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## **Understand the Medical System**

### **What You Don't Know Can Hurt You**

As a young mother, I trusted the medical system. I thought in America we had the most advanced, scientifically sound and safe medical system in the world. People were living longer and new breakthroughs were occurring every day. I never really questioned my doctor. I just did what he recommended and trusted that myself or a member of my family would get well if I followed his directions. But when my daughter had a health problem that put us at the mercy of conventional medicine, all my beliefs were shattered. I learned some hard lessons when Michelle was seriously ill and it changed my life forever. This is what happened.

### **Michelle's Story**

My daughter, Michelle had suffered with chronic bladder infections (urinary tract infections or UTI's) since the age of two. Doctors treated her infections with rounds and rounds of antibiotics until she turned six when they began to perform invasive urological tests on her. The tests found nothing. Michelle's doctor referred her to a specialist. I informed him that right before the urinary tract infections began, we had our yard sprayed with pesticides. Michelle developed hives and swelling all over her little body. Although an antihistamine took care of the initial symptoms, I thought it might be an important piece of information since it was this exposure that marked the beginning of Michelle's chronic UTI's. The doctor did not think that her exposure to pesticides was relevant and disregarded the idea without ever really considering it. Instead, he began medicating her. He gave her an antibacterial for the infections but in addition he gave her Valium to relax the bladder and Tofranil, an anti-depressant which has the side-effect of causing urine retention, to prevent the bed-wetting. (Tofranil is also often used for "ADHD" symptoms.) I was baffled. The doctor had told me previously that Michelle's infections were due to her inability to release all the urine and now he was giving her a drug that caused the same effect! In addition, she only wet the bed when she had an infection. Fix the infection, the bed wetting resolved. I discussed this with him, but again he did not consider my

information. He insisted that taking all the drugs was important and was the proper drug protocol for Michelle.

During this drug protocol, Michelle had one of the worst UTI's ever with severe pain and bleeding. Michelle's doctor, who did not realize that Michelle was on all those drugs, showed great concern and told me to go back to the specialist to immediately begin to take her off all of the drugs.

### **Bad Advice**

Michelle has already been taking Valium and the antidepressant, Tofranil, for six months. When I contacted the specialist, he told me to just stop the drugs. I again questioned the approach, explaining that Michelle had experienced withdrawal symptoms whenever she missed a dose. He discarded my information as being simply a coincidence and told me that she would have no problems going off the drugs abruptly. That was bad advice. Two days later, withdrawal symptoms had consumed Michelle's every emotion and behavior. My even-tempered daughter was experiencing extreme mood swings. She was either crying her eyes out or laughing hysterically.

When I called the specialist to report Michelle's terrifying symptoms, His associate on call, an acquaintance of mine, told me to be patient and wait it out. I didn't know then that abrupt withdrawal from Valium can be fatal. Certainly her doctor should have known this. If he did not know this he should never have prescribed this drug without any understanding of the effects of it.

I immediately called Michelle's primary doctor. He told me to put Michelle back on the drugs and gave me a slow and safer method to remove the drugs from her system. But it was too late. Michelle's health had been compromised. The specialist had not only mismanaged her withdrawal from the drugs, but I found out later that he should have been monitoring her blood at regular intervals for any adverse reactions which are more common with long-term use of the drugs. Not only could each drug have caused my daughter serious side-effects, all three together increased that risk. Michelle was sick for three years from this drug regime. She suffered with a low white blood cell count, a potential side-effect any one of the three unmonitored drugs. Low white blood cell count causes the suppression of the immune

system.

Michelle was very ill during that time with low grade fevers, lymphatic swelling and continuous infections. She pick up a new bug every time we left the house so I had to keep her home and isolated for months. Doctors checked her for leukemia and a serious and sometimes life-threatening autoimmune disease called systemic lupus. I was frantic and finally relieved that Michelle did not have either of those diseases. But she was still very sick. She was put on non-stop antibiotic treatment for over a year because it allowed her to ward off infections and to return to school. Anytime we stopped the antibiotics, she became sick again. After three years of taking Michelle from doctor to doctor and finding no help, I was extremely frustrated. Apparently, the doctors were frustrated, too. When they were not able to cure her, they decided Michelle's problem was all in her head.

### **Taking Control**

I knew if my daughter was going to get well, I would have to find the answers myself. During my search, I found a doctor who called himself a “medical detective.” He was an osteopathic physician. I didn’t know much about his profession but I decided to call him. I told him that I would be in charge of my daughter’s care and that he would have to listen to me because I knew my daughter best. He told me he wouldn't have it any other way. That moment marked the beginning of our road back to good health for Michelle. This doctor explained that osteopathic medicine centers around the belief that the body, given the proper tools, can heal itself.

Not only was this approach refreshing it gave me the first glimmer of hope I had felt since Michelle’s ordeal began. This osteopathic physician offered me options and support, rather than another prescription. Instead he looked for the underlying causes of Michelle’s health problems. He even respected my input and shared his information with me.

### **Never Again**

This doctor showed me a new and more rational way to practice medicine. I was optimistic about this approach and I wanted so much to regain my confidence in medicine again. But I was still scared. I felt that I needed to know what doctors know in order to protect my family. I decided to become an osteopathic physician. So at the age of 39, out of

self-defense and for the sole purpose of protecting my family, I entered osteopathic medical school.

### **The Drug Company's Influence on Medical Education**

While in medical school I discovered what I believe to be the problem with medicine. Although doctors learn about the physiology of how the body works in the first year of school, the real learning emphasis for the rest of their training is on naming a disease and prescribing a drug. It is no wonder that Michelle's flawed treatment was based solely on the use of medications. When medical students go through medical school, the PhD's in the basic sciences who are teaching them are also doing research. There is a saying in academia, "Publish or perish." This means that professors want to write articles for their professional journals in order to keep their jobs. In the sciences, conducting studies and writing about them is what the PhD must do to succeed. These studies are funded with grants and other outside money, bringing funds into the medical school. The medical schools benefit financially when the faculty is awarded as many grants as they can get. And faculty members want the grants because they know they need to do research if they want to keep their jobs and succeed at their institution. It should not surprise us that the pharmaceutical industry is high on the list for underwriting these studies.

When medical students get into rotations and residency programs many of the doctors who are doing the training are also receiving funds from the pharmaceutical industry. A recent *60 Minutes* show reported that doctors receive between \$50,000 and \$250,000 per study and may be involved in as many as 30 to 40 studies at one time. The report focused on one physician who had falsified his research data then published articles in the medical journals about his findings. It was noted that this occurs often but there is no way to know how often unless someone on the inside comes forward and exposes the fraudulent behavior. Many doctors are paid for giving lectures to other doctors about specific a drug. These are the people who are teaching our next generation of physicians. We have physicians and PhD's who are focusing on drugs, and receiving funding from the pharmaceutical industry. These are the people who are teaching and training medical students and teaching them to use drugs with their patients. How is the unsuspecting public to know what is really true?

