PSYCHIATRIC DRUGS:
Cure or Quackery?

by Lawrence Stevens, J.D.

Psychiatric drugs are worthless, and most of them are harmful. Many cause permanent brain damage at the doses customarily given. Psychiatric drugs and the profession that promotes them are dangers to your health.

ANTIDEPRESSANTS

The Comprehensive Textbook of Psychiatry/IV, published in 1985, says "The tricyclic-type drugs are the most effective class of anti-depressants" (Williams & Wilkins, p. 1520). But in his book *Overcoming Depression,* published in 1981, Dr. Andrew Stanway, a British physician, says "If anti-depressant drugs were really as effective as they are made out to be, surely hospital admission rates for depression would have fallen over the twenty years they've been available. Alas, this has not happened. ... Many trials have found that tricyclics are only marginally more effective than placebos, and some have even found that they are not as effective as dummy tablets" (Hamlyn Publishing Group, Ltd., p. 159-160). In his textbook *Electroconvulsive Therapy,* Richard Abrams, M.D., Professor of Psychiatry at Chicago Medical School, explains the reason for the 1988 edition of his book updating the edition published 6 years earlier: "During these six years interest in ECT has bourgeoned. ... What is responsible for this *volte-face* in American psychiatry?

Disenchantment with the antidepressants, perhaps. None has been found that is therapeutically superior to imipramine [a tricyclic], now over 30 years old, and the more recently introduced compounds are often either less effective or more toxic than the older drugs, or both" (Oxford Univ. Press, p. xi). In this book, Dr. Abrams says "despite manufacturers' claims, no significant progress in the pharmacological treatment of depression has occurred since the introduction of imipramine in 1958" (p. 7). In the Foreword to this book, Max Fink, M.D., a psychiatry professor at the State University of New York at Stony Brook, says the reason for increased use of electroconvulsive "therapy" (ECT) as a treatment for depression is what he calls "Disappointment with the efficacy of psychotropic drugs" (p. vii). In his book *Psychiatric Drugs: Hazards to the Brain,* published in 1983, psychiatrist Peter Breggin, M.D., asserts: "The most fundamental point to be made about the most frequently used major antidepressants is that they have no specifically antidepressant effect. Like the major tranquilizers to which they are so closely related, they are highly neurotoxic and brain disabling, and achieve their impact through the disruption of normal brain function. ... Only the `clinical opinion' of drug advocates supports any antidepressant effect" of so-called antidepressant drugs (Springer Pub. Co., pp. 160 & 184). An article in the February 7, 1994 *Newsweek* magazine says that "Prozac...and its chemical cousins Zoloft and Paxil are no more

effective than older treatments for depression" (p. 41). Most of the people I have talked to who have taken so-called antidepressants, including Prozac, say the drug didn't work for them. This casts doubt on the often made claim that 60% or more of the people who take supposedly antidepressant drugs benefit from them.

LITHIUM

Lithium is said to be helpful for people whose mood repeatedly changes from joyful to despondent and back again. Psychiatrists call this manic-depressive disorder or bipolar mood disorder. Lithium was first described as a psychiatric drug in 1949 by an Australian psychiatrist, John Cade. According to a psychiatric textbook: "While conducting animal experiments, Cade had somewhat incidentally noted that lithium made the animals lethargic, thus prompting him to administer this drug to several agitated psychiatric patients." The textbook describes this as "a pivotal moment in the history of psychopharmacology" (Harold I. Kaplan, M.D. & Benjamin J. Sadock, M.D., *Clinical Psychiatry*, Williams & Wilkins, 1988, p. 342). However, if you don't want to be lethargic, taking lithium would seem to be of dubious benefit. A *supporter* of lithium as psychiatric therapy admits lithium causes "a mildly depressed, generally lethargic feeling". He calls it "the standard lethargy" caused by lithium (Roger Williams, "A Hasty Decision? Coping in the Aftermath of a Manic-Depressive Episode", *American Health* magazine, October 1991, p. 20). Similarly, one of my relatives was diagnosed as manic-depressive and was given a prescription for lithium carbonate. He told me, years later, "Lithium insulated me from the highs but not from the lows." It should be no surprise a lethargy-inducing drug like lithium would have this effect. Amazingly, psychiatrists sometimes claim lithium wards off feelings of depression even though, if anything, lethargy-inducing drugs like lithium (like most psychiatric drugs) *promote* feelings of despondency and unhappiness - even if they are called antidepressants.

