

MENTAL HEALTH CARE: WHAT IS THE ALTERNATIVE TO PSYCHOTROPIC DRUGS?



A PUBLIC INTEREST REPORT ON MEDICAL ALTERNATIVES TO PSYCHIATRY
BY CITIZENS COMMISSION ON HUMAN RIGHTS INTERNATIONAL
JANUARY 2008



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INTRODUCTION: PSYCHOTROPIC DRUGS DAMAGE

Since 2003, there have been more than 60 international drug regulatory agency warnings about the risks inherent in taking psychotropic drugs. Antidepressants can cause suicide and hostility; antipsychotics can cause life-threatening diabetes; and stimulants prescribed to children may put them at risk of heart problems, stroke and even death.

Alternative ways of helping those suffering from mental disturbance are buried by the marketing hype that “mental illness” is the result of some neurobiological dysfunction or chemical imbalance that can only be corrected with psychotropic drugs. There is no scientific merit to these claims but they support drug sales of more than \$27 billion a year in the United States and \$80 billion worldwide.

Harvard Medical School’s Dr. Joseph Glenmullen, author of *Prozac Backlash*, says that despite “absence of any verifiable diseases,” psychopharmacology “has not hesitated to construct ‘disease models’ for psychiatric diagnoses. These models are hypothetical suggestions of what *might* be the underlying physiology – for example, a serotonin imbalance.”¹

Dr. Darshak Sanghavi, clinical fellow at Harvard Medical School is among many medical experts publicly debunking the “chemical imbalance” theory. “[D]espite pseudoscientific terms like ‘chemical imbalance,’ nobody really knows what causes mental illness. There’s no blood test or brain scan for major depression. No geneticist can diagnose schizophrenia,” he said.²

Under media pressure in 2005, Dr. Steven Sharfstein, president of the American Psychiatric Association, was forced to admit that there is “no clean cut lab test” to determine a chemical imbalance in the brain.³ Dr. Mark Graff, Chair of Public Affairs of the APA said that this theory was “probably drug industry derived.”⁴

Not only do psychiatrists not understand the etiology (cause) of any mental disorder, they cannot cure them. For example, in 1994, Dr. Norman Sartorius, who shortly afterwards was appointed president of the World Psychiatric Association, declared, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future the mentally ill have to learn to live with their illness.”⁵

In effect, psychiatrists are still saying that mental problems are incurable and that the afflicted are condemned to lifelong suffering – on psychotropic drugs.

Though psychiatry may have given up on mental *healing*, this is fortunately false.

Mental problems *can* be resolved, and thankfully so. Imagine how it would be to believe man was destined never to overcome his personal obstacles, never to arrive at an understanding of himself and life.

In any society, the accomplishment of true mental health amongst its citizens should rest upon three basic criteria:

1. Effective mental healing technology and treatments which improve and strengthen individuals and thereby society, by restoring individuals to personal strength, ability, competence, confidence, stability, responsibility and spiritual well being.
2. Highly trained, ethical practitioners who are committed primarily to the well-being of their patient and patients' families, and who can and do deliver what they promise.
3. Mental healing delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people's rights.

While life is full of problems—and sometimes these problems are overwhelming—psychiatry and its diagnoses, treatments and drugs, do not fulfill the above criteria. Psychiatry largely relies upon forcing—often under the sanction of law—unworkable and dangerous methods, in particular those drugs mentioned in the opening paragraph.

J. Allan Hobson and Jonathan A. Leonard, authors of *Out of Its Mind, Psychiatry in Crisis, A Call For Reform*, warn that the psychiatry's *Diagnostic and Statistical Manual for Mental Disorders* (DSM) is the culprit that “tends to promote the idea that rote diagnosis and pill-pushing are acceptable.”⁶ That practice is fuelled by pharmaceutical company influence on psychiatry's diagnostic criteria.

The late Dr. Sydney Walker III, a neurologist and psychiatrist, wrote in *A Dose of Sanity*, said that influence “has focused on expanding the number of ‘psychiatric disorders’ recognized by the APA, and the number of drug treatments recommended for these disorders. After all, every DSM ‘diagnosis,’ is a potential gold mine for pharmaceutical firms.”⁷

Iona Heath, a general practitioner at the Caversham Practice in London, UK, determined “It is in the interests of pharmaceutical companies to extend the range of the abnormal so that the market for treatments is proportionately enlarged.”⁸

During a five-year period, the number of “mental disorders” added to the DSM increased 300%. Since the fourth edition of DSM was published in 1994, there has been a 256% increase in antipsychotic and antidepressant drug sales. A 2006 study published in *Psychotherapy and Psychosomatics* disclosed that 100% of the psychiatrists who authored the mood and psychotic disorders sections of the DSM-IV had undisclosed financial ties to drug companies.⁹



