

Why Medicine Won't Cure You (and What's Finally Changing)

Analysis by [A Midwestern Doctor](#)

June 26, 2026

STORY AT-A-GLANCE

- › No industry, organization, or cause tasked with solving a problem will actually solve it, because the problem disappearing threatens their economic livelihood or political power
- › The pharmaceutical industry has perfected this model: drugs are designed to be taken perpetually rather than cure, side effects create demand for additional drugs, and the entire regulatory apparatus is structured to suppress affordable natural therapies that challenge it
- › SSRIs epitomize this dynamic – massively overprescribed, frequently life-ruining, and nearly impossible to withdraw from – yet for decades, the industry successfully kept all criticism of them out of mainstream discourse
- › Kennedy announced a multiagency federal effort to combat inappropriate SSRI prescribing, train providers in how to correctly taper patients off antidepressants, and provide non-pharmaceutical alternatives
- › This marks the first time in memory a federal health initiative has aimed to help get patients off a major drug class rather than on one

When I was in high school, I observed a few discouraging events which led me to postulate: "no industry, organization or cause tasked with solving a problem will actually solve it because the problem disappearing threatens their economic livelihood or political power."

Since that time, I have observed more examples than I can count in so many different spheres that I've accepted this dynamic is a common feature of society, and likewise, have come across many similar observations by others, my favorite of which was:

"Nothing is so permanent as a temporary government program." – Milton Friedman

Recently two noteworthy examples of this principle came to my attention. First, all of the online dating apps had switched from formats which allowed people to find suitable long term partners to ones which prevented people from matching, because if someone found a good match, they would stop paying for the service. Once one company figured this out, they bought out all competitors and shifted them to this predatory model as well (and all the profound consequences it entails).^{1,2,3,4,5,6}

Note: *Because online dating has now become so bad, the companies that monopolized the market are starting to lose a lot of users and money, signaling there may be a chance for this cycle to reset itself.*⁷

Second, I learned that a fairly remarkable mayor's race is unfolding in Los Angeles where the entrenched political establishment faces a real threat of losing to an outsider because conditions in the city have rapidly deteriorated over the last few years.

This, there appears to be widespread agreement on, has resulted from the parties tasked with addressing the cities problem (e.g., homelessness) instead taking the money for themselves and then using the failure to solve the problems to demand more funds (which have been drained from vital services from the county). In contrast, the challenger, Pratt, highlights that many of these problems would be easy to solve if serious measures were taken by the mayor to end the cycle of (profitable) victimization throughout the city.

Note: *One of the primary issues is a large number of homeless addicts who look and behave "like zombies" due to their fentanyl being cut with xylazine.⁸ Remarkably, despite widespread alarm being raised about this combination for years and numerous states*

making it illegal, all attempts to outlaw it on a Federal level or in California have thus far failed.^{9,10,11}

This article will focus on how that principle applies to medicine and why I believe beyond greed, complacency also plays a central role in the continual recurrence of this dynamic across societies.

Is Money the Root of All Evil?

The love of money has long been recognized as one of the most powerful forces for twisting human hearts towards evil. However, I would argue the core issue is that for many people effectively, accumulating money becomes the foundational axiom used to navigate life, causing them to rationalize a variety of unethical positions because their internal algorithm will frequently default to the choice that acquires more money.

Recognizing this provides an invaluable tool for understanding the world, as the motivations of others often become far clearer once you view things strictly through what and how they stand to profit from their actions.

Algorithms of Business

In the same way that a default behavior to seek the most profitable choice helps to explain individual actions, businesses also follow a relatively predictable set of behaviors aimed at optimizing profit. In general, most large businesses aim for the following, prioritizing whichever are most feasible:

- Continual growth
- High markups on their product
- The widest possible market
- Market exclusivity (to protect and maximize sales)

