

# Big Pharma Is Paying Doctors to Prescribe Drugs for Multiple Sclerosis

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## STORY AT-A-GLANCE

- › An analysis showed that 78.5% of neurologists received payments from pharmaceutical companies, with doctors receiving more money prescribing more multiple sclerosis (MS) drugs from those companies
- › Payment amounts create dose-dependent effects. Even \$50 payments slightly influenced prescribing patterns, while \$5,000 payments nearly doubled likelihood of favoring specific company drugs
- › Non-consulting fees like speakership appearances accounted for two-thirds of total payments, creating ongoing relationships and brand familiarity among physicians
- › A combination of smart sun exposure and vitamin D3 supplementation can help manage MS. For best results, you'll need to minimize vegetable oil intake and maintain levels between 60 and 80 ng/mL
- › Optimizing gut microbiota through proper carbohydrate intake, gradual fiber increases, and minimizing processed foods also supports MS management without pharmaceutical intervention

**Multiple sclerosis (MS) is an autoimmune disease wherein the protective sheath surrounding your nerves is attacked. When flare-ups occur, numbness, tingling, weakness, vision problems, fatigue, and balance issues appear.<sup>1</sup>**

Drugs are often the first line of treatment for treating MS, and these include interferon beta medicines, teriflunomide, fingolimod, and corticosteroids.<sup>2</sup> But while prescribing pharmaceuticals is the norm nowadays, investigations show that Big Pharma is paying doctors to prescribe MS-specific drugs, causing natural treatments to fall on the wayside.

## **MS Drug Prescribers Were Paid and Prescribed**

In a study published in BMJ Open, researchers linked Medicare Part D prescribing data with the Centers for Medicare & Medicaid Services (CMS) Open Payments database to examine how money flowing from drug companies to neurologists lined up with prescribing MS drugs.<sup>3</sup> The sample size covered 7,401 neurologists who had written at least 11 prescriptions for MS drugs in a given year, adding up to over 3.1 million prescriptions during 2015 to 2019.

- **Big Pharma bribed doctors** — The analysis showed that 5,809 doctors, 78.5% of the study population received at least one payment from a drug company during the five-year study window, adding up to \$163.6 million in total.

This means that neurologists likely have some level of financial interaction with the companies that make MS drugs instead of being offered alternatives. Moreover, those interactions were not evenly distributed. 95% of all the money went to just the top 10% of recipients, which shows how heavily drug companies focus on a smaller group of high-volume MS drug prescribers.

- **Money influences prescriptions** — When the researchers analyzed prescription volume, they found a consistent link. Doctors who received any kind of payment wrote more prescriptions overall than those who did not.

The steepest rises were seen among those who received consulting fees, speaking honoraria, or travel and lodging covered by the drugmakers, signaling a more formal relationship with the pharmaceutical industry.

- **A dose-dependent relationship was observed** – Even small payments were associated with changes in prescribing drugs- \$50 slightly shifted the odds, but \$5,000 nearly doubled the likelihood that the doctor's prescribing would favor that company's drugs.

The study also found that payments sustained over time and those received most recently were linked with the highest levels of brand prescribing. In other words, the closer in time and the more frequent the payment, the stronger the influence toward prescribing that particular drug.

- **A breakdown of payment types** – Non-consulting fees like speaker engagements and educational presentations made up two-thirds of the total money distributed, with a median of more than \$54,000 per recipient. As a consumer and patient, this is an important detail because it shows that the voices leading medical conferences that eventually shape peer opinions are often financially linked to the companies whose drugs are being featured.

The researchers also examined cases where neurologists received payments from multiple companies at once. Those who were paid by two or more drugmakers had the highest overall prescription volumes and were most likely to receive ongoing year-after-year payments.

- **The payments function as a feedback loop** – Money creates brand familiarity and goodwill, which encourages prescribing. In turn, it keeps the doctor on the company's radar for future engagement. Speaking engagements and advisory boards create repeated points of contact, strengthening that relationship over time.

For anyone deciding between MS drugs, the findings here will help you become a more discerning patient, ultimately making you take control of your own health. If your neurologist recommends a particular brand, it would be wise to ask whether they have financial ties to the company making that drug. Remember, it's not about distrust it's about making sure your decision is grounded in what is best for your health, not simply what is most familiar to your doctor because of industry influence.

