

Death by Modern Medicine



SEEKING SAFE SOLUTIONS

Dr. Carolyn Dean, MD ND

***DEATH BY MODERN MEDICINE:
Seeking Safe Solutions***

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Meet The Doctor of the Future: Dr. Dean is a medical doctor, naturopath, herbalist and acupuncturist. She's authored and co-authored 18 books including *The Yeast Connection and Women's Health*, *IBS for Dummies*, *IBS Cookbook for Dummies*, and the *Magnesium Miracle*. She's the medical director of the educational [Nutritional Magnesium Association](#). You're invited to join her online wellness program *Future Health Now!* and receive a free subscription to her *Doctor of the Future* newsletter.

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INTRODUCTION TO THE SECOND EDITION

The first edition of *Death by Modern Medicine* was written in 2005. It's only been three years since the first edition and much has changed; some things for the better and some things have gotten worse. I'm often asked on radio shows to confirm that natural medicine is becoming more widely accepted and benefitting the general population. I have to say that I really don't see widespread evidence of that happening. As long as allopathic medicine remains the gatekeeper for access to health services and insurance reimbursement, health providers with other skills will not be allowed to play in their sandbox. Even worse, allopathic medicine continues to prosecute doctors who offer health care that is outside the standard practice of medicine, which is limited to drugs and surgery. Also, the FDA has taken a renewed interest in "regulating" dietary supplements making it increasingly challenging for small companies to stay in business. There can be no renaissance in medicine with such limitations to our freedom of choice and free will.

Death by Modern Medicine won the 2006 Independent Publisher Book Awards category of Most Progressive Health book. It has been referenced by thousands of people around the world. Most notable is Shirley MacLaine's *Sage-ing While Age-ing*. *Death by Modern Medicine* and the paper that preceded it, "Death by Medicine," written in 2003, struck a resounding cord. No longer able to deny the negative impact of modern medicine, books, papers, websites, and testimonials began to proclaim the reality that had for so long been denied. Not only the Emperor but he and his whole entourage were bare naked for all to see!

In my general medicine practice I always kept a drug compendium for people to look up the side effects of the drugs they were taking. Such reference texts are also kept in libraries and pharmacies but it's easier these days to google drugs on the internet and be aware of their potential for harm. If you visit a drug company website, the side effects will be downplayed, even so, you might just be that one-in-a-million patient that develops a strange side effect, so it's important to know as much as you can about the drugs you are taking.

As I write this section, I'm thinking about a telephone consult with a new client who has had intolerable skin itching for over a year. In the history she sent me it, every drug she is taking causes skin itching. The following websites will help you learn more about drugs and their side effects. Remember, you cannot assume that the drugs your doctor gives you are harmless. And when you tell your doctor you are having side effects, he or she may not "believe" you. They are not trained to identify drug side effects and try to ignore them as much as possible.

DRUG WATCH WEBSITES

1. Worst Pills: <http://www.worstpills.org>
2. Prescription Drug Watch: <http://drugs.healthdiaries.com/>
3. Drug Injury Watch: <http://www.drug-injury.com/>
4. Side Effects Made Simple: Shopper's Guide to 22 Worthless Drugs:
<http://www.bonkersinstitute.org/simpleside.html>

FDA Adverse Drug Reactions

Even with so much attention on the dangers of modern medicine, the following inventory compiled by the FDA's Adverse Event Reporting System for the years 1998-2005 shows that it's just getting worse. Be aware that this reporting system is voluntary, not mandatory and research shows that only about one out of ten adverse events are ever reported to the FDA.¹

Adverse Events Comparison 1998-2005

1. Serious adverse drug events increased by 260%.
2. Fatal drug events increased by 270%.
3. Drugs withdrawn from the market due to serious adverse events up 26%.
4. For 13 new biotechnology drugs, serious events grew by 1,580%.
5. Out of 1,489 drugs related to serious adverse events, 20% caused 97% of all of these events.

I began writing *Death by Modern Medicine* (2005) at a Codex meeting in Bonn, Germany in October 2004 as I wrestled with the incongruity of a system that claimed to promote safe food and dietary supplement trading across borders but made no reference to the health of the people that would ingest these foods and supplements. As you will read in *Chapter 3*, Codex Alimentarius is not concerned with food for its vital health-giving properties but only as a commodity. I observed a dual agenda in the Codex proceedings that appears to encourage the maximum levels of toxicity in the food supply and the lowest amount of nutrients in synthetic supplements.

Codex was initiated in 1962 under the auspices of The World Health Organization, which defines traditional or natural medicine as: "Health practices, approaches, knowledge, and beliefs incorporating plant, animal, and mineral based medicines, spiritual therapies, manual techniques, and exercises, applied singularly or in combination to treat, diagnose, and prevent illnesses or maintain well-being."² In 1995, the World Trade Organization diverted Codex away from safeguarding food for humans to commercializing food for corporations.

¹ Moore TJ, et al. Serious Adverse Drug Events Reported to the Food and Drug Administration, 1998-2005. *Arch Intern Med.* 2007;167(16):1752-1759.

² Dean C, Null G. "Death by Medicine." Nutrition Institute of America, November 2003. www.lef.org and search Death by Medicine.

I began to seek solutions to the crises of modern medicine after participating in two Codex meetings in Europe. Primarily, I wanted to accentuate positive ways that can benefit our health. After writing *Death by Modern Medicine* I didn't want to spend my time discussing the negative aspects of our health care system. After all, it's not just medicine that is in crisis; there is a breakdown at all levels of society. You can read my thoughts on this in *Chapter 4*; simply recognizing the need for a system-wide transformation may make it easier for us to "accept" that medicine is no longer serving us.

At Codex, where they have set a very low limit on the potency of supplements, I began searching for high-quality, low-potency supplements would be considered "safe enough" to pass the Codex regulations. I was also looking for low potency vitamins and minerals manufactured by privately owned companies—not publicly traded companies whose 'bottom line' is stockholder profit and not product quality.

At Codex, I watched as higher levels of mercury and pesticides were being allowed in commercial foods. I became aware that farming in America was being discouraged and importation of all our food products from developing nations was being encouraged. I knew I needed to be in a clean and safe environment where organic food can be grown year round, where the air is clean, and the water is unpolluted. Rather than trying to fight against, what appears to be, the inevitable decline of food and supplements in America, I sought out supplement companies that would fit the Codex criteria of low potency. I realized that food-based organic products are well absorbed and low potency as are angstrom-sized cellular absorbed minerals.

My favorite course of study, presently, is *Recall Healing* a scientific system that helps discover the stressful conflicts in the mind that are systematically downloaded into the body as a disease in order to "keep the body alive for another day". CT scans of the brain can identify focal points that correspond to the affected body part. A thousand disease conditions and their conflicts have been identified. It is breakthrough medicine that informs my work with clients and can offer miraculous benefits.

INTRODUCTION TO THE FIRST EDITION

In the fall of 2003, I spent an intense 3 weeks working on a paper about medical iatrogenesis for The Nutrition Institute of America published in *Life Extension Magazine*. Throughout the book are excerpts from this paper called "Death by Medicine." I also edited a version of the paper for the *Journal of Orthomolecular Medicine*, which is included in Appendix B.

NOTE: (dbm) throughout the text is a notation for references you will find in the *Journal of Orthomolecular Medicine* article and a wider discussion of the topic.

NOTE: In *Death by Modern Medicine* I use the terms natural medicine, natural healing arts, and similar words to describe the kind of medicine I support and envision. Allopathic medicine and modern medicine will be used interchangeably to describe drug-based medicine that seeks to monopolize medical care.

CHAPTER 1 DEATH BY MODERN MEDICAL DOCTORS

I have endeavored to show that there is no real service of humanity in the profession (of medicine) and that it is injurious to mankind.

Mahatma Gandhi

What did Gandhi know that we choose to ignore? Let's explore why he would make such an 'extreme' statement as the above "there is no real service of humanity in the profession (of medicine) and that it is injurious to mankind."

Medical doctors are licensed and regulated by their own medical boards. Increasingly, these boards are populated with representatives of the drug industry, health insurance industry, and doctors who are paid "advisors" for pharmaceutical companies. Drug and insurance affiliations represent a conflict of interest or at the very least a vested interest in promoting allopathic medicine.

Doctors may have been drawn to study medicine for a variety of reasons: humanitarian, financial, and prestige. When I was in medical school, many of my classmates had parents who were doctors; they were raised in a medical world. Others, especially in the baby boomer age group, grew up with the Marcus Welby and Dr. Kildare images of caring doctors who were an extension of the family, making house calls and adding a measure of common sense to every prescription.

Young medical students these days have been brainwashed by the content of movies and TV shows like 'ER'. The drama of an EVAC helicopter rescue of a severely injured accident victim, bleeding and comatose, miraculously snatched from the grip of death, is presented as the epitome of modern medicine. Surgically reattaching limbs, reviving someone from a near fatal heart attack, or saving the life of a 2 pound 2 ounce infant is modern medicine at its best. Technology, autopsy, and forensics are played out in film and television dramas and gone are the house calls and concern for the patient who has any form of chronic disease that won't resolve within a one-hour drama.

The most popular medical drama in 2006-2007 was "House". Each week their featured patients are given the 'million dollar' work up, multiple misdiagnoses and a litany of side effects by a team of supposedly brilliant doctors. This program does little to make people confident with modern medicine.

A 2007 book, *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer* by Shannon Brownlee is the subject of a Moss Report book review, January 13, 2008 at ralphmoss.com. Dr. Moss says that "Increasingly sophisticated tests and imaging techniques have largely supplanted the traditional process of diagnosis, and have, in effect, become the new physical exam." He quotes Brownlee who is convinced that

"Testing has replaced thinking on the doctor's part and feeling cared for on the patient's. What's lost in the process...is the personal relationship, the trusting interaction that once formed the basis for healing. But when the patient views the doctor as a tool of the insurer, and the doctor views the patient increasingly through the narrow lens of a computer screen, it's difficult for either to see the other as a partner in the process of healing."

Moss continues. "Every year in the US, we undergo millions of tests - MRIs, CTs, PET scans, blood tests - that frequently lead doctors to diagnose conditions that, if left alone, might never have developed into overt, detectable disease. A very high proportion of the normal, well population harbors what are known in the medical profession as 'incidentalomas' - lesions of little or no clinical significance that are only detected as a result of a test or scan for another condition entirely. But because theoretically any such lesion might - just might - progress, further investigations are almost always recommended. These further investigations - biopsies, excisions, tests - not only represent an enormous financial burden on our health care system but may also lead, in their own right, to illness, complications and even death - all in the service of preventing or "curing" what are essentially pseudo-diseases."

Brownlee's book covers the problems encountered in hospitals, the risk of infection, and iatrogenic illness reported in *Death by Modern Medicine*. She then focuses on "the deliberate use of "disease-mongering" by the drug industry in order to create lucrative new markets...and the worried well" Her estimate of the advertising budget for the drug industry is \$29.9 billion in 2005. A new study out of Canada discussed in *Chapter 5* places the drug industry advertising price tag at \$57 billion.³

In *Overtreated*, Shannon Brownlee offers both a compelling investigation of the economic forces that drive unnecessary care, and a rational prescription for what can - and must -be urgently done about it. It is highly encouraging that various prominent members of the medical profession have enthusiastically received this book. In a glowing review, Marcia Angell, MD, former editor-in-chief of the *New England Journal of Medicine*, has written: "This book could save your life. In gripping detail, Brownlee explains how well-insured Americans get much more high-tech medical care - CT scans, angiograms, and the like - than they need, enriching the hospitals and doctors who provide it, but driving up the overall costs of health care and often endangering patients' lives. Brownlee clearly shows in this important book that overtreatment, like under-treatment, is very bad medicine."

We can safely say the high points of modern medicine are:

1. Emergency medicine
2. Surgery
3. Diagnostics

³ Gagnon MA, Lexchin J (2008) The Cost of Pushing Pills: A New Estimate of Pharmaceutical Promotion Expenditures in the United States. *PLoS Med* 5.

However, there is a growing focus on the technology of:

4. Genetic engineering
5. Vaccines

Yet, we hear from allopathic medicine cheerleaders that today's modern medicine is unsurpassed. Let's look at the report card on a medical system that relies on drugs and surgery as its mainstay. Only 55 percent of patients, in a recent random sample of adults, received recommended care, with little difference found between care recommended for prevention, to address acute episodes, or to treat chronic conditions.⁴ According to an Institute of Medicine report, more than 50% of patients with diabetes, hypertension, tobacco addiction, hyperlipidemia, congestive heart failure, asthma, depression, and chronic atrial fibrillation are inadequately managed.⁵ A well-known comment on scientific medicine is the long lag time between the discovery of a more effective form of treatment and its incorporation into routine patient care. One study says that the waiting time for such incorporation averages seventeen years.⁶

NOT Leader of the Pack

For all the bravado and hype about the high quality of health care in America, *ScienceDaily* (01-08-8), an online journal, reminded us exactly where we rank among other industrialized nations on the issue of preventable deaths - LAST.⁷ We're not the alpha dog, we're not even the alpha dog's lieutenant, we're so far down the scale, we're hardly significant. The Commonwealth Fund, an independent foundation working toward health policy reform and a high performance health system, financed a study called "Measuring the Health of Nations". In the report the U.S. placed last among the nineteen countries studied when it comes to preventable deaths.⁸ The authors stated "It is notable that all countries have improved substantially except the U.S." In the six years from 1997-2003 the U.S. dropped from 15th to 19th in rank.

Projected statistics by the authors showed that if the U.S. matched the performance of the top three countries, France, Japan, and Australia, it could have saved 101,000 American lives annually. The report further stated that, "The fact that other countries are reducing these preventable deaths more rapidly, yet spending far less, indicates that policy, goals, and efforts to improve health systems make a difference." The other countries included in the study were Austria, Canada,

⁴ McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. "The quality of health care delivered to adults in the United States." *N Engl J Med.* 2003 Jun 26;348(26):2635-45.

⁵ Institute of Medicine, 2003c; Clark et al., 2000; Joint National Committee on Prevention, 1997; Legorreta et al., 2000; McBride et al., 1998; Ni et al., 1998; Perez-Stable and Fuentes-Afflick, 1998; Samsa et al., 2000; Young et al., 2001.

⁶ Balas EA. "Information systems can prevent errors and improve quality." *J Am Med Inform Assoc.* 2001 Jul-Aug;8(4):398-9.

⁷ <http://www.sciencedaily.com/releases/2008/01/080108082944.htm>

⁸ <http://www.commonwealthfund.org/Content/Publications/In-the-Literature/2008/Jan/Measuring-the-Health-of-Nations--Updating-an-Earlier-Analysis.aspx>

Denmark, Finland, Germany, Greece, Ireland, Italy, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden. and the United Kingdom.

The Biggest Spender

In a 2000 health care survey, the World Health Organization listed the U.S. as the biggest spender in the world for health care but among the losers ranking 37th in the world in terms of overall health system performance. At the site geographic.org, you can find this ranking system for health care.⁹ Another ranking system charts healthy life expectancy globally. In that category, the U.S. ranks 24th.

Emergency Medicine

ER doctors are trained to handle medical crises. Heart attack, motor vehicle accidents, and overwhelming infections are the major crises that affect people who come through their doors. How many of these events can be prevented and don't need emergency intervention is a hot topic of debate. Building safer cars with guidance systems and warning devices could prevent motor vehicle accidents and countless deaths. Heart disease, although said by modern medicine to have no specific cause but many risk factors, is also highly preventable. Even overwhelming infections, often due to a compromised immune system, could sometimes be prevented by the proper attention to immune boosting and lifestyle. Your body is a miracle of creation; learning to prevent, treat, and cure health challenges are all available options to an interested public.

Surgery

Peering into someone's body is such an intimate act that many doctors detach themselves emotionally to handle the strain. Surgery, however, has become so commonplace that body parts are being removed and/or replaced at an unprecedented rate without mention of alternatives. Along with the rush to operate come the mistakes. Cutting off the wrong limb, operating on the wrong organ, and surgical tools left inside the body are mounting effects of a system out of control.

Diagnostics

Diagnosing disease is crucial in modern medicine—to name the condition then allows an agreed-upon intervention with a designated drug or surgical procedure. In our haste to conquer all the crevices of the body and “leave no organ unturned”, we use stronger X-ray tools that we consider harmless because they are so commonplace. CT scans that slice the body into smaller and smaller pieces, in fact, offer doses of radiation hundreds of times higher than an average chest X-ray. What is not conveyed to the patient is that any amount of X-ray to the body can result in damage to the body's DNA and pave the road to cancer.

If you are undergoing investigations for a medical condition, you must always ask—how will the recommended test alter the course of my treatment? A test being done

⁹ <http://www.photius.com/rankings/healthranks.html>

to determine the treatment plan is far different than one that is done “just to see” what’s going on; it’s a very dangerous form of voyeurism. It is your right to refuse testing if it is not going to benefit your health.

Genetic Engineering

Genetic engineering, and gene therapy, are major avenues that drug companies and modern medicine are pursuing to develop new lines of revenue as more and more drugs are recalled because of the high rate of side effects. When scientists on the Human Genome Project claimed that identifying all the genes in the body would allow us to have complete control over our bodies, everybody believed this Star Trek fantasy.

In 1990, Dr. French Anderson, Director of Gene Therapy at the University of Southern California Medical School, performed the first human gene therapy experiment. Unfortunately, the procedure, on a young four-year old girl was successful. Unfortunate, because the first experience was such a huge success, it created a very optimistic view of the procedure. By 1996, according to Dr. Anderson, gene experiments in over 3,000 participants mostly ended in tragedy.¹⁰

Ten years later, the evidence for gene therapy solving all our problems is still remote. In 1999 gene therapy research in the U.S. came to a near standstill when a healthy teenager died when his immune system was wildly triggered after gene therapy for a rare metabolic disorder at the University of Pennsylvania. In 2002 a gene therapy trial in France was halted because two of the fifteen children given a new gene to treat severe immune deficiency developed leukemia as a result.¹¹ By 2006, having forgotten the tragedies of the past, gene therapy is again a booming industry. Many research projects are underway to insert genes to deliver medication to arthritic knees, to help build cartilage, to treat cancers and a dozen other conditions. Time alone will tell if gene therapy will be successful.

Perhaps in the far distant future, we will be able to control our bodies by manipulating genes, however, it is far wiser to study Epigenetics, the study of the environment surrounding genes and how vitamins and minerals and other factors turn genes on and off. We have far more control over our genes by manipulating our environment than scientists do with their gene splicing tools.

Vaccines

There are many concerns with vaccines, not the least of which is the inclusion of a mercury preservative (thimerisol) introduced in the 1930’s. Over the past decade, there has been so much concern expressed by the public about this preservative that drug companies are finally removing it from children’s shots. Mercury-

¹⁰ PBS Online NewsHour, Online Focus. Gene Therapy, December 8, 1999.
http://www.pbs.org/newshour/bb/health/july-dec99/gene_therapy.htm

¹¹ <http://www.newscientist.com/article.ns?id=dn2878>

containing vaccines may still be on the shelves, however. Thimerisol was never recalled, it's just being phased out voluntarily by drug companies. This means mercury can be used in part of the process of making vaccines and then "removed". A 2005 analysis of vaccines found that vaccines still contained mercury in spite of labels and company policy that said the opposite.

Health Advocacy in the Public Interest (HAPI) commissioned a small study to test four vials of different vaccines for mercury content. The vials were sent to a heavy metal testing lab called Doctor's Data. The results showed that all four vaccines contained mercury, even though two of the four companies claimed that their vaccines were mercury free. Another toxic ingredient in all four vaccines was aluminum, a heavy metal that increases the toxicity of mercury in brain cells. Even though some companies claim that their products are mercury-free, mercury is still used in the manufacture of most vaccines with the claim that it is filtered out during the final stages. Mercury experts say that it's impossible to remove mercury from vaccines because it binds so irreversibly to proteins.

Ironically, while concerned parents are trying to get the mercury out of their children's vaccines, the most recent industry and government advertising for flu shots recommends that children from age 6 months receive an annual flu shot. In December 2007, New Jersey legislators signed a bill making it mandatory for preschoolers to receive an annual flu shot.

The mercury in flu shots is not being phased out. Flu shots contain high levels of thimerosal. In *Chapter 5* you will read how the pharmaceutical industry, rocked by the lawsuits against blockbuster drugs, is depending on vaccines as an important means of boosting their profits. The fact that mercury is still in children's vaccines and in flu shots means that there will not be a decrease in autism. Yet, the vaccine industry will claim that there is no more mercury in children's shots and children are still developing autism –therefore mercury never did cause autism. California statistics did show a slow but steady decline in new cases of autism since 2002, three years after some companies voluntarily reduced the amount of mercury in their vaccines.

In 2007, another California study says that autism is still on the rise.¹² As I predicted in 2005, the pro-vaccine lobby is using this finding as so called "scientific" evidence that mercury can't be a cause of autism.

Here follows an insightful rebuttal to the California study by Julie Deardorff on the Rush University Medical Center website.¹³

¹² Schechter R, Grether JK. Continuing Increases in Autism Reported to California's Developmental Services System. *Arch Gen Psychiatry*. 2008;65(1):19-24.

¹³ http://featuresblogs.chicagotribune.com/features_julieshealthclub/autism/index.html, Jan 16, 2008.

Autism Increases in California

...A new study that showed autism cases in California continued to climb even after thimerosal, a mercury-based vaccine preservative that some people blame for the neurological disorder, was removed from routine childhood shots.

The study, published in January's issue of the journal *Archives of General Psychiatry*, did not explore why there has been an increase in autism cases.

"Researchers from the state Department of Public Health found the autism rate in children rose continuously during the 12-year study period from 1995 to 2007," wrote Associated Press science writer Alicia Chang. "The preservative thimerosal hasn't been used in childhood vaccines since 2001, but is used in some flu shots. Doctors say the latest study adds to existing evidence refuting a link between thimerosal exposure and autism risk and should reassure parents that the disorder is not caused by vaccinations. If there was a risk, they said, autism rates should have dropped between 2004 and 2007."

Like all the other studies that have found no link between autism and thimerosal, this one settled nothing and only added to the debate. In the days following the news, I was flooded with e-mails from those promoting vaccine awareness, a group that includes anti-vaccine advocates and doctors.

In a statement, Rick Rollens, the father of a 17-year-old son with autism, the co-founder U. C. Davis M.I.N.D. Institute and a member of the California Legislative Blue Ribbon Commission on Autism, explains why we have to wait until 2009 in order to determine whether California's law banning mercury in vaccines affected the rate of new cases of autism:

"Although the mercury burden in vaccines has been reduced over the years, we know that even very small amounts of mercury can cause serious, life altering neurological damage," he said. "California's (partial) ban on mercury containing vaccines for pregnant women and children under three did not take effect until December 2006. Today, those children born after the ban took effect are between 4 months old and one year of age. California's developmental services reporting system DOES NOT include children under the age of three years old. It will not be clear what impact California's law banning mercury in vaccines has had on the rate of new cases of autism until at least 2009-2010 and later. Historically, the majority of children with autism enter California's developmental services system between the ages of 3+ and 9 years old. If by 2009-2010 there has not been ANY change in the rate of increase of new cases of autism entering California's developmental services system, then we can scratch mercury in vaccines off our list of agents contained in vaccines as a cause, and; then begin concentrating on the numerous other poisons and toxic agents in vaccines such as aluminum,

formaldehyde, MSG, live viruses, etc., and most importantly, the interaction of these and other toxic agents contained in the 34 doses of vaccines children receive from birth to two years old today. Although this study by California's vaccine establishment clearly sustains the fact that California is in the midst of a growing autism epidemic and that California's system of reporting professionally diagnosed cases of full syndrome autism is the gold standard in the country, the conclusions in the study are flawed and premature, and does nothing to exonerate vaccines, particularly mercury containing vaccines, as a cause of California's autism epidemic," he said.

Life as a Med Student

If the third-year medical students that interviewed me when I applied for medicine had their way, I would never have set foot into medical school. I would probably never have trained in naturopathy, acupuncture, homeopathy, herbalism, nutrition, and Chinese medicine, all of which were invaluable tools in my medical practice, and continue to be priceless in my consulting, herbal research, and writing career. If I had not gone to medical school I would never have developed an understanding of how natural medicine and allopathic medicine work and I would never have written this and a dozen other books.

At Dalhousie Medical School, in Halifax, Nova Scotia, third-year medical students were part of the interview process for accepting new medical students. During my interview, I was asked if I thought I could make a difference in medicine. I said that I suspected I could and said I was interested in nutrition and lifestyle changes to help patients. A week later I was called in for an appointment with the Dean of Students, Dr. Fraser Nicholson a wonderful psychiatrist and a gentleman. He told me my third-year interview did not go well. The interviewers thought I would not make a good doctor. They felt I was naïve and had a Pollyanna approach to medicine because I thought I could help people. We laughed!

I realized later, as I went through the agonizing grind of medical school, that by third year, medical students are so beaten down by the system and have seen so many sick people in hospital-based settings, none of whom seemed to be getting "cured", that they know medicine is no place for a healer - and no place to get healed!

Prior to meeting with the third-year medical students, I had already been interviewed by Dr. Nicholson who seemed to think I had a good head on my shoulders, a sparkle in my eye, and a sharp wit, all of which would make me a very fine doctor. We both agreed that the third-year students had gotten it all wrong. Thankfully, their negative opinion of me was tossed out the window and didn't factor into my application or my acceptance into medical school.

That interview was in 1973, and idealism in medicine was a rare commodity. Also on the endangered list were nutrition, natural medicine, spirituality, and ethics. I entered medicine with a view to educating people about nutrition and lifestyle but what I found was a pervasive indoctrination against anything not drug- and surgery-

oriented. In my first days of medical school we were repeatedly warned against chiropractors, herbalists, and health faddists. Making my own yogurt and eating it during breaks made me a subject of derision among my classmates, which only ended when Dr. Nicholson asked me in front of my class for the recipe!

The three main battles I had in medicine were the “boys club”, lack of ethics training, lack of nutrition education.

The Naughty Boys Club

In the very first week of medical school, one of the introductory instructors spiced up his talk with slides of nude females from *Playboy Magazine*. It was obvious this was ‘standard operating procedure’ at Dalhousie and I was shocked and outraged. I could see that the other women in the class were similarly horrified. What could we do? We muttered under our breaths and most of the men just laughed, albeit somewhat nervously.

I didn't know anyone in the class yet. When I applied for medical school I learned that Dalhousie usually admitted twenty-five women in a class of 100. My class overcame that barrier by accepting thirty-three women. Even so, we were outnumbered but I knew something had to be done. *Playgirl Magazine* had just hit the stands. I bought a copy at the local drug store amidst the stares. I only had two days before that lecturer was back and I had to work fast. I convinced a medical professor friend to make me some nude male slides at the university. Miraculously, he got them back to me the next day. He had a wicked sense of humor and I think he wanted to see the proverbial dung hit the fan. Telling no one my plan, minutes before class, I inserted the nude slides in the chauvinist lecturer's slide carousel and waited for the explosion.

My heart was pounding from the excitement and anticipation. The lights went down, a gorgeous hunk in his birthday suit filled up the room and the class went hysterical. The women hooted, the men howled. The class immediately bonded. Men and women laughed together as the fumbling professor tried to regain his composure and his slides. We actually never saw him or another nude female slide from anyone else the whole year. I was told that similarly “insensitive” pictures were immediately taken down all over the medical campus. That one simple act leveled the playing field with no protests, no whining and complaining, no letters of protest to the school medical board. Direct Action.

That was the highlight of first year. In second year I organized and launched the first snowball fight of the season against the first year students. The rest of the time I was studying!

Lack of Ethics Training in Medicine

A fellow medical student and I recognized a huge gap in our education and we started an Ethics Club. Inconceivably, there were no ethics courses in our medical education program. Young medical students, some as young as 19, with only two

years of undergraduate training, are thrown into the world of life and death medicine without any life survival skills for themselves or for their future patients. They then live a very abnormal life of stress and study for six to eight years after which they are expected to go out into the world and act as if they know all there is to know about the human body, mind, and spirit. In fact, we were told many times that if we didn't learn it in medical school it must be quackery!

At our noon-hour ethics meetings we showed films and had discussion about life and death questions facing burn victims, cancer patients, and depressed patients. Our ethics club, besides helping students cope had another welcome outcome. It embarrassed the administration into forming an ethics course in the following years.

An important ethics question that was never addressed in medical school was whether doctors and medical school should accept drug company funding. Does the lack of ethics training in medicine help to explain why medical schools eagerly accept grants from pharmaceutical companies who endow chairs, donate libraries, and fund medical research? The school administration and students learn early on to turn a blind eye to the influence of drug company money. It becomes a sheer case of "don't bite the hand that feeds you". As time goes on drug-company sales reps become a doctor's source of information about the drugs they prescribe and shape their pattern of practice. Presently there are recommendations proposed to ban drug companies from offering gifts to doctors and ban doctors from accepting them.

Cookbook Medicine

Dr. Russell Blaylock, a renowned neurosurgeon and the author of *Excitotoxins: The Taste That Kills*, writes about the brain damage caused by MSG and aspartame. He also warns of the dangers of regimentation in modern medicine in the U.S. In the poignant story of his brother's death in hospital, his brother's doctors repeatedly shunned Dr. Blaylock's questions and attempts to help his brother.

Prompted by his experience, Dr. Blaylock delivers a very harsh indictment of modern medicine. He says that long gone are the days of independent medical practice where the doctor is able to maintain a close relationship with the patient and the patient's family. Dr. Blaylock and I both remember the time when an especially mysterious set of symptoms would send us off to the library to do research. We would study nutrition and use natural medicine to help our patients. In fact, much of the impetus to learn new treatments came from our patients since many of them came with symptoms that other doctors couldn't treat. These patients would also bring us articles and information to try and help solve their problems. Now, the overriding thinking by most doctors is that medicine is so complex and so litigious that the doctor in practice must follow a regimented system of treatment protocols, mostly to avoid lawsuits.

Dr. Blaylock says that “Elite boards appointed by medical associations, such as the American Medical Association, American Academy of Family Practice and others, design these treatment protocols and hand them down to the ‘ignorant automatons’ making up the vast majority of treating physicians. They are to follow these regimented treatments without question and to the letter.”

When Dr. Blaylock’s brother’s lung cancer was, first, misdiagnosed for months as bronchitis and then pneumonia, Dr. Blaylock came up against this new breed of doctor. He said, “They are convinced this ‘cookbook’ medicine is superior and their elite journals and medical associations know best. Like members of the society Aldous Huxley described in *A Brave New World*, they are mere cogs in the wheel of the state’s machinery. They do not question the authorities or the wisdom of their decrees. They do what they are told. They are unable to think for themselves.”

Dr. Blaylock fears that “This collectivist regimentation of medicine will only get worse. Families are now excluded from medical care decisions, even if they are medical doctors themselves. Doctors do not communicate with families, the entire hospital experience is shrouded in secrecy and patients have no say in their care. While more innovative doctors can alter the protocols or even reject them, soon they will not have that option. To deviate from the collectivist plan is to invite the wrath of the legal system.”

Dr. Blaylock goes on to say that, “In fact, these protocols have become the ‘standard of care’ used by the legal system. Unfortunately, doctors, like those who killed my brother, are being turned out of medical schools all over the country like robots. They repeat the mantra of collectivism as if they thought of it themselves. To this new breed of doctors, individualism and independent thought is to be discouraged and reviled. Dependence on elite leaders will be automatic.”

No Nutrition in Medicine

Although there were very few hours devoted to nutrition in my medical school, because our Dean of Medicine, at that time, was a biochemist, we did delve deeply into notoriously boring topics like the Krebs cycle. However, it’s the Krebs cycle that creates life-giving energy for the body in microscopic mitochondria. In order to create this energy, vitamins and minerals are essential for every phase of the ten-step cycle. By learning the Krebs’ cycle and relating it to what I had already learned about nutrition before entering medical school, I realized the importance of nutrients at a cellular level. Reading *Prevention Magazine* along with my 1,000 page medical texts I came to understand how nutrient deficiencies could be mistaken for diseases and how nutrient supplementation can eliminate those conditions.

After all of my years of cross discipline practice and study, it is my opinion today that lifestyle and nutrient approaches can in many cases, effectively treat the majority of modern day chronic “diseases”.

Putting It All Together

During my final year in medicine in 1977, which I spent at MacMaster University in Hamilton, I arranged an elective month and a 'vacation' month back-to-back. As a result, my husband and I traveled to Los Angeles where I was able to audit nutrition courses and apprentice in the recently opened Pain Control Clinic at UCLA. Dr. David Bresler had miraculously been able to create a university clinic that offered acupuncture, hypnosis, diet, meditation, and psychological counseling. There I was given the gift of seeing how natural medicine and allopathic medicine could be integrated.

During my internship in Toronto, I began my training in naturopathy, which helped solidify years of private study. When I started my practice in 1979 I immediately recognized symptoms of malnutrition and sugar overload in many patients. Hypoglycemia (low blood sugar) seemed to be very common. People with hypoglycemia, suffering symptoms of anxiety, depression, irritability, fatigue, skin rashes, headaches, and intestinal upset would all improve when I could convince them to go on a sugar holiday.

Trooping through my office in the 1980's were hundreds of patients, mostly women, exhibiting the ravages of a stressed, malnourished, overmedicated lifestyle and an increasingly toxic environment. Chronic fatigue syndrome began showing up in the population, and those patients as well as many others presented with symptoms of Candidiasis.

Candida albicans is a yeast organism that normally makes its home in our intestines. *Candida* organisms can create an abnormal population in our intestines under the influence of antibiotics, which kill off good bacteria and allow yeast to occupy more space; sugar, which stimulates yeast growth; and stress, which impairs the immune system and allows yeast, to overgrow. *Candida*, during its life cycle produces up to 180 different toxins. Alcohol produced by yeast can make someone with severe yeast overgrowth appear drunk; acetaldehyde is a toxic byproduct of yeast and alcohol that damages the liver; zymosan from yeast causes widespread inflammation and psoriasis; yeast creates arabinitol, which produces toxic effects on the brain, nervous system, and immune system; and yeast produces hormone mimicking chemicals that shatter a woman's hormonal balance creating PMS, perimenopause and menopausal symptoms.¹⁴

The *Candida* Foundation of Canada, created by Maggie Burston, operated, for a time, on the third floor of my office building. At the Foundation, I gave monthly lectures to the public on *Candidiasis* and related topics. Because of my work with *Candida* I was invited on a TV Ontario show called *Speaking Out*, with host Harry Brown. On November 20, 1986, I was a guest with *Candida* expert and the writer of *The Yeast*

¹⁴ Crook WJ, Dean CFA. *The Yeast Connection and Women's Health*. Professional Books. Tennessee. 2005.

Connection, Dr. William Crook. During that 90-minute program an astounding 80,000 calls were tabulated.

After Dr. Crook passed away in 2002 his daughter Elizabeth Crook invited me to become the medical advisor to Woman's Health Connection and the website yeastconnection.com and finish the work on his last book *The Yeast Connection and Women's Health*. As of 2008, the yeastconnection.com website is still available but unfortunately there is no active research due to lack of funding.

Trouble in Paradise

Yes, it all looks rosy -practicing medicine, helping people stay healthy, writing books, and doing media. Readers may not be aware, however, that there is an organized attack against any doctor who practices natural medicine or speaks out against the standard practice of drugs and surgery. The moment doctors who practice natural medicine enter mainstream media a switch is tripped and the vitriol flows. We are attacked and defamed in order to manipulate public opinion and discredit natural medicine practices. It's called the Delphi Technique and this form of manipulation should be studied so you can be aware when it's being used on you. I give more details on the Delphi Technique in *Chapter 5*. This type of abuse is very familiar to those of us who have been practicing natural medicine for the past 30 years. We have all been attacked.

A Whistle-Blower on Sugar

I had such success getting people off sugar that I decided to write a book on the subject. It was to be my second book. At the time I finished the final draft I was asked to do a segment on *The Dini Petty Show* on CTV, Canadian television. It was a Christmas show on December 11, 1989, and the topic was overindulgence over the holidays and how to counter it. Dini wanted me to talk about sugar and its effects.

I came prepared with my research and my props. In front of a gaping audience, I spooned out the ten teaspoons of sugar in a can of soda and the twenty-seven teaspoons in a milkshake. A scientist in Montreal on friendly terms with a sugar lobby group in Ottawa apparently was not impressed. He and the lobby group enlisted a Toronto doctor who had never seen the show, who didn't know me, and together they sent a letter of complaint to the College of Physicians and Surgeons of Ontario (CPSO).

The CPSO is a licensing body for physicians and has a mandate to "protect the public and guide the profession." They really had no authority to accept a complaint from the sugar industry. However, at that time the CPSO was staging an all-out war against natural medicine. Dr. Josef Krop was under attack, and a systematic attack was being launched against all Ontario doctors practicing any form of alternative medicine. Dr. Krop's attack is well documented by Helke Ferrie in her book *Malice in Medicine: The 14-Year Trial of Environment Physician, Dr. Josef Krop*.

The CPSO was not concerned about the dangers of sugar or the need to help alert the unsuspecting public. They only seemed to care about keeping the status quo, supporting industry, and admonishing doctors who were not conforming to the “standard practice of medicine.” That standard for a general practitioner allowed them to prescribe drugs and recommend surgery.

The CPSO reprimanded me, three and one-half years later, on May 25, 1993, for making “misleading statements about sugar and sugar substitutes...and their relationship to diabetes, infection, osteoporosis, hyperactivity, and addiction.” The reprimand continued, “Dr. Dean is hereby admonished regarding sensational and scientifically unsubstantiated comments.” The CPSO chose to ignore my sugar book with hundreds of supporting references.

Going in for the Kill

With a foot in the door and hot on the heels of the sugar complaint, the CPSO, I believe, sent a “plant” to my office in July, 1990. I saw this “plant” once and referred him to another doctor in my clinic but he lodged a complaint about me that was completely fabricated. I countered this immediately and thought that was the end of that. However, this person wrote another complaint and declared me “incompetent” because in that brief visit with me he said I refused to give him a homeopathic remedy for his allergies. Based on that incredible fabrication, the CPSO leapt at the chance to enter my offices without warning and take thirty-six patient charts, with which they could go on a “hunting expedition” to find something wrong with my practice and remove my license.

When the CPSO took the files from my office, in December 1991, it was four days before I was due to leave on a one-year sabbatical, which I had been planning for three years. After several months my charts were returned, with no charges being laid. A year passed, and there was still no word from the CPSO about my case. At this point I spoke with my lawyer, who corresponded with the CPSO about my case and was told that they were not proceeding. I was fairly sure this was true, because my lawyer returned my retainer.

My year long sabbatical to study a new medical modality turned into a permanent position for me in New York when Walter Fischman, the doctor I was working with suddenly died and left me to complete his work. The CPSO, however, had apparently not forgotten about me. Somewhere in mid-July, 2005, almost five years after the frivolous complaint was lodged, without my knowledge and without me being in attendance, the CPSO stole my license. I did not lose my license, I did not misplace it, my license was stolen by short sighted, angry people, who want to control medicine and are terrified of anyone who doesn't think like they do.

Ironically, I no longer had a Ontario license at the time it was “taken”. I had stopped paying the exorbitant Ontario license renewal fee when I realized I would remain in New York and I did hold a California medical license. The CPSO essentially revoked a non-existent license. Their intent was to send a warning to other doctors to stay

within the boundaries of allopathic medicine. Notice of my license revocation was reported in the quarterly report sent out by the CPSO to all doctors in Ontario. That is how I found out about my case when a friend called to express her shock.

In the aftermath of my license removal in Ontario, I hired a Toronto lawyer. Speaking with a CPSO lawyer, we were made the following offer. I could recoup my license if I agreed to sign a stipulation that I would not practice natural medicine. If I committed to dolling out prescriptions for drugs that I knew had side effects and refused to give my patients the safe options afforded by traditional medicine, I would be “free” to practice. In my mind that would be tantamount to tying my arms and legs together, gagging me, and ripping my heart and soul out. I refused. Knowing what I know about modern medicine and comparing that to natural medicine, it would be like a soldier killing innocent victims on the orders of an insane general. Somebody in the chain of command had to take a moral stand.

Realistically, in late 1995, I could not afford the million dollars it would take to win my case and I was needed in New York to treat patients after Dr. Fischman died. I was in an incredible bind and I chose to stay in New York and help people instead of returning to Toronto to fight a war.

Licensed in California

I continue to hold a license to practice medicine in California. Shortly after I found out from a friend that my license had been stolen in Ontario, the California State Licensing Board sent me a letter saying that Ontario had notified them that I was unfit to practice medicine and advised them to revoke my California license. I immediately hired a lawyer in California and successfully saved my California license by providing the California authorities with the facts about my case in Ontario, which were riddled with inconsistencies and procedural errors. This was a novel move for the California State Licensing Board, which usually just follows the direction of another jurisdiction.

Doctors Will Not Speak Out

My “sugar adventure” reiterates the lengths to which the sugar industry and modern medicine will go to retain their monopoly control over our health, taste buds, and purses. You would be right to suspect that doctors live in fear of having a complaint lodged against them. Therefore publicizing cases where a natural medicine practitioner goes against the allopathic standard practice of medicine is likely to keep other doctors from stepping out of line.

Patients, on the other hand, assume that doctors would tell them if sugar, environmental pollution, prescription drugs, or any other substance were dangerous. However, since it can cost them their medical license, most doctors are unwilling to pay the price. Accordingly, there are few health professionals who will tell the truth about these dangerous substances. Most doctors know very little about nutrition and do not themselves realize the dangers of sugar. Many of the clinicians during my medical training were overweight, smoked, drank gallons of coffee, and

ate junk food. One gastroenterologist disregarded my suggestion that his bag of chips, coffee, and cigarettes could be the cause of digestive problems. We now know from many studies that such is the case. We also assume that doctors will not prescribe drugs that are unsafe, but as you will see in *Chapter 5*, this is an invalid assumption.

Who Does the CPSO Protect?

The College of Physicians and Surgeons of Ontario is one of dozens of provincial and state licensing boards. Are they more interested in protecting the allopathic monopoly in the practice of medicine than in the health and well being of patients? Here are a few stories of doctors under attack in Ontario. Doctors in every state in the U.S. have similar stories to tell.

Dr. Josef Krop

Unlike many other doctors who were hunted down and attacked by the CPSO, I was not living in Ontario when the CPSO stole my license. Dr. Josef Krop, however, had to defend himself while continuing to practice medicine and raising funds to defend himself during his fourteen-year inquisition. His case cost him one million dollars to keep his license and probably cost the CPSO two million dollars. Dr. Krop, like myself, was accused of not conforming to the “standard practice of medicine.” Telling patients to drink spring water and eat organic foods was worthy of condemnation in the eyes of the CPSO. As mentioned earlier, Helke Ferrie’s book *Malice in Medicine* documents Dr. Krop’s Kafkaesque journey.

Dr. Frank Adams

Dr. Frank Adams, an internationally recognized neuropsychiatrist and pain specialist who wrote the World Health Organization protocols on the treatment of pain, was charged with incompetence in the treatment of his patients and had his license stolen in 2000. Dr. Adams and a growing number of pain specialists have come to the conclusion that narcotic medications, when properly used, are the most effective in relieving pain, do not become addictive, and do not produce a “high.” Properly trained pain doctors make an assessment and work individually with their patients to help meet their needs. There is no “one size fits all” prescription for people with severe pain. However, the standard practice of medicine, which says to use the least amount of pain medication possible, results in many people suffering unnecessarily. When Dr. Adams’ license was revoked, his patients were left to suffer because no doctor was willing to work with them the way Dr. Adams had. Unable to keep up with the tremendous costs for his defense, Dr. Adams was accepted with open arms in the United States, where he continues to practice.

Dr. Michael Smith

Dr. Michael Smith and his family suffered greatly at the hands of the inquisitorial CPSO. A medical doctor and psychotherapist who practiced hands-on bioenergetic therapy, Dr. Smith had a complaint of sexual impropriety laid against him by an unstable patient. When the patient saw the venom with which the CPSO was attacking Dr. Smith, supposedly on her behalf, she withdrew her charges—but to no

avail. The CPSO stepped up the pressure on Dr. Smith, to the point of revoking his license in December 1992, a few days before Christmas. Two weeks later, Dr. Smith quietly went to his home office and shot himself.

Dr. Ravikovitch

Dr. Ravikovitch, an internationally respected allergist, had such extraordinary results with his asthma and allergy patients by using the simple medication histamine that he came under attack by the CPSO. In spite of getting wonderful results, not using the standard list of drugs—prednisone, ventolin, alupent, etc.—made Dr. Ravikovitch a target.

The list goes on and on, as documented by health freedom activist and writer Helke Ferrie in her many writings at kospublishing.com. It's not just Ontario that suffers the effects of modern medical control. Pharmacists and drug reps all over North America are able to capture prescribing practices of local doctors. Lawyers have told me that if a doctor falls below the standard "drug quota," they can be "turned in" to the local medical board. Most patients and health consumers have no idea this is happening. Doctors are too humiliated to go public when attacked by their medical licensing board, and they accept whatever penalties the board metes out, just to stay in practice.

Speaking Out About Nutrition

With no training in nutrition, doctors feel out of their depth giving dietary advice to their patients. Patients look to their doctors for help in staying healthy, however, doctors are trained to investigate and treat disease. Even if patients are referred to a hospital dietician, the recommendations carry less weight than if they came from their doctor.

Another reason why doctors don't give nutritional advice is that it doesn't fall under the "standard practice of medicine". A medical licensing board can investigate a doctor who does not maintain the standards of drug prescribing and referral to specialists. In a world where a doctor can be disciplined for prescribing less than the average number of drugs to his patients he is will be afraid to prescribe nutrition or nutritional supplementation.

His patients, however, believe that their doctor would automatically prescribe nutrients if he thought they were important. And since he doesn't, that must mean they are unnecessary or unimportant. Another reason why doctors don't involved themselves with nutritional counseling is because it is not listed on insurance billing codes. These codes are the only means by which patients can be reimbursed by their insurance companies for a doctor's visit.

You Are What You Eat

A recent million-dollar work up on a teenager for symptoms of IBS did not even uncover the fact, by simple, inexpensive questioning, that he was addicted to sugar, fried foods, and ice cream -he ate little else. The lack of acceptance of nutritional

medicine by insurance companies will continue to drive up insurance costs as more people require the million-dollar workup for problems caused by a bad diet

The American Medical Association owns most U.S. health insurance billing codes and the AMA is not prepared to release their monopoly on insurance reimbursement that mostly covers medical doctors. My article on health insurance billing codes is included in *Chapter 2*. In it I explain how the lack of appropriate codes has kept natural medicine from being used by more people, curtailed research for lack of funds, kept statistics about its use out of mainstream, and made it a therapy only available to those who can afford it.

History of Medicine

Modern medicine would like nothing better than to have a monopoly on health and disease. The battle for control of our health system in the U.S. and Canada began centuries ago. Printed documentation about the battle goes back to the time of Henry VIII (1491-1547). During his rule, the Herbalist Guild approached Henry VIII because the allopathic doctors, or blood-letters of the time, had convinced the city to pass a law allowing only 'doctors' with a license to practice medicine and thereby stop herbalists from practicing. The herbalists went directly to the King, who was on their side. He issued a proclamation that the practice of medicine was not limited to blood-letters. He declared that herbalists were permitted to practice medicine from thenceforth in the realm. That document is reprinted in *Appendix A* and is still a legal entity and can be used in court to support the rights of an individual to practice herbal medicine.

The monopoly of medicine actually goes back centuries before the time of Henry VIII. Think of the millions of women burned or buried alive by the church for allegedly practicing witchcraft. The majority of these women were herbalists, midwives, and skilled healers that raised the ire of the local clergy and blood-letters. Many readers will be surprised that there continues to be an ongoing battle to monopolize the practice of medicine that does not include the needs and rights of the constituency that it presumes to serve.

Medicine's Roots in Corporate Philanthropy – Publication of the Flexner Report

An historical analysis of the U.S. and Canadian health care systems shows that they would not have evolved as such without the intrusive "help" of corporate philanthropy. According to Dr. Richard Brown, who wrote *Rockefeller Medicine Men*, "...the class that disproportionately owns, directs, and profits from the dominant economic system will disproportionately influence other spheres of social relations as well."¹⁵

In 1908 a non-medical, educational reformer, Abraham Flexner, was commissioned by Henry Pritchett, president of the Carnegie Foundation for the Advancement of

¹⁵ Brown RE. *Rockefeller Men: Medicine and Capitalism in America*. University of California Press. 1981.

Teaching, to make a survey of North American medical schools. Pritchett became involved because he wanted to make sure that the burgeoning field of medicine was guided by capitalism.¹⁶

Flexner had earlier fallen in love with the German scientific model of education on a visit to Berlin in 1906. He was therefore the perfect candidate to evaluate Canadian and American medical schools on the basis of how they stacked up against the newly opened Johns Hopkins Medical School - a perfect replica of the finest of German medical schools. When hired by the Carnegie Foundation, Flexner saw that his mission was to reform medical education in America.¹⁷ He and Pritchett advised the adoption of German, scientific-based, laboratory medicine, a sharp cutback on the number of medical schools and the number of physicians in order to elevate the medical profession to a more elite status.

The Flexner Report was a means by which the Carnegie and Rockefeller foundations were able to establish a "scientific" medical monopoly in North America. You can access the report for yourself online and read how the allopaths worked alongside the wealthy foundations to remove every "rude boy" and "jaded clerk" from the business of medicine.

Medical Licensing Boards

You know how little I like licensing boards from my personal experience with the Ontario College of Physicians and Surgeons. That body, along with every other licensing board in North America gained absolute power and control over medicine with the help of the Flexner Report. In order to get around the fact that there was no provision in the U.S. Constitution to establish a medical monopoly under federal law, Flexner suggested that a licensing organization, not controlled by government, be developed so that allopaths could establish uniform medical licensing laws in all states. The idea was to create only one licensing board in each state under the control of the allopaths for all medical care. No one, who had not graduated from an approved allopathic medical school, would be permitted to take a licensing exam. Homeopaths, eclectics, osteopaths, and others were to give up their "dogma" and "surrender" to "science" as these medical philosophies were, according to Flexner, nothing more than "unscientific" "cults".

After Flexner's Report was published, it was circulated to philanthropists, as a guide to make sure no school that Flexner had rated poorly, would receive any more funding.

¹⁶ D'Adamo P. "The 'Rationalization' of Health Care: 1911-Present." *The Journal of Naturopathic Medicine*. Volume 4, Number 1B.

¹⁷ Flexner Report: http://www.carnegiefoundation.org/eLibrary/docs/flexner_report.pdf

Homeopathy – Principle Target of the AMA

In an interview with a keen student of medical history and co-founder of Health Freedom Action Network, Elissa Meininger, I learned that medical historian, Dr. Harris Coulter has written extensively about the rise of modern medicine over the trampled bodies of the natural health professions. In Coulter's book, *Divided Legacy Volume 3: The Conflict between Homeopathy and the American Medical Association*, he footnotes the actual numbers of health professionals in the early 1900's. Included are his citations.

"In 1901 the AMA Journal estimated that there were 104,094 "regulars", (allopaths) 10,944 homeopaths, and 4,752 Eclectics and others (Journal of the American Medical Association, XXXVI [1901], 838). In 1894 the homeopaths estimated their own numbers at 14,000 (Transactions of the American Institute of Homeopathy, XLVII [1894], 131. There were probably from ten to twenty thousand homeopaths of various shades in practice in the first decade of the twentieth century (Journal of the American Institute of Homeopathy, II [1910], 75)."

Elissa said that, "While most historical texts skip over the major medical fight that was going on between allopaths and homeopaths and because the AMA is more than happy to provide their version, nobody thought to track down the homeopathic version (except Harris Coulter and homeopaths who wrote their own books on the subject as eye-witness accounts), homeopathy has been dismissed as just another sect that bit the dust. The AMA claims the homeopaths died out because of lack of public support."

Even in my own family, my father's mother was a nurse and a homeopath in Boston in the early 1900's. While still in high school, my father was registered to attend Boston University Medical School. When the family was forced to move to Newfoundland because my grandfather, a photoengraver and inventor, was suffering from lead poisoning, my grandmother brought along her homeopathic kit and became the local healer. My dear father never once mentioned that he had lost his dream of becoming a doctor until the day I told him I had been accepted into medical school.

How Boston University School of Homeopathic Medicine Bit the Dust

Alonzo J. Shadman, MD, a homeopath of note, who, in his book, *Who is Your Doctor and Why?* described the effect the Flexner Report had on the very survival of the school, even before Abraham Flexner made his official visit to inspect Boston University Medical School. Shadman described how he was summoned by the president of the school and told that the AMA had usurped authority to classify all medical schools. If BU didn't discontinue training homeopaths, the school would get a C rating and graduates would have difficulty taking and passing the state board examinations to obtain a license to practice. BU was transformed into an allopathic school teaching homeopathy only as an elective. Graduates were no longer known as homeopaths and the practice of homeopathy was gradually lost.

Women Make Better Patients Than Doctors

Flexner and the medical establishment made sweeping social reforms in medicine. The seven black medical schools were reduced to two, the three women's medical schools were completely purged, and 31 homeopathic and eclectic schools were unable to meet the required "scientific" standards designated by the Flexner Report necessary to receive "philanthropic" funding. Regarding women in medicine, Flexner believed, as did most of his peers, that, "Women are seldom equipped for the mental rigors of medicine and, if middle or upper class, make better patients than doctors."

Only those colleges willing to adopt the German scientific, hospital-based medical approach remained standing shored up with fat grants from both the Carnegie and Rockefeller foundations. The Flexner Report reset the demographics of medical education, encouraging the predominance of the white-male, upper class, technology-based, biomedical model. Today women constitute about one third to one half of all medical students, and African-Americans about 6 percent. Both are still under-represented.

The AMA Grateful to Pritchett and Flexner

The American Medical Association (AMA) was part of the team both monitoring and directing the transition of power to hospital/laboratory-based medicine. The chair of the AMA's Council on Medical Education, Arthur Bevan, was in close communication with both Henry Pritchett of the Carnegie Foundation and Abraham Flexner. After all, the AMA had done a survey similar to Flexner's a few years before, but was afraid to be too public about it because of the inevitable backlash by the non-allopaths. Better to do it through the foundations. Bevan was intent on medical education reform to create better doctors but just as intent to reduce the number of graduates in order to raise their income and social status. According to Brown, "Pritchett complied with Bevan's request that the foundation conduct a 'no holds barred' critique of American and Canadian medical schools, keeping secret the foundation's close relationship with the AMA." Bevan remarked with appreciation in 1932: "We were, of course, very grateful to Pritchett and Flexner for enabling us to put out of business the homeopathic and eclectic schools."¹⁸

The marriage of medicine with science and technology was a shrewd business move on the part of the corporate foundations and the AMA. The AMA wanted to control medicine and establish doctors in the higher income bracket of society by making medicine synonymous with science. There is no question that they achieved this goal. As medical technology grows, it becomes more voracious - consuming a greater percentage of the health care dollar. It also separates doctors from actual patient care, especially with the rise of HMO's turning them into health care managers who just give out prescriptions or assign patients into hospitals or specialists' offices.