MINOR TRANQUILIZER/ANTI-ANXIETY DRUGS

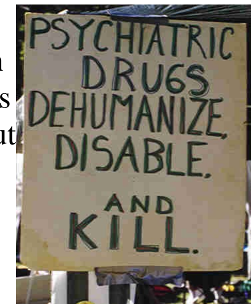
Among the most widely used psychiatric drugs are the ones called minor tranquilizers, including Valium, Librium, Xanax, and Halcion. Doctors who prescribe them say they have calming, anti-anxiety, panic-suppressing effects or are useful as sleeping pills. Anyone who believes these claims should go to the nearest library and read the article "High Anxiety" in the January 1993 *Consumer Reports* magazine, or read Chapter 11 in *Toxic Psychiatry* (St. Martin's Press, 1991), by psychiatrist Peter Breggin, both of which allege the opposite is closer to the truth. Like all or almost all psychiatric drugs, the so-called minor tranquilizers don't cure anything but are merely brain-disabling drugs. In one clinical trial, 70 percent of persons taking Halcion "developed memory loss, depression and paranoia" ("Halcion manufacturer Upjohn Co. defends controversial sleeping drug", *Miami Herald,* December 17, 1991, p. 13A). According to the February 17, 1992 *Newsweek*, "Four countries have banned the drug outright" (p. 58). In his book *Toxic Psychiatry*, psychiatrist Peter Breggin, speaking of the minor tranquilizers, says "As with most psychiatric drugs, the use of the medication eventually causes an increase of the very symptoms that the drug is supposed to ameliorate" (ibid, p. 246).

PSYCHIATRIC DRUGS versus SLEEP: SLEEP DISTINGUISHED FROM DRUG-INDUCED UNCONSCIOUSNESS

Contrary to the claim major and minor tranquilizers and so-called antidepressants are useful as sleeping pills, their real effect is to inhibit or block *real* sleep. When I sat in on a psychiatry class with a medical student friend, the professor told us "Research has shown we do not need to sleep, but we do need to dream." The dream phase of sleep is the critical part. Most psychiatric drugs, including those promoted as sleeping medications or tranquilizers, inhibit this critical dream-phase of sleep, inducing a state that looks like sleep but actually is a dreamless unconscious state - not sleep. Sleep, in other words, is an important mental activity that is impaired or stopped by most psychiatric drugs. A self-help magazine advises: "Do not take sleeping pills unless under doctor's orders, and then for no more than 10 consecutive nights. Besides losing their effectiveness and becoming addictive, sleep-inducing medications reduce or prevent the dream-stage of sleep necessary for mental health" *(Going Bonkers?* magazine, premiere issue, p. 75). In *The Brain Book*, University of Rhode Island professor Peter Russell, Ph.D., says "During sleep, particularly during dreaming periods, proteins and other chemicals in the brain used up during the day are replenished" (Plume, 1979, p. 76). Sleep deprivation experiments on normal people show loss of sleep causes hallucinations if continued long enough (Maya Pines, *The Brain Changers*, Harcourt Brace Jovanovich, 1973, p. 105). So what would seem to be the consequences of taking drugs that inhibit or block real sleep?

MAJOR TRANQUILIZER/NERUOLEPTIC/ANTI-PSYCHOTIC/ ANTI-SCHIZOPHRENIC DRUGS

Even as harmful as psychiatry's (so-called) antidepressants and lithium and (so-called) antianxiety agents (or minor tranquilizers) are, they are nowhere near as damaging as the so-called major tranquilizers, sometimes also called "antipsychotic" or "antischizophrenic" or "neuroleptic" drugs. Included in this category are Thorazine (chlorpromazine), Mellaril, Prolixin (fluphenazine), Compazine, Stelazine, and Haldol (haloperidol) - and many others. In terms of their psychological effects, these so-called major tranquilizers cause misery - not tranquility. They physically, neurologically blot out most of a person's ability to think and act, even at commonly given doses. By disabling people, they can stop almost any thinking or behavior the "therapist" wants to stop. But this is simply disabling people, not therapy. The drug temporarily disables or permanently destroys good aspects of a person's personality as much as bad.



