

Our Terribly Expensive, Totally Ineffective Healthcare System – Ignoring The Problem Won't Make It Go Away

We absolutely must stand up to the pharmaceutical giants who have been the driving force behind the corruption of medicine, and the excessive cost of our healthcare, for decades. They have very aggressively and quite successfully promoted their “highly profitable” drugs far too long. In order to better understand just how profitable these drugs really are, we will now look at what the non-profit organization Life Extension Foundation’s research uncovered (*Life Extension Magazine, April 2002 issue, p. 15*), as follows:

What Drugs Really Cost

BRAND NAME	CONSUMER PRICE (For 100 tabs/caps)	COST OF GENERIC (For 100 tabs/caps)	PERCENT MARKUP
Celebrex 100 mg	\$130.27	\$0.60	21,712%
Lipitor 20 mg	\$272.37	\$5.80	4,696%
Paxil 20 mg	\$220.27	\$7.60	2,898%
Prevacid 30 mg	\$344.77	\$1.01	34,136%
Prilosec 20 mg	\$360.97	\$0.52	69,417%
Prozac 20 mg	\$247.47	\$0.11	224,973%
Xanax 1 mg	\$139.79	\$0.024	569,958%
Zocor 40 mg	\$350.27	\$8.63	4,059%
Zoloft 50 mg	\$206.87	\$1.75	11,821%

The above figures speak for themselves, and help explain why they are so aggressively promoted to you on TV commercials daily, as well as to your doctor. No other industry in the “entire world” comes even close to that kind of profitability. The drug industry is anxiously anticipating the upcoming boom in drug sales, which will skyrocket once all those baby boomers begin qualifying for Medicare benefits. Unless we do something to stop this madness in medicine (and soon), a financial disaster is in my opinion undeniably in the offing.

A prime example of their anticipated increase in drug sales is discussed in an interesting article in the September 2005 issue of the *AARP Bulletin*, titled “Want A Red-Hot Job?” which stresses the coming crisis of somehow training enough registered pharmacists to meet the anticipated increased demand of drug sales, (more

prescriptions for drugs to fill). The article pretty well sums up the anticipated crisis, as follows:

When they [pharmacists] graduate, employers will be standing in line with lucrative job offers. Starting salaries in some regions of the country top \$100,000. Some employers even offer signing bonuses and pay relocation expenses.

The nation has a pharmacist shortage, with drugstores, hospitals and clinics reporting 8,000 unfilled positions. "We call it hyper-demand," says April Shaughnessy of the American Pharmacists Association. "I don't think there's any place in the country where there's an oversupply."

*What's more, **the shortage is expected to deepen dramatically as Medicare's new prescription drug benefit kicks in next year.** By 2020, one study predicts, the United States will need more than 400,000 pharmacists (double the current number) but will have only about 260,000 on the job.*

The country's 89 pharmacy schools can't turn out graduates fast enough.

*Experts blame the pharmacist shortage on several factors. For starters, **Americans take lots of medicine: 3.27 billion prescriptions were filled in 2004.** As the population ages, it will consume more medications. And the number of pharmacies has grown; many supermarkets and retailers like Wal-Mart require round-the-clock staffing.*

Keep in mind that, as the above figure of 3.27 billion prescriptions filled was in 2004, and now that the prescription drug benefit plan is currently in effect, that number would be considerably greater, (as they had anticipated).

Possibly we can all do our patriotic part and help resolve the anticipated crisis, (a shortage of pharmacists necessary to meet the rapidly escalating demand). First, consider the fact that in far too many cases, medications are prescribed just to treat symptoms (side effects) associated with their patients' other medications. If you look to your very first medication's potential side effects, and follow the trail (the domino effect), you will soon see exactly what I mean.

In "Mary Lou's Story", in my book *A Drug Free Approach To Healthcare*, I show how it all started with a prescription for Prozac™. Then, sixteen years later, due to the side effects associated with each new drug, she was eventually on a total of nine. I explain how she successfully went from nine medications to none in only 60 days. So the question remains: Do you really need all those medications? Common sense should tell us these drugs are inherently unhealthy, and as you will learn, basically unpredictable, as they are influenced by many factors. Also, Mary Lou felt "much better" off all those medications, (absolute proof they were totally inappropriate)!

As noted in the previous article, there is already a critical shortage of pharmacists

because “*Americans take lots of medicine.*” That then brings up the obvious question: Exactly why are Americans currently taking so many medications? We find at least one simple answer, which comes from another AARP article in the September 2004 issue of the *AARP Bulletin*, shedding light on the serious over-medication of our seniors in both our nursing homes and long-term care facilities. The article focuses on a 66-year-old gentleman named Armon Neel who tells patients how they can both save money and possibly their lives. Neel however isn’t a doctor, but rather a pharmacist whose specialty is determining whether people are taking the right medications – and in the right doses – for their ailments. His career often put him on a collision course with the doctors who prescribed the medications.

