

THE  
PHARMACEUTICAL  
MYTH

Letting Food be Your Medicine is  
the Answer for Perfect Health

# Gerald Roliz, CNC

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*“One of the biggest tragedies of human civilization is the precedence of chemical therapy over nutrition. It's a substitution of artificial therapy over natural, of poisons over food in which we are feeding people poisons trying to correct the reactions of starvation.”*

— Dr. Royal Lee 1951

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# THE PHARMACEUTICAL MYTH

## INTRODUCTION

As children, we are given the impression that our medical doctor has the solution to any health issue. This same trust also extends to the government health agencies (FDA, EPA, USDA, AMA) which were founded to protect us, the consumers, from harmful poisons, pharmaceuticals, chemicals and processed foods. Our unquestioned faith has led us to become a fearful nation focused on disease awareness and detection, but oblivious of prevention and resolution. Diseases plague us while health and wellness fail to be restored.

Despite distressing symptoms, lab test after lab test, we are told, “You are fine. All the lab results show that everything is normal.” Or we are prescribed a pain killer, yet the medical doctor fails to investigate the cause of the pain. We fill our prescriptions, uncertain if our doctor provided all the information about the possible side effects and risks.

I used to educate medical doctors on the risks of certain medications — side effects, drug-to-drug interactions, liver damage and even death. The doctors were to pass this information to every patient they prescribed a drug for. How is it that I know about



medication risks that your doctors have neglected to share with you? I worked as a pharmaceutical sales representative promoting the most popular medications of our time.

In 2001, nearing completion of my undergraduate degree at the University of California, Berkeley, I asked to shadow a former classmate for a day. He spoiled his clients with extravagant dinners, premium seating at sporting and musical events, and weekly golf outings on the company dime. He, himself was provided a fully loaded car, gasoline and car insurance coverage, and a virtually unlimited entertainment budget.

That was the life I wanted, so I worked as a pharmaceutical rep from 2001 to 2006. I promoted commonly prescribed medications, including a proton pump inhibitor (PPI) and a selective serotonin reuptake inhibitor (SSRI), which the pharmaceutical companies referred to as “blockbuster” drugs because of the volume of revenues they generated. I increased the market share of the products I was hired to promote by disguising the risks of medications as safety and tolerability profiles. Because of my exceptional performance, I received quarterly bonuses.

However, after five years, I felt something wasn't right. In every medical doctor's office, I saw sick people sitting in crowded waiting rooms, not getting well. The medical doctors I spoke with rarely mentioned a patient who improved their health. The lack of congruence between volumes of patients taking medications and few becoming well presented me with a large, yellow “Dead End” sign. Time to stop and choose another route in life.

I trained as a Certified Nutritional Consultant and opened my practice. I discovered that many of my nutritional clients had symptoms that resembled the side effects of specific medications. My mission became to increase awareness of specific medications most medical doctors prescribe without full disclosure of their risks. You will gain a perspective on current standards of medical practice in America, as well as how to avoid its shortcomings with wise nutrition.

## COMPELLED TO FEAR

While you sit in a medical doctor's office, you are compelled to fear disease because it is what medical doctors are trained to diagnose and what pharmaceutical advertisements subliminally hint for you to self identify.

As a sales rep, I used fear to train medical doctors to recognize opportunities to prescribe the medications I represented. I was trained by my manager to hold out a black and white image of a sad and dejected person with his hand on his forehead and his eyes looking down. I thus alerted doctors to identify and diagnose Major Depressive Disorder for anyone presenting grief or sadness. The suspicion of suicidal thoughts was enough reason to prescribe an anti-depressant. Not just any anti-depressant, *my* anti-depressant.

Fear is the pharmaceutical industry's best friend. For example, the public is currently trained to fear high cholesterol numbers although our bodies produce cholesterol for multiple necessary purposes such as producing testosterone, progesterone and other steroid hormones.

When we are scared, we panic. When we panic, we forget how to rationally evaluate our options. When high cholesterol levels are reported, we must remain calm and ask the next question. Why are cholesterol numbers high? Are testosterone or progesterone levels so low that our body is increasing cholesterol production? Do our bodies really need help converting cholesterol into these hormones rather than cholesterol suppression?

