

The Great Ozempic Scam

Analysis by [A Midwestern Doctor](#)

September 12, 2024

STORY AT-A-GLANCE

- › In early 2023, a private conference with pharmaceutical industry leaders and investors highlighted anti-obesity and Alzheimer's drugs as the next big money-makers and had the FDA head as its keynote speaker
- › Since then, the FDA has taken questionable steps to promote these drugs, particularly Ozempic, an anti-obesity medication. There's been a massive push to get everyone, including children, on Ozempic, using shockingly aggressive marketing tactics
- › This rush is eerily similar to the fen-phen craze, a temporary weight loss drug later pulled from the market for causing severe heart and lung issues
- › Worse, Ozempic comes with serious side effects, including paralyzing the digestive tract. This article will address the above controversy and explore the common causes of obesity, including those rarely discussed

Most of the food in America comes from just a few crops like corn, wheat, soy, and canola, largely due to farming subsidies that force farmers to mass-produce these crops and sell them below cost. These cheap crops are then turned into the processed foods we eat every day. This is problematic because:

- **Health issues** — These foods are unhealthy and contribute to major health problems like diabetes and obesity.
- **Natural aversion** — Our bodies naturally resist these foods, making them hard to sell.

- **Addictive additives** – To make them more appealing, addictive substances are added. In the 1980s, Big Tobacco bought the processed food industry and, much like they did with cigarettes, focused on making these foods as addictive as possible.¹
- **Chronic illness** – The resulting health issues create lifelong customers for industries like Big Pharma.

For years, activists like Dr. Mercola have pushed for awareness of the importance of natural foods and the need to change farming subsidies to promote healthy eating. The current media climate, driven by skepticism of the COVID-19 response and the rise of independent media, has revealed the systematic failures in our food supply and allowed these long-cultivated ideas to begin bursting into public awareness.

For example, a few weeks ago, shortly after gaining the national spotlight and the need to make America Healthy Again by freeing us from pervasive regulatory corruption, RFK Jr. was invited onto Fox News to discuss the dangers of seed oils and artificial food colorings with a supportive newscaster – something I'd never before seen in the national media.

Pharmaceutical Sales

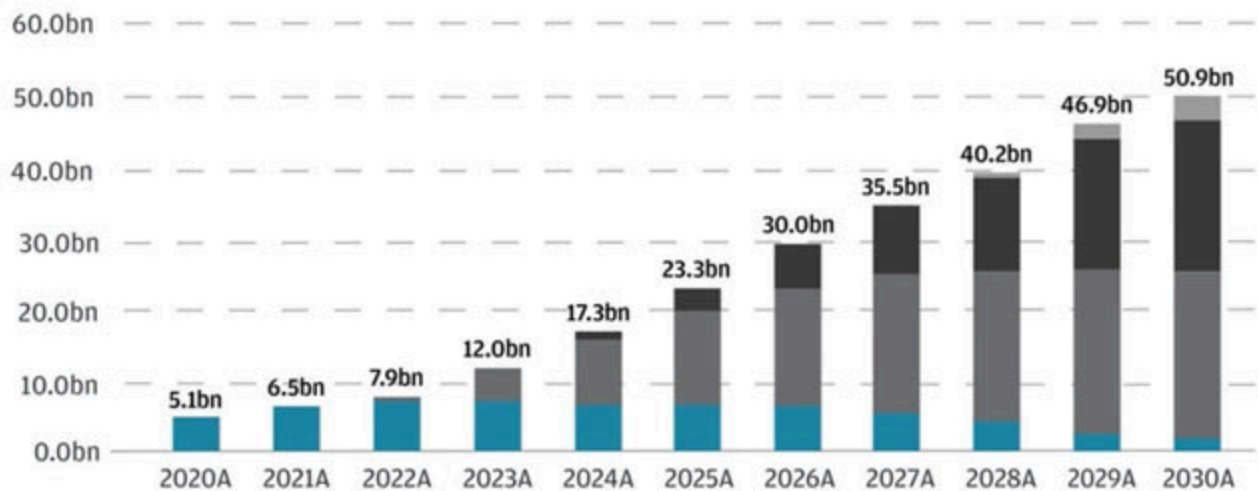
Every now and then, we get a clue about what goes on behind the scenes in the pharmaceutical industry (e.g., see [this article](#) and [this article](#) about the sociopathic sales-focused culture within Pfizer). One particularly telling instance was a presentation GSK gave their sales reps for Advair, which I believe is representative of the mentality of this industry:

Last year Kim Witczak,² a pharmaceutical safety advocate, tipped me off about JP Morgan's annual healthcare conference, a private invitation-only event described by JP Morgan as "the industry's biggest gathering." The 41st conference, from January 9-12, 2023, was the first event hosted in person since the pandemic started.

