

The Many Victims of America's Psychiatric and Psychopharmaceutical Industries

A Letter to a Concerned Friend

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Global Research, April 01, 2017

[Duluth Reader](#)

Region: [USA](#)

Theme: [Science and Medicine](#)

I recently had a dialogue with a person who had emailed me about a friend of hers who had been mistreated for years by drug-prescribing psychiatrists. The psychiatrists - and their alarming and illogical drugging - had made him worse and worse and eventually totally disabled over the years.

Because of the high probability that the drugs he had taken over the years - known to be both neurotoxic and addictive - were also brain-damaging and dementia-inducing, we discussed some things that perhaps could be helpful (see the information below).

*The obvious major problem, according to the person who contacted me, was the fact that the patient had been continuously over-dosed with **irrational cocktails of a multitude of dangerous psychiatric drugs**. Since there were a number of lessons that I thought my readers could benefit from learning, I decided to make the letter into a Duty to Warn column. Below is the essence of my last communication with the friend of the over-drugged patient.*

“What a mess your friend’s so-called healers have made of his brain!! They are guilty, guilty, guilty of “first doing harm” rather than first doing NO harm (per the Hippocratic Oath). You tell me that he has been on **SSRI antidepressants, psychostimulants, anti-psychotics, tranquilizers and mood stabilizers, which are the five categories of psychotropic drugs**.

A psychiatrist who has been using such a variety of drugs doesn’t know what he is doing , but what is worse is that he trusts the totally untrustworthy, amoral psychiatric drug companies way too much!

“No human being on earth would have responded any other way than how your friend has responded, what with being prescribed unknown combinations of brain-altering, brain-damaging synthetic drugs. Note that Big Pharma never does research involving more than one drug at a time even in the rat labs! What must come out of such corporate pseudo-research is bad science and therefore bad medicine!

“Below is the partial list of medications that you mentioned in your letter that your friend had taken at one time or another, usually, of course, in a cocktail of other drugs, any combination of which - as I mentioned above - has never been tested in either pre-clinical (animal lab) or clinical (human) trials for either safety or efficacy, either short-term or long-term.

“Zoloft, Effexor, Wellbutrin, Xanax, Concerta (36mg), Lamictal (as high as 900 mg), Lithium (only about a week as his psoriasis acted up), Depakote, modafinil, Ambien, Abilify, Zyprexa, Valium.”

1) Pfizer’s Zoloft, GlaxoSmithKline’s Wellbutrin and Pfizer’s Effexor are powerful and addictive so-called “antidepressant” drugs (which should more accurately have been called “agitation-inducing” drugs (but that wouldn’t have been good for Big Pharma’s business model). Most of them have been classed by the pharmaceutical industry as “selective serotonin reuptake pump inhibitors (SSRIs) – a very deceptive term because they are NOT selective to serotonin and they mess around with more organelles in the synapses of the brain than the reuptake pumps).

(Other examples of such drugs include Forest Lab’s Celexa, Lilly’s Cymbalta, Forest’s Lexapro, GlaxoSmithKline’s Paxil, Pfizer’s Pristiq, Lilly’s Prozac, Jazz’s Luvox, Merck’s Remeron, Lilly’s Symbyax, Bayer’s Yaz, and Lilly’s Sarafem.)

2) McNeil’s Concerta is a **psychostimulant drug** identical to Novartis’s Ritalin. They are in the class of drugs (FDA-approved for so-called ADHD or **somnolence, including - irrationally - sleepiness caused by sleep deprivation!**). These drugs are powerful and highly addictive dopamine and/or nor-epinephrine reuptake pump inhibitors that temporarily boost the level of those two transmitters in the synapse but at the same time dysregulate dopamine receptors as well as dopamine reuptake pumps.

(Other examples of such drugs include Shire’s Adderall, Shire’s Daytrana, Novartis’s Focalin, Shire’s Intuniv, UCB’s Metadate, Mallinckrodt’s Methylin, Cephalon’s Nuvigil, Lilly’s Strattera, Shire’s Vyvanse, Cephalon’s Provigil (modafinil), caffeine, nicotine, dexedrine, “uppers”, etc, that commonly cause mania, psychosis and sleep deprivation in addition to many other dangerous symptoms that can make ignorant or too-busy physicians think that the patient is mentally ill; rather than psychiatric drug-intoxicated.)