Our fear allows an authoritative professional to prescribe a pharmaceutical to merely change a numerical value without addressing the root cause. Chapter six, *The Illusion of Medicine*, shows how the pharmaceutical industry creates magic with the use of clever advertising. I have written this book to educate you on the cause of illnesses so you may move forward with effective and safe solutions while avoiding the pitfalls of a healthcare system that may prevent you or a loved one from achieving optimal health. Information can turn fear into courage.

## OVERLOOKING NUTRITION

We all learned in school that deficiencies in Vitamin C, Vitamin D and iron cause scurvy, rickets and anemia, respectively.<sup>1</sup> In a Nutrition 101 course at U.C. Berkeley, I learned that many diseases are linked to, and possibly caused by, nutritional deficiencies. Even in the news we hear about the connection between Vitamin D deficiency, cancer development and poor bone health.<sup>2,3,4</sup> What if every disease is inherently linked to a deficiency of single or multiple nutrients? Why do medical doctors not assess nutritional health during initial medical exams or annual physicals?

Most medical doctors receive an average of eight hours of nutritional training. Our lack of confidence in their ability to understand which nutrients or foods are lacking from our diet leads many of us to reach for vitamin supplements. We may not know if a particular supplement will work to prevent the onset of a disease, but we have a hunch — a gut feeling inside of us that believes that the nutrients we consume through the foods we eat have some influence on our personal health. Part two, *Food as Medicine* confirms that our gut may have been telling us the truth all along from the very beginning.

## HOLISTIC HEALTH CARE PRACTITIONERS

Holistic health care practitioners implement modalities that support your body's natural healing abilities. The body only wants to do one thing when it is injured or ill — to heal.

“Holistic health” describes therapies that treat a patient as a whole person. Practitioners look at an individual's overall physical, mental and emotional well-being in order to recommend treatment. They treat the symptoms of illness by addressing the underlying cause. They also focus on preventing illness and emphasize optimizing health by supporting the natural regenerative processes of the body.

All the body organs and systems are genetically programmed to work well for your entire life. Your body can regenerate and reach a

state of optimal health just as easily as it develops ailments or a diagnosable disease. The support of a holistic health care practitioner is invaluable in treating you as a whole person.

I have written *The Pharmaceutical Myth* so you can learn how to converse confidently with your medical doctor about all aspects of your health. Every healthcare professional has developed his or her trade to contribute to the health of humanity. It is my deepest desire for all medical doctors and holistic health care practitioners to increase communication and collaboration with each other for the benefit of their patients' health. I respect and appreciate their altruistic intentions. My goal is to provide you with information to understand the cause of disease as well as tools to restore your health. As we become examples of health and vitality for our children and grandchildren, we give them a better chance to live free of disease and physical suffering.

PART I:  
THE PHARMACEUTICAL MYTH

*“All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.”*

— Arthur Schopenhauer

## 1

## STATE OF THE NATION'S HEALTH

*"It is no measure of health to be well adjusted to a profoundly sick society."*

— Jiddu Krishnamurti

After school one spring day when I was 13 years old in Clayton, California, I sat on a bench waiting for the public bus. Next to me sat a very small elderly man wearing a nylon jacket and sweat pants. His beanie made him resemble 'Micky' Goldmill, the trainer for Rocky Balboa. His white hair and prominent ocular arches made him look like he was ready to cheer you on as you faced your biggest life challenge.

He turned to me and asked if I enjoyed school. I nodded my head, surprised that I even responded, for I was quite reserved with strangers. Micky noticed that I was willing to listen to him, so he shared how he had lost his engineering job due to a restructuring at his software company. He eventually sold his blue Volvo station wagon because he couldn't afford the monthly payments. He was behind four months in rent. I listened politely, wondering if he was going to ask me for money, or perhaps if he could train me to become America's next great boxing legend.