Neel indicated that almost 100 percent of the people he saw as out patients were overmedicated, as they were the ones having problems. He also noted that even in a long-term care environment, it is still about 80 percent. According to Neel, **medication levels in nursing homes could, in his opinion, be cut in half or even better.** Neel stresses that: “*If I can get the drug therapy management correct, there are fewer hospital stays, fewer hospital admissions, lower labor costs involved in care and a better quality of life for residents.*” Certainly a tremendous benefit, if he could get the doctors’ cooperation, which according to Neel seldom happens.

For each patient that Neel evaluates, he types up his recommendations for what he considers are properly prescribed medications. According to Neel, the medical director rejects his recommendations almost without exception. The doctors basically tend to resent being second-guessed by a pharmacist. Although many doctors hate to admit the fact, pharmacists are normally much more knowledgeable regarding prescription medications, their interactions, and potential side effects, than doctors are. That is basically their specialty.

Armon Neel is obviously providing a valuable service by identifying inappropriately prescribed medications, although my objective is to go even further and provide natural solutions for replacing most (if not all) medications. This is an area in which no pharmacist, and few doctors are trained.

Unfortunately, far too many people assume they might suddenly die if they stopped taking their medications, and nothing could be farther from the truth. Many are not even sure exactly what their drugs are supposed to do, just that their doctor prescribed them, and that they will likely be required to take them the remainder of their lives, (which all too often is the case).

In order to better support my position regarding prescription drugs, I would like for you to hear the opinions of some well-known and respected medical doctors, who were taught in medical school to use prescription drugs to treat symptoms. These are doctors with a conscience who are willing to speak up in order to warn others of the danger of depending on these potentially dangerous drugs, which so many doctors continue to prescribe so liberally to their patients. In their own words, (extracted from a newsletter provided by Paul Oberdorf of NMS Publishing):

- *“The cause of most disease is in the poisonous drugs physicians superstitiously give in order to affect a cure.” Charles E. Page, M.D.*
- *“The person who takes medicine must recover twice, once from the disease and once from the medicine.” William Osler, M.D.*
- *“If all the medicine in the world were thrown into the sea, it would be bad for the fish and good for humanity.” O. W. Holmes, Professor of Medicine. Harvard University*
- *“The greatest part of all chronic disease is created by the suppression of acute disease by drug poisoning.” Henry Lindlahr, M.D.*
- *“Drug medications consists in employing as remedies for disease, those things which produce disease in well persons... All are incompatible with vital matter; all produce disease when brought in contact in any manner with the living; all are poisons.” R. T. Trall, M.D. lecture to Congress and medical profession*
- *“Every drug increases and complicates the patient’s condition.” Robert Henderson, M.D.*
- *“Drugs never cure disease. They merely hush the voice of nature’s protest, and pull down the danger signals she erects along the pathway of transgression. Any poison taken into the system has to be reckoned with later on even though it palliates* present symptoms. Pain may disappear, but the patient is left in a worse condition, though unconscious of it at the time.” Daniel H. Kress, M.D.*
- *“Every educated physician knows that most diseases are not appreciably helped by medicine.” Richard C. Cabot, M.D., Mass. General Hospital*
- *“Medicines are of subordinate importance because of their very nature they can only work symptomatically.” Hans Kutsche, M.D.*
- *“Medical practice has neither philosophy nor common sense to recommend it. In sickness the body is already loaded with impurities. By taking drug-medicines more impurities are added, thereby the case is further embarrassed and harder to cure.” Elmer Lee, M.D., past vice president, Academy of Medicine*
- *“Approx. 4,500,000 hospitals admissions annually due to the adverse reactions to drugs. Further, the average hospital patient has as much as 30% chance, depending how long he is in, of doubling his stay due to adverse drug reactions.” Milton Silverman, M.D., Professor of Pharmacology, University of California*
- *“Why would a patient swallow a poison because he is ill, or take that which would make a well man sick.” L. F. Kebler, M.D.*

- *“What hope is there for medical science to ever become a true science when the entire structure of medical knowledge is built around the idea there is an entity called disease which can be expelled when the right drug is found?” John H. Tilden, M.D.*

- *“We are prone to thinking of drug abuse in terms of the male population and illicit drugs such as heroin, cocaine and marijuana. It may surprise you to learn that a greater problem exists with millions of women dependent on legal prescription drugs.” Robert Mendelsohn, M.D.*

- *“The necessity of teaching mankind not to take drugs and medicines is a duty incumbent upon all who know their uncertainty and injurious effects; **the time is not far distant when the drug system will be abandoned.**” Charles Armbruster, M.D.*

I can't help but respect the above doctors for basically going against established medicine, and forthrightly stating their honest opinion for the benefit of those willing to listen.

The best possible way to put a stop to the obvious “deception” that you somehow need a drug for every symptom you could possibly imagine (including the side effects caused by your current medication), is to consider withdrawing from them. If in doubt, I suggest you pray about your decision, a valuable resource available to all of us, and something I do on a regular basis.