Given this event's immense influence on the pharmaceutical sector (as it caters to large investors), it's important to highlight a few things that were presented on the conference website.³ First, consider how enthusiastically they endorsed the profitability of two new types of drugs:

In that video, the most important part was Chase's projections for this new industry:

LLY GLP-1 sales over time



Note: The GLP-1 drugs include Trulicity, Wegovy, Mounjaro, Byetta, and Ozempic.⁴

Second, consider who the keynote speakers at Chase's conference were:

Keynotes



Jamie Dimon
Chairman and Chief Executive Officer,
[JPMorgan Chase & Co.](#)



Dr. Robert M. Califf
Commissioner of Food and Drugs,
U.S. Food and Drug Administration



Barry Greene
CEO,
Sage Therapeutics
This company works on drugs for the brain.



Dr. Cheryl Pegus
Partner,
[Morgan Health Ventures](#)



Amy Belt Raimundo
Managing Director,
Kaiser Permanente Ventures



Dave Ricks
Chair & CEO,
Eli Lilly and Co.
This company made Prozac.

Hemant Taneja, the CEO & Managing Director of General Catalyst another healthcare venture capital firm was also a keynote speaker.

Note: After I [originally publicized this conference](#), parts of it were deleted (e.g., one of the above videos and Califf being listed as the keynote speaker). Califf has long been an incredibly controversial FDA commissioner due to his immense pharmaceutical conflicts of interest.⁵

To repeat — the head of the FDA was a keynote speaker to investors about the incredibly lucrative opportunity they could expect from these new drugs — implying that the FDA would do everything it could to push them through. As it so happened, to quote Witczak:

"Interesting to also note, Califf was the keynote speaker on opening day and out of the blue, the FDA granted accelerated approval to the second controversial Biogen Alzheimer drug on Friday [three days before the conference] without an Advisory Committee. How great to be able to announce to the healthcare biotech industry that one of their new drugs was just granted accelerated approval."

Note: An even more controversial approval had proceeded it⁶ (where the FDA overrode its own panel to approve an expensive, dangerous, and ineffective Alzheimer's drug which resulted in three of the experts on the panel resigning, with one stating it was "probably the worst drug approval decision in recent US history").

Shortly afterward, the FDA gave a glowing press release on their approval of the drug⁷ – but due to how unsafe and ineffective the drug was, even with the FDA's endorsement, rather than become the next blockbuster drug, it abjectly failed in the market and is now being discontinued by the manufacturer.⁸ For those interested, I discussed the immense scandal with existing Alzheimer's drugs and the suppression of proven (but un-patentable) treatments for the disease [here](#).

The Rise of Ozempic (Semaglutide)

Once I saw this conference, given that it sets the course for the entire industry, I became convinced that Ozempic would soon be aggressively marketed, with the FDA backing the expansion of its use. This prediction quickly became a reality, with widespread promotion and endorsements of the drug, reminiscent of the start of the opioid crisis.

Here for instance, are excerpts of two widely seen interviews by Casey and Calley Means describing the staggering corruption that has facilitated Ozempic's rapid rise throughout America:

Sadly, the campaign has been so successful that there's now a shortage of Ozempic,⁹ driving people to seek alternatives.¹⁰ The push to expand Ozempic's market has targeted various demographics, including:

1. **African Americans** – Ozempic's manufacturer paid civil rights groups to lobby for the drug, framing any opposition as perpetuating systemic racism.^{11,12}
2. **Children** – The FDA approved semaglutide for obese children 12 and older¹³ just before the Chase conference despite concerns about long-term effects, and on the first day of the Chase conference, the American Academy of Pediatrics published a

set of authoritative set of guidelines¹⁴ for treating childhood obesity which strongly endorsed giving them the GLP-1's:

I. Use of Pharmacotherapy

Consensus Recommendation

The CPG authors recommend pediatricians and other PHCPs:

- May offer children ages 8 through 11 years of age with obesity weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.

3. The elderly – One major obstacle to selling Ozempic is its high cost (\$1,000 to \$1,500 per month), making it unaffordable without insurance. The Medicare Modernization Act of 2003 prohibits Medicare from covering weight loss drugs, but the industry has been lobbying to overturn this.

An "obesity rights" coalition, (funded by Ozempic's manufacturer),¹⁵ has successfully advanced a law through committee to allow Medicare coverage,¹⁶ which could cost between \$3.1 to \$6 billion annually if passed.¹⁷

This raises a critical question: Why was Medicare originally prohibited from covering obesity treatments?

The Rise and Fall of Fen-Phen

A recurring theme I've explored is how medical catastrophes often repeat because we forget the lessons from the past. The current rush for Ozempic is strikingly similar to the fen-phen disaster of the 1990s. Phentermine¹⁸ (introduced to the USA in 1959) and fenfluramine¹⁹ (introduced to the USA in 1973) were two marginally effective weight loss drugs that never caught on.

