

Book Reviews

Anatomy of an Epidemic by Robert Whitaker, hardcover, 393 pp, \$26, ISBN 978-0-307-45241-2, New York, N.Y., Crown Publishers, 2010.

I was prompted to read this book for two reasons: First, I have observed over the years that both my patients and others who were on psychiatric medications never seemed to get better. Furthermore, they seemed addicted to the drugs, and this population gravitates toward disability rolls, such as SSI. Second, a person close to me, who was on a variety of prescribed mind-altering drugs, hit a rough patch in life that prompted a suicide attempt. That in turn prompted doctors to prescribe even more neuroleptics, beclouding his mind to such an extent that his withdrawal could not be overcome. His life tragically ended with suicide.

This book's author, Robert Whitaker, is not a physician, but a journalist. His understanding of psychiatry and psychiatric medications is impressive. The book is extremely well researched, and he offers persuasive data to prompt a serious questioning of the wisdom of using psychopharmaceuticals. It should be noted that he did not start out being critical of psychiatric medications. He initially accepted the thesis of psychiatric drugs helping to "balance" brain chemistry, and swallowed the concept that these medications treated brain disorders as insulin treats diabetes.

In 2007, this country spent \$2.5 billion on antidepressants and antipsychotics. This modern plague now disables 850 adults and 250 children per day, creating disability checks from the federal government for patients who will never get better on the medications they are being prescribed. These numbers have soared with the advent of Prozac and other second-generation psychiatric drugs.

The book details histories of many people who were treated with psychiatric drugs that further confused them. Occasionally, some of these patients quit the drugs after realizing they were not getting better. The withdrawal process was invariably difficult, and perhaps even dangerous. Yet, the individuals who were able to quit often found themselves much more lucid after several months.

According to Steve Hyman, former director of the National Institute of Mental Health (NIMH), antipsychotic and antidepressant drugs alter the levels of neurotransmitters, forcing the brain to nullify the drug's effects. He claims that the chronic administration of these drugs causes "substantial and long-lasting alterations in neural function." Then, patients find it nearly impossible to discontinue the drugs.

The book chronicles the use of tranquilizers, starting with Miltown, and how successive drugs were subsequently developed and discarded due to adverse long-term side effects and aggravation of mental health problems. In 1990, NIMH reported long-term results of its study comparing imipramine to two forms of psychotherapy and a placebo. After 18 months, the imipramine group fared poorly, with stay-well rates of 19 percent, while the cognitive group stayed well at a 30 percent rate.

In the 1990s as antidepressant sales were soaring, clinicians started to prescribe these drugs for teens and young children. While a few dissenting psychiatrists questioned the propriety of putting children on long-term medications, others in academic circles attempted to silence those voices by claiming that depression was indeed a long-term illness, when in fact, the chronicity stemmed from the antidepressant drugs. Thomas Laughren of the Food and Drug Administration (FDA) admitted that 12 out of 15 pediatric antidepressant trials had failed. FDA rejected six manufacturers seeking applications for antidepressants for children. Why then, did

the FDA approve Prozac for children? According to some, the Prozac trials were not significantly different from the 12 failed studies. Yet, Eli Lilly was simply better able to use biased trial designs that made it appear that Prozac was effective.

Whitaker describes how usage of antidepressants and other drugs significantly increases the risk of developing a bipolar disorder. Then, as those bipolar patients are treated with lithium, the majority had poor outcomes and little long-term relief.

A few decades ago, no children were labeled with Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD). These children might have been considered to be bullies, overactive, or goof-offs. However, the new labels have provided pharmaceutical companies a steady revenue stream from tapping into public funds for "treatment." Ciba-Geigy helped fund Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD), then successfully lobbied Congress to include ADHD as a disability in order for these children to be "covered" by the Individuals with Disabilities Education Act. They were then eligible for special services funded by federal money. Next, schools started identifying children who had this condition, and now an estimated 3.5 million children are being drugged.

While the public is being told that ADHD is a "brain disease," its etiology remains unknown. Ritalin, a common ADHD drug, works by disturbing the neurotransmitter systems and "blocks 70% of the transporters that remove dopamine from the synaptic cleft and bring it back into the presynaptic neuron. Cocaine acts on the brain in the same way." Not only do these drugs harm the child by altering normal brain function, but children's self-esteem is being damaged, as many feel that they are bad or dumb because they have to take these pills.

Ritalin and other ADD/ADHD drugs cause numerous physical and emotional disturbances. A 6-year NIMH-funded study showed that medication was associated with “worse hyperactivity-impulsivity and oppositional defiant disorder symptoms and with greater overall functional impairment.” According to William Pelham of the State University of New York at Buffalo, one of the principal investigators, “There were no beneficial effects, none. In the short term, [medication] will help the child behave better, in the long run it won’t. And that information should be made very clear to parents.”

