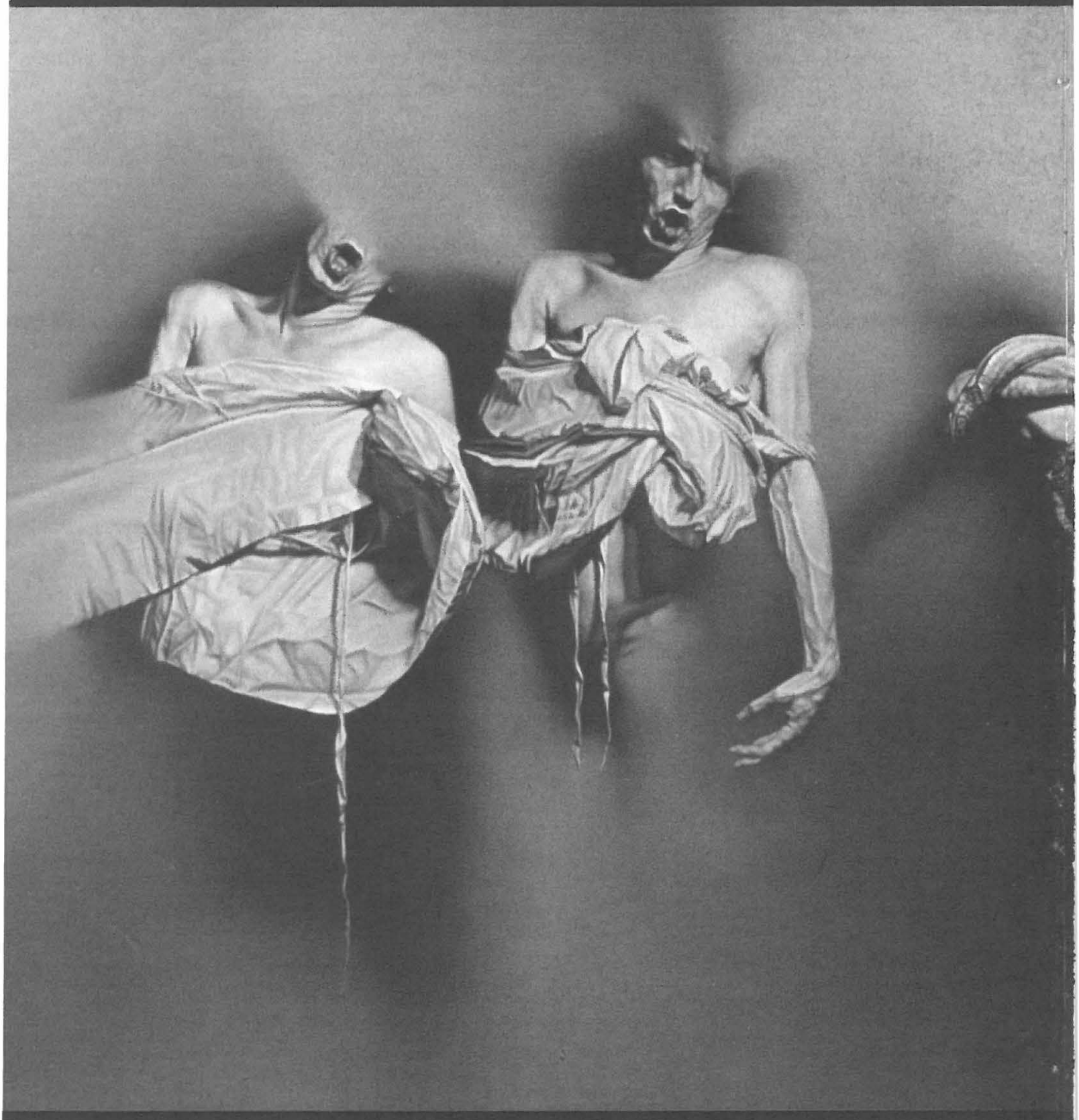

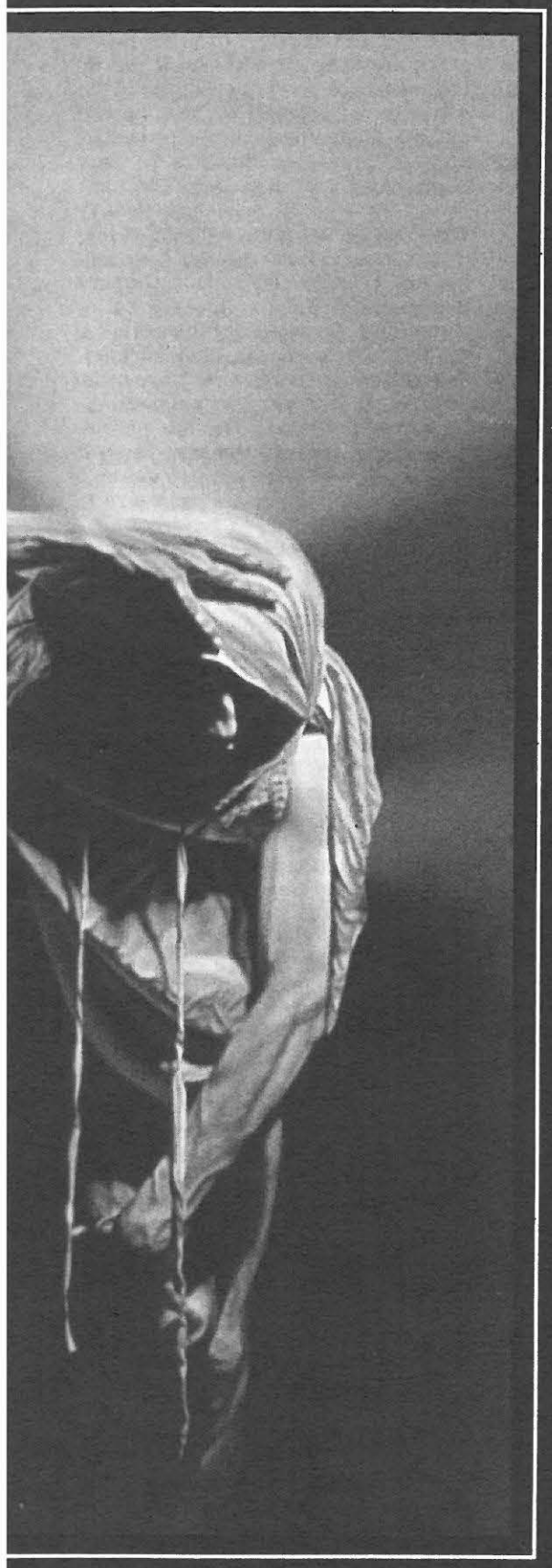

MEDICAL GENOCIDE

PART SIXTEEN

Modern medicine is nothing more than a crude—and often deadly—guessing game.

YOU ARE THE VICTIM

BY GARY NULL

Suppose for a moment that your doctor informs you that you have cancer. He tells you that you have a year to live—with chemotherapy and radiation, maybe a year and a half. He also tells you that a colleague of his is conducting an experiment at a leading cancer hospital with a new drug that has been touted by the National Cancer Institute as the next breakthrough in cancer treatment. The doctor informs you that you may fit the protocol of the experiment since your cancer is not advanced, and you are otherwise in good health and relatively young. You contact the hospital in question, are examined by the researchers, and are then accepted into the program.

At this point, you have three choices (or actually four, if you are open to trying alternative therapies). First, you could decide to do nothing. Most Americans do not recognize this as a choice, since they have been brainwashed by the medical establishment into believing that lack of medical treatment will lead to a horrible death. Your second choice is conventional treatment, which consists of chemotherapy and radiation and its attendant side effects of hair loss, nausea, vomiting, and often secondary illnesses due to the suppression of your immune system. Your third choice is to go with the experimental treatment. You have been told that it is showing promising results, but that the side effects can be severe. Since you have been led to think that the experimental treatment may be your only chance of survival, however, this is what you finally choose.

You are put on the drug and are feeling fine

PAINTING BY ETIENNE SANDORFI

for the first week. Then, suddenly, you take a turn for the worse. You are nauseated, your hair begins to fall out, and you lose your appetite. The doctor who is supervising your treatment is alarmed at your rapid decline and recommends to the research supervisors that the drug be stopped immediately. But your doctor is told that, according to the protocol of the experiment, you have to remain on the treatment for a minimum of two months. The doctor informs you of this, but by this time you are too weak to object. One week later, you die from acute drug toxicity.

These suppositions are not as fictional as they seem. In fact, they are based on an actual case described by a leading cancer specialist who watched his patient die because his supervisors would not let him discontinue a drug that was obviously killing him. This story typifies the trend in modern medicine in which scientific protocol is gaining increasing priority over patient care and well-being.

