



**MEDICINES
THAT KILL**

*The Truth about the
Hidden Epidemic*

JAMES L. MARCUM, MD



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Medicines That Kill: The Truth about the Hidden Epidemic

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The patient accounts in this book are real. The patients' names have been changed to protect confidentiality.

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Disclaimer

This book is not meant to be a substitute for medical advice, diagnosis, and treatment by a trained medical professional. Always consult with your physician about your medical conditions and before altering your medications or your health routine.

PART 1

THE PROBLEM

My people are destroyed from lack of knowledge.

HOSEA 4:6, NIV

I FIRST MET DANA in the intensive care unit after she had undergone surgery to repair a damaged heart valve. The surgery was complicated by pulmonary hypertension, a condition in which the pressure in the pulmonary vessels (those in the lungs) is much higher than normal. This contributed to her abnormal heart rhythm and right-sided heart failure. Week after week this forty-five-year-old in the prime of life became weaker and weaker, and the specialists, the medications, the ventilator, the feeding tube, the dialysis, and everything else modern medicine had to offer could not “fix” the problems.

Before her illness, Dana had not smoked, drunk, or used

illicit drugs. She had been a member of the track team in high school. In fact, years before, an episode of palpitations had resulted in a thorough medical evaluation. This included blood work, a complete history and physical, an electrocardiogram, a twenty-four-hour monitor, and an echocardiogram. Everything was normal. Dana's palpitations turned out to be from drinking too much caffeine and vanished when Dana decreased her caffeine intake and drank more water.

Dana was happily married with two children. Her daughter, Rhonda, was engaged to be married and was graduating from college the same month as her wedding. As one might expect, Dana and her daughter were excited about the upcoming event, and Dana was involved in all the details.

In preparation for the wedding, Dana wanted to lose some weight. She saw her family doctor, who recommended a diet and a moderate exercise program. But Dana wanted a quick fix. With the upcoming wedding, she felt she did not have the time to lose the weight slowly as her doctor suggested. Some friends had lost weight quickly with a diet medication called Fen-Phen. Dana got a prescription for the medication and lost twenty pounds quickly.

At first she felt great, with boundless energy. She was proud when others noticed her girlish figure returning and commented on how good she looked. However, this energetic feeling was only temporary. After a while, even the simplest activity left Dana short of breath, and she was tired all the time. Something was terribly wrong. She saw her doctor,

who discovered a heart valve problem. How could this have happened? She had never had a heart problem before.

It was about this time that the Mayo Clinic first reported twenty-four cases of heart valve damage attributed to Fen-Phen. Yes, the medication had damaged Dana's heart valve to the point that nothing more could be done to help her. She passed away soon after her daughter's wedding and graduation.

Let me ask you a question: What do Michael Jackson, Whitney Houston, Heath Ledger, John Belushi, Chris Farley, Anna Nicole Smith, Elvis Presley, and yes, Dr. Sigmund Freud have in common? No, it is not that they are entertainment icons or psychoanalysts. Their deaths were the results of the use of various medications—yes, medications. Did these people die because of a lack of knowledge? Perhaps. But these are just a few of the well-known persons whose deaths have made front-page headlines. Let me tell you, we have a rapidly escalating problem. I do not want one more person to die from a lack of knowledge. Medications can kill. Medications do kill. Medications have killed. Medications are killing, and not nearly enough is being said. I hope to change this.

As I sat down to write the most significant introduction in my life as a physician, I found myself wondering, *What can I write to touch your heart? What can I write to help you to grasp the enormity of the problem? What words can I use that will enter your mind and change the way you think and live?* In just a few short pages these words have the opportunity to save more lives than anything else I have done in my

profession as a cardiologist. Words are sometimes inadequate when faced with a cultural and worldwide problem. Words seem just as inadequate when I want to shake up the status quo, open your eyes, and help you to know the truth.

If doctors had known, most of them would not have written three to four million prescriptions for Fen-Phen. William Osler, a highly respected Canadian physician and one of the founders of the medical school at Johns Hopkins Hospital, once said, "The person who takes medicine must recover twice, once from the disease and once from the medicine." With billions of prescriptions being written each year, medications are killing more and more individuals. I want to raise the possibility and make the case that medications are the leading cause of death, at least in North America, and perhaps in the world.