3) Eli Lilly’s Zyprexa, Janssen’s Abilify and Glaxo’s Lamictal, all so-called “anti-psychotic” drugs (which should more accurately have been called heavily-sedating major tranquilizers, which are seriously brain-altering drugs). These drugs are dopamine, norepinephrine and often **serotonin blocking drugs that make victims feel dead inside**. These drugs are also brain-damaging and highly dependency-inducing drugs that are difficult to stop taking, partly because one of the serious withdrawal symptoms is psychosis. Patients who have been given such drugs for off-label reasons such as for sleeping (never having been psychotic before taking the drug) have been known to have hallucinations and acute psychotic attacks during the withdrawal period!

(Other examples of such drugs include the now-generic Haldol, Prolixin, Mellaril, fluphenazine, perphenazine, prochlorperazine, thioridazine, GlaxoSmithKline’s Thorazine, Lilly’s Zyprexa, Astra-Zeneca’s Seroquel, Janssen’s Risperdal, Bristol-Myers Squibb’s Abilify, Pfizer’s Geodon, Novartis’s Clozaril, Novartis’s Fanapt, Janssen’s Invega and Merck’s Saphris).

4) Roche’s Valium, Pfizer’s Xanax and Sanofi Aventis’s Ambien are benzodiazepine-type drugs, which are powerful and highly addicting. They are the so-called “minor” tranquilizers and sleeping pills.

(Other examples include Valeant’s Librium, Valeant’s Dalmane, Biovail’s Ativan, Lundbeck’s

Tranxene, Pfizer's Halcion, Roche's Klonopin, Sepacor's Lunesta, Mallinckrodt's Restoril, Takeda's Rozerem and King's Sonata, any of **which can cause somnolence, depression, lowered IQ and long-term brain damage and, when the dose is cut down, can cause serious withdrawal symptoms, including serious insomnia, agitation, psychosis and mania.**)

5) Abbott's Depakote and the generic lithium are so-called "mood stabilizer" drugs. Depakote could have caused your friend's liver failure. Most "mood stabilizers" (except for lithium) are drugs that were designed and marketed as anti-epilepsy drugs, for which they were approved by the FDA. However, they have been heavily marketed (often illegally) as "mood stabilizers" or drugs that might help pain perception or anxiety but they have also been found, upon withdrawal, to cause agitation, insomnia and even grand mal seizures, even if the patient had never had a seizure before.

(Other examples include Pfizer's Neurontin, Pfizer's Dilantin, Ortho-McNeil's Topamax, Pfizer's Lyrica and UCB's Keppra).

6) Of course your friend was probably also using the over-the-counter (OTC) psychoactive substances caffeine and nicotine. The heavy use of such addictive "food substances" such as coffee, caffeinated soda pop, NutraSweet-laden "diet" pop and tobacco by patients on "anti-psychotics" is legendary.

"Those unfortunates that have been labeled with a psychosis and then forced to take "anti-psychotics" are almost always addicted to these OTC psychostimulants as well. Drugs that block dopamine and nor-epinephrine will make patients feel so numb and dead inside that they will do anything to overcome the dopamine and nor-epinephrine under-stimulation. And so, not only will they be dependent on the toxic prescription drug, they will also be addicted to the toxic stimulant substance. **De-ciphering what drug is doing what is very difficult and time-consuming to figure out**, and so most ignorant and too-busy doctors never try. They just keep prescribing the drugs and keep their fingers crossed, hoping that they will never have to face the inevitable withdrawal syndromes.

"Of course when the inevitable happens and such unlucky patients can't afford the prescriptions anymore, can't afford health insurance premiums, can't afford the deductible fees, can't afford the co-pays, loses health care for any other reason or somehow just quits or cuts down on the drugs (because they know they are being sickened by them), the patient will probably wind up in a mental hospital where another new mental illness label will be falsely applied and a new cocktail of brain-damaging and addictive drugs will be forced upon the patient again.

"Most physicians (and all physician assistants) do not understand the exact mechanism of action of the above drugs nor do they know how to help get their patients off the drugs when they start to understand the adverse effects that occur with ALL of these medications.

"It is important to remind ourselves that none of these psychiatric drugs were ever tested in the animal labs in any combination of two or more drugs, which is also true for the human trials!

"And there are hardly any long-term trials done either (most animal lab experiments last fewer than a week in length and most human anti-depressant trials lasted - on average - 6 weeks in duration, even though most humans are told to take them the rest of their lives!)

“Also none of these drugs were ever tested in sequential trials (one drug following another) for safety or efficacy!

“So your friend has been experimented upon by a system that knows next to nothing about what happens at the synapse level of the human brain, especially long-term. **His psychiatrists have been cavalierly drugging him - on a trial and error basis, no less - with a multitude of dangerous and addictive chemical substances and combinations of substances that never came anywhere close to curing him.**

“Indeed, these **neurotoxic substances** have instead made him worse with every cumulative dose. As we discussed, I believe that there is a good chance that his initial diagnoses were likely to have been in error.