Commenting on this story, medical-science writer Patrick McGrady, Jr., says, "This illustrates the powerful forces that compel an investigator to continue on these useless and poisonous treatments. If they get the reputation as someone who doesn't follow the protocol, they don't get their grants renewed, and that's the bottom line. They wanted to have the numbers all orderly. Without orderly numbers, we don't have good statistics for the grants in Bethesda or the powers that be at the hospital."

The American public has been educated to trust and revere their doctors. Until recently, if a doctor says surgery is necessary, most of us would have the surgery without a second thought, thus making ourselves targets for a wide variety of experimental drugs and surgical techniques. A dazzling array of medical jargon, drugs, high-tech equipment, and hospital facilities makes most of us feel that we could not possibly understand the most elementary concept when it comes to our own health. It is only recently that a growing number of people are beginning to recognize how medical treatment can have a negative effect on their health and are seeking second and even third opinions before undergoing the recommended treatment.

The idea that only a doctor can know what is best for our health is, of course, utter nonsense. A growing number of physicians, discontented with the manner in which modern medicine is practiced, are beginning to speak out and show us just how nonsensical it really is.

One of the biggest myths surrounding the practice of medicine today is that it is a sophisticated science. In reality, most of medicine is nothing more than a crude guessing game. Furthermore, it can be an extremely dangerous game in which highly toxic drugs and invasive surgical techniques are used to treat patients before they have been proven effective. In short, much of medicine as we see it today is nothing more than a massive experiment that uses the American public as its guinea pigs.

The medical establishment's cancer treatments are primary examples of the experimental nature of modern medical practice. Concerning cancer chemotherapy, McGrady says, "None of the drug combinations for non-small-cell lung cancers have proved to be really of value. They can be valuable in small-cell and occasionally with alveolar-cell lung cancer, both of which proliferate very rapidly and thus are receptive to attack by radiation and chemotherapy. But this is not the case with adenocarcinoma or large-cell cancers, yet doctors still throw those therapies at the patient. It's a disaster, an unmitigated disaster. The top oncologists abroad say that it should be deemed malpractice to treat any patient (other than the small-cell-lung-cancer patients) with these modalities."

McGrady is not alone in his opinion that chemotherapy is an experimental therapy that has never been proven to be of value, and is in fact contraindicated in many cases in which it is used. Samuel S. Epstein, M.D., professor of preventive medicine and community health at the University of Illinois Medical Center in Chicago and author of *The Politics of Cancer,* says, "One has to view the whole question of cancer chemotherapy and immunotherapy in relation to the massive hype and propaganda which the National Cancer Institute and the American Cancer Society have been directing toward the uses of chemotherapy and immunotherapy for the last two or three decades.

"With the exceptions of relatively rare cancers like childhood leukemias and seminoma protestis, there is . . . still no evidence of major improvements in survival rates of the major cancer killers, which are lung, breast, and colon, for several decades. In fact, the N.C.I. and the A.C.S. have grossly misled the public by their claims of efficacy for treatment when they announce every year that they are finding a new cure for cancer. They did this with interferon and now they are doing it with interleukin-II.

"The American public and Congress have been sold a bill of goods by the cancer establishment."

Dr. Epstein, using the example of interleukin-II, explains how the medical establishment, aided and abetted by top governmental agencies, manages to foist extremely toxic drugs upon the unwitting public before they have ever been proven effective, much less safe. "When it comes to interleukin-II, which is the subject of the latest cancer hype by the N.C.I., the nature of propaganda . . . is such as to grossly encourage people with cancer in this country into believing that interleukin-II is a useful drug," he says. "In fact, we have already had four deaths from interleukin-II. This is a drug where the costs of administration run into six figures, and it is of devastating acute toxicity, as illustrated by the four deaths already. This has been successfully withheld from the public."

Dr. Epstein says that this amounts to human experimentation. "There is room for clinical trials, but the trials have to be done under circumstances where the patients are fully informed of the risks and of potential benefits. But with the interleukin-II, the public has not yet been informed of the devastating acute toxicity and the very limited efficacy, if it is effective at all."