Whether and to what extent the disability imposed by the drug can be removed by discontinuing the drug depends on how long the drug is given and at how great a dose. The so-called major tranquilizer/ antipsychotic/neuroleptic drugs damage the brain more clearly, severely, and permanently than any others used in psychiatry. Joyce G. Small, M.D., and Iver F. Small, M.D., both Professors of Psychiatry at Indiana University, criticize psychiatrists who use "psychoactive medications that are known to have neurotoxic effects", and speak of "the increasing recognition of long-lasting and sometimes irreversible impairments in brain function induced by neuroleptic drugs. In this instance the evidence of brain damage is not subtle, but is grossly obvious even to the casual observer!" *(Behavioral and Brain Sciences*, March 1984, Vol. 7, p. 34). According to Conrad M. Swartz, Ph.D., M.D., Professor of Psychiatry at Chicago Medical School,

"While neuroleptics relieve psychotic anxiety, their tranquilization blunts fine details of personality, including initiative, emotional reactivity, enthusiasm, sexiness, alertness, and insight. ... This is in addition to side effects, usually involuntary movements which can be permanent and are hence evidence of brain damage" *(Behavioral and Brain Sciences*, March 1984, Vol. 7, pp. 37-38). A report in 1985 in the *Mental and Physical Disability Law Reporter* indicates courts in the United States have finally begun to consider involuntary administration of the so-called major tranquilizer/antipsychotic/neuroleptic drugs to involve First Amendment rights "Because...antipsychotic drugs have the capacity to severely and *even permanently* affect an individual's ability to think and communicate" ("Involuntary medication claims go forward", January-February 1985, p. 26 - emphasis added). In *Molecules of the Mind: The Brave New Science of Molecular Psychology*, Professor Jon Franklin observed: "This era coincided with an increasing awareness that the neuroleptics not only did not cure schizophrenia - they actually caused damage to the brain. Suddenly, the psychiatrists who used them, already like their patients on the fringes of society, were suspected of Nazism and worse" (Dell Pub. Co., 1987, p. 103). In his book *Psychiatric Drugs: Hazards to the Brain*, psychiatrist Peter Breggin, M.D., alleges that by using drugs that cause brain damage, "Psychiatry has unleashed an epidemic of neurological disease on the world" one which "reaches 1 million to 2 million persons a year" (op. cit., pp. 109 & 108). In severe cases, brain damage from neuroleptic drugs is evidenced by abnormal body movements called tardive dyskinesia. However, tardive dyskinesia is only the tip of the iceberg of neuroleptic caused brain damage. Higher mental functions are more vulnerable and are impaired before the elementary functions of the brain such as motor control. Psychiatry professor Richard Abrams, M.D., has acknowledged that "Tardive dyskinesia has now been reported to occur after only brief courses of neuroleptic drug therapy" (in: Benjamin B. Wolman (editor), *The Therapist's Handbook: Treatment Methods of Mental Disorders,* Van Nostrand Reinhold Co., 1976, p. 25). In his book *The New Psychiatry*, published in 1985, Columbia University psychiatry professor Jerrold S. Maxmen, M.D., alleges: "The best way to avoid tardive dyskinesia is to avoid antipsychotic drugs altogether. Except for treating schizophrenia, they should never be used for more than two or three consecutive months. What's criminal is that all too many patients receive antipsychotics who shouldn't" (Mentor, pp. 155-156). In fact, Dr. Maxmen doesn't go far enough. His characterization of administration of the so-called antipsychotic/anti-schizophrenic/major tranquilizer/neuroleptic drugs as "criminal" is accurate for *all* people, including those called schizophrenic, even when the drugs aren't given long enough for the resulting brain damage to show up as tardive dyskinesia. The author of the Preface of a book by four physicians published in 1980, *Tardive Dyskinesia: Research & Treatment,* made these remarks: "In the late 1960s I summarized the literature on tardive dyskinesia ... The majority of psychiatrists either ignored the existence of the problem or made futile efforts to prove that these motor abnormalities were clinically insignificant or unrelated to drug therapy. In the meantime the number of patients affected by tardive dyskinesia increased and the symptoms became worse in those already afflicted by this condition. ... there are few investigators or clinicians who still have doubts about the iatrogenic [physician caused] nature of tardive dyskinesia. ... It is evident that the more one learns about the toxic effects of neuroleptics on the central nervous system, the more one sees an urgent need to modify our current practices of drug use. It is unfortunate that many practitioners

