

To whom it may concern: See toward the bottom. The letter from Dobbs of 3/12/09 is nothing less than a confession that they--psychiatry deals in beliefs, never real diseases—objective physical abnormalities.—FB

Confessions of Health Canada and the FDA
There No Such Thing as a Psychiatric
Chemical Imbalance/Disease

By Fred Baughman, MD 3/19/09

These are things you can take to court. To what avail? Any?

Now we have confessions from Health Canada and the FDA that no psychiatric diagnosis under the sun is an actual disease that the children/adults whosoever are medically normal until poisoned with the psych drugs. This being the case all who have been told, are still being told any one of them is a disease or in so many words led to believe they are has been lied to their right to INFORMED CONSENT abrogated—this is medical malpractice. Given the fraud such as it is the failure to give a psych drug is never for a parent family, caretaker to be MEDICALLY NEGLIGENT because there is no legitimate MEDICAL PRACTICE either in the diagnosis or treatment of such things.

Under the circumstance, Health Canada/FDA cannot support in any court of law drug treatment for a disease that does not exist for a child/person that is normal, only made abnormal by the exogenous drug they are given. In Canada and in the US Adderall was causing stroke and death in children and was taken from market in Canada, later, at FDA urging, put back. In every hearing on a psych drug at the FDA, ADHD or whichever diagnosis is, no doubt about it held to be a disease, spoke of as a disease, related to schools, courts it is a disease with treatment—amphetamines—enforced as if it were a disease and as if the parents were medically negligent. What we have is a total fraud with government an enabler/enforcer.

Parents caught in the fraud, might write HC/FDA citing this determination that these are not diseases, asking how they can justify advising or enforcing that such drugs be given children we know now, they confess now to be normal. I would advise copies to your own US Rep, also Senator, also Senator Chuck Grassley.

As most have already learned there is no science or scientific medical practice to be had through family or juvenile courts.

Those in other countries, I advise that you press these questions upon your appropriate health agencies—all health agencies, all branches of government--in one way or another complicit or enabling.

----- Original Message -----

From: "CDER DRUG INFO" <DRUGINFO@fda.hhs.gov>

To: "Fred Baughman, M.D." <fredbaughmanmd@cox.net>

Sent: Friday, March 13, 2009 6:25 AM

Subject: RE: Psychiatric disorders

Dr. Baughman:

I will provide you with a written letter early next week. We do not normally provide carbon copies in our consumer responses. Please feel free to provide my response to whomever you wish.

Don

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Andrew C. von Eschenbach, M.D.
Acting Commissioner
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857-0001
Email: andrew.voneschenbach@fda.hhs.gov

12/19/08

Dear Dr. von Eschenbach,

I testified at FDA hearings of 3/22/06 and 3/23/06 on ADHD and addictive, Schedule II psychostimulants used to treat it.

Throughout psychiatry, including deliberations at the FDA, ADHD and all “mental illnesses” are considered to be actual diseases when making risk (of disease) vs. benefit (of medication) estimations. In psychiatry/mental health, potent medications are often used assuming the benefits (of the medication) outweigh risks (of the disease). Without objective proof of a disease, patient-by-patient, or in research subject-by-research subject, how can risk vs. benefit assessments be made? In fact, they can never be valid.

What proof is there that (1) ADHD, (2) bipolar disorder, (3) conduct disorder, (4) oppositional-defiant disorder, (5) schizophrenia, or, any psychiatric entry in the DSM-IV-TR, is an actual disease (with objective abnormality—gross, microscopic or chemical = disease, and no abnormality = normal = no disease)?

Please provide me with the reference-citation from the medical-scientific literature that ADHD is an actual disease with a confirmatory gross, microscopic or chemical abnormality. For example:

- 1. Maple Syrup Urine Disease. Menkes JH, Hurst PL, and Craig JM. A new syndrome: Progressive familial infantile cerebral dysfunction associated with an unusual urinary substance, *Pediatrics* 14: 462, 1954.**
- 2. Beutler, E, et al. A new genetic abnormality resulting in galactose-phosphate uridyl transferase deficiency, *Lancet* 1:353, 1965;**
- 3. Baughman, F. A., Jr., List, C. F., Williams, J. R., Muldoon, J. P., Segarra, J. M.: The Glioma-Polyposis Syndrome. *New England Journal of Medicine*, 281:1345-1346, 1969.**

This is how medical-scientific communication is carried out. The diagnosis and treatment of all such psychiatric entities was recently assured by the passage of “parity” legislation. Are they on a par with non-psychiatric medical practice? Are they actual diseases as the patients, parents and the public- at-large is told?

Again, I am asking for *nothing but* the reference/citation to the initial, one-and-only, scientific report which constitutes proof that (1) ADHD, (2) bipolar disorder, (3) conduct disorder, (4) oppositional-defiant disorder, or (5) schizophrenia, is an actual disease (with objective abnormality = disease, and no abnormality = normal = no disease).

Truly yours,

Fred A. Baughman Jr., MD

PS: Enclosed is a copy of a letter on this issue recently received by Mr. Brian Verbeek from Health Canada, dated November 10, 2008. Are we to believe that "science" is different in Canada?

CC

**Senator Chuck Grassley
135 Hart Senate Office Building
Washington, DC 20510-1501**

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----- Original Message -----

From: [CDER DRUG INFO](#)

To: fredbaughmanmd@cox.net

Sent: Thursday, March 12, 2009 11:02 AM

Subject: Psychiatric disorders

Dear Dr. Baughman:

Thank you for writing to the **Food and Drug Administration** (FDA). This is in response to your letter dated December 19, 2008, requesting the reference/citation from the scientific/medical literature that the five psychiatric disorders listed in your letter are actual diseases. Your letter was forwarded to the Center for Drug Evaluation and Research (CDER) for a response.