In 1979, a professor of clinical pharmacology and director of an FDA division for approving new drugs believed obesity needed to be treated as a medical (rather than lifestyle) disease and decided to see if they'd work better once combined.²⁰ Fen-phen

"worked," and when his study was finally published 20 years later, it instantly became wildly popular.

As word spread, demand surged, turning many doctors' offices into pill mills²¹ catering to desperate patients. However, it wasn't long before the drug was linked to severe heart valve damage²² and pulmonary hypertension,²³ leading to its removal from the market and billions of dollars in legal settlements. Remarkably, once the dust had settled, the FDA official who pushed Fen-Phen onto the market admitted it never occurred to him to verify the drug combination was indeed safe.²⁴

What's particularly alarming is that many of the issues we see today with Ozempic – aggressive marketing, off-label uses, and a focus on profit over patient safety – mirror the mistakes made with fen-phen. Back then, the FDA eventually stepped in to ban the drug after realizing the extent of the harm it caused, but this time around, the FDA instead is working with the industry to push these drugs.

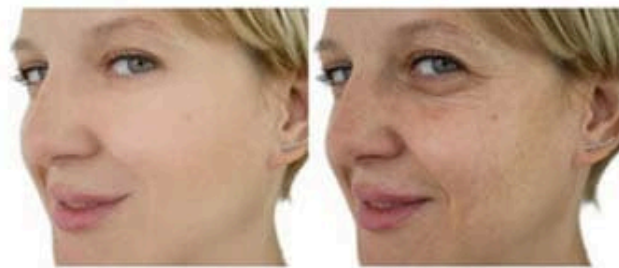
The Risks and Benefits of Ozempic

Prior to the GLP-1s being marketed as anti-obesity drugs, many of my colleagues believed they were quite helpful for diabetes. Given that some of these colleagues were fairly conservative with which drugs they would use and excellent clinicians, I took their opinions into serious consideration.

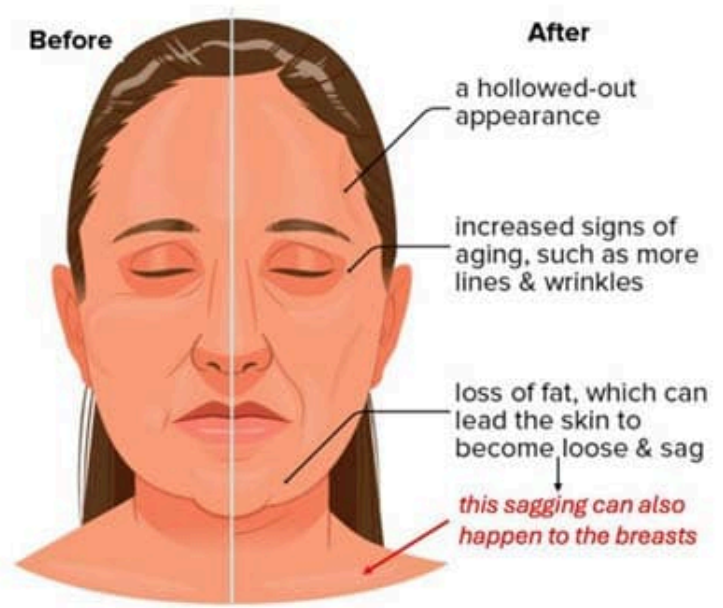
However, I also noticed that I was repeatedly seeing patients develop unusual gastrointestinal complications from the drugs (including one hospitalization of a distant relative), so I held to the perspective the drugs were too new for their risks to be fully appreciated.

After they started being used as weight loss agents (where their dose is much higher – 0.5 mg to 1.0 mg vs. 1.7 mg to 2.4 mg – frequently being almost five times greater), we started noticing that we'd see more and more patients who should have never been prescribed the drug and are taking enough of it (often even overdosing) to drive themselves into cachexia.²⁵

These patients are easy to identify as they don't look normal and have a somewhat sick and somewhat anorexic appearance since they are starving themselves. This is best demonstrated by what has come to be known as the "Ozempic Face":



What is "Ozempic Face?"