Not only are highly toxic experimental drugs routinely administered to cancer patients, drugs that are more effective, less toxic, and less expensive are often ignored by doctors more interested in profit than in a patient's health. McGrady discusses this: "I heard a shocking thing the other day from a Long Island physician. This is another example of a good therapy not getting the use that it should. It is tamoxifen or Megace [a trade name for megestrol acetate], two synthetic hormones which very often will stabilize breast or uterine cancer for years. This doctor was going to give tamoxifen to one of his patients with recurrent breast cancer. A fellow physician derided him for doing this by saying, 'Are you crazy? Why do that when you can go CMF [a chemotherapy formulation for the treatment of breast cancer]? This way you administer the drug three times a week, you get $140 each time you do it. What is tamoxifen? You see the patient once every six weeks and it's a $40 consultation. It's a prescription, that's all.'

"That is one reason doctors do not use as often as they should simple, inexpensive preparations like tamoxifen and Megace. Instead, they go for these elaborate and toxic therapies that are not doing anything to enhance survival."

Furthermore, when testing is performed it is often inhumane and inexcusable in its total disregard for patient welfare. "What the current method of testing has done," says McGrady, "is to really dehumanize the physician. You take these bright young doctors who are interested in research, and they know they only have two choices: Either they go into research or they go into patient care. One doctor in Boston, for instance, gets the best results with monoclonal antibodies. He is merely doing research and he makes this very clear. He says, 'I'm not interested in compassion. I want patients only with absolutely minimal disease.' He made a proposal at the monoclonal-antibody meeting in San Francisco to rebiopsy his patients every single month—that is, rebiopsy their livers to see what had happened, in addition to [performing] the noninvasive forms of imaging to find out what was going on. He wanted to know if he could get away with it or not. He didn't care about patient pain, disfigurement, or the fact that it wasn't going to do

the patient any good. He wanted to do this to further his own note-taking on the experiment. This is what you find increasingly. Young doctors with a lot of talent, a lot of intelligence, but no heart. The whole practice of medicine is being thrown over to them."

Steroids are another example of a widely used drug that is actually contraindicated. According to McGrady, "Steroids are abused colossally in cancer treatment. They suppress inflammation and thus temporarily reduce pain, which is why they are used. But in the long run, they suppress the immune-system attack on the cancer and encourage tumor growth. They should almost never be used in solid-tumor treatment. The reason it is used is because most of the older oncologists came out of hematology, where it is permissible to use steroids in treating leukemias and some lymphomas because there you have a disease of the immune system and you need to suppress it. You don't need to suppress it in the treatment of solid tumors, where you need the maximum support of the immune system."

Human experimentation by the medical profession is not confined to the field of cancer. Robert Mendelsohn, M.D., pediatrician, medical historian, and outspoken critic of current medical practices, discusses the example of DES (diethylstilbestrol), which was known in advance to be highly toxic, but was still widely prescribed to prevent miscarriages:

"DES was a substance that early on in the studies was shown to be capable of causing congenital malformations. The doctors knew about it, but they kept on giving it anyway. Diethylstilbestrol was given to six million women in this country between 1940 and 1980.

"Eli Lilly was the first manufacturer, then there were a number of manufacturers after Lilly. The control studies were completed at the University of Chicago in 1952. These studies showed that DES did not work, but it didn't make any difference; they kept on using it. Now we have a generation of DES daughters with cancer of the vagina, DES sons with tumors of the testes. The women who took DES have an increased incidence of cancer eight times higher than normal.

"I'm pretty sure that the individual doctors did not know that it didn't work, but the company knew and the leading researchers knew. That is why the lawsuits are coming up."

Women are prime targets for medical experimentation. Notwithstanding that hysterectomies have never been subjected to double-blind studies, which the medical establishment itself claims to be the only valid scientific method for evaluating the efficacy of a treatment, more than 800,000 women a year undergo this operation. According to Dr. Mendelsohn, "In the absence of this kind of study, hysterectomy must be considered an unproven remedy; the polite term for medical quackery." Congressman Claude Pepper (D-Fla.), who is spearheading the movement to crack down on medical quackery, defines a quack as "anyone who promotes unproven remedies for profit." As Dr. Mendelsohn explains, "How well that applies to modern medicine."

Furthermore, according to Dr. Mendelsohn, several leading obstetricians have advocated alarmingly high rates for cesarean sections for women in childbirth. At present, the rate stands between 20 and 25 percent and is rising annually. In the 1940s, any doctor who had a rate higher than five percent was considered incompetent. In response to these obstetricians, Dr. Mendelsohn replies, "They say that cesarean sections are safer than vaginal births. Perhaps they feel God made a mistake in failing to equip women's bellies with zippers."