¹⁸ D'Adamo P. "The 'Rationalization' of Health Care: 1911-Present." *The Journal of Naturopathic Medicine*. Volume 4, Number 1B.

Once the Carnegie and Rockefeller foundations forced medicine in the direction of science and technology, there was no turning back. Too much was invested in the hardware of medicine. Early on, the political power of the medical profession was strong enough to block efforts to subordinate all elements of the health care system to a hierarchy of organizational authority. Doctors demanded autonomy outside government restrictions and to this day have sole authority over the practice and regulation of medicine.

Chiropractors Break the AMA

An interview in *The Spectrum*¹⁹ with John Robbins, author of *Diet for a New America*, describes the events that led to chiropractic autonomy. For decades, the standard practice of the American Medical Association (AMA) was to advise its members that it was unethical to refer patients to a chiropractor.

False rumors were circulated that chiropractors were unscientific cultists, and they were denounced at every turn and on every occasion. Robbins said that a group of chiropractors, including Chester Wilk, fed up with this nonsense, sued the AMA in the early 1980s for conspiring to destroy and eliminate the chiropractic profession. The AMA fought the case in a long, drawn-out battle that lasted fifteen years and cost the AMA \$20 million. In the end, the AMA was found guilty of intentionally conspiring to destroy their competition, and the U.S. Supreme Court upheld the verdict.

Robbins points out that the AMA revealed, in the nearly one million pages of documentation that entered the public record, its true intent regarding all forms of natural medicine. Clearly stated in internal memos and files was a deliberate and systematic conspiracy to “destroy not only chiropractics but midwifery, homeopathy, naturopathy, and herbalism.” Robbins says “clearly, the AMA, whose motto is ‘Physicians dedicated to the healing of America,’ was deliberately undermining what it saw as its competition for the medical dollar.”

This battle ended around the mid-1990s. Being found guilty of conspiring to destroy the competition caused the AMA to pull back, somewhat, and allow the benefits of other traditional forms of medicine to come to light. We owe the chiropractors a debt of gratitude for fighting this battle...and winning. Similar battles need to be fought to allow the equal practice of medicine by all healing arts.

History of Medicine in Canada

Allopathic doctors in Canada began amassing power as early as 1759. At that time, legislation was drafted to protect an “unsuspecting public” against quacks or “snake oil salesmen”. Since many physicians were in the upper echelons of society, they sat on government benches and helped create laws and regulations that would benefit

¹⁹ http://www.garynull.com/Documents/Spectrum/interview_with_john_robbins.htm

them. Lumped into the category of quacks and snake oil salesmen, were bona fide health practitioners such as herbalists and later, homeopaths and osteopaths.

By 1839, individual Colleges of Physicians and Surgeons residing in each province were well established in Canada. The Colleges held the mandate to determine who could enter the profession, to establish the content of the curriculum, and to set standards of practice. In the mid-1800's, another branch of medicine had established itself in Europe - homeopathy.

Unlike allopathic medicine, which proposed the use of drugs to quell symptoms of disease, homeopathy used minute traces of natural substances to encourage the body to fight the disease using its own remarkable resources. As most people are aware, to this day, homeopathy remains a major treatment modality in Europe and India. Its most celebrated adherents are the British Royal family, most of whom are well recognized for their good health and longevity.

By 1859, Canadian homeopaths had their own board of examiners and a training program. The profession was identical to allopathic physicians apart from the use of non-toxic homeopathic remedies instead of toxic drugs and blood letting. Unfortunately, it was not to remain this way for long. Homeopaths and eclectics (similar to today's naturopaths) were making serious inroads into the allopaths' "market share" and income. These nature-based practitioners were threatening the business of allopaths by advocating proper diet, fresh air and sunshine, plenty of rest, and gentle remedies, to maintain good health. Allopathic doctors of the time were relying on bloodletting, blistering, purging bowels with large doses of mercurous chloride and an antimony compound (both of which are highly toxic), and prescribing arsenic and opium as tonics.

Unable to dislodge their competitors the allopaths took another tact. The allopaths prevailed upon the government to encourage homeopaths to join them in one college with one board and one training facility. It was proposed that each modality have representation on the board, develop its own curriculum, and examine its own candidates.

As logical as this may have appeared to the homeopaths, in entering this agreement, they had unwittingly signed themselves into oblivion. In a classic example of "Step into my parlour said the spider to the fly," the homeopaths and eclectics were gradually and effectively squeezed out of key positions, and their treatments and theories were one-by-one dropped from the curriculum. By 1928, it was illegal to practice homeopathy in Ontario.

Osteopathy, a modality involving manipulation and massage, was also banished from Canada, although it flourishes today in the U.S., throughout Europe, and in the UK. Only the chiropractors have managed to evade the many attempts to discredit their profession.

Insurance for Disease Care

Voluntary health insurance programs - private and later public ones - were developed mainly around hospital care, financing the expansion of high tech medicine with the hospital at its center, leaving out wellness care and concentrating on disease care and management. Health care, potentially, has a great deal to offer. We rightfully expect our health care systems to prevent sickness, diagnose our ills, relieve our pains, and, when we are sick, return us to our usual level of functioning. If health care had been allowed to develop along a more natural medicine model and not primarily an allopathic model the focus would be on prevention, assuming responsibility for self-treatment, and informed lifestyle choices. See below for an overview of the monopoly in health insurance and a discussion of ABC Codes

Patenting Life

Now, it's not so much corporate dollars but drug companies that finance medical education and medical research, making sure the research they fund is devoted to patented and patentable drugs and technology. Non-drug solutions to health problems are in direct competition with this goal. Rare plants have become a target for biotech companies who scour and ravage the rainforest for "patentable" chemical components of indigenous wildlife. You cannot patent raw products that occur in nature; so far, that's an unbending rule in patent laws. From 1980, however, life, in the form of DNA products, which have been isolated, purified, or modified to produce a unique form not found in nature are patentable.

Pharmaceutical companies seek out plants, which have been used for centuries in primitive cultures for particular disease conditions, break them down into, what they determine are their most active chemical ingredients. Then they alter those individual chemicals molecularly to make them non-natural and create something else entirely, just to obtain a patent. Usually, by this process of stripping chemicals and reproducing them synthetically, their natural ability to heal vanishes. The new chemical may have some function but always with side effects. Keep this in mind the next time you read about some wonderful discovery in the Amazon jungle of a new plant that shows cancer-fighting properties; it's all about the potential patent and never about the plant or about the healing. If it were about the healing we would be growing healing plants in abundance and taking them every day as part of our diet.

The Rise of Natural medicine

In the 1970's, inklings of the old homeopathic, eclectic, Asian acupuncture, and herbal modalities started appearing between the cracks in the medical assembly line as people began to look for ways to stay healthy and means of avoiding modern medicine's side effects. One famous movement was the Boston Collective and their self-care book *Our Bodies Ourselves*. There were midwifery groups; back to the land organic farming collectives; and an explosion of health food stores all focused on self-help, self-care, and self-responsibility. I witnessed a backlash to this movement when I was in medical school. We were told that chiropractic care and home births were dangerous, that organic foods were no different from supermarket foods, and that people who ate health food were faddists and health nuts. As natural health

professions such as chiropractic, naturopathy, massage, herbal medicine, and homeopathy began to be more popular they were either ignored, suppressed, or finally regulated in such a way that the medical profession always preserved its role as central gatekeeper to people's health.

Freedom in Oklahoma

The one exception to the monopoly of modern medicine, as explained by Elissa Meininger, co-founder of Health Freedom Action Network, is in the state of Oklahoma, which allows all natural health professionals to practice freely and openly and it has always been that way. The colorful history of Oklahoma's inauguration into statehood in 1907 saw a populist movement, which stipulated that the people of Oklahoma and not government or corporations, or any lobby groups would control their state.

From a textbook published by the University of Oklahoma Press about the 1906 Oklahoma State Constitutional Convention the following excerpt sets the scene.

This was the age of muckrakers, and emerging progressivism. Ida Tarbell, Lincoln Steffens, and other writers were using their literary talents to expose contemporary political, social, and economic evils. It was also a time of political ferment and change. Daring reformers were developing plans to purge corruption from government, control abusive trusts, and restore the government to the people. Thus the Oklahoma Constitutional Convention came at a critical juncture in national history. Its delegates, especially the convention president, Bill Murray, were steeped in the new thought, and their dedication to the ideas of reform made the Oklahoma Constitutional Convention a sort of political laboratory.

So exciting were the prospects of producing a new social and political order at Guthrie, that leading national newspapers and magazines sent writers to cover the convention. The Saturday Evening Post correspondent wrote of the goal of the delegates: "It was not merely the birth of the new state, it was the birth of a new kind of state." The same writer provided future generations with a graphic word picture of the colorful Alfalfa Bill Murray and the high-handed manner in which he ran the convention: Chairman Bill Murray mounts the platform and sweeps the hall with his piercing glance. Down comes his gavel with repeated crashes of the table. The tumult ceases. "The convention will come to order!" Murray shouts, with a final blow of the gavel. "Delegates will take their seats, loafers and lobbyists will get out! We will begin by singing that grand old hymn, "Nearer, My God, to Thee."

The constitution stipulates that:

"The legislative function was shared with the people through the then-revolutionary initiative and referendum. The new constitution provided that 8 percent of the voters could initiate a constitutional amendment by petition, and

5 percent of the voters by petition could obtain a referendum on an act of the legislature.”

Elissa said there was no place for the American Medical Association (AMA) to buy its way into Oklahoma or influence-peddle through its usual friends in powerful corporate places. There was no room for a medical monopoly in a state of self-reliant people, Indian shaman, and healers who knew more about treating snakebite than allopaths or even naturopaths. These people would not be told what to do by anyone.

When the local allopaths, in 1917, tried to introduce a bill into the legislature to expand their powers and gain more control over chiropractors and other drugless healers, a lawyer opposing the bill got himself arrested, tried by the Oklahoma Senate, and thrown in jail for ten days for writing a front page article in a local newspaper with the headline, “Was the Senate Bought?” While the lawyer remained in jail, the bill was passed but it engendered so much animosity that a statewide referendum was called in 1920 asking the people if they wanted medicine regulated according to the 1917 law. Happy to finally be given the chance to say so, they voted “no” with a plurality of 46,000 votes.

Elissa co-founded Health Freedom Action Network in 1993, just a year before the Oklahoma allopaths lobbied again to win the right to control the practice of all natural healing arts. Thus, modern medicine in Oklahoma wanted what every other state in the Union and every province in Canada had—full control of all medical care decisions. There was a huge public outcry about this attempt. Elissa said that in Oklahoma citizens were very concerned this would mean a loss of freedom of access to non-allopathic practitioners and were very vocal about protecting their right to obtain the health care of their choice. The final result put allopathic medicine in its own allopathic box. The actual changes in the allopathic law were penned by ordinary citizens who, true to their Oklahoma heritage as a free people, were able to successfully lobby to have the following amendment voted into law – and with only five votes shy of being unanimous.

The Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act.
“Sections 481 through 518 of Title 59 of the Oklahoma Statutes shall be known and may be cited as the “Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act”. It is the intent that this act shall apply only to allopathic and surgical practices and to exclude any other healing practices. Allopathy is a method of treatment practiced by recipients of the degree of Doctor of Medicine, but specifically excluding homeopathy. The terms medicine, physician and drug(s) used herein are limited to allopathic practice.”

Section 492(F)

“Nothing in the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act shall prohibit services rendered by any person practicing nonallopathic healing practice.”

Section 493.1(M)

“The Board shall not deny a license to a person otherwise qualified to practice allopathic medicine within the meaning of this act solely because the person's practice or therapy is experimental or nontraditional.”

Section 509.10(2)

“The Board shall not revoke the license of a person otherwise qualified to practice allopathic medicine within the meaning of this act solely because the person's practice is experimental or nontraditional.”

The Oklahoma Allopathic Act, in fact, restricts allopaths. The Allopathic Licensure Board cannot prohibit anyone from practicing non-allopathic healing, has no jurisdiction over non-allopathic practices, and cannot interfere with the practice of a medical doctor who offers non-allopathic services. In Oklahoma, with the exception of chiropractors, no other profession or group that practices a healing art has opted to establish a licensing law. Even those practices such as acupuncture, massage therapy, midwifery, naturopathy, homeopathy, and others that are sometimes licensed elsewhere, practice freely and without restriction in Oklahoma and have done so for over 100 years.

A common concern for people not familiar with the state of affairs in Oklahoma would be - what do people do if they have a complaint against a health professional and no regulatory body to complain to? In answer to this question Elissa said that questions of sexual misconduct, failure to diagnose, and physical or emotional injury relate to quality of service. If a practitioner provides bad service or acts in an inappropriate manner, a customer has several choices.

1. Stop going to the practitioner and tell everyone you know about your negative experience.
2. In the case of sexual misconduct or fraud or other criminal act, go directly to the district attorney to file a criminal complaint.
3. Sue in civil court for damages due to bad outcome.

Elissa said people are happy to make their own choices about health care. If they don't like someone they don't go to them and they take responsibility for those choices. She could not find any record in the public memory about a practitioner being taken to court for any reason. Elissa said that “such an event would be an extra-ordinary situation and the grapevine would provide every juicy detail that I would be among the first to know because natural health people tend to call me over legal matters. We're a small population state so news travels fast as everyone knows everyone.” Elissa even asked several of the old timers who have large natural health practices and have been in business since the early 1980's and they could not recall any incident, either.

We can only wonder what the North American health care system would look like, if citizens in the other 49 states and those in Canada had been granted the same constitutional power over the actions of their public servants as the citizens in Oklahoma are lucky to have. You can read the paper, "The Case Against Medical Licensing"²⁰ by Dr. Lawrence Wilson and take heart in the following quote from Ron Paul, MD, a practicing obstetrician and a Congressman from Texas: "Let us allow physicians, hospitals and schools to spring up where they're needed, abolish the restrictive licensure laws, and simply invoke the laws against fraud to insure honesty among all providers of health care... That will make health care affordable for everyone."

Insurance and Health Care

Malpractice insurance is Big Business. However, if people took responsibility for their own health care and were allowed to go to practitioners of their choice, is there a possibility that the huge malpractice rates that insurance companies charge would not be necessary?

Paying \$1,000 per month for individual health insurance is not what Benjamin Franklin had in mind when he sponsored the first hospitals in America. Such high premiums are especially grating to people who want to stay healthy, because health insurance will not cover preventive health measures like vitamin and mineral testing, diet and detox advice, or nutritional prescriptions. Health insurance only covers costly drugs and hospitalizations when you succumb to disease. Most people are forced to take the drugs that are prescribed because they are covered when they would rather take the alternatives but can't afford the extra expense.

Consumer Health Information Research Institute (CHIRI), which sounds like a public service institution is a creation of the health insurance industry. Dr. James Carter in his book *Racketeering in Medicine: The Suppression of Alternatives*, says that, "CHIRI has for its constituency the health insurance industry.²¹ It purports to serve that industry in an advisory capacity, by approving or disapproving a particular treatment provided by a health-care provider. It serves as a health-insurance consultant regarding the legitimacy of certain disabilities and health practitioners. An example of an "illegal" disability would be chronic fatigue syndrome. CHIRI is also said to have a computerized list of more than 40,000 American physicians and other medical practitioners who are suspected of using "questionable medical practices." I know many patients who had to fight for health insurance coverage of their chronic fatigue syndrome almost as hard as they fought their disease.

²⁰ <http://www.drlwilson.com/articles/licensing.htm>

²¹ Carter, M.D., Ph.D., James P., *Racketeering in Medicine: The Suppression of Alternatives*, Hampton Roads Publishing, VA, 1992/93, pages 44-45.

In the following article, written for *Total Health and Longevity* magazine (June 2006), I tackle the monopoly in the universal health insurance coding system.

The Healthcare Codes Monopoly

Most people have no idea that there is a healthcare code monopoly and don't even know what it means. It's time we did.

Billing Codes

The billing system of American healthcare is based on a complex coding system called Current Procedural Terminology (CPT codes). Established in 1966 by the American Medical Association (AMA), the codes garner the AMA hefty annual licensing fees. Each time a CPT code is used, the AMA gets paid.

There has never been a law against including codes to cover all healthcare practitioners but the AMA has developed very few codes for non-medical practitioners. This keeps other practitioners from becoming equal business partners in the world of insurance reimbursement for services rendered.

CPT codes are designed to document what a medical doctor does for a patient. Think of a department or grocery store where every item has a bar code, and if it doesn't, the item can't be sold without a clerk running back to the aisle to find the price. Swiping a bar code across the cashier's scanner not only calculates the price, but also automates inventory control and financial management. It's the same for healthcare, without a code there is no way to calculate appropriate payment and no itemization of what has transpired. It's that simple.

The current coding systems cover only a fraction of what is happening in healthcare—coded interventions are the only transactions that are tracked, marketed, and reimbursed. This is why so little is known about what transpires in the marketplace with regard to healthcare practitioners who are paid cash.

Without codes for all types of healthcare practitioners, we can't document the effectiveness of their care or the potential money that is saved by including them in insurance reimbursement. It's a lose-lose situation. Patients lose, practitioners lose, and the nation keeps losing millions of dollars paid out to ineffective and costly drug-based medicine. For example, healthcare trends are tracked by data obtained from insurance companies. Since insurance companies can't measure data they don't have, they have no way of knowing, for example, that patients who see midwives have a much lower rate of cesarean section, about 10-15%, compared to patients who are delivered by obstetricians with over twice the rate—of about 30%.

Lack of relevant data is also why we can only depend on small samples and surveys to tell us what forms of natural healing arts people are using because

we have no other way of gathering the data.

It's Getting Worse, Not Better

There used to be state codes (HCPCS III) that individual states created to meet their needs. The state codes were abolished in 2003, costing many states' Medicaid programs millions of dollars.

Square Pegs in Round Holes

Being required to fit everything a practitioner does into an allopathic/medical code leads to a high degree of inexactness. Because CPT codes include very few non-medical modalities, many doctors must limit their practice to allopathic medicine—so they can get paid by insurance, which, in turn, limits the type of care available to the public. Practitioners who use non-allopathic modalities have to fit their care into a CPT code—square pegs into round holes. For example, all states allow nurse practitioners to bill directly for their care, but they lack appropriate codes. So, while insurance companies may direct them to bill using CPT codes, the American Nurses Association has determined that CPT codes do not describe or document that the care is from a nurse. ABC codes solve this problem, for all practitioners by giving each practitioner their own set of codes.

State of Exclusion

Due to discrepancies in state “scope of practice laws”, insurance companies don't know the scope of practice for each type of practitioner in each state, and because of potential legal liabilities, they just don't pay for these services. To be fair, they don't want to pay a claim illegally, but it suits them just as well to not pay –it saves them the hassle of processing claims without codes.

A graph in the original article demonstrated that the vast majority of health codes service the minority of allopathic medical doctors, whereas the majority of health practitioners in the country do not have codes that they can use.

ABC Codes

Knowing the limitations of the CPT codes, a unique company called ABC Coding Solutions developed “ABC Codes” that describe services, remedies, and equipment items used by all healthcare practitioners, not just medical doctors. And, they include codes for most aspects of alternative medicine as well including homeopathic remedies.

Ms. Giannini, the CEO of ABC Coding Solutions knew the healthcare system was unhealthy. But it wasn't until she experienced a chronic illness that she became a victim of it herself. She struggled with her illness for two years, going to medical doctors who billed her insurance company a total of \$15,000 -all legally coded and absolutely ineffective. After none of the medical treatments worked, it only took a few visits and with a doctor who provided care that was not in the CPT codes, and \$500 in out of pocket expenses, to get her well.

Ms. Giannini found it incredible that an insurance company would gladly pay \$15,000 for treatments that didn't work and refuse to pay \$500 for treatments that did. The doctor that helped her get well is one of millions of practitioners forced to operate outside the "system", which also forces millions of patients like Ms. Giannini outside as well.

Playing Monopoly

The AMA was told by the federal government in 1993 to create codes for non-MDs, but they haven't complied. It's like asking Ford to create service and supply codes for Chrysler! Nobody is going to willingly stop something that works in his or her favor. Nurses have tried for decades to get nursing codes by participating on a coding panel with the AMA without much luck. And, as of 2006, out of over 8,000 CPT codes for medical care, there are only four CPT codes for chiropractors and acupuncturists, and massage therapists have one code.

Cut the Bureaucracy

ABC Coding Solutions keeps current on the legal scope of practice of all practitioners in all 50 states and ABC codes legally reflect the practices of more than 3 million under-served healthcare practitioners. But they are not meant to supercede the current codes; when used together with CPT and government codes, ABC codes support a complete, accurate, and precise documentation of patient encounters and a common language for comparing the economic and health outcomes of competing approaches to care. The fact that ABC Coding Solutions can determine if a code is legal or not saves billions in administrative costs spent haggling over inappropriate codes.

ABC Coding Solutions estimates that using ABC codes will save more than \$51 billion per year in U.S. healthcare costs when implemented across the healthcare industry.

Using the example of the Medicaid Behavioral Health Department in Alaska, by using ABC codes in place of state codes that were retired in 2003, this department saved \$2 million in one year. This department has thus far used ABC codes to process more than 500,000 health claim and payment transactions. A Medicare Advantage plan in New Mexico has paid claims on ABC codes for over five years with similar outstanding results.

Having ABC codes will not change healthcare overnight—but ABC codes are a big step in the right direction. Unlike technologies that cost millions and take years to return a profit, ABC codes are a turnkey operation and begin saving everyone money immediately. With ABC codes, insurance companies, government and the public will have information to make informed decisions on healthcare spending and reimbursement.

Consumer Directed Healthcare (CDHC)

CDHC and Health Savings Accounts (HSAs) are an attempt to “solve” the problem of rising healthcare costs. They raise consumer awareness about the real costs of healthcare and help people make better decisions about how to spend their healthcare dollars. However, they are currently set up using only the medical model of care and AMA CPT codes. They do not currently address the demands of millions of people who want alternate options to prescription drugs and surgery.

ABC codes, however, allow all practitioners to effectively document their care and thereby potentially participate in insurance reimbursement and HSAs. Thus ABC codes will help maximize the benefits of HSAs by providing consumer access to a wider variety of caregivers.

What You Can Do

ABC codes have been in use since 2003. However, ABC codes need to leap over one more hurdle. They need to be named a permanent government standard so that insurance reimbursement will also become standard for all types of health care.

ABC codes are authorized for use through October of 2006. We have until then to lobby our elected officials to have ABC codes made a government standard. Please visit www.ABCcodes.com for information on how you can urge your elected officials to break the healthcare codes monopoly. From there you can send your elected officials an email urging them to support naming ABC codes a permanent government code-set. You may also contact ABC Coding Solutions at 1-877-621-5465.

We don't need more caregivers in America; instead we need to rethink coding. Coding is creating an artificial bottleneck for direct consumer access to quality healthcare. Consumers are demanding choice in healthcare. You can help create choice by demanding that ABC codes are available to document the care that consumers are already using. (End of Article)

Five-Minute Medicine

Tim Bolen, an outspoken critic of North American medicine and advocate for natural medicine, calls modern health care “Five Minute Medicine”, which describes the reality of conventional health care.

(1) A patient waits two months for an appointment to see a doctor, waits an hour in a waiting room, then twenty minutes in an examining room, to “consult” with a doctor who spends five minutes listening to their problems and one minute writing out three new “prescriptions” for drugs, whose “co-pay” at the pharmacy is equivalent to the price of groceries for two senior citizens for a whole week;

(2) *The term also refers to the amount of time a patient can expect to actually interact with a licensed health professional during a week's stay in any North American hospital—five minutes.*²²

The Quackbusters

Bolen says that medical doctors who step outside the “Five Minute Medicine” box are immediately, and sometimes permanently, prevented from using modalities other than the so-called science-based, sanctioned drugs and surgery. Bolen has considerable experience investigating the reasons why such doctors are targeted. He’s spent several years studying the Quackbuster organization and participated in several court battles where the Quackbusters were engaged as so-called medical expert witnesses. Tim Bolen instead put the experts on trial and vetted their credentials in court; they came up short every time and are no longer considered expert witnesses in most courtrooms of America.

Helke Ferrie’s article “Quackbusters—Busted,” reprinted in Appendix E describes the Quackbuster organization and references Bolen’s work on his site. www.bolenreport.net. It’s well worth studying the people that are likely being paid by corporations to limit your choice in health care. By doing so you will more easily see through the smoke and mirrors and fear tactics that they use.

The definition of a quack: “a practitioner who suggests the use of substances or devices for the prevention or treatment of disease that are known to be ineffective”. Consider that the tables have turned since allopathic medicine seems to be so ineffective in its treatment of chronic disease.

Eisenberg’s 1993 ‘Unconventional’ Medicine Study

The general public began clamoring for non-allopathic medicine in the 1970’s and 80’s. Through the power of the purse, they broke free of allopathic medicine’s strong-arm techniques, buying traditional health services to the extent that, by 1993, Dr. David Eisenberg found that the amount spent, out of pocket, on natural medicine equaled that spent on standard medical care.²³ Eisenberg’s simple study changed the face of medicine. Modern medicine had no idea so many people were using and spending so much money on natural medicine.

In his 1993 study, Eisenberg interviewed 1,539 adults by telephone on the type of medicine they favored. One in three people reported using at least one natural medicine therapy in the past year, and a third of these saw natural medicine providers. Those who saw natural medicine providers made an average of 19 visits during the preceding year. The majority of people used natural medicine for chronic, as opposed to life-threatening, medical conditions. Among those who used natural medicine for serious medical conditions, the vast majority (83 percent) also sought

²² http://www.bolenreport.net/feature_articles/feature_article032.htm

²³ Eisenberg D. “Unconventional Medicine in the United States – Prevalence, Costs and Patterns of Use.” *NEJM* 328:246-52 no.4. Jan 28, 1993.

treatment for the same condition from a medical doctor; however, 72 percent of the respondents who used unconventional therapy did not inform their medical doctor that they had done so. Extrapolation to the U.S. population suggests that in 1990 Americans made an estimated 425 million visits to providers of natural medicine. This number exceeds the number of visits to all U.S. primary care physicians (388 million).

The study reported that expenditures associated with use of natural medicine in 1990 amounted to approximately \$13.7 billion, three quarters of which (\$10.3 billion) was paid out of pocket. This figure is comparable to the \$12.8 billion spent out of pocket annually for all hospitalizations in the United States.

Eisenberg and his team completed a follow up study in 1998 and found a 10 percent increase in the probability of using natural medicine and a 47.3 percent increase in total visits to natural medicine practitioners.²⁴ The numbers went from 427 million in 1990 to 629 million in 1997, exceeding the total visits to all U.S. primary care physicians. Estimated expenditures for natural medicine professional services increased 45.2 percent between 1990 and 1997 and were conservatively estimated at \$21.2 billion in 1997, with at least \$12.2 billion paid out-of-pocket. This figure exceeds the 1997 out-of-pocket expenditures for all U.S. hospitalizations. Total 1997 out-of-pocket expenditures relating to natural medicine therapies were conservatively estimated at \$27 billion, which is comparable with the projected 1997 out-of-pocket expenditures for all U.S. physician services.

Modern medicine and Big Pharma were immediately concerned that this money was being diverted from them. Instead of blatantly announcing their financial fears modern medicine and Big Pharma hit on one major point in the Eisenberg study and used that to bash the use of natural medicine. They expressed grave concerns that the majority of people in Eisenberg's study did not tell their allopathic doctor when they were using natural medicine. They instilled fear in people using natural medicine that they could be missing out on the benefits of drug therapy and that there could be dangerous interactions of their dietary supplements with drugs. To me it made absolute sense that people would not tell their doctors. I know from my own clinical experience that patients were afraid to tell their other doctors that they were taking dietary supplements or seeing someone practicing natural medicine. Doctors regularly "fire" their patients for such behavior. As for drug and dietary supplement interactions, they come about, if at all, when a drug is no longer needed and the dietary supplement is healing the condition and the drug becomes toxic. A doctor's main focus should always be to get people off drugs and onto dietary supplements.

²⁴ Eisenberg DM, et al. "Trends in Alternative Medicine Use in the United States, from 1990 to 1997: Results of a Follow-up National Survey." *JAMA* 1998; 280 (18) Nov 11: 1569–1575.

Eisenberg Updated

No longer called “unconventional medicine” but labeled CAM (complimentary alternative medicine) the most complete and comprehensive findings to date on Americans' use of CAM were released on May 27, 2004, by NCCAM and the National Center for Health Statistics (NCHS, part of the CDC).²⁵ To obtain these statistics, a detailed survey on CAM was included for the first time in 2002 in the annual National Health Interview Survey (NHIS), of tens of thousands of American households about their health- and illness-related experiences.

As posted on the NIH website, the survey showed that a large percentage of American adults are using some form of CAM -36 percent.²⁶ When prayer specifically for health reasons is included in the definition of CAM, that figure rises to 62 percent. Stephen E. Straus, M.D., NCCAM Director, said, "The survey data will provide new and more detailed information about CAM use and the characteristics of people who use CAM. One benefit will be to help us target NCCAM's research, training, and outreach efforts, especially as we plan NCCAM's second 5 years, 2005 through 2009."

It's wonderful to see people using natural health methods but is it changing medicine? As if in retaliation against natural medicine, I have seen an unfortunate trend in my telephone consult clients where doctors are no longer content with a normal cholesterol or normal blood pressure reading. They are now prescribing strong and potentially toxic medications as a preventive measure, with no science to back them up.

Here's what I wrote in a guest blog for www.basilandspice.com that sums up my concerns.

When I was in medical school, back in the mid-1970's, we learned to diagnose disease and treat symptoms with drugs. Instilled in us was a healthy respect for these drugs and their side effects. We were cautioned to prescribe them only for the duration of the patient's symptoms. For example, anti-anxiety drugs are still labeled for use in short term anxiety for no more than two weeks.

In the past decade, however, I've noted, in my telephone consulting practice, that clients are being told to keep taking their medicines for anxiety, hypertension, high blood sugar, and cholesterol “as a preventive measure” even if they have no more symptoms. This advice is being offered in spite of the fact that there are no studies to show that these drugs can improve a person's future health. On the contrary, taking more than 2 drugs at one time

²⁵ Barnes P, Powell-Griner E, McFann K, Nahin R. CDC Advance Data Report #343.

²⁶ <http://nccam.nih.gov/news/newsletter/previous/index.htm>

has never been scientifically studied and can result in serious drug interactions and side effects.

One of my latest books is an eBook called *Death by Modern Medicine: Seeking Safe Solutions*. In it I report that Americans are taking, on average, ten prescription medications per day. Direct to Consumer Advertising and a media that is financed by drug advertising, promote the message that you can eat, drink, and be merry and expect a prescription from your doctor when you get sick. The quick talk at the end of the TV drug ads legally must list the side effects, some of which are up to and including “sudden death”. Yet, people flock to their doctors, asking for the miracle cure and are surprised when it doesn’t work.

The solutions for our failing health and failing health care system are not at the bottom of a pill bottle, they include better eating habits, organic food, exercise, restful sleep, stress reduction, and organic food based vitamins and angstrom sized minerals. If you follow healthy lifestyle habits, high blood sugar, hypertension, anxiety, and high cholesterol will be a thing of the past. If you presently have one or more of these conditions, you can read my eBook, *Future Health Now Encyclopedia* for healthy solutions.

The Great Divide

Over seventy years ago doctors were speaking out against synthetic drugs. Henry Pleasants, Jr., A.B., M.D., F.A.C.P. Associate Editor of *The Medical World Journal* wrote the following in the 1930’s. It is part of the introduction to a compilation of articles from *The Medical World Journal* published in 1935.²⁷

We have been led along the path of synthetic medications for too many years, to the detriment of too many sufferers, as evidenced by the growing incidence of serious blood disturbances, such as agranulocytosis, methemoglobinemia, and others. We have often relieved pain without attacking the underlying cause; we have operated when resistance was at too low ebb; we have prescribed remedies empirically, without clear-cut knowledge of their action or collateral effect. Let us make a determined effort to follow our lines of treatment with scientific exactness, and, if we feel justified in assisting the work of ... others, we may either offer conclusive proof in condemnation of its principles or congratulate ourselves on being able to support the efforts of its advocates by accurate clinical proofs and painstaking case records.

It is discouraging that it doesn’t look like things are going to change in mainstream medicine, which means concerned individuals need to take more responsibility for their health and concerned practitioners need to continue using natural means to

help more people. As I mentioned above, my long-term solution for the future of health includes low potency food-based organic vitamins and angstrom-sized cellular absorbed minerals. I've also developed an online wellness program called *Future Health Now!* It's a lifestyle program that should be taught in schools. It's my answer to the health care crisis. Taking responsibility for your own health is a choice that you can make.

CHAPTER 2

DEATH BY DRUG COMPANIES

Avarice is always poor.
Samuel Johnson (English poet 1709-1784)

Is the mission of drug companies to make safe drugs to help alleviate suffering or to make profit? When I was in medical school, I once made a comment in class about an article on cancer therapy in *Penthouse Magazine* written by Gary Null. Null said that pharmaceutical companies were sometimes guilty of falsifying clinical trial results. The reaction from several of my classmates was of incredulity. I was chastised for thinking that drug companies could have anything other than the best interest of the public at heart. As you read *Chapter 5*, you decide what is the higher priority for drug companies—profits or people.

Former editor of the *New England Journal of Medicine (NEJM)*, Dr. Marcia Angell, struggled to bring the attention of the world to the problem of commercializing scientific research in her outgoing editorial titled “Is Academic Medicine for Sale?”²⁸ Angell called for stronger restrictions on researchers receiving drug company stocks and other financial incentives. She said that growing conflicts of interest are tainting science. She warned that, “When the boundaries between industry and academic medicine become as blurred as they are now, the business goals of industry influence the mission of medical schools in multiple ways.” She did not discount the benefits of research but said that a Faustian bargain now existed between medical schools and the pharmaceutical industry.

Angell left the *NEJM* in June 2000. Two years later, in June 2002, the new editor of the *NEJM* announced that it would now accept biased journalists (those who accept money from drug companies) because it is too difficult to find ones that have no ties. Another former editor of the journal, Dr. Jerome Kassirer, said, on an ABC News report in 2002, that there are plenty of researchers who don’t work for drug companies.²⁹ In the same ABC program, it was reported that one measurable tie between pharmaceutical companies and doctors amounted to over \$2 billion a year spent for over 314,000 parties and events that drug companies sponsored for doctors.

Richard Horton, editor of the *Lancet* appeared before a U.K. House of Commons select committee on health in December 2004. At that meeting he said that the relationship between medical journals and the drug industry is “somewhere

²⁸ Angell M. Is Academic Medicine For Sale? *N Engl J Med*. 2000 May 18;342(20):1516-8.

²⁹ McKenzie J. Conflict of Interest? “Medical Journal Changes Policy of Finding Independent Doctors.” June 12, 2002. *ABC News*.

between symbiotic and parasitic." He says that drug companies frequently try to exert pressure on his journal to accept a paper by arguing that, if the journal does so, they will buy reprints, which will earn the journal more money and which the drug company uses for marketing purposes. When his editors ask for more data or critique a paper the drug company will threaten to take their paper elsewhere.³⁰

On a minor scale of abuse but symptomatic of the pervasiveness of drug company funding is the story of a caterer friend of mine. She had been hired by drug companies to cater parties for hospital-based medical groups. Money goes directly to her, not to the hospital, so there is no money trail. An acquaintance that works for several doctors told me that at a restaurant close to the hospital where she works drug companies pick up the tab for orders placed by the medical staff. Another friend reported that a group of doctors regularly meet for a sumptuous dinner and drug lecture once a month for which they are paid \$1,000.

The ABC report also noted that a survey of clinical trials revealed that when a drug company funds a study, there is a 90 percent chance that the drug will be perceived as effective whereas a non-drug company-funded study will show favorable results 50 percent of the time. It appears that money can't buy you love but it can buy you any "scientific" result you want. The only safeguard to reporting these studies was if the journal writers remained unbiased. According to Dr. Angell that is no longer the case.

By 2004 Dr. Angell wrote *The Truth about the Drug Companies: How They Deceive Us and What To Do About It*. Her article called "The Truth about the Drug Companies" was printed in the *New York Review of Books* in the *New York Times*.³¹ That article was a scathing attack on the pharmaceutical industry and its excesses. Angell said, "Americans now spend a staggering \$200 billion a year on prescription drugs, and that figure is growing at a rate of about 12 percent a year." That amount does not even include comparable amounts spent for drugs administered in hospitals, nursing homes, or doctors' offices (i.e., many cancer drugs).

The tried and true excuse that drug companies give to justify their exorbitant prices is to pay for investment in research and development (R&D). However, Angell says the R&D defense has nothing to do with reality. She says that R&D accounts for a relatively small part of a big drug company's budget. Far more enormous are the expenditures on advertising and promotion. The actual cost of making drugs is pennies compared to the hundreds of dollars charged. Even though those pennies add up to \$802 million (in 2000 dollars) to bring a new drug to the end of Phase III clinical trials.

³⁰ U.K. Select Committee on Health *Fourth Report*, section 8 "Influence of the Industry on Key Groups."

³¹ Angell M. "The Truth About the Drug Companies: How They Deceive Us and What To Do About It." *The New York Review of Books*. Vol. 51, No.12. July 15, 2004.

Angell makes the case that the poor and elderly should have access to drugs and are discriminated against because of the high prices. That is where she and I really differ. For all the good Angell is doing in exposing the corruption in the drug industry, she is still firmly in the camp of drug-based medicine. Angel is also no friend of natural medicine. In her September 17, 1998 issue of the *NEJM* there were six articles, letters, and reports attacking natural medicine. I feel that instead of allowing more access to drugs, there should be more focus on teaching people how to take better care of their health and leave the drugs for emergencies. Most of the costly drugs such as statins, arthritis pills, and heart medications are given for lifestyle diseases amenable to diet, exercise, and dietary supplements.

Angell also reports that for all the talk about R&D, there have been only a few truly important drugs brought to market in the past decade. Most drugs are copycats of best-selling drugs made by other companies. They are not measurably better than the other and depend on heavy marketing for sales. Angel quotes Dr. Sharon Levine, associate executive director of the Kaiser Permanente Medical Group, who said, “If I’m a manufacturer and I can change one molecule and get another twenty years of patent rights, and convince physicians to prescribe and consumers to demand the next form of Prilosec, or weekly Prozac instead of daily Prozac, just as my patent expires, then why would I be spending money on a lot less certain endeavor, which is looking for brand-new drugs?”

Since the first edition of *Death by Modern Medicine* a number of articles and editorials have surfaced about the conflict of interest in medicine. In January 2006, JAMA printed a special communication produced by eleven authors including MD’s, PhD’s, and lawyers acknowledging that “Approximately 90 percent of the \$21 billion marketing budget of the pharmaceutical industry continues to be directed at physicians, despite a dramatic increase in direct-to-consumer advertising.”³² They further confirmed that “The purpose behind such industry contacts with physicians is unmistakable: drug companies are attempting to promote the use of their products.” This article also reported on the science of gift giving finding that doctors who receive even a small “gift” from a drug company are much more likely to prescribe that company’s drugs.

An August 2006 editorial by JAMA editor-in-chief Dr Catherine DeAngelis offers her solution to the problem of JAMA writers not reporting conflict of interest. She finds “The most potent—both in enforcement and education—is the instigation of a full investigation by the deans of the authors’ institutions. In 2006, I have resorted to this approach twice, resulting in thorough investigations and appropriate corrective actions for the authors who were faculty members at the Mayo Clinic College of Medicine and the University of Nebraska School of Medicine.”³³

³² Brennan A. Troyen et al. Health Industry Practices That Create Conflicts of Interest: A Policy Proposal for Academic Medical Centers. JAMA. 2006;295:429-433.

³³ DeAngelis C. D., The Influence of Money on Medical Research. JAMA, Published online August 7, 2006.

While Angell has done yeoman's service in exposing the massive corruption in medical research, what she fails to discuss in detail is just how this deplorable situation actually developed and how it is now sustained by an ever-increasing flow of public money thanks to drug-industry-favored public policy and law. As I wrote in "Death by Medicine", Angell, never having studied natural medicine does not offer any solutions to the overuse of drugs.

Blockbuster Books

We talk about blockbuster drugs, but we also have blockbuster books that are exposing Big Pharma. Along the same lines as Marcia Angell's *The Truth about the Drug Companies* is Dr. John Abramson's *Overdosed America: The Broken Promise Of American Medicine*. In a *Toronto Star* book review on December 19, 2004, Dr. Abramson is described as a twenty-year veteran of family practice medicine and a faculty member and researcher at Harvard Medical School. Dr. Abramson is joining the ranks of doctors who are questioning Big Pharma. Jay Cohen, Marcia Angell, and John Abramson are all concerned that the public's health is being compromised by a contrived dependence on costly drugs.

For the movie crowd, in 2007, Michael Moore released *Sicko*, an expose of the health insurance industry. However, he doesn't go far enough with workable solutions. To have everyone covered by health insurance that allows people to receive free drugs and surgery with no access to alternatives is not the solution to our health care crises.

Legalized Conflict of Interest

Testimony given before the U.S. House Committee on the Budget in 1999, by consumer advocate, Ralph Nader, who is America's highest profile critic of the drug industry, aptly covers the depths of the real problem. Many people do not realize that government laws require that publicly-financed and developed drug products be given to the drug industry free and clear and along with official government assistance in making sure these drugs are a commercial success.

As Nader described it, this bonanza of public funding for research and development of patentable drugs did not start until after WWII and it picked up steam in the mid-1970's when businesses, partnering with universities, began to lobby for a major transformation of U.S. patent policy. What they wanted was exclusive licensing to spur private sector innovation and development of government-funded inventions.

The Bayh-Dole Act of 1980 was the first of a series of laws passed in the 1980's leading up to the Federal Technology Act of 1986 with its accompanying Executive Order of 1987, which requires rapid giveaway of patented drugs to pharmaceutical companies and encourages government employees to work for the private sector for short periods of time to ensure commercial success of the new drugs.

All federal government agencies including agencies like the State Department are directed to facilitate the commercialization of the new drugs.

In testimony provided by Nader's colleague, James Love, at another hearing regarding the pricing of drugs developed by public funding, Love pointed out that drugs developed by public funding were priced higher than those developed without public funding. Odd as it seems, NIH officials take an active part in the pricing of drugs.

It seems bizarre that American politicians have established laws that allow the already highly profitable drug industry to plunder publicly financed drug products and at the same time suppress low-cost, safe and effective natural products that ordinary citizens really want. We believe President Eisenhower's warning in his farewell address in 1961 that funding scientific research for the military-industrial complex might lead to an undesired result also applies equally to the medical industry. We have taken the liberty to add emphasis to his words to further illustrate the point.

In the councils of government, we must guard against the acquisition of unwarranted influence, whether sought or unsought, by the military-industrial (medical-industrial) complex. The potential for the disastrous rise of misplaced power exists and will persist.

We must never let the weight of this combination endanger our liberties or democratic processes. We should take nothing for granted. Only an alert and knowledgeable citizenry can compel the proper meshing of the huge industrial and military machinery of defense (medical industry machinery to deliver appropriate medical treatment) with our peaceful methods and goals, so that security and liberty may prosper together.

Akin to, and largely responsible for the sweeping changes in our industrial-military (medical-industrial) posture, has been the technological revolution during recent decades.

In this revolution, research has become central, it also becomes more formalized, complex, and costly. A steadily increasing share is conducted for, by, or at the direction of, the Federal government.

Today, the solitary inventor, tinkering in his shop, has been overshadowed by task forces of scientists in laboratories and testing fields. In the same fashion, the free university, historically the fountainhead of free ideas and scientific discovery, has experienced a revolution in the conduct of research. Partly because of the huge costs involved, a government contract becomes virtually a substitute for intellectual curiosity. For every old blackboard there are now hundreds of new electronic computers.

The prospect of domination of the nation's scholars by Federal employment, project allocations, and the power of money is ever present ^ and is gravely to be regarded.

Yet, in holding scientific research and discovery in respect, as we should, we must also be alert to the equal and opposite danger that public policy could itself become the captive of a scientific-technological elite.

With university personnel as well as public and private sector personnel all on the receiving end of patented drug research money, thanks to current technology transfer laws, it is no wonder nobody wants to blow the whistle and study the secrets of how to support and sustain real health. The losers are the taxpayers who pay for this travesty, the patients who may not benefit and even be harmed by using poorly researched patented drugs, and those others who are deprived of access to safe and unpatentable natural products that actually work.

The flurry of technology transfer laws passed in America in the 1980s created a technology research frenzy and similar laws were introduced in Canada and promoted by then prime minister Brian Mulroney. Bill C-91 granted new drugs twenty-one years of patent protection.

The Revolving Door Among FDA, NIH, and Big Pharma

Take special note of the Federal Technology Act of 1986 and the Executive Order of 1987, which “encourages government employees to work for the private sector for short periods of time to ensure commercial success of the new drugs.” The open door policy that exists between government and Big Pharma is a law. It’s not a just a dirty little secret that many of us decry as being unethical and immoral and hidden from public scrutiny. We won’t go into the many articles that are readily available documenting this behavior. It occurred with the approval of the toxic artificial sweetener aspartame and it happens with most drugs. A government official hastens approval of a drug and then moves into a position in the drug company to deal with all the rough edges inherent in the process. Then that official may go back into a higher position in government to do it all over again. It’s a law, and it’s a shrewd business move to ensure ongoing profits.

Hormone Replacement Therapy

Dr. Angell in her book, *The Truth About the Drug Companies: How They Deceive Us and What To Do About It*, warns about the incredible drug bias in medical research. It may not be obvious that if most of the funding for medical research comes from drug companies, then most of the research is going to be on drugs. That is why it takes so long for research to be done to show that a drug is dangerous. Just remember how long it took to research hormone replacement therapy (HRT) and find out that it is harming more women than it helps. In fact, HRT research is an excellent example of the manipulation of modern medicine by pharmaceutical companies.

Male clinicians and researchers have long been fascinated with how women age and the mysteries of menopause. Labeling menopause a disease due to estrogen deficiency, doctors attempted to “cure” the condition by introducing estrogen replacement. As early as 1929, estrogen taken from the amniotic fluid of cattle was used. Then, Premarin, an estradiol isolated from pregnant mares’ urine, became the most popular estrogen replacement therapy. Ten years later, a more powerful form of estrogen, diethylstilbestrol (DES), was synthesized. By 1948 DES was heavily marketed to prevent pregnancy complications, such as toxemia, low birth weight, and early pregnancy loss. Doctors read in their medical journals that DES is “Recommended for routine prophylaxis in *all* pregnancies, helping to produce “Bigger and stronger babies” with “No gastric or other side effects....”

About fifteen years passed before researchers performed a controlled trial using DES. It was found to be useless in preventing complications during pregnancy. Even worse, thirty years after DES was marketed to unsuspecting women, babies born to DES users demonstrated an increased incidence of cancer affecting the reproductive organs. In 1971, DES was finally pulled from the market.

Meanwhile, Premarin factories were churning out very strong doses of their estrogen product. They first began marketing the 1.25 mg dose in 1942 and not until six years later did they introduce the lower doses at 0.625 mg and 0.3 mg. Without any long-term studies to prove safety or even effectiveness of the product, in the 1950’s Wyeth-Ayerst funded a massive campaign to convince doctors that menopause was a consequence of estrogen deficiency and that Premarin would fill the gap. Sales, however, did not escalate until a direct marketing campaign was undertaken with a doctor for hire.

Dr. Robert A. Wilson published a persuasive article about the used of Premarin called “No More Menopause” in Newsweek magazine, January 1964. Wyeth-Ayerst joined the cause and began to market menopause to women by promoting Wilson’s book *Feminine Forever*. In a 1966 copy of this book, there is no disclaimer or acknowledgement of its funding source. According to Dr. Wilson’s son, Wyeth-Ayerst funded his father’s research foundation on Park Avenue in Manhattan, his speaking tours, and his book.⁵

By the end of the 1960s, about 12 percent of all postmenopausal women in America were using HRT, quickly becoming the number one dispensed drug and constituting a massive experiment on women. Without a shred of science to prove its long-term safety, Wilson and Wyeth-Ayerst played to the fears and vanity of women saving women from the fate of being “condemned to witness the death of their own womanhood”. It wasn’t until the late 1960’s that an increase in endometrial cancer, heart disease and stroke due to estrogen treatment, became obvious. By 1972 there was a moratorium on the use of estrogen for menopause. Another ten years passed before breast cancer was linked with the use of Premarin. When estrogen was first marketed we didn’t know that cancer takes fifteen to twenty years to develop. Our

present epidemic of cancer is in part due to unrestricted use of cancer-causing drugs and chemicals.

If One Drug is Bad, Can Two Be Good?

When estrogen was deemed dangerous, the response of the pharmaceutical industry was to advise the use of progesterone, along with estrogen, to counter its growth-stimulating effects. The reasoning was sound. However, instead of using natural progesterone, which is not patentable, synthetic progesterone, called progestin, were invented, patented, and marketed as the answer to the estrogen problem. That occurred in mid 1970 but it wasn't until 2000 that a proper study was done to determine if Premarin used in conjunction with progestin were helpful or harmful.

The Women's Health Initiative

The Women's Health Initiative (WHI) study was undertaken by Wyeth-Ayerst, the makers of Prempro (a Premarin and progestin combination pill), to attempt to show its protective effects against heart disease to enhance their market appeal. In 2002, within two years of beginning the study, it was halted three years ahead of schedule. Instead of protecting against heart disease, the study found an increased incidence of heart attack, stroke, and breast cancer in women.³⁴ Another death knell was sounded when analysis of the WHI results, published in May, 2004, exposed that, instead of preventing dementia, as drug companies had been promoting, the risk of dementia was doubled in women, 65 and older, who were taking Prempro.

One branch of the WHI study looked at Premarin alone. That study was halted in February 2004, because of an increased risk of stroke, a significantly increased risk of deep vein thrombosis, and no observable benefit to coronary heart disease.³⁵ The only benefit of Premarin alone was a possible reduced risk of hip and other fractures. Reading the study in detail, however, the statistics, do not seem that compelling. About 10,700 women were followed in the Premarin-alone WHI study and it appears that the increased-benefit statistic is based on the treatment group having a total of six fewer hip fractures, which seems an incidental amount and I question whether it is statistically significant.

What was the outcome of the WHI study and how did the NIH respond? "These findings confirm that Premarin-alone therapy should not be used to prevent chronic disease" is the position of the National Heart, Lung, and Blood Institute.³⁶ They support the FDA recommendations that "hormone therapy only be used to treat menopausal symptoms and that it be used at the smallest effective dose for the shortest possible time." It is shocking to realize that this study might never have happened. The only reason this study was finally undertaken and the truth about

³⁴ Kolata G, Petersen M. "Hormone Replacement Study a Shock to the Medical System." *New York Times*. July 10, 2002.

³⁵ Rabin R. "NIH Halts Study of Estrogen Therapy" *Newsday*. March 3, 2004.

³⁶ <http://www.nhlbi.nih.gov/>

hormone replacement therapy became known was due to vocal women's groups.

Dr. Abby Lippman, Professor of Epidemiology at McGill University and Co-Chair of the Canadian Women's Health Network (CWHN), felt that "Women were concerned by the increasing medicalization of women's lives and by physicians' tendency to push 'pills for prevention' of everything from hot flashes to memory lapses."³⁷ Dr. Lippman stated that women across North America "believed that federally-funded research was the only way to get results not tainted by pharmaceutical company interests, and they argued that this unbiased information was what women needed if they were to make informed decisions about their health." As spokesperson for CWHN, Dr. Lippman remarked, "Without the intervention of the U.S. National Women's Health Network and others, millions more would be getting prescriptions for HRT merely due to what the Network has called the 'triumph of marketing over science.'

Wyeth and Prempro Law Suits

A February 2008 Associated Press story reported that a Little Rock, Arkansas woman received a ruling in her favor for her law suit against Wyeth Pharmaceuticals.³⁸ Donna Scroggin accused Wyeth of negligence when she got breast cancer after taking their hormone replacement therapy.

Jurors said that Wyeth inadequately warned Donna Scroggin that its drugs Premarin and Prempro carried an increased risk of breast cancer. Jurors recommended that Ms. Scroggin receive \$2.75 million. There have been many such lawsuits, with mixed results. As these individual battles are being fought, both drugs continue to be FDA approved, remain on the market, and are prescribed annually to hundreds of thousands of women.

The Medicare Drug War

Public Citizen, the watchdog agency headed by Dr. Sidney Wolfe, provides us with a revealing report about the abuse of taxpayers' money to promote drug use.³⁹ The title, "The Medicare Drug War: An Army of Nearly 1,000 Lobbyists Pushes a Medicare Law that Puts Drug Company and HMO Profits Ahead of Patients and Taxpayers" says it all. This report was prepared in June 2004, as part of Public Citizen's Congress Watch reports. Under the guise of helping Medicare patients receive free drugs, the drug companies inserted clauses that prevented the government from trying to reduce drug costs. The Medicare law will end up costing taxpayers a fortune. The report is freely available on the Internet and investigates the issue of "revolving doors". It follows former members of Congress who are now paid lobbyists for the drug industry and HMOs.⁴⁰ As observed in *Chapter 1*, this

³⁷ http://rabble.ca/everyones_a_critic.shtml?x=14959&curl=

³⁸ Wyeth Loses Suit Involving Its Hormone Drug. The Associated Press. February 26, 2008.

³⁹ www.globalaging.org/health/us/2004/archive04.htm

⁴⁰ <http://www.citizen.org/documents/MedicareDrugWarReportREVISED72104.pdf>

policy of revolving doors between government and Big Pharma is the law of the land.

Worstpills.org is researched, written, and maintained by Public Citizen's Health Research Group, a division of Public Citizen. Public Citizen is a nonprofit, nonpartisan public interest group founded in 1971 to represent consumer interests in Congress, the executive branch and the courts. The Health Research Group, headed by consumer advocate Dr. Sidney Wolfe, works for research-based, system-wide changes in health care policy. A primary focus is working to ban or relabel unsafe or ineffective drugs and to encourage greater transparency and accountability in the drug approval process. Public Citizen also works to improve the system for monitoring and responding to post-marketing safety concerns in the U.S., improving the information available to consumers regarding drugs and dietary supplements, and helping doctors and patients make safe and economically wise decisions about drug treatment. In order to maintain its independent status, Public Citizen does not accept funding from corporations, professional associations, or government agencies.