Instead, he told me that he was diagnosed with hypothyroidism four years ago and fibromyalgia two years ago. His medical doctor suspected he had Type II diabetes. I was completely clueless about

these conditions. He told me about meeting with a group of retired men with fibromyalgia every week to read a few poems out of a book. I imagined fibromyalgia was an oddball religious group which studied their own version of a Bible. Or maybe it was a breed of dog and his club was similar to my lunch period chess club.

The bus eventually arrived with no adjacent seats available. Seconds before we boarded the bus, Micky shared one last concern. "My medical doctor thinks he's a god, but I feel terrible. All he does is diagnose me with different diseases and run test after test. But I still don't feel well. Now, he tells me it's all in my head. Why do I even go to the doctor's office?"

I didn't know how to respond. I was rather shell-shocked. My throat swelled like it always did when I had to stand in front of the class and provide a speech. Did he actually want an answer from me, or was he just in need of someone to listen? I tried to respond, but the frog in my throat turned into an inflatable dinosaur, so no word could escape my vocal cords.

As a child, I was taught that if I ever became sick or ill with an infection or had an asthma attack, my mother would bring me to the hospital and the person wearing the white coat would help me feel better. I was trained to believe that a medical doctor is there to address any and all health related issues.

And now Micky, the nice guy who I imagined would train me to box and be ready to stand up to my junior high bullies was making me choke on my words while planting a seed of doubt in the very fabric of my healthcare paradigm. As I boarded the bus, I began to wonder if maybe, just maybe, medical doctors don't always have the ability to help us become well.

Micky's question sent me seeking to prove that going to the doctor's office improved the health of all people. To my surprise, I found the contrary. The United States has a health crisis.

## **A SICK SOCIETY**

Nearly two-thirds of U.S. adults are overweight or obese.<sup>5</sup> The life expectancy of women is dropping each year.<sup>6</sup> In 2011, 25.8

million children and adults in the United States (8.3% of the population) were found to have diabetes and the numbers continue to climb.<sup>7</sup> The American Cancer Society, American Diabetes Association and the American Heart Association report that the human and economic costs from cardiovascular disease, cancer and diabetes is expected to rise.<sup>8</sup>

In 2012, over 1.5 million new cancer cases were expected to be diagnosed and over 577,000 Americans were expected to die of cancer — more than 1,500 people a day. Currently, cancer accounts for nearly 1 of every 4 deaths, the second most common cause of death in the U.S., exceeded only by heart disease.<sup>9</sup>

Despite the development of technologically advanced diagnostic tools and ongoing discovery of “new and improved” pharmaceutical drugs, 785,000 Americans are estimated to have a first time coronary attack each year, while another 470,000 people will have a recurrent attack.<sup>10</sup> Approximately 610,000 people will have a stroke for the first time, and another 185,000 people will have a recurrent stroke as the current medical solutions fail to prevent future cases.<sup>2</sup>

While Micky was a random person at a bus stop, he raised doubts and provoked questions that challenge the current healthcare system. The statistics that measure the growth rates of disease and chronic illness in our society made me realize that Micky was not alone.

There are over 100 doctor offices within a five minute drive from my home. Like many people, there’s no need to travel far to reach a medical doctor. They are abundant, accessible and available.

These medical doctors often employ a vast arsenal of pharmaceutical medications and other tools, which they refer to as an “armamentarium.” The right to dispense pharmaceutical medications separates the medical doctor from the layperson. The armamentarium represents a deep library, cataloged according to the disorders they are intended to treat. Pharmaceutical companies innovate and regularly add new pharmaceutical medicines to this library, then influence medical doctors into believing these are the key to health and wellness. Unfortunately, the armamentarium is easily recognized as an



expanded medicine cabinet with many of its contents containing skull and crossbones warning labels.\* In fact, over 4,750 drugs are available in the U.S. medical doctor's medicine cabinet in a total of 17,992 drug products, which vary in formulation, dosage and method of administration.<sup>11</sup>

With the abundance of "pharmaceutical options" available to treat a multitude of acute and chronic diseases, why are disease rates continuing to climb for common disorders like diabetes, heart disease and cancer? If we are to assume that pharmaceutical medications are effective in treating today's modern diseases, are medical doctors doing enough to bring disease rates down?

