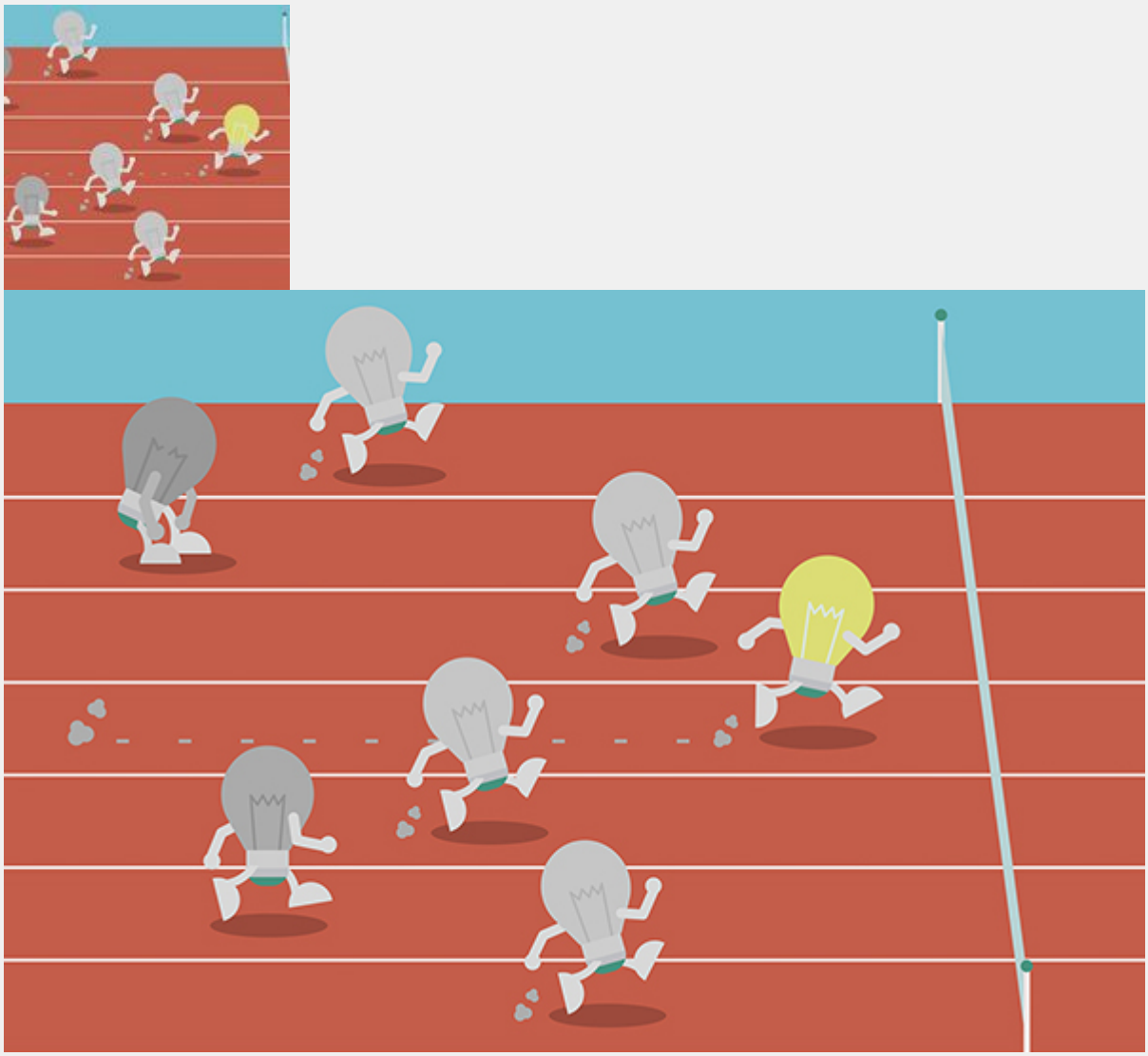
Has natural medicine lost the race against BigPharma?



The vaccines have worked (mostly). They've helped to stem the tide of COVID in the US even though not every adult has taken them. And, while the word is not yet out on long-term side effects, most people have tolerated their shots with only mild transient symptoms—with the exception of rare, serious side effects like blood clots and myocarditis among young vaccine recipients.

There's more at stake than COVID. The reputations of orthodox medicine, the public health establishment, and the pharmaceutical industry are on the line.

