Side Effects, The Benign Cost of Allopathic Treatment

Excerpt from A Cure is Not Welcome – America’s Successful Failing Health System

Desmond Allen, PhD, RCP
A Licensed Respiratory Care Practitioner with a PhD in health administration and the author of several articles and books.

I am no longer amazed at the number of inquiries I receive from traditional allopathic healthcare workers who seek alternative methods to control their hypertension. Like so many others, they too have grown weary of the significant, life altering side effects of the popular pharmaceuticals.

Hypertension

Although the number of deserters is growing, far too many hypertension victims still assume there is no treatment other than traditional pharmacology. Like a jury directed by the judge to dismiss solid evidence because of a technicality many hypertensive patients bypass alternative therapies and follow their physician’s pharmaceutical prescriptions to the letter. As a result, they unnecessarily suffer as the unwitting victims of the allopathic cost of cure.

Even more do not realize they harbor this silent killer. Of the estimated 50 to 60 million Americans who are known to suffer hypertension only about 19 million are being treated with medication. Of these, some 34% do not take their medication because of the side effects.

1 No doubt a considerable number purposefully ignore their symptoms, convincing themselves they are in no harm. But hypertension did not earn its nickname in vain. Left untreated it will lead to serious medical problems including kidney failure, heart failure and stroke. In time, its toll is inevitable, as evidenced by some 33,000 untimely deaths each year.

What is so disturbing about hypertension is that it need not exist. That is, it need not exist as a national health problem costing thousands of lives and billions of dollars every year. Discounting the ill-advised pharmaceutical remedies, there are very effective alternative therapies to correct this disorder. But they are seldom employed by allopathy.

Allopathic pharmacopoeia has several treatments for hypertension: diuretics, beta-blockers, alpha antagonists, calcium antagonists and angiotensin converting enzyme (ACE) inhibitors.3 But as noted by Claude Lenfant, MD, Director of the National Heart, Lung and Blood Institute, current approaches are “less than optimal.”

Benign Side Effects

Even to say these therapies are not without price is an understatement. Depending upon the medication or combination of medications, users might experience skin rash, photosensitivity, headache or electrolyte imbalances. Some of these medications increase the risk of breast cancer4 or cause hypokalemia leading to increased serum creatinine. They can increase uric acid leading to gout and kidney stones. They can also increase
glucose, LDL-cholesterol and triglycerides; and most immediately disturbing for many, they cause impotence.\textsuperscript{5}

Physicians generally dismiss these conditions as benign side effects . . . the mere cost of cure. But many of these side effects are beyond benign; some are very serious—especially if you are the one suffering the supposed cure. It is a very fine line, if any, that separates the prescription of a drug with known side effects and an iatrogenic disorder. At some point they become indistinguishable. Perhaps when a side effect requires another medication to correct it? Or when another therapy without side effects is overlooked? Certainly if the alternate therapy is consciously neglected. And certainly if the offending drug is not indicated in the first place. Medication induced impotence is a prime example.

This significant side effect of pharmaceutical therapies for hypertension falls somewhere within this progression to iatrogeny. Proven alternative treatments void of side effects are either overlooked or consciously neglected by the physician. Knowing that impotence will likely ensue, the physician is ready to prescribe yet another drug (sildenafil citrate, Viagra) to address this most humbling disorder. But Viagra itself has considerable side effects. Aside from headache, flushing and dyspepsia,\textsuperscript{6} it has been linked to acute myocardial infarction, stroke and even death.\textsuperscript{7}

But these side effects are given little attention. They are the acceptable collateral damage of cure. An article in the prestigious Cleveland Journal of Medicine has stated that “despite isolated reports of myocardial infarction and sudden cardiac death in men taking sildenafil for erectile dysfunction, clinical evidence shows the drug to be safe, effective, and well tolerated in most men with coronary artery disease.” In fairness to the author he did warn, “nevertheless, caution is advised in specific instances.”\textsuperscript{8}

Is this not a convoluted message? It may kill you but it is safe. Most important, it works. And who are the specific instances? Those with a history of angina? Shortness of breath? Those taking nitroglycerine? Those with significant electrocardiogram changes? Those with a history of myocardial infarction? Transischemic attacks? Or perhaps it refers to one’s favorite patient? The fact is it is not really known who should not take Viagra. What is known is that it is an unnecessary treatment and that some people seem to die from it.