In 2010, according to the National Vital Statistics Report released in January 2012, cardiovascular disease was the number one cause of death, claiming 595,000 lives in that year. Cancer was the second leading cause of death, claiming 574,000 lives. Respiratory illnesses took 138,000 lives. These trends hold true throughout the world. The report also indicated that the incidence of deaths from cardiovascular causes was trending downward slightly and that cancer-related deaths were trending upward. Nowhere did the report mention that medications were a leading cause of death. But it should have.

One does not have to be a scientist to realize that there are hundreds of thousands of deaths never reported: deaths

because of mistakes made during production of medications, including manufacturing and even labeling; and mistakes made by medical personnel, including doctors, nurses, and pharmacists. There are deaths that result from adverse reactions, including anaphylaxis (hypersensitivity); deaths to the unborn caused by medications taken by their mothers; deaths from overdoses and addictions, which are now at epidemic proportions; deaths from impairment caused by certain medications; and deaths from misuse and inappropriate use of medication, which are considerable. All these deaths must be added to the total number of deaths indicated by the government report. If we were able to factor these in, we would see that medications are the number one cause of death, far surpassing cardiovascular disease. Do I have an exact number? No. Do I have hard data? Yes and no. Do I have logic and a good deal of professional experience to back my claim? Keep reading.

It only makes sense that as more and more medications are prescribed and as more and more over-the-counter (OTC) drugs used for a myriad of symptoms find their way into our medicine cabinets, these numbers will continue to rise. I can say, with logic and with limited statistics, that death by medications is the number one cause of death, and the number continues to rise.

I am a physician trained in internal medicine and cardiology. I try to prevent deaths from cardiovascular disease. But it is plausible to conclude—after studying these numbers and thinking about the problem of medications—that my time

seeing patients might be better spent combating deaths from medications and educating the world about the dangers of taking prescription and nonprescription medications. In the long run, I might save more lives!

We continue to read and hear about deaths due to terrorism, accidents, natural disasters, cardiovascular disease, cancer, and you name it. The time is now to hear about the deaths occurring every day at staggering rates from medications. Your friends, family members, neighbors, and citizens of the world are dying. Someone needs to speak out. Something needs to be done.

1

MY MEDICAL HISTORY

*The doctor of the future will give no medicine,
but will interest his patient in the care of the human frame,
in diet and in the cause and prevention of disease.*

—THOMAS EDISON

“I’M GOING TO TEACH you about poison,” the professor announced to my pharmacology class in medical school. At first I thought he was kidding. He wasn’t.

I grew up in a medical family. My father was an anesthesiologist, and my mother a registered nurse. I remember hearing stories about happenings at work, both good and bad. Many of those stories involved medications. I remember a gentleman with lymphoma who received too much chemotherapy and died suddenly. There were occasional stories of adverse drug reactions. At an early age I was aware of the risks involved with medications.

As I went through medical school at the University of

Texas, I was inundated with material. Classes on the mechanism of medicines and how each affected the body fascinated me. We spent hour after hour studying pharmacology and learning when to use certain medications, the dangers involved, and the hoped-for chemical benefits.

When my residency in internal medicine began at the Medical Center of Delaware, it was my turn to practice—for the first time—what I'd learned in medical school. I will remember the first time I wrote orders for a patient in the hospital. I went over and over the order for a blood thinner called heparin, making sure it was perfect. I can still recall handing out my first prescription. The seriousness of those pen strokes hit me with full force. I was about to change someone's chemistry. In doing so, I could help sustain him, or I could kill him. That responsibility weighed heavily on my mind. I can remember so vividly the time I spent on the hematology (the study of blood)/oncology (the study of cancer) rotation, where I watched the effects of powerful chemotherapy drugs that poisoned the bone marrow, killing good cells as well as the bad cells. I remember all the transfusions needed to keep the red blood cells and platelets at adequate levels in these patients. When the white blood cells, the fighter cells, were wiped out, powerful antibiotics and antiviral and antifungal medications were prescribed to prevent infection. The patients were so weak and prone to many problems. I often thought, *Which is worse: the treatment or the disease?* The more I learned, the less I knew.