Congressman Bernard Sanders (I-VT), an opponent of Big Pharma, features a provocative article on his website: "New Figures Prove Pharmaceutical Industry Continues To Fleece Americans". It draws on the recent Fortune 500 numbers, which show that the top seven pharmaceutical companies earned more pure profit than the top seven auto companies, the top seven oil companies, the top seven airline companies, and the top seven media companies. Merck, which is mentioned many times in these pages, garnered more profit than all of the airline companies on the Fortune 500 list. It also did better than the entertainment and construction industries.

You might ask where the entire drug profit goes. Marcia Angell reports that \$75 million went into the pocket of the former chairman and CEO of Bristol-Myers Squibb along with \$76 million in stock options. Another \$45 million, and \$40 million in stock options, goes to the chairman of Wyeth.

Big Pharma On the Run

All good things, and all bad things, must come to an end and the drug industry finally experienced a downturn in 2000 right along with the economy. Depending on employer insurance and government-supported programs in North America, it began to experience a decline in sales as expensive brand name drugs were dropped from benefit lists. A huge public backlash, especially from senior citizens in the U.S. occurred when they were forced to purchase their medications from cheaper Canadian sources. This resulted in a black eye for drug companies who were revealed as price gougers able to sell their drugs much cheaper to Canadians and Americans.

Dr. Angell exposes a dark secret in the pharmaceutical industry: the fact that there are very few new drugs in the R&D pipeline to take over from the drugs that are

running out of their patents. Prozac, Prilosec, and Claritin have all gone off patent in the past few years, costing drug companies billions of dollars in revenue because the non-patented generic forms of drugs are much cheaper. She found that of the seventy-eight drugs that were approved by the FDA in 2002 a mere seventeen contained new active ingredients. Ironically and tragically, only seven of these were seen as improvements on older drugs.

Since drug companies are beholden to their investors, not the drug-taking public, any loss in market share puts the companies at risk and drops their stock prices. Loss of confidence in drug companies is inevitable when drugs are pulled from the market due to dangerous side effects. Numerous recent examples include hormone replacement therapy, causing heart disease and cancer; suicides on antidepressants, Vioxx causing heart attacks; diabetes drugs causing heart disease; statin drugs to lower cholesterol causing heart disease, impotence, and muscle disease; and osteoporosis drugs causing jaw bone destruction.

HRT and Heart Disease

As described earlier in *Chapter 2*, the Women's Health Initiative (WHI) study, which set out to prove the wonders of Prempro (synthetic estrogen and progesterone), was halted three years ahead of schedule. Instead of protecting against heart disease, the study found an increased incidence of heart attack, stroke, and breast cancer in women. Instead of preventing dementia, as drug companies had been promoting, the risk of dementia was doubled in women, 65 and older, who were taking Prempro. And because of the increased risk of heart disease and cancer, women were advised not to use synthetic estrogen to treat osteoporosis. When news that the Prempro Women's Health Initiative study was halted hit Wall Street, shares of Wyeth, the makers of the \$2 billion drug (in 2001 sales), fell by 19 percent.

Vioxx and Heart Disease

In *Chapter 5*, *Death by Propaganda*, you can read more about the clinical trial that backfired when Merck tried to show that Vioxx might prevent intestinal polyps to try to extend its patent. Instead of being able to garner more sales, the study showed an increased risk of heart attack and stroke. Families whose loved ones have suffered heart damage due to Vioxx have filed numerous lawsuits. Merck was hit with a 27 percent drop in stock prices when it pulled its blockbuster arthritis drug from the market worldwide.⁴¹

Industry Exaggerates Antidepressant Effects

The New York Times published an article about a NEJM paper that reviewed 74 antidepressant drug studies that had been submitted to the FDA.⁴² About half the studies, 38, were judged to be positive by the FDA; 36 were published. Those studies with negative or questionable results were not published. Consequently doctors and

⁴¹ "Dow Average Falls as Merck Withdraws Vioxx." *Bloomberg News*. September 30, 2004.

⁴² Armstrong D, Winstein KJ. "Sweeping Overview Suggests Suppression of Negative Data Has Distorted View of Drugs." *New York Times*, January 17, 2008; Page D1.

patients get the impression that these drugs are working whereas they may only work half the time, at best. Sales of antidepressants total about \$21 billion a year.

The Times interviewed Dr. Turner, a former FDA employee who said that people had the impression that antidepressants are effective all the time. When Turner told them they only work 40% to 50% of the time based on his review of the research at the FDA they replied that they had never seen a negative study. Dr. Turner said he knew from his time with the agency that there were many negative studies that had never been published.

This is not the first time fraud has been uncovered in the pharmaceutical industry. In 2004, the New York state attorney general sued GlaxoSmithKline for alleged fraud, when suppressed studies that concluded Paxil was no better than a placebo in treating depression in children. Glaxo denied the charge but eventually settled out of court with the attorney general.⁴³

Do Antidepressants Even Work?

Not according to several surveys called meta-analysis. In the *British Medical Journal*, a 2004 meta-analysis of 5 clinical published studies using newer antidepressants on children and adolescents found that “The effect size was small at 0.26...” Which means that only 26% of the trial subjects improved. You may recall that the placebo effect can be about 50%, so this analysis shows that antidepressants are worse than nothing.⁴⁴ The report further stated that, “As regards unpublished studies, we note from a report from the US Food and Drug Administration Center for Drug Evaluation and Research that only one of nine studies showed a statistical advantage for drug over placebo.”

Authors of a 2002 report in the journal *Prevention & Treatment* came to the following conclusion: “Thus, the FDA clinical trials data indicate that 18% of the drug response is due to the pharmacological effects of the medication.” Let me repeat, a multimillion-dollar drug to treat a potential life-threatening condition only works about 18%. That’s incredible in a world where a passing grade in school is 60% and honors is 90%.⁴⁵ Even though these reports were published in 2002 and 2004, drug companies still use massive media marketing to convince us that drugs work wonderfully well and if we are depressed all we need to do is take an antidepressant and our world will be a rosy place. How sad!

Zyprexa Zombies

One antidepressant that’s making big headlines in 2008 is Zyprexa. Drug manufacturer Eli Lilly faces claims that it turned a blind eye to Zyprexa's side effects

⁴³ http://www.oag.state.ny.us/press/2004/jun/jun2b_04.html

⁴⁴ *British Medical Journal*, “Efficacy and safety of antidepressants for children and adolescents”, BMJ Volume 328 10 April, 2004.

⁴⁵ *Prevention & Treatment*, Volume 5, Article 23, posted July 15, 2002.

and that its drug reps pushed the drug for unapproved uses such as dementia, depression and autism without adequate warning about the side effects of weight gain and elevated blood sugar. As of January 2008, Lilly has paid more than \$1 billion to settle more than 25,000 patient claims and another billion in fines is imminent. It's prescribed to treat the symptoms of bipolar disorder and schizophrenia. Remember, most drugs don't treat an illness; they never cure, they only suppress symptoms and create a lifelong patient and customer.

At IndyStar.com a news report on January 31, 2008 gave an overview of the \$2 Billion price tag that Eli Lilly has to pay to save its best selling drug.⁴⁶ Zyprexa has outsold all the other Eli Lilly drugs for eight years. It's 2007 sales were over \$4.75 Billion. Perhaps a \$2 Billion bail out is worth it to the drug giant.

If Eli Lilly pleads guilty to a misdemeanor criminal charge and the \$1 billion fine is set this would be "the largest ever paid by a drug company for breaking the federal laws that govern how drug makers can promote their medicines." In the deal worked out with Federal prosecutors, Eli Lilly would be allowed to continue selling Zyprexa to Medicaid and Medicare patients, whose drugs are paid for by the government. So, the tax paying public would end up paying for the drug with their cash and their health.

Diabetes Drugs and Heart Disease

The diabetes drug Avandia, according to a May, 2007 study in the New England Journal of Medicine, may dramatically increase the risk of heart attacks. With news of this study, the company's stock immediately declined, the share price dropped 7.8 percent to close at 53.18.⁴⁷ Predictably, the drug manufacturer, Glasko Smith-Kline said it "strongly disagrees" with the study's conclusions about one of its biggest sellers. Avandia was released in 1999 to help treat 18 to 20 million American with type-2 or adult-onset diabetes, a condition that has surged in the U.S. mostly as a result of the epidemic of obesity.

The FDA advised patients taking Avandia to speak to their doctors in light of the new study. Unfortunately, their doctors will probably just switch them to another drug in the same class. Are these doctors even aware that most diabetes drugs inhibit the product of coenzyme Q -10 as do the statins, cholesterol lowering drugs, and antihypertensives (Beta blockers, hydrochlorothiazide diuretics)?

The Decline of Coenzyme Q10

Let me explain with the help of Wikipedia why all these classes of drugs cause heart disease. Coenzyme Q10 is a vitamin-like substance that is present in most human cells, inside mitochondria, the energy factory of the cells. CoQ10 is not found in red

⁴⁶ "Russell J. Lilly reportedly in talks with feds". IndyStar.com. January 31, 2008.

⁴⁷ <http://www.medicalnewstoday.com/articles/71648.php>

blood cells and eye lens cells because they have no mitochondria. Mitochondria are responsible for the production of the body's energy. In human cells, food energy is converted into body energy in the mitochondria with the aid of Coenzyme Q10. Ninety-five percent of all the human body's energy requirements (ATP) are converted with the aid of CoQ10. Therefore, those organs with the highest energy requirements – such as the heart, the lungs, and the liver – have the highest CoQ10 concentrations. And that's why drug destruction of Co Q 10 leads to muscle weakness and wasting, which means heart failure.

Many diabetics are taking all three classes of drugs – oral diabetic drugs, statins, and antihypertensives. Some because they need them and some because drug reps, unaware that their drugs can be causing other diseases, are telling doctors that since diabetics can develop high blood pressure and cholesterol it's better to put them on drugs preventively, with no studies to prove this assertion. The end result will be a higher incidence of heart disease in people on they type of experimental triple therapy.

Not in Accord with Our Bodies

Shortly after writing the above paragraph about the new 'trend' to prescribe three different classes of drugs to diabetics, I learned that a diabetes trial called ACCORD was halted because people on this type of intensive drug treatment were dying. The following was designed to test the effects of intensive blood glucose control and, in some participants, intensive control of blood lipids and blood pressure. After four years, 257 participants in the intensive treatment group had died, compared with 203 in the standard treatment group.

ACCORD researchers say they have extensively analyzed the available data and have not been able to identify to date any specific cause for the higher death rate. They claim there is no evidence that any medication or combination of medications is responsible for the higher risk. They do not that "because of the recent concerns with rosiglitazone (Avandia), which is one of several medications used in ACCORD, researchers specifically reviewed data to determine whether there was any link between this particular medication and the increased deaths. To date, no link has been found."

Betty Martini, a vocal advocate for banning aspartame in her regular email briefings wonders how many of the study participants were on aspartame. Ms. Martini warns that aspartame can not only precipitate diabetes, but simulates and aggravates diabetic retinopathy and neuropathy, destroys the optic nerve, causes diabetics to go into convulsions and even interacts negatively with insulin.

I would like to see a clinical trial that assess people on drugs and people on a proper diet, supplements, and exercise. However, instead of just assuming people are on a proper diet, supplements and exercise, put them in a spa setting, teach them about good eating habits, use food-based organic supplements, and tailor an exercise regime for them to follow. Most drug clinical trials are funded by drug companies

and simply compare people on one drug with people on another drug. Because the placebo effect works so well, they have given up using that to determine whether or not drugs really work.

What's Thyroid Got To Do With It?

The Ppar receptor is the target site for diabetes drugs to facilitate sugar entrance into cell. If these cells are not turned on to allow glucose to enter the cell, drugs are given to stimulate these receptors.

According to Dr. Roby Mitchell "When God was making people he must have made something else besides diabetic drugs to interact with the Ppar receptor and it turns out that that something is thyroid hormone." Dr. Mitchell says, "Insulin resistance is a predictor of hypothyroidism."

Forgetting Side Effects

Perhaps the researchers haven't read the list of Drug Alerts issued by the FDA for Avandia (Rosiglitazone). Avandia has four "black box" warnings now. Each time a serious health concern about a drug arises, an FDA committee meets in secret to vote whether or not to keep the drug on the market.

May 21, 2007: Rosiglitazone Increases MI and CV Death in Meta-Analysis

February 21, 2007: Rosiglitazone Linked to Fracture Risk in Women

January 5, 2006: Rosiglitazone Linked to New/Worsening Macular Edema

April 29, 2002: Cardiovascular Risks Linked With Actos and Avandia

Are the ACCORD researchers aware of the long list of adverse reactions? While drug companies deal in statistics and manipulation of numbers, you and I deal with human beings. Therefore a 'rare' side effect, when it occurs, is 100% for that person. The following list is from Medscape.

Adverse Effects:

Most Frequent:

Back Pain, Headache Disorder

Less Frequent:

Anemia, Dizziness, Hypercholesterolemia, Hyperglycemia, Influenza, Nausea, Peripheral Edema, Upper Respiratory Infection

Rare:

Abdominal Pain with Cramps, Abnormal Hepatic Function Tests, Anaphylaxis, Angina, Angioedema, Body Fluid Retention, Edema, Fractures, Heart Failure, Hepatitis, Hypoglycemic Disorder, Macular Retinal Edema, Myocardial Infarction, Myocardial Ischemia, Pharyngitis, Pleural Effusions, Pruritus of Skin, Pulmonary Edema, Skin Rash, Urticaria, Vomiting, Weight Gain, Worsening of Chronic Heart Failure

Drug-Disease Contraindications

Most Significant

Osteoporosis, Severe Chronic Heart Failure, Uncompensated Chronic Heart Failure

Significant

Angina, Chronic Heart Failure, Coronary Artery Disease, Disease of Liver, Hypoglycemic Disorder, Myocardial Infarction, Myocardial Ischemia, Osteopenia, Pulmonary Edema, Type 1 Diabetes Mellitus

Possibly Significant

Diabetic Retinopathy, Edema, Fractures, Increased Cardiovascular Event Risk, Macular Retinal Edema

Diet Versus The Knife

A 2008 study showed that “Physician Counseling May Promote Healthier Lifestyle in Diabetics” by offering a brief physician intervention to promote discussion of behavioral goals that led to increased physical activity and weight loss.⁴⁸ The opposite view is being promoted by surgeons who say that “evidence is accumulating that the best treatment for Type 2 diabetes related to obesity may well be the most drastic: stomach-shrinking surgery, perhaps accompanied by intestinal rearrangements.” A 2008 study by Australian researchers, published in the Journal of the American Medical Association garnered headlines around the world as if The Grail had been found. On closer inspection the findings were in a small group of patients who only had mild disease. And, this is a surgical procedure, which has its own risks that include death.

Statin Drugs: Heart disease, Impotence, Muscle Disease, Tendon Damage, Impaired Thinking

Presently a debate rages about allowing statin drugs to be sold over the counter. Some doctors believe that everyone would benefit from lowered cholesterol. Muscle pain and weakness are the first signs of statin toxicity, yet most doctors and most patients don't realize this as a potential side effect and assume they are just tired, just getting older, or just need a pain killer. And so the cycle continues as we feed ourselves more drugs and when we suffer the side effects, we are given another drug to treat our symptoms.

It's been known for years that statin drugs do lower cholesterol levels, however that does not automatically translate into a longer life or less heart disease. You can read more about the cholesterol myth in *The Magnesium Miracle* (Dean, 2007). Cholesterol is not the cause of heart disease and chasing cholesterol with powerful drugs is a very unhealthy solution.

In January 2008, this fact made headlines in Forbs.com and the New York Times. Forbs reported that Merck and Schering-Plough's expensive Vytorin (a combination

⁴⁸ Christian JG, et al. Clinic-Based Support to Help Overweight Patients With Type 2 Diabetes Increase Physical Activity and Lose Weight. *Arch Intern Med.* 2008;168(2):141-146.

of Zetia and Zocor) had no benefit on the buildup of artery plaque over the older drug Zocor. It further reported that Vytorin and its sister pill Zetia (which also failed to show medical benefits) generate \$5 billion in sales annually for Merck and Schering. Vytorin is a combo pill of Zetia and Zocor.

These drugs are taken by millions of people and it seems that these millions of people have been taken in! Researchers thought that they could double the cholesterol lowering effects by bundling the two drugs together. But that's not what happened. Perhaps the two drugs presented double the toxic load to the liver and to the cell's coenzyme Q10 instead of lowering cholesterol. Another fact that Merck and Schering-Plough will have to account for is why it took them almost two years to release this study.

Writing about the Vytorin trials in the New York Times, staff reporter Alex Berenson finally let the cat out of the bag to the drug-talking public with the statement that "While Zetia lowers cholesterol by 15 percent to 20 percent in most patients, no trial has ever shown that it can reduce heart attacks and strokes — or even that it reduces the growth of the fatty plaques in arteries that can cause heart problems. This trial was designed to show that Zetia could reduce the growth of those plaques. Instead, the plaques actually grew almost twice as fast in patients taking Zetia along with Zocor than in those taking Zocor alone."

Dr. Steven Nissen, the chairman of cardiology at the Cleveland Clinic, said the results were "shocking" and "Patients should not be prescribed Zetia unless all other cholesterol drugs have failed." But why on earth would you want to give a drug to someone when it could double the amount of plaque in your arteries. In the whoopsie daisy practice of medicine this practice occurs because most doctors have no other resources to call upon when their drugs don't work. Dr Nissen went on to say "This is as bad a result for the drug as anybody could have feared. Millions of patients may be taking a drug that has no benefits for them, raising their risk of heart attacks and exposing them to potential side effects."

Muscle Madness

Statins do cause a whole spectrum of muscle weakness and pain up to and including debilitating and life-threatening muscle damage. Many people who take statins don't know that their new aches and pains and arthritic symptoms are due to statins. Along with the increase in statin medication, I saw a rise in the use of the non-steroidal anti-inflammatories, like Vioxx and Celebrex to treat the pain caused by statins. Just like statins, some of these anti-inflammatories decrease the levels of coenzyme Q10 in muscle tissue. Now, a new study has uncovered another route that leads to wrecked muscles.⁴⁹ A gene known as atrogen-1 plays a key role in causing statin-induced muscle toxicity and muscle atrophy, even at low concentrations.

⁴⁹ Hanai Jun-ichi, et al. The muscle-specific ubiquitin ligase atrogen-1/MAFbx mediates statin-induced muscle toxicity. *J Clin Invest.* 2007 December 3; 117(12): 3940–3951.

In these studies and articles about statin and muscle damage, there is never mention that the heart is the largest muscle in the body and suffers just as much muscle damage and atrophy as your leg muscles or arm muscles. Even worse, heart muscle damage can lead to heart failure. The incidence of heart failure is skyrocketing in America. The following prefaced a 2004 JAMA article: "The epidemic of heart failure has yet to be fully investigated, and data on incidence, survival, and sex-specific temporal trends in community-based populations are limited."⁵⁰

Statins and Parkinsons Disease

Dr Xue Mei Huang, an assistant professor of neurology at the University of North Carolina's School of Medicine, in a 2006 study found that patients with low levels of LDL (low-density lipoprotein) termed the bad cholesterol, were three times more likely to have Parkinson's than those patients with high levels. Dr. Huang was concerned about her findings and will now conduct a 16,000-patient study to examine the possible role of statins, which actively lower levels of LDL and neurological symptoms. Since the brain has the highest concentration of cholesterol in the body, it's no wonder that the constant demand for lower and lower cholesterol counts is going to impinge on brain function.⁵¹ Previous studies have shown that statin can result in polyneuropathy, which causes numbness, tingling, and burning pain.⁵² Researchers showed that people taking statins were 4 to 14 times more likely to develop polyneuropathy than those who did not take statins.

Statins Make Women Stupid

Using some of the strongest language I've read from a hospital-based physician Dr. Orli Etingin, Vice Chairman of Medicine at New York Presbyterian Hospitals, speaking about Lipitor, announced that "This drug makes women stupid."⁵³ In the Wall Street Journal article, Etingin said "I've seen this in maybe two dozen patients," but covered herself by saying "This is just observational, of course. We really need more studies, particularly on cognitive effects and women."

Pfizer Inc., the manufacturer of Lipitor with revenues of \$12.6 billion in 2007, says that there is no association of memory problems with their drug. Further in the article, there was mention that "the brain is largely cholesterol, much of it in the myelin sheaths that insulate nerve cells and in the synapses that transmit nerve impulses. Lowering cholesterol could slow the connections that facilitate thought and memory. Statins may also lead to the formation of abnormal proteins seen in the brains of Alzheimer's patients.

⁵⁰ Roger Veronique, et al. Trends in Heart Failure Incidence and Survival in a Community-Based Population. (JAMA. 2004;292:344-350.)

⁵¹ Low LDL Cholesterol And Higher Occurrence Of Parkinson's Linked. Medical News Today. Dec 31, 2006. <http://www.medicalnewstoday.com/articles/59496.php>

⁵² Gaist D, et al. Statins and risk of polyneuropathy. Neurology 2002;58:1333-1337.

⁵³ Can a Drug That Helps Hearts Be Harmful to the Brain? Wall Street Journal February 12, 2008; Page D1.

Do Statins Prolong Life?

It's a universal question and one asked about statins by the New York Times in January of 2008.⁵⁴ Do statins prolong life? The answer for people who don't have serious heart disease is No.

Dr. Mark H. Ebell, a professor at the University of Georgia, deputy editor of the Journal American Family Physician says for high-risk patients there is benefit, "But patients at low risk benefit very little if at all. We end up overtreating a lot of patients." Doctors are still trying to decide why that is the case. One thing they tend to ignore is the possibility that the accumulated side effects are worse than the 'cure.' They are so busy treating the cholesterol and not the patient that they lose the patient.

The Times reported that a 2006 study in The Archives of Internal Medicine was a meta-analysis of seven trials of statin use in nearly 43,000 patients, mostly middle-aged men without heart disease. In that analysis, statins did not lower mortality. The same results were found in a misnamed study called Prosper, published in The Lancet in 2002, which studied statin use in people 70 and older. A third 2004 review in The Journal of the American Medical Association looked at 13 studies of nearly 20,000 women, both healthy and with established heart disease and found no benefit.

Even in people at risk there is a big question about results. A January, 2008 Journal of the American College of Cardiology report combined data from several studies of people 65 and older who had a prior heart attack or established heart disease. This meta-analysis showed that 18.7 percent of the placebo users died during the studies, compared with 15.6 percent of the statin users. The number crunching on this, small difference is going to be used by the drug companies to boast about the benefits of statins.

If busy people missed the Lancet, *The New York Times* and a dozen other papers, *Business Week* targeted cholesterol in their January 17, 2008 cover story with the question "Do Cholesterol Drugs Do Any Good?" And the following answer "Research suggests that, except among high-risk heart patients, the benefits of statins such as Lipitor are overstated."

The other measure of success with a drug is if it improves a person's quality of life. Statin critics say there is no evidence that statin users have a better quality of life than other people. And doctors continue to ignore the side effects of statins and treat them with other drugs. Muscle pain is treated with anti-inflammatories, impotence with Viagra, and mood symptoms with antidepressants.

⁵⁴ Parker-Pope Tara. "Great Drug, but Does It Prolong Life?" New York Times. January 29, 2008.

Osteoporosis drugs and Jaw Bone Destruction

Ten million women on osteoporosis drugs, such as Fosamax, have good reason to be concerned about its ability to cause brittle bones. An article at lawyersandsettlements.com stated that, “Merck may have under reported risks related to their drug Fosamax”. A class-action lawsuit is underway claiming that Merck hid the risk of jawbone death from the public. Known as Bisphosphonate-Related Osteonecrosis of the Jaw (BRONJ), this serious side effect destroys the bone in the jaw, and is very difficult to treat. BRONJ was noticed first in 2003 but the bisphosphonates are still on the market and offered to most postmenopausal women earning about \$3 billion annually.

Mounting Lawsuits

Dr. Angell documents a list of civil and criminal lawsuits against drug companies that are mounting.⁵⁵

1. Illegally overcharging Medicaid and Medicare
2. Paying kickbacks to doctors
3. Engaging in anti-competitive practices
4. Conspiring with drug companies to keep generic drugs off the market
5. Illegally promoting drugs for unapproved uses
6. Engaging in misleading direct-to-consumer advertising
7. Covering up evidence

Big Pharma Fights Back

One would hope that the drug industry would learn from its mistakes. But Angell says that instead of working with consumer groups to cut prices, they are putting even more effort into marketing their blockbuster drugs and hiring more lobbyists to influence politicians. It's obvious that money talks because through intense lobbying efforts the Medicare Prescription Drug Benefit Act was enacted in 2003 and went into effect. In that “deal”, the government covers the cost of drugs for seniors but the plan forbids the government to lower drug prices!

An online news service posted a commentary called “Bush Gives BIG Handout To Pharmaceutical Companies” in October 2004.⁵⁶ In the form of a government initiative that calls for mandatory mental-health screening for the entire U.S. population. It seems a strange thing for a political party that doesn't believe in Big Government to invade the privacy of its citizens. It becomes more obvious when you consider that the accepted treatment for mental imbalance, from ADHD in children to depression in Alzheimer's patients, is a drug. It matters little that a possible cause of ADHD and Alzheimer's is a buildup of the heavy metal, mercury, in the brain and an associated lack of nutrients to detoxify the metal. That possibility is strictly ignored by modern medicine and the suppression of symptoms is the only route.

⁵⁵ Angell M. “The Truth About the Drug Companies: How They Deceive Us and What To Do About It.” *The New York Review of Books*. Vol. 51, No.12 · July 15, 2004.

⁵⁶ “Bush Gives BIG Handout To Pharmaceutical Companies” www.NewsTarget.com October 22, 2004.

It also seems a strange proposal given the fact that antidepressants have come under heavy fire due to the increase in teen suicide with their use. Adult suicide and violent acts under the influence of antidepressants is also on the rise. The Prozac family of drugs seems to give a small percentage of suicidal and disturbed patients just enough energy to be able to commit suicide or homicide. People who benefit from the drug say that their mood is altered so that they don't really care about their problems anymore. They also may not care about sex, interacting with others, or what's going on around them — including their loss of health freedom.

Dr. David Healy, a Professor in the North Wales Department of Psychological Medicine has been very vocal in his concern about SSRI antidepressants and their association with suicide. In the *British Medical Journal*, Healy warns that every antidepressant licensed since 1987 is associated with a higher risk of suicide compared to placebo.⁵⁷ Healy raised concerns about the tremendous level of control that the pharmaceutical industry has over academia after his appointment to the University of Toronto was withdrawn because of drug company concern about his less than favorable position toward their SSRI medications.

In order to sell more drugs, pharmaceutical companies have been pathologizing life for some time now. It's not just the drug companies — we all participate in devaluing normal emotional reactions and not allowing their expression. Take the case of the death of a family member. Instead of some focused grief counseling and/or the use of revolutionary techniques such as EMDR⁵⁸ and EFT,⁵⁹ the family doctor usually prescribes a sleeping pill and an anti-anxiety drug.

Just think of how many of life's ups and downs are medicated. Kids, who can't tolerate being confined in a classroom after exploring the whole world via TV or the Internet, are labeled hyperactive and disruptive and treated with Ritalin. Behavior that doesn't fit into an orderly classroom is medicated without knowing the true cause. The normal chaos produced by raging hormones and peer pressure in high school is now being overly medicated. Children who grew up on Ritalin are often given Prozac to help cope with their teen years.

Nothing is ever said about high sugar intake, vitamin and mineral deficiencies, hypoglycemia, and hormone imbalance, all of which can mimic anxiety and depression. Allopathic medicine is not focused on treating nutritional imbalance,

⁵⁷ Healy D. Did regulators fail over selective serotonin reuptake inhibitors? *BMJ*. 2006 Jul 8;333(7558):92-5.

⁵⁸ EMDR is an approach to psychotherapy that is comprised of principles, procedures and protocols. It is not a simple technique characterized primarily by the use of eye movements, although eye movements are the most obvious modality that is used. EMDR is founded on the premise that each person has both an innate tendency to move toward health and wholeness, and the inner capacity to achieve it. EMDR is grounded in psychological science and is informed by both psychological theory and research on the brain.

⁵⁹ EFT is a technique that is clinically effective (over 80%) for trauma, abuse, stress, anxiety, fears, phobias, depression, grief, addictive cravings, and children's problems. It can be learned by anyone at www.emofree.com but may require a practitioner to work on deeper problems.

and instead, looks at the resulting symptoms these imbalances create. Then it tries to suppress these symptoms with drugs.

The mind-body split has never been greater than in modern medicine. Medicine itself is split into so many specialties, each one trying to maintain its status and mystique. This specialization guarantees that the patient is split as well. No doctor is in charge of the whole person; each specialist abdicates responsibility and blames the problem on another body part of the body system. When an Internist fails to “cure” an irritable patient with a complex array of symptoms, chronic fatigue, body rash, and itching, instead of recognizing a “toxic liver”, as any naturopathic doctor or Chinese medicine practitioner would, the doctor sends his failure to a psychiatrist, saying that the patient’s symptoms are “all in his head.” Not admitting that he failed his patient, the doctor “blames” the patient.

Menopausal women who go through change-of-life hormonal shifts are given synthetic hormones and antidepressant medication to treat a normal event. Women with premenstrual tension are treated with Serafem, which looks like a new drug but it’s really just Prozac with a new name and pink packaging. Young women are prescribed Seasonale, now called Seasonique, a birth control pill that “allows” you to have a period four times a year. Hot on the heels of that breakthrough is the even newer pill, Lybrel, according to marketers, stands for “liberty.” This liberating pill is to be taken continuously and allows no monthly period. Drug industry PR says that a growing number of women don’t want to have their period! And scientists are actually saying, the period doesn’t really matter. That is until you realize you are infertile. But then you can purchase expensive fertility intervention with its hormonal side effects.

We agree with much of Angell’s critique of the pharmaceutical industry but we differ in our ideas of what changes must take place in the industry. Angell wants to see the industry focus on creating truly innovative drugs instead of “me-too” medicines. She thinks this could be accomplished if the FDA only approved drugs that showed they were better than older drugs, not just better than placebo as is the current criteria. Angell says that move would collapse the me-too market overnight.

However, the answer to our health care crises does not lie at the feet of pharmaceutical companies but in lifestyle changes and natural health products. The reason why so many people are sick has to do with overuse of synthetic chemicals in our food and water and drugs. The liver must detoxify every foreign chemical taken into the body. An accumulation of chemicals, greater than the ability of the body to eliminate them, results in immune suppression, inflammation, and any number of chronic symptoms. If these symptoms are suppressed by using more drugs, the problem escalates. If, however, a program of diet, exercise, and natural supplements is followed, chronic symptoms can disappear.

The second reform Angell suggests is an “open book” policy, not just on financials, but also on clinical trials. We know from whistle blowers that if a trial does not

appear favorable to the drug in question, the trial is stopped and no results are published. Angell also says the dependence of the medical profession on the drug industry must be broken. Big Pharma funds too much medical research and even contributes directly to running medical departments and focuses medical care entirely too much on drugs. Angell, however, does not think legislators that have grown dependent on Big Pharma's political contributions will willingly give up the "holy grail".

Big Pharma in Canada

Medical journalist, Helke Ferrie became the ears of the consumer at a closed meeting of the pharmaceutical industry in Canada. Ferrie wrote about the Canadian Forum on Pharmaceutical Marketing in the April 2004 issue of *Vitality Magazine*. The forum touted an event where participants would "Hear how the world's leading pharmaceutical companies are modernizing their global branding, Internet marketing, and competitive intelligence techniques, to improve shareholder value."

All the Big Pharma giants were represented at this forum: Pfizer, AstraZeneca, Merck, Frosst, Bayer, Wyeth, along with leading medical biotech firms, the Canadian Medical Association, and government speakers. But a mere thirty-five people were in the audience and the mood was grim.

You can be sure there was no mention at this forum of the article, "Death by Medicine", or the numerous reports of medicine's deadly effects; the increasing list of drug recalls; and the backlash against the drug companies by major consumer groups and labor organizations. This forum was about how to keep your head in the sand and still make a profit with Big Pharma.

A speaker from Canada's Patent Medicine's Pricing Review Board presented statistics on patented drug sales in 2002. Sales totaled \$ 638.8 billion U.S. and were divided as follows: the U.S. at 53.4%, Canada at 2.6%, and Europe at 19.1%, for a total of 75.1% of the major markets accessing 600 million people. A representative of Pfizer was the keynote speaker and he immediately identified the problems for pharmaceutical companies as:

1. The limits of chemistry.
2. Nothing new on the horizon. Only three new active substances were submitted for patenting as of March 2004.
3. Governments frantic to reduce health costs.
4. Cheaper generic drugs.
5. Popular pressure to change patent laws.

All the Pfizer spokesperson could offer in the midst of this depressing news was to "capture customer loyalty, enthusiasm, and commitment around the world". In order to do just that, each one of the 100,000 drug reps in North America is detailed to cover about five doctors. Helke notes that learning how to deal with drug reps is part of the McMaster Medical School curriculum. They have developed the Ten

Commandments for handling drug reps, “the first being: ‘Physicians should maintain control’ of the encounter. The rest focus on demanding scientific proof for every claim made, and the last insists the doctor may not ‘commit to the use of the product’, but merely indicate that ‘it will be given further consideration’.”

According to Helke, capturing loyalty results in an increase in dirty tricks. She cited the following:

1. Financing phony patient support groups (Toronto Star Feb.7, 2004)
2. Inventing new diseases (Pfizer’s “social anxiety disorder”, supposedly treatable by Zoloft, was invented by Fred Nadjarian of Roche in Australia for which he faced a public disgracing). Serafem is simply Prozac in a new dress and with a new patent to treat PMS.
3. Attempting to use Children’s Aid Society wards without their knowledge as human research subjects for antidepressants (Hamilton Spectator Dec. 11, 2002).
4. The widespread sale of doctors’ prescription patterns by pharmacies to Big Pharma in contravention of current privacy laws (See outraged editorial in the March 2, 2004, Canadian Medical Association Journal)
5. Almost every major drug is under legal challenge, annually costing hundreds of millions of dollars in out-of-court settlements or fines (See the documentary *The Corporation*).

The Canadian Forum on Pharmaceutical Marketing convened an ethics panel, which Helke said, “revealed just how mad the medical profession has become”. McGill University’s ethics expert Dr. Eugene Bereza and University of Toronto’s geriatrician and ethicist Dr. Michael Gordon, a well-respected clinician (who taught me during my internship at Mount Sinai, in Toronto), “were vocal, charming, eloquent, satirical, blunt, and devastatingly truthful”. These gentlemen “agreed that current wholesale bullying of researchers (allowed to publish only drug-supporting results) and doctors (bribed and coerced into prescribing new drugs) is unacceptable.” Citing the Nancy Olivieri case, Dr. Gordon exclaimed, “Just how bad does this have to become!”

The Case of Nancy Olivieri

Dr. Nancy Olivieri, according to a Globe and Mail article on December 23, 1999, is perhaps the world’s leading researcher in thalassemia, a life-threatening genetic blood disorder. In 1994 she, along with other researchers at The Hospital for Sick Children in Toronto, discovered an oral medication to treat thalassemia that would lessen the need for painful drug infusion of the drug. In order to finance clinical trials, they began working with Apotex, a new Canadian drug company. Apotex and its CEO, Barry Sherman, were eager for their first patented drug and promised a \$20 million donation to University of Toronto and The Hospital for Sick Children in Toronto.

Everyone wanted the drug to work but Dr. Olivieri uncovered problems. The drug effects were not long lasting. There would be improvement for a time and then it would cease to work. She and a colleague tried to blow the whistle on their own

drug telling the company of their doubts. Things got ugly very quickly when Apotex's research director, Michael Spino, vehemently disagreed with Dr. Olivieri's findings. She was not allowed to notify her patients of the drug's ineffectiveness and Apotex threatened to sue her for violating a secrecy clause of her contract. They fired her as chair of the study's steering committee, and shut down the trial at The Hospital for Sick Children. The hospital refused to support her legal defense even when she discovered that the drug she was investigating also caused toxic liver damage.

The story of Nancy Olivieri's battle with the pharmaceutical industry, Sick Children's Hospital, and doctors who sided with the drug company, is a page out of David and Goliath. It gave the Canadian health care industry a black eye that was exposed world wide on CBS's "60 Minutes". After significant pressure from the Canadian Association of University Teachers (CAUT) and other organizations, and years of pitched battle, Dr. Olivieri was vindicated and reached a settlement, which allows her to continue her professional and academic career at the Hospital for Sick Children.

In one positive spin off, Olivieri was selected to receive the 2001 award by the Civil Justice Foundation in Washington. Their press release stated that, "The legal assaults which you have endured in your battle against the drug company, and in your battle against the medical establishment, appear to have been fought with the type of uncommon bravery that is rarely seen. It is for this reason that our trustees have unanimously chosen to recognize you for this most prestigious award."

To give you an example of the level of constraint, which researchers must abide to hold their jobs in hospital and university settings Dr. Olivieri directed me to the confidentiality clause in her contract with Apotex.⁶⁰

"All information, whether written or not, obtained or generated by the investigators during the term of this agreement and for a period of one year thereafter, shall be and remain secret and confidential and shall not be disclosed in any manner whatsoever to any third party, except to an appropriate regulatory agency for the purpose of obtaining regulatory approval for manufacture, use or sell L1[sic] unless the information has been previously disclosed to the public with the consent of Apotex. The investigators shall not submit any information for publication without the prior written approval of Apotex."

When Dr. Michael Gordon asked the meager audience how bad does it have to become before the drug industry changes its ways, he was not expecting a response

⁶⁰ Thompson J, Baird P, Downie J. "Report of the committee of Inquiry on the Case Involving Dr. Nancy Olivieri, the Hospital for Sick children, the University of Toronto, and Apotex Inc." Canadian Association of University Teachers. October 2001.

nor did he get one. He went on to say that, unfortunately, research dollars, because they come mostly from Big Pharma, are tainted from the beginning. Helke remarks that, "Shareholders need more and more sick people, while scientists want to *cure* sick people," two diametrically opposed actions.

The question period after the ethicists spoke was dead silent. Helke observed that:

"Nobody appeared to wonder *why* everybody is so ticked off, what might possibly be wrong with the products, prices or (God forbid) drug effectiveness, and what alternate marketing strategy should be considered. Imagine Mercedes, BMW, or Volvo being told their cars are dangerous to drive and that people are mad about their engineers lying and cheating about the physics involved in their manufacture, resulting in many people driving being crippled or killed. Since those cars are synonymous with excellence, this is unthinkable. With Big Pharma's products and its Dark-Lord-business-practices, this is what most people associate with this industry, yet not a single question was raised."

Big Pharma is Corrupt

Drs. Gordon and Bereza, during the Canadian Forum on Pharmaceutical Marketing Ethics Panel, pointed out that U.S. judges ruling on various Big Pharma cases all agree that the industry is the cause for the corruption of medical science, education, and practice. This is the same conclusion reached by the Office of Technology Assessment that we refer to in "Death by Medicine", and excerpted in *Chapter 6* in the section *Is Modern Medicine Really Scientific?*

Ferrie ends her excellent piece on the state of pharmaceutical marketing with a bit of gallows humor. A book on drug rep education was being sold at the forum by its author, Dr. Lou Sawaya of Ottawa. Helke abbreviates the following joke in Sawaya's book, *The Reader is not an Idiot – He is your Doctor*.

"The U.S. president and the CEO of a pharmaceutical company consulted God. The U.S. president asked, 'Lord, when will our unemployment problem be solved?' God replied, 'In the year 2020.' The president walked away, crying bitterly. Then the pharmaceutical CEO asked, 'Lord, when will the public image of our industry become favorable again?' God thought for a long time, and then God walked away, crying bitterly."

Patients' Lives at Risk

In October, the *Independent* in the U.K. released the following report "Drug Companies Accused of Putting Patients' Lives at Risk" from a government committee meeting.⁶¹ A group of medical experts met with Members of Parliament, who formed

⁶¹ Brown C. "Drug Companies Accused of Putting Patients' Lives at Risk." *Independent.co.uk News*. October 15, 2004. http://news.independent.co.uk/uk/health_medical/story.jsp?story=572331

a select committee to investigate pharmaceutical companies, on October 14 and outlined some of the dangers of drug companies. A list of accusations by the medical experts included the following:

1. Papers on new drugs are ghostwritten by drug company advisers and end up in reputable medical journals.
2. Drug companies bombard doctors with gifts in spite of an ethical code against this practice.
3. One doctor said he was offered a bribe of two years' salary not to publish research on the side effects of a new heart drug, which ran "counter to the interests" of the company producing it.
4. Senior medical consultants received fees from drug companies of more than 20,000 pounds for a few hours' work.
5. Experts can earn more than 4,000 pounds an hour for extolling the virtues of new drugs to other doctors.
6. Drug companies used euphemisms to describe drug side effects. Professor David Healy, head of psychological medicine at the University of Wales, said he had seen suicidal tendencies labeled as "nausea", while aggression verging on homicidal behavior in children taking prescribed medicines was described as "hostile".
7. Dr. Healy testified that, "I have been a participant and party to the generation of views favoring newer over older agents (drugs), unaware that the pharmaceutical companies were keeping key safety data hidden."
8. Dr. Healy said, "I have had papers written for me and sent to me," which he refused to sign and later appeared in medical journals with another doctor's name on them.
9. Family doctors' practices can make profits of more than 50,000 pounds a year from drug companies by recruiting their patients for clinical trials. But the patients are never told that the drug companies can conceal data about side effects.
10. Professor Andrew Herxheimer, the emeritus fellow of the UK Cochrane Centre at Oxford, said the drug companies use the threat of legal action for breach of commercial confidentiality to strike fear into civil servants in a regulatory agency who were supposed to be keeping a check on the industry.

The British Members of Parliament said the evidence presented to them horrified them.

CHAPTER 3

DEATH BY HEALTH CARE BUREAUCRACY

*Government proposes, bureaucracy disposes.
And the bureaucracy must dispose of government proposals by dumping them on us.*
P. J. O'Rourke

Bureaucracy is the death of all sound work.
Albert Einstein

Health begins at the dinner table because, like it or not, you are what you eat. Recognizing the sanctity of our food supply, in 1906 both Canada and the U.S., as if in concert, passed similar Food and Drugs Adulteration Acts. The acts stated the following:

1. No person shall sell an article of food that:
 - a. Has in or on it any poisonous or harmful substance;
 - b. Is unfit for human consumption;
 - c. Consists in whole or in part of any filthy, putrid, disgusting, rotten, decomposed or diseased animal or vegetable substance;
 - d. Is adulterated; or
 - e. Was manufactured, prepared, preserved, packaged or stored under unsanitary conditions.

2. No person shall label, package, treat, process, sell or advertise any food in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety. (Similar clauses exist for both food and drugs and devices.)

This act deals with any concerns we may have with foods or dietary supplements. If the government followed this act it would keep products safe and make sure people did not advertise improperly. However, as you will read in this chapter, the government is trying to convince the Canadian people that it needs more powers to regulate “dangerous” dietary supplements. You may have already read in *Chapter 3* that the FDA is demanding more regulatory control over dietary supplements in the U.S.

Reading the detailed original act, it unequivocally states that food shall not be adulterated with sugar, salt, or other harmful substances. So, in fact, the act is being broken every day with the use of aspartame, MSG, and other food additive toxins in hundreds of thousands of products and including products containing excessive salt and sugar.

Biopharming

We also need to be aware of a new industry called Biopharming that is splicing drugs into common foods to deliver vaccines and medicines to us while we eat. This is true food adulteration. In 2006, the FDA approved the use of viral spray on processed meat to prevent an average of 500 deaths annually due to bacteria called listeria. The type of viruses used are specific for bacteria and apparently do not infect humans. The question has not been answered whether these viruses will attack the bacteria in our gastrointestinal tract.

Our food supply is already irrevocably contaminated with genetically engineered foods, the side effects of which have not been fully tested on humans. Now we are faced with drugs intentionally contaminating the food chain.

One of the provisions in both the U.S. and Canadian Food and Drug Act is that the power to enforce the act lies within the states and provinces, not the federal government. However, the U.S. House of Representatives in March 2006 passed HR 4167, a broad food safety act that takes food surveillance out of the hands of state governments and put it firmly under the control of the FDA. The San Diego Union Tribune on July 10, 2006 reported that California is resisting this business-oriented law, which threatens to overturn many of their landmark consumer and environmental safeguards. The food-and-beverage industry wants nation-wide uniformity and argues that the cost of complying with a different set of regulations for every state is ultimately passed on to the consumer. That sounds logical until you realize that when business is in control of laws they never seem to favor the consumer.

An example of the fight between the federal government and California is Proposition 65, a California's voter-approved law that mandates warning labels on products that contain toxic chemicals known to cause cancer or birth defects. HR 4167 threatens to roll back Proposition 65 and up to 200 other regulations. While the food industry says it wants conformity to cut costs, beneath the surface state laws are being overturned or threatened such as labeling mercury in tuna; a public initiative in New Mexico to ban aspartame; warnings about the neurotoxic carcinogen acrylamide, a chemical formed at high temperatures in french fries and potato chips; or the cancer causing chemical PhIP found in commercially prepared grilled or charred chicken.

Also arising in the debate is perhaps the real underlying push for federal control – how state laws will affect world trade. According to WTO laws, international groups could legally protest state regulations as unfair barriers to trade and they would have to be overturned. Perhaps knowing this, the federal government is seeking uniformity before being forced to do so by the WTO. Or is merely complicit in the goal for a global economy.

Instead of creating new regulations to make dietary supplements into drugs the government needs to expend its energy on making sure it enforces the law as it stands.

Drug Oversight

In *Chapter 6* we note that the U.S. Office of Technology Assessment in the U.S. Government found that only 10 to 20 percent of medical and surgical procedures have been scientifically proven. Yet, increasingly, science is used to defend drug-based medicine. Since the 2004 Vioxx recall discussed in *Chapter 5*, we have seen more evidence that even though drugs are “approved” they cannot always be trusted; nor can the researchers, who are paid by drug companies be entirely believed.

Scientists Surveyed

In July 2006, results of an FDA survey were released to the public by the Union of Concerned Scientists (UCS).⁶² The survey was sent to 6,000 FDA scientists, about 1,000 responded with the following replies:

*Twenty percent said they had been "asked explicitly by FDA decision makers to provide incomplete, inaccurate or misleading information to the public, regulated industry, media, or elected/senior government officials."

*Sixty-one percent said, "Department of Health and Human Services or FDA political appointees have inappropriately injected themselves into FDA determinations or actions."

*Sixty percent said they were aware of instances "where commercial interests have inappropriately induced or attempted to induce the reversal, withdrawal or modification of FDA determinations or actions."

*Forty percent said they would fear retaliation if they publicly expressed "concerns about public health"

* Less than 50 percent agreed when asked if the FDA "routinely provides complete and accurate information to the public."

The UCS offered the following three steps to address the extremely unfavorable situation exposed by the 1,000 participating scientists.

1. Accountability: FDA leadership must face consequence if they side with commercial or political interests and not with the American people.
2. Transparency: Scientific research and reviews should be open so any undue manipulation is immediately apparent.
3. Protection: Safeguards must be put in place for all government scientists who speak out.

⁶² http://www.ucsusa.org/news/press_release/fda-scientists-pressured.html

FDA Tyranny to Become Law

A new chapter called “Death by FDA” is probably in order. When you read the article titled FDA Tyranny to Become Law posted July 12, 2007 on NewsTarget.com, you’ll see why. It’s an analysis of bill HR 2900 passed by the House of Representatives. In a climate of public concern about drug safety, the authors report that “Instead of placing new restrictions on Big Pharma and the increasingly dangerous power of the FDA, this new law (a combination of HR.2900 and S.1082, when it is hammered out in conference) grants more power to the FDA while deepening the financial ties between the agency and drug companies.” They also comment that “This action demonstrates that the House of Representatives, much like the Senate, is utterly controlled by Big Pharma and has abandoned any responsibility to defend the interests of the voters. Drug companies now have complete control over the U.S. Congress, and through a campaign of intense lobbying and financial influence, they have managed to easily water down a law that once proposed to end the American monopoly on pharmaceuticals and ban advertising on new drugs. The law effectively surrenders America to a system of medical tyranny under which a criminally operated FDA will continue to promote pharmaceuticals, censor nutritional education and discredit alternatives that threaten drug company profits. Nothing in the new law protects consumers' access to dietary supplements or natural medicine.”

Guided by drug lobbyists, naïve politicians in “Both the House and Senate (S.1082) have made the fatally flawed assumption that the reason for so many deaths and injuries from drugs was due to the FDA's lack of resources. In reality, it is the INTENTION of FDA management that is the problem, combined with the simple fact that multiple drugs are extremely toxic and don't work as advertised. Giving the FDA more power and money will only cause the agency to speed more drugs onto the market faster with even less safety testing -- while abusing its power and actively stamping out competition to drugs.”

Instead of rectifying the The Bayh-Dole Act of 1980, described above, this bill creates “the Reagan-Udall Foundation within the FDA. This new entity places the FDA in charge of drug design, drug patents, drug licenses, and the creation of new marketing entities/companies. Such a relationship with private industry is an unprecedented conflict of interest, totally at odds with drug safety. The current commissioner of the FDA, Andrew von Eschenbach, M.D. is little more than a Big Biotech sales rep with massive industry connections.”

With no evidence that direct to consumer advertising of new drugs saves lives but evidence that our health report card is far worse since Direct to Consumer Advertising (DTCA) was introduced, Congress did “not restrict...a flagrant safety risk that will cost many people their lives. Congressional leaders said they couldn't prevent this advertisement for fear of violating the first amendment rights of drug companies.” You might ask about “the first amendment rights of American citizens to understand natural health options and the science that explains how they can

prevent and treat disease. Thus, the first amendment argument is simply a matter of convenience.”

How Are Drugs Approved?

Drug companies test a new drug, usually first in the lab in a Petri dish; next on animals, then on a group of people to see if it is generally safe and if it works better than placebo. Many copycat drugs that are similar to ones already on the market are not even tested against placebo anymore but compared to another drug in the same class. So, it becomes a competition between two drugs that may help a small percentage of people as to which one is better.

The FDA’s Center for Drug Evaluation and Research's (CDER) maintains that its job is to ensure that drugs are “safe and effective” based on a comparison of benefits versus risks. But can we count on the safety or effectiveness of these drugs? Pharmacologist Raymond Woosley MD PhD, vice president of Health Sciences at the University of Arizona and in 2005, a top candidate to become FDA commissioner, interviewed for a PBS special on the drug approval process noted that:

“When a drug goes on the market, only about 3,000 patients have ever been given that drug. We will never know all the toxicity that can occur, especially the one in 10,000 or the one in 20,000 that can be seriously harmed. Our detection of that will only happen after the drug is on the market and exposed to huge numbers of patients.”⁶³)

Woosley also cautioned that “I think Americans need to recognize that every time they put a pill in their mouth, especially a new pill that they've never taken before, it's an experiment.” In other words, that new drug you are taking has never been tested on you—you are the experiment and no matter what the research shows it may or may not be good for you.

Drug safety and effectiveness are determined by how much the potential benefits of the drug outweigh the possible risks. It’s only natural that drug companies that spend upwards of \$200 million dollars to test a drug will promote the benefits of the drug and downplay the risks. It’s only natural, but is it ethical?

Another ethical question is how much the Prescription Drug User Fee Act influences the drug approval process. Under this act, CDER can legally collect fees from drug manufacturers to help finance the drug approval process. In 2002, the FDA collected fees totaling \$143.3 million, which made up over half of CDER's total operating budget for that year. In effect, FDA employees are being paid by the drug industry; the FDA is working for an industry that it is supposed to be closely monitoring.

⁶³ <http://www.pbs.org/wgbh/pages/frontline/shows/prescription/etc/links.html>

Measuring Harm

Because many drugs go on the market before the full impact of their side effects are known, there is a process called post market surveillance where data on adverse reactions is collected and decisions reached on whether or not to pull a drug from the market. However, adverse event reporting is not mandatory and as reported in “Death by Medicine” several studies show that as few as 5-20 percent of medical errors, including drug side effects, are ever reported.

Paul Seligman, director of the Office of Drug Safety in the CDER, says that the FDA receives 278,000 reports of adverse events a year, 30,000 of which are considered serious. However a NEJM paper published in 1998 studied hospital records and identified 2.7 million adverse events resulting in 106,000 deaths, ten times the number that the FDA admits to receiving.⁶⁴ The NEJM paper makes clear that the FDA only receives about 10 percent of the actual number of adverse events that occur; the rest are covered up or ignored.

The Black Box Warning

If a drug is found to carry additional side effects after it is on the market, that doesn't mean it will be automatically pulled from the shelves. The remedy applied is far less drastic. First of all the label is changed to include a black box warning or a Dear Doctor letter is circulated to warn doctors of the new dangers. The drug company has full access to these discussions and will do what it can to minimize the impact of the warning on its sales. Of the 3,000 drugs in circulation, only about a dozen have been taken off the shelves since 1997. Several of those withdrawals are discussed in *Chapter 2*.

Doctors have every right to expect that the drugs they prescribe are safe; however, they also make an assumption that they are effective, even though that is not a requirement of the approval process. The public has the same belief and expectation. The FDA does not require drug manufacturers to prove that copycat drugs are safer or more effective than existing drugs that treat the same conditions. Neither is it a requirement that a drug will help patients live a longer or better life. What is looked for in clinical trials is if a drug will lower a blood test level, such as cholesterol, or lower blood pressure. It is not necessary to show that the drug will lower the incidence of heart attack, stroke, or premature death in those taking the drug. However, that is what is believed by doctors and the public –that a particular drug will make you live longer.

The Drug Acceptance Process

In the Canadian Medical Association Journal of November 23, 2004, Dr. Joel Lexchin and Dr. Barbara Mintzes question the “Transparency in Drug Regulation” in

⁶⁴ Lazarou J., Pomeranz B., Corey P. “Incidence of adverse drug reactions in hospitalized patients.” *JAMA*, 1998; 279: 1200-1205.

Canada.⁶⁵ It may come as a surprise to the reader but Canadians are not allowed access to the information that is used by Health Canada to approve new drugs. The restrictions in Canada are greater than those in the U.S. Drug approval information is said to be “commercially sensitive” and is therefore considered confidential under the Access to Information Act. The drug manufacturer must approve any information that is released on their products by a government agency to a third party.

Hiding relevant drug data from independent researchers, however, could be one of the reasons why so many blockbuster drugs are being pulled from the market today. When a clinical trial that is undertaken by drug companies shows that a drug has serious side effects, there is no law that says that study has to be published or made public in any way. Researchers are made to sign confidentiality agreements that prohibit them from exposing research that might harm the reputation of the drug or the drug company. See the case of Dr. Nancy Oliveri in *Chapter 2*. Independent researchers and drug critics who want to review a new drug may not have the whole story but are led to believe that they do. They may only be given the rose-colored picture authorized by the drug manufacturer. It is only when that drug is offered to the general public and distributed to millions that a clearer picture appears as people succumb to the side effects.