Another major drug that was tested on women was Bendectin. "The drug the pharmaceutical companies wanted you to think was a blessing," says Dr. Mendelsohn. "Doesn't the name sound like 'benediction'? But the drug turned out to be a curse. Over 25 years, it was sold by Merrell Dow to 25 million women for morning sickness. *Merrell Dow is the same company that introduced Thalidomide two decades earlier* [emphasis ours]. Like Thalidomide, Bendectin turned out to be linked to congenital malformations. Three types appeared: orthopedic malformations, so that patients were born with stumps instead of fingers and flippers instead of arms; congenital heart defects; and gastrointestinal malformations, including pyloric stenosis, a disease that occurs in newborn infants, in which the end of the stomach closes off so that food can't get through."

Arthritis sufferers are another group that enjoys the dubious privilege of being singled out by the medical establishment for a barrage of experimental drugs, which are proven one by one to be extremely toxic. Oraflex, manufactured by Eli Lilly, was responsible for over 200 deaths due to kidney toxicity in Britain and the United States. Lilly failed to report these results to the F.D.A., pending its approval of the drug for use in the United States, and in October 1985, the company pleaded guilty to misdemeanor charges and paid a $25,000 fine. Other arthritis drugs that have been shown to have potentially serious side effects include Tandearil, Butazolidin, Indocin, Naprosyn, and Anaprox.

Alan S. Levin, M.D., a board-certified allergist and adjunct professor of dermatology at the University of California, San Francisco, is equally disillusioned with medicine as it is practiced today. Dr. Levin believes that a major factor contributing to the experimental and highly toxic nature of medicine is the pervasive influence of the drug companies. "It is my contention that the pharmaceuticals industry is unduly influential in the practice and teaching of medicine, and in the publication of research in medical journals," says Dr. Levin. "In order to protect their profits, the drug companies promote the prescription of often dangerous and ineffective medications as first and last resorts in such illnesses as hypertension, arthritis, cancer, and allergies. For these kinds of problems, preventive medicine, diet, and environmental control can be effective and should be considered prior to the use of drugs. That such a commonsense, humane approach is not routine may be attributed, I believe, to the corrupting influence on medicine of the drug industry's drive for profits.

"I see the consequences of this influence every day. The majority of patients on antihypertensives not only don't need them, but would be better off without them. Most cancer patients in this country die of chemotherapy. And many arthritis and allergy sufferers would be helped far more by changing their diet or modifying their environment than they are by drugs."

Citing the example of Inderal, a drug which up until recently was widely prescribed for hypertension, Dr. Levin illustrates how modern medicine is often nothing more than a crude guessing game with very high risks for the patient.

The most widely used drug prescribed for people with high blood pressure was, until recently, propranolol hydrochloride [the generic name of Inderal], a beta blocker. In fact, propranolol is totally contraindicated for hypertension. According to Levin, here's why: "In the majority of situations, the cause of hypertension is that the organs of the body—particularly the kidneys—are calling out for more blood. Whether due to arteriosclerosis or fibrosis, when not enough blood gets through the arteries to the kidneys, they release a variety of chemicals, signaling the heart to pump more. The heart pumps harder—and blood pressure increases.

"Now, Inderal does, indeed, lower blood pressure. Unfortunately, it does this by reducing cardiac output—lowering the energy available to the heart muscle for pumping blood. In addition, Inderal causes the kidney arteries to go into spasm. Blood-pressure readings go down, and that may look good on paper. But the kidneys are getting even less blood, because the heart is pumping less and arteries leading to the kidneys are now also constricted. Inadequate kidney profusion was the problem that caused the high blood pressure in the first place. Inderal treats the symptoms by worsening the underlying problem!

"Giving Inderal is the equivalent of turning off the landing lights on an airplane. It lowers the numbers on the blood-pressure gauge, giving the physician and patient a false sense of security. In reality, Inderal just starves the kidneys.

"How did Inderal get to be so widely prescribed? It all started when a doctor

noticed that the blood pressure of a patient he was treating for cardiac arrhythmia went down when the man was given Inderal. Further studies verified this overly specific outcome. But why did physicians accept this finding without questioning its implications? And why did the drug companies and medical journals tout Inderal as an antihypertensive? Surely their scientists, reviewers, and editors should have understood the mechanism whereby beta blockers would lower cardiac output and kidney perfusion.