## The Drug Company's Influences On Doctors

The drug companies are also a strong influence on doctors, after medical school. The drug companies send representatives to doctor's offices and bring a multitude of specialty items with the pharmaceutical company's name on them. They give away pads and pens and if a physician is really good at prescribing their drug, according to one drug company representative I know, a company might send the doctor on a trip to Hawaii. This is a very common practice and it provides a great deal of motivation for that physician to use that company's drug. When doctor's go to continuing medical education courses, (a certain number of hours is required each year in order to maintain a medical license) the doctors who speak to the groups are very often being paid by pharmaceutical companies to talk about that company's newest drug.

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### FDA Drug Advisers Have Financial Conflict of Interest

According to articles in both Reuters News and USA Today, 54 percent of the experts that the FDA asks for advice on which medicines they should approve had a direct financial interest in the drugs or topics they were evaluating. These financial conflicts of interest include stock ownership, consulting fees or research grants.

Even though federal law prohibits the FDA from using experts with financial conflicts of interest, the FDA waived the restriction more than 800 times since 1998. Since 1992 the FDA has kept the details of any conflict secret so it is not possible to determine the amount of money or which drug companies are involved.

The USA Today article stated, *"These pharmaceutical experts, about 300 on 18 advisory committees, make decisions that affect the health of millions of Americans and billions of dollars in drugs sales. With few exceptions, the FDA follows the committees' advice."*

### . ADHD Marketing

Financial conflicts of interest can show up under other connections to the drug companies as well .

The establishment of a non-profit, parent's group to advocate a drug would be a brilliant marketing strategy for any drug company. A parent's group can make claims and promote the use of drugs much more effectively than the drug company can and without any restrictions from FDA and FTC regulations. In the 1990's the manufacturer of Ritalin® paid almost \$1 million dollars to CHADD, a support group for ADD. This group advocates the use of psychiatric drugs for children. This relationship between the drug company and the non-profit parent's group should be a source of concern for parents. It has been for the DEA.

The United Nations and DEA say Ciba Geigy (now Novartis), the manufacturer of Ritalin®, has contributed almost \$1 million to Children and Adults with Attention Deficit Disorder (CHADD) between 1991 and 1994, possibly compromising CHADD's ability to help those with ADD. In a document resulting from a year-long probe into

CHADD's finances, DEA warned that the contribution are "not well-known by the public, including CHADD members that have relied upon CHADD for guidance."

Gene Haislip, DEA division control head has stated, "A lot of people don't know Ritalin® is like cocaine. It can be very dangerous and must be treated with respect." He called the relationship between the manufacturer and CHADD an "unhealthy co-mingling of medical and commercial interests."

CHADD say it does not promote use of Ritalin® but does mention it in the context of treatment options. However, CHADD's actions do not appear to be so neutral. In 1995, CHADD tried to persuade the U.S. Drug Enforcement Agency (DEA) to classify Ritalin® as a Schedule III drug, which would have made it easier to obtain.

### **If All You Have Is A Hammer .....**

So it really is all about drugs. That's what medicine is about. I now know how naïve I was to think that when I took my daughter to doctors, they would have all the answers and know how to help her be well. In actuality what they knew how to do very well, was prescribe drugs. Now I know that what is taught in medical school is how to name symptoms with a disease or a syndrome, then write a prescription to drug it. There is a saying, "If all you have is a hammer, then everything looks like a nail." Well that's what's happening in medicine. "If all you have is a prescription pad, then everything gets a drug."

It may surprise you to learn that drugs rarely cure anything. Drugs can cover up symptoms while the body heals itself and that is often how it works. I am not saying that all drugs are bad and that we shouldn't use drugs, but I do think it's important for the public to understand that a doctor's training emphasizes, almost exclusively, the use of drugs. Sometimes this use is appropriate, but it is always important to understand the limits and risks of using drugs. I learned the hard way. Let's look at how this focus on drugs may affect a diagnosis or label that a child might be given.

### **Going By The Book**

Attention Deficit Hyperactivity Disorder ("ADHD") is officially a psychiatric label. When children are diagnosed with "ADHD", they are considered to have a psychiatric disorder. In 1987, "ADHD" was literally voted into existence

by the American Psychiatric Association and inserted into the DSM, the Diagnostic and Statistical Manual of Mental Disorders. The DSM is psychiatry's "billing bible" for diagnosing and assigning insurance-payment codes. The DSM lists psychiatric disorders and the symptoms used to describe the so-called disorders. Psychiatrists write the book and decide what behaviors or groups of behaviors are psychiatric disorders. A group of psychiatrists get together every few years and sit down in a room and talk about various groups of behaviors that they think should be considered psychiatric disorders. Then they vote to include certain groups of behaviors as psychiatric disorders. They then include these new psychiatric disorders in their book along with a list of symptoms for each one. Through a simple vote, with no objective means to define this psychiatric label, a new disorder is born. It then begins to take on a life of its own. A common denominator of these psychiatric disorders is that there is no objective way to define them or diagnose them. If you have high blood pressure, your doctor can objectively measure that and give you a diagnosis of hypertension. If you have diabetes, your doctor can objectively measure your blood sugar and give you a diagnosis of diabetes. There is no way to do this with a psychiatric diagnosis.

The signs and symptoms of "ADHD" listed in *The Diagnostic and Statistical Manual* (DMS IV) are completely subjective. See Figure 1

## Figure 1

### Attention Deficit Hyperactivity Disorder

A. Either (1) or (2):

(1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils books or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

Now if you have six of these 12 subjective symptoms, you get the diagnosis. Ask yourself how many of these symptoms you possess—probably quite a few. That's because these are normal behavior traits. No one enjoys spending a lot of time on activities they do not like. Certainly not six-year-old children.

Now let's look at the list for hyperactivity/impulsivity.

(2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining in seat is expected
- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often "on the go" or often acts as if "driven by a motor"
- (f) often talks excessively

Impulsivity

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings (e.g., at school (or work) and at home)

D. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder or a Personality Disorder).<sup>1</sup>

Again, many of us possess these behaviors. When I give lectures, I prefer to stand up and

talk rather than sit in the audience because I can't sit still for an hour at a time. Some might say then that I am

"ADHD". But I think my behavior is normal and it certainly has not interfered with me being productive. And I am

not taking Ritalin®. This is just another example of how subjective the "ADHD" diagnosis is.

One therapist or teacher may see a child and think that he or she is fidgeting or blurting out answers while another therapist or teacher may think that the child is perfectly normal and sees the child as very bright because he/she knows the answer and is simply blurting it out. The diagnosis is not consistent from one person to another. That is where the subjectiveness of the diagnosis comes into play.

Within one year of deciding to insert "ADHD" in the DSM, 500,000 children in the United States were diagnosed with the disorder and today the number of children diagnosed is closer to 5 million.