According to Lexchin and Mintzes, “The standard argument for the legal protection of these data is that their disclosure would compromise the economic interests of drug manufacturers.” Of course, if the drug data were unfavorable it would certainly compromise the economic interests of the drug company. People would not knowingly use a drug that was harmful, therefore, it is in the economic interests of a drug company to withhold bad-outcome studies. But it is hardly in the public interest to take harmful drugs.

Regarding the legal protection of patients, Lexchin and Mintzes are concerned that not disclosing all available information on a drug has serious disadvantages for the Canadian public, health professionals, and Health Canada. They comment that a continued pattern of secrecy is detrimental to the transparency to which Canadians are entitled. They say, “Health Canada persists in maintaining a level of confidentiality that is inconsistent with public expectation and contributes to a public cynicism about the integrity of the process.”

Lexchin and Mintzes give us examples of information that was withheld on several drugs. They examine three instances where unpublished data about drugs submitted to drug regulators contained important clinical information that was either unavailable or misrepresented within the published literature, leading to serious consequences. Keep in mind that Lexchin and Mintzes are saying that the

⁶⁵ Lexchin J, Mintzes B. “Transparency in drug regulation: Mirage or oasis?” *CMAJ*. November 23, 2004;171(11).

bureaucratic drug regulators do have access to both the positive and negative data, yet the following drugs were still approved.

Anti-inflammatory Drugs

The first case concerned a drug company's characterization of Celecoxib (Celebrex), an anti-inflammatory agent, as having fewer gastrointestinal (GI) side effects than other NSAIDs (non-steroidal anti-inflammatory drugs). Data that Health Canada chose to hide but the authors found on an FDA website showed that Celebrex, in fact, did *not* have fewer GI side effects. Why did Health Canada, who was in possession of this data, allow Celebrex to be approved when it was no better than older drugs? Independent researchers were not given the chance to give their views on this drug because they weren't allowed access to all the data about the drug. You can read about the further failures of Celebrex in *Chapter 5*.

Antidepressants

The second case revolves around the efficacy of antidepressants. A thorough review of 42 placebo-controlled studies of five SSRIs (selective serotonin reuptake inhibitors) was published in the British Medical Journal in 2003. The authors requested special access to all the trials that were submitted for approval of SSRIs to treat major depression. The authors compared these studies to the ones that the drug company allowed to be published. They found that drug company bias was evident in the studies that were published and that the "biases resulted in a more favorable representation of the drugs' effectiveness and safety than the full trial data and could have significantly affected the results of systematic reviews and meta-analyses." Lexchin and Mintzes note that the *only* reason that this bias was identified was because the authors gained access to all of the information that was submitted to the government regulator.

Lexchin and Mintzes also noted that in a separate review of antidepressant trials, those authors found that of six major studies, "80% of the response to medication was duplicated in placebo control groups." This means that there is almost no difference between the effectiveness of a strong antidepressant drug and a placebo. Psychiatrist, Dr. David Healy warns that every antidepressant licensed since 1987 is associated with a higher risk of suicide compared to placebo.⁶⁶

Cardiovascular risks of hormone replacement therapy (HRT)

The third case of information cover-up that Lexchin and Mintzes expose concerns the Women's Health Initiative study in 2003, which showed, beyond a shadow of a doubt, that HRT was harmful. In 1997 a review of the literature indicated that there was a significant risk of heart disease due to HRT. However, not all studies were available to the reviewers. The authors say that, in retrospect, if these studies had been accessible, they "would have revealed the effect of hormone replacement therapy on cardiovascular risk much earlier." A full six years earlier.

⁶⁶ Healy D. Did regulators fail over selective serotonin reuptake inhibitors? *BMJ*. 2006 Jul 8;333(7558):92-5.

Lexchin and Mintzes conclude that, “In each of these examples the information available in the published literature failed to reflect the full body of scientific knowledge about a drug's effects.”

Are North Americans Happy with Health Care?

The 2003 Joint Canada/U.S. Survey of Health compares access to health care and people's satisfaction with the health care they receive.⁶⁷ The survey concluded that 42 percent of Americans found the quality of their health care services in general was excellent compared with 39 percent of Canadians. While we appreciate the positive tone that is set in this conclusion, realize that something is seriously wrong with both Canadian and American health care systems when 58 percent of Americans and 61 percent Canadians do not think they have excellent services. When it comes to health care, don't we want the best?

As noted in *Chapter 1*, we are straggling in last among the prosperous nations of the world coming in 19th in quality of health care.

Diet, detox, and nutrient-solutions to heart disease, arthritis, diabetes, and obesity can help curb health care costs and reduce the incidence of chronic disease. Many of these solutions depend on taking personal responsibility for your health and on unrestricted access to natural health products. However, access to these products is in jeopardy.

Dietary Supplement History

In the 1970's there began a slow but steady movement in the world to limit access to dietary supplements and move them into a drug category. Various products were, seemingly, arbitrarily taken off the shelf. By the late 1980's and early 1990's, stories about the dangers of supplements appeared throughout the media. An orchestrated erosion of public confidence in herbs and dietary supplements was engineered.

In the U.S. a huge consumer movement arose when dietary supplements were about to be regulated as drugs in the early 1990's. Led by Citizens for Health, a consumer-based health freedom group, citizen health-action groups were mobilized in every state organizing letter writing, fax, and phone campaigns demanding continued access to dietary supplements. These health action groups worked with legal advocates to help create and support what eventually became the 1994 Dietary Supplement Health and Education Act (DSHEA).

This law was a triumph for consumers in that it defined dietary supplements as food, provided for proper manufacturing standards appropriate for such products, and gave ample legal leverage for the FDA to remove products if the agency, through its own research, found them harmful to the public. It also allowed manufacturers to

⁶⁷ Joint Canada/U.S. Survey of Health, June 2, 2004.

make reasonable health claims about their products on the label so that consumers could make decisions for themselves.

Australians are now regulated under the Therapeutic Goods Administration (TGA) the number of allowed supplements is diminishing. The same has happened in Canada where a “third category”, which looks very much like the drug category, has been developed to regulate dietary supplements.

DSHEA Gutted

In the first edition of *Death by Modern Medicine*, I warned that DSHEA must be protected and expanded to Canada. It seems that time has passed and DSHEA has been gutted. Under the guise of protecting Americans from unsafe dietary supplements, costly regulations are being imposed on supplement companies that will bankrupt half the industry. Drug companies are busily buying up these companies as they work toward monopolizing the synthetic vitamin industry. Until these new regulations were introduced the U.S. had been one of the few countries in the world that had protected food-based medicine with specific legislation.

FDA Announces Plan to Eliminate Vitamin Companies

You can read the whole story by Byron J. Richards, CCN, in his June 27, 2007 *NewsWithViews.com* column. In summary, thirteen years after DSHEA, the FDA decided to expand their regulation of supplement companies' good manufacturing practices. In their 800-page document the FDA admitted the following.

“We find that this final rule will have a significant economic impact on a substantial number of small entities.... Establishments with above average costs, and even establishments with average costs, could be hard pressed to continue to operate. Some of these may decide it is too costly and either change product lines or go out of business.... 140 very small [less than 20 employees] and 32 small dietary supplement manufacturers [less than 500 employees] will be at risk of going out of business.... costs per establishment are proportionally higher for very small than for large establishments.... The regulatory costs of this final rule will also discourage new small businesses from entering the industry.”

The FDA is aware that the price of supplements will increase and said “We expect that the majority of these costs will be borne by consumers of dietary supplements, who will likely respond to the increase in prices by reducing consumption.”

Richards comments, “Thus, the FDA is intentionally seeking to shrink the size of the dietary supplement industry and reduce the influence of safe and effective options to improve the dreadful trend in the health of Americans. The goal is to leave toxic drugs as the primary health option.”

Canada's supplement industry is being regulated in the same fashion and they have found as independent analysis of this FDA rule has found, that the cost of

compliance is going to be at least ten times what the FDA estimates with as many as 50% of small companies unable to comply.

Richards notes, “In essence, the FDA is seeking to make the dietary supplement industry document every phase of production, including expensive testing at multiple points in the production process. Massive record keeping will be required, including all customer complaints and returns for any reason! This is an utterly draconian and unnecessary interference and burden to free commerce. It is completely Anti-American.”

Richards is aware that “The FDA is doing this under the pretense of improved consumer safety. Consumer safety could readily be guaranteed by simply having all companies test their final products for purity and potency. Instead of this simple approach the FDA has gone to the extreme of burdening the dietary supplement industry with regulations in excess of the drug industry! Supplements are foods, not drugs. The food industry couldn’t begin to comply with these FDA rules, even though food contamination is far more dangerous to health than dietary supplements.”

Richards warns that, “The FDA intends to phase this rule in over the next three years. This means that within five years half the industry and many of the health options individuals rely on will either be gone or significantly more expensive.”

Dietary Supplements in Canada

By 1997, Health Canada had turned up the pressure to regulate dietary supplements as drugs. They announced that on July 1, 1997, ironically Canada’s birthday, they would take some 60,000 dietary supplements and call them new drugs. Canadians fought against these measures for almost ten years with grassroots health freedom groups including Health Action Network,⁶⁸ Freedom of Choice in Health Care,⁶⁹ Friends of Freedom,⁷⁰ the Canadian Coalition for Health Freedom, (now The Alliance of Natural Health Suppliers⁷¹), Citizens for Choice in Health Care⁷².

These consumer-based groups raised over one million voices to protest this action. They collected over 250,000 signatures on petitions, which were submitted to the parliament of Canada supporting the commonsense fact that our dietary supplements are food-based and are not drugs and that they are low risk, safe, effective medicines that should not be regulated as new drugs. In spite of the tremendous public outcry, things were still looking grim until Marilyn Nelson of Freedom of Choice in Health Care, nutritionist, Dr. David Rowland, and herbalist,

⁶⁸ Health Action Network: www.hans.org

⁶⁹ Freedom of Choice in Health Care: www.freedomofchoiceinhealthcare.ca

⁷⁰ Friends of Freedom: www.friendsoffreedom.org

⁷¹ The Canadian Coalition for Health Freedom (now The Alliance of Natural Health Suppliers: www.allianceofnaturalhealthsuppliers.com)

⁷² www.naturalhealthcoalition.ca/censorship_ad.pdf

Rick DeSilva, filed a lawsuit against Health Canada. The lawsuit challenged the new guidelines, and because they had no basis in law, within 48 hours the guidelines were successfully stopped.

Finally accepting that it was going against the will of the people, Health Canada responded in November of 1998 by creating a new working group, the Standing Committee on Health. This group, made up of MPs from all parties, sought input from citizens on the matter of dietary supplements. A long list of recommendations were tabled in the House of Commons and accepted on March 26, 1999 by Minister of Health, the Honorable Allan Rock on behalf of Parliament. The number one recommendation, in a list of about fifty, was to keep dietary supplements under the food category.

Furthering that process, the government created the Natural Health Products Directorate (NHP). A NHP Transition Team (a committee of experts formed from Health Canada, consumers and consumer groups) clarified and expanded the recommendations, which they submitted to the government in a March 31, 2000 report.

Friends of Freedom

Friends of Freedom is a Canadian-based, globally recognized, grassroots Natural Health Freedom advocacy organization founded in 1995 in direct response to what was considered to be Big Pharma's attempt to influence the Canadian government to turn dietary supplements into a new drug category. Friends of Freedom founder, Trueman Tuck fought to keep dietary supplements accessible to the public by spearheading Bill C-420. Following closely the new NHP Transition Team in regular meetings and consultations, he feared that they were going to ignore the number one concern of Canadians and go back to Health Canada's original goal to declare dietary supplements as drugs.

Health Canada Declares Dietary Supplements Are Drugs-January 2004

On October 23, 2003, Dr. James Lunney and 123 other Members of Parliament from both parties voted for Bill C-420, which, as Lunney said, "indicates that Members of Parliament want this matter to be examined more thoroughly before new regulations come into effect early in the new year."⁷³ Yet, in spite of the majority of people in town hall meetings across Canada saying they wanted supplements to be regulated as food, and in spite of one million voices, in spite of 250,000 petitions delivered to Parliament in a wheelbarrow, on January 1, 2004, Health Canada did just the opposite; they began officially regulating dietary supplements as a third category, but under the drug bureaucracy.

Several dietary supplement companies were immediately raided specifically Strauss Herb Company, Truehope (manufacturer of EMPowerplus), and BioMedica. A

⁷³ http://www.jameslunneyp.ca/news_detail.php?recordID=206

University of Calgary research study on a dietary supplement EMPowerplus, was shut down. These companies were led to believe that the new regulations were law, but they are not, they are only guidelines and have not been voted on by Parliament and have no basis in law. Unfortunately most Canadian dietary supplements manufacturers also think the regulations are law and don't know they have a right to resist them. Health Canada continually changes their policies and regulations making companies comply with bureaucratic red tape. Health Canada appears to be dragging out the court battles until the supplement companies can't afford to fight anymore.

Safety of Dietary Supplements

We are living in strange times when 784,000 people die annually from medical interventions, yet, many years go by and not one person dies as a result of taking supplements. (See "Death by Medicine" Appendix B) Solid evidence supports the fact that supplements decrease the cost of health care, and supplements are essential for the prevention and treatment of a host of diseases. However, we are being drawn into, and some would say, forced into, a pharmaceutical-based interpretation of supplements. We are also living at a time when over 60 percent of the world's population depends on food-based medicine.

Many of you are familiar with supplements and their benefits but may not realize why modern medicine seems to treat them so contemptuously.

Vitamins for Deficiency

Dr. Abram Hoffer, the co-founder of Orthomolecular Medicine, with Linus Pauling, and the founder of the International Society for Orthomolecular Medicine, and editor of the Journal of Orthomolecular Medicine describes two schools of thought regarding vitamins.⁷⁴ The vitamins-for-deficiency model identifies vitamins as the way to prevent obvious vitamin deficiency disease. Examples of vitamins that prevent deficiency diseases include vitamin C for scurvy (loss of teeth, joint pain, and severe bruising; thiamine (Vitamin B-1) for beri beri (heart disease and nerve damage); vitamin D for rickets, and niacin (Vitamin B-3) for pellagra (gut symptoms and nerve damage). Early vitamin researchers argued that to prevent obvious deficiency symptoms you only needed the above vitamins in small amounts—which was eventually loosely translated into the RDA (recommended daily allowance). The RDA does not mean an optimal dose or therapeutic dose; it condones a meager amount that can only stave off obvious deficiency.

This type of thinking about vitamin usage dictates that since vitamins are only needed in small amounts to prevent deficiency, therefore large doses of vitamins are contraindicated and may be dangerous. The operative word here is "may". Dr. Hoffer remarks that vitamins are not dangerous and that "the evidence for this is non-existent". Dr. Hoffer confirms that, unfortunately, the vitamin-as-prevention

⁷⁴ Hoffer A. "Toxic Vitamins." Journal of Orthomolecular Medicine, May 2003.

paradigm is the one accepted by almost every nutritionist, physician, hospital, government agency, and food board in the Western world. This policy stands in spite of the fact that vitamins and minerals are absolutely required as co-factors in every metabolic function in the body yet they are dangerously diminished in our modern food supply.

Vitamins-as-Treatment

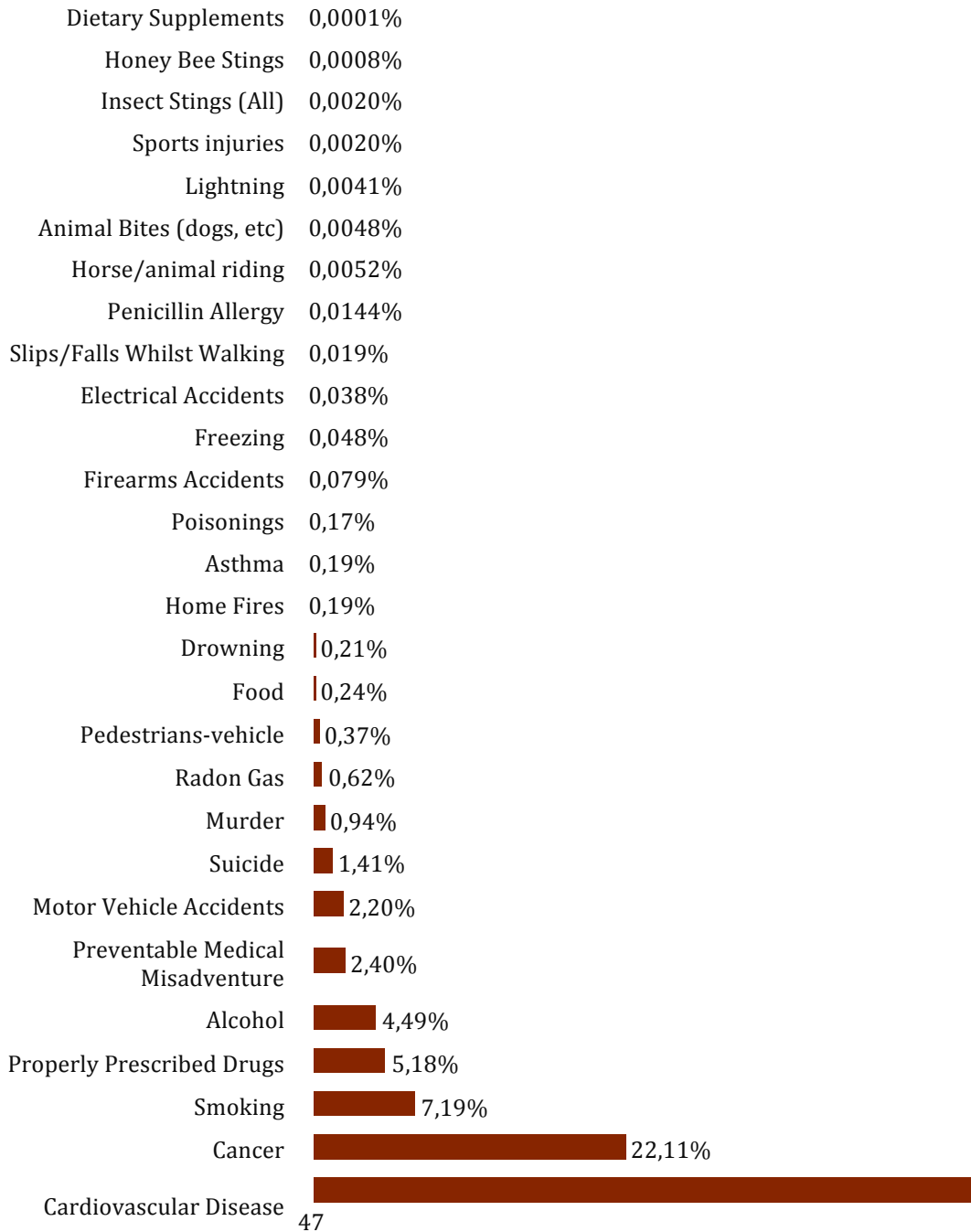
A blending of scientific research and clinical experience goes beyond the prevention of deficiency and identifies vitamins as therapeutic for a large number of conditions. Optimum doses are used that vary from small to large but are usually above the RDA.

Hoffer includes a number of examples of vitamins as treatment recommending niacin for treating hyperlipidemia; the B vitamins for treating the heart condition, homocysteinuria; vitamin E for heart disease; niacinamide for arthritis; vitamin C for infection, intestinal polyps, and the common cold; and a combination of nutrients for schizophrenia and manic depression. However, because the paradigm of vitamins-as-prevention is still enforced, any use of vitamins beyond small doses is ridiculed.

Even though the vast majority of doctors and dieticians claim that we can obtain all our vitamin needs from our diet—that is decidedly not the case. Vitamins and minerals are necessary co-factors in thousands of metabolic functions in the body. Vitamin studies always show a deficiency in a high proportion of the population. Therefore, we presently have a situation in our society where we have a deficiency of vitamins and also a need for vitamins on a therapeutic level.

Dietary Supplement Safety

According to Ron Law's chart on death comparisons, dietary supplements deaths are an almost nonexistent 0.0001 percent. There are more deaths due to honeybee stings, which are listed at 0.0008 percent, than there are due to dietary supplements. Deaths due to prescribed drugs, at 5.6 percent, means 26,000 times more people die from properly regulated, properly prescribed, and properly used drugs than from dietary supplements. He says that in total, dietary supplements have averaged less than 5 confirmed deaths per year over the past 25 years in the U.S.A. Most of those deaths relate to a single batch of tryptophan introduced in the late 1980's that was not due to the nutrient but to a genetically engineered synthetic binder. (Ron Law's source-CDC/FDA) Taking the number of deaths due to modern medicine as documented in "Death by Medicine", you arrive at approximately 784,000 people dying every year.



Statistically dietary supplements are even safer than the food chain. Over 100 people die annually in the U.S. from an allergic reaction to peanuts. Yet, Dr. Abram Hoffer told me that in over forty years of practice he has never seen or heard of anyone dying because of ingesting vitamins.

The High Cost of Compliance

When supplements are regulated as drugs, the cost of compliance drives up a company's overhead costs, which are passed on to the consumer. Canada's supplement industry is undergoing great upheaval as a result of the government regulating supplements as drugs.

In 1994, the Canadian government investigated the cost to the dietary supplement industry of regulating dietary supplements as drugs. This was a feasibility study for their long-range plan to regulate dietary supplements as drugs that was finally implemented on January 1, 2004.

By their own reckoning, in order to comply with licensing fees and the bureaucratic structure set up the Natural Health Products Directorate, it will cost small to medium-sized businesses that make less than \$1 million to \$ 2million, \$100,000 the first year and then \$50,000 annually. They report that the direct result will be that most companies will have to give up about one third of their products because they won't be able to afford to obtain a license for each product. As a result 15,000 to 20,000 products will disappear from the 60,000-product dietary supplement industry. Another direct result, in the government's own report is that about 80 percent of the small to medium size business will go out of business leaving the larger supplement manufacturers with less competition and more market share.

Strauss Herbs and the Missing Natural Product Numbers

Natural products in the third category—under the drug branch of Health Canada must have an NPN or face legal action. According to Peter Helgason, the VP of Regulatory Affairs for Strauss Herbs, after one year of working on the intricate paperwork required for an NPN filing, Strauss realized it would be forced to reduce its product line from fifty-eight to twenty-six because of the high cost of compliance. Realistically Strauss now feels they might be limited to about twenty products and they have been forced to drop thirty-five. Helgason's concern is that people no longer have access to products that delivered tremendous therapeutic benefits to them.

One specific example of the high cost of compliance is the case of Strauss Herb Company. They began compliance procedures in 2003 and after eighteen months, with four full-time employees working on the new Natural Health Products (NHP) Directorate regulations, Strauss spent over \$300,000 and had not received one Natural Product Number (NPN). By June 2006, Strauss still had not been granted even one NPN number for its products. When I interviewed Peter Helgason in February 2008, Strauss had been granted one NPN number. The winning product was cayenne pepper, a centuries old spice. To date, the cumulative costs to Strauss for all this bureaucratic wrangling and one NPN, out of about twenty applied for, stands at roughly \$ 1 million.

Beyond the complex protocols that have to be itemized for the NHP Directorate, companies are being told to reveal proprietary formulas on their labels. This,

according to Strauss will be very detrimental to their business allowing competing companies to use their proprietary formulas.

The only dietary supplement companies in favor of these measures seem to be those that are rich enough to afford the transition and want to see the competition from smaller companies eliminated. The larger companies along with the government justify their actions with the comment that ‘we need better manufacturing practices in order to ensure quality products.’ However, existing laws already cover those aspects of quality control. It is a fallacy that dietary supplements have to be regulated as drugs are in order to ensure that they are safe.

Going Public

What’s next for Canada’s dietary supplement industry? When companies get really big they “go public” and their stock is traded on the stock market. When that happens, the company usually jettisons its expensive, high quality ingredients to cheaper ones in order to keep stockholders happy. When that happens, the focus is no longer on health but on profits. In such a climate, it won’t be long before the only dietary supplements we can get are synthetic, patented molecules that our bodies reject as foreign substances. We must ask ourselves, is the specific intent of such regulations to comply with Codex and the World Trade Organization’s standardization of dietary supplements?

Monopoly of medicine and censorship come into play when supplements become drugs and when we don’t have the right to information about a product. Even more threatening is government Big Brother tactics to shut down companies when dietary products are regulated as drugs. It boils down to a pervasive myth that in some magical way government regulations create good products. However, regulations do not equal quality, accuracy, or protection from fraud. You only have to look at the multi billion-dollar drug industry that is the best regulated in the world to see the misconception. Drug industry advertising subjects us to advertisements that are based on scientific fact only 6 percent of the time. Modern medicine procedures are only 10-20 percent science-based. (See *Chapter 6*, under the heading Office of Technology Assessment.) Government regulation does not give us what we need, which is simply to take responsibility for our own health.

With regard to fraudulent health claims, every rule of law in society has criminal codes that cover fraud. If a company is openly advertising something that is causing harm or charging a fee and not delivering what they advertise, there is legal recourse. As it stands, with the current Canadian regulations, as you will see in the following three cases, anyone who makes even the mildest claim is guilty until they prove themselves innocent, usually at enormous expense. This is not how our legal system is supposed to work. The Canadian legal system states that you are innocent until you can be proven guilty in a court of law.

Health Canada versus Strauss Heartdrops®

A heartbreaking story, literally, is that of Strauss Herb Company's fight to keep providing to a needy public their food-based medicine, Heartdrops® that effectively treat heart disease. Health Canada laid 219 criminal against the Strauss Herb Company, Peter Strauss, and Jim Strauss Sr., in January of 2003. This occurred when Strauss became much more visible in Canada during the first Strauss-sponsored Canada Cup of Curling. Jim Strauss Jr., felt the charges "were filed to try and embarrass the firm during its first national-profile sponsorship."¹⁰ Strauss said, "The fact that Health Canada sat on the file for nearly two years and did nothing, and then laid charges when they did, speaks volumes about the moral compass some Health Canada employees follow." Strauss was very clear that, "This action was initiated to smear and defame Strauss Herbs, not to benefit or protect the health of Canadians. If it cost us half a million dollars to defend ourselves from these slanderous lies, how many scarce health dollars did Health Canada waste in this utterly failed prosecution?"

Strauss' criminal lawyer Shawn Buckley said that "the Crown offered a 'deal' early on in the proceedings and Strauss Herb Company could have ...paid a \$500 fine and moved on."⁷⁵ Instead of a mere \$500, the company has spent over \$500,000 to prove that they have a legitimate right to offer a product that helps heart disease and to tell people about it.

Vindication for Strauss

On September 20, 2004, Strauss Herb Company was cleared of all charges in a Kamloops provincial court. The Judge noted the Crown did not have any evidence to back up their charges and the case was dismissed.

Jim Strauss said, "The good news is we are still in business and we are still making and selling the products hundreds of thousands of people have come to rely on to maintain and improve their health. The bad news is that our good name has been harmed and we have lost the confidence of hundreds of thousands of people who are afraid to take a product that could help their health by bogus claims of fraud leveled by a government organization the public thinks is acting in their best interests. We are considering our legal remedies available to recoup our losses," says Strauss. "In the meantime, it is back to business as usual."

On June 12, 2003, Jim Strauss Sr., asserted his right to sue Health Canada for malicious prosecution. Strauss Herbs won the preliminary arguments. Around December 2007, Strauss Herbs won the right to include in the lawsuit the Crown Prosecutor, his law firm, and significant senior Health Canada employees who consulted on the original Strauss case who knew or ought to have known that there was no chance their action would succeed. Having a reasonable chance to win a case is a requirement under provincial law in British Columbia. Otherwise it is judged as

⁷⁵ <http://www.iahf.com/20040922.html>

frivolous or harassment. By all accounts, Health Canada sued Jim Strauss Sr. to defame his name and the name of his company. The latest report, as of February 2008 is that the court has agreed that Health Canada should pay Strauss' legal costs for the action against Jim Strauss Sr.

Strauss lawyer, Shawn Buckley, is doing another interesting bit of legal footwork. In December 2007, Buckley submitted a file on an herbal ingredient of one of the Strauss formulas for a judicial review. This submission is a challenge of a November 2005 Health Canada policy statement claiming that any botanical from which a drug could be extracted would be deemed a prescription drug. A judge will read the Strauss file and a rebuttal from Health Canada and determine whether there is enough evidence for this matter to go to trial. The preliminary cost of challenging the right to use this herbal ingredient is already at the \$250,000 mark.

Health Canada on a Destructive Path

I hold a special place in my heart for herbs and I extend that space to include the Strauss family. Herbs themselves are special; they are like little medicine people in their characteristics and their reproducible abilities to heal. It is true creative art and science when a master herbalist creates a combination of whole herbs that work synergistically within the body, in a natural and holistic fashion. In the Strauss family, that ability to create effective herbal formulations has been passed down for eight generations. Choosing the right plants for a formula and keeping the formula consistent through the years depends on several factors. The look and feel of the plant is important, where and how it is grown, the quality of the soil, the climate conditions for that year, when it is harvested, and how it is stored and shipped. But the most important criteria for determining the quality of a formula is how it tastes!

According to the online publication *Brain Briefings*, about 25 percent of people are "supertasters" and this ability is passed on genetically. Supertasters tend to experience an overall higher level of tasting ability than others.⁷⁶ They also have a greater number of papillae (or bumps) on the tongue that hold the over 10,000 taste buds. The four basic tastes are sweet, sour, salty, and bitter. In our culture we have become so used to feeding only our sweet and salt taste buds we don't realize that there are other tastes and great variations in those tastes. But supertasters are able to distinguish variations of these four that allows them to be great wine tasters, chefs, and herbalists.

A 2002 discussion paper produced by The Natural Health Products Directorate admits, "Despite all of the recent advances in analytical technology, the human senses are still superior to chemical techniques in making fine discriminations in taste and aroma. This is evidenced by the fact that machines have yet to replace professional wine, coffee and tea tasters, or professional noses in the perfume industry. An experienced pharmacognosist can accurately identify botanical

⁷⁶ <http://web.sfn.org/content/Publications/BrainBriefings/taste.html>

material and assess its "quality" based upon organoleptic features, often in a matter of seconds."⁷⁷

The Strauss family possesses this supertasting ability, which has been passed down through generations. This skill allows them to compete with the most sophisticated laboratory equipment, such as gas chromatography, in the ability to distinguish herbal constituents. In spite of all the right measurements and dials and temperatures and ingredients you know how different the same recipe can be in the hands of different cooks. One can be a disaster and the other can be a delight. It's the same with herbal formulations. It's also an art that cannot and should not be regulated by Health Canada.

RCMP Raids Supplements for the Mentally Ill

In an article from the Calgary Herald, July 16, 2003, titled, "RCMP Shuts Down Supplement Firm," journalist David Heyman wrote that, "About a dozen armed officers surprised employees of Truehope Nutritional Support Ltd. at 10:15 a.m., Tuesday, when they swept in and demanded everyone in the call center to stop working and back away from their computers. Mounties from Calgary, Ottawa, and Montreal, then began downloading information from hard drives and rifling through filing cabinets." Health Canada alleged that Truehope was selling a nutritional supplement, EMPowerplus to the mentally ill without government approval.

Anthony Stephan and David Hardy established Truehope Company and created the EMPowerplus product after Anthony's wife, Debbie, committed suicide while taking Prozac for her manic depression. Mr. Stephan was concerned that two of his children had inherited the same form of illness and were close to being institutionalized. He was able to bring his children back to normal with the use of EMPowerplus.

After the raid, Mr. Stephan told the Calgary Herald that he was "worried his 3,000 customers will suddenly have to go without their nutritional supplement", which contains 36 vitamins, minerals, and anti-oxidants. He said "each of those substances is sold individually on shelves in North America without a problem." He was also concerned that "Health Canada will use the Truehope database information to phone all their customers and tell them not to use the nutritional supplement."

Mr. Stephan told me that Health Canada did just that, they phoned all the people who were taking EMPowerplus. Almost immediately Truehope was flooded with hundreds of calls from scared and angry clients who said they received, what they described as harassing phone calls from Health Canada. They were told not to take the supplement from Truehope but to go back on medications. They were informed that the government did not approve of the supplement, it was dangerous, it didn't work, and they were risking their lives by taking it.

⁷⁷ http://www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/exploration_botanical_05_e.html

If you talk with Anthony Stephan personally, as I have, it doesn't take long to recognize that he is a man who is genuinely concerned about people and especially wants to help those who are struggling with mental problems. When he presents his 4-foot stack of papers showing the damaging side effects of antidepressants, you are impressed. A shocking visual aid to help understand his position is a pie chart showing results of a meta-analysis on the effectiveness of antidepressants compared to that of EMPowerplus. That chart shows that antidepressants are only 26 percent effective, a figure that is even less than placebo, which can be as high as 50 percent.⁷⁸ Yet, the effectiveness of EMPowerplus is as high as 80 percent according to five documented scientific studies published in peer-reviewed journals.^{79 80}

Truehope had no idea how many calls or letters were written to Health Canada by, or on behalf of, EMPowerplus users. However, through the Freedom of Information Act and a pre-trial disclosure they found about 400 letters in Health Canada files of citizens pleading for their mental health. Each person became his or her own experimental study. On the product they felt normal, off the product and back on medication they felt ill. Apparently the letters were ignored; nobody at Health Canada had any answers for these people. Interviewed by the Calgary Herald, Ron LaJeunesse, Executive Director of the Canadian Mental Health Association's Alberta division, said he knows many people who have been essentially cured of mental illness after taking EMPowerplus. Regarding the seizure of product by Health Canada, he said, "It's going to result in dozens of suicides. I know of two already." He went to say, "If there's no opportunity for people to take it, at best we're going to see some mental patients going back to hospital. At worst, they'll die."⁸¹

Truehope Vindicated

July 28, 2006 a judge in Alberta ruled that Truehope was justified in ignoring a Health Canada order to stop selling its nutritional product. The judge said that, "The defendants were overwhelmingly compelled to disobey. The evidence was clear and persuasive...if it became unavailable, those taking it regressed within a few days to aggressiveness and depression...The symptoms of bipolar rapidly returned." The judge determined that "The defendant provided a vital and essential support program...seeking to avoid serious incapacitation or death (in the patient) due to mental illness."

⁷⁸ Jureidini JN, Doecke CJ, Mansfield PR, Haby MM, Menkes DB, Tonkin AL. "Efficacy and safety of antidepressants for children and adolescents." *BMJ*. 2004 Apr 10;328(7444):879-83.

⁷⁹ Kaplan BJ, Fisher JE, Crawford SG, Field CJ, Kolb B. "Improved mood and behavior during treatment with a mineral-vitamin supplement: an open-label case series of children." *J Child Adolesc Psychopharmacol*. 2004 Spring;14(1):115-22.

⁸⁰ Kaplan BJ, Simmons M. "Nutritional Approach to Bipolar Disorder." *Journal of Clinical Psychiatry*. 2003 March;64:3.

⁸¹ Heyman D. "Truehope Backers Warn of Suicides." *Calgary Herald*. July 17, 2003.

Speaking with Truehope lawyer, Shawn Buckley, I learned that one of the most influential psychiatrists in the world is now treating his patients with EMPowerplus and said that if he had manic depression he would use EMPowerplus and not drugs. Subpoenaed and under oath, he testified to those facts in the 2006 trial between Truehope and Health Canada.

Dr. Charles Popper (Harvard) is perhaps the leading world expert in treating mental disease in children and adolescents. When asked by an EMPowerplus researcher, also a Harvard graduate, to look into the incredible results with this supplement, Dr. Popper adamantly refused. A bottle of the formula was given to him, which he promptly hid. But when a psychiatrist friend demanded a drug prescription for his own son who was having a severe manic-depressive episode, Dr. Popper gave him the bottle of EMPowerplus while waiting his 'required' week before prescribing. Every day Dr. Popper expected his friend to call and report that his son was getting worse. That didn't happen until the week was up and the report was positive, the psychiatrist's son was doing better than he had ever done. Dr. Popper chalked the improvement up to placebo effect and thought no more about it until the formula ran out and the behavior returned. By then Dr. Popper was willing to drop his bias and begin using the formula on most, if not all his patients, developing an impressive rate of recovery finding it an effective long term treatment with no side effects.

Truehope and The Art of War

The legal argument against Health Canada in the Truehope case is that in 120 years there has never been one recorded death by people having access to natural health products, but at least 2 deaths due to being denied access to natural products, i.e., Truehope's EMPowerplus. Feeling a deep obligation to Canadians who were betrayed by Health Canada when EMPowerplus was banned in Canada, Truehope is waging a war against Health Canada to ensure that Health Canada will not repeat their unethical behavior in the future. You may be aware of the Nuremberg Trials where the defense of the subordinates to Hitler and Himmler were that they were just following orders. If you read the thousands of pages of documents of the Truehope trial you will see the following statements by Health Canada officials under oath. This excerpt is from a January 21, 2008 Truehope letter to The Honorable Mr. Tony Clement, the Minister of Health in reply to a letter from Meena Ballantyne, Assistant Deputy Minister of health. You can read all the correspondence and follow these fascinating war games at www.healthcanadaexposed.com.

Agent Miles Brosseau was questioned under oath by Truehope Lawyer, Shawn Buckley:

Mr. Buckley: "So if you were sent a document . . . showing that people were dying because of what Health Canada was doing . . . you would just ignore that because it's not a policy or directive?"

Brosseau answered "Yes."

Agent Sandra Jarvis: "Whether or not (EMPowerplus), you know, did amazing things or not, the fact of the matter is, it was in violation of law."

She testified that in spite of her knowledge of direct harm to Canadians, she continued turning back the legally imported nutritional supplement from the USA because the product did not have a drug identification number.

International Bureaucracy

There is a groundswell of concern in North America and Britain because of the efforts of an organization called Codex Alimentarius to regulate food and food supplements for the World Trade Organization (WTO). Codex Alimentarius, from the Latin, meaning Food Law, is usually referred to simply as Codex.

The United Nations Food and Agricultural Organization (FAO) and the World Health Organization jointly established Codex in 1962 to help advise nations on food standards for consumer protection. An associate and I attended the 26th Session of Codex in November 2004. It was at Codex in Bonn that we met a 30-year employee of Codex who told us that in 1995, the World Trade Organization took over Codex and immediately set to work to undermine its original intent. It was no longer in the hands of the 165 member nations of the WHO but in the hands of trade organizations in the 148 countries of the WTO who seem intent on standardizing everything to do with international trade in our emerging global economy. According to complex world trade agreements, which corporations and governments have created with very little public input or support, the decisions of Codex override national and local laws.

There are two main issues for health consumers regarding Codex regulations: whether synthetic and genetically engineered food will be the standard above organic food and whether low potency, synthetic supplements become the standard in that industry. In countries where supplements are classified as drugs, Codex, apparently does not interfere, which sends a strong message to member countries to regulate their supplements as drugs leaving the rest of the world to fend for itself. In countries where supplements are still classified as food, Codex is developing, what appear to be, stringent rules to govern the so-called safety of these products exactly along the lines used for drugs. So, dietary supplements actually all end up in the same drug category no matter how you look at it. It's very much like asking your child if he wants the drug in your right hand or the drug in your left hand—there is no choice at all. Food and supplement quality and purity are legitimate avenues for governments to pursue, however, Codex is setting limits on the dosage of supplements that an individual consumer can purchase without a prescription. They are using the same scare tactics as the Canadian Natural Health Products Directorate by saying supplements are dangerous.

Discrediting Dietary Supplements

Codex is run along the lines of the prevailing vitamins-for-deficiency lobby, which judges vitamins as dangerous and only safe in RDA dosages. If this continues we will be less able to treat the current epidemic of vitamin deficiency diseases and chronic illness. You may have noted in the last year a number of headlines announcing that

this or that vitamin in a particular research study is dangerous or shortens life. All these studies, when reviewed, have serious flaws, or have mysteriously reached the opposite conclusion of the actual study results. We see this as a pervasive policy to discredit supplements and scare legislators and the public into accepting supplement regulations. Please remember that natural dietary supplements are not dangerous.

It is quite apparent to those who have been following Codex and attending their meetings that the Codex agenda for dietary supplements is that of the pharmaceutical companies. Big Pharma has enjoyed a monopoly in medicine for many long decades. The public, however, is becoming aware of the dangers of modern medicine as documented in “Death by Medicine”. Big Pharma does not want to lose its lucrative monopoly and is lobbying governments and Codex for restrictive legislation on the supplement industry and simultaneously, systematically, and silently buying up supplement companies to control the market. I see this happening in Canada.

Since Codex operates along the lines of the prevailing vitamins-for-deficiency lobby that judges vitamins as dangerous and only safe in RDA dosages. This will render us unable to treat the current epidemic of chronic vitamin deficiency diseases. You may have noted in the last year a number of headlines announcing research that this or that vitamin is dangerous or shortens life. All these studies, when reviewed, have serious flaws, or have mysteriously reached the opposite conclusion of the actual study results. We see this as a pervasive policy to discredit supplements and scare legislators and the public into accepting supplement regulations. Please remember that dietary supplements are not dangerous.

Scott Tips, legal counsel for the National Health Federation has attended Codex meetings for about five years and has a voice at Codex because his group is a recognized NGO. I say voice instead of vote, because, as mention below, Codex member countries do not have a vote in the outcome of meetings, they are “guided” (controlled) by the agenda of the stronger nations. In the case of food and dietary supplements, the EU always seems to get their way. When the NHF delegate is recognized by the Chair of the Food and Dietary Supplement Committee it’s the only time that there is any comment about freedom of choice, the health effects of toxic foods and synthetic supplements.

Regulations Limit Business

When I practiced natural medicine in Toronto from 1979-1991, I witnessed the rise of the traditional health movement in Canada. I still know some of the owners of supplement companies, big and small. The sad fact is that being ‘regulated’ by the government means paying tens of thousands of dollars in fees and licenses to be able to sell your products. Small companies are being forced out of business—or forced to sell to companies with deep pockets, who are often fronting for pharmaceutical companies. The larger supplement companies, whether independently owned or Big Pharma holdings can afford these registration fees.

They are probably happy to see their smaller competitors driven out of business as they follow the business trend toward monopoly.

Legislating and Legalizing Corporate Greed

It is another sad fact that government seems to be controlled by 'big business' and has adopted the attitude that can be called 'legislating and legalizing corporate greed.' At the Codex meeting in Bonn, Germany that I attended in November 2004, when delegates raised important concerns they were always told, "Another committee is handling that issue". That answer was given when the chairman was asked whether genetically engineered foods were going to be allowed in infant formula. I would have thought that a simple "Of course not" would answer that question, which implied to me that they are actually considering using GMO foods in infant formula.

A question by a Non-Governmental Organization (NGO) delegate about the inclusion of provitamins and vitamin-like substances brought the following answer from the chair. "We first wanted to discuss vitamins and minerals. In the future, in 10-20 years time we will have to discuss physiological plant substances." Does that mean that if the Codex guidelines for supplements leave out certain nutrients that those nutrients will no longer be considered "regulated" and disappear from the shelves. That very scenario is playing out in the U.K. now.

The UK Battles the EU to Keep Supplements

Under the EU Food Supplement Directive 5,000 products were slated for removal from UK health food store shelves by August 2005. Australia, Denmark, Germany have all rendered their dietary supplements essentially impotent by regulating them as drugs and drastically limiting the amounts that may be sold without a prescription. In retrospect, it appears that government agencies of many nations have been on a common track for decades to have supplements designated as drugs.

The European Union's Food Supplement Directive is a likely model for the type of dietary supplement restrictions that Codex will try to implement worldwide. Passed into European Law in 2003 the EU Food Supplement Directive will be transposed into the legal systems of all other EU member states. In 2004, the U.K. government, against the wishes of its citizens, agreed to accept the EU Food Supplement Directive as law. Ireland, the Netherlands, and Sweden are facing similar enforcement.

Working to declare this measure illegal is the Alliance for Natural Health (ANH) (www.alliance-natural-health.org) led by executive director, Dr. Rob Verkerk, PhD. ANH is a pan-European coalition of supplement manufacturers, retailers, independent health practitioners, and consumers. On October 13, 2004 ANH filed a lawsuit to force a European judicial review of the EU Food Supplement Directive, which was slated to be fully operational in the U.K. by August 2005.⁸² The case

⁸²http://www.newmediaexplorer.org/sepp/2003/10/16/european_supplements_directive_challenged_in_london_court.htm

challenges the EU Food Supplements Directive potential ban on thousands of food supplement products on the EU market that contain nutrient forms not listed on the 'positive list' of the Directive. The concern is that items not on the positive list were automatically on a negative list and therefore not allowed to be sold.

In the final hour, before the August 2005 ban, on July 12, 2005 the European Court of Justice (ECJ) in Luxembourg delivered its judgment on the lawsuit by the Alliance for Natural Health (ANH) and two UK health food associations. In their ruling the ECJ made it clear that the only criterion required in allowing a vitamin or mineral to be added to the positive list is that it be normally found in and consumed as part of the diet.

By 2007 the ANH was able to announce that "Natural Sources of Vitamins and Minerals protected from potential bans" in an August 10th press release. For the previous two years it has been lobbying the ECJ for confirmation of this protected status. In August it received a letter signed by two unit heads at the European Commission, which "indicates clearly that all natural sources of vitamins and minerals, which could have been subject to a ban EU-wide, will escape the draconian EU Food Supplements Directive, and will now be regulated as foods".⁸³

Dr Robert Verkerk, ANH executive and scientific director, said "We are delighted to finally have this clarification from the European Commission on a point of law the ANH has been aware of since the ECJ ruling. The wider implications of this for the industry are far reaching and it effectively opens the door to functional foods and supplements containing nutrients derived from natural sources." Verkerk is not working to overturn the EU's proposed limit on vitamin and mineral doses. You can see Dr. Verkerk's Position Paper on this topic at the ANH website.⁸⁴

Be aware that none of these rulings may have any impact on Codex, which is creating international rules and regulations that will supersede any rules, regulations, or laws in the European Union. Knowing that this juggernaut is not going to be stopped, I have sought out food-based organic vitamin companies and angstrom mineral companies that sell low potency nutrients that will not be subject to Codex regulations. Such companies must also be

privately owned. Once companies are publicly owned and on the stock exchange they must satisfy their stockholders need for dividends not their consumers desire for health.

How North America Differs from the EU

In North America we have a long history of using diet and dietary supplements for the treatment of clinical disease. This impetus most recently

⁸³ <http://www.alliance-natural-health.org/index.cfm?action=news&ID=288>

⁸⁴ <http://www.alliance-natural-health.org/index.cfm>

arises from Dr. Abram Hoffer's orthomolecular medicine using high potency B and C vitamins for schizophrenia; Drs. Wilfred and Evan Shute, pioneers in the use of Vitamin E for heart disease; and Dr. Linus Pauling's work with Vitamin C. With regard to the EU ban on vitamins, Germany does not have a history of using vitamins as therapy for disease. It uses vitamins to prevent deficiency diseases and nothing more and its citizens accept what their government tells them about supplements. However, North Americans will not willingly accept international standardization that allows only very low potency vitamins over the counter and higher potencies available only on doctor's prescription.

CHAPTER 4 DEATH BY MEDIA

*No longer is health a property of individual bodies,
but virtual health becomes the optimum medical condition of digitalized flesh.
Infinitely programmable, fully politicized, and always mutable in its definition,
the state of soft health is a service delivered to the virtual body
by the managed health care centres of the virtual class.*

Arthur Kroker and Michael Weinstein, *Data Trash: The Theory of the Virtual Class*.

Facing an overwhelming problem that seems insurmountable can result in one of two actions: you can tackle the problem head on and find a workable solution, or you can ignore the greater problem, create a lesser problem, and attack that instead. Our society does the latter in our critique of doctors, health care policy, and chemical companies. We critique bits and pieces of the problem but we never go to the root cause. In naturopathy, we are taught to seek out the cause and treat that, not just palliate the symptoms.

Treating the Whole Person

People are flocking to "holistic" practitioners who treat the mind and body as a unit because most allopathic doctors treat the body separate from the mind, emotions, and feelings. If the patient comes with symptoms that have emotional overtones, even though the condition stems from a physical cause, they are often packed off to a psychiatrist or given tranquilizers.

During my internship in 1979 at Mount Sinai Hospital in Toronto, I had an experience I will never forget. It happened on my day off that one of my patients was given a diagnosis of breast cancer. She was understandably upset and very sad but instead of one of the staff sitting with her and holding her hand and acknowledging her suffering, the attending doctor wrote an order for a psychiatrist to see her. When I came in the next day and listened to her story, she said that not only had she been given the death sentence of cancer but also in the same day she was being told she was crazy enough to need a psychiatrist. This woman stunned me with the following observation. She said that in the concentration camps at least she knew who the enemy was.

People may visit holistic doctors because of a fear of allopathic medicine not because they want to take more responsibility for their health and work in cooperation with their holistic doctor. Such a patient may expect to have the holistic doctor "take care" of him or her in the same way as a conventional doctor but the only difference is that the conventional doctor uses drugs and the holistic doctor uses natural health products.

Patients have the naive expectation that they should be taken care of in a comprehensive way. Even though most of their experience with doctors has taught them that doctors mainly diagnose disease and treat with drugs, they still expect that the doctor is somehow going to keep them well. Or that medicine will come up with the magic pill to cure them from a lifetime of lifestyle abuse. This could be an automatic reflex or an effect of the electronic environment that programs us from womb to tomb.

People must learn to take responsibility and this does not just mean for their health but also for their participation in the electronic environment. We have allowed electronic technology to have free reign.

“Bergson argued that if some cosmic jokester were to speed up the entire universe we could detect the event by the impoverishment of mind that would ensue.

If only on a planetary scale, we are now in a position to observe the effects of such accelerated operations socially and intellectually, because modern communications have become geared to the speed of light, and transportation is not too far behind.”

–Marshall McLuhan. “Technology and Political Change,”
International Journal, Vol. 7, Summer, 1952, p.189.

If stress is a prime symptom that both doctor and patient feel in their relationship under present electronic conditions, then think of the stress that whole populations experience on a global scale under the electronic umbrella. And since every person is a specialist in terms of his own lifestyle, the doctor is in the functional position of providing specialist cures for specialist ills. So, naturally we can imagine the fate of national and international governing bodies being confused by their cultural biases in attempting to manage inter-cultural communication inside an electronic environment that has no precedent in its global effects. A kind of global thrombosis seems to be our collective fate as we ponder the massive implications of the dilemma in which we find ourselves.

Just as an individual in a critical condition has to be placed in “protective custody and isolation”, our collective condition may need a similar drastic solution. Efficiently, the practical solution for the planet would be an enforced media fast. Turn off the electronic environment. However, such a form of psychic ecology for mankind may be far too complex an order at this stage in history. The only alternative then may be to develop an understanding of what we are experiencing by recognizing some of the patterns afoot and at hand as suggested in this chapter. Just as a terminally ill patient may only need to know his diagnosis, these models are offered in the spirit of simulating an accurate autopsy.

Glancing at the table of contents of *Death by Modern Medicine*, you see the list of suspects responsible for our health care crises. Money, Madison Avenue, and Media, however, are the foundations from which most of the abuse arises. Money, Madison

Avenue, and Media did not appear out of thin air. To follow those traces lets go back to the origins of the printed word.

The Extensions of Humans

Marshall McLuhan defined media as the “extensions of man.” For McLuhan, the word “media” refers to anything made by human beings, from shoes to satellites, which extend our ability to interact with our environment. Defining the effects of these extensions shaped his life's work. McLuhan, from his close study of James Joyce, Ezra Pound, T.S. Eliot, and Wyndham Lewis, saw the reaction of these great artists to the new industrial landscape. These artists challenged people to look at the changes that were taking place in the world caused by these new technologies.

The History of Media and Their Effects On the Body

“In the beginning was the word.” Words, gestures, dancing, and pantomime were the initial means of communication among individuals and groups. Pictures and pictograms, like the ones found on ancient cave walls, were the earliest forms of writing. These pictures told stories of the hunt or the harvest; they were intimately related to the ongoing interaction with the day-to-day struggle with nature. Stone tablets were laboriously carved with images that told a story that anyone could read.

Around 500 BC, the Greeks invented the phonetic alphabet. This abstract form of writing combined semantically meaningless letters and meaningless sounds to signify objects. Neither the sound of the written word nor its appearance had any immediate similarity with the object it identified. Being able to write with abstract symbols meant that abstract ideas could be written as well. There was no longer the necessity to be confined within the pictorial cycles of nature as in pre-alphabetic times.

In terms of the body image as a product of a pictographic culture, the ancient Chinese developed their idea of the body as interchangeable with nature through something called the five-element theory: Wood, Fire, Earth, Metal, and Water all flowed through the body and determined its level of health or disease. The tactile feel of pulses, the observation of the tongue, the odor of excretions, all gave shape to the body.

In the West with the introduction of the abstract phonetic alphabet, nature and man's image did not flow into one another and the body was seen to have boundaries like an envelope enclosing organs.

At the time of the Renaissance, and the invention of machines, the view of the body became the image of a pumping station: the body was a collection of connected parts just like early forms of industrial machinery. In the 19th Century with the rise of the electro-mechanical age, the image of the body became one of a bag of chemicals with replaceable parts - a chemical factory spewing gases and fluids. It also was seen to be loaded with germs that were at war with the body. At the same time, we went to war with nature trying to subjugate it to our needs with the use of harsh pesticides

and herbicides. It is only now, in the electronic age, in the 21st Century, along with recognition of Hans Selye's stress theories, that the body can be seen as an organism interpenetrating and interacting with the outside world and constantly under the influence of environment. Part of that environment is the external electronic environment, which resonates with the internal electro-chemical environment of the body. The electrical current of heart and brain waves are measured with EKG's and EEG's.

As far as the effects of phonetic writing go, in Greek culture and later during the Renaissance, writing and print created a detachment, a sense of the body being separate from the environment. Even now, most North Americans don't believe the environment affects them. Otherwise, we would not be destroying it at such an accelerated rate.

However, the new digital image that we have of our bodies as created by the Internet feels like a conglomerate of various "energies". This is evident because we accept "energetic" solutions to our problems, such as acupuncture, yoga, visualization, and herbs. This culture coexists with Generation X and the Gen Rx kids who are living in a "virtual reality" and doping their bodies with pharmaceuticals – the Ritalin demanded by their teachers, as well as trading and using all the drugs they can steal from their parents. They pierce and poke and violate themselves and each other, carving out an identity in their own flesh.

The Effect of the Printed Word

The effect of using the phonetic alphabet, which had no picture connection to the thing itself, was to create the idea of an individual body. Before writing, people thought in groups - there was the notion of the tribe but not the individual. Writing created a new environment. As people write, both individually and collectively, they get fragmented and feel isolated from their tribe. They look at manuscripts, not trees or nature, and their brain is inside the written environment.