During my fellowship in cardiovascular disease at the

University of Kentucky, I witnessed firsthand the potency and potential of medications. Back then, as a heart-attack treatment we administered medicines called thrombolytics. These were very powerful blood thinners that could do one of two things—or both: abort a heart attack or cause dangerous bleeding. It wasn't easy explaining to patients that the medicine I had just prescribed could save their hearts *and* could also increase the likelihood of fatal bleeding in their heads or elsewhere in their bodies.

On a good day, the medications worked. On a bad day, an adverse reaction carried an innocent man or woman in my care to the very edge of eternity. I'm thankful that there were more good days than bad, and I began to see the incredible benefits of drugs used in tightly controlled environments. I recognized that using medications required skill and communication at various levels. Any medication had the potential to kill if used in the wrong amount, used for an inappropriate medical condition, delivered in the wrong way, or given to a weakened metabolism. Likewise, a breakdown of the system at any level would have dire consequences.

The medicines I administered to correct cardiovascular rhythms worked as advertised, bringing irregular heart rhythms back in line. But every once in a while, a heart would stubbornly head in the exact opposite direction. Even when I exercised extreme care, there were no guarantees.

I soon realized that medicines and treatments fell into a category best described as “medical risk management.” Those risks could quickly become compounded if someone—the

patient or the caregiver—wasn't absolutely clear on what he or she was doing. And there were always questions lurking in the back of my mind: *Is there a genetic risk here? Will this medicine cause an anaphylactic (hypersensitivity) reaction from previous contact with it? Have I missed anything? What can I do to help my patients avoid these deadly risks? Are there safer ways to control body chemistry? What are the long-term effects on the body?* It would be years before I began to uncover some of the answers.

As I moved into private practice, I soon learned our world was very, very sick. The line of patients waiting outside my door was never ending. Because of the workload, I was forced to spend less and less time educating patients about the medications I was prescribing. I kept wondering, *Will this do more harm than good? Will this cause bleeding? Will patients experience a dangerous heart rhythm? Will they become dehydrated and suffer kidney malfunction, thus making the medication more potent than it should be? Will patients take their medicines correctly, or at all? Have I given them enough information to reduce their risks?*

Then there were the pharmaceutical representatives who came calling. I remember one medication for cholesterol that hit the market. It was touted as the greatest way on the planet to lower cholesterol. Sure enough, it did, but soon Baycol was yanked off the shelves because it caused dangerous muscle damage called myositis. None of the representatives from pharmaceutical companies who came calling suggested that these medicines were dangerous. No one sat across from me

in a well-tailored suit or perfectly pressed dress and acknowledged that the medicines should be tested more thoroughly and had a very real chance of killing people in my care. Sure, the dangerous aspects were mentioned, but usually in small print or at the short end of a long and glowing presentation. These companies wanted to help society but, I discovered, they were also in the business of making money. They needed to sell product—lots of product—to stay afloat.

Who Am I?

I soon began to question my own thinking: *Why haven't I heard more about the dangers? Who am I to buck the system? Who am I to lift my head above the herd and say that something is wrong?* That pharmaceutical “system” thrived under the unspoken assumption that there are no profits in making people well. Healthy people don't take medications. However, if a medication could make a patient feel better and yet not “fix” the problem, the company selling it would have itself a gold mine. Of course, killing people isn't a good idea either. And that's where the drug companies kept tripping over themselves.

My colleagues and I were becoming busier and busier. Just making it through each day was a challenge. Who had time to question the medical culture that was evolving around us? More and more medications were being developed by megacompanies each year. Fast-tracking was making it easier to bring medications to the market. The FDA

had more and more work to do with less staffing to do it. There were more and more top-quality advertisements blasting from television screens, from magazine ads, and from the briefcases of smiling drug company reps. We physicians—along with our patients—were being told over and over and over again, “You have to utilize these medications. If you don’t, you’re way behind the curve. You are not a good doctor.” Even my patients started saying, “Hey, Doc, I saw this medicine on TV, and I think it’s exactly what I need. Write me up a prescription, and I’ll be on my way.” In other words, they wanted a quick fix and weren’t so worried about the long-term consequences.