continue to prescribe psychotropics in excessive amounts, and that a considerable number of mental institutions have not yet developed a policy regarding the management and prevention of tardive dyskinesia. If this book, which reflects the opinions of the experts in this field, can make a dent in the complacency of many psychiatrists, it will be no small accomplishment" (in: William E. Fann, M.D., et al., *Tardive Dyskinesia: Research & Treatment*, SP Medical & Scientific). In *Psychiatric Drugs: Hazards to the Brain,* psychiatrist Peter Breggin, M.D., says this: "The major tranquilizers are highly toxic drugs; they are poisonous to various organs of the body. They are especially potent neurotoxins, and frequently produce permanent damage to the brain. ... tardive dyskinesia can develop in low-dose, short-term usage... the dementia [loss of higher mental functions] associated with the tardive dyskinesia is not usually reversible. ... Seldom have I felt more saddened or more dismayed than by psychiatry's neglect of the evidence that it is causing irreversible lobotomy effects, psychosis, and dementia in millions of patients as a result of treatment with the major tranquilizers"(op. cit., pp. 70, 107, 135, 146).

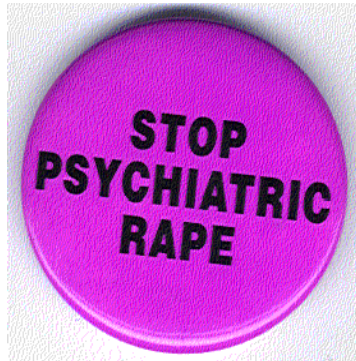
Psychiatry professor Richard Abrams, M.D., has pointed out that "Tricyclic Antidepressants...are minor chemical modifications of chlorpromazine [Thorazine] and were introduced as potential neuroleptics" (in: B. Wolman, *The Therapist's Handbook*, op. cit., p. 31). In his book *Psychiatric Drugs: Hazards to the Brain*, Dr. Breggin calls the so-called antidepressants "Major Tranquilizers in Disguise" (p. 166). Psychiatrist Mark S. Gold, M.D., has said antidepressants can cause tardive dyskinesia *(The Good News About Depression*, Bantam, 1986, p. 259).

Why do the so-called patients accept such "medication"? Sometimes they do so out of ignorance about the neurological damage to which they are subjecting themselves by following their psychiatrist's advice to take the "medication". But much if not most of the time, neuroleptic drugs are literally *forced* into the bodies of the "patients" against their wills. In his book *Psychiatric Drugs: Hazards to the Brain,* psychiatrist Peter Breggin, M.D., says "Time and again in my clinical experience I have witnessed patients driven to extreme anguish and outrage by having major tranquilizers forced on them. ... The problem is so great in routine hospital practice that a large percentage of patients have to be threatened with forced intramuscular injection before they will take the drugs" (p. 45).

FORCED PSYCHIATRIC TREATMENT COMPARED WITH RAPE

Forced administration of a psychiatric drug (or a so-called treatment like electroshock) is a kind of tyranny that can be compared, physically and morally, with rape. Compare sexual rape and involuntarily administration of a psychiatric drug injected intramuscularly into the buttocks, which is the part of the anatomy where the injection usually is given**:** In both sexual rape and involuntary administration of a psychiatric drug, force is used. In both cases, the victim's pants are pulled down. In both cases, a tube is inserted into the victim's body against her (or his) will. In the case of sexual rape, the tube is a penis. In the case of what could be called psychiatric rape, the tube is a hypodermic needle. In both cases, a fluid is injected into the victim's body against her or his will. In both cases it is in (or near) the derriere. In the case of sexual rape the fluid is