A study published in the January 2008 issue of *The New England Journal of Medicine* revealed more undisclosed information: The makers of SSRI (Selective Serotonin Reuptake Inhibitor) antidepressants never published the results of about a third of the drug trials conducted to get government approval for the drugs, misleading people about the drugs' effectiveness. The published studies showed that only about half of those taking the drugs reported any significant relief compared to about 40% taking placebo. However, when factoring in all the unpublished studies, the antidepressants were no more effective than taking placebo.¹⁰

Suicide risks were also withheld from consumers. While the FDA had evidence of these risks with SSRIs before they approved the first one, Prozac, in December 1987, it took 14 years before the FDA ordered antidepressant manufacturers to add a "black box" label to warn that the drugs could cause suicidal reactions in those 18 years of age and less. There had been an estimated 63,000 suicides by people taking SSRIs.

In 2004, the FDA also issued an advisory stating: "Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants...both psychiatric and non-psychiatric."¹¹ At least 11 school shooters were taking prescribed psychiatric drugs known to cause violent behavior.

There *are* viable alternatives to these drugs.ⁱ This report highlights some solutions offered by health care professionals who prefer to practice non-psychiatric medicine for various mental problems that psychiatry cannot, by their own admission, resolve.

i. Anyone taking psychotropic drugs should *not* immediately discontinue them. Due to their dangerous side effects, including potential withdrawal effects, no one should stop taking any psychiatric drug without the advice and assistance of a competent non-psychiatric, medical doctor.

CHAPTER ONE: DO NO HARM

The first action to take with someone mentally disturbed is to “do no harm.” That means, ensuring that they are not subjected to psychiatric treatments that use force and harm in an attempt to control behavior. More than anything, the person needs rest and security, which they will not find in current psychiatric institutions.

There is a world of difference between identifying symptoms and the science of finding and treating causes. Psychiatrists specialize in cataloguing and treating symptoms only. They do not treat the cause of a person’s problems.

A 2002 report by King County, Washington Mental Health, Chemical Abuse and Dependency Services Division reflects the concerns that have raged about the workability of psychiatric treatment. The county reviewed the efficacy of outpatient treatment provided to adults aged 21-59 years, evaluating the results by whether they were “living independently, working and having less dependence upon the mental health system.” Of the more than 9,300 surveyed, less than 1% had recovered after receiving treatment.¹²

Britain’s Charles Medawar in his compelling book, *The Antidepressant Web—Marketing Depression and Making Medicines Work*, reported that about 80% of patients diagnosed with “depression” recover without treatment, citing studies including one that said certain disorders, “have a very high rate of spontaneous remission” given sufficient time.¹³

The resolution of many mental difficulties begins with medical—not psychiatric—assessment and treatment. Medical studies show time and again that for many patients, what appear to be mental problems are actually the result of an undiagnosed physical illness or condition. Ordinary medical problems can and do affect one’s behavior and outlook.

Charles B. Inlander, President of The People’s Medical Society, wrote in *Medicine on Trial*, “People with real or alleged psychiatric or behavior disorders are being misdiagnosed—and harmed to an astonishing degree....Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions, and so they are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return.”¹⁴

FIND THE UNDERLYING PHYSICAL PROBLEM

A person who is mentally disturbed may be in a state of deficiency or have physical problems that prevent their recovery. Broken bones, pinched nerves, pain—all can affect the body and, thereby, affect the person’s mental outlook. The person is medically ill or injured, not “insane.” He may not even be aware that he is experiencing the pain or unwanted sensation and thinks that this is a “normal” way of life. He may not be able to eat and sleep properly and his condition could worsen by exhaustion.



However, once the medical problem is addressed, he can experience resurgence and whatever else may be troubling him can then be more easily addressed.

This is not to say that mental troubles are physical. They are not. Psychiatrists argue that mental disorders are biologically based to justify using treatments that cause more physical stress and further overwhelm the mind.

Therefore, the correct action on a seriously mentally disturbed person is a full searching clinical examination by a competent medical doctor.

