Blockbuster Weight-Loss Drug Linked to Serious Kidney Issues

Semaglutide, also marketed as Ozempic or Wegovy, is slated to bring in more than $10 billion in annual sales but serious adverse effects are emerging — including kidney and gastrointestinal disorders.

By Dr. Joseph Mercola

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Story at a glance:

- Semaglutide, the blockbuster drug being used for weight loss, is slated to bring in more than $10 billion in annual sales but serious adverse effects are emerging.
- A study using data from Eudravigilance, Europe's system for analyzing adverse reactions to medications, found a high prevalence of gastrointestinal disorders among users.
- Other semaglutide patients "experienced rapid worsening of kidney function" after use.
- Semaglutide has also been associated with cancer, pancreatitis and retinopathy complications, including hemorrhage and blindness.
- Long-term use of GLP-1RAs like semaglutide may even leave your small intestine as inelastic as a loose spring, causing a potentially fatal intestinal obstruction.

The latest weight loss craze to hit Hollywood and beyond is semaglutide, more popularly known as Ozempic, the brand name of the drug marketed to improve blood sugar in people with Type 2 diabetes.

Semaglutide is also known as Wegovy, which is prescribed to adults interested in weight loss. The weekly injectable drug is available only by prescription — and costs $1,349 a month — but it's in high demand among those looking to shed a few pounds.

New York dermatologist Dr. Paul Jarrod Frank told People, "It's the drug of choice these days for the 1%."

He says he can always spot users due to "Ozempic face," a gaunt appearance that can occur due to fat loss, which may make you appear older, particularly in the face.

But this undesirable side effect is the least of your worries if you choose to use semaglutide. The blockbuster drug, slated to bring in more than $10 billion in annual sales, has also been linked to a growing number of serious health disorders.

How does semaglutide work?

Semaglutide is a glucagon-like peptide 1 receptor agonist (GLP-1RAs). As a peptide hormone,

GLP-1 is, among other things, part of a group of incretin hormones, which are released when you eat to regulate insulin, along with many other functions.

Along with affecting insulin, GLP-1 may influence the nervous system, leading to an appetite-reducing response. Many taking semaglutide report that the drug makes them feel full, faster, so they're satisfied eating smaller amounts.

"Semaglutide is a hormone that is produced while we eat; it tells the brain that we are full," Dr. Katherine H. Saunders, cofounder of Intellihealth, told the New York Post. "It helps people to feel less hungry, to feel full faster and to stay full longer. But it does so when we actually are less full."

A 2021 study funded by Novo Nordisk, the drug's maker, found using semaglutide once a week led to a 14.9% reduction in body weight among adults with obesity.

A cohort study of overweight or obese adults also found a total body weight loss of 5.9% after three months of using semaglutide and 10.9% after six months.

Now the drug isn't only being pawned off as a weight loss panacea but also an "anti-addiction drug." "People taking Ozempic for weight loss say they have also stopped drinking, smoking, shopping and even nail-biting," The Atlantic reported in May 2023.

"The media is pushing this drug Ozempic, first by warning people not to take it because … they would lose too much weight (lol)," Zachary Vorhies, Google whistleblower, tweeted. "Now we are going into the hype phase where it's a panacea. Just remember that the media only pushes drugs that are toxic."

Vorhies, a former senior software engineer at Google and Google's YouTube, resigned after discovering Google is manipulating public opinion and the political landscape.

He uncovered more than 950 pages of confidential Google documents showing its plan to re-rank the entire internet based on its own corporate values — so he knows a thing or two about media and corporate corruption.

"Imagine you are … reading this and not knowing how absolutely evil the pharma industry is. I predict it will be discovered that this drug gives some downstream health problem where big pharma is going to hit paydirt when billing your insurance company," Vorhies added.

Semaglutide linked to gastrointestinal disorders

Adverse effects surrounding semaglutide are already becoming apparent. A study using data from Eudravigilance, Europe's system for analyzing adverse reactions to medications, found a high prevalence of gastrointestinal disorders among users.

Metabolic, nutritional, eye, renal, urinary and cardiac disorders were also reported, but gastrointestinal events occurred particularly often.

Among those who took semaglutide orally, 50% experienced gastrointestinal events, compared to 47.2% of those using the injectable form.

Further, semaglutide was associated with a greater number of gastrointestinal adverse events compared to other medications, including sitagliptin and empaglifozin.

In 2018, researchers also warned that mild to moderate gastrointestinal adverse events occurred more often among semaglutide users compared to placebo users. Further, there was an increased risk of diabetic retinopathy.

What's more, studies suggest using semaglutide may lead to adverse kidney events, and these events happen more often in people who also experience adverse gastrointestinal symptoms when taking the drug.

Semaglutide leads to 'rapid worsening of kidney function'

Two case reports were published in 2021 showing acute kidney injury in people taking semaglutide. Both patients had chronic kidney disease as a result of diabetes and "experienced rapid worsening of kidney function and increased proteinuria after being prescribed the GLP-1 receptor agonist semaglutide."

"We recommend that caution be used with these agents in patients with moderate to severe chronic kidney disease due to limited kidney reserve in the event of an adverse kidney event," the researchers explained.