### **Concerns About the "ADHD" Diagnosis and Treatment**

In 1998, the National Institutes of Health convened a three day conference on "ADHD" and the treatments used for it.

The leading experts from across the U.S. came to present their data to the panel yet failed to provide any scientific

evidence to validate "ADHD" as a neurobiologic brain disorder. Parents are being told there is something wrong with

their child's brain, yet no one can prove it. Then their child is labeled 'mentally ill' with a diagnosis of "ADHD", a disorder that came into being, not by science, but by a majority vote. Children are then subjected to mind-altering drugs in order to change their behavior. This scenario is occurring because physicians use the DSM book with its subjective descriptions of disorders as a guide. That's how doctors diagnose their patients with psychiatric problems. Many doctors just take the teacher's word on it. If the teacher thinks a child has "ADHD" and informs the doctor, the doctor writes a prescription for Ritalin® or Adderall or some other psychiatric drug. Often the doctor will label the child "ADHD", prescribe a psychiatric drug solely on the teacher's word, without ever doing a physical exam or looking for any treatable medical or educational problems. Under this system it is easy to be diagnosed with a psychiatric disorder.

### **The Medical System and "ADHD"**

When I was a guest on The Montel Williams Show, there was also a psychiatrist on the show. The psychiatrist was supporting the use of drugs for "ADHD" and I was discussing the fact that there are many underlying health problems that can cause the same symptoms that are misdiagnosed as "ADHD". On the show, I mentioned that I rarely see a child who has had a physical exam, much less lab work, before being diagnosed with "ADHD" and prescribed mind altering drugs. And then, on national television, the psychiatrist said, "Look we're psychiatrists. It's a psychiatric diagnosis. Psychiatric diagnoses are based on the history. **Psychiatrists don't do physical exams.**"

I know from experience that many doctors don't do physicals exams before prescribing psychiatric drugs so I was glad that this psychiatrist shared this with all who were watching The Montel Williams Show that day. My clinical experience confirms that this is usually what occurs to children who are diagnosed with "ADHD". They see a doctor, but the doctor does not do a physical exam or look for any health or learning problems before giving the child an "ADHD" diagnosis and a prescription drug. This is not how I was taught to practice medicine. In my medical education, I was taught to do a complete history and physical exam. I was taught to consider something called a "differential diagnosis". To do this, one must consider all possible underlying causes of the symptoms. After that the physician comes up with a list of the possible reasons for the symptoms. In order to determine which on the list is the real cause of the symptoms, the doctor must then do any lab work or other tests, which can confirm or eliminate each

one. Until this process is complete it is just a guess as to what is the actual diagnosis. Once the cause is discovered, the next step is to treat it. I prefer to determine if there is a natural way, or some life-style change that can occur whenever possible. The patient should be offered as many different options as possible. This is called informed consent, something else that should be available to patients. Informed consent means that the physician has explained to the patient, all of the different options which are available and the potential risks or side effects of each option. If this doctor-patient interaction sounds as if it would take a lot of time, you are right. It does take time. That is why I spend as much as an hour with a new patient. To me this is how medicine should be practiced. It is how I was taught to practice in medical school. Even psychiatrists went to medical school and were taught how to do physical exams.

### **Stupid or Lying**

If a child has been diagnosed and treated without a complete history and physical and if a child has been prescribed a drug without informed consent, then that child has not been adequately evaluated or treated. Once, while at a conference in New Jersey at which I spoke on “ADHD”, I was on a panel with a prominent and well know physician. Someone in the audience asked this physician if what he said was correct, why her child’s doctor disagreed with him. The speaker responded, “Your child’s doctor is either stupid or he’s lying”. A more gentle way of expressing this might to be to say that the child’s doctor was uninformed or giving out inaccurate information. The woman had been told by her child’s doctor that her child had “ADHD” and the drug that he was prescribing was perfectly safe. Since that statement is false, the doctor must have been uninformed or misinforming.

No drug is perfectly safe. All drugs are toxic. At a certain dose all drugs can be dangerous. Knowing which dose will not do harm is the tricky part. I have heard doctors say that when given in the proper dose, Ritalin® is perfectly safe. The NIH has stated that there is no valid way to actually diagnose “ADHD”. I see no way for anyone to actually come up with the proper dose of a drug to treat a disorder that has no way of objectively determining if it exists? Consider also that according to the NIH report, most of the drugs used to treat “ADHD” symptoms were only studied for a few months. We cannot possibly know the long-term side effects for drugs that were not tested long term. I would not want my child to be taking a drug for several years when the testing that was done on it was for only 3 months.

I have heard many physicians state that “Ritalin® has been used for years and we know more about it than any other drug”. While Ritalin® has been used for years, it was not used on the same child for years until fairly recently. In the past it was thought that children outgrew the symptoms of hyperactivity and inattentiveness. When the drug was used, it was prescribed for short periods of time, until the child outgrew the symptoms. Now we know that children do not outgrow the symptoms but continue to have them for life unless something is done to eliminate the underlying cause. This is why children and adults are being prescribed the drugs for years and years. Yet we do not know the long-term side effects of taking these drugs for years and years. It is important to consider how these drugs can effect the body and mind of anyone who takes them.

Ritalin® has been used since the 1950’s so many doctors believe that over that extent of time the drug has proven itself safe for use in children. However, during most of that period, Ritalin® was only prescribed for short-term use. Today children and adults are taking Ritalin® for ten to twenty years. The cumulative effect a drug has on the body when taken for that many years are very different than when a drug is used for a year or two. Although Ritalin® has been used for years it has not been used for years in the same individual.

I believe we’ve already had many warnings about problems with the long-term use of psychiatric drugs. The most tragic was the 14-year-old in Pontiac, Michigan who died of a heart attack. The medical examiner reported that his death was a result of taking Ritalin® for ten years.

### **Kiddie Cocaine**

Would you put your child on cocaine to make them sit still, pay attention and behave? Of course not. But some of you may have done exactly that without even knowing it! The drug in question is Ritalin®. Ritalin® and cocaine are pharmacologically very similar. They each go to the same receptor sites in the brain. Ritalin® and cocaine are used interchangeably in scientific studies. The Drug Enforcement Administration (DEA) has reported this and also states that Ritalin® produces cocaine-like effects. The DEA says that taking Ritalin® predisposes takers to cocaine’s reinforcing effect—that is addiction. According to DEA Congressional testimony, “neither animals nor humans can tell the difference between cocaine, amphetamines or methylphenidate (Ritalin®), when they are administered the same way comparable doses. In short, they produce effects that are nearly identical. See the DEA Report, *Figure 2* .

In addition, according to several insurance representatives, Ritalin® treatment is considered a “red-flag” for health insurance companies. An “ADHD” diagnosis and use of psychiatric drugs may lead to a denial of an insurance application or limited benefits. Also, Ritalin® use is a permanent disqualifier for military service and admission to the military academies. This is information which most parents, teachers and even physicians, are not aware.