Dr. Leonard Schlain, neurosurgeon and writer, goes much further in his analysis of the alphabet and writing in "The Alphabet Versus the Goddess". Quoting Sophocles, who said, "Nothing vast enters the life of mortals without a curse", Schlain contends that the invention of writing was vast and it was also a curse. It is his theory that the alphabet was responsible for the subjugation of the feminine for hundreds of years. But, he claims, there has been a return of the feminine through photography, film, television, and the computer. The emergence of these technologies accompanied a resurgence of feminine values, holistic thinking, and respect for nature. He says that technology actually programs our brains. In the last fifty years radio, TV, and the Internet have overwhelmed the printed word as the major forms of entertainment, communication, and commerce. Dr. Schlain says that these new media don't have the same effects on the brain and are dramatically changing the way we experience our world. The shift in media environments can also help explain much of the incredible chaos in our simultaneously shrinking and expanding universe.

The Media Diet

I'll be talking about sugar, tobacco, and alcohol addictions in *Chapters 9 and 10*; however, we are also addicted to media that are so pervasive it's like saying we are addicted to oxygen. Time has a habit of standing still when you are in front of your screen—TV, Internet, Palm, iPod or iPhone. We grew up thinking that the future would mean more leisure time and less stress, but what we have is a world controlled by machines that tend to dictate our every moment. The machines say that the economy will slow down if people only work a 3-day week, so we have people working 6 days a week and still having trouble making ends meet. The machines say that the economy is enhanced by divorce; two cars, two homes, two of everything means more money in the coffer. So, governments promote divorce instead of promoting family values by giving families huge tax breaks. Very few people are even aware that the media shape our lives. We are like fish, which are unaware of their watery environment.

Naturopathic doctors decry the abysmal Western diet and the epidemics of obesity, heart disease, diabetes, and emotional imbalance. I'm not convinced that the whole problem lies at the feet of the synthetic food manufacturer. Let's look at the other "bodies" that are simultaneously stimulated in our current hi-tech, electrified, and digitized environment.

TV, radio, the Internet, cell phones, and Palm pilots are modern pills for people. When someone is down or "fried", or tired, they turn on the television. When someone needs company, they turn on radio. When they want to get in touch with friends, they pick up the phone or dash off an email, or hook up to instant messaging. When alone in a crowd, they compulsively retrieve messages on their cell phone to appear like they "have a life". Pills and media are synonymous in these contexts.

Our Four Bodies in the 21st Century

I've studied with Bob Neveritt, a well-known media ecologist, who is an expert in the work of media analyst, Marshall McLuhan. Neveritt says we now have four bodies to contend with.⁸⁵ Let's look at the four bodies and what we know about them. We each have, today, a physical makeup that is one-fourth TV body, one-fourth digital chip body, one-fourth astral body, and one-fourth chemical body. So these four divisions constantly engage our human form. .

The TV Body and Nintendo Neurology

In 1998 *Scientific American* reported that watching a TV or video screen causes a surge of dopamine in the brain.⁸⁶ Moreover, the increase in dopamine was as significant as that seen when subjects were injected with amphetamines or the

⁸⁵ <http://www.garynull.com/Issues/WBAI/Letters/NeverittLetter2.aspx> An example of Bob Neveritt's four-body theory.

⁸⁶ Grasby PM. "Nintendo Neurology: Video games play with your brain." *Scientific American*, August 1998, p 22.

stimulant Ritalin. Dopamine was even released when the subjects were just staring at a live blank screen dancing with pixels. Dopamine is a powerful brain neurotransmitter and chemical messenger. Dopamine is also produced after a high protein meal. This chemical makes you more alert, excited, and aggressive; it causes heightened states of stress, anxiety, and fear. Researchers have found that when dopamine levels are elevated, compounded by serotonin depletion, anxiety, fear, and depression are common.

This reaction does not seem to agree with the common notion of couch potatoes created by incessant TV viewing. However, couch potatoes eat potato chips and other carb-laden junk foods. And, interestingly enough, carbs elevate levels of the “feel-good”, “laid-back” neurotransmitter, serotonin. When serotonin is elevated, you experience a greater sense of self-esteem and wellbeing. You feel relaxed and calm, more focused and able to concentrate, and at night your sleep is deeper and more restful. It is the serotonin model that is followed in the manufacture of Prozac and its cousins. These drugs prevent serotonin from being rapidly broken down so you have greater levels of serotonin in your brain to make you feel good. Trouble is that there is no control over the amount of serotonin that you get with Prozac and some people react to too much of a good thing. For example, someone who is suicidal and depressed often doesn't have the energy to do the act. However, Prozac can give people enough of a boost to follow through with committing the act of suicide.

My question is: Does our society require more carbs and feel they have a deficiency of serotonin and Prozac simply because people watch too much TV and Internet, which over-stimulate their dopamine receptors? And could our steady diet of TV be causing excess dopamine release making people feel saturated with protein-like chemicals and causing a craving for carbohydrates? Just consider which foods are couch-potato-fare: chips, cookies, crunchy, fried, salted, sweetened junk food... and don't forget take-out pizza. It's not as far-fetched as it seems.

Let's think about the implications. Sitting in front of the TV screen, or a video, or an Internet screen actually stimulates the release of a brain-stimulating chemical called dopamine. Sweet and starchy foods also cause stimulation of the brain's pleasure chemical called serotonin. The two together create the familiar couch potato syndrome but most of us don't realize that powerful neurotransmitters are at the base of both addictions.

Prominent researchers at the Massachusetts Institute of Technology (MIT) and the University of California at Los Angeles (UCLA) have found that brain chemistry, brain function, and mood, can be altered dramatically within ten to twenty minutes of eating a single meal.⁸⁷

⁸⁷ Wurtman RJ, et al. “Effects of normal meals rich in carbohydrates or proteins on plasma tryptophan and tyrosine ratios.” *Am J Clin Nutr.* 2003 Jan;77(1):128-32.

This possible explanation for part of our unhealthy eating behavior is compelling. Studies show that, on average, our eyes are glued to a TV screen an outstanding seven hours a day. The fast food industry markets TV dinners and junk food right along with the technology, and this avalanche has not abated. Most snacks advertised today on TV are the highly processed white sugar and white flour variety flooding in to meet a craving in the public's appetite... caused by TV itself?

Are children addicted to the stimulating effect of TV? Are they going through withdrawal in classrooms? Is this why the government is hastening to "wire" all the schools with computers? Is TV becoming even more addictive than sugar? Scientifically, we know that Ritalin works by causing a release of dopamine.⁸⁸ Are kids so addicted to TV and the Internet that they have dopamine withdrawal in the classroom and need to have a "hit" several times a day?

In the present digital age, kids grow up with machines whereas their boomer grandparents only began watching TV in the late 50's and surfing the Internet in the 90's. The October 4, 2004 issue of *New York Magazine* printed an incredible story about teens on drugs called "Generation Rx". Not only are teens taking Ritalin for hyperactive behavior likely caused by a combination of brain damage from mercury preservative in vaccines, dopamine jolts from television and the Internet, and serotonin surges from a high sugar diet, these kids are taking their parents' Prozac and Ativan and snorting anything they can get their hands on!

FACT: The number of minutes per week that parents spend in meaningful conversation with their children: 38.5. The number of minutes per week that the average child watches television: 1,680.

The Digital Chip Body

The electric technology of early telephone, radio and TV was followed by the more compact electronic, transistor technology of computer and satellite. With digitalization, all these previous technologies have been miniaturized. Digitalization gives us the liberation and portability of the Walkman, cell phone, and Palm pilot; a seamless web of instant dial-up and access.

We know we are overloaded with information, but we are at the point in our culture where we feed off information as much as physical food. We turn on our computer and join the World Wide Web to breathe in its sensory impressions. Gurdjieff, the famous Russian mystic, was accurate when he said we ingest and digest food, air, and sensory impressions. The majority of our sensory impressions now come from the TV and Internet. Ongoing information via news, events, data, and stories, are all necessary as forms of content to feed both the media machines and us. The thousands of radio stations, hundreds of TV stations, and millions of websites all

⁸⁸ Volkow ND, et al. "Therapeutic Doses of Oral Methylphenidate Significantly Increase Extracellular Dopamine in the Human Brain." *The Journal of Neuroscience*, 2001, 21:RC121:1-5.

require content. On the major TV networks, top news stories are covered to the point of overkill while waiting for the next news item to hit.

Beside the effects of this revolution in communication even those with the invention of writing and printing are trivial events. Radio meant the widest dispersal of the human voice and also there ultimate dispersal of attention. For listening is not hearing any more than looking is reading. And all the networks of human communication are becoming so jammed that very few messages are reaching their destination. Mental starvation in the midst of plenty is as much a feature of mass communication as of mass production."

–Marshall McLuhan. "Technology and Political Change,"
International Journal, Vol. 7, Summer, 1952, p.193.

On the physical level, we are like numbed and mindless fish swimming in non-perceived water if one considers the way we are surrounded and interpenetrated by electronic waves of every description. The important question is - what does that do to us and our perceptions of our bodies? People are searching around for imagery to describe the body in this new environment. Will they fall back on Eastern imagery, or the imagery from machines and genetic engineering? Or maybe we'll continue to oscillate between that of technology and alternative medicine, both evoking different body images.

Machines and satellites programmed whole environments. Then with digitalization and miniaturization people began to program themselves like machines. People are compulsively exercising, medicating, dieting, piercing, and having surgery, to retrieve their lost chemical bodies. They are merging with the technology that "disappeared" them. People are also using alternative medicine to program themselves, as part of their new physical image - a holdover from the resonance effect of the electronic age. But they are using alternatives in an allopathic way. As we've said before, they have no qualms about mixing modalities, no loyalties to any camp, any doctor, any channel, or any product. But why are people so loyal to their favorite sports team, one of the major benefactors of the TV medium and its instant replay technology?

FACT: The New Internationalist in England published an issue on the marketing of our bodies. Some young people commented that they are sexualized very early by media content, and then told not to act on that information.

The Astral Body

The Astral Body is everywhere at once. It is the ESP body, the intuitive organ, which is interconnected with everyone and everything. We think that the rise in popularity of psychics, mediums, and all things "cosmic", is due to jet travel so closely rubbing up against Eastern cultures that steep themselves in daily ritual with long-dead ancestors. But it's also due to the electronic environment, which on the telephone makes us disembodied angels. We can travel faster than the speed of light. In a few

seconds we can be halfway around the world by phone. So, the electronic media seem to mime our innate spiritual capabilities and aspirations – what I am calling our Astral Body and the existence of which science is finding increasing evidence.

At the present time we have the technology to be able to measure emotions of plants and single-celled organisms. The Secret Life of Plants showed that plants have feelings. But, we can also take scrapings from the mucus membrane of anyone's mouth, put them in a petrie dish hooked up to a galvanic monitor. That person can then travel a distance of several hundred miles, and any emotional reaction en route is immediately transferred to the mucus membrane cells hooked up to the galvanic monitor in the petrie dish. Signals manifest in different places at the same time. It takes no time for the signal to travel. There is no linear progression and no time or space differential.

In the 1930's, Dr. Harold Saxton Burr began 25 years of research at Yale University. He first distinguished himself doing conservative research and then, when firmly established, he began studying energy fields. He proved that young salamanders had an energy field the size and shape of an adult salamander. He found that this shape existed even in the unfertilized salamander egg! He also found that a plant sprout had the same energy field as an adult plant. He termed this the Life Field, or L-Field, for short. Further research determined that this pattern or form (called the Aura by some) surrounds every living thing. What's more, every illness or mishap that was going to happen in the future showed up in the energy field before the actual event! Why haven't we heard about this on NBC nightly news?

All American electrical devices use 60 Hz current, which affects the pineal gland rhythm in rats and results in various health problems. When raising chickens in this "normal-60 Hz" home-like environment, researchers discovered that it had a strong negative effect on the chicks' developing nervous system! A 50 or 60 Hz signal is in the Extreme Low Frequency area (called ELF, for short).

However, ELF signals below 10 Hz - like those put out by humans in the alpha state - have proved to be beneficial. Plant seeds exposed to this 10 Hz frequency averaged almost 25 percent better growth rates than "normal" seeds. These experiments took place in 1971, which was the same year that NASA discovered that the earth itself is encased within a shell of Alpha waves! A heavy layer of 10 Hz frequencies was found in the ionosphere, completely surrounding the planet. This is the same frequency recorded by EEG machines when monitoring the human brain in the alpha state. The cause of this Alpha layer hasn't been determined as yet, but a billion human brains pulsating at an alpha frequency where the wavelength approximates the circumference of the earth, seems a likely explanation. Does this mean that we're all part of an electromagnetic field or continuum that could explain telepathy and other psychic abilities, including distant viewing and remote healing, not to mention the Gaia theory of earth consciousness?

In spite of Western science's traditional resistance to religious impulses, human cultures have always had yearnings, and still do, for something more than what is presented to our senses. These beliefs in the sacred are part of my definition of the Astral body, too.

The Chemical or Neuron Body

Let's say the chemical body is the body we think we are, the "physical body" that we wash, shave, feed, entertain, and put to bed at night. It is the body picture that has been created by Western science over the last 150 years. It is the image that has been dominant in educational systems of industrialized nations around the world. However, that body has been reduced, or elevated, to the level of neuron or nerve cell, because that is the part of us that is being relentlessly stimulated by our present environment. This is the body that pharmaceutical companies try to exploit and program with drugs.

As we move into the new century, the Twentieth-Century style of compartmentalized thinking built from this reductionist, chemical model is sinking under the weight of the next millennium's web and holographic models. Resonating interconnectivity replaces linear categorization as the model for our future. Evidence that our traditional image of our chemical body has mutated includes the impulse to turn it into an art object with tattoos and piercings, breast implants, cosmetic surgery, and fetishizing fashion models as role models. There is no judgment call on these activities; we just observe what, how, and why. As the technology shifts, the culture shifts, and people change.

Digital machines are engineering our life (chip bodies) and so we explore genetic engineering, ironically, to enhance our "flesh" (chemical/neuron) bodies. Genetic engineering becomes a comforting image of the old chemical body that we are trying to remember and keep in touch with. The need to do this is magnified by the fact that we have no singular body. Genetic engineering is the last gasp of science trying to reprogram flesh that has lost its way and lost its will. Genetic reprogramming of diseases is held up as the cure.

We think of this as the Information Age, but in all specialties, including medicine, each study nullifies the last. The TV show *CrossFire* is the example of so-called intellectual debate – but there is a constant canceling out of any stabilizing point of view for the listener to hold onto.

Remember, any images that you recognize are not yours. They are made by the machines trying to create nostalgia that leads to a vulnerability allowing you to accept the next bit of consumer propaganda. We no longer are plagued only by a schizophrenic culture. Today, the machines mime schizophrenia, come inside us (or layer over the chemical body) and double the effect. Neveritt calls this new syndrome "quadrophenia". No wonder when someone goes berserk and "flames out", all the neighbors say what a fine fellow he was. They are talking only about his chemical body. They don't recognize the influence of the three (TV, Chip, and Astral).

The incidence of self-mutilating mental conditions is escalating. Body piercing and the elevation of tattoos as a cosmetic device in mainstream society is stimulated by some intuition that we are not primarily chemical flesh but clay and plasticine that can be altered and molded. We are not just the mechanical “Borg” anymore.

FACT: Lyrics from City of Angels by the Goo Goo Dolls: “When everything looks like the movies, you bleed just to know you’re alive.”

We think we have freedom and democracy, but looking beyond our flat screen TV and wired personal world, we are the content of Jim Carrey’s 1998, Truman Show. We are constantly under surveillance by cameras on orbiting satellites and city street corners. It used to be that God was watching or Santa Claus, then it was Big Brother, and now it’s just someone who wants to sell you a picture of your house taken from outer space. “Freedom” and “democracy” were cultural expressions for the era of the private chemical body. Programming of our TV and Chip bodies is a daily mandate and doesn’t wait for the occasional electoral season.

Entertainment is now a military operation and we are entertaining ourselves to death. Consequently, we shield and numb ourselves through quadrophrenia. That’s someone smoking, drinking diet soda while taking anti-aging vitamins, and regularly going for bodywork. And when you get tired of juggling your TV body, Chip body, and Neuron body, you can focus on your ESP (Astral) body. You sign up for courses with Caroline Myss. She talks about our energy being drained by thinking about the past and the future and not living in the present. What about the fact that most of our bodies are distracted at any one moment by the above four realms? What and where is the “present” then?

Medical Anthropology: From Hippocrates to Hypocrisy

Modern medicine is in chaos. It’s still stuck in the chemical body and in a linear world. How then can we possibly apply our knowledge of the four bodies to our health care system? Patients feel the need of a doctor who will attend to all their “four bodies”. They do not see themselves chopped up into chemical body specialist parts but they very easily relate to their TV, Chip, Astral, and Chemical bodies.

Holistic doctors have begun to somewhat fill this gap for people. Patients, however, often come to holistic doctors to avoid the mechanistic, assembly-line attitude of modern medicine. But that means they are really running from and not confronting the issues of modern medicine and the part they play in allowing that form of medicine to exist. When a person who is hiding in alternative medicine has to go to a conventional hospital, it is not without fear and trepidation.

Doctors are taught to categorize the patient's condition by finding a diagnosis. Once that’s done, he or she has done their job. The doctor tries to find something wrong, whereas the patient, for the most part, wants support in staying well.

What are the implications for medicine and the doctor-patient relationship using the model of electronic technology? Today, the electronic and digital environments that put us in a “global theatre” or “tribal world” affect us much more than we realize. People in a tribe feel that everyone is equal so we, unlike our grandparents, do not put the doctor on a pedestal. Training for medicine is very literate and left-brained and doctors seem to be less influenced by the tribal effects of the electric environment. Doctors are, in fact, specialists.

A specialist is a person who rigorously defends his right to be ignorant of everything except his specialty. Patients are finding that they may know more than their doctor, especially on nutritional topics. Yet the doctor, instead of pleading ignorance on the subject of nutrition and food supplements, will insist that anything that has not been scientifically validated is therefore, at best, costly, and at worst, dangerous. The doctor becomes a financial advisor.

If a doctor did not learn it in medical school, then it cannot be worth knowing. Yet, we know that doctors are woefully ignorant of nutrition and learn very little of it in medical schools. Doctors insist that from their specialist point of view, until science proves that a food supplement is valid, they will continue to recommend against it. Patients who have been using supplements and have found them useful are caught in a bind. The evidence before them is their own personal experience. Yet the doctor will not believe or support their reality because he is using his specialist, conceptual apparatus, which is at pains to keep up with the new and unclassified effects of the electronic environment. The breakdown has begun and it will only get worse until the patient may not believe or trust his or her doctor in general. The breakdown will continue until the whole system blows up and is transformed into something new, and hopefully better, and hopefully within our lifetimes.

**CHAPTER 5
DEATH BY PROPAGANDA**

*"The twentieth century has been characterized by three developments of great political importance: the growth of democracy, the growth of corporate power, and the growth of corporate propaganda as a means of protecting corporate power against democracy."
-Alex Carey (Australian academic)*

It is no coincidence that we fear disease, the following sound bites keep running through our brains - "doctors know best", "if we only raise a few more million dollars we will find the cure for cancer", and "America's health care system is the best in the world". These beliefs are just a few that we harbor about modern medicine but they are not facts and they are not true. They are carefully crafted pieces of propaganda that have been artfully peddled to the public over decades by well-trained opinion molders who are paid top dollar. Edward Bernays, father of the American public relations industry called it "engineering of consent".

Sigmund Freud's nephew, Bernays, was born with a genius for manipulation of ideas and knowledge of the workings of the unconscious mind. Maybe it was in his genes. Brought up in America, Bernays, early in life, took over the publication of two medical journals, though neither he nor his business partner knew anything about medicine. Bernays used his association with these publications to parley himself into becoming a promoter of public events. Intuitively, he understood that by convincing third parties of social and political prominence, people like Rockefeller, Vanderbilt and others to lend their name, he could clandestinely exploit their prestige to influence the opinions of others.

Bernays, thanks to his relationship with uncle Sigmund, developed his special method of manipulating public opinion on the idea that the group mind does not think but instead it has impulses, habits, and emotions. People's first impulse, according to Bernays, is to follow the example of a trusted leader. Thus you have one of the most firmly established principles of mass psychology. When it comes to propagandizing medical matters, if you want to sway public opinion, make sure to use doctors, scientists, government officials, or some private or public agency associated with public health to endorse and carry your message.

Bernays' book *Crystallizing Public Opinion*, became the main instruction manual for Nazi propagandist Joseph Goebbels' campaign to turn Germans against the Jews. Another of Bernays' books, *Propaganda*, recently re-issued, which some say is the best of his books on how to manipulate public opinion, aptly illustrates Bernays'

basic lesson to students of the public relations industry he fathered. In it he talks about the invisible governance by manipulation.

"The conscious and intelligent manipulation of the organized habits and opinions of the masses is an important element in democratic society. Those who manipulate this unseen mechanism of society constitute an invisible government, which is the true ruling power of our country. We are governed, our minds molded, our tastes formed, our ideas suggested, largely by men we have never heard of. This is a logical result of the way in which our democratic society is organized. Vast numbers of human beings must cooperate in this manner if they are to live together as a smoothly functioning society."

While many of Bernays' propaganda campaigns are legends, perhaps the most useful for *Death by Modern Medicine* is the one he launched for his client the American Tobacco Company. George Washington Hill, head of American Tobacco, wanted to make Lucky Strikes the most smoked cigarette in America by opening up a whole new market of prospective smokers - women. At the time, the social taboo about women and cigarettes boiled down to believing that women who smoked were of low character. And, if a woman did smoke, she did so behind closed doors and, presumably, in secret.

The first salvo in the propaganda campaign was to sell the idea that smoking would help women maintain a slim waistline. The slogan "Reach for a Lucky instead of a sweet" was created followed by an array of supporting messages including a doctor who maintained that the most healthful way to finish a meal was with a piece of fruit to harden the gums and clean the teeth, a cup of coffee to stimulate the flow of saliva and then a cigarette to disinfect the mouth and sooth the nerves.⁸⁹Famed dancing-school founder, Arthur Murray, was recruited to endorse the slenderizing effects of smoking instead of eating by claiming dancers, who wanted to stay slim on the dance floor, were now smoking instead of overindulging at the punch bowl or the food tables.⁹⁰

Hotels were urged to add cigarettes to their dessert menus and menus prepared by *House and Garden* were circulated recommending smoking instead of eating dessert as part of a healthful diet. Homemakers were advised to be sure to stock up on cigarettes when they went to the market for other household kitchen staples like flour, sugar, and salt.

No venue was left untouched by Bernays' desire to spread his message. Even the popular Ziegfeld Girls formed the Ziegfeld Contour, Curve, and Charm Club so they could pledge giving up fattening food and replace them with cigarettes. For the *coup de gras*, Bernays drafted his uncle's psychoanalyst colleague, Dr. A.A. Brill, to proclaim, "It is perfectly normal for women to want to smoke cigarettes. The

⁸⁹ Letter from Dr. George F. Buchan, Box 85, Library of Congress.

⁹⁰ Letter from Arthur Murray, June 30, 1930, Library of Congress.

emancipation of women has suppressed many of their feminine desires. More women now do the same work as men do. Many women bear no children; those who do bear have fewer children. Feminine traits are masked. Cigarettes, which are equated with men, become torches of freedom."⁹¹

Now that a medical doctor officially deemed cigarettes "torches of freedom", Bernays contacted several dozen debutantes, convincing them that it was their civic duty to fight for equality of the sexes. He invited them to stroll down Fifth Avenue on Easter Sunday smoking "torches of freedom" to combat the "silly notion" that women could not smoke in public.

Famed Madison Avenue wunderkind, Albert Lasker, considered the "Father of Modern Advertising", was also a central player in the "Reach for a Lucky instead of a sweet" campaign. Right after the successful Lucky Strike campaign was over, Lasker, having made the most money in the history of advertising, decided to retire and go into a new direction. He wanted to become a fundraiser for medical research.

In 1942, Lasker and his wife, Mary, founded the Albert and Mary Lasker Foundation. In 1943, already associated with the American Cancer Society (ACS), the Laskers literally doubled the amount of money raised for cancer research that year. From that point on, the Laskers used all the Madison Avenue propaganda techniques Albert knew to condition the public to generously support funding for cancer research. The campaign strategy couldn't be simpler. Their friend and ACS ally, Elmer Bobst, president of the American branch of Hoffmann-LaRoche and later Warner-Lambert drug company, would start every public speech with, "One in five of us here - every fifth person in the audience - will die of cancer" then turn the fear he had engendered into hope by then stating, "We want to cure cancer in your lifetime."⁹²

With this "fear and hope" message, the ACS enlisted millions of unpaid volunteers to carry the message door to door and remind the public, especially during April which eventually was deemed "Cancer Month" by none other than the President of the United States, that if enough money was raised, cancer could be beaten. Thus was created an industry awash in money for research and treatment that many critics now call "Cancer, Incorporated". Some of these same volunteers have been rendered penniless when the cost of their own cancer treatment bankrupted them and their family.

Once the philanthropic cancer funding from private sources model was created, Lasker set his sights on the next goal. He told his wife that the place to obtain real

⁹¹ Bernays EL. *Biography of an Idea: Memoirs of Public Relations Counsel Edward L. Bernays*. P386. New York: Simon & Schuster, 1965.

⁹² Moss R. *The Cancer Industry, Unraveling the Politics*. p404. 1990. Paragon House Publishers.

research money was from the federal government. It had an endless supply and he knew just how to get it.

The Laskers, therefore, began to focus their formidable talents on selling the idea of massively expanding the scope and size of the National Institutes of Health (NIH). Their sites were set higher this time. They did not want to merely develop a larger cancer research program but wanted research funding for all sorts of diseases. They also wanted to establish the federal government as the principle funder of medical research.

Health charities like the American Cancer Society, or the Arthritis Foundation, or the American Diabetes Association became the public relations arm for each disease. Each charity would first build on the fear of getting their dread disease and convince people that money was the cure. The promise of that cure was just around the corner, if only enough money could be raised to research their particular disease. As the years rolled by, health charities focused on hustling the message to the public both nationally and at the local level to keep each disease visible through local fund drives, special events and the like while much of the money they raised went to lobbyists in Washington to raise the big bucks.

Even though Albert Lasker died in 1952, his wife Mary went on to become a fixture in the cloakrooms of Congress and other settings where powerful opinion molders could be found. Thus, Mary Lasker and her associates, by using the same all-out sales pitch that her husband and Bernays had developed to sell Lucky Strike cigarettes elevated the NIH from a lowly \$3 million a year outpost in 1945 to a fat \$28 billion world headquarters for medical research by 2003. Today, there are 27 institutes and centers financed by taxpayers who all fear disease and all hope for a cure, if only enough money can be spent.

Perhaps the biggest idea that all this propagandizing has done is to sell the public on the idea that modern medicine has something to do with health. Pure and simple, modern medicine is a system of diagnosing and treating illness with drugs and ignoring and or suppressing an array of low-cost, proven methods of restoring and supporting radiant health. While millions of Americans have finally cut through the propaganda to realize how real health can be attained and are turning their backs on modern medicine, public policy has yet to support anything to do with real health.

Propaganda at the Global Level

This propaganda takes the form of a group-process system of "engineering consent" to arrive at a pre-determined public policy decision

While medical industry spin-meisters continue to saturate the pages of magazines, newspapers, the airwaves and any other venue they can find to peddle their "fear and hope" message, there is a far more sinister method of "engineering consent" now being used at the policy-making level. This method is a technique developed by the Rand Corporation to make sure that every time a group is gathered to make a

decision about anything to do with public policy, the meeting will result in the group "deciding" by "consensus" a pre-determined idea that the organizers want.

The Delphi Technique

The Delphi Technique was created to give a skilled facilitator tools that would ensure control of the outcome of a group decision manipulating the group to think it was participating in the making of that decision. The Delphi Technique only works if the facilitator is able to destabilize anyone who might think independently of the group. To make Delphi work the group must not be permitted to align with a natural leader who could challenge the ideas of the facilitator. Another aspect of implementing Delphi is for the facilitator to ask questions that divert the group away from core issues that many people might be concerned about. And, lastly, the group is driven to achieve "consensus" rather than voting on the issues. If a strong member of the group were to vote against the facilitator that person may sway the group, therefore, the facilitator manipulates the group into thinking consensus is being reached without a vote. Of course, facilitators always manage to manipulate the consensus to their own ends. I was unfamiliar with this psychological manipulation method until I went as a delegate to the Codex Alimentarius meeting in Bonn, Germany, November 2004.

According to Lynn Stuter, it is a "consensus building" technique that Lynn says is surely "leading us away from representative government to an illusion of citizen participation."⁹³ She says, "In group settings, the Delphi Technique is an unethical method of achieving consensus on controversial topics. It requires well-trained professionals, known as "facilitators" or "change agents," who deliberately escalate tension among group members, pitting one faction against another to make a preordained viewpoint appear "sensible," while making opposing views appear ridiculous."

At Codex the word "consensus" was used constantly and no vote was ever taken. The Chair somehow determined that, voila, we have achieved consensus and moved on. Delegates had to be quick to press their buttons to take exception to his ruling. But, as I found out later, the Chair could very easily ignore a request for the floor. I could see that after a while you would become so frustrated that you threw up your hands and just gave up trying. There were stories of delegates yelling out to be heard that ended with the delegate being immediately removed from the room and banned from future Codex meetings. Punishment at Codex is swift.

One frightening episode at the Bonn Codex meeting occurred when a non-governmental organization (NGO) delegate from a group supporting breastfeeding spoke. Her request to speak was recognized by the chair. She stood up and said that her organization did not want to see bottle formula advertised in developing nations. As she recalled the deaths caused in Africa by mothers abandoning breastfeeding for the bottle, the Chair quickly (and emotionally in my opinion) cut

⁹³ Stuter L. "Using the Delphi Technique to Achieve Consensus." *The Education Reporter*. No. 154. Nov. 1998.

her off and accused her of bringing emotion into the meeting. He said this was an issue of labeling and not of emotion. He humiliated her and her point of view and, as common with the Delphi Technique, tried to make her appear ridiculous. Most of the people in the room were unaware of what had just happened. However, they were left with the impression that this woman had somehow offended the Chair and they shied away from supporting her or her position to avoid reprimand.

There are ways to diffuse the technique when you see it being used by Delphi "facilitators". Lynn Stuter gives the following three steps.

1. Always be charming, courteous, and pleasant. Smile. Moderate your voice so as not to come across as belligerent or aggressive.
2. Stay focused. If possible, jot down your thoughts or questions. When facilitators are asked questions they don't want to answer, they often digress from the issue that was raised and try instead to put the questioner on the defensive. Do not fall for this tactic. Courteously bring the facilitator back to your original question. If he rephrases it so that it becomes an accusatory statement (a popular tactic), simply say, "That is not what I asked. What I asked was . . ." and repeat your question.
3. Be persistent. If putting you on the defensive doesn't work, facilitators often resort to long monologues that drag on for several minutes. During that time, the group usually forgets the question that was asked, which is the intent. Let the facilitator finish. Then with polite persistence state: "But you didn't answer my question. My question was . . ." and repeat your question.

The key is to never become angry. Delphi facilitators win when they make you angry. If you get angry you become the bad guy and makes the facilitator the victim and most people will side with the victim in a two-way battle. Stuter says that facilitators work to achieve group consensus by trying to make the majority of the group members like them, and to alienate anyone who might pose a threat to the realization of their agenda. People with firm, fixed beliefs, who are not afraid to stand up for what they believe in, are obvious threats. On the other hand, if the facilitator seems to be directly putting down a participant then the participant becomes a victim and the facilitator loses face and favor with the crowd. Sometimes you can goad a facilitator into getting mad at you. Stuter says, this is why in many forums now, crowds are broken up into groups of seven or eight, and objections are written on paper and verbal questions are banned to prevent them being discussed and debated. It's a form of crowd control.

At a meeting, if you have two or three people who know the Delphi Technique dispersed through the crowd, when the facilitator digresses from a question, they can stand up and politely say: "But you didn't answer that lady/gentleman's question." The facilitator may suspect certain group members are working together but he knows better than to alienate the crowd by making accusations. Stuter says it sometimes only takes one incident of this type for the crowd to figure out what's going on.

Read up on the Delphi Technique and think of all the times you have seen situations controlled by this process and refuse to be controlled by such tactics ever again. The following reference is for a woman, Beverly Eakman whose books and seminars teach you how to avoid group manipulation.⁹⁴

Create the Disease and Offer the Cure

Cynicism welled up in me when I read the following report called "The Lifestyle Drugs Outlook to 2008" in a publication for investors called *Reuters Business Insight*. Jennifer Coe, the author of the report opined that the future of the pharmaceutical industry depends on its ability to "create new disease markets" because "The coming years will bear greater witness to the corporate-sponsored, Creation of Disease."

A friend coined this corporate motto: Cure nothing, treat everything, and you have a customer for life."

In 2006, Jonathan Rowe wrote in the Christian Science Monitor that advertising companies "Sell the problem, not the solution."⁹⁵ Rowe wrote, "Three decades ago, the head of Merck pharmaceutical company dreamed of the day when the definition of disease would be so broad that his company could "sell to everyone," like chewing gum." Consequently, according to the drug industry's larger plan, we have the following list of drugs treating diseases that have been invented by the drug industry or created by lifestyle abuse."

Erectile dysfunction caused by nutrient deficiencies, statin drugs, and antidepressants is treated with Viagra, is one of the top ten selling drugs in the world.

Shyness is now called "social anxiety disorder" and requires treatment with anxiolytics that I was taught in medical school should only be used for short-term intervention of two weeks!! Beyond that they can become addictive.

Post-partum depression is treated with antidepressants instead of addressing the true cause, which is usually a combination zinc deficiency, hypothyroidism, and sleep deprivation.

Twitching of the legs is now a bone fide disease called "restless leg syndrome" making it worthy of a drug treatment when in reality it's probably a magnesium deficiency and/or a vitamin E deficiency.

Jennifer Coe, in the Reuters Business Insights article leads the investor through "the new premium pharmaceutical environment" of depression, oral contraception, sexual dysfunction, smoking cessation, obesity, alopecia, and skin aging. She guides

⁹⁴ "How To Counter Group Manipulation Tactics." Beverly Eakman at www.beverlyE.com

⁹⁵ Rowe J. Drug ads sell a problem, not a solution. Christian Science Monitor. August 21, 2006.

the investor in identifying a “lifestyle drug” in their portfolio and how to optimize their returns.

Sick Pills for Healthy People

We’ve proven that drugs don’t necessarily lengthen life at all. In fact, they may hasten death, as you will read in *Chapter 6*. For example, McGill University professor, Abby Lippman, Co-Chair of the Canadian Women’s Health Network (CWHN), comments that billions have been spent on advertising HRT in North America but the bottom line is that, “Pills for healthy people can be dangerous! And the burgeoning advertisements and other marketing activities of pharmaceutical companies are serious, potentially lethal, threats to our well-being.”⁹⁶ This is not just Dr. Lippman’s opinion. Many women who are approaching the magic age of fifty have noted there is an habitual response of doctors to someone over fifty; a metaphorical pat on the head and a comment that we are all getting old, then out comes the prescription pad for HRT.

The National Women’s Health Network (NWHN) is not happy with hormone manufacturers. The title of a March, 2003, editorial available on their website suggests that pharmaceutical companies that make HRT “Deserve to Go to Advertising Hall of Fame, Research Hall of Shame.”⁹⁷ The NWHN comments that, “Hormone manufacturers have been skillfully and effectively skirting drug promotion restrictions for decades, persuading women and clinicians that hormone therapy will improve the mental health, sex lives, and overall well-being of older women. In 2002, Women’s Health Initiative study proved that the long-term risks of these drugs are life threatening, and that the short-term benefits are not what women and their health care providers have been led to believe.

“These companies deserve to go to the advertising hall of fame for their unparalleled success at convincing generation after generation of women that they would and did improve their health and their lives by taking hormones. And they deserve to go to the research hall of shame for putting those same women’s lives at risk with unethical medical experimentation of an unprecedented scale.”

As mentioned in *Chapter 2*, Dr. Robert Wilson was the first Big Pharma HRT promoter. In my book, *Hormonal Balance* (August 2005), I focus on Wilson’s betrayal of women in North America while he promoted himself as their “gallant knight” on a quest to retrieve “loss of womanhood” and to help women “remain fully feminine - physically and emotionally - for as long as they live”. Linking a husband’s unfaithfulness to the ravages of his wife’s menopause without estrogen, Wilson had the temerity to say, “In truth, an extramarital affair may not, in the literal sense of the term, involve any infidelity at all. For a man may loyally maintain a deep love for his wife and yet feel the need for a kind of thrill that a wife with her aura of

⁹⁶ http://rabble.ca/everyones_a_critic.shtml?x=14959&url

⁹⁷ http://www.nwhn.org/action/archives_details.php?aaid=11

comfortable domesticity cannot give." Wilson misrepresented Premarin implying that it was so powerful it could change a housewife into a mistress who keeps her man!

Such paternalistic misogyny is especially grating when you realize how much money Wilson and Wyeth-Ayerst were making from this unscientific rhetoric. The ad-"men" of Madison Avenue took over medicine early on in the estrogen drug wars. The National Women's Health Network provides an overview of advertising copy that helped brainwash several generations of women into taking HRT:

1969: Estrogen is "notorious for the sense of well being it imparts." - A Premarin ad in the *Journal of the American Medical Association*.

1974: "Mild to moderately depressed patients often begin to obtain benefit within a few days [...]. Anxiety [...] is also usually relieved in a relatively short time. And psychosomatic symptoms such as insomnia, crying spells, nervousness, feelings of weakness and fatigue, may also be alleviated." - A Premarin ad in a medical journal.

1997: "PREMARIN: You knew it was right for her when she entered menopause, to help her feel like herself again. Now, we are discovering the true potential of Premarin throughout every phase of her menopause [...] and beyond." - A Premarin ad in a medical journal.

2000: Wyeth spokeswoman, Lauren Hutton, told *Parade* magazine estrogen is "good for your moods [...]. If I had to choose between all my creams and makeup for feeling and looking good, I'd take the estrogen."

The High Price of Drug Ads

Marcia Angell, in her *New York Review of Books* article, "The Truth About Drug Companies", mimics the following defensive litany coming from the ad agencies of Big Pharma: "Yes, prescription drugs are expensive, but that shows how valuable they are. Besides, our research and development costs are enormous, and we need to cover them somehow. As 'research-based' companies, we turn out a steady stream of innovative medicines that lengthen life, enhance its quality, and avert more expensive medical care. You are the beneficiaries of this ongoing achievement of the American free enterprise system, so be grateful, quit whining, and pay up."⁹⁸

The statements that modern drugs "lengthen life, enhance its quality, and avert more expensive medical care" are blatantly untrue. You'll read about the Vioxx scandal and the possible 139,000 lives that one drug alone has cost in *Chapter 5*.

⁹⁸ Angell M. "The Truth About the Drug Companies." *New York Review of Books*. July 15, 2004.

A German study conducted by Dr. Thomas Kaiser at the Institute for Evidence-Based Medicine, a private independent research institute in Cologne published in February 2004 found that only 6 percent of drug advertising material is supported by scientific evidence.⁹⁹ Therefore, 94% of drug ads are pure fiction and don't allow a person to make an informed choice about what they are taking, what the drug will do, and how it can harm them.

Dr. Kaiser and his colleagues warn that drug ad misinformation puts patient's health at risk. They found the following misrepresentations in the year's worth of drug ads they reviewed.

1. Medical guidelines from scientific associations are misquoted or changed
2. Drug side effects are minimized
3. Groups of patient are wrongly defined
4. Study results are suppressed
5. Treatment effects are exaggerated
6. Risks are manipulated
7. Effects of drugs were drawn from animal studies not human studies

Children Suffer

A new study on cold drugs shows that they are sending 7,000 U.S. children to ERs.¹⁰⁰ A Reuters article on this study, produced by the CDC said that, "Evidence suggests parents want to give these drugs, including cough suppressants, antihistamines and decongestants, to their children, even though they have never been shown to benefit young children." It appears that the parents are being blamed for the overuse of medicine, but are doctors giving parents other options such as homeopathic oscilloccinum, echinecea, vitamin C, or advice to stop sugar and sodas to help boost their child's immune system? And what about the influence of non-stop advertising for drugs on the media that sends the obvious message that in order to treat disease you need a drug.

Drug Gift Cards – for Dogs

There is no end to the creative ways drug companies find to sell directly to customers in the U.S., even furry ones! During the 1994 Christmas season, Herb O'Neill got a cheerful Christmas card from the Pfizer drug company with a \$10 holiday rebate for a product called Rimadyl.

The idea was to encourage Herb to give Rimadyl a try by calling up his doctor to get a prescription. However, Herb was a Weimaraner (breed of dog) and couldn't use the phone. His owner, Oklahoma talk show host, Mickey O'Neill, curious as to just what kind of product this was, searched the internet and found that Rimadyl is a

⁹⁹ How accurate are advertisements? *Arznei Telegramm* Feb 13 (2004;35:21-3; www.diem.de/data/at_2004_35_21.pdf)

¹⁰⁰ <http://www.cdc.gov/Features/PediatricColdMeds/>

Vioxx type NSAID Cox-2 inhibitor drug - only for dogs, to treat pain symptoms from arthritis or surgery. And similar to Vioxx, Rimadyl has big problems. The FDA Center for Veterinary Medicine reports that in the first six years the drug was available, 2,182 dogs died from using it and that an unusually high number of side effects have been reported.

Advertising Pays Off

That advertising contributes to increased spending on drugs is a not a big secret. A November 2004, *Globe and Mail* article addresses this problem.¹⁰¹ The article, called “Increased Spending on Drugs is Linked to More Advertising”, focuses on a report issued by the National Institute for Health Care Management, a nonprofit research foundation that was established by the Blue Cross Blue Shield health insurance plans. The report followed the sales of fifty drugs that are heavily advertised directly to consumers (DTCA). An increase in sales of those fifty drugs made up about half of the \$20.8 billion increase in drug spending by the public that year. The remainder of the spending increase came from the other 9,850 prescription medicines that companies did not advertise or advertised very little.

The *New York Times* reported that the FDA was “reviewing whether it should change rules it enacted in 1997 that made it easier for pharmaceutical companies to advertise their products on television.”¹⁰² We know that didn’t happen, because it seems that every second ad on TV is pushing some miracle drug that will save your life, until you get to the speed-talking part at the end that lists about a dozen adverse reactions — up to and including sudden death. Unfortunately, most people don’t listen to the “fine print” but just see themselves in the ad’s utopian image on the screen.

According to the report, Vioxx was the most-heavily advertised prescription drug ever sold and accounted for more sales than any other single drug in the history of pharmacy. Merck spent a staggering \$160.8 million to promote Vioxx to consumers. *The Times* found that Vioxx ads cost more than PepsiCo spent to advertise Pepsi, or Budweiser spent to advertise its beer. In mounting this marketing campaign, Vioxx quadrupled its sales to \$1.5 billion that year from about \$330 million in 1999. *The Times* interviewed Dr. Eric Topol, a Vioxx critic who asserted that whenever a problem with Vioxx arose, the drug company would go on a marketing binge to counter any negative press about its product. This is proof positive that, in spite of a drug having deadly effects, advertising can make people think the opposite.

Other drugs that have high sales numbers and a large advertising budget include Celebrex, another arthritis drug, which was the seventh most widely promoted drug to consumers and was the fourth-largest contributor to drug sales growth in 2000. Other heavily advertised drugs that you may recognize because all your friends are

¹⁰¹ Cassles A, Wright J. “Universal flu shots: the \$125-million question.” *Globe and Mail*. November 29, 2004.

¹⁰² Petersen M. “Increased Spending on Drugs is Linked to More Advertising.” *New York Times*, November 21, 2001.

taking them, include: “the cholesterol-lowering drugs, Lipitor, Zocor, and Pravachol; as well as Paxil and Prozac, for depression; Claritin, Allegra, and Zyrtec for allergies; and Prilosec for ulcers.” In 2000 the total DTCA was \$2.5 billion, a 35 percent increase from \$1.8 billion in 1999.¹⁰³

Direct to Consumer Advertising (DTCA)

Question: Why are drug companies “advertising” prescription drugs?

Answer: So you can tell your doctor what you need.

Reply: Too bad the doctor wasted all that money on medical school!

Direct to consumer drug advertising has created a subconscious and pervasive brainwashing of the population that says ‘drugs are the answer to all our health problems.’

The drug company speakers at the Canadian Forum on Pharmaceutical Marketing were not happy that “Canadian activists are astonishingly successful in blocking DTCA.” They warned that even though Canada had the ultimate “industry-friendly” Health Minister, at the time, the Minister told Big Pharma that there was no reason to introduce DTCA because there was “just no evidence to show that this enormous increase in drug consumption in the U.S. had improved health overall.” Helke said she was grinning from ear to ear but the room was dead silent. It’s obvious that Big Pharma is not interested in improving health — their mandate is to sell drugs.

Corporations On the Analyst’s Couch

The Canadian documentary *The Corporation* is an outstanding piece of journalism that has won 26 International Awards and 10 Audience Choice Awards including the 2004 Sundance Film Festival. One of the shocking aspects of the film is that corporations fought and won status as legal “persons” many decades ago, which removed any restraints in their operations. The film analyzed corporations from their status as a legal “person” asking “What kind of person is it?” Using the following checklist, based on diagnostic criteria of the World Health Organization and DSM IV, the standard tool of psychiatrists and psychologists, the corporation meets the following diagnostic criteria of a psychopath.¹⁰⁴

1. Callous unconcern for the feelings of others
2. Incapacity to maintain enduring relationships
3. Reckless disregard for the safety of others
4. Deceitfulness: repeated lying and conning others for profit
5. Incapacity to experience guilt
6. Failure to conform to social norms with respect to lawful behaviors

¹⁰³ Petersen M. “Increased Spending on Drugs is Linked to More Advertising.” *New York Times*, November 21, 2001.

¹⁰⁴ www.thecorporation.com

Breaking the DTCA Ban in Canada

Drug companies, trying to break the DTCA consumer ban in Canada, have challenged the ban citing the Canadian Charter of Rights saying that their "rights" are being abused. A media release of Feb 25, 2008 by two groups, Women and Health Protection and the Canadian Women's Health Network announced the following public event to draw attention to this action.

Dr. John Abramson, Harvard Medical School clinical instructor and author of *Overdosed America: The Broken Promise of American Medicine* is an expert witness for upholding the ban. He represents a broad coalition of unions and citizen groups in Canada that was granted intervener status in the court challenge. Abramson's presentation "Drug ads: Is corporate free speech more important than your health?" will be part of a public event at the University of Toronto on Tuesday, March 4, 2008.

"This Charter challenge marks a critically important crossroad for the Canadian people--whether greater priority will be given to maximizing corporate free speech or optimizing Canadians' health and containing their health care costs," says Dr. Abramson. "The drug industry now produces most of the medical science that informs doctors' decisions. Their fundamental responsibility is not to the public's health, but to their shareholder's wealth."

"There are lessons to be learned from the United States where DTCA's fundamental purpose is already being realized: to increase revenues from drug sales often at considerable risk to consumer health and well being," says Dr. Abramson.

Virtual Drug Ads

Has the tipping point finally been reached in the history of DTCA's in the U.S.? It seems that the human straw that might break the back of DTCA's is Dr. Robert Jarvik, who invented the artificial heart has become Lipitor's (statin drug) poster boy for Pfizer and some people are taking offense.¹⁰⁵ In one ad Jarvik is supposedly rowing a one-man racing shell swiftly across a mountain lake and the voice over advises "When diet and exercise aren't enough, adding Lipitor significantly lowers cholesterol." According to an article in the New York Times, people are offended because a stunt double is rowing the boat and Jarvik is not a cardiologist and although he's a doctor he's presently not licensed to practice medicine.

There is a flock of Hollywood stars pushing drugs, when their only association with medicine is as a patient. Doesn't Jarvik have the First Amendment right to push drugs like any other American citizen? The Jarvik ad "has helped rekindle a smoldering debate over whether it is appropriate to aim ads for prescription drugs directly at consumers." Apparently, "the House Committee on Energy and

¹⁰⁵ Saul, Stephanie. Congress Probes Doctor's Role in Drug Ad. The New York Times. February 7, 2008.

Commerce is looking into when and why Dr. Jarvik began taking Lipitor and whether the advertisements give the public a false impression, according to John D. Dingell, the Michigan Democrat who is the committee's chairman."

Of course they have it all wrong, focusing on Jarvik as the problem when the whole notion of DTCA is an offense and constitutes serious manipulation and brainwashing and is highly unethical. The Times wrote "Pfizer spent \$258 million from January 2006 to September 2007 advertising Lipitor, according to TNS Media Intelligence. Much of that went for the Jarvik campaign." This amount is peanuts compared to Lipitor sales of \$12.7 billion in 2007.

The latest word is that senate hearings were convened to look into "celebrity ads". To contain the public outcry about Dr. Jarvik and his inability to paddle a canoe, his ads have been pulled from circulation and DTCA continues unabated.

The Flu Vaccine Business

In Canada, vaccine ads are exempt from Canadian DTCA rules. In the 2005 edition of *Death by Medicine*, Helke Ferrie predicted the trend would be for more vaccines to be given to more people, more often. She was right; we are currently seeing the avid promotion of vaccines to prevent flu, cervical cancer, avian flu, HIV, and many other diseases. Flu vaccines are an annual affair and being recommended for everyone over the age of six months. This is in spite of the fact that scientific studies show that flu vaccines rarely work and still contain the mercury preservative thimerosal, which is slowly being removed from children's vaccines.

A damning vaccine quote was reprinted in *Common Ground*, the January 2005 edition. It's from Dr. J. Anthony Morris, former chief vaccine control officer and research virologist with the U.S. Food and Drug Administration. He stated that "There is no evidence any influenza vaccine is effective...The producers of these vaccines know they are useless but go on selling them anyway." Dr. Morris is also quoted as saying "There is a great deal of evidence to prove that immunization of children does more harm than good."

A November 2004 Globe and Mail Editorial titled "Universal flu shots: the \$125-million question", dissected the fear of flu and the jab that cures.¹⁰⁶ Drug-policy researcher Alan Cassels, of the University of Victoria, and pharmacology, therapeutics, and medicine professor at the University of British Columbia, Jim Wright share their concerns about Canada's move toward universal flu vaccination. Since it would cost \$125 million to vaccinate all Canadians, Cassels and Wright say that we still don't know "What is an average person's risk of catching the flu? And what is the ability of the flu shot to actually prevent it?" This is spite of the fact that science-based medicine avidly promotes vaccination.

¹⁰⁶ Cassels A, Wright J. "Universal flu shots: the \$125-million question." *Globe and Mail*. November 29, 2004.

The authors cite a 2004 *Canadian Medical Association Journal* that crunched the numbers of more than eighteen flu-vaccine trials and found that the actual annual rate of influenza is only between 1.3 percent and 20 percent of all the people that get sick. The rest of the coughs and colds that everybody thinks are the flu are not due to the flu virus at all and not helped by flu shots.

The success of the flu shot to prevent someone getting the flu is a disappointing as well. It's zero percent in a bad year and 18 percent in a good year. Not great odds for taking something that can potentially damage your health. The only reason it works some of the time is if scientists in the spring predict what the dominant flu virus will be for the fall season. The whole influenza vaccine program is a giant lottery with very few winners – beyond the drug companies.

The internationally recognized Cochrane Collaboration (www.cochrane.org) performs meta-analysis on various health conditions and publishes their findings for the public. The organization accepts no money from the pharmaceutical industry. Cassels and Wright report on a recent Cochrane review of 25 randomized trials studying the effectiveness of influenza vaccination. Cochrane concluded that the evidence does *not* support universal immunization of healthy adults. In fact, the flu shot only reduces the incidence of clinical influenza an average of 6 percent. Often when flu shots are promoted people are giving the direct or indirect message that it could save their lives. However, the Cochrane report could not find enough deaths in the data to make any conclusions as to whether it really was a lifesaver.

Even in spite of all these statistics the media frenzy, probably whipped up by the PR people of Big Pharma, has people thinking that they must have that flu shot. It even has the Canadian government believing that it is in the best interest of the country to pay for the universal jab.

The Cost of Pushing Pills

Marc-Andre Gagnon and Joel Lexchin, authors of an enormously detailed paper about the PR expenses of the drug industry agree with Dr. Marcia Angell that about \$57 billion is spend annually on PR to ensure customer loyalty.¹⁰⁷ The paper cites an accounting study based on the annual reports of ten of the largest global pharmaceutical firms, finding that between 1996 and 2005, these firms globally spent a total of \$739 billion on “marketing and administration.” In comparison, these same firms spent \$699 billion in manufacturing costs, \$288 billion in R&D, and had a net investment in property and equipment of \$43 billion, while receiving \$558 billion in profits.

The authors reference Dr. Marcia Angell, who wrote *The Truth about the Drug Companies: How They Deceive Us and What To Do About It* found that Novartis annual reports distinguish “marketing” from “administration.” She extrapolated

¹⁰⁷ Gagnon MA, Lexchin J (2008) The Cost of Pushing Pills: A New Estimate of Pharmaceutical Promotion Expenditures in the United States. *PLoS Med* 5(1).

those figured to the entire industry and calculated a figure of \$54 billion spent on pharmaceutical promotion in the US in 2001. As a proportion of sales, she estimates 33% is spent on marketing.

Contrary to what the drug industry tells the public, the authors say "it appears that pharmaceutical companies spend almost twice as much on promotion as they do on R&D." ...it confirms the public image of a marketing-driven industry and provides an important argument to petition in favor of transforming the workings of the industry in the direction of more research and less promotion.

Ghost Writing and Ghost Management

According to Sergio Sismondo, drug companies have been paying ghostwriters to produce papers for decades but now it's turning into Ghost Management.¹⁰⁸ This means that drug companies orchestrate, control, and shape the research, analysis, writing and publication of medical papers but all we see is a scientist's name at the top. We assume that the scientist and his team of dedicated researchers have produced this research and paper from scratch. Not so.

Medical education and communication companies (MECCs) are hired by drug companies to help produce and place company-funded articles in medical journals. The MECC looks at a drug paper as a product that has to be placed in the best light possible and marketed to medical journals. The articles are managed and the message is shaped. Dr. Sismondo is concerned that ghost managed studies "affect medical opinion, practice and ultimately, patients." He further says, "I suspect that most researchers -- even those participating in the system -- don't have a good sense of the extent to which this happens."