The Seneca Center in San Leandro, Calif., is considered the last resort for severely disturbed youth. Its patients have generally flunked out of other institutions and are on heavy psychoactive drug cocktails. What does the center do? It takes them off these drugs, and, it often turns them around. According to therapist Kari Sundstrom, “The kids are so grateful to be off the drugs. Their personalities come back. They are people again.”

This book paints a sordid picture of large sums of money flowing from the psychopharmaceutical industry into the bank accounts of academic psychiatrists, who produce positive reports about these drugs. It is very depressing information, but one must resist reaching for the Prozac. Perhaps physicians need to be reminded of the dictum, “First, Do No Harm.”

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How Statin Drugs Really Lower Cholesterol and Kill You One Cell at a Time, by James and Hannah Yoseph, paperback, 333 pp, \$14.99, ISBN 978-0-615-61817-3, published by authors, 2012.

James and Hannah Yoseph have done an excellent and exhaustive review of the origins of the HMG-CoA reductase inhibitors (statins), their mechanism of action, and the sordid history of the approval and dissemination of these remarkably toxic drugs. The Yosephs joined other cholesterol skeptics, such as Uffe Ravnskov, M.D., Ph.D., and Malcolm Kendrick, M.D., in their appreciation that cholesterol is not causative for atherosclerosis.

Viewed from the wide perspective of medical history, the ability to convince millions of people and their physicians to take a “poison” for a non-disease is quite an accomplishment. Exactly how this was done and perpetuated is accurately chronicled by the Yosephs with unambiguous documentation.

The authors begin with a description of the mevalonate pathway and its essential role in cell division and cell life. They then describe how statins block mevalonate production and the cellular consequences of this blockade with a decrease in cholesterol, coenzyme Q₁₀, and prenyl proteins, and the upregulation of both HMG-CoA reductase and LDL receptor production. This basic science is followed by a detailed chronology of the major events and scientific misrepresentations that propelled statins into practice guidelines.

Many practicing physicians have a healthy understanding of the current level of corruption and collusion among big pharmaceutical companies, governmental agencies such as the NIH and FDA, and major medical associations such as the American Heart Association, but the reader of this book will come away with the disturbing conclusion that it is even worse than imagined. Statins may be the perfect and most insidious human toxin in that adverse effects are often delayed by years and come about gradually. Further, statins frequently impair mental function to such a degree that by the time patients are in real trouble, they may lack the mental facilities to recognize the cause. All of the major statin adverse effects are carefully documented and referenced.

Statin adverse effects discussed include fatigue, myalgia, muscle weakness, memory loss, peripheral neuropathy, birth defects, cataracts, hair loss, fragile skin, heart failure, liver damage, pulmonary fibrosis, emotional disturbances, and suicide.

Finally, the Yosephs offer their opinion on the possibility that oxidized cholesterol may be an important causative factor for atherosclerosis, which is a legitimate theory. The biochemistry may be difficult for some readers but is necessary and well-explained and illustrated. There is a degree of repetition of major points, which I found effective and not tedious.

Overall, this book is excellent and well worth reading.

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Death by Liberalism: The Fatal Outcome of Well-Meaning Liberal Policies, by J. R. Dunn, hardback, 302 pp, \$25.99. ISBN 978-0-06-187380-5, New York, N.Y., HarperCollins Publishers, 2011.

“[Liberalism] is an unequalled machine for the creation of human misery.”

“Ideological liberalism acts like a trigger for mass mortality.”

“[Rachel] Carson [joins] Marx and Engels in that small elite of writers who triggered mass death by their words alone.”

–J.R. Dunn

Liberalism supposedly represents the political expression of humanism—a doctrine of justice and mercy—the embodiment of human decency in the public sphere.

But liberalism has a secret history. Strange as it may seem, it turned the 20th century into the Age of Massacre. In *Liberalism Kills*, John R. Dunn explains how a self-styled elite surreptitiously implemented policies that kill their fellow citizens. He says all this is documented in the record, that it is easy to demonstrate, and that is impossible to refute.

According to Dunn, this ideology originated with the French Revolution. Soon, liberalism was being used by dictators in order to institute the totalitarian state. The intellectual world was co-opted by the process of thought control. Ideological dictators, or “gangster rulers,” such as Mussolini, Lenin, and Hitler, arose from the ruins of World War I. By the mid-20th century nearly half the world’s population was living under totalitarian governments.

Dunn explains that in the totalitarian state, when an individual did not fit in or failed to meet the needs of the state, it was discarded like a broken part in a machine. But the new dictators faced a problem: their subjects were not machines or hive insects but human beings.

So in order to ensure obedience and annihilate internal enemies, totalitarian states had to eliminate individuals, then families, groups, and entire peoples. Their

gulags, death camps, artificial famines, and massacres led to a new class of crime—mass murder by government, or democide. This included not only mass murder of dissidents, but also mass mortality due to slave labor and mass starvation due to seizure of food supplies.