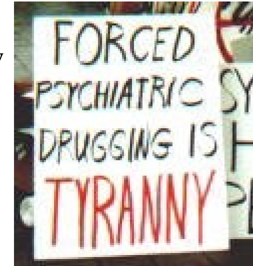
semen. In the case of psychiatric rape, the fluid is Thorazine, Prolixin or some other brain-disabling drug. The fact of bodily invasion is similar in both cases if not (for reasons I'll explain) actually worse in the case of psychiatric rape. So is the sense of outrage in the mind of the victim of each type of assault. As psychiatry professor Thomas Szasz once said, "violence is violence, regardless of whether it is called psychiatric illness or psychiatric treatment." Some who are not "hospitalized" (that is, imprisoned) are forced to report to a doctor's office for injections of a long-acting neuroleptic like Prolixin every two weeks by the threat of imprisonment ("hospitalization") and forced injection of the drug if they don't comply.



Why is psychiatric rape worse than sexual rape? As brain surgeon I. S. Cooper, M.D., said in his autobiography: "It is your brain that sees, feels, thinks, commands, responds. *You are your brain. It is you.* Transplanted into another carrier, another body, your brain would supply it with your memories, your thoughts, your emotions. It would still be you. The new body would be your container. It would carry you around. *Your brain is you"* (*The Vital Probe: My Life as a Brain Surgeon*, W.W.Norton & Co., 1982, p. 50-emphasis in original). *The most essential and most intimate part of you is not what is between your legs but what is between your ears*. An assault on a person's brain such as involuntary administration of a brain-disabling or brain-damaging "treatment" (such as a psychoactive drug or electroshock or psychosurgery) is a more intimate and morally speaking more horrible crime than sexual rape. Psychiatric rape is in moral terms a worse crime than sexual rape for another reason, also: The involuntary administration of psychiatry's biological "therapies" cause *permanent* impairment of brain function. In contrast, women usually are still fully sexually functional after being sexually raped. They suffer psychological harm, but so do the victims of psychiatric assault. I hope I will not be understood as belittling the trauma or wrongness of sexual rape if I point out that I have counselled sexually raped women in my law practice and that each of the half-dozen or so women I have known who have been sexually raped have gone on to have apparently normal sexual relationships, and in most cases marriages and families. In contrast, the brains of people subjected to psychiatric assault often are not as fully functional because of the *physical, biological* harm done by the "treatment". On a TV talk show in 1990, psychoanalyst Jeffrey Masson, Ph.D., said he hopes those responsible for such "therapies" will one day face "Nurnburg trials" (*Geraldo,* Nov. 30, 1990).

BRAIN-DAMAGING PSYCHIATRIC DRUGS ARE INFLICTED ON NURSING HOME RESIDENTS

These very same brain-damaging (so-called) neuroleptic/antipsychotic drugs are routinely administered - involuntarily - to mentally healthy old people in nursing homes in the United States. According to an article in the September/October 1991 issue of *In-Health* magazine, "In nursing homes, antipsychotics are used on anywhere from 21 to 44 percent of the institutionalized elderly... half of the antipsychotics prescribed for nursing home residents could not be explained by the diagnosis in the patient's chart. Researchers suspect the drugs are commonly used by such institutions as chemical straightjackets - a means of pacifying unruly patients" (p. 28). I know of two examples of feeble old men in nursing homes who were barely able to get out of their wheelchairs who were given a neuroleptic/antipsychotic drug. One complained because he was strapped into a wheelchair to prevent his attempts to try to walk with his cane. The other was strapped into his bed at night to prevent him from getting up and falling when going to the bathroom, necessitating defecating in his bed. Both were so physically disabled they posed no danger to anyone. But both dared complain bitterly about how they were mistreated. In both cases the nursing home staffs responded to these complaints with injections of Haldol - mentally disabling these men, thereby making it impossible for them to complain. The use of these damaging drugs on nursing home residents who are not considered to have psychiatric problems shows that their real purpose is control, not therapy. Therapeutic claims for neuroleptic drugs are rationalizations without factual support.