Paying for Opinions

Dr. James Carter is a highly credentialed and well-principled doctor who is courageous enough to speak out against modern medicine. Dr. Carter is a medical doctor who completed his Ph.D. in nutrition at Columbia University School of Public Health and Administrative Medicine. He is a professor at Tulane University who warned in *Racketeering in Medicine: The Suppression of Alternatives* that one of the enemies of alternative medicine is the so-called American Council on Science and Health (ACSH).¹⁰⁹

According to www.mindfully.org, "ACSH is heavily financed by corporations with specific and direct interest in ACSH's chosen battles. Since it was created in 1978, it has come to the enthusiastic defense of virtually every chemical or additive backed by a major corporate interest." If a consumer group, or even a scientific study, tries to warn consumers about the dangers of chemicals, plastics, food irradiation, food

¹⁰⁸ <http://www.mindfully.org/Pesticide/ACSH-Koop.htm>

¹⁰⁹ http://www.eurekalert.org/pub_releases/2004-10/asop-apf100604.php

additives, drugs, or environmental pollution, industry can always count on Dr. Elizabeth Whelan, the head of ACSH, to say there is no proof of harm. On the mindfully.org website, the following old German proverb, "Who eats my bread dances to my tune," describes exactly what is transpiring at ACSH: every member of industry that they support pays for their supper.

In the following list of "Fact Versus Fears" from ACSH and commented on at mindfully.org, we find lists of the ACSH's misinformation. It is sources like ACSH that have confused the public for decades in heralding a "Brave New World" form of "new-speak", where good is transformed into bad and bad into good. Just think back to times when you have heard that the following list of drugs and chemicals may be harmful to your health. Then, ACSH denounces the study or report and you are left reeling in confusion about what to believe. It's not long before you don't believe or trust anything you read, which is exactly what this type of misinformation is trying to do. ACSH had plenty of PR funding to offer its paid experts on national media debunking the latest "health fad". It's death by propaganda at its finest because it pacifies people into believing that drugs and chemicals are not dangerous. Or even worse, it has people throwing up their hands and not believing anything they hear or read about the dangers of chemicals and therefore not taking precautions to protect their health.

1. Endocrine Disruptors: In 1999 ACSH scientists found no convincing evidence that certain synthetic chemicals in the environment endanger human health by disrupting the human endocrine system.
2. rBGH Milk (recombinant Bovine Growth Hormone-genetically engineered). A 1998, a report on rBGH milk stated that it could lead to elevated levels of a hormone called IGF-1 and increased risk of prostate cancer. ACSH called this report an unwarranted distortion of science Dr. Shiv Chopra at Health Canada found rBGH milk too dangerous to allow on the Canadian market.
3. Food Irradiation: An article, "Irradiation best way to end E. coli threat," by *Scripps Howard News Service* in September, 1997, quotes ACSH's Elizabeth Whelan as saying, "The unpopularity of irradiation to date in the United States is not based in science, but is due to anti-technology advocates who circulate unfounded claims that it poses a health hazard." She makes no mention of the fact that scientists have come out against irradiation, but have been silenced by the popular media.
4. Cholesterol: ACSH issued a report in 1991 stating that there is no proven link between heart disease and a diet high in fat and cholesterol.
5. Saccharin: According to a 1985 article in the *Washington Post* by Howard Kurtz, ACSH received funding from Coca-Cola, Pepsi, NutraSweet, and the National Soft Drink Association, and attacked reports that saccharin is carcinogenic.
6. Formaldehyde: The same article in the *Washington Post* noted that ACSH filed a friend-of-the-court brief in 1982 in a lawsuit brought by the Formaldehyde Institute. The suit successfully overturned a federal ban on insulation made with formaldehyde. Georgia-Pacific Co., a leading producer of the chemical

- and member of the Formaldehyde Institute, paid its Washington, DC, law firm to write the brief. ACSH submitted the brief under its own name.
7. Global Warming: In its position paper on global warming, ACSH states that implementation of fossil-fuel restrictions could "weaken the global economic system, [and] increase the incidence of poverty-related illness worldwide...." This is a case of selective reasoning -choosing the facts that fit and discarding the rest. Mainstream scientists recognize that a primary effect of global warming could be an increase in poverty-related illnesses such as malaria, cholera, and dengue fever - diseases dependent upon warm, wet climates.
 8. Love Canal: About this monumental disaster, Dr. Elizabeth Whelan asks, "Was there ever any real health problem at Love Canal? Yes, there was, in the sense that there was an enormous amount of media-induced stress placed on residents who were terrified that they and their children would become ill."

Consumer Reports released a 1992 memo that Dr. Elizabeth Whelan wrote when ACSH lost its funding from Shell Oil: "When one of the largest international petrochemical companies will not support ACSH, *the great defender of petrochemical companies*, one wonders who will." ACSH receives 76 percent of its funding from corporations and corporate funders, and 17 percent of its funding from private foundations, according to Congressional Quarterly's Public Interest Profiles.

However, that setback did not deter ACSH, in 1999 it got a big boost when it joined forces with Dr. Everett Koop's Internet health care site, www.drkoop.com. The press release reads as follows:

"The American Council on Science and Health (ACSH), a non-profit, consumer-advocacy organization, is creating an exclusive health wire service for drkoop.com consumers. Guided by ACSH experts and written by experienced wire service journalists, the daily ACSH newswire will help people better understand the health stories they see on the news by adding the often-missing scientific perspective. This partnership with drkoop.com gives consumers, who are constantly bombarded with conflicting and often alarming health news, an unbiased, scientific analysis of the latest trends in health and medicine, as well as clarifications of health misinformation found in the mainstream press."

Expert Witnesses for Hire

A press release by the American Society of Plastic Surgeons (ASPS) on October 12, 2004, reviewed a panel discussion titled, "Americans pay for unethical medical expert witnesses."¹¹⁰ The panel was part of the American Society of Plastic Surgeons' annual scientific meeting. Experts discussed the very controversial role of a physician expert witness and how they can contribute to increasing malpractice costs. Although they did not come right out and say that insurance companies are

¹¹⁰ Associated Press. "Scientist to raise Vioxx death toll: Report." Jan. 3 2005.

paying top dollar for expert witnesses, they did say that, “Untruthful testimony... can punish good doctors and push the medical community's overall medical liability insurance premiums up, which forces many physicians to modify their practice and pass costs on to their patients”.

Because of soaring malpractice costs and the lucrative business of being an expert medical witness, ASPS has “created a document that calls for an expert witness to affirm, among other things, that the witness has relevant expertise to the procedure in question and will provide truthful and impartial testimony based on the standard of care in the community.” ASPS wants its members to sign this document before testifying and present it to the attorney representing the party for whom they intend to testify. If an expert witness signs the affirmation, it can enhance their testimony. Conversely, not signing the document can lead to cross-examination about their resistance to do so.

The panel defined the problems encountered with expert witnesses in the following statements.

1. Some medical expert witnesses are purposefully deceitful.
2. Many simply do not have the in-depth and wide knowledge base to appropriately comment on the procedure in the suit.
3. Plastic surgeons should not testify that a fellow surgeon's conduct was outside acceptable standards simply because the plastic surgeon experienced a result the testifying physician had never experienced.
4. ASPS's members serving as an expert witness should demonstrate a causal relationship between an alleged substandard outcome and the conduct of the defending physician.
5. Members should not testify that a less-than-desirable outcome is malpractice, when in fact the outcome is identified as acceptable in clinical literature.

"Untruthful and uninformed testimony hurts everyone.... Ultimately, it limits Americans' access to quality health care. It's a no-win situation for everyone," said Phillip Haeck, MD, former chair of the ASPS Judicial Committee and panel moderator.

This press release was issued by the ASPS because of the many lawsuits by patients who don't receive the outcome they desire. Lawyers then have to hire a plastic surgeon to prove that the first doctor did a bad job. However in Oklahoma, people take responsibility for choosing their doctor and taking responsibility for that choice. If they are dissatisfied they go to civil court. They don't seem to have a malpractice problem in Oklahoma.

One of the many conditions that insurance companies refuse to acknowledge is illness due to chemical exposure. When I was in practice, I remember one case where a patient, who had been permanently disabled by exposure to a chemical at

her workplace, was sent to an allergy doctor paid for by the insurance company for an examination. That doctor demanded that she be re-exposed to the chemical to “prove” she had a true reaction. The patient was frantic, I was shocked, yet the insurance company demanded the test. I refused to allow her to undergo a second exposure that could kill her. Upon further investigation, we found that this prominent allergy doctor did not “believe” that chemical exposure could cause ill health and had a reputation for not granting adverse chemical-reaction insurance claims.

Pushing a Blockbuster Drug - Vioxx

In the Associated Press of January 3, 2005, FDA scientist Dr. David Graham stated that the number of Americans who died or were seriously injured by Vioxx is 139,000, not the original FDA estimate of 28,000¹¹¹ or the more widely reported 55,000. Graham is fighting to publish his detailed report in *The Lancet*. He says the FDA has smeared him in the press and threatened to fire him if he publishes his report. In November 2004, Dr. Graham told the Senate Finance Committee looking into drug safety that the FDA is “virtually defenseless” against another Vioxx.¹¹² Graham said that the FDA had ignored warnings that Vioxx was killing people by causing heart attacks and strokes. In an interview with Forbes.com Graham said, “I could have given a very mealy-mouthed statement but then I would have been part of the problem.”

Dr. Graham has been instrumental in the recall of ten drugs in his twenty-year tenure but says that hasn’t won him any praise from his bosses at the FDA. One such drug was the media-promoted popular weight loss drug fen-phen. Even so, the drug was not taken off the market soon enough. Author Alicia Mundy says in her exhaustively documented book *Dispensing With the Truth* that Wyeth-Ayerst knew fen-phen (a lethal combination of Pondimin and Redux) was dangerous but kept them on the market anyway. She makes the alarming declaration that thanks to corporate greed and FDA inadequacies; nearly a third of the millions of fen-phen pill poppers will ultimately suffer some degree of heart and lung damage from these drugs!¹¹³ We do have Dr. Graham to thank for not allowing the Vioxx scandal to be pushed under the carpet, however it should have been stopped years earlier – before it was approved. Now, it’s become the 2-ton elephant sitting on the living room rug, which is the picture of the systemic failure of the FDA and Health Canada in drug safety.

Dr. Eric Topol wrote in the *NEJM* that from the time that the FDA approved Vioxx on May 21, 1999, until September 2004, Merck had sold this drug to more than 80 million patients at a price tag of \$2.5 billion. It was pulled from the market

¹¹¹ Herper M. “Face of the Year: David Graham.” Forbes.com December 13, 2004.

¹¹² Mundy A. *Dispensing With the Truth: The Victims, the Drug Companies, and the Dramatic Story Behind the Battle over Fen-Phen*. St. Martin’s Press. NY. 2001.

¹¹³ Sismondo S. Ghost management: How much of the medical literature is shaped behind the scenes by the pharmaceutical industry” PLoS Med 4(9): e286. 2007.

September 30, 2004, because of an increased risk of heart attack and stroke in regular users. Vioxx became the largest recall in history.¹¹⁴ Merck, who wanted to extend the patent on Vioxx, to cover the prevention and treatment of intestinal polyps, enrolled 8,076 patients in a clinical trial that finally publicly exposed the serious heart problems associated with Vioxx that many researchers had been concerned about for years.

Because of the spotlight on Vioxx, evidence is building that Merck, the FDA, and Health Canada did not do their jobs when it came to policing this drug. For example, Vioxx studies that omitted cardiovascular data were not published until eighteen months after the drug was approved. Merck said they assumed the drug would not affect the heart. That very vital part of the anatomy was left out of the study design! A full two years after approval, the FDA convened a committee to look into the cardiovascular risks association with Vioxx that were being reported around the world. Dr. Topol and his colleagues reviewed data presented at that meeting and concluded that there were obviously an excessive number of heart attacks in patients taking Vioxx and demanded a clinical trial to assess this risk.

That trial never occurred. And in spite of evidence to the contrary, the makers of Vioxx went on a relentless damage-control campaign. It began with a press release on May 22, 2001, entitled "Merck Reconfirms Favorable Cardiovascular Safety of Vioxx". Merck employees and hired consultants authored numerous papers in peer-reviewed medical literature. Merck's medical education team went on tour holding innumerable symposiums at national meetings to assuage the fears of doctors about Vioxx.

Dr. Topol states in his article that from the time the first Vioxx studies were published, scientists were concerned about the drug's effects on the heart. Eventually about 1.4 million patients were tracked and the evidence of heart damage was always present. However, the standard response from Merck was to discredit the studies and declare the only research that they would recognize would be a randomized, controlled trial. Dr. Topol asks the obvious question, "If Merck would not initiate an appropriate trial and the FDA did not ask them to do so, how would the truth ever be known?"

None of these concerns hampered Merck from spending more than \$160 million per year in direct-to-consumer advertising (DTCA) to promote Vioxx. As discussed in *Chapter 5*, DTCA plays a huge role in creating billion-dollar blockbuster drugs. DTCA is regulated by the FDA, which at no time stepped in to limit the sales of Vioxx—amounting to 10 million prescriptions per month in the U.S., despite escalating concerns about the drug. The FDA covered itself by telling Merck to

¹¹⁴ Topol, E. "Failing the Public Health-Rofecoxib, Merck, and the FDA." *New England Journal of Medicine*. 2004 Oct 21; 351(17):1707-1709.

amend their package insert for Vioxx to include precautions about cardiovascular disease.

Dr. Topol is concerned that, “Given the finding in the colon-polyp trial in low-risk patients without known cardiovascular disease — an excess of 16 myocardial infarctions or strokes per 1000 patients — there may be tens of thousands of patients who have had major adverse events attributable to rofecoxib (Vioxx).” Topol demands a full Congressional review and is shocked that Merck and the FDA did not take appropriate action regarding Vioxx, or recognize they were accountable for the public health.

Topol also made for the following insightful statement: “Furthermore, the tradeoff here involved a drug for symptoms of arthritis, for which many alternative medications are available, in the context of serious, life-threatening cardiovascular complications.” Conditions such as arthritis are greatly impacted by lifestyle choices and are amenable to lifestyle intervention and natural therapies that have no side effects.

Immediately after the Vioxx recall, *The Independent* in the U.K. reported that the European Medicines Evaluation Agency ordered a safety review of four powerful painkilling drugs amid fears that they also could increase the risks of heart attacks and strokes like Vioxx.¹¹⁵ According to that article, the editor of the prestigious medical journal, the *Lancet*, described Vioxx’s situation as a “public health emergency.” He said it raised “grievous questions about the adequacy of our drug regulatory system.”

New England Journal of Medicine Culpable

The New England Journal of Medicine, founded in 1812, is also being held accountable for the Vioxx disaster. In an article titled “Bitter Pill: NEJM Waited 5 Years to Report Missing Data from published Vioxx Study” the Wall Street Journal in May 2006 exposed the NEJM to charges of unethical practice and corruption. The NEJM failed to report that Vioxx could cause fatal heart attack in as little as three months, not the 18 months that was finally admitted to in 2004 prompting recall.¹¹⁶ In a November 2005 deposition during a federal litigation case about Vioxx, Dr. Gregory Curfman, the executive editor of the NEJM admitted that the peer reviewers and journal editors knew that there was an increased heart attack rate with Vioxx but they accepted Merck’s theory as to why this happened with no hard data to back it up. The WSJ quotes Curfman’s testimony “Yeah, we signed off on this and I have many times had second thoughts about having done that.” Curfman also

¹¹⁵ Laurance J, Foley S. “Safety review ordered into popular painkillers.” *The Independent*. Friday, 22nd October 2004.

¹¹⁶ Armstrong, D. “Bitter Pill: NEJM Waited 5 Years to Report Missing Data from published Vioxx Study” WSJ. Tuesday, pg. A1, May 16 2006.

disclosed that the NEJM garnered around \$750,000 by selling 929,400 reprints of the original Vioxx article that Merck bought to distribute widely to doctors.

FDA Does Not Review Drug Ads

Dr. Sidney Wolfe, spokesperson for Public Citizen Health Research Group in Washington, D.C., warns that studies have shown that people mistakenly believe that the “FDA reviews all ads before they are released and allows only the safest and most effective drugs to be promoted directly to the public.”^{dbm} Nothing could be further from the truth. The FDA only reviews studies presented to them by drug companies that have nothing to do with the effectiveness of the drug — just that it is not toxic and it performs better than placebo in its action. As mentioned earlier, often, new drugs are not even compared to placebo but to an older drug, which means there is no real assessment of the effectiveness of a drug.

Celebrex On Trial

It was not difficult to predict that drugs similar to Vioxx would come under the same attack as Vioxx. We didn't have to wait long. In December 2004, only three months after Vioxx was pulled, Forbes.com posted the following story, “Pfizer, AstraZeneca Pummel Drug Stocks.”¹¹⁷ Reporting as only a financial publication could, Forbes with uncharacteristic humor announced a “painful sell off” in the drug sector after Pfizer announced that during the same type of colon cancer study that felled Vioxx, Celebrex was found to have an increased risk of heart attack. Shares of Pfizer fell 14 percent.

The study was being conducted by the National Cancer Institute and showed that patients taking 400 milligram to 800 milligram doses of Celebrex daily had a 2.5 times greater risk of experiencing major heart problems. Forbes reported that in 2003, Celebrex sold \$2.6 billion in the U.S. whereas Vioxx only sold about \$1.8 billion. *The New England Journal of Medicine*, after the Vioxx recall wrote editorials in its October 6, 2004 issue that warned doctors about prescribing all three of the major cox-2 inhibitor drugs - Vioxx, Celebrex, and Bextra, to anyone suspected of having heart disease.

Any belief by Big Pharma that heart disease was just a Vioxx problem and not a global issue with the cox-2 inhibitors was dashed with the Celebrex study. Unlike the Merck decision with Vioxx, however, Pfizer told the press that it has no intention of removing Celebrex from the market.

Naproxen Associated with Heart Disease

Three strikes and you're out, should have been the headline for a December 20, 2004 news story on CBS that reported Naproxen, one of the older non-steroidal anti-inflammatory drugs, also causes heart disease. In a study to determine if Celebrex or Naproxen could prevent Alzheimer's, Naproxen was found to increase the risk of heart attack and stroke by 50 percent. Naproxen (Aleve), has been on the

¹¹⁷ “Pfizer, AstraZeneca Pummel Drug Stocks.” Forbes.com. December 17, 2004.

market for over thirty years and probably causing heart problems all that time. Perhaps these anti-inflammatory drugs cause heart disease because they all lower the levels of magnesium in the body and magnesium deficiency can lead to heart disease. Read *The Magnesium Miracle* and take magnesium to counter the side effects of drugs, to treat muscle and joint pain, and to prevent heart disease.

Prozac Suicides

Whistle blowing and leaking of documents are becoming trendy in the mounting backlash against modern medicine. The case of the “missing” documents in a 1994 Prozac liability lawsuit came out into the open recently when they mysteriously appeared on someone’s desk at the *British Medical Journal*.¹¹⁸

Damming reviews and memos that had gone “missing” indicate that Eli Lilly officials, as early as the 1980s, were fully cognizant that Prozac had suicidal side effects and the company responded by an attempted cover up. During the 1994 lawsuit a Mr. Wesbecker, who had a long-standing history of depression, was given Prozac and one month later shot himself but not before killing eight people and wounding another twelve. In Eli Lilly memos this type of behavior is called “activation” a euphemism for agitation, panic attacks, mania, insomnia, and aggressiveness. On Prozac 38 percent of people report symptoms of “activation” compared to 19 percent of those taking a placebo. Dr Joseph Glenmullen, a Harvard psychiatrist and author of *The Antidepressant Solution*, comments that it is not surprising that Prozac causes behavioral disturbances because it is similar to cocaine in its effects on serotonin.

The FDA clinical reviewer who approved Prozac, Dr. Richard Kapit says he was not given the activation statistics when asked to make his final decision. However, the “missing” documents are now to be reviewed by the FDA. Congressman Maurice Hinchey (D-New York), who was given the documents said, "This is an alarming study that should have been shared with the public and the FDA from the get-go, not 16 years later." He added that, "This case demonstrates the need for Congress to mandate the complete disclosure of all clinical studies for FDA-approved drugs so that patients and their doctors, not the drug companies, decide whether the benefits of taking a certain medicine outweigh the risks."

It appears that the FDA is also culpable. Dr. David Graham, who warned us about Vioxx and ten other unsafe drugs discovered in 1990 that Lilly failed to properly assess Prozac for violence and had excluded 76 of 97 cases of reported suicide. In a September 11, 1990 memo, Dr Graham concluded that, "because of apparent large-scale underreporting, [Lilly's] analysis cannot be considered as proving that fluoxetine (Prozac) and violent behavior are unrelated."

¹¹⁸ Lenzer J. FDA to review "missing" drug company documents. *BMJ* 2005;330:7.

Death by Serotonin Drugs

Cases of suicide and mass homicide by children, teens, and adults on Prozac presently dominate media stories. Or maybe you didn't know that people on Prozac or similar drugs committed most of these horrific acts. Beyond that shocking picture lies another smoldering problem – heart disease. Ann Blake Tracy PhD, the Executive Director of the International Coalition For Drug Awareness has been studying the effects of serotonin drugs for ten years and she doesn't like what she sees. In numerous publications and media appearances Dr. Tracy says that since the 1950's we have known that serotonin is a stress neuro-hormone.¹¹⁹ It is so disruptive that it can cause docile lab animals like rabbits to become aggressive. This behavior is known as "serotonin irritation syndrome." It is especially serious in people who are unable to break down serotonin and therefore levels keep increasing turning into a poison of sorts. People on serotonin drugs, which includes all the SSRIs such as Prozac, Zoloft, Paxil, Effexor and also the weight loss drug, fen-phen are susceptible to this syndrome. Poisoning by serotonin induces insomnia, sleep apnea, terrifying nightmares, migraines, hot flashes, irritability, pains around the heart, difficulty in breathing, a worsening of bronchial complaints, irrational tension, and anxiety.

While studying fen-phen, the Mayo Clinic found that increased serotonin, which increased the risk of blood clotting, was also creating a build up of a gummy glossy substance directly on heart valves. They determined that excess serotonin that circulates in the blood can cause valve injury. Dr. Tracy says these studies were done around 1997 but nobody heeded the warning. She praises Dr. Candace Pert for trying to get the message out. Dr. Pert, former head of the brain chemistry department at the National Institute of Health wrote the book *Molecules of Emotion*. She knows enough about brain chemistry to give a terse warning about serotonin drugs. Dr. Tracy cites Dr. Pert's warning in Time magazine October 20,2000 when she said, "Prozac and other antidepressant serotonin-receptor-active compounds may also cause cardiovascular problems in some susceptible people after long-term use, which has become common practice despite the lack of safety studies." Dr. Pert is appalled at the lack of awareness in the medical profession that "these molecules of emotion regulate every aspect of our physiology."

With Allies Like This, Who Needs Enemas?

The U.S. consumer group, Prescription Access Litigation (PAL) coined this phrase for their 2007 Bitter Pill Award to GlaxoSmithKline for the diet pill that causes anal leakage!

Alli is the name of the over the counter diet pill, Xenical is the prescription version. They work by inhibiting pancreatic lipase, an enzyme that breaks down triglycerides in the intestine. When you inhibit a complete enzyme system you really should know what you are doing. But apparently researchers with tunnel vision just

¹¹⁹ www.drugawareness.org <http://www.rense.com/general/pro.htm>

wanted to reduce the amount of fat that you absorb. If it's not absorbed into the body, where does it go? Out in the stool causing a lot of accidents on the way as well as flatulence, frequent bowel movements, and urgency. The advice from the maker of Alli, "Until you have a sense of any treatment effects, it's probably a smart idea to wear dark pants, and bring a change of clothes with you to work." Even better, they suggest you follow a low-fat, low calorie diet. Why bother with the drug at all if you have to change your diet anyway!

Alli also destroys your ability to absorb fat-soluble vitamins A, D, E, K, which you need for tens of hundreds of physiological processes in the body. That's not the worse of it. Apparently the FDA ignored Xenical's cancer risk when approving it originally. Public Citizen's Health Research Group has been lobbying against Xenical for over 10 years because it can cause pre-cancerous lesions in the colon.¹²⁰

April 2006, Public Citizen, concerned about the release of Xenical as an over the counter drug, petitioned the FDA to ban the drug. It cited unpublished studies on Orlistat, showing:¹²¹

1. Orlistat increases the precursor markers to colon cancer by 60 percent in rats.
2. When eating a high fat diet and taking Orlistat, the cancer risk increased 2.4 fold.
3. Fat soluble vitamin E depletion, due to Orlistat's fat blocking action, raises the risk of colon cancer even further.
4. Recorded adverse reactions to Orlistat include: 39 cases of increased abnormal blood thinning; several cases of bleeding episodes; 10 hospitalizations, four with life threatening reactions, and one death.
5. Dangerous thinning of the blood can occur in people taking drugs like Warfarin (an anti-coagulant), or who suffer from vitamin K deficiency.
6. The FDA found 37 cases of gallstones in patients of all ages, between 1999 and 2006, prior to releasing Alli for over-the-counter sale.

Public Citizen's Health Research Group concluded that Alli "has marginal weight loss benefits, common and bothersome G-I tract reactions, significant decrease in absorption of fat soluble vitamins, and problematic use in the millions of people using Warfarin or Cyclosporine."

The FDA denied Public Citizen's petition on the very same day they approved Alli as an OTC.

Death of Purple

Now, I'm very partial to purple and I must admit that a few years ago when I started seeing all those ads for the purple pill, I took offense. How outrageous that this megabucks pharmaceutical company could hijack a huge part of the color spectrum and make it synonymous with a heartburn drug! Now AstraZeneca is burping purple

¹²⁰ "AFL-CIO Joins Lawsuit Against Nexium Manufacturer" KTVU.com. November 10, 2004.

¹²¹ <http://www.citizen.org/pressroom/release.cfm?ID=2174>

bile as the “AFL-CIO Joins Lawsuit Against Nexium Manufacturer”, according to KTVU.com in Los Angeles. I don’t know how Jimmy Hoffa’s descendents got involved with the purple pill but they are riled up enough to go to court.¹²²

Their unlikely partners are senior citizens’ groups that are accusing AstraZeneca of waging a massive and misleading campaign for the purple pill. This lawsuit is making headlines because it is the first time that the national AFL-CIO, which represents 13.5 million American workers, has gone to court against a pharmaceutical company. However, it’s not just because the union wants seniors to get a break in drug prices. It’s really because health care costs to employees are skyrocketing as employers try to shift responsibility for health insurance to workers.

Gerry Shea, director of AFL-CIO government relations, said that rising drug prices make overall health care costs soar and the worker suffers and gets mad. Shea said there is a “hue and cry” among members to do something, forcing the AFL-CIO to adopt lobbying tactics, and more. “We spend an enormous amount of time on this issue,” Shea said. “This (lawsuit) is an attempt to kind of get a new weapon in our arsenal.”

Here’s the reason the lawsuit was initiated. AstraZeneca had one highly successful heartburn drug called Prilosec, earning about \$6 billion annually, but its patent was running out (in 2001) and it needed a replacement blockbuster that would beat out cheap generic drugs. As Peter Jennings noted on his ABC special “Bitter Medicine: Pills, Profit, and the Public Health,” “If I’m a manufacturer and I can change one molecule and get another twenty years of patent rights, and convince physicians to prescribe and consumers to demand the next form of Prilosec, or weekly Prozac instead of daily Prozac, just as my patent expires, then why would I be spending money on a lot less certain endeavor, which is looking for brand-new drugs?”¹²³

That’s just what AstraZeneca did. According to the lawsuit, the pharmaceutical giant violated California’s laws against unfair competition and false advertising by making misleading comparisons between Nexium and the older heartburn drug, Prilosec, in order to convince doctors and patients that it was worth using the far more expensive medication. Instead of comparing equivalent amounts of the two drugs, ads showed results comparing 20 milligrams of Prilosec to double the amount of Nexium at 40 milligrams. If someone took equal doses, there would be little or no difference in effectiveness according to the lawsuit. The director of Prescription Access Litigation, Alex Sugerman-Brozan, says, “The main innovation was that they put yellow stripes on their purple pill, and charged consumers grossly inflated prices”. Nexium now sells for \$4.09 per pill while Prilosec costs 46 cents. An

¹²² <http://articles.mercola.com/sites/articles/archive/2007/07/09/doctors-outraged-fda-ignored-cancer-risk-when-approving-alli.aspx>

¹²³ Jennings Peter. “Bitter Medicine: Pills, Profit, and the Public Health.” ABC. May 29, 2002.

AstraZeneca spokesperson claims that "there are clear differences with Nexium", which they will have to prove in court because people aren't "buying it" anymore.

Something that these drugs share in common is the risk of pneumonia in people who take them on a regular basis. WebMD Medical News posted an article on this adverse reaction.¹²⁴ The article stated that a startling number of people, one out of every 100, who take antacids for one year will suffer pneumonia. This information comes from a report published in *JAMA*, October 27, 2004.

Dr. Robert Laheij told WebMD, "These drugs are not as safe as everybody thinks... especially in more fragile patients who can have serious problems. If it is not necessary for you to use them, don't." And this was a study to be reckoned with. Researchers collated data from 500,000 patients before coming to their conclusion that people taking antacids for heartburn and indigestion were four times more likely to have pneumonia than those who did not. The drugs that cause problems include Prilosec, Nexium, Prevacid, Protonix, and Aciphex. Another family of antacids was also implicated in this study, including Tagamet, Pepcid, Axid, Zantac, and Rotane. It may not be obvious at first why antacids cause pneumonia, but the way they work to suppress stomach acid takes away the very thing designed to kill bacteria and viruses that we ingest.

The irony is that most people are taking antacids to treat symptoms of a horrible diet. If you eat sugar and carbs all day, you will have yeast overgrowth in your intestines, which sets up a vicious cycle of fermentation. Everyone knows that gas rises, so the gas produced by fermenting yeast (just think of how wine and beer are made with sugar, fruit, and yeast) rises into the esophagus and produces symptoms of heartburn. Instead of educating patients about their diet, a doctor, educated by drug reps, whips out his prescription pad and with a flourish destroys your ability to digest your food by eliminating your gastric acid. In 2008, instead of banning a dangerous drug, the FDA has approved the acid reflux drug Nexium for short-term use in children ages 1 to 11.

Save yourself a lot of trouble and download my eBook *Future Health Now Encyclopedia* for natural ways to eliminate heartburn, GERD, gastritis, and hiatal hernia.

Propaganda About Nutraceuticals

Ask the next five people you speak with what they have heard in the media in the last year about nutraceuticals (vitamins, minerals, and herbs). The answers you will invariably get echo the same themes:

1. Vitamin E is bad for people that smoke.
2. Calcium is good for your bones.

¹²⁴ Denoon, Daniel. "Stomach Acid Drugs May Raise Pneumonia Risk." *WebMD Medical News*, Tuesday, October 26, 2004.

3. Herbs kill people. Ephedra caused a major football player to have a heart attack and die.
4. Echinacea is supposed to be good to prevent colds but it doesn't work.
5. St. John's wort doesn't work to treat depression.

Aside from “calcium being good for your bones” (yet, it is only one of a dozen nutrients that should be used for osteoporosis), all the other statements have appeared in the media in the past year and are false. The general public picks up their nutrient knowledge from sound bites that appear to be designed to bash the supplement industry. We say, “appear” because there is no way of knowing the media's intent unless some whistle blower comes forward with corporate memos. However, we do know that pharmaceutical companies pay writers to create stories favorable to drugs and unfavorable to vitamins and market them to media outlets. It is also no secret that “if it bleeds, it leads”. As the content of media continues to be sensationalistic, it suits the interests of pharmaceutical companies who see them as competition to foster press releases and articles that bash supplements. However, as the pharmaceutical companies gain more control of the supplement market you will notice more ads for their low-potency, synthetic, bright-colored, indigestible vitamins.

Medicine and Nutraceuticals

When medicine and the media belittle food-based medicine, it is, in fact, the continuation of a decades-long fear campaign. In medical school, doctors are taught that taking vitamins is unnecessary, a waste of money, produces expensive urine, and is a practice followed by health nuts and quacks. For over forty years, modern medicine has claimed that there is no proof to support the use of food-based medicine, while creating a medicalized health care system that depends on synthetic, patentable drugs, surgery, and radiation to attempt, rather unsuccessfully, to treat disease.

The reason why our culture seems to shun healthy practices is fodder for a sociological study. However, it might help to know that in the early 1900's there was a battle being waged between the Victorian nostalgia for nature and the blatant modernist embrace of technology (including drugs). On the Victorian side, was the best-selling novel, play, and movie, *Pollyanna (1913)*, an example of the American tradition of lay therapeutics—self help and healing practices. To this day, calling someone a “Pollyanna” for thinking that they can improve their own health or, similarly, flinging the title “health nut” at someone who wants to eat well, serves to quash our own health or healing instincts. With 60 percent of the population overweight and the majority suffering one or more chronic ailments, it seems that too few of us trusted our instincts and became “health nuts” and are as a result suffering the consequences.

The Homocysteine Story

A good example of how medicine ignores the science that it purports to be based upon is the homocysteine story. Homocysteinemia is a condition manifested by an

increase in the amino acid homocysteine, which builds up in the blood and causes heart disease. When Dr. Kilmer McCully discovered elevated homocysteine in heart patients, he also found an association with vitamin B12, vitamin B6, and folic acid deficiency. He proved that taking these nutrients could reduce homocysteine levels and reverse heart disease. It has taken the medical community over thirty years to begin to accept his research. And it's going to take another decade for it to become a commonly used test for heart disease.

The American Heart Association (AHA) advises that homocysteine is not a major risk factor for cardiovascular disease. And, in their own words, "We don't recommend widespread use of folic acid and B vitamin supplements to reduce the risk of heart disease and stroke. We advise a healthy, balanced diet that includes at least five servings of fruits and vegetables a day." Instead of recognizing homocysteine as a risk factor and advising simple vitamin supplementation, the AHA is co-sponsoring an expensive cholesterol-lowering ad campaign by employing an actress, Valerie Harper ("Rhoda"). Pfizer, the manufacturer of the cholesterol-lowering drug Lipitor, is the other sponsor of the program.

If heart disease is, in part, a simple vitamin deficiency, it can be treated for a few pennies, compared to an estimated \$500-a-month drug bill. Because the AHA refuses to recognize homocysteine, it is not widely covered by insurance companies. Most people don't know to ask for a homocysteine test, and doctors tend not to order a test if a patient has to pay for it out of pocket.

CHAPTER 6 DEATH BY MODERN DRUGS AND PROCEDURES

*Doctors are men who prescribe medicines of which they know little,
to cure diseases of which they know less,
in human beings of whom they know nothing.*
-Voltaire (French writer 1694-1778)

Do this experiment. Ask the next five people you meet if they or a family member or friend have ever experienced a medical mistake. Chances are four out of five people will be able to tell you a hair-raising story. I just did the experiment with James, the owner of a nearby café. His son is now 7 years old but at age 15 months he had such severe eczema he was crying non-stop and becoming very dehydrated with his eyes rolling back in his head. In the ER the doctor ordered X-rays, IV, antibiotics, and an antihistamine. James and his wife wheeled their son to the radiology department whereupon the technician questioned the X-ray order. He asked James if he realized the order was for a full set of 14 X-rays. When James confronted the doctor, he was told that maybe X-rays weren't really needed after all. It took the parents a long time to realize that the doctor was looking for signs of child abuse, such as broken bones, and possibly inflicting damage to this child with punishing amounts of radiation.

On the ward James and his wife kept a necessary 24-hour vigil, not because of their son's illness so much as to protect him from medical errors. One of the many "accidents" that they stopped occurred on the second day: a nurse came with a syringe that she was going to shoot into the IV that looked like ten times the usual amount of antihistamine. When questioned she seemed annoyed but did go and check the dosage. She came back a long while later with the normal dose and without an explanation or an apology.

Reporting Drug Errors and Medical Mistakes

Alert for parental abuse, modern medicine has no way to measure the abuse they inflict on people every day. Every second of every day a medical mistake is made. Some are caught before they cause harm, many aren't. Only 5-20 percent of medical mistakes are ever reported.^{dbm} When Friends of Freedom lobbied Ottawa in November, 2004, one of the proposals made to the members of parliament was a mandatory system of death-reporting that would itemize the drugs and procedures prescribed in the final months of a person's life and thus be able to capture statistics on adverse drug effects.

On December 15, 2004, Federal Health Minister Ujjal Dosanjh announced that he wanted a mandatory drug-monitoring system.¹²⁵ Such a system would require all

¹²⁵ Abraham C. "Drug-monitoring advocates gain heavyweight ally". The Globe and Mail. December 16, 2004.

health professionals to report serious adverse drug reactions. The Globe and Mail reported that Mr. Dosanjh “wants the public to feel confident that drugs on the market are safe.” Mr. Dosanjh told the Globe and Mail “I think it’s important that we mandate this so that we have more significant data on an ongoing basis on all drugs that enter the market to assess whether or not the drugs are having adverse effects.” Many people are shocked to learn that reporting of side effects by doctors and pharmacists is now done only on a voluntary basis. With a voluntary system, Health Canada estimates only 10 per cent of incidents are ever reported making it almost impossible to identify deadly trends.

Surprisingly, doctors and pharmacists are resistant to the idea of mandatory reporting. A very interesting comment came from Jack Uetrecht, a professor of pharmacy and medicine at the University of Toronto and Canada Research Chair in Adverse Drug Reactions. He told the Globe and Mail that forcing doctors to file reports “won’t improve safety at all.” he said “There would be a million of these reports -- where would you find the time to go through all of these?”

And isn’t that just the point Dr. Uetrecht. We want, not just you, but all pharmacists, all doctors, the FDA, Health Canada, all politicians, and the public to realize that YES, there are millions of adverse drug reactions. We need that to be headline news, every day we need to have an adverse drug reaction count on the front page of every newspaper. Then we need to implement the natural medicine solutions that don’t carry side effects. We also want patients and their families to report adverse drug reactions to have complete openness of this new system. We also want to compare the adverse drug reactions with the negligible deaths due to dietary supplements.

As of 2008, there is no system of mandatory drug side effect reporting in Canada or the U.S. However, in a bizarre twist, the FDA has added to the DSHEA legislation and “...under the guise of a final rule for dietary supplement good manufacturing practices (CGMPs)” has implemented an Adverse Event Reporting legislation (AER) which insisted that dietary supplement companies keep extensive records on any type of consumer complaint.¹²⁶

Curbing Infections

Simple enforcement of hand washing among hospital staff can cut the infection rate. But what about cell phones. How often are doctors cleaning their cell phones of microbes that are passing invisible germs throughout hospitals?

A Continuing Medical Education online seminar for preventing catheter-related bloodstream infections (CR-BSIs) seemed a worthy topic. When I read further I learned that doctors and hospitals are not doing this as a necessary public service, the promotion read that “CR-BSI is one of three ‘preventable conditions’ targeted for payment cutbacks by the Centers for Medicare & Medicaid Services (CMS). The

¹²⁶ Richards, BJ. FDA Announces Plan to Eliminate Vitamin Companies. June 27, 2007. NewsWithViews.com

other two are mediastinitis and catheter-related urinary tract infections. Effective October 2008, the costs for many CR-BSIs – which run an average \$45,000 per infection — will be kicked back to hospitals.”

Yes, with economics as the incentive, we might just get some results. The promotion continues, “With private insurers expected to follow the CMS action, hospitals and health care systems have never had a greater incentive to prevent CR-BSIs.” And finally they bring in the suffering patient, “But CR-BSIs don't just affect the bottom-line, they cause the flat line. Some 28,000 patients die annually of these infections, which emerging research and cutting-edge practice suggest are largely preventable. We're not talking about a rare event. The Centers for Disease Control and Prevention estimates that a quarter of a million patients annually acquire a blood stream infection related to a central venous catheter. Roughly a third of those are already in serious condition in an intensive care unit. The time has come; the buck is stopping. For proven strategies to save money and lives by preventing these infections join us for a timely audio conference.”

Disease Care or Wellness Care

There is another important question that begs an answer. Is modern medicine the best approach to wellness? The unexamined assumption has been yes, but the truth is “not completely”. After all, doctors are trained to diagnose disease and treat symptoms with drugs, and to shun anything outside this standard practice of medicine.

In some instances of emergency medicine and specific conditions such as trauma, fast-growing tumors, acute heart attacks, medicine is able to intervene in the disease process, mending broken bones, surgically removing tumors, reattaching severed limbs, stabilizing people with heart attacks. However, the government Office of Technology Assessment clearly stated, 20 years ago, that only 10-20 percent of medical and surgical procedures have been scientifically proven, which means that 80 percent are not.¹²⁷

In our conscious or unconscious need as human beings to be “taken care of”, we have submitted ourselves to modern medicine. In doing so we must also accept the dark side of medicine. It's a definite trade-off and may explain why we seem to be so quick to ignore the mounting evidence that medicine is the number one killer in America. An aging population wants nothing more than to know how to create a longer and healthier lifespan and turns to medicine for the answers. However, medicine, purported to base itself on science, has never studied 80 percent of its common procedures, has not entered the field of anti-aging or wellness, and is completely ill equipped to even give an opinion.

¹²⁷ Office of Technology Assessment, U.S. Congress, “Assessing Efficacy and Safety of Medical Technology” Washington D.C.: OTA 1978.

Medicine, however, is becoming quite adept at causing iatrogenic injury. Every year, over the past twenty years, two or three studies have surfaced showing a growing number of people injured by prescription drugs, including treatment with toxic drugs used for non-life-threatening conditions, such as synthetic hormone replacement therapy. As these studies slowly drifted into the periphery of our consciousness, as a society we still held on to the notion that medicine was working in our best interest. No one took the time or trouble to compile all the statistics. No one identified the various areas of medicine, each of which causes iatrogenesis. When we added up all the different injuries and deaths, the final number was startling.

In a recent compilation of deaths due to properly prescribed drugs, drug errors, surgical mistakes, medical procedure mistakes, bedsores, malnutrition in nursing homes, and hospital-based infections, we found that iatrogenic medicine is the leading cause of death in America. The 2001 heart disease annual death rate is 699,697; the annual cancer death rate, 553,251. But the annual iatrogenic rate is 783,936.¹²⁸

That's just the deaths. The number of people injured annually by prescription drugs is 2.2 million; the number of unnecessary antibiotics prescribed annually for viral infections is 20 million; the number of unnecessary medical and surgical procedures performed annually is 7.5 million; the number of people exposed to unnecessary hospitalization annually is 8.9 million; and we really have no way of knowing how many premature deaths can be attributed to overuse of X-rays.

Most studies that open the Pandora's box of the number of medical mistakes that actually get reported find that only 5% or 1 in 20 errors are recorded in black and white. We also know that about 20% of mistakes can end up in death, so the 3/4 million deaths may be just the tip of the iceberg. A very cozy alliance has developed between doctors, pharmaceutical companies, and the synthetic food industry.

Death by Medicine

"Death by Medicine,"³ written in November 2003, inspired many people to take action about the current crisis in modern medicine. "Death by Medicine" reported that almost 784,000 Americans (and statistically, 78,400 Canadians) are killed annually due to medical intervention.

The term for death caused by medicine is "iatrogenesis." It is a more common cause of death than heart disease or cancer, yet it has no official designation in death tables. Therefore, either by design or through ignorance, iatrogenic deaths are not officially counted as such but are variously listed as heart deaths or cancer. In over a dozen medical peer-review journals and government health publications, "Death by Medicine" reported deaths due to prescribed medications given in hospitals, surgical errors, unnecessary hospitalization, outpatient mishaps, bedsores, and

¹²⁸ Dean C, Null G. "Death by Medicine." Nutrition Institute of America, November 2003.

malnutrition. Up until that time, no one had ever searched the scientific literature for various causes of death and simply added them up.

The following chart is taken from “Death by Medicine” *Journal of Orthomolecular Medicine*, and reproduced in full in Appendix B. (The reference numbers have been replaced by “dbm.”)

ANNUAL PHYSICAL AND ECONOMIC COST OF MEDICAL INTERVENTION

Condition	Deaths	Cost	Author
Hospital ADR	106,000	\$12 billion	Lazarou ^{dbm} Suh ^{dbm}
Medical error	98,000	\$2 billion	IOM ^{dbm}
Bedsore	115,000	\$55 billion	Xakellis ^{dbm}
Barczak ^{dbm}			
Infection	88,000	\$5 billion	Weinstein ^{dbm}
MMWR ^{dbm}			
Malnutrition	108,800	-----	Nurses Coalition ^{dbm}
Outpatient ADR	199,000	\$77 billion	Starfield ^{dbm}
Weingart ^{dbm}			
Unnecessary Procedures	37,136	\$122 billion	HCUP ^{dbm}
Surgery-Related	32,000	\$9 billion	AHRQ ^{dbm}
TOTAL	783,936	\$282 billion	

2008 UPDATED STATISTICS

Condition	Deaths	Cost	Author
Hospital ADR	106,000	\$12 billion	Lazarou ^{dbm} Suh ^{dbm}
Medical error	195,000	\$2.85 billion	HealthGrades*
Bedsore	115,000	\$55 billion	Xakellis ^{dbm}
Barczak ^{dbm}			
Infection	99,000	\$5 billion	CDC**
Malnutrition	108,800	-----	Nurses Coalition ^{dbm}
Outpatient ADR	199,000	\$77 billion	Starfield ^{dbm}
Weingart ^{dbm}			
Unnecessary Procedures	37,136	\$122 billion	HCUP ^{dbm}
Surgery-Related	32,000	\$9 billion	AHRQ ^{dbm}
Lives Lost	101,000		Commonwealth Fund***
TOTAL	895,936	\$282.85 billion	

* Healthgrades. An average of 195,000 people in the USA died due to potentially preventable, in-hospital medical errors in each of the years 2000, 2001 and 2002,

according to a study of 37 million patient records. Source: Patient Safety in American Hospitals, Healthgrades. 2004.¹²⁹

** Centers for Disease Control and Prevention. In 2007 one of every 22 patients gets an infection while hospitalized — 1.7 million cases a year — and that 99,000 will die, often from what began as a routine procedure.¹³⁰

*** “Measuring the Health of Nations” estimates that the U.S. could save 101,000 lives annually simply with timely and effective health care.”¹³¹

Medication Errors – 2006

In a 2006 follow-up to their 1999 report, the Institute of Medicine concluded that “Medication Errors Injure 1.5 Million People and Cost Billions of Dollars Annually.”¹³² The study focused on medication errors that harmed at least 1.5 million people every year. In-hospital events totaled 400,000; long-term care settings tabulated 800,000 medication errors, and there were roughly 530,000 events among Medicare recipients in outpatient clinics. According to the IOM website, the report gave conservative estimates of errors. In 2000 alone, the extra medical costs incurred by preventable drug related injuries approximated \$887 million without taking into account lost wages and productivity or other costs. These figures are not entered into the 2008 update because they do not give a fatality rate.

Medication Mistakes – 2008

A 2008 drug error update reported in the *Boston Globe* found that one in ten patients in community hospitals in Massachusetts suffers a medication mistake¹³³ Two nonprofit groups funded the first large-scale study of preventable prescription drug errors. The author of the report, Dr. David Bates of Brigham and Women's Hospital in Boston, said that his study showed twice the frequency of drug error of other reports that are usually hospital-based. The hospitals will go unnamed as part of their agreement to participate in this \$5 million dollar study. The recommendation arising from the report is for drugs to be controlled by a computerized prescription ordering system. Where such systems are in operation, prescription errors are cut in half.

Seven Jumbo Jets and One Hollywood Star

The annual 784,000 iatrogenic deaths equal 7 jumbo jets (carrying 300 passengers) crashing every day for one year, but you will never see that headline. But you do hear when a Hollywood star like Anna Nicole Smith overdoses. Increasingly these

¹²⁹http://www.healthgrades.com/aboutus/index.cfm?fuseaction=mod&modtype=content&modact=Media_PressRelease_Detail&press_id=134

¹³⁰ Sack K. Swabs in Hand, Hospital Cuts Deadly Infections. NY Times, July 27, 2007.

¹³¹http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=640980

¹³² Medication Errors Injure 1.5 Million People and Cost Billions of Dollars Annually. *The National Academy of Science* (2006).

¹³³ Wen, Patricia. “1 in 10 patients gets drug error-Study examines six community hospitals in Mass.” *Boston Globe*. February 14, 2008.

deaths are related to prescription drugs. The latest prescription drug death is that of Brokeback Mountain star, Heath Ledger. Larry King just read the statement by Ledger's family, saying "While no medications were taken in excess, we learned today the combination of doctor-prescribed drugs proved lethal for our boy. Heath's accidental death serves as a caution to the hidden dangers of combining prescription medication, even at low dosages."

Drug Iatrogenesis

Drugs are synonymous with modern medicine. Drugs and medicine are interchangeable words in the dictionary and in most people's minds. It's hard to believe that drug-based medicine is only about 100 years old because it has such a pervasive hold on our society.

With the discovery of the "Germ Theory", medical scientists convinced the public that infectious organisms were the cause of illness. Finding the "cure" for these infections proved much harder than anyone imagined. From the beginning, chemical drugs promised much more than they delivered. But far beyond not working, the drugs also caused incalculable side effects. The drugs themselves, even when properly prescribed, have side effects that can be fatal. Fully half the drugs prescribed are eventually pulled from the marketplace due to undeniable side effects. By then, the drug companies have usually made several billion dollars of profit and are busily marketing the next catastrophic blockbuster.

You will read in "Death by Medicine" Appendix B about the overuse of antibiotics in both humans and animals. Many people are aware of this abuse but did you know that plants can pick up antibiotics in ground water and manure from antibiotic-fed animals? Yes, scientists at the University of Minnesota reported that "Routine feeding of antibiotics to livestock may be contaminating the environment."¹³⁴ The three crops studied - corn, lettuce, and potatoes were grown on soil treated with liquid hog manure containing Sulfamethazine, a commonly used veterinary antibiotic. Concentrations of antibiotics were found in the plant leaves of all three crops. Antibiotics were also found in the potatoes, which means that root crops such as carrots and radishes can also be contaminated. The implication of antibiotics in plants is of concern for children with allergies and to the organic farming industry that may be using antibiotic-contaminated manure.

Around 1975 synthetic estrogen was shown to be carcinogenic. Instead of removing it from the market, the drug companies said that more studies needed to be done. They also argued that estrogen should be used together with synthetic progesterone to nullify estrogen cancer-causing effects. The medical establishment and the public accepted this theory until 2002 when a 16,000-woman study was halted three years early because the group of women taking hormones had more deaths than the group

¹³⁴ Dolliver H, et al. Sulfamethazine Uptake by Plants from Manure-Amended Soil. J Environ Qual 36:1224-1230 (2007).

taking placebos. If one drug has such harmful effects, how can two drugs be any better?

As noted in *Chapter 5*, Vioxx, the “miracle” arthritis treatment, was pulled from the market because of a high rate of heart disease and stroke in users. Dr. Eric Topol wrote about the implications of the Vioxx recall in the *New England Journal of Medicine* in October 2004. Placing the blame squarely with the drug company and the FDA, his article was titled “Failing the Public Health—Rofecoxib, Merck, and the FDA.”¹³⁵

Top Four Killing Drugs

Within the flawed reporting system of modern medicine, four classes of drugs account for over 60 percent of adverse drug reactions. They are antibiotics (17%), cardiovascular drugs (17%), chemotherapy (15%), and analgesics and anti-inflammatory agents (15%).^{dbm} However, there is no accounting of the morbidity and mortality due to synthetic hormone replacement therapy and the birth control pill taken by millions of women.

How Do We Know Drugs Are Safe?

One aspect of scientific medicine that the public takes for granted is the testing of new drugs. Unlike the people that take drugs who are ill and need medication, drugs, in general, are tested on healthy young males who are not on other medications that can interfere with findings. But when they are declared “safe” and enter the drug prescription books, they are naturally going to be used by older people on a variety of other medications and who also have a lot of other health problems.

When a drug is released to the general market, a new Phase of drug testing called Post-Approval comes into play, which is the documentation of side effects in users. In one very telling report, the General Accounting Office (an agency of the U.S. Government) found:

“Of the 198 drugs approved by the FDA between 1976 and 1985... 102 (or 51.5%) had serious post-approval risks... the serious post-approval risks (included) heart failure, myocardial infarction, anaphylaxis, respiratory depression and arrest, seizures, kidney and liver failure, severe blood disorders, birth defects and fetal toxicity, and blindness.”^{dbm}

There seems to be no improvement in these statistics as more and more drugs are pulled from the market or have label warnings placed on them.

The FDA is being held accountable for the decline in drug safety. A 2007, 300-page report buries the fact that the FDA is unable to protect the American people.

¹³⁵ Topol E. “Failing the Public Health—Rofecoxib, Merck, and the FDA.” *NEJM*. No. 17. Vol 351:1707-1709. October 21, 2004.

Drug Pushers

NBC's "Dateline" in a July 11, 2003 investigative report wondered if doctors are moonlighting as drug reps. After a year-long investigation, they reported that because doctors can legally prescribe any drug to any patient for any condition, drug companies heavily promote "off-label" and frequently inappropriate and non-tested uses of these medications in spite of the fact that these drugs are only approved for specific indications for which they have been tested.^{dbm}

AMA Sells Doctors Names

Many companies make a point of telling new customers that they will never sell their names and private information to a third party. Apparently the AMA never made that promise to 900,000 physicians, most of whom are not even members. At the 2007 annual meeting of the American Medical Association the topic of discussion was not health care or iatrogenic disease but the shocking news that the AMA had sold its database to drug marketing firms for a cool \$50 million.¹³⁶

Online Journal broke the story and quoted Dr. John Santa an internist at the Portland Veterans Affairs Medical Center working with the Prescription Project, a coalition to curb drug companies' access to doctor prescribing information. Santa said, "Doctors are not aware that companies are out there that know every prescription a doctor prescribes." Even more Orwellian is the rumor that medical licensing bodies with these statistics have accused doctors who don't prescribe many drugs of not upholding the 'standard practice of medicine'.

The group strongly protesting the data sales is the American Medical Student Association who are students who still haven't had the idealism knocked out of them and think the AMA should be "ensuring that doctors are making prescribing choices based on science, not marketing" and that doctors for their part should "combat the presence of the pharmaceutical industry that works hard to insert itself into important medical decisions."

The AMA, ever on the side of commerce, argues that drug reps perform a valuable service by helping to get "public health and education to the right doctors when new products or devices have come on the market." Online journal notes that ironically "that's what the Merck ad on the AMA web site says too."

Gimme an Rx!

A New York Times article called "Cheerleaders Pep Up Drug Sales" turned the spotlight on just how scientific and educational drug reps visits can be.¹³⁷ Journalist Stephanie Saul observes that, "Anyone who has seen the parade of sales representatives through a doctor's waiting room has probably noticed that they are

¹³⁶ Rosenberg M. "AMA sics drug salesmen on doctors, charge groups at annual meeting." Online Journal. Jul 3, 2007.

¹³⁷ Saul Stephanie. Gimme an Rx! Cheerleaders Pep Up Drug Sales. New York Times. November 28, 2005.

frequently female and invariably good looking. Less recognized is the fact that a good many are recruited from the cheerleading ranks.”

Pharmaceutical companies try to deny that sex appeal has any bearing on hiring. "Obviously, people hired for the work have to be extroverts, a good conversationalist, a pleasant person to talk to; but that has nothing to do with looks, it's the personality," said Lamberto Andreotti, the president of worldwide pharmaceuticals for Bristol-Myers Squibb in the Times article.