*Figure 2*

U.S. Department of Justice Drug Enforcement Agency (DEA)

Drug and Chemical Evaluation Section, 1995

Methylphenidate (Ritalin®)

Overview

1. Ritalin® is a Schedule II stimulant, structurally and pharmacologically similar to amphetamines and cocaine and has the same dependency profile of cocaine and other stimulants.
2. Ritalin® produces amphetamine and cocaine-like reinforcing effects including increased rate of euphoria and drug liking. Treatment with Ritalin® in childhood predisposes takers to cocaine's reinforcing effects.
3. In humans, chronic administration of Ritalin® produced tolerance and showed cross-tolerance with cocaine and amphetamines.
4. Ritalin® is chosen over cocaine in self-administered preference studies in non-human primates.
5. Ritalin® produces behavioral, physiological and reinforcing effects similar to amphetamines.
6. Ritalin® substitutes for cocaine and amphetamines in scientific studies.
7. Children medicated with Ritalin® who tried cocaine reported higher levels of drug dependence than those who had not used Ritalin®.
8. Ritalin® abuse is neither benign or rare in occurrence and is accurately described as producing severe dependence. Sweden removed Ritalin® from its market in 1968 because of widespread *abuse*.
9. More high school seniors were abusing Ritalin® than those taking it medically prescribed.  
Side-effects of Ritalin®: increased blood pressure, heart rate, respirations and temperature; appetite suppression, weight loss, growth retardation; facial tics, muscle twitching, central nervous system stimulation, euphoria, nervousness, irritability and agitation, psychotic episodes, violent behavior, paranoid delusions, hallucinations, bizarre behaviors, heart arrhythmias, palpitations and high blood pressure; tolerance and psychological dependence and death
10. Ritalin® will affect normal children and adults the same as those with attention and behavior problems. Effectiveness of Ritalin® is not diagnostic.  
CHADD, non-profit organization, which promotes the use of Ritalin®, also receives a great deal of money from the drug manufacturer of Ritalin®. CHADD does not inform its

members of the abuse problems of Ritalin®. CHADD portrays the drug as a benign, mild stimulant that is not associated with abuse of serious side-effects. Statements by CHADD are inconsistent with scientific literature.

11. The International Narcotics Control Board expressed concern that CHADD is actively lobbying for the use of Ritalin® in children.

12. Ritalin® is one of the top ten drugs involved in drug thefts and is being abused by health professionals as well as street addicts.

*Note from Dr. Block: Since Adderall and Dexadrine are amphetamines, the above statements would also be true of them.*

### **And More Drugs**

In addition to the most commonly prescribed drug, Ritalin®, other drugs used for “ADHD” symptoms include Adderall, Dexedrine and Cylert, which are amphetamines or speed-type drugs. Amphetamines are controlled substances because they have a high likelihood of abuse. Cylert can cause liver damage. Adderall and Dexedrine are straight amphetamines. Surely there is not a “proper” dose of amphetamines that can safely be prescribed to a child. Tofranil and Norpramine, are tricyclic antidepressants. The literature on Norpramine comes with a warning to alert physicians that Norpramine can cause sudden cardiac death in children. There are many other side effects to the many different drugs, which are prescribed for the symptoms of “ADHD”. I recommend to all my patients that they get a drug insert from the pharmacist or purchase a Physician’s Desk Reference (PDR) for themselves. The PDR is a very thick book, which has detailed information about each drug and the same information listed in the drug insert. While most prescription drugs have potential side effects, we don’t know in advance who will actually get the side effects. Everyone should weigh the potential side effects against their actual problem. If the side effects sound worse than the problem, they might not choose to take the drug. The reason the list of side effects is in the PDR is because these side effects can and do occur. Everyone should decide for themselves, if the benefit of taking the drug is worth the risk of the side effect if it does, in fact, happen to them.

Tegretal and Phenobarbital are also prescribed for “ADHD” symptoms. These are actually anti-seizure medications. The National Association of Pediatrics has stated that

these drugs should never be used on anyone who doesn't have real seizures. The antiseizure medications can actually cause learning problems themselves. Another drug prescribed for children is Clonidine or Catapres, which is an adult high blood pressure medication. These "adult" drugs have never been tested on children under the age of 18 and are not indicated for use for anyone under age 18. What often happens is that the drugs are given to an adult and the adult reports that he/she can focus better and sit still better. Then doctors just start using these drugs on younger and younger children until they get down to the two to four-year-old age groups. So even though there are no studies done on children and no determination if these drugs are safe for children, even in the short term, the drugs are prescribed to children for long periods of time.

It is perfectly legal for doctors to prescribe drugs that have not been tested on the age group or for the purpose for which they are prescribed. This is called "off label use" and it occurs all the time.

I find it quite interesting that when a drug called, Secretin, was found to help some children with autism. Giving the drug to autistic children was certainly an "off label use" of the drug, as the positive effects of it on these children were found quite by accident. I have many patients who have been labeled autistic and the parents of these children were anxious to try Secretin on their children. When many of them asked their child's neurologist, psychiatrist or pediatrician about it, they received a lecture about the fact that Secretin had not been tested on children or for use with Autistic symptoms. The doctors were adamant that the parents should not use this drug on their children. Ironically, these

same doctors had been prescribing psychiatric drugs to many of these children. They had been prescribing psychiatric drugs that had not been tested on children and had many potentially severe side effects. Yet the adverse reactions of Secretin, as listed by the drug manufacturer in the PDR, are as follows: “No adverse reactions to Secretin-Ferring have been reported.” I wonder why these doctors can so readily prescribe psychiatric drugs with many dangerous potential side effects, yet deny a child an opportunity to use a drug with no known side effects, particularly when both drugs are “off label use.” It makes no sense to me.

### **Antidepressant Drugs**

There are about 10 different Selective Serotonin Reuptake Inhibitor (SSRI) drugs such as Prozac, Paxil, Luvox, and Zoloft that are also commonly prescribed for “ADHD” symptoms. These drugs come with a host of potential side effects and are not indicated for children under the age of 18. According to the FDA’s Adverse Drug Reaction Report on Prozac, 1988-1992, more than 90 children and adolescents suffered suicidal or violent self-destructive behaviors while taking Prozac.

According to the drug companies who make these psychiatric drugs, everyone of them can cause heart problems and psychosis. It does not mean that everyone will have heart problems or psychosis, but if it is your child who gets the side-effect, it is 100%.

Remember when deciding whether or not to take a prescription drug, informed consent should be involved. If your doctor does not tell you the potential side effects, you should educate yourself by asking your pharmacist for the drug insert. When you pick up a

prescription, many pharmacies will give you some information about the drug, including side effects. This list is usually just the most common or most likely side effects. Some of the more serious adverse reactions may not be the most common. If the side effect happens to you or your child, it doesn't really matter that only a small percentage were expected to experience it.