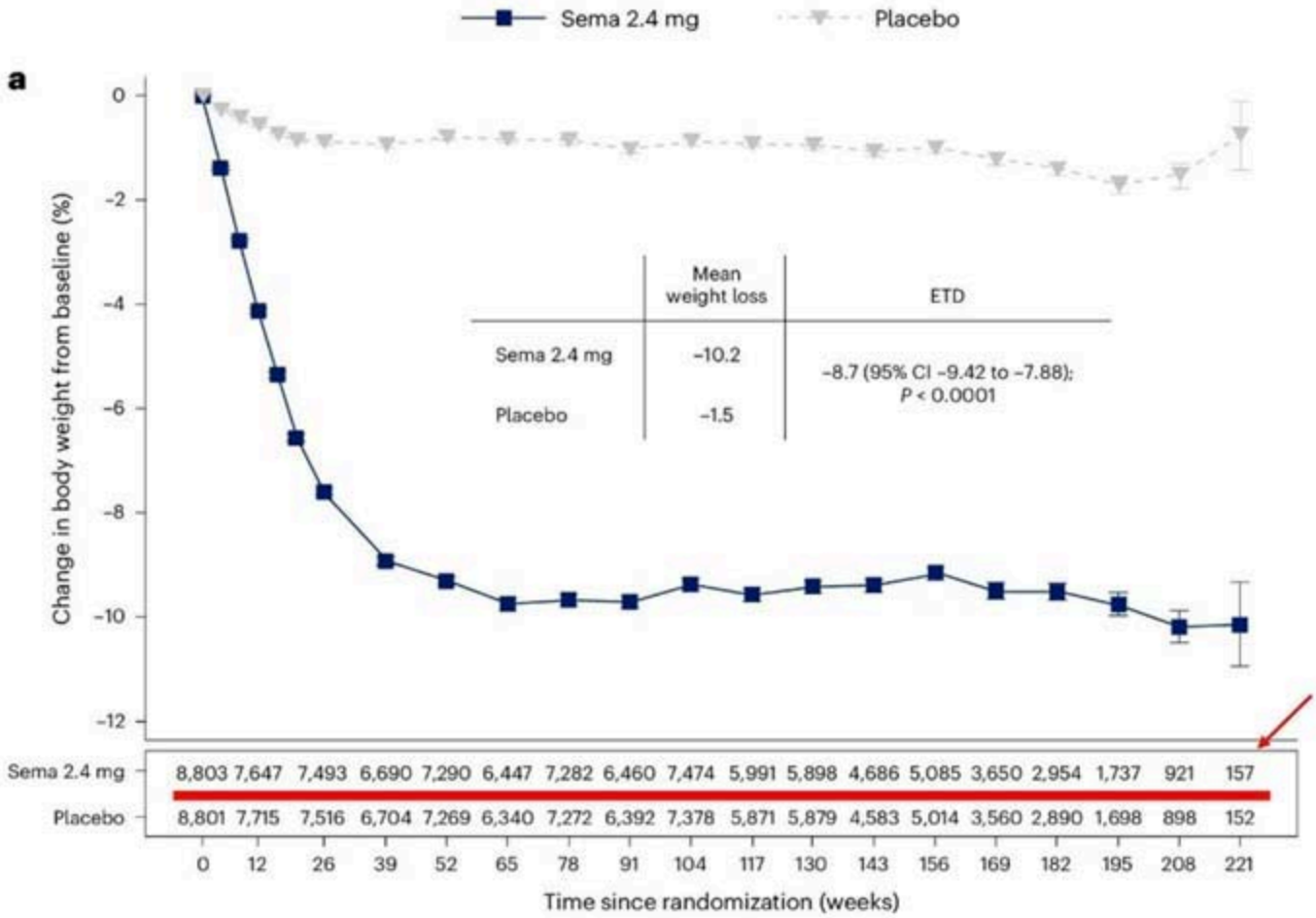
Note: Many healthcare professionals are now noticing an epidemic of Ozempic facilitated eating disorders.²⁶

I then looked into the data on the GLP-1 drugs and noticed a curious pattern – just like fen-phen, the weight lost was rapidly regained once the drug was stopped. To illustrate, here are a few graphs from the pivotal trials of these drugs.