"Recently, a study was in progress on the use of Inderal to prevent sudden death from second heart attacks. Research was halted early. The press reported that the study had been discontinued because the results were so overwhelmingly positive, with a 22 percent difference between the treated and placebo control group, that it was deemed unethical to deny the control group the drug. Much media coverage was afforded this dramatic 'medical breakthrough.' As a result, Inderal is now the standard drug used to prevent sudden death after heart attacks.

"An examination of the findings shows that the dramatic 22 percent difference consists of, out of a group of about 500 patients, the difference between seven heart attacks in the treated group and nine in the placebo group. Nine is 22 percent more than seven. It hardly represents a dramatic difference. The fact is, the controlled trial was discontinued too early to allow a scientifically based conclusion concerning the value of Inderal over a placebo."

Dr. Levin is quick to point out that the great number of prescriptions for drugs like Inderal is usually not due to any bad faith on the part of an individual physician. Rather, it is due to ignorance about the actual mechanisms behind the drug's effects on the human body—an ignorance that results from the unhealthy intermingling of drug companies in the practice of medicine. "In my view, the underlying reasons are ignorance and economics—ignorance on the part of the physicians, and the economic relationship of the drug companies to the medical journals that are willing to publish simpleminded or misleading studies. The majority of physicians are not current enough in physiology or biology to understand the nature of [certain drugs], and they are therefore easily duped when the drug-company salespeople who visit them say, 'Look, this was written up in *The New England Journal of Medicine* as a wonderful drug.' Nor do they realize that the prestigious *New England Journal,* like most other major medical journals in this country, is little more than a trade journal whose primary purpose is to advertise drugs. Sometimes we ignore the obvious: The bulk of these journals consists mostly of drug advertising.

"A recent case in Chicago of a senior editor fired from the *Journal of the American Medical Association* illustrates how drug advertising affects the editorial policy of the journal. She had published an article critical of a drug advertised in the *J.A.M.A.*, and the advertiser wanted her to publish one defending the drug. She felt the second article was second-rate, and refused to accept it for publication. Not too surprisingly, if you think about who was paying the piper, the drug advertiser apparently called the tune. She lost her job; the article was published."

Medical science is especially vulnerable to bias in favor of specific drugs, due to the large research grants that the pharmaceutical companies award medical schools. According to Dr. Levin, research is often blatantly manipulated to produce positive findings of safety and efficacy. Reading these findings in the major medical journals, doctors are then duped into a false sense of security in prescribing drugs that later prove to be dangerous and ineffectual. "Chemotherapy for breast cancer and colon cancer are cases in point," says Dr. Levin. "Chemotherapy may work for leukemia, lymphomas, and a few rare carcinomas, but it does not eliminate breast, colon, or lung cancers. This fact has been documented for over a decade. Yet doctors still use chemotherapy for these tumors, basing that decision on studies reporting positive effects. How could these studies reach positive conclusions?

"Simple," Dr. Levin continues. "The statistics are manipulated in a way so blatant that such studies would never be published if the medical journals were working on behalf of anyone but the drug companies. For example, a large group of patients are frequently eliminated from such studies as 'unevaluable.' Supposedly, they are labeled unevaluable because they don't fit the parameters of the study. However, it turns out that many of the patients are unevaluable because they have died of drug toxicity. Only positive results can then be reported, because such deaths are not factored into the survival statistics.

"Once you have read the statistics carefully to know how the studies are structured, you realize that women with breast cancer are likely to die faster with chemotherapy than without it."

Dr. Levin first became aware of this kind of scientific manipulation when he was conducting cancer research himself in the 1970s. While he was doing work on cancer immunotherapy, another group of researchers was investigating chemotherapy. Dr. Levin's attitude at the time was that competition was constructive and "the only winners would be the patients." At one point, however, he was called in for a series of meetings with his superiors and told that he should stop soliciting patients for his study because the chemotherapy was working so well it would be unethical to use any other treatment.

"If I had thought that were true, I would happily have stopped my research," says Dr. Levin. "My investigation led to my first realization that statistics in chemotherapy studies were being misinterpreted in such a way to help sell drugs. I found that the protocol of the scientists studying chemotherapy showed 17 people at 100 percent survival after four months; 15 people at 100 percent at eight months; then 12 people at 100 percent survival at 18 months. When I asked what had become of the five people who started the protocol but weren't on the statistics at the end, I was told they were unevaluable. It turned out they were unevaluable because the drug had killed them."

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