They've not exactly engendered public trust with their pronouncements before. Skepticism about medicine and health authorities runs high—and for good reason. There have been debacles: The numerous drugs that have been unleashed on the unsuspecting public only to be withdrawn for toxic side effects, the ruinous effects of our public health jihad against dietary fat, the confused messaging about COVID transmission and its origins, and the dismal record of many now-obsolete cancer therapies, to name but a few.

What if the vaccines had crashed and burned, as have so many other rushed-to-market medical therapies? What if they had conferred minimal protection against COVID, like the annual shot against the flu? What if millions of vaccinees had come down with

perplexing symptoms?

Fortunately, this scenario hasn't yet developed, but some at the fringes of the natural medicine movement might have been secretly rooting for such an outcome.

Instead, the vaccine effort, unprecedented in its speed and scale, has burnished the credibility of BigPharma. Does this mean that we're entering a "sky's-the-limit" era of drug fixes that will sweep away the need for people to explore natural healing modalities?

From a glance at last week's headlines, one might get that impression.

In one, a new weight loss therapy is said to help people lose up to 20% of their body weight in a year. In another, the first approval of an Alzheimer's drug in 20 years has been shown to slow the progression of amyloid plaque.

They're being hailed as "Gamechangers" and "breakthroughs". When I hear these terms bandied about in breathless headlines, I become wary.

The weight loss drug, newly-christened Wegovy, is actually a reboot of a commonly used diabetes medication, semaglutide (Ozempic). It's similar to Trulicity and Victoza, other GLP-1 receptor agonists used for type 2 diabetes. The prototype of this class of drugs was based on a substance found in Gila monster venom. Like Wegovy, these drugs are usually injected once a week.

One of the authors of the approval trial for Wegovy gushes: "semaglutide … appears to be the breakthrough in weight management that health care providers and their patients with obesity have been waiting for."

The results for semaglutide seem spectacular, with 15% to 18% weight loss over 68 weeks. That is, until you consider the side effects which frequently include nausea, vomiting, diarrhea, abdominal pain, and constipation. Or, less commonly, pancreatitis and retinal damage.

And the cost: Novo Nordisk has set the list price at $1,297 per month. It is unclear how much of the tab will be picked up by insurers.

The new Alzheimer's drug, whose generic name is aducanumab and will be marketed as Aduhelm, is even more costly, at $56,000 per year for the monthly injections. It arrived amidst a flurry of controversy over its fast-tracked approval, which many doctors argue was premature.

While Aduhelm did demonstrate slowing of amyloid progression, it's too early to determine if that materially alters the course of Alzheimer's disease. Many similar previous "plaque-buster" drugs for Alzheimer's failed to win approval. A patient with early signs of Alzheimer's might need to take Aduhelm for ten years or more to slow the onslaught of the disease, at enormous cost.

It's also not clear whether amyloid is the cause, or merely a consequence, of the complex process of neurodegeneration that earns the grab-bag label of Alzheimer's. Some patients with profound dementia are found to be relatively free of plaque at autopsy; others, whose brains are loaded with amyloid, maintain functionality well into their senior years.

It's not easy to forecast Alzheimer's because other conditions—vascular dementia and Lewy body dementia, as well as depression, may mimic it. Better tests are underway,

involving specialized brain imaging alongside arrays of blood measurements.

In clinical trials, “40% of clinical trial patients who got the approved dose of Aduhelm developed painful brain swelling. Symptoms included headache, dizziness, visual disturbances, nausea, and vomiting; about 17% to 18% of patients had microhemorrhages, or small bleeds in their brain.” This requires monitoring with sequential brain imaging, also costly.

Why the rush to approve Aduhelm? Patient advocacy groups, sometimes with pharmaceutical industry backing, have been vociferous in demanding fast-tracking of new Alzheimer’s treatments. It seems the FDA finally buckled to pressure to add something to the limited armamentarium against the tragic disease, the first such approval in twenty years.

What’s being lost in our race to embrace these novel pharmaceutical fixes is that obesity and Alzheimer’s disease are, at least in considerable part, lifestyle diseases, amenable to natural fixes. The success of low-carb dieting in curbing obesity, and that of the Bredesen Protocol in improving Alzheimer’s disease, illustrate the power of natural paradigms. But will they be swept aside in our rush to embrace expensive, high-tech solutions?

Intelligent Medicine is about harnessing the best of natural therapies alongside the best of high-tech to produce the best results at the best cost with the least side effects. The choice is not either-or; we need an all-of-the-above approach to solve our most pressing health problems, notwithstanding the seeming triumph of the pharmaceutical industry in developing the COVID vaccines.