### **Only In America**

The used of methylphenidate or Ritalin® from the years 1985 to 1992 was pretty stable. It did not change much. In 1992 sales of Ritalin® shot up and between 1992 and 1996 there was a huge increase. (See Figure 3) This information comes from The United Nations Controlled Substance Board. The board has a great deal of concern about the increase in the prescribing of Ritalin® because the United States consumes 90% of the Ritalin® in the world. There are some countries that don't even have Ritalin® available. I see patients who come to my office from all over the world. When they come from other countries with a child labeled with "ADHD" and being pressured to put their child on Ritalin®, I have noticed that there is always an American connection. For instance, one child I saw from Saudi Arabia was in an American school there and the school was insistent that he be on Ritalin®. When the parents moved their child to a British school they said they had no more problems with the child.

The graft from Slide showing the increase in Ritalin® use

Figure 3



## **Drug Abuse**

I find it interesting and disturbing that during this 4-year period when Ritalin® use spiked, that drug use over-all among teenagers rose 105% with cocaine use up 166%.

This correlation is interesting because Ritalin® is very similar to cocaine.

Pharmacologically the two drugs go to the same receptor site in the brain and they have the same effect on the body when they are taken in the same manner. In medical research the two drugs are used interchangeably. Ritalin® blocks cocaine uptake and cocaine blocks Ritalin® uptake. So, scientists who conduct cocaine research, use Ritalin® to help them identify certain areas of the brain. The children have figured this out as they will crush their pills and snort the powder just like cocaine. Ritalin® is being sold and used by teenagers and college students as a street drug. It is easy to get and it is cheap. These students have told me how easy it is to get a prescription of Ritalin®. They just tell their doctor that they are having trouble concentrating and paying attention in class and they are handed a prescription of a Class II controlled substance which they can now snort and sell or give to their friends. One college student told me she had been taking the drug, Ritalin®, since high school and she was unable to stop taking it. She felt she was addicted to it and had no trouble getting more prescriptions from her doctor. If a health insurance plan covers prescription drugs, these kids can get this Class II Controlled Substance for the cost of a co-pay.

## **Subjective Diagnosis**

When the National Institutes of Health (NIH) held a special conference concerning the diagnosis and treatment of “ADHD” in 1998, they issued a summary of their findings.

This is what they said:

1. There is no independent, valid test to diagnose “ADHD”. This means there is no objective measurement for diagnosing “ADHD”. You can’t draw blood and find it. You can’t perform a CT scan and see it. There is nothing that you can objectively find to prove a diagnosis of “ADHD”. The diagnosis is often made with the Connors Rating Scale or some other subjective rating scale, which the parents and teachers fill out. It is simply asking someone’s opinion. So, as I’ve said, the diagnosis is subjective, determined by the biases and perspective of the person making the decision. If that person is someone who believes that children should sit still and be quiet then the child will probably get the “ADHD” diagnosis. However, if the person thinks that children should be allowed to move around and fidget, then the child will be thought to be normal, not “ADHD”. Yet parents around the country are paying large sums of money to have their children tested for “ADHD” even though there is no valid test for it. Once a child is labeled with “ADHD”, the child is usually prescribed a drug, which can carry many risks. These drugs are prescribed to treat a diagnosis that does not really exist.

2. The second finding is that there is no data to prove that “ADHD” is a result of a brain dysfunction. There are no studies. That’s the problem with psychiatric diagnoses. The psychiatrist does not do any testing. The psychiatrist listens to the history and then

prescribes a drug. This is very puzzling to me because these psychiatrists went to medical school just like I did and they should have learned how to do physical exams and a “differential diagnosis”. So a doctor must do a physical exam, must do lab work, allergy testing and diet evaluations. The doctor must do everything possible to determine the reason for the symptoms. The doctor must not just listen to the history and give a psychiatric diagnosis and a drug. After the differential diagnosis and before treatment the doctor must then provide the patient or parent with “informed consent”.

3. The NIH committee also stated that most randomized clinical trials of drugs are very short, up to three months. The Federal Drug Administration (FDA) recognizes the limits of this kind of testing because the agency has said that a drug may be prescribed to the public for 10-20 years before we understand the complete potential side-effects of these drugs. Some have even suggested that we avoid the use of drugs until they have been on the market for 2-3 years.

4. The NIH committee reported that there is actually no information on the long-term outcome of drug treatment. There are no studies looking at the results of using these drugs for years and years. Even though this information is not available, I see children prescribed these drugs for 10 years or longer.

5. Also, the NIH committee reported that stimulants do not normalize the entire range of behaviors. Even if the drugs do help some, it has been found that the drugs show little improvement in academic achievement or social skills. It may appear to help initially, but the studies show that it does not improve academic achievement over time. Some parents

and teachers are surprised at this, but this was the published finding. Just because someone is quieter and sitting still longer does not mean she/he is learning.

6. The committee went on to say that there is no data on the inattentive type of “ADHD”. So for all of those children I have seen in my office who have been labeled with Attention Deficit Disorder (ADD) (Inattentive type) and put on a psychiatric drug, there is no data indicating this is appropriate. There is no data showing the efficacy of drug treatment for adolescents and adults either. Yet thousands of teens and adults are prescribed drugs each year for “ADHD” symptoms.

7. The committee also reported that these drugs can cause compulsive and mood disorders and that drug availability can lead to illicit drug abuse. So if there is no valid test for “ADHD”, no data proving “ADHD” is a brain dysfunction, no long-term studies of the drugs effects, and if the drugs do not improve academic performance or social skills and the drugs can cause compulsive and mood disorders and can lead to illicit drug use, why in the world are millions of children, teenagers and adults in this country being label “ADHD” and prescribed these drugs?

**Figure 4 1998 National Institute of Health Conference on “ADHD” Report Summary**

No valid, independent, consistent test available  
 No data indicating it is a brain dysfunction  
 Drugs don't normalize all behaviors  
 Kids on drugs still have higher level of behavior problems  
 Kids on drugs show little improvement in academic and social skills

No information on treatment for more than one year High doses of drugs cause hypertension, nervous and cardiovascular systems damage
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### **Psychiatric Drugs: Statistically Low Benefits**

Ritalin® does not cure “ADHD” symptoms. We used to think that children outgrew their symptoms, but we now know that this is not the case. When the drug is stopped, the symptoms return if the drugs helped at all. There is one long-term study that I have found that followed a group of hyperactive children over an eight year period. At the end of the eight years, 80% continued to have the “ADHD” diagnosis and continued to have the symptoms. What is even more alarming is that another 60% of these children progressed to more serious diagnoses, Oppositional-Defiant Disorder and Conduct Disorder. While these are also psychiatric labels, their symptoms imply much more severe symptoms. So not only did the drugs not work for 80% of the children, but over 60% of the children actually got worse while taking them.

