholder value” (share price, dividends and the next quarter’s financial report) by whatever means necessary.

Both the prescribers and the swallowers of BigPharma’s drugs have been influenced by cunning marketing campaigns. Prescribers have been seduced by attractive opposite-sex drug company representatives and their “pens, pizzas and post-it note” freebies in the office.

Patients have been brain-washed by the inane and unbelievable (if one has intact critical thinking skills) commercials on TV that quickly gloss over the lethal adverse effects in the fine print while urging the watcher to “ask your doctor” about getting a prescription for the latest unaffordable blockbuster drug.

### **Mental Illness Disability**

For a quick overview of these issues, I recommend that everybody read a long essay written by Whitaker that persuasively identifies the source of America’s epidemic of mental illness disability (a phenomenon that doesn’t exist in Third World nations where costly psych drugs are not prescribed as cavalierly as in the developed First World).

Whitaker and Jackson (among a number of other courageous ground-breaking and whistle-blowing authors who have been essentially black-listed by the mainstream media and even in mainstream medical journals) have proven to most critically thinking scientists, alternative practitioners and assorted “psychiatric survivors” that it is indeed the drugs – and not the so-called “disorders” – that are causing our nation’s epidemic of mental illness disability.

(For Whitaker’s essay, plus other pertinent information about his books, [click here](#). An excellent long interview with Dr Joseph Mercola can be heard by [click here](#).)

[clicking here.](#))

After reading and studying all these inconvenient truths, mental health practitioners must consider the medicolegal implications for them, especially if the information is ignored by practitioners who are often tempted to dismiss out of hand new, clinically-important information that challenges or disproves their old belief systems.

Those who are hearing about new data for the first time need to pass the word on to others, especially their healthcare practitioners. This is important because the opinion leaders in the highly influential psychiatric and medical industries have often been bribed or marketed into submission, without considering all the facts that might some day reveal that they are guilty of malpractice.

It shouldn't have to be pointed out that it is the solemn duty of ethical practitioners to fully examine – and then reveal to their patients – the potential negatives of prescription drugs.

Sadly, it must be admitted that most of the over-worked, double-booked caregivers in medical clinics (and I was once one of them, so I know whereof I speak) have not yet heard this sobering news: that most, if not all of the brain-altering synthetic chemicals known as psychotropic drugs (which are treated as hazardous materials until they are packaged in swallowable or injectable forms!) have been hastily marketed as “safe and effective” – but not “proven” to be more than marginally-effective or safe in very short-term use.

The captains of the pharmaceutical industries know that most psychotropic drugs that they present for FDA-approval have only been tested in animal trials for days or weeks and only tested in clinical trials with real humans for only four to eight weeks. These captains of industry also know – and fervently hope – that patients will be taking their high-profit-margin drugs for years despite no long-term trials proving safety and efficacy before the drug got its FDA approval for marketing.

These corporate heads (who usually are among the 1 percent) have succeeded in convincing almost everybody that treatment for “mental illness” means drugs rather than any consideration of safer, often curative, non-drug alternatives. They also know that their brain-altering drugs can be dependency-inducing (aka addicting, causing withdrawal symptoms when stopped), neurotoxic and increasingly ineffective (a la “Prozac Poop-out”) as time goes by.

The truth is that the most people who have been diagnosed as “mentally ill for life” (and therefore told that they need to consume drugs for the rest of their lives) are often simply people who have been unfortunate enough to have found

themselves, through no fault of their own, in temporary or long-term states of crisis or “overwhelmed.”

Such crises can be due to any number of preventable and imminently curable (i.e., with treatment utilizing counseling, good nutrition but no need for long-term drug use) bad luck situations.

These situations can result from sexual, physical, psychological or spiritual abuse. Or the loss of job, loss of home, loss of relationship, poverty, violence, torture, homelessness, racial discrimination, joblessness/underemployment, brain malnutrition, drug addictions and/or withdrawal, brain damage from traumatic brain injury (including electroshock “therapy”). Or to exposure to neurotoxic chemicals in their food, air, water or prescription bottles.

None of the above, it should be pointed out, are “mental illnesses of unknown etiology.” They aren’t even mental illnesses.

### **‘Just Say No to Drugs’**

Those labeled as “mentally ill” are usually just like most of the so-called “normals” who have not yet decompensated because of some yet-to-happen, crisis-inducing, overwhelming (however temporary) life situation.