Ms. Saul interviewed Dr. Carli, at the University of Michigan, who is convinced that seduction appears to be a deliberate industry strategy. It's no secret that drug sales reps influence prescribing habits, so it's a no-holds-barred battle for 'scripts.'

A spate of whistle blowing former sales reps provide some of the fuel for the fire against drug reps. A male rep, Jamie Reidy, says that women still have a definite advantage with male doctors. Reidy was fired by Eli Lilly in 2005 after writing a book ridiculing the industry, *Hard Sell: The Evolution of a Viagra Salesman*.

The Times reported one sales call that Reidy witnessed with the “‘all-time most attractive, coolest woman in the history of drug repdom.’ At first, he said, the doctor ‘gave ten reasons not to use one of our drugs.’ But, Mr. Reidy added: ‘She gave a little hair toss and a tug on his sleeve and said, ‘Come on, doctor, I need the scrips.’ He said, ‘O.K., how do I dose that thing?’ I could never reach out and touch a female physician that way.”

Another drug rep produced a movie about her ten year long drug-pushing job with a companion documentary to back her up. The upshot of this effort was to expose how drug salesmen are trained to manipulate doctors. Reps act like prescribing drugs is some sort of contest and tell a doctor if he prescribes the drug to the next 10 patients that come into his office he gets a prize of some sort.

My favorite ex-drug rep is Kyle Drew, radio show host of Super Health on SuperTalk WKY - 930 AM, Oklahoma City. Kyle, and his co hosts Mickey O’Neill and Elissa Meininger recently interviewed famous ex-drug rep Kathleen Slattery-Moshkau about her 2005 movie called *Side Effects* and her documentary *peRx Prescribing Evidence-Based Therapies* and educational website. *Side Effects* stars Grey’s Anatomy star Katherine Heigl and is loosely based on Slattery-Moshkau’s experiences in the field. On the show Kyle and Katherine did a true confessions on all the tricks that they were taught to keep those scrips rolling in. A conversation with Kyle reminds us just how little doctors know about the drugs they are prescribing and the tall tales drug salesmen are taught to make the sale.

Slattery-Moshkau’s peRx Project encompassing the documentary and interactive website is an educational program funded by the Attorney General Consumer and Prescriber Education Grant Program. The program provides CME credits for nurses and doctors to improve awareness of drug development and pharmaceutical marketing practices and to positively impact prescribing behaviors. Ironically the

program is funded with a tiny portion of the \$430 million fine that Pfizer was forced to pay for the illegal promotion of the drug Neurontin for off label uses. That's right.

There is a good article in the New York Times about a physician who became a drug rep for Wyeth, the maker of a popular antidepressant. He talks about how he finally became embarrassed and rather sick at what he was doing on behalf of the pharmaceutical company,

Dr. Drug Rep

Blowing the whistle on himself, Dr. Daniel Carlat wrote an extensive article in the New York Times detailing his life as a drug pusher for Wyeth Pharmaceuticals.¹³⁸ The job Carlat found impossible to refuse was to give talks to other doctors about antidepressant Effexor XR. Carlat wrote, "It would be pretty easy. Wyeth would provide a set of slides and even pay for me to attend a speaker's training session...I would be paid \$500 for one-hour 'Lunch and Learn' talks at local doctors' offices, or \$750 if I had to drive an hour. I would be flown to New York for a 'faculty-development program,' where I would be pampered in a Midtown hotel for two nights and would be paid an additional "honorarium."

The rest is downhill as Dr. Carlat has to overcome his embarrassment about going to doctor's offices for what the receptionist refers to as the "drug lunch," which is organized by the drug rep, usually "an attractive, vivacious woman with platters of gourmet sandwiches in tow." Carlat would wait nervously as "Hungry doctors and their staff of nurses and receptionists would filter into the lunch room, grateful for free food."

Carlat states that sales reps began sending him information on the doctors he would be addressing telling him to tailor his talk toward a low prescriber or a high prescriber. Carlat says:

"I found myself astonished at the level of detail that drug companies were able to acquire about doctors' prescribing habits. I asked my reps about it; they told me that they received printouts tracking local doctors' prescriptions every week. The process is called "prescription data-mining," in which specialized pharmacy-information companies (like IMS Health and Verispan) buy prescription data from local pharmacies, repackage it, then sell it to pharmaceutical companies. This information is then passed on to the drug reps, who use it to tailor their drug-detailing strategies.

Dr. Carlat kept on selling himself and the drug Effexor to other doctors, in spite of the barely 10 % effectiveness rate over other antidepressants. He also tried to downplay the side effects. But when a psychiatrist finally challenged him at a lunch meeting about seeing hypertension in his Effexor patients and the effectiveness rate

¹³⁸ Carlat D. Dr. Drug Rep. New York Times. November 25, 2007.
http://www.nytimes.com/2007/11/25/magazine/25memoir-t.html?_r=1&oref=slogin

of the drug turned out to be 5% and probably lower, Dr. Carlat began to have second thoughts and expressed them at the next lunch meeting.

A few days later, Carlat “was visited by the same district manager who first offered me the speaking job. Pleasant as always, he said: ‘My reps told me that you weren’t as enthusiastic about our product at your last talk. I told them that even Dr. Carlat can’t hit a home run every time. Have you been sick?’ Carlat confesses that, “At that moment, I decided my career as an industry-sponsored speaker was over. The manager’s message couldn’t be clearer: I was being paid to enthusiastically endorse their drug. Once I stopped doing that, I was of little value to them, no matter how much “medical education” I provided.”

BMS to pay \$515 Million for Doctor Kickback Scheme

Bristol-Myers Squibb Company was charged with paying illegal remuneration to physicians and other healthcare providers to encourage them to promote BMS drugs.¹³⁹ According to the *Boston Globe* article the payments took the form of consulting fees and other programs, including travel to luxurious resorts. The company has agreed to pay more than \$515 million in fines against their drug marketing and pricing practices.

Accepting the fines means that BMS will avoid criminal charges and allowing BMS the cheery statement to the public. "Bristol-Myers Squibb is pleased to have resolved these matters from the past and is proud of its commitment to conduct business with the highest standards of integrity in its mission to extend and enhance human life."

First Do No Harm

Let’s hear what North America’s most powerful and influential doctor of Orthomolecular Medicine has to say about over-the-counter drugs. In Dr. Hoffer’s article “Over-the-counter Drugs”, published in the *Journal of Orthomolecular Medicine*¹⁴⁰ he begins with the well-known phrase, Primum non nocere (First do no harm). The Hippocratic Oath extols doctors to “Above all, do no harm”. Doctors must recite the Hippocratic Oath upon receiving their medical degree. I skipped out on my graduation but when I picked up my piece of paper, I repeated, “Above all, do no harm”, and meant every syllable.

How modern medicine has come to be the number one killer in North America is as incredible as it is horrifying. Doctors certainly don’t think of themselves as killers but as long as they promote toxic drugs and don’t learn non-toxic options, they are pulling the trigger on helpless patients. You will read about the stages of denial in

¹³⁹ Saltzman, Jonathan. “Bristol-Myers Squibb to pay \$515 Million for Doctor Kickback Scheme.” *Boston Globe*. September 28, 2007.

¹⁴⁰ Hoffer A. “Over-the-counter Drugs.” *The Journal of Orthomolecular Medicine*. May 2003.

Chapter 11, but one of the ways that the Hippocratic Oath “above all, do no harm” has been subverted is by being translated into “relative risk”.

Relative Risk

We see relative risk being used when industry and government tries to justify the use of toxic pesticides and food additives. Relative risk is also used by the pharmaceutical industry as a rationale for using toxic medications. Drug company statisticians playing with numbers assuage the public’s fears by saying the relative risk of taking a particular drug is a certain number cancer deaths. Then they say, on the other hand, the relative risk of dying from the disease for which the drug is intended is high. In other words, people are told that if they don’t take the drug, they put themselves at risk for getting the disease. Most of these numbers are just fabrications, because we have no idea how the individual will react to any drug; will it be a beneficial reaction or a fatal reaction.

Justifying deaths to keep a product on the market has ethical implications that have never been addressed in medicine. As a naturopathic doctor, I know there are numerous treatment modalities that can be used instead of drugs, but when doctors only know drug medicine, they do not think of non-toxic options. “When all you have is a hammer, everything looks like a nail” is an apt description of modern medicine’s use of drugs and surgery for every medical condition. The statisticians do not calculate the relative risk of using drugs instead of natural therapies.

Overdose

In his article, Dr. Hoffer quotes the 15th Century doctor, Paracelsus, who said, “Sola dosis facit venenum” – Too much of anything will hurt you. How much is too much is the topic of Jay Cohen’s book *Overdose: The Case Against the Drug Companies*.¹⁴¹ Dr. Cohen found that drug companies purposely use high doses of drugs in their clinical trials to force the best results possible. But in using high doses they set too high a level for sensitive people and those already burdened by several prescription medications. Cohen has seen people do quite well on 1/4 and 1/2 doses of various medications without the horrendous side effects. It would be best, however, to use natural medicine options and choices first.

Prescribed Drugs Kill More People than Street Drugs

Dr. Christopher Kent, a lawyer and chiropractor wrote that, “Recreational drugs, including cocaine and heroin, are responsible for an estimated 10,000-20,000 American deaths per year. While this represents a serious public health problem, it is a “smokescreen” for America’s real drug problem. America’s “war on drugs” is directed at the wrong enemy. It is obvious that interdiction, stiff mandatory sentences, and more vigorous enforcement of drug laws have failed. The reason is simple. Cause and effect have been reversed.”¹⁴²

¹⁴¹ Cohen J. *Overdose: The Case Against the Drug Companies*. Tarcher/Putnum, New York. 2001.

¹⁴²http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=640980

Kent urges us to understand that “The desire to solve problems by taking drugs is a product of our culture. When a child is taught by loving parents that the appropriate response to pain or discomfort is taking a pill, it is obvious that such a child, when faced with the challenges of adolescence, will seek comfort by taking drugs.”

Over-the-Counter Drugs

Dr. Hoffer reports on the side effects of five over-the-counter analgesics, antihistamines, and anti-inflammatory drugs that are freely available to consumers. They are said to be safer than prescription drugs, but they all have a host of side effects that can be severe. You’ll find this eye-opening list in Appendix C. In his paper, Dr. Hoffer makes the following observation: “A survey in the United States showed that in one year, 106,000 patients died from the proper use of medication in hospital. Over the past three decades, there have been no deaths from the proper use of vitamins.”

Quantifying Drug Side Effects

Dr. Hoffer, in his paper, talks about the difficulty of quantifying adverse drug reactions. He says that nausea caused by a drug is usually much more severe than nausea caused by a placebo, and the placebo reaction usually only lasts a short time. He urges us to remember that, “If 10% of the placebo group and 12% of the drug group complain of nausea, it does not mean that the drug is very little worse than placebo. It may well be that the drug-induced nausea is much more severe and debilitating. The intensity of all the side effects should be but is not recorded.”

Drugs Pollute Our Water Supply

One astounding fact about our overuse of medications is that every body of water tested contains measurable drug residues. We are inundated with drugs. It begins with the tons of antibiotics used in animal farming, which run off into the water table and surrounding bodies of water and are conferring antibiotic resistance to germs in sewage which are also found in our water supply. Following that abuse are the tons of drugs and drug metabolites that are flushed down our toilets making their way around the world and ending up in our drinking water. We have no idea what the long-term consequences of ingesting a mixture of drugs and drug-breakdown products will do to our health. It’s another level of iatrogenic disease that we are unable to completely measure.^{dbm}

Surgical Statistics

Surgery carries a risk of mortality that was documented in a *Journal of the American Medical Association* study in late 2003. The U.S. Agency for Healthcare Research and Quality (AHRQ) analyzed 20 percent of U.S. hospitals and admitted there were 32,000 mostly surgery-related deaths costing \$9 billion and accounting for 2.4 million extra days in the hospital in 2000.¹⁴³ The AHRQ director said, “This study gives us the first direct evidence that medical injuries pose a real threat to the

¹⁴³ <http://articles.mercola.com/sites/articles/archive/2008/1/15/recreational-drugs-far-less-likely-to-kill-you-than-prescribed-drugs.aspx>

American public and increase the costs of health care."¹⁴⁴ The study's authors said that, "The findings greatly underestimate the problem, since many other complications happen that are not listed in hospital administrative data." They also felt that, "The message here is that medical injuries can have a devastating impact on the health care system. We need more research to identify why these injuries occur and find ways to prevent them from happening." One of the authors, Dr. Zhan, said that improved medical practices, including an emphasis on better hand washing, might help reduce the morbidity and mortality rates.

Many of us are in denial about the true risks involved. We seem to hold a collective impression that since medical and surgical procedures are so commonplace, they are both necessary and safe. Unfortunately, partaking in allopathic medicine itself is one of the highest causes of death as well as the most expensive way to die.

Shouldn't the daily death rate of iatrogenesis in hospitals, out of hospitals, in nursing homes, and psychiatric residences be reported like the pollen count or the smog index? Let's stop hiding the truth from ourselves. It's only when we focus on the problem and ask the right questions that we can hope to find solutions.

Perhaps the words "health care" give us the illusion that medicine is about health. Modern medicine is not a purveyor of health care but of disease-care.

Is Modern Medicine Really Scientific?

In 1978, the U.S. Office of Technology Assessment (OTA) reported that, "Only 10%-20% of all procedures currently used in medical practice have been shown to be efficacious by controlled trial."¹⁴⁵ In 1995, the OTA compared medical technology in eight countries (Australia, Canada, France, Germany, Netherlands, Sweden, United Kingdom, and the United States) and again noted that few medical procedures in the U.S. had been subjected to clinical trial. The same study also reported that infant mortality was high and life expectancy was low, compared to other developed countries.¹⁴⁶

Although almost ten years old, much of what was said in this report holds true today. The report lays the blame for the high cost of medicine at the door of the medical free-enterprise system and the fact that there is no national health care policy. It describes the failure of government attempts to control health care costs

¹⁴⁴ Zhan C, Miller M. Excess Length of Stay, Charges, and Mortality Attributable to Medical Injuries During Hospitalization. *JAMA*. 2003;290:1868-1874.

¹⁴⁵ Injuries in Hospitals Pose a Significant Threat to Patients and a Substantial Increase in Health Care Costs. Press Release, October 7, 2003. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/news/press/pr2003/injurypr.htm>. Referenced from the original Death by Medicine.

¹⁴⁶ Tunis SR, Gelband H, Health Care Technology and Its Assessment in Eight Countries. Health Care Technology in the United States. Office of Technology Assessment (OTA) 1995.

due to market incentive and profit motive in the financing and organization of health care, including private insurance, hospital systems, physician services, and drug and medical device industries.

But we say this isn't entirely true, a properly run free enterprise system might have a chance but what is hampering free enterprise seems to be a pervasive Project 2000-type policy, described in *Chapter 1*, that is only 15 percent proven, is 94 percent inaccurate in its advertising that seems intent on keeping people sick and diverting them from safe, traditional health care choices that can help save lives and save money.

X-Rays

When X-rays were first discovered, no one knew the long-term effects of this form of radiation. One of my medical heroes is Marie Curie who discovered ionizing radiation along with her husband. She, and many of her colleagues, died early, painful, and tragic deaths caused by radiation. Yet, we seem to have learned no lessons from their suffering. The practice of using ionizing radiation for diagnostics and for cancer treatment continues and escalates.

In the 1950's, monthly fluoroscopic exams at the doctor's office were routine. You could even walk into most shoe stores and goggle at the bones of your feet, an amusing novelty. We still don't know the ultimate outcome of our exposure to X-rays. Because we can't see an immediate effect, we assume a few X-rays here and there are harmless. I remember one patient whose family asked me to be present at her baby's delivery as an extra safety net. We were all very glad that it worked out and that I was available on the due date. After a successful delivery, my patient was lying in recovery with her baby, and a machine was rolled up to the bed next to her to take an X-ray of its occupant. I raised the roof when none of the surrounding patients were offered shielding. When shielding was refused point blank, I demanded that my patient and her baby be wheeled out of the room. The staff, who are exposed to X-rays continuously, looked at me with a combination of puzzlement and disdain that I upset their day by pointing out that they could be harming their patients. For busy nurses it would take too much time to protect everyone from radiation, so they made a decision to forgo safety for the sake of expediency.

A few decades ago, it was common practice for doctors to X-ray pregnant women to measure the size of the pelvis, and later in pregnancy when they suspected twins. Finally, statistics on 700,000 children born between 1947 and 1964 in thirty-seven major maternity hospitals were analyzed. The children of mothers who had received pelvic X-rays during pregnancy were compared with the children of mothers who had not been X-rayed. The outcome was shocking. Cancer mortality was 40% higher among the children with X-rayed mothers.¹⁴⁷

¹⁴⁷ Tunis SR, Gelband H, Health Care Technology and Its Assessment in Eight Countries. Health Care Technology in the United States. Office of Technology Assessment (OTA) 1995.

A Closer Look at the Cost to Health

In modern medicine, coronary angiography combines an invasive surgical procedure of snaking a tube through a blood vessel in the groin up to the heart. To get any useful information during the angiography procedure, X-rays are taken almost continuously with minimum dosage ranges between 460 - 1,580 mrem. The minimum radiation from a routine chest X-ray is 2 mrem. X-ray radiation is cumulative in the body and it is well known that ionizing radiation in any form, including that used in X-ray procedures, causes gene mutation. We can only obtain guesstimates as to its impact on health. Experts manage to obscure the real effects in statistical jargon such as, "The risk for lifetime fatal cancer due to radiation exposure is estimated to be 4 in one million per 1,000 mrem."¹⁴⁸ Four in one million doesn't sound too bad but it's a meaningless statement.

Dr. John Gofman, who has been studying the effects of radiation on human health for 45 years, is prepared to tell us exactly what diagnostic X-rays are doing to our health. Dr. Gofman has a Ph.D in nuclear and physical chemistry and is also a medical doctor. He worked on the Manhattan nuclear project; discovered uranium-233; was the first person to isolate plutonium; and since 1960, he's been studying the effects of radiation on human health. It's an understatement to say that he's an expert in his field. With five scientifically-documented books totaling over 2800 pages, Dr. Gofman provides solid evidence for his assertion that medical technology, specifically X-rays, angiography, CT scans, mammography, and fluoroscopy, are a contributing factor to 75% of new cancers. In his report, Dr. Gofman predicts that 100 million premature deaths over the next decade will be the result of ionizing radiation.¹⁴⁹¹⁵⁰

Waking Up to Reality

Mainstream medicine may finally be realizing that X-rays are not so benign. One recent study shows that the patient who undergoes a full-body CT (computerized tomography) scan is exposed to a radiation level equivalent to that from the atomic bombs dropped on Hiroshima and Nagasaki.¹⁵¹ I couldn't believe that study either, so I emailed the author of a paper published in 2004 in the journal, *Radiology*. Dr. Brenner quickly confirmed that, "The comparison is with A-bomb survivors who were a considerable distance from the epicenters (about 2.5 km), who did indeed get whole body doses that are similar to the organ doses from a single CT scan." Those survivors are part of an ongoing study on full-body radiation and its side effects. Those survivors are developing cancer at the same rate that people who get

¹⁴⁸ MacMahon B. Prenatal X-ray Exposure and Childhood Cancer, *Journal of the National Cancer Institute* 28 (1962): 1173.

¹⁴⁹ The Health Physics Society <http://hps.org/publicinformation/ate/q1084.html>

¹⁵⁰ Gofman JW. Radiation from Medical Procedures in the Pathogenesis of Cancer and Ischemic Heart Disease: Dose-Response Studies with Physicians per 100,000 Population 1999. CNR Books.

¹⁵¹ Gofman J W. Preventing Breast Cancer: The Story of a Major, Proven, Preventable Cause of This Disease. 1996. CNR Books; 2nd edition.

CT scans develop cancer. Just like your mother used to say, “Just because everyone is doing it doesn’t make it right!”

What we find in the practice of radiology is that radiologists almost never described the potential side effect of radiation or got informed consent from their patients. When you do delve into the details you find that one in 400 people who undergoes a full-body CT will develop a fatal cancer. Annual screening for lung cancer in heavy smokers can increase the chances of cancer from four to sixteen times. You may not be aware that the U.K. Royal Society has actually set an “acceptable risk” limit of allowing one in 1,000 cancers – part of the benefits outweighing the risk theory that radiologists adopt for their dangerous work. But, patients are supposed to be informed of that one in 1,000 chances of their supposedly beneficial diagnostic X-ray causing cancer in the long term.

Radiologists Don’t Even Know the Danger

In one study reported in the journal *Radiology*, 7 percent (five of 76) of patients reported that they were told about risks and benefits of their CT scan, while 22 percent (10 of 45) of emergency room physicians reported that they had provided such information.¹⁵² When further interviewed, 47 percent (18 of 38) of radiologists believed that there was increased cancer risk, whereas only 9 percent (four of 45) of emergency room physicians and 3 percent (two of 76) of patients believed that there was increased risk. All patients and most emergency room physicians and radiologists were unable to accurately estimate the dose for one CT scan compared with that for one chest radiograph.

Children’s X-rays

In a paper titled, “The crooked shall be made straight: dose-response relationships for carcinogenesis,” Dr. EJ Hall remarks that the doses due to CT scans and tomograms are much higher than A-bomb survivors and need to be monitored much more closely.¹⁵³ Hall wrote that, “An abdominal computed tomographic scan in a 1-year-old child can be estimated to result in a lifetime cancer risk of about 1:1000. In the context of radiotherapy, some normal tissues receive 70 Gy, while a larger volume receives a lower dose, but still far higher than the range for which data are available from the A-bomb survivors.” Hall was also concerned that, “New technologies such as intensity-modulated radiation therapy could result in a doubling of radiation-induced second cancers since the technique involves a larger total-body dose due to leakage radiation and the dose distribution obtained involves a larger volume of normal tissue exposed to lower radiation doses.”

¹⁵² Brenner DJ, Elliston CD. “Estimated radiation risks potentially associated with full-body CT screening.” *Radiology*. 2004 Sep;232(3):735-8.

¹⁵³ Lee CI, Haims AH, Monico EP, Brink JA, Forman HP. “Diagnostic CT scans: assessment of patient, physician, and radiologist awareness of radiation dose and possible risks.” *Radiology*. 2004 May;231(2):393-8. Epub 2004 Mar 18.

In a paper titled, "Radiation risks potentially associated with low-dose CT screening of adult smokers for lung cancer"¹⁵⁴, Dr. Brenner urges doctors to be very careful about using X-rays that may cause more harm than good. Is regular X-ray screening going to buy time for someone by diagnosing cancer in the operable stages or is it going to cause cancer itself.

We won't have time to go into the controversy about the usefulness of X-rays. Suffice to say that the population thinks they are much more effective than they really are. Take the example of medical thermography versus mammography. In my book *Hormone Balance*, I compare the two diagnostic tests. But first, I'd like to offer you a quote from Susun Weed's book, *Breast Cancer? Breast Health!*, where she quotes some very knowledgeable people on the topic of mammograms:¹⁵⁵

"The usual dose of radiation during a mammographic X-ray is from 0.25 to 1 rad with the very best equipment; that's 1-4 rads per screening mammogram (two views each of two breasts). And, according to Samuel Epstein, M.D., of the University of Chicago's School of Public Health, the dose can be ten times more than that. Sister Rosalie Bertell - one of the world's most respected authorities on the dangers of radiation - says one rad increases breast cancer risk one percent and is the equivalent of one year's natural aging.

If a woman has yearly mammograms from age 55 to age 75, she will receive a minimum of 20 rads of radiation. For comparison, women who survived the atomic bomb blasts in Hiroshima or Nagasaki absorbed 35 rads. Though one large dose of radiation can be more harmful than many small doses, it is important to remember that damage from radiation is cumulative. Many women born in the 1930s and '40s - who are now considering the benefits of postmenopausal mammographic screening - have already absorbed quite a bit of radioactivity into their breast tissues from fallout from the atomic bomb tests of the 1950s.

The American Cancer Society claims that the radiation danger from a screening mammogram is no more than that caused by natural radiation in the environment. Not so. The amount of radiation from even one breast X-ray is 11.9 times the yearly dose absorbed by the entire body, according to Diana Hunt, former saleswoman for an X-ray manufacturing company, a UCLA Medical Center graduate, and senior staff X-ray technologist for 20 years."

The alternative to mammograms is thermography. I talk about thermography in my book *Hormone Balance*. Let's first go over how thermography works. When cancer

¹⁵⁴ Hall EJ. Henry S. Kaplan Distinguished Scientist Award 2003. "The crooked shall be made straight: dose-response relationships for carcinogenesis." *Int J Radiat Biol.* 2004 May;80(5):327-37.

¹⁵⁵ Brenner DJ. "Radiation risks potentially associated with low-dose CT screening of adult smokers for lung cancer." *Radiology.* 2004 May;231(2):440-5.

cells begin dividing rapidly, their metabolic rate increases and therefore the temperature of those cells and the surrounding area increases ever so slightly. Thermography measures these temperature changes to a remarkable 1/10,000th of a degree and has the potential to detect abnormal cells in breast tissue and tumors the size of a grain of rice. A properly done thermogram can find abnormal cancer growth five to seven years before any other method. In order to feel a cancerous lump it has to be 1/2 inch in size; to be seen by a mammogram it must be at least 1/8 inch. With a thermogram, you avoid the 42 pounds per square inch weight on sensitive breasts that has been known to damage breast tissue and spread cancer cells due to the pressure. You also avoid the risk of radiation from mammograms. The type of thermography that gives the best results is called Digital Infrared Imaging (DII). It requires two pictures, one before and one after a cold challenge where you put your hands in freezing water for one minute. A computer reads the difference in the two images and determines if there is an area of increased blood circulation and heat, which is a sign of abnormal growth.¹⁵⁶

Mercury in Medicine

The danger of mercury is the topic of another book called *Mercury Madness* (Dean, 2008) published as an eBook. Mercury is second only to plutonium in toxicity. When it first began to be used, centuries ago, nobody really knew its dangers. Mercury ointment was a treatment for the skin lesions of leprosy, beginning in the 1300's. When syphilis appeared in Europe, around 1495, those same ointments were used for its skin manifestations. Its side effects slowly became known and were listed openly centuries later in old medical texts, but mercury and its side effects were tolerated because the effects of untreated syphilis were felt to be much more dangerous than the side effects of the "cure." Syphilis was responsible for keeping mercury ostensibly viable for 400 years and then its use was transferred to dental fillings.

Mercury in Vaccines

Drug companies, grown complacent by mercury's long-standing use in amalgams, insisted on using mercury as a preservative in vaccines in 1930. Because its toxicity was never brought to light and because it was known to be an antibacterial agent, it was used in vaccines without a single scientific study to prove its safety.

Ironically, the FDA in a press release of January 17, 2008 "strongly recommends that over-the-counter (OTC) cough and cold products should not be used for infants and children under 2 years of age because serious and potentially life-threatening side effects could occur." Why don't they apply this same caution to the injection of mercury into these same children?

It's not just mercury in vaccines, they also contain aluminum, formaldehyde and dozens of synthetic and animal ingredients that you may want to know about before

¹⁵⁶ Weed S. *Breast Cancer: Breast Health, The Wise Woman Way*. Ash Tree Publishing. New York. 1996.

injecting them into your child or yourself. The following website has a current list of ingredients in vaccines, with mercury described as thimerosal.
www.informedchoice.info/cocktail.html

Mercury in Dentistry

Around the 1830s, dentistry was an unregulated service. Free market medical men, barbers, and blacksmiths elbowed each other for patients. They found that mercury amalgams fitted much more easily than hot lead, and were much cheaper than gold. Since mercury fillings, technically, were outside the body, most lay dentists were not concerned about potential toxicity. Medical-dentists who were concerned tried to warn the public but the initial rush for cheap fillings drowned them out. The lay dentists and the pro-amalgam dentists became so powerful they eventually formed their own dental association in 1859, the American Dental Association (ADA). The ADA continued to promote and support the use of mercury amalgams as a safe dental product. That is until July 1, 2007 when the ADA, concerned that the FDA was finally going to regulate mercury, sent out the following notice to its membership.

Paragraph from *ADA Update*, July 1, 2007

“The FDA has been contemplating regulatory action for several years to reclassify dental amalgam as either a class 2 or 3 material. (Components of encapsulated amalgam currently are classified separately.) The ADA has supported classifying dental amalgam as a Class 2 device in the past. We expect the FDA will issue an advanced notice of proposed rulemaking (ANPR) this summer, seeking input from interested parties. An ANPR is the beginning of the regulatory process. After consideration of input generated by the ANPR, the FDA will likely issue a notice of proposed rulemaking, setting forth a specific proposal for public comment. Only after that would a new regulation be issued. At this point, we don’t know the direction the FDA will take. The agency could simply reclassify amalgam as a Class 2 material, adding special controls to its use, such as a mandatory brochure or even limited warnings, or classify it as a Class 3 material, which could result in a ban. We don’t expect the latter. We’re closely monitoring these developments and of course will offer appropriate advocacy comments and develop strategies for addressing the ANPR. We’ll also keep you updated as this process plays out.”

Dentists are now on notice from the ADA that the mercury climate is changing and many are making the transition to safer materials as they run out of their mercury supplies. Around the same time as the ADA announcement a survey of dentists showed that 52% are now mercury free.¹⁵⁷ The shift may also have to do with the fact that mercury amalgam manufacturers are trying to avoid lawsuits by labeling their products with the following warning. Mercury is a neurotoxin, a carcinogen, a teratogen, a mutagen, a nephrotoxin, and is life threatening. This puts the burden solely on dentists who use a product displaying this warning label.

¹⁵⁷ www.medthermonline.com is a safe thermography resource.

FDA Still in Denial

Only time will tell whether the FDA will regulate mercury and whether the ADA will ban it. The bottom line is that for twenty years, the FDA has refused to issue an environmental impact study on the safety, or lack of safety of mercury that is required by law. In 1998, they promised in writing they'd do so. They didn't. While waiting for the *Mercury Madness* book to be released you can read more about this issue in *Mercury Madness: FDA Still in Denial* in a NewsWithViews.com article by my frequent cowriter, Elissa Meininger.¹⁵⁸ Meininger writes that the FDA is simply not going to follow the law. Legal eagle Charlie Brown has provided a paper trail with some colorful language about the behavior of the FDA. Fed up, because of their lawless activities (running a Potemkin Village - shuffling papers to pretend to be regulating), Brown filed a lawsuit on December 28, 2007 against six individuals who have wittingly participated in this charade. The individuals include the head of the FDA and five other high-ranking officials.

¹⁵⁸ <http://newswithviews.com/Meininger/elissa3.htm>

**CHAPTER 7
DEATH BY MODERN SCIENCE**

*In summoning even the wisest of physicians to our aid,
it is probable that he is relying upon a scientific 'truth',
the error of which will become obvious in just a few years' time.*

Marcel Proust

Medical scientists are nice people, but you should not let them treat you.

August Bier (German surgeon 1861-1949)

Proust was right science is fallible. Almost every research paper you read calls for more research that investigators claim is vital. But is it vital to the research or to the public, or it is vital to continue getting grants for researchers to keep their jobs? In order to keep the granting process going, researchers can never come to a conclusion on anything they study. Continuing the research becomes far more important than any useful conclusion. Science hedged on DDT, on tobacco, on the thousands of chemicals that cause cancer - always calling for more “research” and never coming to a conclusion to help warn and protect the public. Meanwhile, the population waits and sickens and dies. Even as people suffer, we are still told that we don’t even know if exercise is necessary or eating healthy food is beneficial, when common sense tells the truth.

Scientific research usually tests one thing at a time. Most of the testing is on one drug to see how it performs against a placebo. When this method of scientific research is applied to nutrients, you don’t get the full picture of how a nutrient does its job. It never works alone. In fact, nothing in the body works solo. Vitamins and minerals are called co-factors, and work alongside thousands of enzymes. Nutrients also work together. Vitamin C and Vitamin E work together to reduce lipids and prevent blood clotting in subjects with diabetes, cerebral arteriosclerosis, or a heart disorder.

Why Most Published Research Findings are False

John Ioannidis wrote this title and an accompanying article about the false findings in the majority of published research claims. He makes the incredible statement that. “ It can be proven that most claimed research findings are false.”

Here is the summary of his paper, which you can read on PLoS, a peer-reviewed open-access journal published by the Public Library of Science.¹

Summary

There is increasing concern that most current published research findings are false. The probability that a research claim is true may depend on study power and bias, the number of other studies on the same question, and,

importantly, the ratio of true to no relationships among the relationships probed in each scientific field. In this framework, a research finding is less likely to be true when the studies conducted in a field are smaller; when effect sizes are smaller; when there is a greater number and lesser preselection of tested relationships; where there is greater flexibility in designs, definitions, outcomes, and analytical modes; when there is greater financial and other interest and prejudice; and when more teams are involved in a scientific field in chase of statistical significance. Simulations show that for most study designs and settings, it is more likely for a research claim to be false than true. Moreover, for many current scientific fields, claimed research findings may often be simply accurate measures of the prevailing bias. In this essay, I discuss the implications of these problems for the conduct and interpretation of research.

Medical Ethics and Conflict of Interest in Scientific Medicine

Dr. Marcia Angell asks whether academic medicine is for sale in her 2004 book, *The Truth about the Drug Companies: How They Deceive Us and What To Do About It*. Jonathan Quick, Director of Essential Drugs and Medicines Policy for the World Health Organization, wrote in a recent WHO Bulletin: "If clinical trials become a commercial venture in which self-interest overrules public interest and desire overrules science, then the social contract which allows research on human subjects in return for medical advances is broken."¹⁵⁹

Most Prescription Medicines Don't Work

A senior executive with GlaxoSmithKline (GSK) in the U.K. stunned the medical world on December 8, 2003 when he publicly stated that most prescription medicines do not work on most people who take them.¹⁶⁰ Those of us who have studied drug side effects for decades know that they can often be ineffective as well as dangerous. But for Dr. Allen Roses, worldwide vice-president of genetics at GlaxoSmithKline (GSK), to admit that less than half of the patients taking blockbuster drugs actually benefit from them sounded, at first, like mutiny.

The U.K. has the same problem with its health care system as North America. Only days before Dr. Roses spoke at a scientific meeting in London, the National Health Service reported that the total cost of drugs had soared by 50 percent in the previous three years, from £2.3bn a year to an annual cost to the taxpayer of £7.2bn. Another announcement by GSK the previous week promoted a line up of 20 or more new drugs under development that could each earn the company up to \$1 Billion (£600m) a year.

Pharmacogenomics

Dr. Roses is an academic geneticist originally from Duke University in North Carolina. In his talk he cited figures on how well different classes of drugs work in

¹⁵⁹ World Health Organization, Press Release Bulletin #9, December 17, 2001.

¹⁶⁰ Connor S. "Glaxo chief: 'Our drugs do not work on most patients.'" *The Independent*. December 8, 2003.

real patients. And he probably knew just what he was doing — heralding the “brave new world” of genetic engineering and genomics. When you want to promote a new therapy, you have to prove that the previous one is not doing the job or that the new modality at least improves on existing technology. Roses was doing just that when he talked about drugs for Alzheimer's disease working in less than one third of patients, and cancer chemotherapy being effective in less than one in four. Drugs for migraines, osteoporosis, and arthritis do somewhat better and work in about half the patients. His final analysis was that more than 90 percent of drugs work in only 30 to 50 percent of people.

The reason that drugs work effectively, on average, in less than one half of patients, according to Dr. Roses, is because their genetic makeup interferes with the medicine in some unknown way. Some people thought it was a gaffe but others admitted that, "Roses is a smart guy and what he is saying will surprise the public but not his colleagues. He is a pioneer of a new culture within the drugs business based on using genes to test for who can benefit from a particular drug."

Roses is on a mission to promote his field of "pharmacogenomics", which applies human genetics to drug development – identifying "responders", people who benefit from the drug - with a simple and cheap genetic test that can be used to eliminate those non-responders who might benefit from another drug. It may be the trend in medicine but it does fly in the face of industry marketing drugs to the masses, not a select few.

Drug Treatment	Drug efficacy %
Alzheimer's	30
Analgesics (Cox-2)	80
Asthma	60
Cardiac Arrhythmias	60
Depression (SSRI)	62
Diabetes	57
Hepatitis C (HCV)	47
Incontinence	40
Migraine (acute)	52
Migraine (prophylaxis)	50
Oncology	25
Rheumatoid arthritis	50
Schizophrenia	60

Diverting Science From Nutrition

The late Dr. David Horrobin, a psychopharmacologist and a pioneer in the field of essential fatty acids, asked the quintessential question in his article, *“Why do we not make more medical use of nutritional knowledge? How an inadvertent alliance between reductionist scientists, holistic dietitians and drug-oriented regulators and governments has blocked progress.”* He was probably frustrated with being

misquoted so often over the years, thus he made his point perfectly clear in the unwieldy title of his paper.¹⁶¹

Dr. Horrobin was a brilliant researcher who questioned whether there was “Something Rotten at the Core of Science?” in a 2001 issue of *Trends in Pharmacological Sciences*.¹⁶² Commenting on an analysis of the medical journal peer review system and a U.S. Supreme Court decision which questioned the authority of peer review, Dr. Horrobin concluded that, “Far from filtering out junk science, peer review may be blocking the flow of innovation and corrupting public support of science.

Horrobin and a handful of scientists have complained about the peer review process for decades, to no avail. A crack in the armor began in earnest when two researchers, Rothwell and Martyn, laboriously evaluated reviews of papers submitted to two neuroscience journals. They performed a statistical analysis on the correlations among reviewers' recommendations. They concluded that none of the reviewers seemed to agree on anything! Horrobin lamented that, “The core system by which the scientific community allots prestige (in terms of oral presentations at major meetings and publication in major journals) and funding is a non-validated charade whose processes generate results little better than does chance. Given the fact that most reviewers are likely to be mainstream and broadly supportive of the existing organization of the scientific enterprise, it would not be surprising if the likelihood of support for truly innovative research was considerably less than that provided by chance.”

Horrobin noted that scientists often become angry because the public rejects the results of the scientific process. However, the Rothwell and Martyn report indicates that the public may be on the right track and is waiting for science to do more than just state its superiority but actually put itself to objective evaluation. Dr. Horrobin found that in the midst of the rejection of science by the public there is also the fact that pharmaceutical research is failing. As stated by Angell previously, the annual number of new chemical entities submitted for approval is steadily declining. Horrobin concluded that drug companies are merging because of failure; it is not a measure of success.

In his field of psychopharmacology, Dr. Horrobin said he was able to find no improvement in the treatment of depression and schizophrenia in the past forty years. “Is it really a success that 27 of every 100 patients taking the selective 5-HT reuptake inhibitors stop treatment within six weeks compared with the 30 of every 100 who take a 1950's tricyclic antidepressant compound?”

¹⁶¹ Horrobin DF. “Why do we not make more medical use of nutritional knowledge? How an inadvertent alliance between reductionist scientists, holistic dietitians and drug-oriented regulators and governments has blocked progress.” *Br J Nutr*. 2003 Jul;90(1):233-8.

¹⁶² Horrobin, DF. “Something Rotten at the Core of Science?” *Trends in Pharmacological Sciences*, Vol. 22, No. 2, February 2001.

The Future of Medicine - Is it Genetic Engineering?

What is the future of human genetic engineering? This is the question asked by Dr. William Leiss, past President of the Royal Society of Canada and a widely sought after advisor on the social and ethical implications of “risk controversies and public policy.” In an interview available online, Leiss⁹ attempts to warn government and the public about galloping technology. Dr. Leiss says there is an unresolved tension between two competing aspects of the scientific revolution in the modern world. There is a battle between inventive science - the creation of products, and transformative science, which results in cultural change. Inventive science goes from triumph to triumph virtually uncontested and is bolstered by unlimited funding. Even though Francis Bacon in the 1600’s championed inventions as a way of improving the human race, it was not until the end of the 1800’s that Bacon’s dream was realized. The first inventions were in the field of chemistry. Transformative science was championed in the 1700’s as a way of not just understanding and overcoming nature but as an important new way of organizing the basis of social institutions, promoting universal education and rendering social policies and institutes more humane and just.

Dr. Leiss reminds us of the many risks we have overcome through advancement in invention and transformative science. Where would we be if it were not for the many products that have advanced the world through childbirth morality, infant and childhood mortality, infectious diseases, malnutrition, personal security, accidents, birth control, treatment of mental disorders reflected in an increase in average lifespan? Bacon would be happy that we have achieved results far beyond what he had expected, however, Leiss is afraid we don’t know when to put the brakes on technology. He also asks why have we accepted without challenge most new inventions that have darkened our door?

When it comes to genetic engineering, affecting our very DNA, proponents envision programming perfection in humans, doubling the human lifespan, and developing entirely new life forms once scientists have mastered the necessary genome that will sustain human life.

Leiss thinks that by the late 19th century, the products of science began to be more important than improvement of society through transformative science. He reminds us that World War II brought us extremely close to nuclear war and changed the world immeasurably. But Leiss feels the final frontier is biotechnology that is capable of “modifying” genes at the embryo stage. For neurodegenerative diseases like Huntington’s Chorea, this treatment could be a miracle. But what is to stop scientists from enhancing normal performance and creating super geniuses, super athletes, super entertainers, or super politicians. Many questions are yet to be asked. How will these changes affect the gene pool? What about the notion of extending human life? Leiss, with tongue firmly in-cheek, speculates about a 200-year life span and spending the last 100 years of life on cruise ships!

Dr. Epstein, a professor of environmental and occupational medicine at The School of Public Health, University of Chicago, spoke at The Lighthouse in New York on November 11, 2001. He said that this century has seen the emergence of new technologies: petrochemicals developed around 1940 with new methods of fractional distillation creating 1 billion pounds in 1940, 50 billion by 1950 and now an annual production of 900 billion pounds; a second concern is nuclear technology and fuel; a third is genetic engineering, an emerging technology with the potential for irreversible health effects. Epstein says, these technologies outstrip any social mechanism that would try to control them. Therefore, we have a complex set of factors, which add up to seeing the actual abolition and desecration of democratic structure by corporate influences on national and government levels. Most journalists in a knee-jerk reaction cheer on the technologies, says Dr. Epstein, and furthermore, they never see a carcinogen they don't like.

Is There Room in the Gene Pool for Pharmacogeneticists?

Less than six months after Dr. Roses made his startling announcement that 90 percent of drugs only work on 30-50 percent of the population, GlaxoSmithKline (GSK) sponsored a special edition of the well-known scientific journal, *Nature*. It was called "Nature: Insight on Human Genomics and Medicine" and GSK defined the parameters of the journal as follows:

1. Pharmacogenetics - exploring the genetic basis for drug response to find the right medicine for the right patient
2. Disease Genetics – studying patient populations with common disease: asthma, depression, COPD, osteoarthritis, early onset heart disease, migraine – in order to identify disease susceptibility genes
3. Genomics/Proteomics - understanding the functions of genes, proteins, and their complex interactions to discover and validate new drug targets and biomarkers
4. Bioinformatics - combining biology, genetics, statistics, and computer science to better understand biological target and pathway information.

The GSK call-to-action phrase is, "Priming the Pharmaceutical Pipeline in the Post-Genomic Era." GSK tried to distance itself from the gene hoopla of the past decade by stating that, "Genomic hype, with its immediate, inflated goals, has given way to the intelligent use of genetics, genomics, proteomics, and bioinformatics in drug discovery and development." It's stated goal is to determine an individual's genetic susceptibility to a particular medication. A picture of an adorable 5 year-old named Zack framed the closing message of the GSK introduction. The caption read, "We have thousands of reasons to use genetics in the discovery of new drugs. Zack just happens to be one of them. At GlaxoSmithKline, we make discoveries in medicine everyday. Yet, we never forget the real inspiration behind all our hard work. Do more. Feel better. Live longer. We have thousands of reasons to use genetics in the discovery of new drugs."

It seems that Big Pharma is willing to give up the one-size-fits-all strategy that has made it billions of dollars, in favor of manipulating drugs and genes. Rather than improving individual biochemistry with the use of nutritional products, it will keep its drug monopoly by trying to make the drug fit you and not you to fit the drug.

Suppression of Alternative Medical Modalities

While we have talked about the rush to implement new technology, that haste has never been observed when big business or Big Pharma did not control the modality. Brilliant medical modalities, invented by luminaries like Gaston Naessens, Royal Rife, and Stanislaw Burzynski, have been actively prevented from reaching the public. The suppression of about a dozen alternative and traditional medical modalities is covered in Daniel Haley's *The Politics of Healing*. Howard Strauss' book *Healing the Hopeless* describes the effective, yet suppressed, work of his grandfather, Dr. Max Gerson and his Gerson Therapy.

The Scientific Method

It is agonizingly clear to people working with nutritional medicine that it is almost impossible to design the proper "scientific" experiments that can "prove" that diet, vitamins, minerals, and accessory nutrients can have a positive effect on health and disease. The reason being that a double blind scientific experiment isolates one drug, or in this case, nutrient, and gives it to half the participants and gives a placebo to the other half in order to determine if there is a difference. When dealing with chronic conditions, the isolation of one nutrient to determine its effects seems an impossible task. Common sense should tell you that the variables of diet and lifestyle and nutrients could not be isolated and studied independently when it is the interaction of all these variables that creates life itself. Vitamin therapy has been actively discouraged because it competes with Big Pharma's agenda of a drug monopoly.

Medicine, unlike other professions, has not allowed its so-called scientific methodology to undergo the purge of intellectual and intuitive brainstorming. Perhaps we are spending all our time trying to fit round pegs into square holes. The new conditions that are affecting people need more imaginative thinking than we are allowing. In part, this is because the specialists are busily trying to protect their own turf. When researching minerals I have to interview physicists, biochemists, geologists, and clinicians separately because there are no forums where they share information.

Germ Versus Host

Pasteur and Bechamp were rivals. Pasteur promoted his germ theory that germs attack us and we fall ill. Bechamp believed that our "terrain" or inner environment determines whether or we will succumb to an infection. Does an organism attack and conquer any and all individuals it comes in contact with or does an individual's lack of resistance or inherent condition allow an organism to take hold? Common sense tells us that's it's a bit of both, not one or the other. But it's obvious that Pasteur won the battle and we are left with the belief that we poor unsuspecting

individuals standing around minding our own business are attacked by merciless germs and there is not one thing we can do about it. The germ theory, to a certain extent, relieves us of responsibility for our part in illness and has focused medicine for a century on finding drugs to kill the offending germs.

Death by GE Foods

We've touched upon the overuse of antibiotics and hormones in animals and the deficiency of minerals in the soil. But we have not addressed the worldwide problem of genetically engineered foods. There is growing evidence that GE foods have lower nutritional value; can be highly allergenic; people can develop antibiotic resistance from GE crops; pollute the environment; transfer GE genes to wild or cultivated plants; create new viruses and toxins; threaten crop diversity. The rise in allergies over the past decade parallels the introduction of GE foods into our diet.

Environmentalists say we can protect ourselves from GE foods by supporting organic farming and helping to ensure that organic standards remain strict. However, that doesn't prevent the accidental or deliberate contamination of our food supply with GE foods. And we must be prepared to define organic standards, which are constantly being threatened. Big Agra would like to loosen the standards on organics so that it can use sewage sludge, GE seeds, and irradiation and still declare its products organic.

In September 2006 Greenpeace announced that an unapproved GE rice being tested by the Bayer Corporation in the U.S. was found in the marketplace in China and Germany. The rice, genetically engineered to withstand heavy application of glufosinate a powerful herbicide, had apparently contaminated U. S. long grain rice with no way of knowing the extent of adulteration. While Greenpeace is testing rice around the world for the mutant form, the answer from the USDA is to fast track the experimental rice and allow it on the market in spite of protests about not enough safety testing, potential allergies and other health risks. The USDA is trying to head off a legal nightmare for Bayer since its GE rice could already be in U.S. food products and an international trade catastrophe. Japan is banning all U.S. rice imports and Europe is rejecting all imports that test positive for contamination.

Keep up to date on the GE foods battle at <http://www.i-sis.org.uk/index.php>, the home site of scientist-activist Dr. Mae-Wan Ho.

Death by Nanotechnology

Did you know that tiny man made particles, one billionth of a meter in size, smaller than a cell but larger than an atom are invading our world? Nanotechnology is a new science that claims these tiny particles have many advantages and has unleashed them into the marketplace. They make products like cosmetics, shampoos, and sunscreens smoother. They allow gears and moving parts in machinery more mobility. They are being tested in gene therapy delivery systems and cancer diagnostic tests. Their applications are unlimited and their use is widespread but

they haven't been tested for their health effects. Nanoparticles are so small that they are absorbed through the skin and can end up anywhere in the body. Lab testing does show that they can cause inflammation, brain cell damage, and can be carcinogenic.¹⁶³

¹⁶³ http://www.organicconsumers.org/2006/article_2152.cfm

CHAPTER 8 DEATH BY CANCER INC.

Money often costs too much.
Ralph Waldo Emerson

Millions of doctors have studied disease. Few have studied health.
-Anonymous

Why Fix a System That's Earning Billions

Drug companies and modern medicine do not see the need to change what they are doing. After all they are making billions of dollars, so their strategists wonder why they should change a winning game. Doctors are earning a sizeable income, and American medical conventions attract 20,000-30,000 participants where newer and more expensive drugs and surgical techniques are touted. Modern medicine is very pleased with the monopoly it has created. However, for the majority of North Americans, modern medicine is a losing game. This is nowhere more evident than in the business of cancer.

Cancer Inc.

If something is not working in a business do we keep doing what doesn't work? Absolutely not! That would be stupid if not insane. Therefore why do we keep using the same methods of attack on cancer when forty years of the same approach has been disastrous? That is, if one questions whether our end point is to save more lives!

You may think that there is no other way to treat cancer than by surgery, chemotherapy, and radiation because your information about this disease comes from modern medicine alone. Media coverage of cancer reinforces the modern medicine way to treat this devastating disease every day. Unfortunately, we don't hear about the major advances that have been made using natural medicine. In fact, as much as there is a war on cancer, there seems to be a war against people finding out that there are alternative treatments to cancer and there are even more ways we should be mobilizing our society to prevent the disease in the first place. The war on cancer exemplifies the rigidity of modern medicine and the extent to which the medical establishment and the pharmaceutical companies will go to maintain a monopoly on medicine, even if it is killing us.

Losing the War on Cancer

The following overview of the failing war on cancer will make many feel uncomfortable. Almost all of us have been touched by cancer and pray that we do the right thing for our loved ones when they develop this disease. This overview

may make us mad because we haven't done enough to ensure that our loved ones have gotten the proper care. But this section on cancer and the entire chapter and book should make us question why we are allowing modern medicine to continue to operate as a monopoly and not a more level playing field with other therapies.

Medical cancer writer, Dr. Ralph W. Moss, Ph.D., in his *Weekly Cancer Decisions* newsletter about the 40th annual meeting of the American Society for Clinical Oncology (ASCO) in 2004 states that he found, in spite of the fact that one doctor presented a report showing that 91 percent of cancer patients seek some form of alternative medicine (what we call natural medicine), there were almost no presentations on cancer and natural medicine at the conference.¹⁶⁴ It's as if it doesn't even exist.

We all know that cancer is a big business; you may not know that modern medical conventions themselves are also big business. It is not unusual to see ten, twenty, or even thirty thousand participants in convention centers the size of small towns. At this particular ASCO convention, Dr. Moss reports that there were 25,000 participants, mostly medical oncologists. To give some perspective, a traditional medical conference of naturopathic doctors, alternative medicine practitioners, herbalists, or acupuncturists, at most might have 1,000 attendees.

As Dr. Moss notes, thousands of cancer doctors "... came to lecture and be lectured to about the latest advances in cancer treatment. In addition to the gargantuan plenary sessions, there were hundreds of smaller sessions, approximately 1,500 poster and oral presentations, and 8,500 other research summaries given as abstracts."

Chemotherapy Cocktails

The focus of the research presented was on how to mix different chemotherapeutic drugs with what is called "targeted drug therapies". There were no new breakthroughs; nobody talked about the failure to win the war on cancer. They just continued the illusion that they are heroes fighting the war on cancer and helping people.

Fortune Magazine's Expose' on Cancer

Clifton Leaf, Executive Editor of Fortune magazine and himself a survivor of adolescent Hodgkin's disease, also reported on this particular convention, his own personal experience, and his research into the war on cancer. His article, "Losing the War on Cancer," in Fortune, March, 2004, is nothing short of devastating but netted barely a blip on the radar screen of the major media.¹⁶⁵

Mr. Leaf said that we hear every day about new cancer drug breakthroughs that

¹⁶⁴ Moss RW. *WeeklyCancerDecisions.com Newsletter* #137. June 13, 2004.

¹⁶⁵ Leaf C. "Losing the War on Cancer." *Fortune*, March, 2004.

claim the cure is in sight. "But it's not," he says. "Hope and optimism, so essential to this fight, have masked some very real systemic problems that have made this complex, elusive, relentless foe even harder to defeat... we are far from winning the war. So far away, in fact, that it looks like losing."

Here are some shocking facts (presented in point form) about our losing battle that Mr. Leaf expanded on in his widely read mainstream journal. While they are U.S. statistics, we can apply them equally to Canadians suffering with this disease and to the war on cancer in Canada:

1. Each and every 14 months, more Americans will die from cancer than have died from every war that the U.S. has fought... combined.
2. Cancer is about to replace heart disease as the number one U.S. killer. It is already the biggest killer in many age groups. (Our Death by Medicine statistics show that the number one killer is medical errors. See Appendix B.)
3. Even adjusting for age, the percentage of Americans dying from cancer is about the same as it was in 1971 (when Nixon declared the war on cancer) or even back in 1950!
4. The much-touted improvement in survival from cancer is largely a myth. "Survival gains for the more common forms of cancer are measured in additional months of life," says Leaf, "not years." Yet the headlines try to make it seem like much more.
5. Most of the improvement in longevity of cancer patients can be attributed to lifestyle changes (the promotion of which has not been a conspicuous priority for the National Cancer Institute) and especially to early detection.
6. A few dramatic breakthroughs (such as in Hodgkin's disease) occurred in the early days of the war on cancer. There has been little substantial progress in recent decades... despite nearly ubiquitous claims to the contrary.
7. According to one biostatistician at M.D. Anderson Cancer Center, long-term survival from common cancers (such as prostate, breast, colorectal and lung) "has barely budged since the 1970's."
8. According to Andy Grove, the chairman of Intel and a major cancer financier, "It's like a Greek tragedy. Everybody plays his individual part to perfection, everybody does what's right by his own life, and the total just doesn't work."
9. The cancer effort is "utterly fragmented - so much so that it's nearly impossible to track down where the money to pay for all this research is coming from."
10. Leaf estimates that U.S. \$14.4 billion is spent each year on cancer research alone. "When you add it all up, Americans have spent... close to \$200 billion, in inflation-adjusted dollars, since 1971." It is certainly justifiable to ask for an accounting.
11. Research has become increasingly *irrelevant* to the real-life problems faced by cancer patients. "The narrower the research niche," says Leaf, "the greater the rewards the researcher is likely to attain."