The California Department of Mental Health *Medical Evaluation Field Manual* states: "Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients...physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder...."¹⁵

The Swedish Social Board has cited several cases of disciplinary actions against psychiatrists, including one in which a patient was complaining of headaches, dizziness and staggering when he walked. The patient had complained of these symptoms to psychiatric personnel for five years before a medical check-up revealed that he had a brain tumor.¹⁶

Dr. Thomas Dorman, an internist and fellow of the Royal College of Physicians in Canada said, "[P]lease remember that the majority of people suffer from organic disease. Clinicians should first of all remember that emotional stress associated with a chronic illness or a painful condition can alter the patient's temperament. In my practice I have run across countless people with chronic back pain who were labeled neurotic. A typical statement from these poor patients is 'I thought I really was going crazy.'" Often, he said, the problem may have been "simply an undiagnosed ligament problem in the back."¹⁷

Psychiatrists claim that depression is an "illness, just like heart disease or asthma" but physicians who conduct thorough physical exams say this simply isn't true. Harvard's Dr. Joseph Glenmullen warned, "...[T]he symptoms [of depression] are subjective emotional states, making the diagnosis extremely vague."¹⁸ The superficial checklist rating scales used to screen people for depression, he said, are "designed to fit hand-in-glove with the effects of drugs, emphasizing the physical symptoms of depression that most respond to antidepressant medication....While assigning a number to a patient's depression may look scientific, when one examines the questions asked and the scales used, they are utterly subjective measures based on what the patient reports or a rater's impressions."¹⁹

The late Dr. Carl C. Pfeiffer, M.D., a researcher with a doctorate in chemistry, discovered that feelings of "depression," as well as many mental and behavioral disturbances could be precipitated by vitamin or mineral deficiencies.²⁰

Dr. David W. Tanton, Ph.D., author, founder, and research director for the Soaring Heights Longevity Research Center found that eating foods that create allergies or sensitivities could affect moods. Hypoglycemia (abnormally low level of blood sugar), hypothyroid (insufficient thyroid gland) or adrenal fatigue, as well as the use of many prescription and over-the-counter medications could easily contribute to feelings of depression.²¹

Abnormal thyroid function may dramatically affect mood, exhibited as severe depression, fatigue and memory loss. Adrenal gland exhaustion may also be a contributing factor.²²

Antidepressants and other psychotropic drugs have “depression” as a side effect.

Researchers report that the most common *medically induced* psychiatric symptoms are “apathy, anxiety, visual hallucinations, mood and personality changes, dementia, depression, delusional thinking, sleep disorders (frequent or early morning awaking), poor concentration, changed speech patterns, tachycardia [rapid heartbeat], nocturia [excessive urination at night], tremulousness and confusion.”²³

Long-term use of antibiotics alters the immune system, causing exhaustion and anxiety.²⁴

Lyme Disease (a serious bacterial infection from a tick bite that attacks the nervous system) can cause symptoms of depression and psychosis.²⁵

REVIEW DIET

Britain’s Mental Health Foundation has stated, “There is a strong body of evidence, and a number of significant voices are championing the role of diet in the treatment of people with mental health problems.”

The Foundation’s report, “Feeding Minds,” said that feelings of “depression” could be “linked to low intakes of fish, but diets rich in complex carbohydrates as well as certain foods are also thought to decrease the symptoms of depression.” Children labeled with “ADHD” (Attention Deficit Hyperactivity Disorder) often have “diets low in iron and fatty acids.”²⁶

The U.S. Department of Agriculture’s Agriculture Research Service states that shortages of certain minerals in the diet may affect human behavior.²⁷

The Texas Comptroller study of Foster Children investigated the massive use of psychotropic drugs on the state’s foster children. Its December 2006



report, "Forgotten Children," reported that alternatives to psychoactive drugs were vital. "Diet and nutrition are important to a healthy lifestyle," the report stated.²⁸

According to the U.S. National Institutes of Health, "People who get regular exercise, eat healthy and avoid tobacco have ...reduced rates of disability, better mental health and cognitive (reasoning) function, and lower health costs."²⁹

HEALTHY EXERCISE

In September 2005, the British National Health Service Institute for Health and Clinical Excellence released a Clinical Guideline for treatment of "Depression in Children and Young People." It advised that because "all antidepressant drugs have significant risks when given to children and young people," they should be "offered advice on the benefits of regular exercise," "sleep hygiene," "nutrition and the benefits of a balanced diet."³⁰

The December 2005 issue of *The Journal of Medicine and Science in Sport & Exercise* reported that exercising rather than antidepressants relieves symptoms of "depression." The subjects who exercised also experienced positive effects such as "vigor" and "well-being." Citing a 2000 study published in *Psychosomatic Medicine*, Dr. John B. Bartholomew, an associate professor at the University of Texas said, "[R]egular exercise has been shown to protect against relapse" in "depressed" patients.³¹

The Texas Comptroller report on "Foster Children" stated, "Exercise is not only physically beneficial, but has been shown to improve mood and alleviate depressive symptoms dramatically."³²

It should be established that before health insurance coverage for mental health problems is provided, searching and competent physical examinations be undertaken to confirm that no underlying, physical condition is causing the person's mental condition. This alone would save countless people from being unnecessarily and falsely labeled and then treated as mentally ill.

