Can Popular Consensus Be Wrong?

Throughout history, the medical and scientific communities have been in near unanimous agreement on causes and treatments for diseases that turned out to be absolutely wrong. Mass consensus on incorrect theories has often impeded vital research, delayed the development of cures or effective therapies for many conditions, and cost countless lives.

A number of medical protocols once deemed the standard of care have later proved to be harmful, and even deadly. For example, the 1899 edition of the *Merck Manual*, the prestigious medical text physicians worldwide regard as their bible, officially recommends poisons such as arsenic, ether, chloroform, turpentine oil, mercury, and strychnine as treatment for anemia, constipation, earaches and headaches. Before modern-day doctors agreed that exposure to X-rays and other forms of radiation cause genetic damage and cancers, radiation was routinely administered for tonsillitis, acne, ringworm, and enlarged lymph and thymus glands.

### A Brief History of Mismanaged Epidemics

<table>
<thead>
<tr>
<th>Disease</th>
<th>Popular Consensus</th>
<th>Actual Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scurvy: 19th Century, England</td>
<td>Contagious Microbe</td>
<td>Malnutrition: Vitamin C deficiency</td>
</tr>
<tr>
<td>Beriberi: Late 1800s, Far East</td>
<td>Contagious Microbe</td>
<td>Malnutrition: Thiamin deficiency</td>
</tr>
<tr>
<td>Maternal Fever: 1900s, US and Europe</td>
<td>Non-contagious</td>
<td>Contagious: Doctors using unsanitary medical practices</td>
</tr>
<tr>
<td>Influenza: 1918, US and Europe</td>
<td>Bacteria</td>
<td>Virus</td>
</tr>
<tr>
<td>Pellagra: 1920s, US and Europe</td>
<td>Contagious Microbe</td>
<td>Malnutrition: Niacin deficiency</td>
</tr>
</tbody>
</table>

DES (Diethylstilbestrol), a synthetic hormone given in the 1950s to prevent miscarriages in pregnant women was later found to cause cervical cancer and sterility in the daughters of women who used it. Thalidomide, a popular sleeping aid prescribed during the same era was banned after it caused limb deformities in many babies born to women taking the drug.

During the 1960s and 70s, an entire epidemic was caused by Clioquinol, a widely used prescription medicine for diarrhea. For 15 years, doctors and scientists blamed a virus for the sudden outbreak of a new intestinal disorder and gave suffering patients the very drug that was the cause of their illness.

**Iatrogenic**: Induced in a patient by a doctor’s actions.
By the time a minority view was considered and the drug responsible for the epidemic was finally banned, thousands had died and many victims were left blind or paralyzed.  

The earning power of “annuity medicines”—drugs used throughout a lifetime to control symptoms—wields great influence over healthcare consensus today. To take just one example, stomach ulcers have been traditionally blamed on stress, diet or excess acid. For fifty years, doctors routinely prescribed antacid drugs for temporary relief—drugs that usually prompt the stomach to produce more acid. Surgery to remove portions of the stomach or to cut sensitive stomach nerves was the state of the art in ulcer treatment until the 1976 arrival of Tagamet, a pharmaceutical that blocks acid secretion. By 1980, annual sales of Tagamet had reached $600 million, inspiring *Fortune* magazine to call it “one of the most stunningly successful products in the history of American business.” In 1981, a similar drug Zantac was approved for use, and since 1988, has been the biggest selling drug in history. Neither drug gets rid of ulcers which remain a chronic, but more manageable problem. In fact, profits from treating the ongoing symptoms of ulcers may be preventing access to a simple, inexpensive cure discovered more than 15 years ago: A two-week course of antibiotics that kill the H. pylori bacteria responsible for 80% of ulcers. Since doctors rely on drug companies for treatment updates and continuing education, and the drug companies are not promoting the new findings, patients and healthcare practitioners remain unaware of the important breakthrough.

### Conventional Wisdom: Words from the Mainstream

* There is no definitive peer-reviewed scientific literature on the long term efficacy of protease inhibitors, yet it would be criminal not to use them.*  

Dr. Charles Carpenter, Director, International Health Institute, Brown University, *Rolling Stone*, March 6, 1997

* Important safety information: About 5% (5 in 100) of patients who take ZIAGEN have a serious allergic reaction that may result in death. IF YOU HAVE SKIN RASH OR TWO OF THE FOLLOWING SYMPTOMS, STOP TAKING ZIAGEN AND CALL YOUR DOCTOR IMMEDIATELY: fever, nausea, vomiting, diarrhea or abdominal pain, severe tiredness, achiness, or generally ill feeling...