Adding other treatments along with the drugs did not appear to make any difference. More than 80% of the children in the study had been medicated. Over 63% of the children had the use of mental health services and over 35 % had the use of special educational services. The results showed that using predominately medication, even while using other services, there was at best a 20% success rate and a 60% worsening of symptoms. That doesn't speak well for the benefits of drug treatment.

### **Negative Effects of Ritalin®**

The short term side effects of Ritalin® and other amphetamine type drugs are well known and occur frequently. They are appetite loss, insomnia, weight loss, headaches, irritability, sudden mood changes, growth suppression and exacerbation of tics. In my experience, I find that doctors who prescribe Ritalin® are very comfortable with these symptoms. My patients report to me that the prescribing doctor finds these symptoms acceptable. Actually, many of these symptoms should not actually be considered side-effects, as these symptoms are common and are simply the usual effects of the drug. That is, these symptoms are expected to happen. It would be unusual for them not to happen. These are the same effects that occur when someone takes speed.

### **Risks and Side Effects**

Long-term use of the drugs used to treat the symptoms of “ADHD” may be dangerous. We should be very concerned about the effects that these drugs can have on the heart and vascular system as well as the kidneys and other parts of the body. According to the NIH, the clinical trials for the drugs were no more than three months long, yet we are putting children on these drugs for years and years without valid information on the long term outcomes of the drug treatment. So it is the children themselves who are like little lab animals and are currently testing the safety and efficacy of these drugs for long-term use. While trying to convince a parent to put a child on Ritalin® or other psychiatric drugs, parents have told me that a doctor, teacher or friend has said to them, “If your child had diabetes, you would give them insulin. Giving a child Ritalin® for “ADHD” is the same thing.” Let me clear this up right now. “ADHD” is not like diabetes and Ritalin® is not

like insulin. Diabetes is a real medical condition which can be objectively diagnosed. “ADHD” is an invented label with no objective, valid means to identify it. Insulin is a natural hormone produced by the body and it is essential for life. Ritalin® is a chemically derived amphetamine-like drug that is not necessary for life. Diabetes is an insulin deficiency. Attention and behavior problems are not a Ritalin® deficiency.

### **Street Drug Effects**

The Diagnostic and Statistical Manual (DSM), the book the psychiatrists use to list their made-up diagnoses, has two other lists of symptoms for two other interesting diagnoses. They are **Amphetamine Dependency Abuse** and **Amphetamine Intoxication**. Ritalin® and many other drugs used to treat “ADHD” are amphetamines or amphetamine-like. Symptoms of amphetamine dependency include depression, irritability and social isolation. Amphetamine Intoxication can cause euphoria, restlessness, anxiety, tension, repetitive behaviors, anger, fighting, impaired judgment as well as chest pain, heart arrhythmias, confusion, seizures, coma and impaired social and occupational functioning. Yet, these drugs which can cause all of these terrible symptoms, which are abused and illegally used on the streets, are being prescribed to children, some as young as two-years old. How can these drugs possibly be safe for young children when they are capable of causing these terrible symptoms? I continue to be shocked that doctors can so thoughtlessly prescribe Ritalin® and other amphetamine drugs to children when they know the problems these drugs can cause. The psychiatrist’s own book, the DSM, describes the problems with abuse of drugs like Ritalin® and Adderall. In addition, the DSM explains that the symptoms of cocaine abuse and dependency are the same as amphetamine abuse and dependency and that experienced users cannot tell the difference

between amphetamines and cocaine. In spite of the fact that their own guidebook is clear and definitive on the negative effects of these drugs, psychiatrists and other doctors continue to prescribe these drugs to young children.

Perhaps the doctors prescribing these drugs, actually are unaware of the possible serious side-effects. According to a report by the FDA, less than one percent of doctors read the labels and know the side-effects of the drugs they are prescribing. That's a pretty scary thought. The FDA is very concerned about this and is trying to develop a method to make it easier for doctors to read about the adverse effects of the drugs they prescribe. All a doctor has to do is open up the PDR and read about the drug. How difficult is that? Since many doctors learn about the drugs they prescribe exclusively from the pharmaceutical company that makes the drug, the doctor may never learn about the side-effects. Unless the doctor asks about side effects, the drug company representative is unlikely to offer the information. They want the doctor to prescribe their drug not be afraid of the side-effects.

### **Babies on Ritalin**

According to an article in The Journal of the American Medical Association, between 1991 and 1995, the use of Ritalin and other psychiatric drugs increased two to threefold in 2-4 year olds. This is interesting since the maker's of Ritalin say that safety and efficacy has not been established for anyone under 6 years of age.

### **Drug Deaths**

In Pontiac Michigan the medical examiner reported that the 10-year use of Ritalin® which was used to treat a young man for hyperactivity, led to his death at the age of 14.

The boy died of a heart attack and the medical examiner reported that the changes in the child's heart were a result of taking Ritalin® for so long. The parents said that they were pressured to put their child on Ritalin® because the school threatened to report them to Child Protective Services for medical negligence, if they did not. So the parents reluctantly put their child on the drug which the medical examiner says ultimately killed him.

The psychiatric community expressed outraged at the medical examiner for saying that Ritalin® caused the heart damage. They disputed the findings, saying that Ritalin® has been used for 40 years and claimed the drug is safe and the side-effects are harmless. But this is an erroneous argument because we have not used Ritalin® for years in the same patients. This long-term use is a new phenomenon. Also, the drug manufacture states that the drug, Ritalin®, can have adverse effects on the heart.

As mentioned earlier, Ritalin® is pharmacologically similar to cocaine. The psychiatrist's diagnostic book says "experienced users cannot tell the difference between amphetamines and cocaine. Can you imagine the school pressuring parents to put their children on cocaine and doctors approving and supporting its use? If this child had been taking the actual drug cocaine, instead of a similar but legally prescribed drug for 10-years and then died of a heart attack, the community would be stunned, and outraged. They would probably try to find the drug-pushers and start a drug-prevention and awareness program to protect other children. Instead, doctors became angry at the medical examiner who

determined that the Ritalin® was responsible for the changes in the boy's heart, which ultimately killed him.

### **Drugs and Violence**

Ten days after Ryan Ellis, a college student in Bismark, North Dakota, began taking Adderall to control his attention deficit disorder and help him with his college studies, slipped into a psychotic fog and killed his infant daughter. He said God told him to do it. He was found not guilty for this crime because the psychiatrist and the drug company, who makes Adderall, testified that the "psychotic state" was a side effect of Adderall. They did contend that the psychotic state is a very rare side-effect of the drug, Adderall. The drug's labeling warns that, in rare circumstances, it can cause psychotic episodes, even at recommended doses. How do we know who will be affected in this manner and how many people who were prescribe Adderall were told of this possible side-effect? Actually every drug which is prescribed by doctors for the symptoms called "ADHD" can cause psychotic behaviors and heart problems according to their manufacturer.