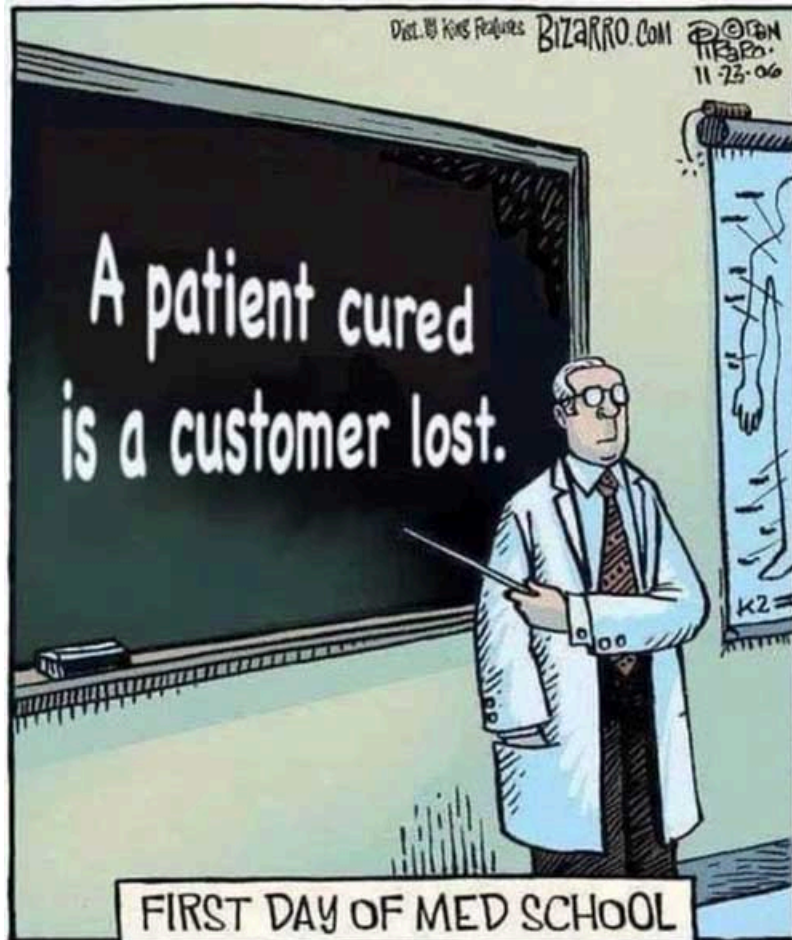
- Repeating sales far into the future

The pharmaceutical industry excels in all of these, which helps to explain why they have managed to sustain steady growth for decades, and why one-fifth of all money spent in the United States goes to healthcare despite our country receiving very poor returns on that investment.

Note: *Annual adult vaccines (which frequently do nothing, particularly because they are often for the wrong strain) are an excellent example of an unsafe, unproven, and ineffective product that is pushed on everyone because it fulfills the need for perpetually recurring sales.*

Lifelong Patients

A frequently shared meme highlights that members of the medical community frequently face the same dilemma dating companies do.



The more time I've spent in medicine, the more I've come to appreciate that many principles you see in business are not only replicated in medicine but inevitably will guide medical practice. The entire industry (and regulatory apparatus) is structured around this status quo, so anytime someone tries to deviate from it, countless stakeholders will emerge to oppose it.

This was best demonstrated by a 2018 report which provoked considerable public outrage when it was publicized by the mainstream media:¹²

Goldman Sachs asks in biotech research report: 'Is curing patients a sustainable business model?'

Goldman Sachs analysts attempted to address a touchy subject for biotech companies, especially those involved in the pioneering "gene therapy" treatment: cures could be bad for business in the long run.

"Is curing patients a sustainable business model?" analysts ask in an April 10 report entitled "The Genome Revolution."

"The potential to deliver 'one shot cures' is one of the most attractive aspects of gene therapy, genetically-engineered cell therapy and gene editing. However, such treatments offer a very different outlook with regard to recurring revenue versus chronic therapies," analyst Salveen Richter wrote in the note to clients Tuesday. "While this proposition carries tremendous value for patients and society, it could represent a challenge for genome medicine developers looking for sustained cash flow."

Richter cited [Gilead Sciences'](#) treatments for hepatitis C, which achieved cure rates of more than 90 percent. The company's U.S. sales for these hepatitis C treatments peaked at \$12.5 billion in 2015, but have been falling ever since. Goldman estimates the U.S. sales for these treatments will be less than \$4 billion this year, according to a table in the report.

"GILD is a case in point, where the success of its hepatitis C franchise has gradually exhausted the available pool of treatable patients," the analyst wrote "In the case of infectious diseases such as hepatitis C, curing existing patients also decreases the number of carriers able to transmit the virus to new patients thus the incident pool also declines ... Where an incident pool remains stable (eg, in cancer) the potential for a cure poses less risk to the sustainability of a franchise."