WHY SOME PEOPLE SAY THAT THE DRUGS "WORK"

Many patients are surprised at the unexpected effects of psychiatric drugs. They take them to alleviate their anxiety or something similar, only to experience an array of odd physical and mental reactions. The result may be minor, such as dryness of mouth or loss of appetite or it may be a full-blown psychotic fit, and sometimes, even death.

Psychotropic drugs may relieve the pressure that an underlying physical problem could be causing but they do not treat, correct or cure any *physical*

disease or condition. This relief may have the person thinking he is better but the relief is not evidence that a psychiatric disorder exists. Ask an illicit drug user whether he feels better when snorting cocaine or smoking dope and he'll believe that he is, even while the drugs are potentially damaging him. Some drugs that are prescribed to treat depression can have a "damping down" effect. They suppress the physical feelings associated with "depression" but they are not alleviating the condition or targeting what is causing it.

- The drugs break into, in most cases, the routine, rhythmic flows and activities of the nervous system. Given a tranquilizer, the nerves and other body systems are *forced to do things they normally would not do*.
- The human body, however, is unmatched in its ability to withstand and respond to such disruptions. The various systems fight back, trying to process the chemical, and work diligently to counterbalance its effects on the body.
- But the body can only take so much. Quickly or slowly, the systems break down. Human physiology was not designed for the continuous manufacture of euphoric, tranquilizing, or antidepressant sensations. Yet it is forced into this enterprise by psychiatric drugs.
- Tissue damage may occur. Nerves stop functioning normally. Organs and hormonal systems go awry. This can be temporary, but it can also be long lasting, even permanent.
- Like a car run on rocket fuel, you may be able to get it to run a thousand miles an hour, but the tires, the engine, the internal parts, were never meant for this. The machine flies apart.
- Bizarre things happen: Addiction, exhaustion, diminished sexual desire, trembling, nightmares, hallucinations, and psychosis. Side effects are, in fact, the body's natural response to having a chemical disrupt its normal functioning.

Once the drug has worn off, the original problem remains. As a solution or cure to life's problems, psychotropic drugs do not work.

CHAPTER TWO: HELPING CHILDREN



More than 20 million children worldwide are labeled with a psychiatric “disorder” that no diagnostic test can confirm. Prescribing psychotropic drugs for a disease that doesn’t exist, neurologist Sydney Walker III wrote in *The Hyperactivity Hoax*, is a tragedy because “masking children’s symptoms merely allows their underlying disorders to continue and, in many cases, to become worse.”³³

According to Dr. William Carey, a highly respected pediatrician at the Children’s Hospital of Philadelphia, “The current ADHD formulation, which makes the diagnosis when a certain number of troublesome behaviors are present and other criteria met, overlooks the fact that these behaviors are probably usually normal.”³⁴

Joe Turtel, author of *Public Schools, Public Menace*, tells parents: “[W]hat child does not have ADHD? Having to sit in boring classes for six to eight hours a day, what teenager would *not* want to squirm, fidget, run around, not pay attention, or escape any way that they can? These are the kinds of things that *normal, energetic* children want to do when they are bored or frustrated, as any mother will tell you.

“To call these behavior patterns a disease, however ‘carefully examined’ by a child psychologist or psychiatrist, is absurd...and immoral. To then use these normal behavior patterns as an excuse to feed mind-altering drugs to children, borders on the criminal or worse.”³⁵

Howard Glasser M.A., in his book *101 Reasons to Avoid Ritalin Like the Plague*, warns, “[T]he truth is when we tell ourselves or our children that ADHD symptoms are caused by a biochemical imbalance, we are lying, just as doctors and promotional materials have done to us...The reality is that it’s cruel, demoralizing, and unfair to tell a child that something is wrong with his brain that can only be fixed with a drug. From that point on, he will see himself as sick or different, and that will alter his entire self-image—the way in which he values himself and the way in which he relates to the world.”³⁶

Parents are often led to believe they don’t have a choice but to administer their child a drug to treat disruptive or hyperactive behavior. Responding to this, Australian psychiatrist Lois Achimovich said that “Any child behavior that looks abnormal, parents think is ADHD and they know there’s medication for it. Pills have become a cheap alternative to this problem.”³⁷

Dr. Mary Ann Block, who has helped thousands of children safely come off psychotropic drugs says, “Many doctors don’t do physical exams before prescribing psychiatric drugs...[children] see a doctor, but the doctor does not do a physical exam or look for any health or learning problems before giving

the child an ADHD diagnosis and a prescription drug. This is not how I was taught to practice medicine. In my medical education, I was taught to do a complete history and physical exam. I was taught to consider a ‘differential diagnosis.’ To do this, one must consider all possible underlying causes of the symptoms.”³⁸

Labeling a child “mentally ill” without any medical evidence to substantiate it is child abuse; prescribing psychotropic drugs for these conditions is poisoning. Children very often just need sufficient sleep, good nutrition and a high level of activity.