When I was in Arizona presenting a seminar on "ADHD", a woman approached me after my talk and said that she had a similar side-effect after taking Adderall. She said she was driving her car when she experienced a psychotic episode and her child was killed. This kind of thing may be happening all over the country and we can't predict when or where or to whom it will happen next. That has also been my concern about the violence in our schools.

## **School Violence**

There is an alarming trend of student violence and mass shootings in schools today. I have been traveling to various states testifying at legislative hearings on the connection between school violence and psychiatric drugs. There appears to be more than a coincidental connection. Eric Harris from Littleton, Colorado was on Luvox when he shot up Columbine High School. If you read the drug insert from the pharmaceutical company that makes Luvox, and see the symptoms that Luvox can cause, it should be not be a surprise that he was involved in such a violent act. According to the drug manufacture Luvox can cause: mania, suicide, impaired judgment, agitation, psychosis, delirium, delusions, emotional lability, hallucinations, hostility, paranoia, depersonalization, anxiety and depression. Since these are the potential side effects of the drug that Eric Harris was taking, it is surprising that more attention has not been drawn to this connection.

According to his testimony to The Pennsylvania House Democratic Policy Committee in 1999, Bruce Wiseman, National President of Citizen's Commission on Human Rights ( a psychiatric watchdog organization which has been investigating and exposing psychiatric violations of human rights for 30 years), the following connections have been found between psychiatric drugs and violence in just a two year period:

1. On May 25, 1997 18-year-old Jeremy Strohmeier raped and murdered a 7-year-old African American girl in Las Vegas, Nevada. Strohmeier had been diagnosed with ADD and prescribed Dexedrine, a Ritalin®-like drug, immediately prior to the killing.

2. On October 1st, 1997, in Pearl Mississippi, 16-year-old Luke Woodham stabbed his mother--50-year-old Mary Woodham--to death and then went to his high school where he shot nine people killing two teenage girls and wounding seven others. Published reports say he was on Prozac.
3. Exactly two months later on Dec 1, 1997, Michael Carneal, a 14-year-old opened fire on students at a high school prayer meeting in West Paducah, Kentucky. Three teenagers were killed, five others were wounded, one of whom was paralyzed. Carneal was reportedly on Ritalin®.
4. Then in February, 1998 a young man in Huntsville, Alabama on Ritalin® went psychotic chopping up his parents with an ax and also killing one sibling and almost murdering another.
5. On March 24, 1998 in Jonesboro, Arkansas, 11-year-old Andrew Golden and 14-year-old Mitchell Johnson shot 15 people killing four students, one teacher, and wounding 10 others. According to one report, the boys were believed to be on Ritalan.
6. - Two months later another grisly school massacre occurred. On May 21, 1998 15-year-old Kip Kinkel of Springfield, Oregon murdered his parents and proceeded to his high school where he went on a rampage killing two students and wounding 22 others. Kinkel had been prescribed both Prozac and Ritalin®.
7. On April 16th, 1999, 15-year-old Shawn Cooper of Notus, Idaho took a 12-gauge shot gun to school and started firing, injuring one student and holding the school hostage for about 20 minutes. Terrified students ran for their lives, some

barricading themselves in classrooms. Cooper had been taking Ritalin® when he fired the shotgun's rounds.

8. 18-year-old Eric Harris killed 12 students and a teacher at Columbine High School before killing himself. Harris was on one of the SSRI anti-depressants called Luvox.
9. One month later to the day, on May 20th of this year, TJ Solomon, a 15-year-old high school student in Conyers, Georgia, on Ritalin®, opened fire on and wounded six of his classmates. Thankfully, none were killed.
10. 14-year-old Rod Mathews who had been prescribed Ritalin® since the third grade beat a classmate to death with a bat.
11. 19-year-old James Wilson who had been on psychiatric drugs for 5 years took a .22 caliber revolver into an elementary school in Breenwood, South Carolina killing two young girls, and wounding seven other children and two teachers.

Based on what the drug company states about their own drugs, every single one of these drugs can cause psychotic behavior. Since so many kids involved in school shootings have been taking psychiatric drugs at the time of the shootings, I believe every time there is a violent act we should ask if the individuals involved are taking or have been taking psychiatric drugs. So many lives are being destroyed and lost that the question demands an answer. Even if the odds of psychotic or aggressive behaviors from these drugs is very low, the more children who are taking them, the more often we will see an adverse reaction. Consider this: If there are 5 million children taking these drugs (and there is likely many more than that) and the odds of a reaction is only 1%, then there are still 5000 children who could have a psychotic reaction. If only 1% of the 5000 children takes a

gun to school and begins shooting, that is still 20 kids to many. If only one thousand of one percent of the children taking these drugs perform a violent act, that would be 50 violent acts across the county.

### **Psychiatric Drug Affects, According to Manufacturer's Drug Insert and PDR**

#### **Amphetamine/amphetamine type**

**Ritalin®:** Psychotic episodes, depression, chronic abuse can lead to tolerance and psychic dependency with varying degrees of abnormal behavior. Frank psychotic episodes can occur. Patients with agitation may react adversely. CBC and platelet count (lab work) are advised. Long-term affects have not been established. Cardiac side-effects: necrotizing vasculitis, thrombocytopenia purpura, blood pressure and pulse changes, rapid heart beat, cardiac arrhythmia, angina.

**Adderall:** Amphetamine with high potential for abuse, controlled substance, may lead to drug dependence, may exacerbate behavior disturbances and thought disorders, psychotic episodes. Cardiac side-effects: palpitations, rapid heart beat, hypertension, cardiomyopathy with chronic use of amphetamines.

**Dexedrine:** Amphetamine with high potential for abuse, controlled substance, may lead to drug dependence, psychotic episodes. Cardiac side-effects: palpitations, rapid heart beat, hypertension, cardiomyopathy with chronic amphetamine use.

#### **Selective Serotonin Reuptake Inhibitors**

**Prozac:** Anxiety, restlessness, mania/hypomania, seizures, suicide, impaired judgment, agitation, amnesia, confusion, emotional lability, apathy, depersonalization,

hallucinations, hostility, paranoid reaction, psychosis, personality disorder, delusions, Cardiovascular side-effects: (frequent) hemorrhage, hypertension, (other) angina, arrhythmias, congestive heart failure, heart attack, rapid heart beat, atrial fibrillation, cerebral embolism, heart block.

**Zoloft:** Mania/hypomania, suicide, agitation, anxiety, emotional lability, apathy, paranoid reactions, hallucinations, aggressive reactions, delusions, illusion, cardiac side-effects: (frequent) heart palpitations, chest pain; (other) hypertension, rapid heart beat, dizziness, syncope, fluid retention, heart attack.