# Industry Payments Have Been Going on for Years

Digging deeper into the issue, an earlier study published in *Neurology* analyzed the CMS Open Payments database (from a different timeframe) to examine how often neurologists received money or other transfers of value from drug and device manufacturers.<sup>4</sup>

The goal of the researchers was to measure not just how many neurologists were involved but also how much was paid, for what purposes, and by which companies. They investigated 13,479 neurologists practicing in the United States and found that 51% received at least one non-research payment that year, with a total of \$6.2 million distributed.

- **There is a select group of preferred doctors prescribing industry drugs** – The median payment was just \$81 per physician, but the money was not spread evenly. Similar to the BMJ Open study, the top 10% of neurologists in this study collected much of the money 84.5%, to be exact totaling over \$5.2 million.

Looking at payment types, 86.5% of the total number of payments were for food and beverages. While this category seems like a minor issue that can be overlooked, frequent, repeated contact between drug company representatives and physicians eventually creates ongoing brand familiarity.

- **The biggest money category** – Non-continuing medical education (non-CME), speaking roles, faculty positions or talks that drug companies pay for accounted for 58% of the total money paid.

When broken down by region, neurologists from the Southern states were the ones most likely to receive payments, with about 60.7% participating, compared to 45% to 46.9% from other regions. The median payment size was roughly similar across the country, ranging from \$79 to \$89.

- **Research payments were also captured** – These totaled \$2,921,611 million across 412 neurologists, with a median of \$1,132. MS specialists received the largest share- \$285,537 or 9.7% of all research dollars suggesting that this area is a major focus of company-funded clinical research. Daiichi Sankyo was the top research sponsor, providing \$826,029 (28% of all research payments).
- **How transparency efforts still face challenges** – The Open Payments database (OPD) program was created to disclose payments received from the pharmaceutical industry, but there are still loopholes.

For example, payments under \$10 do not have to be reported unless the total yearly value from a single company exceeds \$100. This means that some very small interactions are never captured, but when added up across a year, they might still represent frequent exposure, which eventually influences prescriptions.

- **Doctors are deliberately omitting data** – The researchers warn that some data are misclassified or attributed to the wrong physicians, which could make the totals look slightly higher or lower than they really are. Here's an example:<sup>5</sup>

*"Of 1,113 presenters at the American Academy of Orthopedic Surgeons annual meeting in 2014, 11% who self-reported disclosures were not included in the OPD, and 23% were either not reported or were incorrectly classified, resulting in a 35% inconsistency between physician self-disclosures and OPD information."*

## **Vitamin D Offers a Natural Way to Manage MS**

In a [previous article](#), I shared how vitamin D deficiency increases your risk of developing MS. In fact, this valuable nutrient has significant roles in maintaining optimal health, including [managing blood sugar levels](#) and improved insulin resistance. Thus, boosting it is a sensible way of boosting your overall well-being.

But while direct sun exposure is the best way for your body to produce vitamin D, I don't recommend you bask in the sun indiscriminately. There are certain caveats you need to be aware of:

- **Practice smart and safe sun exposure** – The best way to raise vitamin D is still through natural sun exposure, but you need to approach it carefully. People who live closer to the equator, where sunlight is stronger year-round, have a much lower risk of developing MS, which highlights how powerful regular sun exposure is for immune balance.
- **If you've been eating a diet high in vegetable oils, it would be wise to implement a dietary change first** – Seed oils are loaded with [linoleic acid](#) (LA), an omega-6 polyunsaturated fat (PUF) that metabolizes when ultraviolet (UV) light hits your skin. That reaction creates toxic byproducts that inflame tissues and damage cell structures, even affecting DNA.
- **To start the path to safe sun exposure, minimize your intake of LA for four to six months before increasing sun exposure** – During this transition, stick to morning or late afternoon exposure, staying out of the peak sunlight hours between 10 a.m. and 4 p.m. If you have higher body fat, expect LA to take longer to exit your tissues because it's stored in fat and releases slowly.

For best results, limit your LA intake to less than 5 grams per day. But if you can get it to below 2 grams per day, that's better.

In addition, you can push out the LA embedded in your skin even faster by incorporating C15:0 fat into your diet. For more information on this topic, read "[The Fast-Track Path to Clearing Vegetable Oils from Your Skin.](#)"

Now, people with darker skin will need longer exposure periods to produce the same amount of vitamin D as someone with lighter skin, so plan your time outside accordingly. Watch yourself closely the goal is to stay just below the point where any redness starts. That's the marker that will keep you on the safe side while still letting your body make vitamin D efficiently.