Studies show that tutoring leads to improvements in academic outcomes.³⁹ If a child is not learning or is behind in school, or simply doesn’t enjoy his or her classes or can’t seem to concentrate, find a competent tutor who gets results. And let the teacher know that the child needs to fully understand first phonics, then words, using a simple dictionary.

One mother was forced through her son’s school to put him on stimulants. Tim began to lose his appetite, have headaches, tire easily and it seemed impossible for him to sleep at night. On the advice of a friend, the mother took her son to a doctor who used complimentary (alternative) medicine. He weaned Tim off the drugs and gave him nutrients and vitamins. He found him allergic to certain foods. With this corrected, Tim began to eat again and could fall asleep naturally.

It was then discovered that since starting school, Tim had been taught using a psychology-based method and, as such, didn’t understand what he had been reading in class. His mother purchased a “phonics game” for him. She taught him grammar. Within a few months, his reading level increased from second to sixth grade level.

Another young mother had to fight to get her pre-school son a referral to an ear, nose and throat specialist when she suspected he had a hearing problem. The school nurse referred him instead to a psychologist, who labeled him as having ADHD and needing Ritalin. The mother fought for four months to get the referral she wanted; eventually the specialist discovered the boy had a chronic case of fluid buildup and 35-decibel hearing loss as a result. Within a month the boy was in the hospital: a 15 minute surgery prevented what could have been a childhood spent on psychiatric drugs.

- Children diagnosed with ADHD etc. may be experiencing “early-onset diabetes, heart disease, worms, viral or bacterial infections, malnutrition, head injuries, genetic disorders, allergies, mercury or manganese exposure, petit mal seizures, and hundreds—yes *hundreds*—of other minor, major, or even life-



threatening medical problems. Yet all these children are labeled hyperactive or ADD,” wrote Dr. Walker III.

- The internationally renowned Feingold Approach is a doctor-designed, extensively researched elimination diet that carefully cuts out synthetic additives, preservatives, artificial sweeteners and dyes/colorings from a child’s diet. In the June 2004 *Archives of Diseases of Childhood*, researchers tested the Feingold diet on 3-year-old children with “hyperactive” symptoms. These children significantly improved when the additives and preservatives were withdrawn, and worsened when they were restored to the previous diet. It took only 20 mg of artificial coloring to worsen the symptoms.⁴⁰
- W.V. Tamborlane, Professor of pediatrics at the Yale University School of Medicine, reported that when 14 healthy children were given a dose of sugar equivalent to two frosted cupcakes for breakfast, adrenalin levels rose to ten times their baseline levels, suggesting “children may be prone to such symptoms as anxiety, irritability and difficulty concentrating following a sugary meal.”⁴¹
- A high protein, low carbohydrate and sugar free diet has helped reduce excessive activity in children. In a study conducted on 20 “learning disabled” children who were placed on such a diet, 90% showed widespread improvements in hyperactive symptoms.⁴²

“BIPOLAR”

As reported in the *Medicine Journal*: “The etiology [cause] and pathophysiology [functional changes] of bipolar disorder (BPD) have not been determined, and no objective biological markers exist that correspond definitively with the disease state.”⁴³

On the contrary, psychiatric drugs cause the symptoms that psychiatrists claim represent BPD. In 2006, the FDA warned that stimulants such as Ritalin, Adderall and Celexa actually cause “bipolar” symptoms.⁴⁴

After years of adverse publicity about the failure to prove that ADHD is a neurobiological disorder, psychiatrists claimed the children were wrongly diagnosed and they really suffered from bipolar. Dr. Ty Colbert, Ph.D. warned: “Children labeled ADHD, who are put on Ritalin, begin demonstrating [so-called] obsessive-compulsive and depressive symptoms (side effects of Ritalin). Then they are put on [antidepressants] and the parents are told that the real problem was the obsessive-compulsive behavior from the depression. Then due to the side effects of the [antidepressants], the child may be labeled bipolar....”⁴⁵

Orthomolecular (mega doses of vitamins and minerals) research has shown that B complex deficiencies commonly occur in 80% of individuals diagnosed with “bipolar disorder.” According to Joan Matthews Larson, Ph.D., founder of the Minnesota esteemed Health Recovery Center, anemia is also a major factor in the cause of “bipolar” symptoms.⁴⁶

Dr. Carl Pfeiffer discovered through scientific studies that blood histamine levels were elevated in lab tests of individuals diagnosed with the symptoms of so-called obsessive-compulsive disorders. As these patients improved, their histamine levels dropped and their symptoms disappeared.⁴⁷