SUPPOSEDLY "DOUBLE-BLIND" PSYCHIATRIC DRUG STUDIES ARE BIASED

Studies indicating psychiatric drugs are helpful are of dubious credibility because of professional bias. All or almost all psychiatric drugs are neurotoxic and for this reason cause symptoms and problems such as dry mouth, blurred vision, lightheadedness, dizziness, lethargy, difficulty thinking, menstrual irregularities, urinary retention, heart palpitations, and other consequences of neurological dysfunction. Psychiatrists deceptively call these "side-effects", even though they are the only real effects of today's psychiatric drugs. Placebos (or sugar pills) don't cause these problems. Since these symptoms (or their absence) are obvious to psychiatrists evaluating psychiatric drugs in supposedly double-blind drug trials, the drug trials aren't really double-blind, making it impossible to evaluate psychiatric drugs impartially. This allows professional bias to skew the results.

MODES OF ACTION: UNKNOWN

Despite various unverified theories and claims, psychiatrists don't know how the drugs they use work biologically. In the words of Columbia University psychiatry professor Jerrold S. Maxmen, M.D.: "How psychotropic drugs work is not clear" (*The New Psychiatry*, Mentor, 1985, p. 143). Experience has shown that the effect of all of today's commonly used psychiatric drugs is to disable the brain in a *generalized* way. None of today's psychiatric drugs have the specificity (e.g., for depression or anxiety or psychosis) that is often claimed for them.

LIKE TAKING INSULIN FOR DIABETES?

It is often asserted that taking a psychiatric drug is like taking insulin for diabetes. Although psychiatric drugs are taken continuously, as is insulin - it's an absurd analogy. Diabetes is a disease with a known physical cause. No physical cause has been found for any of today's so-called mental illnesses. The mode of action of insulin is known: It is a hormone that instructs or causes cells to uptake dietary glucose (sugar). In contrast, the modes of action of psychiatry's drugs are unknown - although advocates of psychiatric drugs as well as critics theorize they prevent normal brain functioning by blocking neuroreceptors in the brain. If this theory is correct it is another contrast between taking insulin and taking a psychiatric drug: Insulin *restores* a normal biological function, namely, normal glucose (or sugar) metabolism. Psychiatric drugs *interfere* with a normal biological function, namely, normal neuroreceptor functioning. Insulin is a hormone that is found naturally in the body. Psychiatry's drugs are not normally found in the body. Insulin gives a diabetic's body a capability it would not have in the absence of insulin, namely, the ability to metabolize dietary sugar normally. Psychiatric drugs have an opposite kind of effect: They take away (mental) capabilities the person would have in the absence of the drug. Insulin affects the body rather than mind. Psychiatric drugs disable the brain and hence the mind, the mind being the essence of the real self.

THE AUTHOR, Lawrence Stevens, is a lawyer whose practice has included representing psychiatric "patients". His pamphlets are not copyrighted. You are invited to make copies for distribution to those who you think will benefit.

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1997 UPDATE:

The following is an excerpt from "What is Schizophrenia?" by William C. Wirshing, M.D.:

... 3. Coincident with this observed antipsychotic effect [of **Thorazine**] was a curious neurotoxicity clinically indistinguishable from idiopathic Parkinson's disease. They [the

drug's discoverers and developers] were, in fact, so impressed with this correlation that they suggested to their colleagues that patients be dosed to this 'neuroleptic threshold.' Thus, toxicity fell into a lockstep with efficacy in the minds of all clinicians and basic researchers who dealt with these molecules. The task that then fell to the basic researchers and the medicinal chemists was, 'How does Thorazine work?' The short answer to this question is that, even after a half century of toil, medical science is still not quite sure. ... Unfortunately, even in **1997**, there is no way to screen a drug preclinically (i.e., in animal or other nonhuman models) for antischizophrenic potency. It appears that the liability to get schizophrenia is uniquely human. The liability, however, to manifest parkinsonism, on the other hand, is shared by many mammalian species. Therefore, if the original clinical observation linking neurotoxicity (the parkinsonism) and antipsychotic efficacy was correct, then all one had to do is search for a molecule that induced neurotoxicity in animals. When given to humans, this would not only induce the neurotoxicity but would result in antipsychotic efficacy. And this is what was done, over and over again-nearly 250 molecules have been elaborated in roughly this fashion during the last half century. Said another way, these drugs were discovered and developed because they produce neurotoxicity in animals. This, therefore, is their primary effect. Clinicians exploit the fortuitous co-occurrence of the side effect of antipsychotic potency. It should be no surprise then that all available "conventional" antipsychotic cornpounds produce neurotoxicity - this is what they were designed to do. ... 1) All conventional antipsychotic medications not only shared antipsychotic potential, they also shared neurotoxic liabilities - they are called, after all, 'neuroleptics,' which roughly translates as 'neurotoxic.' ... So then, how does **clozapine** work? Again, no one knows the answer. [emphasis added]