Other drugs have iatrogenic effects as well. Lipitor (a cholesterol-lowering agent) is known to cause constipation, flatulence, dyspepsia, abdominal pain, jaundice and liver damage.\textsuperscript{9}

Colchicine (a primary drug recommended for gout) can cause bone marrow depression with aplastic anemia (the defective function of the blood-forming organs such as the bone marrow), agranulocytosis (an acute febrile condition marked by severe depression of the granulocyte-producing bone marrow and by prostration, chills, swollen neck, and sore throat sometimes with local ulceration), or thrombocytopenia (a persistent decrease in the number of blood platelets that is often associated with hemorrhagic conditions). But these are just a few of its many possible, acceptable side effects. It can cause neuritis (a peripheral inflammatory or degenerative lesion of a nerve marked especially by pain, sensory disturbances and impaired or lost reflexes), purpura (a hemorrhagic condition characterized by patches of purplish discoloration resulting from extravasation of blood into the skin and mucous membranes), myopathy, loss of hair, azoospermia (the absence of spermatozoa in the seminal fluid), and central nervous
system depression.

Overdose causes nausea, vomiting, abdominal pain and diarrhea, which is often bloody due to hemorrhagic gastroenteritis. There can also be burning sensations of the throat, stomach and skin; and extensive vascular damage may result from shock. Kidney damage, as evidenced by hematuria (blood in the urine) and oliguria (reduced excretion of urine) may occur. Muscular weakness and ascending paralysis of the central nervous system can develop as well. The victim will usually remain conscious while experiencing delirium and convulsions. Death due to respiratory arrest would be the terminating side effect.

Although death has occurred from as little as 7 mg, we can find comfort in the fact that much larger doses have been survived. This we know because the recommended maximum dose in some medical textbooks is from 4 mg to 10 mg, far exceeding the 7 mg dose that has been known to cause death. But perhaps this is a moot point since gastrointestinal side effects are so severe that about 80% of the patients cannot tolerate the optimal dose, so why do they have to worry?

Of course this also makes the therapy of no effect, which makes one wonder why it is pursued in the first place? Especially when something as simple as twenty or thirty cherries a day can reverse the gout. But such is the reasoning of allopathy with its blind devotion to the fundamental philosophy of heroic intervention. Although very effective alternative treatments without side effect exist they are either overlooked or consciously neglected by physicians trained to rely on intervention with powerful synthetic drugs and their benign side effects.

This cost-of-cure philosophy was adopted from the European tradition of rationalist medicine—a philosophy of intervention and extreme heroics in which more is better. Dr. Wooster Beach provided a glimpse of this philosophy in action when describing the 1799 deathbed treatment suffered by General George Washington.

Think of a man being, within the brief space of little more than twelve hours, deprived of 80 or 90 ounces of blood; afterward swallowing two moderate American doses of calomel [mercury], which were accompanied by an injection; then five grains of calomel, and five or six grains of emetic tater; vapors of water and vinegar frequently inhaled; blisters applied to his extremities; a cataplasm of bran and vinegar applied to his throat, upon which a blister had already been fixed.

Dr. Beach followed this account with a brief commentary, “when thus treated, the afflicted general, after various ineffectual struggles for utterance, at length articulated a desire that he might be allowed to die without interruption.”

**Not So Benign Side Effect**

Without even considering the percentage of useless therapies, a Yale University study in the 60s showed that 20% of the hospital admissions suffered iatrogenic illnesses. In the 80s the New England Journal of Medicine reported the frequency of iatrogenic incidence had nearly doubled. Of 815 admissions, 36% became the victims of their physician’s medical practice. In 25% of the cases the problem was life threatening or caused considerable disability. Out of every one hundred people, two died. After examining more than one-hundred patients who developed serious kidney problems while hospitalized, the American Journal of Medicine determined that more than half were
iatrogenic—caused by such procedures and treatments as x-ray dyes, restricted blood supply and kidney-damaging antibiotics.\textsuperscript{14}

This is the world of allopathic medicine. It is neither a science nor an art. Its primary role is to prescribe patented FDA approved pharmaceuticals. This is what sets it aside from other healthcare philosophies. That many of these drugs (especially those for diabetes, hypertension and lipid disorders) are known to cause more harm than good is of little concern.\textsuperscript{15} Even when alerts are issued they fall on deaf ears, for until they are taken from the market physicians have no obligation or motivation to stop using them. This is currently illustrated by the prescription and continued use of statin drugs. Despite public outcry and at least 81 known deaths from these drugs since 1987,\textsuperscript{16} physicians continue to prescribe them and patients continue to use them, trusting that their physician knows what he/she is doing.