The long-term effects of the drug are also unknown. This is particularly concerning since users tend to regain the weight they lost as soon as they stop taking the drug.

The so-called "Ozempic rebound" has been making headlines in the media, after a study found that one year after stopping semaglutide, participants regained two-thirds of their prior weight loss, and most of the changes in cardiometabolic variables also reverted back to pretreatment levels.

This, the researchers said, highlights "the importance of maintaining long-term pharmacological treatment for weight management in people with obesity."

Put another way, if you're relying on semaglutide to maintain a healthy weight, you're going to have to take it for life — with unknown consequences to your health.

Pancreatic cancer, tumor link uncovered

It's revealing that, in a study investigating effects after two years of taking semaglutide, 96.1% of participants experienced an adverse event, 7.9% of which were considered serious.

In addition to gastrointestinal disorders and kidney injury, semaglutide has been associated with pancreatitis and retinopathy complications, including hemorrhage and blindness.

Up to 5% of people taking semaglutide experience retinopathy, the leading cause of preventable blindness.

"It is unclear whether this is an AE [adverse event] from the rapid lowering of blood glucose or if it has another etiology," noted a University of Utah School of Medicine professor and doctor of pharmacy.

Cancer is another cause for concern.

Many aren't aware the drug carries a black box warning because rodent studies found semaglutide causes thyroid C-cell tumors "at clinically relevant exposures."

Even the Memorial Sloan Kettering Cancer Center warns:

> "This drug has been shown to cause thyroid cancer in some animals. It is not known if this happens in humans. If thyroid cancer happens, it may be deadly if not found and treated early ...
>
> "Do not use this drug if you have a health problem called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2), or if you or a family member have had thyroid cancer."

Further, a patient in the Sustain 5 trial developed metastatic pancreatic carcinoma about 65 days post-treatment.

A pharmacovigilance study using the U.S. Food and Drug Administration (FDA) Adverse Event Reporting System, or VAERS, also looked into "increasing data on the potential risk of pancreatic carcinoma-associated" with GLP-1RAs, including semaglutide, finding a clear association.

"Based on this pharmacovigilance study, GLP-1RAs, except albiglutide, are associated with pancreatic carcinoma," the researchers noted, adding, "Based on the bibliometric investigation, cAMP/protein-kinase, Ca2+ channel, endoplasmic-reticulum stress, and oxidative stress are potential pathogenesis of pancreatic carcinoma resulting from GLP-1RAs."

Risk of deadly intestinal obstruction increases 3.5-fold

Long-term use of GLP-1RAs like semaglutide may even cause a potentially fatal intestinal obstruction. Diabetic patients who use the drugs have a 4.5 times higher risk of intestinal obstruction than those using other medications.

A study of 25,617 people also found the use of GLP-1RAs increases the rate of intestinal obstruction by 3.5-fold.

Animal studies suggest that these drugs may increase the length and weight of the small intestine. In humans, they may increase intestinal length and villus height; villi are the hairlike projections inside the small intestine that help absorb nutrients.

Writing in Acta Pharmaceutica Sinica B, researchers explained how this could seriously affect intestinal function, increasing obstruction risk:

> "Because GLP-1RAs could cause continuous increases in the intestinal length and villus height, the small intestine may become as inelastic and fibrotic as a loose spring, leading to long-term upper intestinal obstruction."

To date, clinical trials haven't revealed such changes in the human gut, likely because it's difficult to measure small intestine length. Further, the most common symptom of these changes is constipation, which can be attributed to many causes.

Not to mention, the team noted, studies typically aren't long enough to reveal intestinal obstruction risks:

> "The risk of chronic intestinal obstruction in humans cumulates over time, with the highest occurrence appearing 1.6 years following GLP-1RA treatment. However, clinical trials on GLP-1RAs usually do not last for more than a year."

There are better ways to lose weight

You don't need to risk your health to lose weight. Collectively, consuming too much linoleic acid (LA) is the primary factor driving the overweight and obesity epidemics.

LA is a type of omega-6 fat found in seed oils like soybean, cottonseed, sunflower, rapeseed (canola), corn and safflower.

Reducing your intake of seed oils while increasing your intake of healthy fats is a powerful way to support a healthy weight.

For weight loss and health, consider cutting LA down to below 7 grams per day, which is close to what our ancestors used to consume before chronic health conditions, including obesity, became widespread.

To do so, you'll need to avoid nearly all ultra-processed foods, fast foods and restaurant foods, as virtually all of them contain seed oils. The easiest way to do this is to prepare the majority of your food at home so you know what you are eating.

The timing of your food, or time-restricted eating, also matters. Our ancient ancestors did not have access to food 24/7, so our genetics are optimized to having food at variable intervals, not every few hours. When you eat every few hours for months, years or decades, never missing a meal, your body forgets how to burn fat as a fuel.

In most cases, you can lose weight by eating real food — not ultra-processed ones — and embracing time-restricted eating by limiting food intake to a certain number of hours per day.

Engaging in non-exercise movement throughout the day, and getting regular exercise, will provide further benefits, with no risky medications — or related adverse effects — required.

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Dr. Joseph Mercola
Dr. Joseph Mercola is the founder of Mercola.com.