The author, Willian C. Wirshing, M.D., is an associate professor of psychiatry at UCLA Medical School and director of the Movement Disorders Laboratory at the Brentwood VA Medical Center as well as a member of The JOURNAL Advisory Board and its medical editor.

<u>1998 UPDATE</u>:

The following statements are made by Michael J. Murphy, M.D., M.P.H., Clinical Fellow in Psychiatry, Harvard Medical School**;** Ronald L. Cowan, M.D., Ph.D., Clinical Fellow in Psychiatry, Harvard Medical School**;** and Lloyd I. Sederer, M.D., Associate Professor of Clinical Psychiatry, Harvard Medical School, in their textbook *Blueprints in Psychiatry* (Blackwell Science, Inc., Malden, Massachusetts, 1998):

<u>Lithium</u>:

"The mechanism of action of lithium in the treatment of mania is not well determined." (p. 57)

<u>Valproate</u>:

"The mechanism of action of valproate is <u>likely</u> to be its augmentation of GABA function in the CNS [central nervous system]." (p. 58 - underline added)

<u>Carbamazepine</u>:

"The mechanism of action of carbamazepine in bipolar illness is unknown." (p. 59)

<u>Antidepressants</u>:

"Antidepressants are <u>thought</u> to exert their effects at particular subsets of neuronal

synapses throughout the brain. ... SSRIs [e.g., Prozac, Paxil, Zoloft] act by binding to presynaptic serotonin reuptake proteins ... TCAs [TriCyclic Antidepressants] act by blocking presynaptic reuptake of both serotonin and norepinephrine. MAOIs [Mono Amine Oxidase Inhibitors] act by inhibiting the presynaptic enzyme (monoamine oxidase) ... These immediate mechanisms of action are not sufficient to explain the delayed antidepressant effects (typically 2 to 4 weeks). Other unknown mechanisms must play a role in the successful psychopharmacologic treatment of depression. ... all antidepressants have roughly the same efficacy in treating depression ... [Only] approximately 50% of patients who meet DSM-IV criteria for major depression will recover with a single adequate trial (at least 6 weeks at a therapeutic dosage) of an antidepressant." (p. 54 - underline added)

Comment by web-master Douglas Smith: Of course, about half of all despondent or "depressed" people will feel significantly better in 6 weeks without "medication," too. What psychiatrists call "other unknown mechanisms" is just the passage of time.

1999 UPDATES

See quotations in book review of *Your Drug May Be Your Problem* by Peter R. Breggin, M.D., and David Cohen, Ph.D., published in 1999.

No Prescription for Happiness: Could it be that antidepressants do little more than placebos?" by Thomas J. Moore, author of *Prescription for Disaster*, Boston Globe, October 17, 1999.

2000 UPDATES

There is now evidence SSRI (Selective Serotonin Reuptake Inhibitor) antidepressants such as Prozac, Paxil, and Zoloft cause brain damage: In his book *Prozac Backlash*, published in 2000, Joseph Glenmullen, M.D., clinical instructor in psychiatry at Harvard Medical School, says: "In recent years, the danger of long-term side effects has emerged in association with Prozac-type drugs, making it imperative to minimize one's exposure to them. Neurological disorders including disfiguring facial and whole body tics, indicating potential brain damage, are an increasing concern with patients on the drugs. ... With related drugs targeting serotonin, there is evidence that they may effect a 'chemical lobotomy' by destroying the nerve endings that they target in the brain" (p. 8). He compares brain damage that seems to be caused by SSRI antidepressants (including but not limited to Prozac, Paxil, and Zoloft) to that caused by neuroleptic/major tranquilizer drugs like Thorazine, Prolixin, and Haldol. He presents evidence that the so-called selective serotonin reuptake inhibitors are *not* selective for serotonin but affect other chemicals in the brain, including dopamine. For more information about the book, including excerpts, see the Barnes & Noble and Amazon.com websites.