Virtually all of the controlled, poisonous pharmaceuticals are designed to alter the body chemistry by inhibiting or somehow preventing normal cellular function; they are expected to have side-effects . . . it is the cost-of-cure.

Stuart Berger, MD, said, “perhaps the most widespread way our medical establishment makes us sick comes through the drugs we take.”\textsuperscript{17} “The drugs we swallow, inject, inhale, and apply every day have their own built-in flaws—part of the hidden price we all pay for our way of healing. They are the harvest of what we forgot to teach in medical school.”\textsuperscript{18} The great physician Oliver Wendell Holmes once said, “A medicine . . . is always directly hurtful; it may sometimes be indirectly beneficial. I firmly believe that if most of the pharmacopoeia were sunk to the bottom of the sea, it would be all the better for Mankind and all the worse for the fishes.”\textsuperscript{19}

A Day in the ICU

Spend one day in the ICU of any busy hospital in America and you will find little has changed from the days of General Washington’s deathbed experience. The drugs and the treatments are different but many are no less painful or useless. Patients are routinely attacked with a barrage of severe and pointless procedures. They are restrained while needles are stabbed into their veins and arteries several times a day to collect blood for laboratory tests that generally do little more than document already known information. Every four hours and sometimes as often as every hour, someone is likely to pound on their chest in a futile attempt to promote the expectoration of excess pulmonary secretions that do not even exist.

Many of these patients will have large tubes stuck down their throat into their airway in order to mechanically control their breathing. Saline is routinely squirted down this tube, followed by a long suction catheter to retrieve the solution and any secretions that might be present. Long catheters are placed into the jugular vein and threaded into the heart to collect more generally useless data. Then patients are zapped by radiation every morning for no particular reason other than that it is routine. Dr. John Gofman, one of the top radiation physicists in the country believes such medical radiation is probably the principle cause of cancer mortality and atherosclerosis in the United States during the Twentieth Century.\textsuperscript{20} He explains that radiation causes genetic mutations that eventually give rise to disease. Thus, with such a potent weapon, what would any ICU stay be without a trip or two to the CAT Scan department for a mega-dose of this radiation?
Because the ICU visit is so uncomfortable many patients are paralyzed by medication to keep them under control. If they are fortunate they will also receive sedation to make them sleep. Otherwise they lay there wide-awake, suffering the torment of treatment as well as the fright of paralysis. Oh yes, and sometimes these paralytic drugs are known to have residual effects that can leave the patient permanently crippled.

The crime is that although such procedures may be appropriate for certain patients they are used far too frequently. Some are routinely used for everyone, even those who are DNR’s. This means the patient or someone with the patient’s power of attorney has requested a “Do Not Resuscitate” order—a request for no heroics which does not sit well with the allopathic philosophy of heroic intervention. That such patients are on their deathbeds, at the end of their natural lives, means little to the interventional ICU physicians whose job it is to resist the inevitable. Consequently, theirs is a task of continued failure. It is also a task of inflicting needless pain upon the dying.

Although legally binding the DNR does nothing to stop physicians from applying their heroic procedures. Generally, physicians will perform every possible intervention right up until the last heart beat. The sicker the patient the more procedures are performed. Once death finally arrives, to comply with the spirit of the DNR, the physician will hold back the ultimate heroic procedure—CPR, cardiopulmonary resuscitation. Of course this is all for show because by this point CPR is virtually useless anyway.

In time these procedures will give way to other, more advanced painful and useless practices. What will remain constant however is the experiential, heroic and interventional philosophy of rationalist allopathic medicine, the cost-of-cure, regardless of how ineffective and inappropriate it may be.

ENDNOTES

5. Tierney, pp373-90.
12. Tierney, p700.