**Paxil:** Mania/hypomania, impaired judgment, agitation, depression, anxiety, drugged feeling, depersonalization, amnesia, emotional lability, abnormal thinking, hallucinations, lack of emotion, hostility, manic reaction, neurosis, paranoid reaction, antisocial reaction, delirium, delusions, drug dependence, stupor.

Cardiac side-effects: (frequent) hypertension, rapid heart beat, syncope; (other) EKG abnormalities, angina, heart attack.

**Luvox:** (frequent) mania, apathy, amnesia, psychosis, (other) delusions, depersonalization, drug dependence, emotional lability, hostility, paranoid reaction, phobia, ;

Cardiac side-effects: hypertension, rapid heart beat, syncope, angina, heart failure, heart attack.

### **Other Drugs**

**Clonidine:** Indication, high blood pressure. Adult high blood pressure drug: Delerium, mental depression, visual and auditory hallucinations, restlessness, anxiety, agitation,

irritability, other behavioral changes, drowsiness. Cardiac side-effects: congestive heart failure, cerebrovascular accident (stroke), EKG abnormalities, arrhythmias, chest pain, syncope, high blood pressure, rapid heart beat and palpitations.

**Wellbutrin:** Agitation, anxiety, restlessness, delusions, hallucinations, psychotic episodes, confusion, paranoia, mania, seizures, hostility, depression, depersonalization, psychosis, mood instability, formal thought disorder, suicidal ideation.

Cardiac side-effects: edema, chest pain, EKG abnormalities, shortness of breath, heart attack.

**Norpramine:** Psychiatric disturbances, psychosis, seizures, anxiety, hallucinations, restlessness, agitation, nightmares, insomnia, confusion, tremors.

Cardiac side-effects: Sudden death in children, heart attack, heart block, stroke, arrhythmias, rapid heart rate.

**Phenobarbital:** Psychiatric disturbances, depression, hallucinations, nervousness, nightmares, abnormality in thinking, emotional disturbances, dizziness, central nervous system depression.

Cardiac side-effects: Low blood pressure, respiratory depression, slow heart rate, syncope.

## **The Debate Goes to Court**

Several law suits have been filed around the country involving the makers of Ritalin.

Parents of an 11-year old girl sued Novartis, the manufacturer of Ritalin, saying the drug company was responsible for their daughter's death after she developed a rapid heartbeat when her doctor increased her dosage. The law suit accuses the company of producing a defective product and concealing adverse reactions and Ritalin-related deaths.

Three other law suits were filed in Texas, California and New Jersey involving several defendants. These law suits will be a class-action suit against Novartis, The American Psychiatric Association. The suit in Texas also include the non-profit organization, CHADD. The Texas law suit alleges that these organizations "committed fraud and conspiracy and colluded to create, develop and promote the diagnosis of ADHD and ADD in a highly successful effort to increase the market for its product, Ritalin.

### **Drug Free America?**

We would all like to have a drug-free America. We spend a great deal of money and resources to try to prevent and cure drug abuse in this country and yet the problem persists, even flourishes. It is obvious to me that one major obstacle to this effort is the confusing mixed message our medical establishment sends to everyone. As soon as children are born, the drugging starts. When our babies get their first ear or respiratory infection, the doctors start prescribing antibiotics. As soon as many children reach school age, they are given Ritalin®, Prozac or Adderall. Unfortunately, many are given Ritalin®, Prozac or Adderall, as young as two years of age. As children grow older, teenage girls take appetite suppressants and college students are using Ritalin® and other prescribed amphetamines for a quick, cheap high, just as they would use cocaine. Studies have found that Ritalin® is a highly sought after abused street drug in high school and college. Many teenagers and college students pretend to have "ADHD" symptoms in order to get amphetamine prescriptions from their doctors. If they can't get a prescription they will buy the drugs on the streets or get them from friends. Meanwhile, the harried

housewife is on Prozac or another SSRI to treat another psychiatrist created disorder call Premenstrual Dysphoric Disorder (PMDD). Yes, Sarafem is just another name for Prozac. The drug company, Eli Lilly, will lose patent protection on Prozac in 2001. However, in July, 2000, the FDA approved Sarafem, which contains the same active ingredient as Prozac, for treatment of premenstrual dysphoric disorder, which provides an opportunity for a new patent and new financial protection for an old drug. How in the world are we going to have a drug-free America when we are pushing drugs through our medical profession?

At best I fear we are teaching our children to turn to drugs for answers to their problems; at worst our children are learning this lesson well and becoming addicted to the drugs.

Another problem of using drugs to cover symptoms is that we stop looking for the real problem and the real solutions. That's what this book is all about, finding and treating the underlying problem instead of covering the symptoms with drugs.

Taking the time to find the underlying causes of a health problem, does not fit in the quick, cheap fix, environment of managed care. A drug to cover the symptoms is usually the treatment of choice under the managed care mode. Without doing much else, doctors can prescribe a drug quickly and move on to another patient. Many parents feel pressure to put their child on drugs because most of the time the doctor offers no other options.

### **Underlying Causes of Health & Learning Problems**

I believe in looking for the underlying health and learning problems instead of covering the symptoms with drugs. Certainly, giving your child amphetamines or speed to help them act better not only disregards the possible health problems causing the symptoms, but exposes them to the many risks of drug therapy. In addition, this approach ultimately discounts these children emotionally, affecting their self-esteem because they must wear the "ADHD" label, a psychiatric diagnosis which can negatively impact them for the rest of their lives.

Every child deserves a complete medical work-up by a physician who understands that allergies, blood sugar problems, learning problems, diet and nutrition can affect how a

child feels, thinks and acts. When a child has attention and behavior problems, it is not “ADHD”. These kids don’t have psychiatric problems. They often have medical conditions or academic problems interfering with their attention and behavior. If a doctor’s solution is to write a prescription, find a doctor who knows how to look for the underlying cause of the problem. If a doctor prescribes a drug, I always ask the pharmacist for the “drug insert” before filling the prescription and I read the drug insert to learn what the possible side effects can be. I adhere to the “worst case scenario” philosophy. If a certain side effect can occur, it might just happen to me or my child. I ask myself if the problem I am dealing with is worth having one or more of the listed side effects. Would I rather deal more effectively with the problem and try to fix it or risk the occurrence of the side effects? It is my right as a patient or parent of a patient to make this decision. Be sure to take the time to thoroughly educate yourself so you are comfortable with your decision.

#### Step 1: Understand the Medical System

Remember:

- A doctor can be strongly influenced by the pharmaceutical industry.
- If a doctor’s only tool is a prescription pad then all anyone will ever get is a drug.
- The importance of a complete history and physical exam.
- The importance of considering all possible underlying causes.
- The importance of knowing all possible side effects of a recommended treatment
- ADHD is a psychiatric label.
- Ritalin® and cocaine are very similar.
- There is no valid test to diagnose ADHD
- There is no data proving ADHD is a brain dysfunction.
- All the drugs that are currently used for attention and behavior can cause heart problems and psychotic behaviors.