Note: While I can't prove this, given how rarely the media will expose pharmaceutical misconduct, I believe the reason it did in this specific case was not to help the public but rather to send a message to the industry (and investors) to avoid curative genomic

therapies.

All of this helps explain why the medical industry (and regulators) will only target competing therapies with the potential to meaningfully compete with their bottom line (e.g., we all saw what happened to the off-patent COVID-19 treatments like hydroxychloroquine and ivermectin). Sadly, many even more consequential examples. For example:

- **Ultraviolet blood irradiation** cured a wide range of otherwise fatal bacterial and viral infections (and many autoimmune disorders), but as it was taking off across American's hospitals, the American Medical Association tried to buy it, and once they couldn't, successfully buried it (except in areas like Russia outside their monopoly).
- Sleeping medications have a wide range of issues which cause serious issues for their users, so once an effective (but un-patentable) one which restored people's sleep and health (frequently to a profound degree) came into use, the FDA launched a relentless campaign that eventually outlawed it (detailed [here](#)).
- DMSO is a safe and essentially free substance that **rapidly heals injuries**, cures a wide range of common debilitating problems (e.g., **all types of pain, spine issues, most skin issues, most eye issues, gastrointestinal inflammation**, and **many autoimmune disorders**) along with addressing many otherwise incurable issues (e.g., **stroke damage, paralysis, chronic lung disease**, and **many different neurodegenerative disorders**).

Yet, despite the life-changing properties of this substance, the FDA fought the public for decades (including at multiple Congressional hearings) to bury it, and as a result, few people know it is anything but an inert solvent widely used in research and to deliver pharmaceuticals (and an interstitial cystitis treatment).

While many other candidates exist too (e.g., many promising cancer therapies were banned by the FDA), I believe **DMSO's story** is likely the clearest case of the FDA suppressing something to maintain the status quo of profitable diseases being incurable

(and requiring perpetual lucrative medical care).

This is because tens of thousands of forgotten studies (I've compiled) show its efficacy across a wide range of illnesses and I have now received **thousands of testimonials** from readers who had a lifelong debilitating issue rapidly resolve with DMSO that are nearly identical to those the FDA received as the public begged them not to ban it.

Medical Sales Funnels

One of the most common critiques of the pharmaceutical industry is that the entire enterprise is a more sophisticated form of the addictive drug model: the drugs that are widely sold are designed to hook people for life and the immense lobbying the industry can afford effectively takes the place of cartel violence to maintain their market monopoly.

Furthermore, unlike classic drug enterprises which have to market their products from the shadows, the state sanctioning of their business model makes it possible for them to publicly market the products to the entire society and buy out both the media and government so criticisms of their products are not allowed to be aired.

Note: *Other common criticisms include several of the largest pharmaceutical companies (e.g., Bayer via IG Farben¹³) having been deeply entwined with Nazi Germany, and that many major pharma firms were once leading marketers and manufacturers of cocaine, methamphetamine, and heroin (Bayer famously marketed heroin as a "non-addictive" wonder drug¹⁴).*

Fittingly, the medical profession has largely moved away from the language of "cure." For centuries, major medical dictionaries either omitted a clear definition of "cure" or defined it only minimally.^{15,16} The word is also notably absent from the indexes of core references such as Merck's Manual and Harrison's Principles of Internal Medicine.^{17,18}

In practice, physicians are strongly discouraged from promising or even declaring a "cure" in many contexts.¹⁹ You cannot be accused of failing to achieve something the profession rarely claims is possible.

Because of this, every successful pharmaceutical lies somewhere along a spectrum of being "addictive" to "ineffective." Much of this results from the fact the body is designed to maintain homeostasis and resist unnatural alterations of physiology, so the human response to medications is frequently either: for the effect to be temporary, for progressively higher doses to be required, or for the body to shift to an unnatural baseline where it can no longer function without the artificial counterweight of the medication.