I consulted with the FDA new drug review division responsible for approving psychiatric drug products and they concurred with the response you enclosed from Health

Canada. Psychiatric disorders (as Health Canada refers) are diagnosed based on a patient's presentation of **symptoms** that the larger psychiatric community has come to accept as real and responsive to treatment. We have nothing more to add to Health Canada's response.

Thank you again for writing.

Sincerely,

Donald Dobbs
Consumer Safety Officer
Division of Drug Information
Office of Training and Communications
Center for Drug Evaluation and Research

----- Original Message -----

From: "CDER DRUG INFO" <DRUGINFO@fda.hhs.gov>

To: "Fred Baughman, M.D." <fredbaughmanmd@cox.net>

Sent: Friday, March 13, 2009 6:25 AM

Subject: RE: Psychiatric disorders

Dr. Baughman:

I will provide you with a written letter early next week. We do not normally provide carbon copies in our consumer responses. Please feel free to provide my response to whoever you wish.

Don

**Comments of Fred Baughman, MD regarding the
Nov 10, 2008, letter from Health Canada to the father, B.V., of a
multiply "diagnosed," "drugged," 12 year-old boy.**

Paragraph 2: "For mental/psychiatric disorders in general, including depression, anxiety, schizophrenia and ADHD, there are no confirmatory gross, microscopic or chemical abnormalities that have been validated for objective physical diagnosis. Rather, diagnoses of possible mental conditions are described strictly in terms of patterns of symptoms that tend to cluster together; the symptoms can be observed by the clinician or reported by the patient or family members.

Fred Baughman, MD: Saying "diagnoses of possible mental conditions are described strictly in terms of patterns of

symptoms” is an clear admission that such diagnoses “described strictly in terms of patterns of symptoms” are wholly subjective and cannot, therefore be diseases (with disease = disorder = objective abnormality—gross, microscopic or chemical = abnormal phenotype, meaning, to preempt the lies of psychiatry—it is none of these things). Saying “patterns of symptoms that tend to cluster together” they suggest a biological or natural phenomenon of “clustering” when all component symptoms of mental disorders (In the DSM and ICD) are authored and voted into existence by appointed expert psychiatrists, virtually all of them paid by the pharmaceutical industry. When “treatments” are spoken of such treatments are thus wholly symptomatic, meant only to alleviate or erase target behavioral or emotional symptoms. Nowhere in psychiatry or psychology are there objective brain or body abnormalities (abnormality = disease) for the physical, biological or chemical treatment of psychiatry to make normal or more nearly normal.

That two publications are recognized--the DSM-IV-TR published by the APA and the ICD-10, published by the World Health Organization WHO respectively are “recognized” in no way makes actual diseases of the cluster of symptoms these two groups have declared to be mental “disorders” or “diseases.” Comprised wholly of symptoms such diagnostic entities are neither “disorders” nor “diseases” (objective abnormality = disorder = disease = sickness = illness = medical syndrome = abnormal phenotype).

In the last paragraph of page 2 it says the primary purpose of these 2 publications is to facilitate communication among health professionals on mental disorders and to “increase diagnostic agreement.” Nowhere is there a straightforward acknowledgement of the fundamental difference between psychiatric diagnosis—based on symptoms and entirely subjective, and all other branches of medicine, which deal with actual diseases or objective physical abnormalities. This being the case it must be acknowledged, but is not, that there is no disease (disease = abnormality) on the risk side of the risk vs. benefit equation and that in the instance of physical treatments in psychiatry (drugs, ECT, psychosurgery), the only physical risks posed are those of the treatments. In the drug treatment of actual diseases, physical risks are posed both by the disease and the treatment with the hope being that those of the treatments are less than those of the disease and that there are benefits to be had from the treatment but not from the disease (although many diseases are self-limiting and immunity-conferring).

At the bottom of page 3 we read, “The specific etiology of ADHD is unknown, and there is no single diagnostic test. This wording is nothing but deceptive and is meant to be. ADHD is not an abnormality, a disease; therefore it is not appropriate to speak of its etiology (as if it did exist). Nor is it appropriate to say, “There is no single diagnostic test,” as if there was something to test for. There is not. There are only symptoms. Nor is it anything but deceptive to say “Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources,” knowing full-well there are no medical resources to

be applied to the diagnosis of something that is in no way a physical abnormality, disease, disorder.

Virtually all clinical trials of medications used in ADHD presume it is a disease that is on the risk side of the risk vs. benefit equation when there is no proof whatsoever that it is or that physical risks come from any source other than the drug in question, whichever drug that might be.

Within the past 10 years ADHD has been presumed to bear as comorbidity a propensity to use substances of addiction. More recently it has been considered to have an increased frequency of structural heart lesions. Given there is no proof ADHD is a disease, how could it possibly have or bear such physical morbidities or characteristics. It cannot. This means that all health care agents and agencies must be pressed to respond to the question as has been done here: "Where is the proof that ADHD is an actual disease having, as it must, a gross, microscopic or chemical abnormality. Wherever children called "ADHD" are put on medications as treatment for what is nothing other than an array of subjective symptoms, the only physical risks they are exposed to are those of the drugs. In that all such children are physically normal at diagnosis, prior to treatment, it can never be accepted that any current-day psychiatric drug treatment has been proved to be safe and efficacious.

Fred Baughman, MD 11/14/08

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