- **Choose a quality vitamin D3 when needed** — If you live far from the equator or if you have a job that keeps you indoors a lot, sunlight alone will likely not boost your vitamin D levels. In that case, taking a high-quality **vitamin D3** supplement is the next best solution. Your skin naturally produces D3 when exposed to UVB rays from the sun, but if you can't get that exposure, supplementing bridges the gap.

Why vitamin D3? That's because vitamin D2 is the plant-based form from UV-treated yeast or mushrooms but studies show **it's not nearly as effective** at raising blood vitamin D levels as D3. Before you take a supplement, testing your vitamin D levels is key so you know exactly how much you need. This helps you avoid taking too little or overshooting and going too high.

- **Track your vitamin D status regularly** — Getting your levels right requires testing. Ideally, do it twice a year so you can adjust your sunlight exposure and supplement as necessary. I generally recommend an optimal range between 60 and 80 ng/mL (150 to 200 nmol/L).
- **Balance vitamin D with other nutrients** — Vitamin D does its job best when it works alongside other key nutrients. **Magnesium**, calcium, and **vitamin K2** all play important roles in helping your body absorb, transport, and properly use vitamin D.

## Your Gut Microbiota Also Influence Risk of MS

In addition to optimizing your vitamin D levels, research shows that **optimizing your gut health will also help manage MS** without having to resort to drugs. That said, I recommend the following tips:

- **Pick the right carbs for steady energy** — Carbohydrates are your body's preferred energy source. For most adults, a daily target of around 250 grams will keep your metabolism running smoothly and support gut health. But if you're an athlete or exercise regularly, you'll need even more.

Start with simple, gut-friendly options like white rice and ripe fruit to avoid overwhelming your digestive system. If your gut is already sensitive, loading up on high-fiber foods right away will feed harmful bacteria instead, causing bloating, discomfort, or flare-ups. Once digestion feels better, add cooked vegetables, whole grains, and starches.

- **Gradually increase dietary fiber** — When your digestion is back on track, increasing fiber becomes an advantage. That's because it's the main food source for the beneficial bacteria in your gut and produce short-chain fatty acids (SCFAs) such as [butyrate](#). This SCFA is helpful because it strengthens the intestinal barrier, reducing inflammation and improving nutrient absorption.
- **Minimize LA intake and ultraprocessed foods** — LA is not only harmful to your skin when exposed to UV light it also affects your gut health. With this in mind, minimize your LA intake to help optimize cellular function.

## **Frequently Asked Questions (FAQs) About Big Pharma Payments to Neurologists**

**Q: What is multiple sclerosis and why does it matter?**

**A:** Multiple sclerosis (MS) is an autoimmune condition where your immune system attacks the myelin sheath the protective coating around your nerves. This damage leads to symptoms such as numbness, tingling, weakness, vision issues, fatigue, and poor balance. Without treatment, MS can eventually affects your overall quality of life.

**Q: How common are industry payments to neurologists who prescribe MS drugs?**

**A:** Research published in BMJ Open found that 78.5% of MS-prescribing neurologists received at least one payment from drugmakers between 2015 and 2019, totaling \$163.6 million. Even more striking, 95% of that money went to the top 10% of recipients meaning a small group of doctors received most of the payments.

**Q: Do these payments influence prescribing patterns?**

**A:** Yes. The study showed that doctors who received money from a company were more likely to prescribe that company's drugs. Even a \$50 payment made a difference, while \$5,000 nearly doubled the chance that a doctor would favor that company's product. Payments given repeatedly or recently had the strongest influence, showing a clear pattern of behavior change linked to financial ties.

**Q: What kinds of payments are most common?**

**A:** The biggest share of money, about two-thirds, went to non-consulting activities like speaking engagements and educational events. These roles often put doctors in front of other clinicians, where they promote specific drugs. Smaller payments, like meals, were the most frequent by number and kept company representatives in regular contact with prescribers.

**Q: How can patients use this information to make better decisions?**

**A:** Knowing about these financial ties empowers you to ask essential questions that will affect your health. If your neurologist recommends a specific MS drug, ask whether they have financial relationships with the manufacturer. This helps ensure you are making decisions based on what is best for yourself rather than what is most familiar to your doctor through repeated company contact.

## Sources and References

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- <sup>1</sup> Johns Hopkins Medicine, "Multiple Sclerosis (MS)"
- <sup>2</sup> Mayo Clinic, "Multiple Sclerosis"
- <sup>3</sup> BMJ Open 2025;15:e095952
- <sup>4, 5</sup> Neurology. 2018 Jun 5;90(23):1063-1070