Several recent studies point out that these symptoms were typically triggered by throat infections at a very early age. One study in particular showed that among 50 children, 31% had suffered documented throat infection, 42% showed symptoms of pharyngitis (throat infection) or upper respiratory infection.⁴⁸ The studies suggested that in some susceptible individuals, the symptoms psychiatrists label as “obsessive-compulsive disorder” may be induced by an autoimmune response to streptococcal infections.⁴⁹

“Charlie” was a 10-year-old who suffered violent mood swings, yelled obscenities, kicked his sister, and could not control his temper. His mother was told, “You have two choices: give him Ritalin, or let him suffer.” Charlie was put on Ritalin, but a second medical opinion—based on physical examination and thorough testing—discovered he had high blood sugar and low insulin. “Either condition, if uncontrolled, can lead to mood swings, erratic behavior, and violent outbursts—the very symptoms ‘hyperactive’ Charlie had exhibited,” Dr. Sydney Walker III, a respected neurologist, psychiatrist and author of *A Dose of Sanity* and *The Hyperactivity Hoax* stated. After proper medical treatment, his “behaviors cleared, his aggression and tantrums stopped....”

EDUCATIONAL SOLUTIONS

As stated above educational problems may be the result of a lack of or no phonics (understanding the sounds of letters and their combinations) in school.⁵⁰ Tutoring may be needed.

The U.S. President’s Commission on Excellence in Special Education found 40% of American children [2.8 million] in Special Education programs, labeled with “learning disorders,” had simply never been taught to read.

Creative and/or intelligent children become bored and will not focus, fidget, wiggle, scratch, stretch and start looking for ways to get into trouble.⁵¹



Thousands of children put on psychiatric drugs are simply “smart” wrote Dr. Walker, “They’re hyper not because their brains don’t work right, but because they spend most of the day waiting for slower students to catch up with them. These students are bored to tears, and people that are bored fidget, wiggle, scratch, stretch, and (especially if they are boys) start looking for ways to get into trouble.”

There may also be a lack of interest. Ask any child: “How much attention can you give to what you *like* doing?”

Justin was sent to a boys’ home by a children’s court. A psychologist had told him he had ADHD because he was disruptive in class. But when the manager of the home asked him, “What’s the longest time you’ve ever talked with a girl on the phone?” Justin answered, “Three to five hours!” And “How long can you play basketball for?” “About four hours,” Justin answered. He could also read books that he liked and play video games all day, if he could get away with it.

The point is that he could focus his attention on *anything* that he was *interested* in. Ensure your child is involved in sufficient activities that are of interest to him or her.

DISCIPLINARY PROBLEMS

Dr. Walker noted, “...If your child is undisciplined to begin with and is told that lying, insensitivity, yelling, overspending, hitting people, and not being able to tell right from wrong are symptoms of ADHD and ADD [as a modern book on ADD suggests] rather than controllable behaviors, do you think his or her behavior will get better or worse?”

“The medicalization of normal boyish behavior stems, in part, from changes in schools’ disciplinary procedures,” Dr. Walker wrote. Nowadays, “even verbal discipline is frowned upon if it lowers a child’s ‘self-esteem.’ Some schools have actually been sued for attempting to discipline students who misbehave. The new philosophy, therefore, seems to be, ‘If you can’t beat ‘em, treat ‘em.’ Teachers often see a disability label as the only effective means of getting help in dealing with students who are out of control but can’t be disciplined in any effective manner,” he added.

Dr. Fred A. Baughman, Jr., a pediatric neurologist and author of *The ADHD Fraud*, says that parents, teachers and children have been horribly betrayed when a child’s behavior is labeled as a disease. Children, he says, “believe they have something wrong with their brains that make it impossible for them to control themselves without using a pill.” This is reinforced by “having the most important adults in their lives, their parents and teachers, believe this as well.”

Dr. Walker also pointed out: “One of the greatest sins of doctors who label normal children hyperactive is that they are telling children, in effect, ‘You’re not responsible for your behavior.’ In addition, they are telling parents that simple discipline won’t work, because their children have brain disorders that prevent them from behaving. Excusing out-of-control behaviors in a normal, healthy child simply causes more such behaviors—and the range of behaviors that are being attributed to hyperactivity and attention deficits, and which can thus be excused by children as out of their control—borders on the ludicrous.”

Dr. Julian Whitaker, author of the respected “Health & Healing” newsletter, says: “When psychiatrists label a child or [adult], they’re labeling people because of symptoms. They do not have any pathological diagnosis; they do not have any laboratory diagnosis; they cannot show any differentiation that would back up the diagnosis of these psychiatric ‘diseases.’ Whereas if you have a heart attack, you can find the lesion; if you have diabetes, your blood sugar is very high; if you have arthritis it will show on the X-ray. In psychiatry, it’s just crystal-balling, fortune-telling; it’s totally unscientific.”