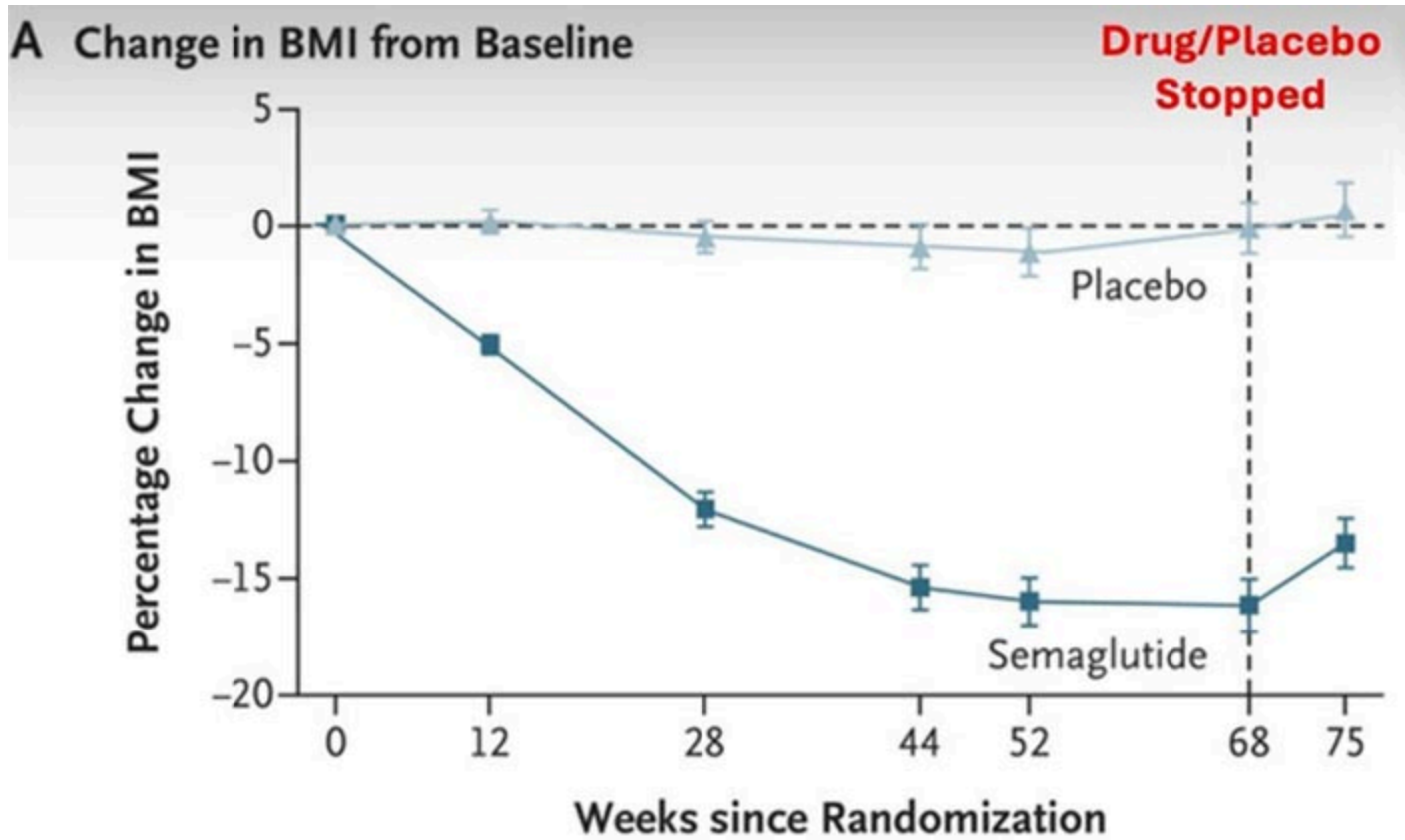
First, using the full (2.4 mg) dose of Wegovy (which like Ozempic is another name for semaglutide) each week, inadvertently shows that most of the participants could not stay on the drugs for a prolonged period:²⁷

Fig. 1: Percentage change in mean body weight from baseline through week 208 for all patients in-trial²¹ and first on-treatment.

From: [Long-term weight loss effects of semaglutide in obesity without diabetes in the SELECT trial](#)