"Most important, the myth of 'accurate diagnosis' severely narrows treatment options for many psychiatric problems and has contributed to the excessive use of medication prevalent in our country today." Edward Drummond, M.D., Associate Medical Director at Seacoast Mental Health Center in Portsmouth, New Hampshire, in his book *The Complete Guide to Psychiatric Drugs* (John Wiley & Sons, Inc., New York, 2000), page

6. Dr. Drummond graduated from Tufts University School of Medicine and was trained in psychiatry at Harvard University.

"Nothing has harmed the quality of individual life in modern society more than the misbegotten belief that human suffering is driven by biological and genetic causes and can be rectified by taking drugs or undergoing electroshock therapy. ... If I wanted to ruin someone's life, I would convince the person that that biological psychiatry is right - that relationships mean nothing, that choice is impossible, and that the mechanics of a broken brain reign over our emotions and conduct. If I wanted to impair an individual's capacity to create empathetic, loving relationships, I would prescribe psychiatric drugs, all of which blunt our highest psychological and spiritual functions." Peter R. Breggin, M.D., in the Foreward to *Reality Therapy in Action* by William Glasser, M.D. (Harper Collins, 2000), p. xi (underline added).

"All psychiatric drugs produce severe biochemical imbalances and related abnormalities by interfering with the normal brain function." Peter R. Breggin, M.D., in his book *Reclaiming Our Children* (Perseus Books, Cambridge, Mass., 2000), page 140.

"Suppressing Our Children's Signals

Suppose a group of children is standing on the shore of an island waving their arms crisscross above their heads in the universal distress signal. Now imagine that a 'hospital ship' spots the children and comes ashore. Suppose further that the doctor orders the nurses to give the children Prozac or Ritalin to abort their signals of distress. Now suppose the ship departs without finding out why the children are alone on the island, where their parents are, what dangers are surrounding them, or even whether whey want to be rescued.

"That of course sounds ridiculous. Yet in ways small and large this is happening throughout the nation. Millions of children are desperately signaling distress and doctors are sending them home with drugs that suppress their ability to communicate their distress."

Peter R. Breggin, M.D., in his book *Reclaiming Our Children* (Perseus Books, Cambridge, Mass., 2000), page 142.

2001 UPDATE

U.S. News & World Report, a news magazine, referring to St. John's Wort, an herbal preparation with supposedly anti-depressant properties, reports that "Scientists are only beginning to understand how this popular mood-elevator works in the body." Amanda Spake, *U.S. News & World Report*, "Natural Hazards," February 12, 2001, page 43 at 46.

2002 UPDATE

"Neuroleptics have been found to cause a dizzying array of pathological changes in the brain." Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*, (Perseus - Cambridge, Massachusetts 2002), p. 191

A law firm has much revealing information about harm caused by **Prozac** and **Zoloft** on its web site: http://justiceseekers.com. Click on the "Prozac/Zoloft Information" link on the left edge of the page.

Protocol for Treatment of Benzodiazephine Withdrawal - by Prof. Heather Ashton, D.M., F.R.C.P. - book by a professor at the University of Newcastle, School of Neurosciences, Division of Psychiatry, about how to stop taking Xanax, Valium, Halcion, Atavan, and similar drugs. Available for $20. For information contact benzo@egroups.com or YDay548715@aol.com or Geraldine Burns, 3 Searle Road, Boston, Massachusetts 02132.

Article critical of Prozac.

See also "Drugging Children with Ritalin to Curb Hyperactivity" - Antipsychiatry Coalition webmaster Douglas A. Smith's commentary on a *Time* magazine cover story titled "The Age of Ritalin"