And thus we have somehow not yet been given a billable code number (accompanied by the seemingly obligatory – and usually unaffordable – drug prescription or two) that signifies that we are now among the burgeoning population of the “chronically mentally ill.”

If we are lucky enough to have no DSM label, we will most likely have been lucky enough to remain off prescription drugs; however, with a label and now within “the system,” it is very difficult to “just say no to drugs.”

The victims of hopelessness-generating random situations like bad luck, bad circumstances, bad company, bad choices, bad government and living in a ruthless wealth-extracting capitalist economic system where the competitive society unjustly rewards “winners” who rise to the top at the expense of the “losers” in the lower 99 percent.

America tolerates, indeed celebrates, punitive and thus fear-inducing social systems resembling in many ways the infamous police state realities of 20<sup>th</sup> century European totalitarianisms, where people who were different or dissident were thought to be abnormal.

Such abnormal ones were often so intolerable to the ruling elites that they were

“disappeared” into insane asylums, jails or concentration camps without just cause or competent legal defense. And many of them were (and still are) drugged against their wills with disabling psychoactive chemicals, living out their miserable, numbed lives in the back wards of institutions.

The truth is that most, if not all of BigPharma’s psychotropic drugs are lethal at some dosage level (the LD50, the lethal dose that kills 50 percent of lab animals, is calculated before testing is done on humans), and therefore the drugs need to be regarded as hazardous.

The chronic use of these drugs must be considered to be among the major causes, not just of disability and dementia, but of various less well-defined and often overlapping disorders such as cognitive disorders, brain atrophy, loss of creativity, loss of spirituality, loss of empathy, loss of energy, loss of strength, loss of memory, loss of intelligence, fatigue and tiredness, aggression, personality disorders and a multitude of adverse metabolic effects that can sicken the body, brain and soul by causing insomnia, somnolence, mania, panic disorders, worsening depression, increased anxiety, delusions, psychoses, paranoia, etc.

So before filling the prescription, it is advisable to *read* the product insert labeling under WARNINGS, PRECAUTIONS, ADVERSE EFFECTS, CONTRAINDICATIONS, TOXICOLOGY, OVERDOSAGE and the ever-present BLACK BOX WARNINGS ABOUT SUICIDALITY.

Long-term, high dosage or combination psychotropic drug usage could be regarded as a chemically traumatic brain injury (cTBI) or, as “antipsychotic” drugs were known in the 1950s and 1960s, a “chemical lobotomy.”

TBI or chemical lobotomy can be a useful way to conceptualize this serious issue of drug-induced toxicity, because such neurologically brain-altered patients can be indistinguishable from those who have suffered physically traumatic brain injuries or been subjected to ice-pick lobotomies which were popular before psych drugs came on the market in the 1950s and before the huge epidemic of mental illness that America is experiencing.

America’s health epidemic in mental illness is grossly misunderstood. And the epidemic is worsening, not because of a supposed disease progression, but because of the chronic use of neurotoxic, non-curative drugs that are, in America, erroneously regarded as first-line “therapy.”

(For more information, you can check: [www.madinamerica.com](http://www.madinamerica.com); [www.cchr.org](http://www.cchr.org); [www.mindfreedom.org](http://www.mindfreedom.org); [www.breggin.com](http://www.breggin.com); [www.icspponline.org](http://www.icspponline.org); [www.drugawareness.org](http://www.drugawareness.org); [www.psychrights.org](http://www.psychrights.org); [www.benzo.org.uk](http://www.benzo.org.uk); [www.quitpaxil.org](http://www.quitpaxil.org);

[www.wildscotts.com](http://www.wildscotts.com); [www.endofshock.com](http://www.endofshock.com); [www.mercola.com](http://www.mercola.com); [www.iHealthTube.com](http://www.iHealthTube.com) and follow the links.)

Dr. Gary G. Kohls is a member of MindFreedom International and the International Center for the Study of Psychiatry and Psychology. He is the editor of the occasional Preventive Psychiatry E-Newsletter. Dr. Kohls warns against the abrupt discontinuation of any psychiatric drug because of the common, often serious withdrawal symptoms that can occur with the chronic use of any dependency-inducing psychoactive drug, whether illicit or legal. Patients should consult their physicians. (This article was previously posted at: <http://rense.com/general91/edi.htm>)

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