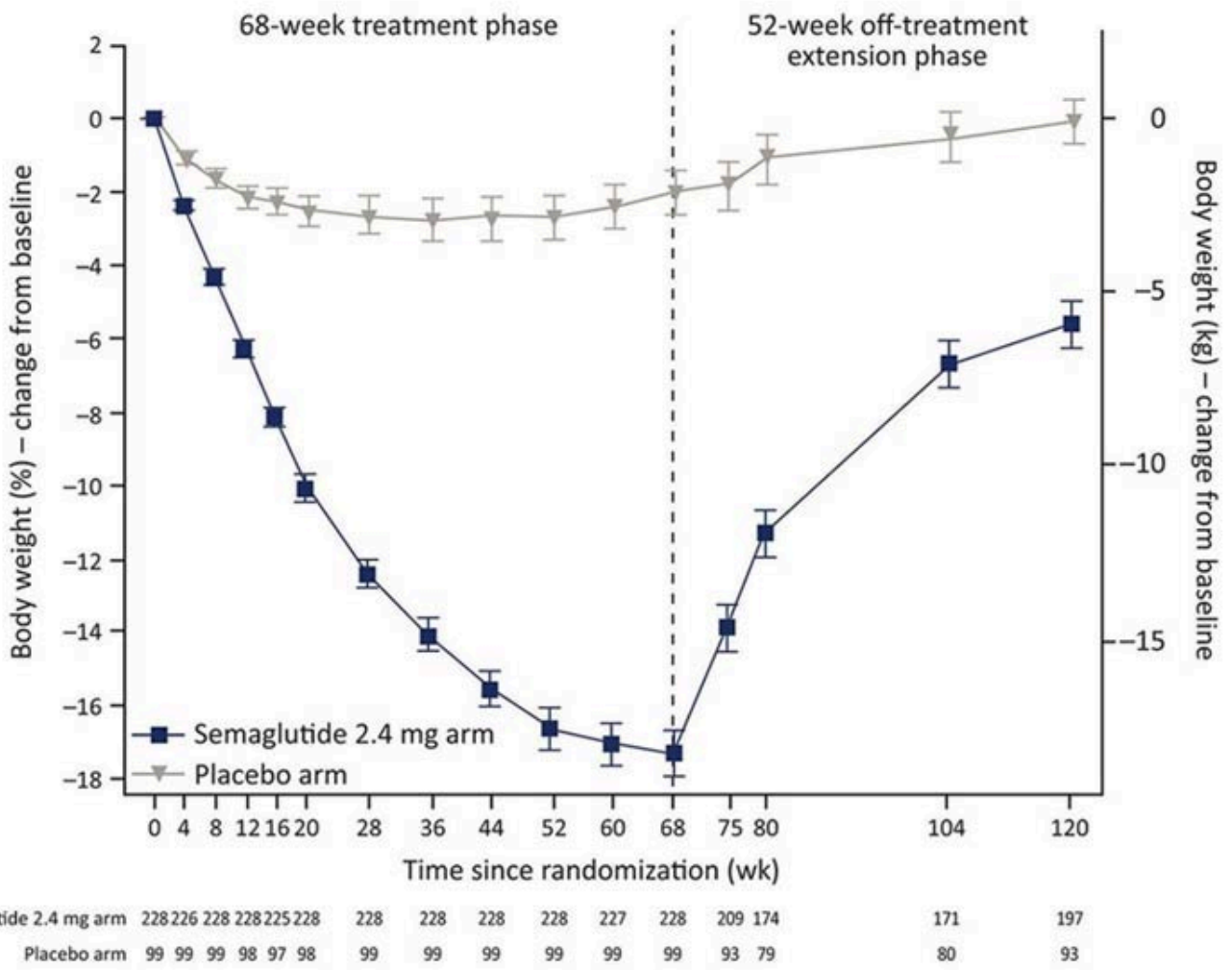
Second, when given to children, they began regaining their lost weight once they stopped the drug:²⁸



No. of Participants

Placebo	67	56	63	61	62	62	61
Semaglutide	134	119	131	130	131	131	128

Third, when the effects of withdrawing the drug were tested,²⁹ the lost weight was clearly shown to return (alongside a gradual decline in the number of people who could stay on the drug):



Note: The weight regained³⁰ was proportional to the weight initially lost.

In short, having to spend 1000 dollars a month for a bit of weight loss, which then disappears once you stop the drug, may not be the best deal.

Conversely, I suspect a key reason why this side effect has been publicized is that the goal of the pharmaceutical industry is always to have a large number of people perpetually using a high profit margin product (e.g., a monthly course of the thousand dollar Ozempic costs less than 5 dollars to make),³¹ so any product which doesn't fix the underlying issue but creates intolerable withdrawals when one stops (e.g., [the SSRI antidepressants](#) or [the PPI acid reflux medications](#)) is "good for business."

Unfortunately, in addition to being a scam, Ozempic has a few major issues. First, the GLP-1 drugs were designed to resist being broken down within the body, so they would only need to be injected once a week (resulting in their average half-life being

approximately seven days, whereas the natural GLP-1 protein has a half-life between 1.5 to 5 minutes³²).

Since the GLP-1 is responsible for slowing digestion in the body, drugs like Ozempic significantly slow digestion and can create a variety of gastrointestinal issues from doing so (e.g., a study of 25,617 real-world patients found these drugs cause a 3.5 times increase in the rate of intestinal obstruction³³).

Second, severe side effects are quite common. The most comprehensive study³⁴ I've found of the severe side effects of GLP-1 drugs (e.g., Ozempic) sourced from 16 million patients' medical records found that the drugs were strongly linked to a variety of side effects that frequently required hospitalization. Specifically, when compared to another weight loss combination not typically associated with these effects, GLP-1 users were found to have:

- 9.09 times greater risk of pancreatitis
- 4.22 times greater risk of bowel obstruction
- 3.67 times greater risk of gastroparesis (which means you can barely eat because the stomach is constantly full – and in many cases after Ozempic, ends up being permanent)
- 1.48 times greater risk of biliary disease (e.g., painful gallstones)

Third, severe adverse events are typically much rarer than moderate or minor ones. Given how frequent these severe effects are, it should come as no surprise that less severe ones are even more common. For example, consider a study³⁵ of 175 people on the weight loss dose of Ozempic:

Adverse effect	(N = 175)			Adverse effect severity	
Any adverse effect	85 (48.6%)	Constipation	10 (5.7%)	None	90 (51.4)
Nausea and vomiting	64 (36.6%)	Abdominal pain	9 (5.1%)	Mildb	65 (37.1)
Diarrhea	15 (8.6%)	Headache	5 (2.9%)	Moderateb	15 (8.6)
Fatigue	11 (6.3%)	Acid reflux	4 (2.3%)	Severe	5 (2.9)
		Other	8 (4.8%)		