The job of a medical doctor, defined as the 'standard of care,'<sup>†</sup> often requires him or her to provide an ailing patient a prescription for pharmaceutical treatment of a particular disease. American medical doctors prescribe medications at an extraordinary rate. In 2010, Americans were the most medicated people around the globe. Over 61% of the adult population is on a prescription pharmaceutical drug while 25% of all Americans are taking four pharmaceutical drugs or more (see Figure 1).<sup>12</sup> The actual percentage of people ingesting a pharmaceutical is even higher if we account for all individuals who self-medicate with over-the-counter (OTC) pharmaceutical products.

Society has taught us to assume that a prescription given by a medical doctor in times of illness represents the solution for that particular health issue. By extension of this assumption, I set about to

<b>Country</b>	<b>% adults taking at least 1 prescription</b>	<b>% adults taking at least 4 prescriptions</b>
Australia	54%	18%
Canada	56%	17%

\* The modern day skullcap warning label has now been replaced with "black box" warnings. A black box warning, also known as a "boxed warning" or "black label warning," is named for the black border surrounding the text of the warning that appears on the package insert describing the medication. It is a serious medication warning required by the U.S. Food and Drug Administration (FDA).

† Standard of care is a general or specific medical treatment guideline. It specifies appropriate treatment based on scientific evidence medical professionals provide as treatment of a given condition.

Denmark	--	--
France	45%	17%
Germany	54%	12%
Netherlands	56%	15%
New Zealand	55%	18%
Norway	54%	14%
Sweden	50%	17%
Switzerland	40%	10%
United Kingdom	52%	13%
United States	61%	25%
<i>Median (countries shown)</i>	<i>54%</i>	<i>17%</i>

Source: Commonwealth Fund 2010 International Health Policy Survey of Eleven Countries  
 Source: OECD Health Data 2010 (Oct. 2010)

**Figure 1.** Percentage of population regularly taking prescription pharmaceuticals in 2010.

find out if the American people represent the healthiest of all populations. After all, since America has the highest percentage of people taking the “miracle” drugs, should I expect anything less?

This assumption was quickly squashed, and the failure of pharmaceutical medicine quickly came to look like an inconvenient truth we don’t want to believe.

**POOR VALUE IN THE HEALTHCARE SYSTEM**

The Organization for Economic Co-operation and Development (OECD) is an international organization that helps governments research the economic, social and government challenges of a globalized economy. In 2007, it found that health expenditures in the United States ranked highest, at \$7,482 per person. As a country, we are paying a substantial premium for our healthcare.

If the adage “You get what you pay for” were to apply to healthcare, we should assume that the quality of medical care in the U.S. is the best in the world. However, the Healthy Life Expectancy of our population falls below 23 other nations.<sup>13</sup> See Figure 2. These numbers are reported by the World Health Organization (WHO), which releases an annual report that figures the number of years that

a child born now can expect to live in good health (i.e., total life expectancy minus years of illness to adjust for quality of life).

	<b>Country</b>	<b>Per Person Health Care Expenditure<sup>1</sup></b>	<b>Healthy Life Expectancy<sup>2</sup></b>
1	Japan	\$2,746	76
2	Switzerland	\$4,570	75
3	Australia	\$3,351	74
4	Iceland	\$3,379	74
5	Italy	\$2,769	74
6	Spain	\$2,734	74
7	Sweden	\$3,431	74
8	Canada	\$3,850	73
9	France	\$3,667	73
10	Germany	\$3,722	73
11	Ireland	\$3,533	73
12	Israel	\$1,994	73
13	Luxembourg	\$4,493	73
14	Netherlands	\$4,410	73
15	New Zealand	\$2,447	73
16	Norway	\$4,884	73
17	Austria	\$3,907	72
18	Belgium	\$3,423	72
19	Denmark	\$3,766	72
20	Finland	\$2,909	72
21	Greece	\$2,723	72
22	United Kingdom	\$3,030	72
23	Korea	\$1,645	71
24	United States	\$7,482	70
25	Mexico	\$836	67