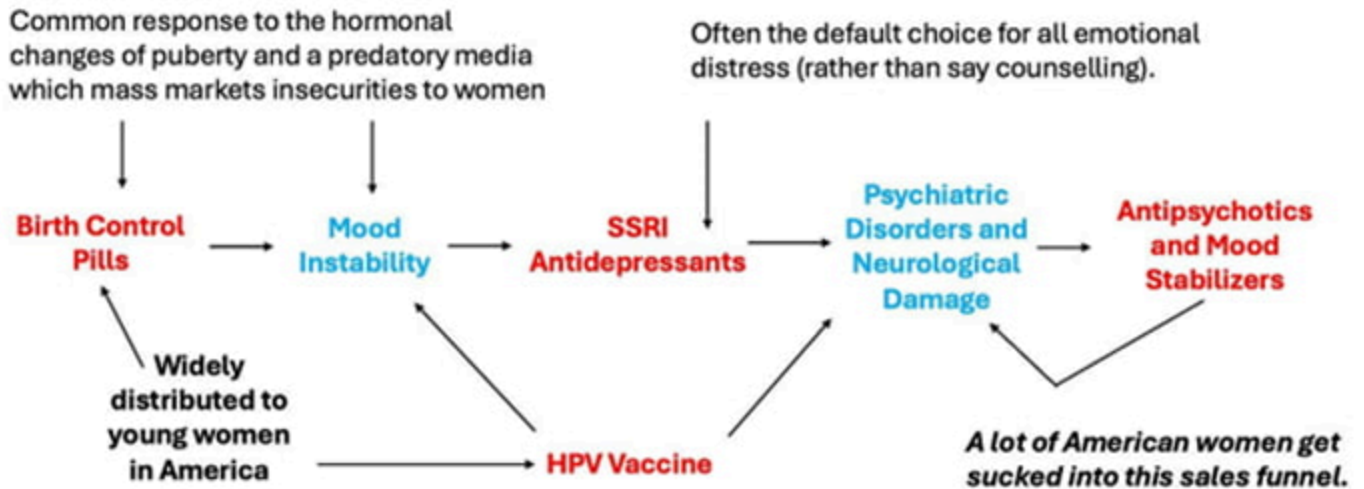
Note: Sometimes additional steps are involved. For example, acid reflux frequently results from a lack of stomach acid (which prevents the top of the stomach from getting the signal to close) which argues for supplementing meals with stomach acid (that **beyond frequently curing reflux, provides numerous other health benefits**).

However, rather than do this, the preferred approach is to completely suppress stomach acid production so nothing is there to reflux, making it very difficult to stop the medications because once small (insufficient) amounts of acid return, they will reflux and cause heartburn.

Beyond the design of pharmaceutical drugs inevitably producing side effects, those side effects are often actually an upside for the industry because they create additional problems that require other drugs to treat, hence creating a robust "sales funnel." General practitioners not only provide a steady stream of patient referrals to more expensive medical services, but also give patients tests that convert a significant number into taking common lifelong drugs (which half of American adults are on at least one of²⁰).

SSRI Antidepressants

From the start, I decided to focus on SSRIs as **while they significantly help a subset of patients**, I also feel they are one of the worst offenders on the market. Beyond being massively overprescribed, they frequently ruin people's lives (**often in very cruel ways**), are often nearly impossible to withdraw from, and have predatory sales funnels that affect large numbers of American women:



Unfortunately, SSRIs languished in the same place many other toxic drugs did: they harmed a significant number of people but the drugs made enough money (one in six adults take psychiatric medications²¹) that it was possible for industry to corral the entire government and media into sweeping them under the rug.

To try to shift this, I decided to focus not on the common side effects, but rather **the psychotic violence and mass shootings they occasionally cause**. My theory was that since so much effort has gone into politicizing mass shootings and gun control, the right would be receptive to the fact SSRIs were triggering many of the shootings being blamed on inadequate gun control, and that this would spur interest into all the other far more common side effects SSRIs cause and make it finally an acceptable topic of discourse.

So, I tried to draft a very clear case for this (along with a follow up explaining the dangers of SSRIs and the corruption that allowed them to come to market) and then put them out immediately following a school shooting which was large enough to become

the national media story. That article²² somehow made it to Tucker Carlson, who then, five weeks later, for the first time in the mainstream media, did a segment on the topic for Fox News.²³

Following this, as more and more political figures on the right were willing to broach the subject, it became a gradually acceptable topic to discuss (e.g., during his 2024 campaign, RFK Jr. shared that article stating: "Any conversation about gun violence is incomplete if it doesn't touch on mental health and the suppressed evidence implicating SSRIs in suicide and homicide"²⁴).

The successive attention which bubbled up in the alternative media to the frequent side effects of SSRIs (and Secretary Kennedy's public acknowledgment of it) has gradually brought mainstream attention to this, including at a recent May 4th panel (covered by the press) which began with victims of SSRIs sharing what they have experienced.^{25,26}

[Video Link](#)

That panel concluded with Secretary Kennedy stating we need to do better, that withdrawing from SSRIs is significantly more difficult than withdrawing from heroin, and announcing that the Federal Government would begin combatting this.