“In other words, he might have only been experiencing a temporary, albeit perhaps overwhelming, emotional issue that could have been cured with non-pharmaceutical means such as good psychotherapy. But instead, he was probably quickly mis-diagnosed (because, unfortunately, he saw psychiatrists who have immense power and authority over their patients) with a “permanent”, “life-long”, “incurable”, “probably inherited” “mental illness” that would make him a permanent patient of the psychiatric and pharmaceutical industries, who would be the ones to profit by prescribing and supplying the “necessary” drugs (that would be endlessly dealt out to him on a trial and error basis).

“Of course, if that scenario of erroneous diagnosis is true, your friend has been also been mis-treated. To de-cipher the situation in retrospect would require a series of thorough history-taking clinic visits and a slow tapering off of the brain-damaging drugs (along with close attention to his mal-nourished and drug-sickened brain and body plus good psychotherapy for whatever was the original emotional issue - as well as for the current psychological trauma from the mis-treatment he has received).

“I’m sorry to be so pessimistic, but honesty is the best policy. Your friend’s brain may be so messed up that he will never totally recover. His brain has already suffered enough damage to make him totally brain-disabled. But the fact that he had a good career prior to swallowing all those drugs, perhaps his prognosis is better than I fear. If he and his loved ones can educate themselves adequately, that will improve his chances. Please be aware that he might only be able to lower his medications to a minimum level to avoid serious withdrawal symptoms, or at least be willing to take many months or years to do the tapering.

“Also, because he has been on such a large number of drugs, he is at high risk of developing a psychiatric drug-induced dementia (an iatrogenic disease [doctor-caused] that his “doctors” will surely try hard to dismiss and mis-diagnose as Alzheimer’s Disease [of unknown origin] rather than implicate themselves as responsible for the dementia).

“I have had extensive experience with hundreds of similarly mal-treated “psychiatric” patients during my career, and I have been repeatedly angered over the injustices that had been done to them by well-meaning but poorly-informed physicians or physician assistants. A really good, committed lawyer that has no ties to Big Pharma or Big Medicine could have sued any of those mal-practicing doctors and drug companies - if there was any justice in this world and if the Big Pharma defense lawyers weren’t so well-paid and so cunning at making sure that justice is never done applied to the drug company’s victims.

“First of all very few lawyers want to go up against the raft of Big Pharma lawyers that every corporation has on retainer, and very few independent lawyers are eager to go up against the doctors in their own communities because it would be bad for their lawyer business.

“So what to do? It is important, first of all, to find a sympathetic, understanding, knowledgeable physician who is able and willing to write prescriptions for smaller and smaller doses of the offending drugs and will help in the slow tapering process.

“One caveat: the mechanics and neuroscience of tapering off psych drugs is NOT taught in medical schools, because Big Pharma has acquired too much influence on the medical education of our med students and the post-graduation education of licensed physicians. Big Pharma has also been very successful in indoctrinating (and in many cases bribe) academic researchers, authors of medical textbooks, medical school professors, politicians (especially the liberal ones) and the thousands of health journalists into believing the totally false notion of psych drug efficacy and safety, so that now the public also believes the dangerous myth (with lots of help from TV commercials).

“Therefore it is the rare physician who has the knowledge that there is such a thing as psychiatric drug-induced brain damage or psychiatric drug-induced dementia. And it also the rare physician that will have the inclination or the time to do what needs to be done.

“I would suggest that your friend’s caretakers to go to www.cchrnt.org and view some of the videos there. Also, I would suggest reading some of the many of columns on the topic of mental ill health that I have written over the years. Many of them are archived at:

http://duluthreader.com/search?search_term=Duty+to+Warn&p=1

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<https://www.transcend.org/tms/search/?q=gary+kohls+articles>.

“Good luck. Don’t give up. There is much justice-seeking to do. What you can learn will help increase the awareness of your friend’s tragic story. Perhaps future victimization from the psychiatric and psychopharmaceutical industries can be halted, so that others won’t have to go through the same things your friend has had to go through.

“Try to find some other folks with similar concerns that might want to get together with you to share information and learn more about you can do together, but don’t trust the National Alliance for the Mentally Ill (NAMI is a Big Pharma front group whose entire existence has been funded by the drug company’s hundreds of millions of dollars and never mentions the immense dangers of their drugs, nor the fact that those chemicals can cause dementia or addictions).

“Do trust, however, what you read on the website of the Citizens Commission on Human Rights (www.cchrnt.org).”

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