Likewise, consider how many adverse events³⁶ were acknowledged within a trial sponsored by Ozempic's manufacturer:

Adverse event	Participants	Events	Adverse event	Participants	Events
Any adverse event	146 (96.1%)	1606	Headache	16 (10.5%)	36
Serious adverse events	12 (7.9%)	18	Back pain	15 (9.9%)	17
Adverse events leading to trial product discontinuation	9 (5.9%)	12	Safety areas of interest		
Fatal events	1 (0.7%)	1	Gastrointestinal disorders	125 (82.2%)	196
Adverse events reported in at least 10% of participants			Gallbladder-related disorders	4 (2.6%)	6
Nausea	81 (53.3%)	213	Hepatobiliary disorders	4 (2.6%)	6
Diarrhea	53 (34.9%)	108	Cholelithiasis	3 (2.0%)	3
Constipation	47 (30.9%)	62	Hepatic disorders	3 (2.0%)	4
Vomiting	46 (30.3%)	78	Acute pancreatitis	0 (0.0%)	
Nasopharyngitis	24 (15.8%)	33	Cardiovascular disorders	17 (11.2%)	19
Abdominal pain upper	22 (14.5%)	23	Allergic reactions	23 (15.1%)	36
Abdominal pain	20 (13.2%)	32	Injection-site reactions	10 (6.6%)	17
Dyspepsia	20 (13.2%)	24	Malignant neoplasms	2 (1.3%)	2
Flatulence	20 (13.2%)	25	Psychiatric disorders	26 (17.1%)	33
Gastroenteritis	20 (13.2%)	28	Acute renal failure	0 (0.0%)	
Influenza	20 (13.2%)	23	Hypoglycemia	4 (2.6%)	10
Upper respiratory tract infection	20 (13.2%)	31	Rare events	0 (0.0%)	
Decreased appetite	17 (11.2%)	18	Overdose	0 (0.0%)	
Eructation	17 (11.2%)	21	COVID-19	16 (10.5%)	17

Sadly, these aren't the only side effects. For example, in addition to lawsuits being filed against Ozempic for gastrointestinal disorders such as gastroparesis, lawsuits are also emerging³⁷ for other severe conditions such as vision loss.

Furthermore, animal experiments **are showing**³⁸ it distorts the architecture of the small intestine (which can lead to poor nutrient absorption or chronic intestinal obstructions), and many of the GLP-1 drug labels state the drugs may be linked to thyroid cancer.

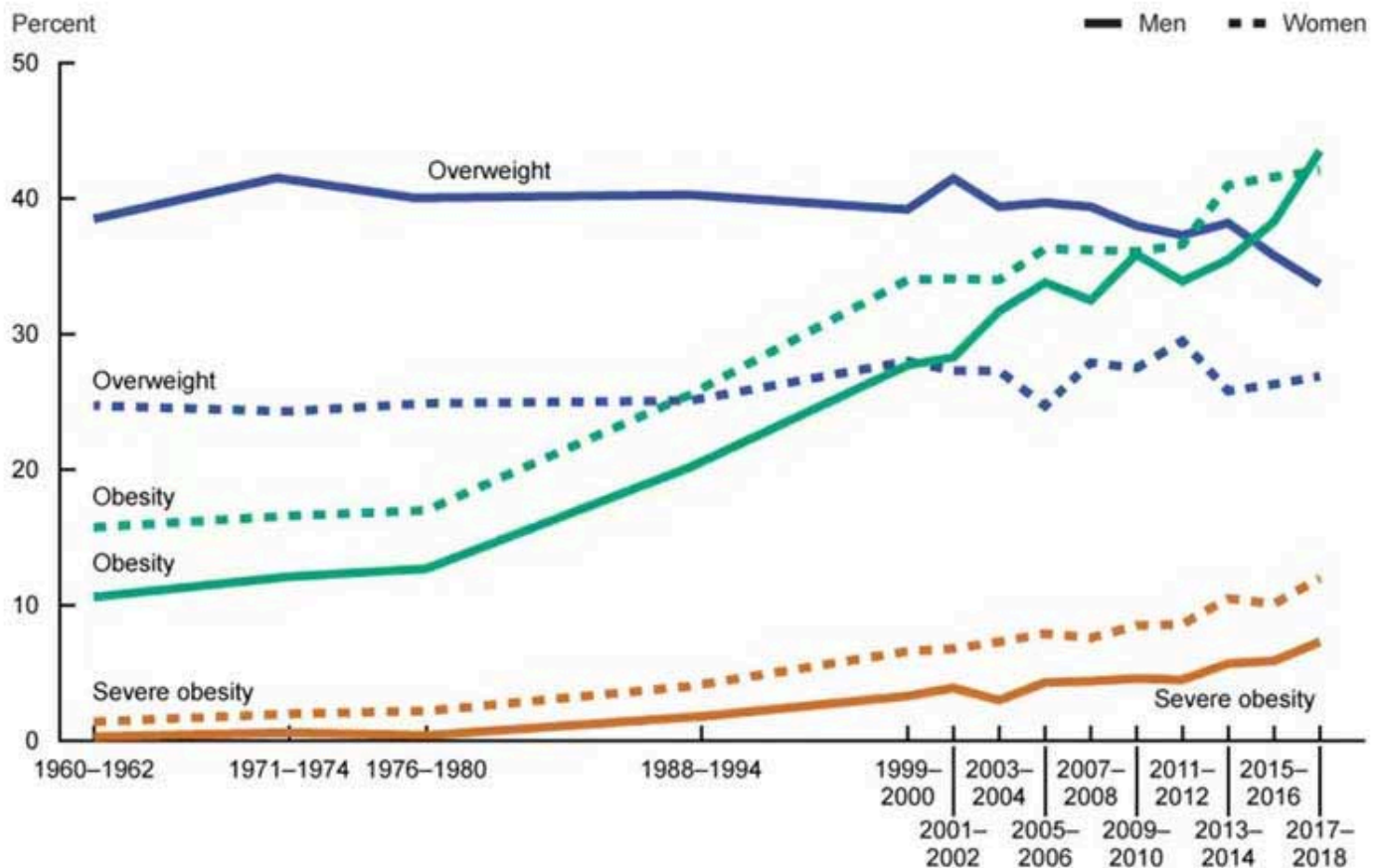
Note: *In a previous series, I discussed one of the largest issues with the SSRI antidepressants – because they are given at a very high dose, individuals **frequently experience severe withdrawals**³⁹ when their dose is changed. These withdrawals, in turn can trigger suicidal behavior, psychosis, or violent behavior, which is sometimes homicidal (and a common theme behind school shootings).*