**Figure 2.** Health Care Expenditure & Healthy Life Expectancy Comparison among 25 OECD nations.

When I first read these statistics, I could not believe the U.S health care system would score so abysmally, especially since our cost is the highest. We spend more than any other country for medical care, pharmaceuticals and other health related services. Although we have the highest percentage of people taking prescription medications, the number of patients diagnosed with chronic disease continues to climb. In the end, our healthy life expectancy is lower than many other industrialized countries. It just doesn't add up. The poor outcome of our current healthcare system sounds like we, the consumers, are either getting ripped off or something is terribly

wrong. Perhaps both. One fact is obvious — *we are not getting what we pay for.*

Is the pharmaceutical industry failing us as well as our health? Is there a flaw in the current medical system? Are our doctors hiding the truth by not telling us what we can do to attain vibrant health and wellness? Is there anything we can do differently?

The answer to these and Micky's final question must be uncovered if we as a population are truly to become healthy. More importantly, we must address the cause of any and all physical degeneration. For if we are successful, we can support the natural healing abilities of our bodies and live free of disease. Each one of us has the right to live a healthy life, free of all illness. How do we achieve this?

To begin, we must know the risks and dangers of taking pharmaceuticals and understand why they have failed to improve the health of our population. Furthermore, we must not give up hope and learn how to optimize our health.

*I didn't hear no bell.*



**For solutions to the greatest myth of all, visit  
[www.thepharmaceuticalmyth.com](http://www.thepharmaceuticalmyth.com)**

## NOTES

- <sup>1</sup> Jukes TH. The prevention and conquest of scurvy, beri-beri, and pellagra. *Prev. Med.* 1989 Nov;18(6):877-83.
- <sup>2</sup> Garland CF, Garland FC, Gorham ED, Lipkin M, Newmark H, Mohr SB, Holick MF. The role of vitamin D in cancer prevention. *Am J Public Health.* 2006, Feb;96(2):252-61.
- <sup>3</sup> Schwartz GG. Vitamin D and intervention trials in prostate cancer: from theory to therapy. *Ann Epidemiol.* 2009 Feb;19(2):96-102.
- <sup>4</sup> Holick MF. Vitamin D: its role in cancer prevention and treatment. *Prog Biophys Mol Biol.* 2006 Sep;92(1):49-59. Epub 2006 Mar 10.
- <sup>5</sup> National Health and Nutrition Examination Survey (NHANES) 2003–2006 and 2007–2008.
- <sup>6</sup> Murray C, Kulkarni S, Ezzati M. Eight Americas: new perspectives on U.S. health disparities. *American Journal of Preventive Medicine*, 2005, 29:4–10.
- <sup>7</sup> CDC 2011 National Diabetes Fact Sheet  
[http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf), Accessed July 9, 2012.
- <sup>8</sup> Eyre H, Kahn R, Robertson RM, Clark NG, Doyle C, Hong Y, Gansler T, Glynn T, Smith RA, Taubert K, Thun MJ; American Cancer Society; American Diabetes Association; American Heart Association. Preventing cancer, cardiovascular disease, and diabetes: a common agenda for the American Cancer Society, the American Diabetes Association, and the American Heart Association. *Stroke.* 2004 Aug; 35(8): 1999-2010.
- <sup>9</sup> Cancer Facts & Figures,  
<http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/document/s/document/acspe-031941.pdf>, Accessed July 9, 2012.
- <sup>10</sup> *Circulation.*2012; 125: 188-197  
<http://circ.ahajournals.org/content/125/1/188.full.pdf+html>, Accessed July 9, 2012.
- <sup>11</sup> FDA.gov AERS.
- <sup>12</sup> The U.S. Health System in Perspective: A Comparison of Twelve Industrialized Nations  
[http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Jul/1532\\_Squires\\_US\\_hlt\\_sys\\_comparison\\_12\\_nations\\_intl\\_brief\\_v2.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Jul/1532_Squires_US_hlt_sys_comparison_12_nations_intl_brief_v2.pdf), Accessed July 6, 2012.
- <sup>13</sup> Commonwealth Fund 2010 International Health Policy Survey of Eleven Countries.