He laid out a multiagency national effort to educate health care providers in the dangers of SSRIs (particularly inappropriate prescribing), provide non-pharmaceutical mental health alternatives, and train providers in how to correctly taper off psychiatric medications (along with reimbursing them for doing this).²⁷

Note: SSRIs are not the only psychiatric medication with major issues (e.g., **there are many serious issues with benzodiazepines** which are used for anxiety, insomnia, and SSRI side effects).

Despite everything I've seen happen over the last four years, I still never believed something like this would happen. For context, in a period when the pharmaceutical industry had much less influence over the FDA, **it took more than a decade** of activism,

leaks, and Congressional hearings to simply get a warning label on SSRIs that they could cause suicide.

This went miles beyond anything even the most optimistic activists had ever imagined, illustrating why it is so critical to shift the Overton window and make taboo subjects acceptable for regular discussion.

Additionally, it was quite notable that this entire effort goes contrary to the entire foundation of the medical system, as Secretary Kennedy's ultimate goal was to decrease rather than increase pharmaceutical sales. As such, predictable criticisms of his completely reasonable approach emerged, such as this one from Senator Tina Smith (D-MN):²⁸

*"People I care a whole lot about rely on SSRIs to make their lives work. I don't know where I would be without SSRIs. RFK Jr. can get his f***ing hands and crazy conspiracy theories out of our medicine cabinets."*

Institutional Inertia

Most societies and institutions follow a similar trajectory: initially, they have to be as innovative and dedicated as possible to establish themselves. Once established, their focus shifts to maintaining their position rather than advancing their original mission (e.g., empires throughout history **typically last seven generations because they all succumb to this cycle**).

This shift commonly translates to the goal moving from solving the issue to providing an "indispensable service" by perpetually managing rather than fixing it. I've never forgotten one clip from a documentary²⁹ about soldiers injured by the (completely unnecessary) **experimental anthrax vaccine**, which much like the COVID vaccine, ended the careers of many promising soldiers despite widespread resistance against the shots.

[Video Link](#)

Conclusion

While financial incentives are the most obvious driver for institutions to abandon their original mission, I (and many others throughout history) have come to believe that plain human complacency and the widespread aversion to change play an equally central (and perhaps even larger) role. Most people would simply rather master a comfortable routine and get paid for it than face the constant uncertainty required to actually solve difficult problems.

When I was much younger, I saw many instances of wealthy people being far less happy than their less fortunate peers and realized that money without purpose was often spiritual poison. I concluded that my purpose would be to learn as much about life as I could, and along that journey, find ways to help others. I gravitated towards medicine because very few things are as complex as the human body (or as meaningful when you can finally figure something out and help heal someone).

I was quite shocked to discover not only that inquisitive medical students were the minority, but that the entire educational process was structured to gradually remove that mindset from trainees.

I've long wondered what the solution is. On one hand, I hold the idealistic perspective that if people are presented with a better way to practice medicine, supported in enacting it, and shown that they can find the passion for medicine they had long ago lost, they would eagerly embrace it. Conversely, from watching attempt after attempt to reform the medical system fail, I've adopted the more cynical perspective that medicine will only change if it faces genuine disruptive competition.

RFK's approach on mental health hence offers an intriguing third (hybrid) option: provide physicians with a safe, supportive, and guided framework to break from the existing mold, while simultaneously rekindling their interest in medicine by seeing the results this previously unconventional approach creates.

It's hard to describe how much joy this brings me, not only because it offers a better path forward for medicine in general, but also because so many people I was close to have had their lives ruined by SSRIs, and it always felt like there was so much inertia behind the drugs that it would be impossible to ever shift that. We live in a very unusual time, and I want to thank each of you for helping to make what we are now seeing possible.

Author's Note: *This is an abridged version of [a longer article](#) that goes into greater detail about the above points and the therapies the FDA suppressed to support the medical industry. That article and its additional references can be read [here](#). Additionally, a companion article on the dangers of antidepressants and the natural treatments for depression can be read [here](#), while another on the dangers of benzodiazepines and the natural treatments for anxiety can be read [here](#).*

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate their exceptional insight on a wide range of topics and I'm grateful to share 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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