As the sheer volume of drugs, ads, and profits soared, and I mean soared, a little voice in the back of my mind kept whispering, *Something isn’t right here. This does not make sense.*

Society was being told that pills are the answer, but my patients kept coming back with the same illnesses year after year. Not only that, I was seeing and hearing firsthand about more and more deaths occurring as a direct result of taking medications.

Finally I decided that my job as a cardiologist was not confined to simply keeping people alive. I had to teach them how to protect themselves from the well-marketed world and how to live so they would not have to come see me again. I determined to do more than prescribe a dangerous medication. I wanted to tell anyone who would listen how to survive medication free, if possible.

But first I had to pull back the curtain and reveal the

hidden dangers in the pills and potions that my patients consumed. These dangers needed to be shouted from the rooftops and not merely whispered about in the academic corridors. I felt compelled to say what most in my profession wanted to say. I had to remind all who would listen that in spite of what the media and other physicians may tell you, medicines can kill and are a leading cause of death.

Transcendent Power

Something else was happening to me during those years. I was feeling a growing need for a power in my life that transcended what I'd learned in medical school, what I'd heard from a hundred church pulpits, and what I'd experienced trying to be a Christian in a society that seemed determined to disconnect from God altogether.

I was born and raised in a Christian home. I attended church, sang hymns, read my Bible, and prayed. But for some reason, I never connected those activities to the world of health. More to the point, I never connected those spiritual activities to the building and maintaining of health. Christianity was something I did, something I believed, not something I used to stay healthy.

All that changed when I began to see a convergence taking place, a coming together of two elements—biblical theology and science. As scientists gained the tools necessary to peer further and further into what makes life possible, I found that my faithful Bible began to make more sense. It was as if

modern researchers were seeking for proof to verify what my Bible teaches. Study after study seemed to underline certain passages, bringing to light their ancient truths. The Bible was a source of medical truth. This merging of science and the Bible changed the way I regarded Scripture and launched me on a search for healing that continues to this day. I realized that for the first time in history, science wasn't refuting Bible truth; science was proving it!

Health wasn't just about eating the right foods and getting sufficient exercise. It wasn't just about pills versus plants or organic versus conventional. In my search for truth, I came to realize that health is a by-product of a love relationship with God. It begins with Him loving us and ends with us loving Him. Everything else—every choice we make, every habit we overcome, every thought we think—must be a direct result of that growing connection we enjoy with the one who created us. The further we move away from that connection, the sicker we become.

So, if I was going to serve my patients to the best of my ability, I was going to have to include spiritual principles and what I call “biblical technology” right along with science and medicine. This biblical technology could change the chemistry of our bodies. I was going to have to learn to prescribe what was proven to work best, not just what smiling pharmaceutical representatives pushed under my nose week after week.

Were there substitutes for modern medicine as it relates to chronic conditions? Could I, in good conscience, suggest

those substitutes to my patients as a way of healing their maladies?

I determined that was exactly what I was going to do. But first I had to take a long, hard look at both modern medicine and biblical technology to discover where each is needed and how to merge them into a single healing ministry. The journey wouldn't be easy, but it would certainly be worth it! I determined to find a way to let my patients know that medications have a place in healing but can also do harm and, in some cases, kill. The following chapters describe what I've learned on that journey.



LEADING CAUSES OF REPORTED DEATHS IN AMERICA*

1.	Heart disease	632,000
2.	Cancer	600,000
3.	Stroke	177,000
4.	Respiratory failure	125,000
5.	Accidents	122,000
6.	Diabetes	72,000
7.	Pneumonia/flu	56,000
8.	Kidney failure	45,000

*Kenneth D. Kochanek, MD, et al, "Deaths: Final Data for 2009," *National Vital Statistics Reports* 60, no. 3 (December 29, 2011), 5. Available at www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf. Accessed October 26, 2012.