Sound medical attention, good nutrition, a healthy, safe environment and activity that promotes confidence do far more than the brutality of repeated drugging and other psychiatric abuses. However, do not expect the psychiatrist to consider these alternatives before prescribing mind-altering drugs.



CHAPTER THREE: THE “SERIOUSLY DISTURBED”

A family faced with a seriously disturbed and irrational member can become desperate in their attempts to resolve the crisis. However, the risky thing to do is consult a psychiatrist. Psychiatrists have suppressed workable methods of helping such individuals.

In the Academy Award winning film *A Beautiful Mind*, psychiatric influence depicted Nobel Prize winner John Nash as relying on psychiatry's latest breakthrough drugs to prevent a relapse of his “schizophrenia.” However, Nash disputed the film's portrayal of him taking “newer medications” at the time of his Nobel Prize award. He had not taken any psychiatric drugs for 24 years and had recovered naturally from his disturbed state.

The late Dr. Loren Mosher was the chief of the U.S. National Institute of Mental Health's Center for Studies of Schizophrenia, and later clinical professor of psychiatry at the School of Medicine, University of California, San Diego and director of Soteria Associates in San Diego, California. He opened Soteria House in 1971 as a place where young persons diagnosed as having schizophrenia lived medication-free with a nonprofessional staff trained to listen, to understand them and provide support, safety and validation of their experience. “The idea was that ‘schizophrenia’ could often be overcome with the help of meaningful relationships, rather than with drugs, and that such treatment would eventually lead to unquestionably healthier lives,” he said.

Dr. Mosher further stated: “The experiment worked better than expected. At six weeks post-admission both groups had improved significantly and comparably despite Soteria clients having not usually received antipsychotic drugs! At two years post-admission, Soteria-treated subjects were working at significantly higher occupational levels, were significantly more often living independently or with peers, and had fewer readmissions. Interestingly, clients treated at Soteria who received no neuroleptic medication over the entire two years or were thought to be destined to have the worst outcomes, actually did the best as compared to hospital and drug-treated control subjects.”

In the Institute of Osservanza (Observance) in Imola, Italy, Dr. Giorgio Antonucci treated dozens of so-called violent schizophrenic women, most of who had been continuously strapped to their beds (some up to 20 years). Straitjackets had been used, as well as plastic masks to keep patients from biting. Dr. Antonucci began to release the women from their confinement, spending many, many hours each day talking with them and “penetrating their deliriums and anguish.”

In every case, Dr. Antonucci listened to stories of years of desperation and institutional suffering. Under Dr. Antonucci's leadership, all psychiatric treatments were abandoned and some of the most oppressive psychiatric wards

were dismantled. He ensured that patients were treated compassionately, with respect, and without the use of drugs. In fact, under his guidance, the ward transformed from the most violent in the facility to its calmest. After a few months, his “dangerous” patients were free, walking quietly in the asylum garden. Eventually they were stable and discharged from the hospital after many had been taught how to read and write, and how to work and care for themselves for the first time in their lives.

- A study conducted by E. Cheraskin, M.D., D.M.D., and W. M. Ringsford, Jr., D.M.D., M.S., and presented before a hearing of the Select Committee on Nutrition and Human Needs of the United States Senate, showed that people with symptoms of schizophrenia suffered from lack of good nutrition and vitamin B.⁵²

- A deficiency in essential fatty acids is associated with “schizophrenia” symptoms and the World Health Organization says that diets should comprise 3% of the total calorie intake.⁵³

- “Mrs. J,” diagnosed as schizophrenic after she began hearing voices in her head, had deteriorated to the point where she stopped talking and could not bathe, eat or go to the toilet without help. A thorough physical exam determined she was not properly metabolizing the glucose that the brain needs for energy. Once treated, she dramatically changed. She completely recovered and shows no lingering trace of her former mental state.

There is abundant evidence that real physical illness, with real pathology, can seriously affect an individual’s mental state and behavior. Psychiatry ignores this weight of scientific evidence, assigning all blame to illnesses and supposed “chemical imbalances” in the brain that have never been proven to exist, and limits practice to pharmaceutical and other treatments that have done nothing but damage the brain and the individual.



SUMMARY

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry on the other hand, would prefer to say there are none and fight to keep it that way. That leaves a medical practitioner with a choice between fact and fiction, between cure and coercion, and between medicine and manipulation.

Melvyn R. Werbach, M.D., Assistant Clinical Professor at the University of California at Los Angeles School of Medicine recommends that physicians should check “dietary history and current eating patterns,” “examine the patient for signs of nutritional deficiencies as part of the medical examination” and “if indicated, perform selective evaluative laboratory testing.” All underlying, untreated physical conditions should be ruled out.