A major issue with Ozempic is that since it slows the rate at which the stomach empties, it alters and delays the absorption of psychiatric medications. Since the users are often very sensitive to changes in their dose, many reports now exist online of significant psychiatric destabilization occurring in Ozempic users who were also on psychiatric medications.

This may in part, explain why a study⁴⁰ found that Ozempic caused a 45% increased risk of suicidal ideation, and that increased to 345% in those who were already taking SSRI antidepressants.

What Causes Obesity

In America's case, it's very clear that obesity has been continuously rising and that, like many other chronic illnesses, we haven't been given an explanation for why it is happening.



Reasonable explanations for this increase include:

We are eating too much food now and having a sedentary lifestyle.

Specific additives in our foods (e.g., seed oils or high fructose corn syrup) rapidly trigger obesity within the body.

The core ingredients of our diet are highly effective at making individuals gain weight and hence should not compose the majority of our diets. Yet, despite this being well known, due to decades of fraudulent research done to protect the food industry,⁴¹ animal fats are normally blamed for the consequences of eating ultraprocessed food diets.

Gut microbiome dysbiosis triggers obesity.⁴²

There is widespread metabolic dysfunction in society (e.g., due to mitochondrial or thyroid dysfunction), which causes the same amount of calories to make us gain significantly more weight than we otherwise would.

The estrogen mimicking compounds present throughout our environment (e.g., from plastics, soy, or birth control pills designed to resist degradation and persist in the water supply) are causing widespread obesity.⁴³

A less overt version of Type 1 diabetes (where the immune system attacks the pancreas and disables its production of insulin), which leads to a chronic insulin deficiency.⁴⁴

However, rather than taking these into serious consideration, we're simply being told the true answer is a lifetime of Ozempic. Fortunately however, the changing political landscape is offering a real hope to reverse this tide of obesity and corruption we are facing.

Conclusion

The Ozempic story is egregious, but it also critically illuminates a fact most healthcare professionals do not appreciate – medical guidelines are largely a product of economic considerations rather than scientific evidence.

Fortunately, nature always has a way of bringing things back into balance, and as the corruption within our medical system has reached the point of absurdity and more and more clearly dangerous drugs are being pushed onto the public by our regulators, the public is awakening to their lies and becoming less and more receptive to "trusting the experts." In this vein, I believe the Ozempic situation is a pivotal moment in time, as the tables have turned since the times of Fen-Phen.

Now, rather than the resistance to its deployment upon the populace coming from the regulators, it is generated by everyday Americans who do not want these unnecessary and damaging drugs pushed on their kids.

Note: This is an abridged article. In [the full version](#), I discuss the above points in more detail and explore the causes of food cravings alongside natural methods for restoring metabolic health and regaining a healthy weight. For more sources and links on this subject, click [here](#).

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics, and I'm grateful to share them with them. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

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