* The most common side effects of ZIAGEN are skin rashes...fever...nausea, vomiting...diarrhea...abdominal pain...tiredness...muscle and joint pain, generally ill feeling...Most of these side effects do not cause people to stop taking ZIAGEN.*

Glaxo-Wellcome ad for the anti-HIV drug ZIAGEN, March 1999

* If the virus doesn’t get you, the drugs you take will.*

Steve Gendin, Contributing Editor, *POZ* magazine, January 1999
“One of the major barriers to effectively treating HIV is that most people do not feel sick at the time they are offered anti-HIV medications. In fact, it is only after starting the medications that they begin to feel sick.”

Dr. Lori Swick, *The Toronto Star*, September 24, 1999

“Here we are, knocking down handfuls of drugs that nobody really knows a lot about...and as research keeps coming up with newer and better medications that we also don’t know very much about, we’ll take them anyway. We’re knocking down chemicals that are totally, completely foreign to almost everyone, including nature...but with a little luck, a positive outlook, and good nutrition, health improvement will happen.”


“Some new AIDS drugs are beginning to produce serious toxic conditions in patients: an increased prevalence of premature heart disease, a serious form of obesity known as lipodystrophy, and liver disease. What we have is a tremendous improvement over what we used to have, but we must find ways to reduce life-threatening toxicity. That’s why the search for a cure for AIDS, however unlikely, should not be given up.”


“Failures are occurring right and left...They aren’t dying of traditionally defined AIDS illnesses. I don’t know what they’re dying of...but they’re just wasting and dying. While we are making good guesses, they are just guesses. We don’t know what we are doing.”

Dr. Michael Saag, AIDS researcher, University of Alabama at Birmingham, *Esquire* magazine, April 1999

“When there wasn’t effective [AIDS] treatment, money being wasted didn’t matter so much.”


“If the spread of HIV continues, by 2001 there could be ten billion people infected hypothetically...however the population of the world is only five billion. Could we be facing the threat of extinction during our lifetime?”

Theresa Crenshaw, President’s AIDS Commission, 1987, *SPIN* magazine, June 1995

“Remember the APLA position: HIV is a necessary but not sufficient cause of AIDS.”

Lee Klosinski, Education Division, AIDS Project Los Angeles, memo to Speaker’s Bureau volunteers, April 1993
“Question for Class Discussion: You have just read some of the evidence for and against HIV being the cause of AIDS. Assuming you agree with the vast majority of HIV/AIDS investigators worldwide, that HIV does cause AIDS, do you think there comes a time at which dissenters forfeit their right to make claims on other people’s time and trouble by the poverty of their arguments and by the wasted effort and exasperation they have caused?”

*AIDS Update 1999*, a college textbook by Gerald J. Stein, PhD, Prentice Hall Inc.

“We don’t know what the long-term effects of AZT use during pregnancy might be, but so far we have seen virtually no adverse effects in the short term...Not one single tumor. Not one...I mean [the children] have cancers, lymphomas, and other problems like that...but there’s no reason to link those cancers to AZT.”

Dr. Ellen Cooper, Principal researcher of the Women and Infants Transmission Study, *Mothersing* magazine, September/October 1998

“I know we've seen some webbed fingers...but these birth defects are cosmetic and don’t interfere with life.”

Mary Caffrey, Nurse-practitioner, Pediatric Division of the University of San Diego Medical Center, on AZT-generated birth defects, *Zenger’s*, Issue 63, September 1999

“We are still very confused about the mechanisms that lead to CD4 T cell depletion, but at least now we are confused at a higher level of understanding.”

Dr. Paul Johnson, Harvard Medical School, *Science* magazine, May 1997

“Sometimes we virologists have a virus in search of a disease.”


“An AIDS vaccine should be ready for testing in about two years.”

Margaret Heckler, Head of Health and Human Services, April 24, 1984

“Newark and New Jersey have begun casting their nets for test subjects for the world’s first full-scale clinical trials of an AIDS vaccine. AIDSVax is a genetically engineered drug...that triggers [HIV] antibodies that may enable a person to better protect himself as soon as he is exposed to the real virus, before the immune system is devastated. Dr. Krim of AmFar said ‘AIDSVax is worth a try. And even if it is ineffective, it will be a good rehearsal on how to recruit for and test other vaccines.”

*The New York Times*, June 8, 1999

“The patients who have done the best are those who have lived long enough to realize that my previous advice was incorrect.”

Brian Gazzard, MD, lecturing at the 12th World AIDS Conference, Geneva, Switzerland, 1998