Disturbed individuals deserve and need our protection from abuse. As a brief guide, always:

1. Help a person with quiet, food, rest, and, only if necessary to achieve rest, a mild drug so that he or she can rest properly and sufficiently.
2. Never turn someone who is mentally disturbed over to people who use force, seclusion, or physically damaging practices and “treatments.”
3. Ensure that a full and searching medical examination is conducted to determine any undiagnosed and untreated medical conditions.
4. Always find the *cause* of the person’s problem. Never be satisfied with a mere explanation of the symptoms.

In a wish list for mental health reform, science writer Robert Whitaker, author of the acclaimed book, *Mad in America* stated, “At the top of this wish list, though, would be a simple plea for honesty. Stop telling those diagnosed with schizophrenia that they suffer from too much dopamine or serotonin activity and that the drugs put these brain chemicals back into ‘balance.’ That whole spiel is a form of medical fraud, and it is impossible to imagine any other group of patients—ill say, with cancer or cardiovascular disease—being deceived in this way.”

Internationally renowned author and professor of psychiatry emeritus, Thomas Szasz, stated: “Old age homes, workshops, temporary homes for indigent persons whose family ties have been disintegrated, progressive prison communities—these and many other facilities will be needed to assure the tasks now entrusted to mental hospitals.” “Our society,” he stated, “provides no place of refuge for the individual who wants to escape from the world. Instead of offering asylum, the modern mental hospital offers only coercions

called 'treatments,' intended to force the patient back into a society in which he cannot, or does not want to, find a place for himself."

The current system of forced drugging, outpatient therapy, hospitals, halfway houses, and prisons that now dominates mental health care, he says, is nothing more than "indefinite psychiatric probation."⁵⁴

While this report addresses alternatives to psychiatry's unworkable and dangerous methods, ultimately, there is truly only one way to reform the field of mental health and that is to remove psychiatry's monopoly of it that has led only to upwardly spiraling mental illness statistics and no cures.

Mental healing treatments should be gauged on how they improve and strengthen individuals, their responsibility and their spiritual well-being—without relying upon powerful and addictive drugs. Treatment that heals should be delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people's rights.



CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) was founded in 1969 by the Church of Scientology and Dr. Thomas Szasz, professor of psychiatry emeritus to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 250 chapters in over 30 countries. Its board of advisors, called Commissioners, includes doctors, psychologists, lawyers, educators, artists, businessmen, and civil and human rights representatives.

While it does not provide medical or legal advice, it works closely with medical doctors.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person,

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment,

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

CCHR has inspired many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.

MISSION STATEMENT

The Citizens Commission on Human Rights investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. It shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

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CCHR RECOGNITIONS

The Hon. Raymond N. Haynes
California State Assembly

“CCHR is renowned for its long-standing work aimed at preventing the inappropriate labeling and drugging of children....The contributions that the Citizens Commission on Human Rights International has made to the local, national and international areas on behalf of mental health issues are invaluable and reflect an organization devoted to the highest ideals of mental health services.”

Dr. Julian Whitaker M.D.
Director of the Whitaker Wellness Institute, California

“The over-drugging, the labeling, the faulty diagnosis, the lack of scientific protocols, all of the things that no one realizes is going on, CCHR has focused on, has brought to the public’s attention and has made headway in stopping the kind of steam-rolling effect of the psychiatric profession.”

Dr. Fred Baughman, Jr.
Pediatric Neurologist, California

“I think there are a lot of groups today that are concerned about the influence of psychiatry in the community and in the schools, but no other group has been as effective in trying to expose the fraudulent diagnosing and drugging as has CCHR. They are certainly a highly effective group and a necessary ally of just about anyone who shares these concerns and is trying to remedy these ills.”

Dr. Eleonore Prochazka
German pharmacist and toxicologist

“I warn of the dangers of psychiatric treatment, using psychiatric drugs and other methods, which can lead to a destruction of the personality—even cause death. I want to thank CCHR for their remarkable commitment to bring the truth to light on this issue.”

Dr. Lois Achimovich
Consultant Psychiatrist, Australia

“Through education, advocacy and community action, CCHR has made a genuine contribution to the movement towards voluntary and humane engagement with the psychiatrically disturbed.



“In all my dealings with CCHR, which started in the mid-eighties, I have found the staff to be professional and focused with regard to the information they have offered in regard to [patients’] legal rights.”

**The Hon. LeAnna Washington
Commonwealth of Pennsylvania**

“Whereas, [CCHR] works to preserve the rights of individuals as defined by the Universal Declaration of Human Rights and to protect individuals from ‘cruel, inhuman or degrading treatment’...the House of Representatives of Pennsylvania congratulates (CCHR International)...its noble humanitarian endeavors will long be remembered and deeply appreciated.”

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