According to democide's only scholar, Dr. R.J. Rummel, author of *Death by Government*, over the past century democide accounted for up to 262 million dead, a number six times greater than those killed in all the wars of the same period. For example, approximately 7 million died in Stalin's Ukrainian famine of 1932-1934, and an estimated 10 million died in his Soviet purges of 1937-1939. Hitler killed up to 20 million, while up to 45 million died in the Chinese Great Leap Forward of 1959-1961, and up to 3 million died in the Cambodian Year Zero of 1975-1978.

Dunn explains how mass mortality has become a core element of modern liberalism: A social or political problem is identified, multiple billions (or recently, trillions) of dollars are allocated, and a mammoth bureaucracy is created. Then the problem gets worse, and often people die in larger numbers than before. The bureaucracy is enlarged, the budget is expanded, and the effort is redoubled.

Because of the time course of this process, the lethal outcome appears to be the result of accident or bad luck. So it is disassociated from any form of accountability or guilt. Even worse, the bureaucratic structures established to oversee these policies fail, so that the killing continues.

Liberalism: Doctrine vs. Ideology

The classical liberalism of Edmund Burke was that used by our country's founders. It was a doctrine based on individual rights including private property rights, economic freedom, and rule of law. But today's liberalism is not the same. Over time it has developed into a new ideology, whose adherents intend to perfect society and benefit their fellow citizens.

As Dunn says, this ideological liberalism, which is similar to, or the same as, today's progressivism, is a malignant example of unintended consequences. It operates in direct conflict with the world as it exists, and it destroys lives in large numbers without regard for class, origins, sex,

race, or education. It kills mostly as a result of policy adopted to achieve certain political and social goals, while the victims have no idea how or why they are being destroyed.

In the post-World War II period, Dunn writes, American liberalism entered a new missionary phase with a parade of "wars" against poverty, drugs, inflation, and more recently, terrorism. Its goal was utopia. Using the tools of bureaucracy and centralization, it became an ideology of failure.

With time its failures grew greater and more costly until they covered the entire social and political landscape. They included race relations, criminal justice (judicial reform), healthcare, federal welfare, creation of a national education system, Affirmative Action, urban renewal, industrial regulation, and environmentalism.

Dunn exposes a few of the numberless failures of the new liberal policies:

- FDR's New Deal, which was based on a mirage, aborted the recovery from the Great Depression, sabotaged the economy, and destroyed our classical liberal political culture in pursuit of models that didn't exist.
- In 1962, speculating while throwing facts to the wind, and ignoring the hundreds of millions of lives that had been saved by DDT, Rachel Carson published *Silent Spring*, which spent 31 weeks on *The New York Times* best-seller list. Following this, Dunn notes, environmentalism changed from a conventional reform movement into a pseudo-revolutionary cult based on contempt for democratic capitalism, hostility toward American society, and hatred of humanity in general. (Al Gore "learned all he knows" from Rachel Carson.)
- In 1972 liberal EPA Administrator William Ruckelshaus banned DDT without even considering the evidence. In the two decades prior to the ban, DDT had prevented 500 million human deaths. Since then the ban has resulted in the preventable deaths of 150 to 300 million people worldwide from malaria. Most of these deaths were pregnant women and children under age 5.
- The great crime wave of the late 20th century (the three decades after 1964), another result of liberal policies, occurred as the criminal justice system

broke down. One commentator characterized it as the country's worst disaster since the Civil War. Several large cities were destroyed by increased criminal activity, including Newark, Paterson, and Camden in New Jersey, East St. Louis in Missouri, Detroit, and New York City's South Bronx. The number of dead has been estimated at up to 265,000.

- The government's Corporate Average Fuel Economy (CAFE) program, since its institution in 1975, has been responsible for an estimated 41,600 to 124,800 unnecessary deaths and 352,000 to 624,000 serious injuries, because the average miles driven more than doubled, and the passengers and drivers of the lighter cars were up to 12 times more likely to die in a crash.
- "Urban renewal" led to a sudden upsurge of homelessness since the mid-1970s that persists today. The de-institutionalization of the mentally ill that began in the late 1960s also contributed to the tragedy of the homeless, as did the government-induced Great Inflation of the 1970s. Today up to 300,000 mentally ill persons are imprisoned.

Undaunted by failures of Romney's Massachusetts "Commonwealth Care" and the catastrophic failures of the UK's, Canada's, and Australia's governmental healthcare systems, the U.S. is plunging ahead with implementation of "Obama-Care." Dunn predicts that "hospitals will fold, practitioners will flee, and communities will be left with no medical resources whatsoever."

Obama now promises to act on what is perhaps the greatest liberal hoax of all time: man-made "global warming." Dunn notes that the Waxman-Markey "cap and trade" bill, favored by Obama, would have had the economic impact of a major war with no significant impact on the level of greenhouse gases.

Dunn discusses many other examples too numerous to list here. He calls for urgent action to roll back all democidal policies, and to use all means to educate the public about liberal ideology. The book provides the information we need to get started.

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