The Basic Flaw of Cancer Research

Leaf warns that cancer research is fundamentally flawed in its orientation. He says this is because cancer scientists have applied the same tactics they have in all other diseases and self-confidently created "animal models" and artificial cell lines that supposedly mimic an equivalent human disease, such as breast, colon or lung cancer. These scientists then triumphantly "cure" cancer in these laboratory models over and over again with their chemotherapy drugs.

But cell lines and tumors growing in mice are drastically different from spontaneous human tumors, the kind that afflict us and our mothers and fathers. When you begin with a flawed model, you end up with flawed results. People that try to keep up with cancer research have become accustomed to an endless series of so-called breakthroughs in mice that *never* seem to work in clinical trials in actual human patients. But by that time there is no headline telling people about yet another failure, we just keep seeing the false-hope headlines.

Various researchers in Mr. Leaf's article made the following statements:

"A fundamental problem, which remains to be solved in the whole cancer research effort, in terms of therapies, is that the pre-clinical models of human cancer, in large part, stink." -Dr. Robert Weinberg, Massachusetts Institute of Technology (MIT).

"Cancer researchers say, 'I've got a model for lung cancer!' "Well," says Prof. Bruce Chabner of Harvard University, "It ain't a model for lung cancer, because lung cancer in humans has a hundred mutations. It looks like the most complicated thing you've ever seen genetically."

"Hundreds of millions of dollars are being wasted every year by drug companies using these models," says Weinberg. "But with the huge profits to be made from tumor-shrinking drugs... what incentive do they have to stop?"

"It is exciting to see a tumor shrink in mouse or man and know that a drug is doing that," says Leaf. "It is a measurable goal." But, he adds, "Tumor regression by itself is actually a lousy predictor for the progression of disease." The sad truth is that "regression is not likely to improve a person's chances of survival."¹⁶⁶

Turning a Blind Eye to Metastases

By contrast, what really matters, says Leaf, is stopping metastases (secondary growths), which kill the great majority of cancer patients. "So you'd think that cancer researchers would have been bearing down on this insidious phenomenon for years," he says. In reality, quite the opposite is true. Fortune magazine's examination of NCI grants, going back to 1972, revealed that less than 0.5 percent of study proposals focused primarily on metastases. Of nearly 8,900 grant proposals awarded last year, 92 percent didn't even mention the word metastasis.

¹⁶⁶ <http://www.wrongdiagnosis.com/c/cancer/basics.htm>

According to Dr. Josh Fidler of M.D. Anderson, the study of metastases is avoided by cancer researchers because it is a tough and so far unfruitful field, and not likely to yield quick and easy results. Instead, researchers focus on techniques and avenues that they know will produce measurable results in the laboratory. The attitude, Fidler says, is, "Here's an antibody I will use, and here's blah-blah-blah-blah, and then I get the money."¹⁶⁷

The current crop of new cancer drugs is also roundly criticized in Mr. Leaf's article. A European study showed that of twelve new anticancer drugs approved in Europe between 1995 and 2000, none were any better in terms of improving survival, quality of life, or safety than those they replaced. The only advantage of producing these new drugs was for the drug companies because they were many times more expensive than the older drugs. Leaf says that one drug was 350 times more costly.

How on earth do these drugs become approved if they don't do anything and cost so much? For example, Avastin, Leaf learned, "managed to extend the lives of some 400 patients with terminal colorectal cancer by 4.7 months." About Erbitux, at a weekly cost of \$2,400, Leaf said, "Although it did indeed shrink tumors, it has not been shown to prolong patients' lives at all."¹⁶⁸ It becomes a terrible gallows joke: the tumor shrunk but the patient died. Yet the shrinking tumor is all that the drug companies seem to care about so they can promote their cancer drugs on that basis.

Is Anybody Listening?

What happened to Leaf's important documentation of the demise of cancer research? Not much at all. You would expect it to make the headlines and for him to do the round of talk shows. But no such thing happened. Dr. Moss noted, "The total number of citations at Google News for this article was about three (out of 4,500 news sources). By comparison, at the time of its announcement, Erbitux was generating over 1,000 articles per day in the same search engine."¹⁶⁹ The Big Business of the cancer industry itself is surviving because of the support of Big Media. Drug companies and their advertising agencies provide the media content, advertising copy, and funding for the thousands of media outlets that brainwash us with direct-to-consumer advertising.

Enough to Make You Weep

Dr. Moss ends his report with a comment on the lack of attention paid to Mr. Leaf's Fortune magazine article. He says, "It is enough to make the angels weep." Moss knows that along with the war on cancer there is also a war between modern medicine and anything that looks like a competitive challenge against it, rather than an opportunity to help society. Moss embraces natural medicine's options and choices offering solutions to the open minded. In his book, *Cancer Therapy* and

¹⁶⁷ <http://www.wrongdiagnosis.com/c/cancer/basics.htm>

¹⁶⁸ Leaf C. "Losing the War on Cancer." *Fortune*, March, 2004.

¹⁶⁹ www.toxicteeth.org/Mercury%20survey.pdf

Antioxidants Against Cancer, Moss reviews over a hundred natural treatments, many of which could be usefully pursued by those trying to treat or prevent cancer.

Chemotherapy Does Not Cure

Dr. Ralph Ross' book review of *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer* by Shannon Brownlee picks up where the Fortune magazine article ends.¹⁷⁰ Brownlee "became interested in the largely hidden and unexplored issue of over treatment when, in 1999, as a staff medical writer at US News & World Report, she began researching high dose chemotherapy and bone marrow transplantation - a drastic treatment for breast cancer that was then causing immense excitement in the media and medical profession. More than 40,000 women underwent this procedure, and more than 9,000 died as a direct result of it, before properly designed clinical trials showed unequivocally that high dose chemotherapy and bone marrow transplantation was no better than standard treatment."

Moss quotes Brownlee saying:

"As I dug more deeply into the history of high dose chemotherapy, I learned that medicine was often driven more by money than by science, and that many of the "cures" that we in the press wrote about over the years didn't pan out when - and if - they were actually put to a test. I also began to wonder about the connections between the lack of good science behind a lot of medicine and our health care system. Why was American health care so much more expensive per capita than health care in other industrialized countries, and getting pricier by the year? And why were our health statistics so much worse?"

U.S. Cancer Costs

The National Institutes of Health published "The National Economic Burden of Cancer" in 1990. At that time, the direct cost of cancer, derived from the figures for care of patients was \$35.3 billion. This did not include lost productivity from absence from work, or lost productivity due to premature death. The amount paid for all health care costs in 1990 was \$585 billion.¹⁷¹

The National Cancer Institute (2003) published an update on cancer costs at their website, ironically calling it "Cancer Progress Report 2003".¹⁷² But we aren't making progress against cancer. Although the report claims to be a 2003 update, its figures only go up to 1995 - "the most recent year for which there is information". In 1995, cancer treatment accounted for about \$41 billion, almost 5 percent of total U.S. spending for medical treatment. From 1985 to 1995, the overall costs of treating

¹⁷⁰ Moss RW. *WeeklyCancerDecisions.com Newsletter* #137. June 13, 2004.

¹⁷¹ Brown, M.L. "The National Economic Burden of Cancer: An Update." *Journal of the National Cancer Institute*. 1990;82:1881-1814. Office of the Actuary, Health Care Financing Administration.

¹⁷² Brown ML, Lipscomb J, Snyder C. "The burden of illness of cancer: economic cost and quality of life." *Annual Review of Public Health*. 2001;22:91-113.

cancer more than doubled. Cancer spending includes an additional \$5 billion to \$10 billion in 2000 spent on cancer screening.

Based on 1990 data, the total economic burden of cancer in 1996 was an estimated \$143.5 billion, which included direct and indirect medical costs, and costs of lost productivity. The authors of the report acknowledged that, "Treatment of breast, lung and prostate cancers, account for more than half of the direct medical costs." Almost a decade later, we wonder what the total cost of cancer is today.

Cancer Costs in Canada:

From the website wrongdiagnosis.com comes an in-depth overview of the cost of cancer, giving us some mind-numbing statistics about how much we are spending with very little visible return.³

The following are statistics with their source in brackets:

1. \$14.2 billion was spent on cancer in Canada 1998 (Surveillance and Risk Assessment Division, CCDP, Health Canada) (Note the U.S. spends almost as much on research alone - \$14.4 billion, as Canada spends on all cancer care.)
 - a. \$2.5 billion went toward direct costs for cancer in Canada 1998 (Surveillance and Risk Assessment Division, CCDP, Health Canada)
 - b. \$1.8 billion in hospital care for cancer in Canada 1998 (Surveillance and Risk Assessment Division, CCDP, Health Canada)
 - c. \$210 million spent on treatment drugs for cancer in Canada 1998 (Surveillance and Risk Assessment Division, CCDP, Health Canada)
 - d. \$80 million spent on research for cancer in Canada 1998 (Surveillance and Risk Assessment Division, CCDP, Health Canada)
 - e. \$11.8 billion in indirect spending for cancer in Canada 1998 (Surveillance and Risk Assessment Division, CCDP, Health Canada)
 - f. \$962 million in long-term disability costs for cancer in Canada 1998 (Surveillance and Risk Assessment Division, CCDP, Health Canada)
 - g. \$174 million in short-term disability costs for cancer in Canada 1998 (Surveillance and Risk Assessment Division, CCDP, Health Canada)

2. The 3rd greatest health expense in Canada is cancer (Canadian Cancer Statistics, National Cancer Institute of Canada, 2004)

The Cancer Business in Canada

Helke Ferrie, in her *Vitality* magazine article "New Perspectives in the War on Cancer," sheds light on the business of cancer. Helke reports on two Canadian cancer conferences held in 1999.

Conference speakers and participants came from fifty-five countries around the world with a universal declaration that Tamoxifen, gene therapy, and mammograms were dangerous illusions. "Everyday Carcinogens: Stopping Cancer Before it Starts" was held in Hamilton in March 1999, and the five-day "Second World Conference on Breast Cancer" occurred in July in Ottawa. In 1999 cancer was claiming the lives of

one in four, and one in two people would develop it in their lifetime. Those cancers that continue to skyrocket are hormone dependent cancers of the breast, prostate, and testicles, and various cancers in children.

Cancer Prevention is Crucial

Experts at these two conferences made it clear that the causes of cancer are known and because they are known, cancer can be prevented. In Canada, of the \$100-million budget of the Canadian Cancer society, not a single grant application in 1998 dealt with prevention. Less than 3 percent of the annual U.S. National Cancer Institutes' budget is spent on prevention, which usually amounts to antismoking programs. Important as those programs are, it is the cancers unrelated to smoking, drinking, lack of exercise, etc., that have increased the most. .

It was at the Health Canada-sponsored conference in Hamilton that Dr. Samuel Epstein made the following bold and truthful statement in his keynote speech: "Preventive oncology is an oxymoron. We have so much information on cancer prevention, which we are not using. I wouldn't give a damn if we didn't do any more research for the next 50 years." Dr. Epstein, professor of environmental and occupational medicine at The School of Public Health, University of Chicago, was instrumental in the ban on DDT and is a life-long promoter of cancer prevention. At the Hamilton conference, Dr. Epstein lambasted the cancer societies blaming *them* for the cancer epidemic by saying that, "The worldwide cancer epidemic is primarily the responsibility of the cancer establishment, comprised of the American and Canadian Cancer Societies and the National Institutes of Health of both countries. On their boards sit people who are directly connected to the very industries that are known to produce carcinogens."¹⁷³

Causing Cancer and Selling the Cure

Helke Ferrie writes that drug companies profit from causing cancer and from treating it. Ferrie wrote that, "Zeneca's annual revenues from the cancer drug Tamoxifen are at \$470-million; the same company also makes over \$300-million annually on the carcinogenic herbicide, Acetochlor, and other chlorine products."

Current therapy was put in its place as Dr. Epstein described the breast cancer prevention drug Tamoxifen as a "a rip-roaring liver carcinogen." Dr. Rosalie Bertell, a Grey Nun, who is an internationally respected radiation expert, showed evidence that mammography is only able to diagnose cancer seven years after it begins. Even worse, the ionizing radiation is cumulative, which translates into mammography causing more cancer than it detects. Even when there are safe alternatives, such as thermography, the mammogram industry still holds sway. (See the Resources section for information on thermography.)

¹⁷³ "Everyday Carcinogens: Stopping Cancer Before It Starts." March 26-27, 1999. McMaster University, Hamilton, Ontario.

The Genetic Distraction

Trying to blame cancer on genes is another story created by drug companies to direct funding to research in that area. The theory that cancer is genetic is a marketing myth that was roundly rejected by experts at the two 1999 Canadian conferences. The worldwide epidemic of cancer has happened in the last two generations, far faster than could be expected by evolutionary mutation. Ferrie quotes a blunt statement made by Dr. Susan Love in the documentary film *Exposure*: "We have perfectly good genes, and then something comes along to screw them up."

We all know that "something" is the chemical soup we live in presented to us by the chemical industry, agriculture, and the military. Other powerful women spoke up at the Hamilton conference. Nancy Evans, a well-known documentary filmmaker warned, "We have become the bodies of evidence." Cornell University ecologist and author of *Living Downstream*, and *Having Faith: An Ecologist's Journey to Motherhood*, Sandra Steingraber, told the audience, "A cancer cell is made, not born." Steingraber noted in her second book that "After the tuna sandwiches and cow's milk are all consumed, there still remains one more chance for the contaminants they carry to magnify, and that takes place inside the breasts of nursing mothers, where the calories gleaned from food are transferred into human milk. When it comes to persistent organic pollutants, breast milk is the most contaminated of all human foods." Her book, *Having Faith* makes adopting The Precautionary Principle mandatory.

The Precautionary Principle

Dr. Devra Lee Davis, internationally renowned toxicologist and epidemiologist of the World Resources Institute in Washington, D.C., spoke about the need to adopt the precautionary principle. If instituted, this would require industry to prove that a new substance causes no harm. It is an incredibly timely and valid idea. However, industry will fight against any tampering with its right to sell chemicals. At present, citizens in North America have to prove a substance is dangerous before it can be banned or restricted.

Dr. Steingraber, who is also a U.S. presidential advisor on cancer prevention, says the prevention of cancer has "become a human rights issue" which can only be tackled with "old-fashioned political organization". That is why she, along with many other "scientists, are now going directly to the public" in order to expose "the deception at the heart of the chemical industry, namely that these pesticides are necessary".

American Cancer Society Prevents Few Cancers

Dr. Samuel Epstein calls the American Cancer Society "The World's Wealthiest 'Non-profit' Institution" in the *International Journal of Health Sciences*.¹⁷⁴ With integrity

¹⁷⁴ Epstein SS. "American Cancer Society: The World's Wealthiest 'Non-profit' Institution," *International Journal of Health Services*, Vol. 29, No. 3, 1999.

and courage, Dr. Epstein has been fighting a decades-long passionate battle with the vested interests of the cancer monopoly.

As do many of us in the field of natural medicine, Dr. Samuel Epstein argues that the American Cancer Society (ACS) would fulfill its original mandate to help people by channeling its vast resources toward cancer prevention rather than treatment. He says that the ACS has too many influential members who benefit financially from treating cancer that they would never sanction its prevention. The government-run National Cancer Institute (NCI) is another organization that Dr. Epstein believes is not interested in cancer prevention and he has been railing against its policies for many years. However, Dr. Epstein's message is largely ignored by the mainstream press... just another case of public incredulity, denial, and media boycott.

Supporting Dr. Epstein on his analysis of the ACS, Dr. John Diamond and Dr. Lee Cowden write in *An Alternative Medicine Definitive Guide to Cancer* that the ACS has a very nasty track record of opposing legislation that can help prevent cancer - all their support goes toward chemotherapy and surgical treatments. For example, they refused to join a coalition (consisting of March of Dimes, American Heart Association, and the American Lung Association) to support the Clean Air Act that would reduce airborne carcinogens. Neither would the ACS back the Toxic Substances Control Act, and never once have they entered the fight for clean water legislation. More damning is the fact that the ACS opposed the FDA's ban on saccharin. Perhaps it was because one year earlier the society had taken grant money from Coca Cola, a user of saccharin. They also fail to support, or outright opposed, occupational safety standards; efforts to reduce radiation exposure; and other forms of environmentally oriented cancer prevention. The doctors comment that, "Looking at the evidence, we wonder if ACS actually benefits from the promotion of cancer."

According to Burton Goldberg, the publisher of *An Alternative Medicine Definitive Guide to Cancer*, "the field of U.S. cancer care is organized around a medical monopoly that ensures a continuous flow of money to the pharmaceutical companies, medical technology firms, research institutes, and government agencies such as the FDA and the National Cancer Institute, and the American Cancer Society (ACS)."¹⁷⁵

The Secret History of the War on Cancer

This is the title of Dr. Devra Davis' new book that raises some extremely important questions about why drug companies manufacture and sell both drugs and toxic chemicals. Davis shows, decade by decade, how the cancer campaign has targeted the disease and brutally ignored the things that cause it—tobacco, alcohol, the workplace, and other environmental hazards. Overlooked and suppressed was any

¹⁷⁵ Diamond John W, MD, Cowden W. Lee, MD, with Burton Goldberg. *An Alternative Medicine Definitive Guide to Cancer*. Future Medicine Publishing, Inc., Tiburon, California, 1997.

consideration of how the world in which we live and work affects whether we get cancer. Davis says that the result is appalling: over 10 million preventable cancer deaths over the past thirty years. She is convinced that this has been no accident. It goes into the eugenics issue and how the chemical industry has been involved for decades, how evidence is doctored, how testimony is manipulated and is an important book to read. She also hits hard on how the whole cancer industry is focused on diagnosing and treating (at lavish prices) rather than preventing and curing cancer. Since the 1930s we've known how to prevent and cure cancer and all that invaluable information is being covered up.

One of Davis' stories is her experience as an expert witness on the stand for a month testifying against a product containing about 10 carcinogens. The final question she was asked was "which of these ingredients caused the person's cancer"? Since she could only claim cumulative or synergistic effect, the case was dismissed. Like so many legal arguments about damage caused by drugs, the court requires specific information that is not possible to give and the drug companies exploit that loophole, over and over and over again.

The Sound of Stocks Crashing

As I report in my book, *Hormone Balance*, "Bad news spreads faster on Wall Street than it does in doctor's offices. While many doctors remained equivocal about the results of the WHI study, it only took a few hours for the stock market to react. Shares of Wyeth, the makers of the \$2 billion dollar drug (in 2001 sales) used in the study, fell by 19 percent. In actual sales figures, for the drugs themselves, sales of Prempro fell from \$888 million in 2001 to \$292 million in 2003. In the same two-year period Premarin sales fell from \$1.2 billion to \$984 million.... It must be remembered that it takes fifteen to twenty years for cancer to develop and the WHI trial only began in 1991 and it really should run until 2011. We also know that women have been taking Premarin since the 1950's, paralleling the increased incidence of breast cancer."¹⁷⁶

It's in the Congressional Record

It would not be fitting to write a chapter about the sorry state of cancer research and treatment without further mention of *Politics in Healing: The Suppression and Manipulation of American Medicine*. Former New York Assemblyman, Daniel Haley, wrote this book because he was so disturbed by the long-standing suppression of non-toxic ways to cure people of illness, particularly cancer. This book tells the story of ten of the more high-profile non-toxic treatments that have been systematically condemned rather than heralded and treated with the respect they deserve.¹⁷⁷

Two of these treatments were subjects of Congressional investigations in the 1950's and 1960's before President Nixon declared his War on Cancer in 1971. The first

¹⁷⁶ Dean C. *Hormone Balance*. Adams Publishing. New York. 2005.

¹⁷⁷ <http://www.politicsinhealing.com/>

treatment is the Hoxsey Formula, a family-owned herbal cancer cure owned by naturopath, Harry Hoxsey. The Hoxsey Formula was the subject of pitched battles between Dr. Hoxsey and Morris Fishbein, the controversial editor of the AMA's *Journal of the American Medical Association*, and others in the medical establishment for over 25 years. Decades of front-page headlines and lawsuits prompted a 1953 U.S. Senate investigation of the situation. The official report entered into the Congressional Record on August 3, 1953, stated that the persecution of Hoxsey was a weird "conglomeration of corrupt motives, intrigue, selfishness, jealousy, obstruction, and conspiracy". It specifically named as co-conspirators, the U.S. Surgeon General, the Council of the National Cancer Institute, the American Cancer Society, and the AMA. Unfortunately, this finding changed nothing. Persecuted unremittingly, Hoxsey was forced to move his clinic to Mexico.

Ten years later, a well-known and highly regarded research scientist, Dr. Andrew Ivy, ended up a target of similar persecution. Ironically, it was Harry Hoxsey's nemesis, Morris Fishbein, who had nominated Ivy to serve as a consultant on medical ethics at the Nuremberg Trials, and it was Ivy's Code of Medical Ethics, which was adopted at Nuremberg. From 1947 to 1951, Ivy served as Executive Director of the National Advisory Cancer Council, which advised the U.S. Public Health Service on where to spend money on cancer research. Ivy was also a director of the American Cancer Society where he repeatedly urged the creation of a series of treatment centers where non-toxic therapies could be tried on terminal cancer patients. However, Ivy crossed the line when he began touting the virtues of Krebiozen, a promising non-toxic cancer drug.

Dr. Ivy, like Dr. Hoxsey, was viciously attacked and the uproar was so loud, Senator Paul Douglas personally investigated, documented and entered into the Congressional Record on December 6, 1963, many pages of evidence to show what had happened. Sen. Douglas found that the AMA, the National Cancer Institute, the FDA and others at the Department of Health and Human Services had used secret evaluation committees and erroneous scientific documentation, as well as innuendoes and threats of criminal charges to unfairly destroy the reputation of Dr. Ivy, as well as to discredit Krebiozen, a drug that ultimately was prevented from being marketed.

In *Politics in Healing*, Dan Haley also tells the stories of the attacks on Dr. William F. Koch, Royal Rife and the Rife technologies, DMSO, the story of Colostrum, Gaston Naessens, Dr. Stanislaw Burzynski and his neoplastin therapy. It's well worth reading to understand the history of cancer therapy suppression, as well as learn about therapies that are still used to treat cancer.

CHAPTER 9 DEATH BY MODERN CHEMICALS

"When U.S. industrialism turned to agriculture after World War II, for example, it went at it with all that it had just learned on the battlefield, using tractors modeled on wartime tanks to cut up vast fields, crop-dusters modeled on wartime planes to spray poisons, and pesticides and herbicides developed from wartime chemical weapons and defoliants to destroy unwanted species. It was a war on the land, sweeping and sophisticated as modern mechanization can be, capable of depleting topsoil at the rate of 3 billion tons a year and water at the rate of 10 billion gallons a year. It could be no other way: If a nation like this beats its swords into plowshares, they will still be violent and deadly tools."
–Kirkpatrick Sale, *The Nation*, June 5, 1995

Taking Into Account the Environment

“Over the past one hundred years, we have had a tremendous love affair with chemicals and electronics and a strange marriage with scientific methodology. It is safe to say that important advances in chemicals, pharmaceuticals, and science in general came out of the World War II effort and space research. The unseen potential risks to the public were presumably outweighed by the crisis of the time.” *The Magnesium Miracle* (Dean, 2007)

After the Second World War the chemical industry spawned in Germany exploded into North America. Chemical companies and their subsidiaries produced material goods that were then marketed to the public through slick Madison Avenue advertising. Just as farmers were told they needed the new crop dusters loaded with DDT to ‘protect’ their crops, we were made to feel that we needed the new plastic goods. Keeping up with the Joneses became an obsession.

Television became the best advertising gimmick of the century. Not just the commercials but also the very content of the programming had everyone clamoring for the way of life that TV promoted. We are very engaged in this sea of goods and services, electronic software and hardware, yet no one voted for their use and very few of us are aware of their effects. Now every magazine you pick up, every channel you watch on TV has a special presentation on destruction of our environment.

In *The Magnesium Miracle*, I also reported on the 74th Congress, 2nd Session. Document 264 began with the following question:

"Do you know that most of us today are suffering from certain dangerous diet deficiencies which cannot be remedied until depleted soils from which our food comes are brought into proper mineral balance?" The report continued, "The alarming fact is that foods (fruits, vegetables and grains) now being raised on

millions of acres of land that no longer contain enough of certain minerals are starving us - no matter how much of them we eat."

I also commented that "Today farmlands are even more mineral-deficient and fertilizers still don't fully replace those minerals. Magnesium is one of the most depleted minerals, yet one of the most important. We imagine that medicine has advanced to the stage of miracle cures, yet it's not technology that we're lacking but basic nutrients that power our bodies and give us our health."

2004 Statistics on Crop Nutrition

In the *Journal of the American College of Nutrition* December 2004, a study based on data from the U.S.DA by Drs. Melvin Epp and Hugh Riordan at the University of Texas, Austin, was published on the nutritional status of 43 garden crops. These nutrients included protein, calcium, phosphorus, iron, riboflavin and ascorbic acid. The declines, ranged from 6 percent for protein to 38 percent for riboflavin, and according to the authors raise significant questions about how modern agriculture practices are affecting food crops. They were even more concerned about those nutrients they couldn't study because there was no data from 1950 on magnesium, zinc, vitamin B-6, vitamin E, dietary fiber, or phytochemicals. Davis said, "I hope our paper will encourage additional studies in which old and new crop varieties are studied side-by-side and measured by modern methods."

Chemicals Take Over

Let me give an overview of the toxic effects of chemicals on our environment and some understanding of why we in North America are losing the most valuable possession we have - Our Health.

The sheer weight of pesticides, herbicides, and fungicides used in industry has polluted our soil and water table. The air emissions and effluents from commerce have contaminated our air and water. All of which have poisoned the food chain; plants, fish, and animals. Certain species life cycles and sexual reproduction is impaired and they are becoming endangered. Are humans next?

Plants grown on devitalized, overworked soil, which has been poisoned by acid rain and the contaminated water table, are nutrient poor. Synthetic food substitutes and processed, refined food that are devoid of natural vitamins and minerals have synthetic vitamins added to them. The body does not recognize synthetic sources; they may even be treated like foreign bodies and the immune system has to produce antibodies to try to get rid of them. But in doing so, we may become allergic and hypersensitive.

Our body was not made to process synthetic, fiber-poor foods. It's no wonder that constipation, intestinal toxemia, and digestive disorders are major health complaints. The sale of laxatives and antacids are in the billions of dollars.

There are over 2,000 medicinal drugs in current use. With the discovery of antibiotics and the hope that they could cure all our infectious diseases, there is overuse of this powerful medicine. When antibiotics kill bacteria, they cannot discriminate; they kill both good and bad. The yeast organism called *Candida albicans* fills in the vacancy created by antibiotics, which kill off good bacteria in the gastrointestinal tract.

The birth control pill and sugar products both feed the yeast in the gut. Synthetic food and yeast overgrowth create an intestinal imbalance in the pH, mucus production, and microorganism content leading to diarrhea and constipation.

These imbalances leads to further irritation and inflammation of the intestines that actually causes micropunctures in the lining of the intestines and allows the absorption of incompletely digested food into the blood stream. This food is looked upon as a foreign body and creates food sensitivities or food allergies as antibodies are formed to try to rid the body of these foreign substances. Inhaled allergies are also created by the mucous membranes of the nasal passages being irritated, allowing inhaled allergens direct contact with the blood stream and causing antibody formation and symptoms of hay fever.

Yeast's 180 breakdown products are also absorbed through a leaky gut causing body-wide symptoms mimicking sinusitis, laryngitis, cystitis and vaginitis. A doctor will often prescribe more antibiotics for these symptoms, which perpetuates the problem and does not cure the cause.

Normally our bodies are protected against parasites. However, when the pH of the intestines is abnormal, usually caused by an overgrowth of yeast, parasites may find a hospitable environment and make their home in your gut.

Hormone imbalance can be a direct result of the overproduction of *Candida* organisms. Research shows that *Candida* antibodies cross-react with ovary tissue, thyroid tissue, and adrenal tissue. This means that *Candida* antibodies can attach to these tissues and jam their receptor sites leading to hormone imbalance. The by-products of yeast can have a neurotoxic effect and cause symptoms of brain fog, fatigue, poor concentration, and irritability. Researchers in Chronic Fatigue Syndrome have documented the negative effect of the virus on cognitive function, sleep, and mood.

Depression can be a direct result of a continuous cycling of the above scenario. People who have an accumulation of chemicals, drugs, synthetic food, and infections, feel terrible. However, for the most part, there are no standard laboratory tests available to confirm cause and effect. People, however, know they are unwell, and when they hear that "everything in your blood tests is normal," it drives them a little crazy.

Fibrositis or fibromyalgia is the latest label for people at the tail end of the above accumulation of acidity, toxicity, antibiotics, drugs, and chemicals. Medically, it means the fibrous tissues of the body are inflamed (-itis) or that the fibrous tissue and the muscles are achy (-algia). This label does not give the individual the aforementioned causes and does not offer a curative treatment.

In summary, chemicals used in processed foods, taken as medicine, and consumed from our increasingly polluted water supply create intestinal dysfunction, imbalance, and overgrowth of *Candida*. *Candida* overgrows and overworks the immune system, allowing viral and parasitic organisms to infect the body. *Candida* causes allergies, and its 180 different waste products cause symptoms from head to toe. They disrupt neurotransmitters causing depression; jam hormone receptors causing hormone imbalance; build up in joints, muscles, and nerves, leading to mistaken diagnoses of arthritis, fibrositis, and even MS (multiple sclerosis). It's a downward spiral that many people don't even know is happening until it's too late.

Multiple Chemical Sensitivity Disorders

Our toxic environment causes a dramatic new condition in medicine called Multiple Chemical Sensitivity Disorders (MCS). MCS patients can be so sensitive to environmental chemicals that they are unable to read a newspaper because they can't tolerate the smell of ink; can't use telephones because they react to plastic; and can't wear synthetic clothing that zaps them of their energy. I had one patient who would collapse every time she put on a pair of nylons.

One hospital-based program for MCS, run by Dr. Eberhard Schwarz in Germany since the early 1980s, offers an organic diet, food rotation, herbal and vitamin/mineral supplements, hydrotherapy, and chemical detoxification sauna therapy. In 1996 Dr. Schwarz published a paper on MCS. He identified 466 patients suffering neurological disorders from probable environmental exposures. Possible chemical contaminants were categorized for 320 people. Contaminants included indoor wood preservatives (mainly pentachlorophenol and/or lindane) (65 percent), organic solvents (25 percent), formaldehyde (15 percent), dental materials (15 percent), pyrethroids (13 percent), and other biocides (19 percent).¹⁷⁸ This study justified the role played by chemicals in a person's home and work environment.

In 1999 the German government commissioned the University of Luebeck medical school to study Dr. Schwarz's facility. After careful examination of the facility, they supported its value. The report showed that patients who had been disabled for years were returning to work and leading productive lives. The university recommended that the government expand Dr. Schwarz's unit to 180 beds and open

¹⁷⁸ Lohmann K, Prohl A, Schwarz E. Multiple chemical sensitivity disorder in patients with neurotoxic illnesses. *Gesundheitswesen*. 1996 Jun;58(6):322-31.

four more environmental illness units. In the United States there are no hospitals that treat MCSD and no official recognition of MCSD as a disease.

The Pervasiveness of DDT

Let's look at one of the first chemicals to be recognized as toxic and banned from use in North America. Dr. Samuel Epstein told me that a 1969 review of seventeen industry-sponsored studies on the carcinogenicity of DDT concluded that fourteen of these studies "were so inherently defective as to preclude any determination of carcinogenicity." According to Dr. Samuel Epstein, the makers of DDT lied by not reporting adverse reactions and lied again when they explained that they did not report diseased livers in laboratory animals exposed to DDT because they were not cancers but just "tumors."

DDT is a colorless, odorless chemical compound discovered in 1939 by Paul Muller of Geigy Pharmaceutical in Switzerland to be a powerful insecticide. It was called the "miracle" pesticide and used effectively during World War II to kill malaria-bearing mosquitoes that were sickening troops in the Pacific. It was regarded so highly that Dr. Muller was awarded the Nobel Prize in medicine and physiology in 1948 for his discovery. Unfortunately, DDT was misused on the farm and in the home to "protect" all types of crops, livestock, pets, and people from annoying but non-lethal insects.

It wasn't long before DDT's negative aspects began to appear. DDT indiscriminately killed "good" insects as well as "bad", much like antibiotics in the human body, and quickly created DDT-resistant bugs making it necessary to use more and more DDT. Decades of stalling and avoidance of DDT's toxic nature followed. Largely due to Rachel Carson's *Silent Spring* and the testimony of expert witnesses like Occupational Medicine specialist Dr. Samuel Epstein, the government had to make a decision about DDT. The U.S.U.S. federal government finally banned it in 1973.

In 2006 a decision was reached by the WHO to lift a 30-year worldwide ban and allow the use of indoor spraying of DDT to eradicate malaria. WHO says, if used properly, there are no health risks and it is one of the few effective ways to eliminate the mosquitoes carrying malaria. Hopefully WHO will help educate people on its safe use.

Reproductive Health Hazards

Helke Ferrie wrote an article called "Reproductive Health Hazards" in *Vitality* magazine in December 1999 reporting on "The Reproductive Health Hazards" conference held in Toronto in October 1999. In no uncertain terms she stated:

"The chemicals we unwittingly use in our homes, and from which we are rarely protected at our workplaces have the potential to initiate the extinction of humanity. They affect ovaries and sperm production and interfere with the development of our children. This chemical soup we live in supports the world's economy. We live in a war zone with chemical

manufacturers creating evermore of these substances while striving to keep full knowledge of their effects from the public. Currently, each one of us carries more than 500 chemicals in our fat cells. None of these chemicals existed before World War I, nor were they tested for safety. A fetus is no match for an economic system that focuses on profit and deliberately ignores ecological safety. Fetuses do not have a shareholder's vote."

The conference was sponsored by several workers groups: Workers Health and Safety Center, Occupational Health Affairs for Ontario Workers, the Association of Occupational & Environmental Clinics, the Canadian Auto Workers, the Canadian Labor Congress, the Ontario Federation of Labor, and the United Steelworkers of America. The speakers from Canada and the U.S. were occupational health experts, toxicologists and epidemiologists, scientists from the World Health Organization and various universities, legal advisors to provincial and national governments, and political analysts. They focused on occupational reproductive hazards, the right to know, and the right to protection.

Chemical Castration

PCBs (polychlorinated biphenyls) are a class of chemicals used in industry from 1929 to 1976. They are also powerful endocrine disruptors. These chemicals are a few of the over 60,000 that have been developed since World War II and are in common usage. Thousands more have been relegated to the dustbin (and consequently into the water supply). Being endocrine disruptors they may be responsible for the epidemic of infertility and hormonal cancers. They and other chemicals can also damage our immune systems, helping to create autoimmune disease. Studies also show that they may short-circuit the brain, triggering attention deficit disorder, autism, and Alzheimer's.¹⁷⁹

Not Enough to Matter

"Too tiny to be toxic" is the reasoning used by the chemical industry to pacify the public into believing that their chemicals are harmless. However, the toxicity of heavy metals and many chemicals is measured at the nanogram and picogram level. A nanogram, which is one billionth (1/1,000,000,000), and a picogram, which is one trillionth (1/1,000,000,000,000), can be toxic. All those zeros are not meant to confuse you but to show how powerful chemicals can be at such miniscule doses. It helped me to understand how a nanogram of feminizing chemicals in the environment could seriously disrupt the human body. Dr. Theo Colborn, senior scientist of the World Wildlife Fund, in her book, *Our Stolen Future* (1997), invites us to think of one part per trillion as equaling one drop of gin in 660 train tank cars of tonic water!¹⁸⁰

¹⁷⁹ www.ourstolenfuture.org

¹⁸⁰ Colborn T, Dumanoski D, Peterson J. *Our Stolen Future: Are We Threatening Our Fertility, Intelligence, and Survival? - A Scientific Detective Story*. Plume Books, New York. 1997.

CHAPTER 10 DEATH BY SUGAR

Do not be angry with me if I tell you the truth.
Socrates

Admonished for Speaking the Truth about Sugar

People are astounded when they learn that my medical licensing board accepted a complaint against me from a sugar lobby group. Even more astounding was the letter of admonishment that I received for simply warning people about the dangers of sugar. There is more to the story but my adventure serves to show the lengths to which the sugar industry will go to retain their monopoly control over our taste buds and purses.

Doctors live in fear of having a complaint lodged against them. My case was duly written up on the Ontario doctors' quarterly bulletin serving as a warning to others who might "get out of line". Patients have the feeling that doctors will tell them if sugar or any other substance is dangerous. However, if it can cost you your medical license, most doctors are unwilling to pay the price. Thus, there are few health professionals who will tell the people the truth about this dangerous substance.

Dr. Abram Hoffer, co-founder of orthomolecular medicine with Dr. Linus Pauling is still practicing medicine in his eighties. Dr. Hoffer is convinced that "Sugar is an addiction far stronger than what we see with heroin. It is the basic addictive substance from which all other addictions flow. Refined sugar and all refined foods such as polished rice, white flour, and the like, are nothing less than legalized poisons."¹⁸¹ A 2007 study called Intense Sweetness Surpasses Cocaine Reward showed that rats much preferred sugar to cocaine when given the choice.¹⁸²

To this day, the sugar industry will only admit that sugar causes dental cavities. Otherwise, they tell the "half truth, half lie" that sugar is necessary for energy and it is the major fuel of the body. However, the specific fuel that the body uses is glucose. And glucose should be derived from vegetables, fruits, and grains, not from ten teaspoons of sucrose sugar found in a can of soda or twenty-seven teaspoons in a milkshake. Our blood stream only has room for two or three teaspoons of sugar at any one time. When you flood the blood stream with more than that amount, the shock sends out alarm messages throughout the body. Flooding our body with sugar

¹⁸¹ Ferrie H. "Sugar: The Universal Epidemiological Poison". *Vitality*. Nov. 1999.

¹⁸² Lenoir M, Serre F, Cantin L, Ahmed SH (2007) Intense Sweetness Surpasses Cocaine Reward. *PLoS ONE* 2(8): e698. Aug 1, 2007.

several times a day for several years is one of the major reasons for our epidemic of obesity, diabetes, and heart disease.

The high intake of sugar by children is one of the reasons why there is an epidemic of obesity and adult onset diabetes in the preteen population. A 2006 review of thirty studies on soda consumption finally proved what most sensible people suspected. Drinking one can of sugar-laced soda adds fifteen pounds of weight per year to the unsuspecting drinker. Even so, the debate will never end as the industry cries foul and insists that the obesity problem is due to lack of physical exercise.

The World Health Organization Speaks Out Against Sugar

On April 23, 2003, the UN Food and Agriculture Organization (FAO) and the World Health Organization (WHO) presented an independent expert report titled, "Diet, Nutrition, and the Prevention of Chronic Diseases". The Report examines cardiovascular diseases, several forms of cancer, diabetes, obesity, osteoporosis, and dental disease as the result of poor lifestyle and diet. The authors of the Report acknowledge that chronic disease presents a tremendous burden to society. Statistics from 2001 reveal that chronic disease contributed approximately 59 per cent of the 56.5 million total reported deaths in the world and 46 per cent of the global burden of disease. The experts who wrote the report feel that a diet low in sugars, salt, and saturated fats, and high in vegetables and fruits, together with regular physical activity, can have a major impact on combating this high toll of death and disease. The report focused special attention on added sugars and determined that a healthy diet should contain no more than 10 per cent. This is a dramatic change from previous WHO policy.

Dr. Gro Harlem Brundtland, director-general of WHO, said that, "We have known for a long time that foods high in saturated fats, sugars, and salt, are unhealthy; that we are, globally, increasing our intake of energy-dense, nutritionally poor food as our lives become increasingly sedentary, and that these factors – together with tobacco use – are the leading causes of the great surge we have seen in the incidence of chronic diseases. What is new is that we are laying down the foundation for a global policy response."

No other agency has set such a low limit for the intake of sugar. In the United States, in spite of the fact that 60 percent of the population is overweight, the Dietary Guidelines for Americans only advise that sugar should be used in moderation. Even worse, the Institute of Medicine, part of the U.S. National Academy of Sciences, indulges Americans with a whopping 25 percent of their calories from added sugar.

The major objection to any recommendations for reducing sugar comes mainly from the sugar industry. Because the 2003 lowered the allowable daily intake of sugar to 10 percent the sugar industry fought to have it raised. The industry denies that sugar is the cause of any form of chronic disease and says that the solution to obesity is—more exercise. The U.S. National Soft Drink Association demanded that

the 10 percent limit on sugar should not be included in the WHO plan. They publicly claim that the scientific literature does not show an association between sugar intake and obesity.

In a blatant attempt to derail implementation of the Diet and Nutrition Report, the sugar industry lobbied the U.S. government to withhold its \$400 million funding from the UN and WHO if it goes ahead with its recommendations. The Miami Herald reported that the Sugar Association, in a letter to Dr. Brundtland, threatened that "We will exercise every avenue available to expose the dubious nature of the Diet, Nutrition and the Prevention of Chronic Diseases Report." A spokeswoman for the Sugar Association says the WHO recommendation is unscientific and is far below the Institute of Medicine recommendation that up to 25 percent of calories can safely come from added sugars.¹⁸³

It appears the sugar industry won that skirmish. The following update on the WHO report and the sugar industry's attack was written by two strong proponents of good nutrition - Kelly D. Brownell, professor of psychology at Yale, author of *Food Fight: The Inside Story of the Food Industry, America's Obesity Crisis, and What We Can Do About It* and Marion Nestle, professor of public health at New York University, author of *Food Politics: How the Food Industry Influences Nutrition and Health*.

"The United States Department of Health and Human Services should have applauded, but instead it produced a 28-page, line-by-line critique centered on, of all things, what it called the report's lack of transparency in the scientific and peer-review process. Although the department framed the critique as a principled defense of scientific integrity, much evidence argues for another interpretation -- blatant pandering to American food companies that produce much of the world's high-calorie, high-profit sodas and snacks, especially the makers of sugars, the main ingredients in many of these products."¹⁸⁴

Diabetic Associations and Sugar Hanky Panky

Both Canadian and American Diabetes Associations receive corporate funding from food and drug companies. Could this be a conflict of interest? When you study the Associations' literature, they both insist that there is no known cause of diabetes—but they implicate genetics. To say diabetes is genetic is an evasion of the truth. The incredible rise in the incidence of diabetes in the last two generations does not indicate a sudden change in genes but points to an environmental cause. What is in new in the environment that wasn't there 100 years ago? Sugar! We have an annual intake of 150 pounds compared with 10 pounds 100 years ago.

Diabetic Associations also claim that diabetes is incurable but treatable with drugs that stimulate insulin production. However, the most common type of diabetes -

¹⁸³ Dorschner, J. Big Sugar Sour on Health Report. The Miami Herald April 23, 2003.

¹⁸⁴ Brownell K, Nestle M. The Sweet And Lowdown On Sugar. New York Times. January 23, 2004.

adult onset - is not caused by a deficiency of insulin - just the opposite. Briefly, let's look at the way sugar affects the body.

Eating a sugary meal or drinking a soda with 10 teaspoons of sugar stimulates an excessive pancreatic insulin response in order to normalize blood sugar levels. Too much insulin makes blood sugar plummet as it drives sugar into the cells. In reaction to the drop in blood sugar, adrenaline from the adrenal glands is stimulated to raise blood sugar back to normal. Constant high intake of simple dietary sugar keeps this roller coaster going and eventually overworks or "burns out" normal pancreas and adrenal function, leading to insulin resistance.

Insulin's job is to open the channels in cell membranes to an influx of blood sugar. High amounts of insulin can be stimulated by an excessive amount of sugar, such as ten teaspoons in a can of soda. Too many insulin molecules can lead to a traffic jam at the cell's receptor sites. After years of high insulin bombardment, the cell receptors get 'fatigued' and shut down. With blocked receptor sites, sugar cannot get into the cells where it is needed to create energy and it becomes elevated in the blood. Elevated sugar in the blood is diagnosed as adult onset diabetes, which damages the eyes, kidneys and heart. Excess sugar is stored as fat, especially around your belly.

The only way to keep insulin from surging and storing calories as fat is by eating a diet that does not trigger insulin with every meal. It is not just excess fat in the diet that makes fat but any sugar, fruit, or carbohydrate. Whereas, a meal containing protein, fat, and carbohydrates keeps insulin levels low.

Insulin Resistance

It's accepted that the older you get, the more likely you are to develop diabetes. The Canadian Diabetes Association lists the simple fact of being over age 40 as a risk factor! Diabetes occurs because insulin becomes either overworked or overused and is no longer effective in pushing blood sugar into the cells. The name for this inability to transport sugar into the cells is called insulin resistance. The result is high blood levels of sugar and insulin, both of which cause cellular damage throughout the body. Chronically elevated insulin helps create obesity and, even worse, keeps you from losing weight.

Hypoglycemia

Eating a highly refined diet of white flour and white sugar products - bread, donuts, bagels, cakes, and cookies, rapidly elevates blood sugar because these non-foods are quickly absorbed as simple sugars into the blood stream. When our blood sugar reaches a certain maximum, insulin is stimulated to enter the blood stream and take the excess glucose (above 2 teaspoons) into the cells of the body for fuel or fat production. The amount of insulin that is released is dependent upon the rate of increase of the blood sugar. When a great amount of insulin is released, because there is a large amount of sugar present, then the blood sugar will fall dramatically

causing low blood sugar when that excess sugar goes into the cells. Low blood sugar is called hypoglycemia.

If blood sugar falls rapidly, this triggers a release of adrenaline as a safety mechanism to make sure the blood sugar does not fall too fast or too low (below the 2 teaspoons limit). If the level of blood sugar drops below a certain amount in the brain, you can feel dizzy, nauseous, faint, and ravenous. To prevent the blood sugar from falling into this danger zone, adrenaline stimulates the sugar stores in the liver called glycogen to release sugar to deal with the sudden absence of sugar in the blood, but adrenaline also produces a “flight or flight” reaction. When adrenaline floods your body you can feel a sense of anxiety or impending doom for no apparent reason. This can make you think you are having an anxiety attack or panic attack because you don’t equate your symptoms with low blood sugar.

At this point, if you eat a donut or drink coffee your blood sugar is immediately revived and you may feel better, but within twenty to thirty minutes the cycle of rapid elevation of blood sugar and then rapid decline can repeat itself. You find yourself going through life as if on a roller coaster; we call it the “crash and burn syndrome.” If you go to the emergency room with symptoms of anxiety you will probably not be asked if you have been eating sugar and drinking coffee. Your heart will be checked and then you will be told to take Ativan or some other anti-anxiety drug.

Sugar and Cancer

Sugar may be one of our favorite vices but the dark side to sugar is that it is quite capable of setting up an environment for cancer growth. A consistent finding in epidemiological studies is that people who consume the most calories have significantly higher rates of cancer. There are several reasons why overeating causes cancer, but one overlooked reason is that more gene mutations occur in response to higher caloric intake. A host of vitamins and minerals are required to digest food and the more food we eat, the more nutrients we need. The immune system also needs nutrients to do the work of cancer cell surveillance and destruction. If we over utilize nutrients to digest excess quantities of food, they just aren’t available to help keep us cancer free.

We’ve known since 1931 that cancer cells crave sugar; excess sugar feeds rapidly dividing cancer cells. Otto Warburg, Ph.D., a prolific researcher in Germany, was given a Nobel Prize in Medicine for his discovery that cancer cells depend mainly on glucose for their food supply. Cancer cells devour glucose without the aid of oxygen and consequently produce a large amount of lactic acid. The build up in lactic acid creates a more acidic pH in and around cancerous tissues. An acid pH in the body contributes to the overall physical fatigue experienced by cancer patients.¹⁸⁵

¹⁸⁵ <http://cat007.com/cansug.htm>

Numerous studies in peer-reviewed journals show that sugar increases prostate, colon, and biliary tract cancer.^{186,187,188,189,190}

More Than Empty Calories

Because refined dietary sugars are devoid of vitamins and minerals, they must draw upon the body tissue micronutrient stores in order to be metabolized in our bodies. When our nutrient storehouses are depleted, fatty acids and cholesterol are not properly digested or metabolized. Improper digestion of fats leads to higher blood levels of triglycerides and cholesterol, and promotes obesity.

Dietary sugars also feed harmful intestinal yeasts, fungi, toxic organisms, as well as cancer cells. Vitamin C and other natural antioxidants protect against the damage due to sugar. But, here's the rub, sugar and vitamin C utilize the same transport system and excess sugar can use up the available transport molecules and stop vitamin C from getting to where it is needed.

In her *Vitality Magazine* article on Sugar, Helke Ferrie wrote that, "Medical researchers found that the refining process of sugar removes 93% of chromium, 89% manganese, 98% cobalt, 83% copper, 98% zinc, and 98% magnesium - all essential to life." Each vitamin and mineral deficiency is responsible for a host of disease symptoms, including heart disease, depression, and arthritis.

Nancy Appleton's War Against Sugar

Ms. Appleton has been battling sugar for a long time. Her first edition of *Lick The Sugar Habit* was published in 1988. She is constantly updating her reasons why sugar is bad for you. On her website nancyappleton.com, she itemizes the reasons why we should avoid sugar giving scientific journal article references to prove her point. Currently her list is at 146 and growing every year.

146 Reasons Why Sugar Is Ruining Your Health

1. Sugar can suppress the immune system.
2. Sugar upsets the mineral relationships in the body.
3. Sugar can cause hyperactivity, anxiety, difficulty concentrating, and crankiness in children.
4. Sugar can produce a significant rise in triglycerides.
5. Sugar contributes to the reduction in defense against bacterial infection

¹⁸⁶ Franceschi S et al. "Dietary glycemic load and colorectal cancer risk. *Ann Oncol.* 2001 Feb;12:173-8.

¹⁸⁷ "Sugar and Prostate Cancer." *Health Express*, October 1982, p. 41.

¹⁸⁸ Bostick RM, Potter JD, Kushi LH, et al. "Sugar, Meat, and Fat Intake, and Non-dietary Risk Factors for Colon Cancer Incidence in Iowa Women." *Cancer Causes and Controls* 5, 1994, pp. 38-52.

¹⁸⁹ Moerman C, et al. "Dietary Sugar Intake in the Etiology of Biliary Tract Cancer." *International Journal of Epidemiology* 22, No.2, 1993, pp.207-214.

¹⁹⁰ Cornee, J. et al. "A Case-control Study of Gastric Cancer and Nutritional Factors in Marseille, France." *European Journal of Epidemiology* 11, 1995: 55-65.

(infectious diseases).

6. Sugar causes a loss of tissue elasticity and function, the more sugar you eat the more elasticity and function you lose.
7. Sugar reduces high-density lipoproteins.
8. Sugar leads to chromium deficiency.
9. Sugar leads to cancer of the breast, ovaries, prostate, and rectum.
10. Sugar can increase fasting levels of glucose.
11. Sugar causes copper deficiency.
12. Sugar interferes with absorption of calcium and magnesium.
13. Sugar can weaken eyesight.
14. Sugar raises the level of neurotransmitters: dopamine, serotonin, and norepinephrine.
15. Sugar can cause hypoglycemia.
16. Sugar can produce an acidic digestive tract.
17. Sugar can cause a rapid rise of adrenaline levels in children.
18. Sugar malabsorption is frequent in patients with functional bowel disease.
19. Sugar can cause premature aging.
20. Sugar can lead to alcoholism.
21. Sugar can cause tooth decay.
22. Sugar contributes to obesity.
23. High intake of sugar increases the risk of Crohn's disease, and ulcerative colitis.
24. Sugar can cause changes frequently found in persons with gastric or duodenal ulcers.
25. Sugar can cause arthritis.
26. Sugar can cause asthma.
27. Sugar greatly assists the uncontrolled growth of *Candida Albicans* (yeast infections).
28. Sugar can cause gallstones.
29. Sugar can cause heart disease.
30. Sugar can cause appendicitis.
31. Sugar can cause multiple sclerosis.
32. Sugar can cause hemorrhoids.
33. Sugar can cause varicose veins.
34. Sugar can elevate glucose and insulin responses in oral contraceptive users.
35. Sugar can lead to periodontal disease.
36. Sugar can contribute to osteoporosis.
37. Sugar contributes to saliva acidity.
38. Sugar can cause a decrease in insulin sensitivity.
39. Sugar can lower the amount of Vitamin E in the blood.
40. Sugar can decrease growth hormone.
41. Sugar can increase cholesterol.
42. Sugar can increase the systolic blood pressure.
43. Sugar can cause drowsiness and decreased activity in children.
44. High sugar intake increases advanced glycation end products (AGEs)(Sugar bound non-enzymatically to protein).
45. Sugar can interfere with the absorption of protein.

46. Sugar causes food allergies.
47. Sugar can contribute to diabetes.
48. Sugar can cause toxemia during pregnancy.
49. Sugar can contribute to eczema in children.
50. Sugar can cause cardiovascular disease.
51. Sugar can impair the structure of DNA.
52. Sugar can change the structure of protein.
53. Sugar can make our skin age by changing the structure of collagen.
54. Sugar can cause cataracts.
55. Sugar can cause emphysema.
56. Sugar can cause atherosclerosis.
57. Sugar can promote an elevation of low-density lipoproteins (LDL).
58. High sugar intake can impair the physiological homeostasis of many systems in the body.
59. Sugar lowers the enzymes' ability to function.
60. Sugar intake is higher in people with Parkinson's disease.
61. Sugar can cause a permanent altering of the way the proteins act in the body.
62. Sugar can increase the size of the liver by making the liver cells divide.
63. Sugar can increase the amount of liver fat.
64. Sugar can increase kidney size and produce pathological changes in the kidney.
65. Sugar can damage the pancreas.
66. Sugar can increase the body's fluid retention.
67. Sugar is enemy #1 of the bowel movement.
68. Sugar can cause myopia (nearsightedness).
69. Sugar can compromise the lining of the capillaries.
70. Sugar can make the tendons more brittle.
71. Sugar can cause headaches, including migraine.
72. Sugar plays a role in pancreatic cancer in women.
73. Sugar can adversely affect school children's grades and cause learning disorders.
74. Sugar can cause an increase in delta, alpha, and theta brain waves.
75. Sugar can cause depression.
76. Sugar increases the risk of gastric cancer.
77. Sugar can cause dyspepsia (indigestion).
78. Sugar can increase your risk of getting gout.
79. Sugar can increase the levels of glucose in an oral glucose tolerance test over the ingestion of complex carbohydrates.
80. Sugar can increase the insulin responses in humans consuming high-sugar diets compared to low sugar diets.
81. High refined sugar diet reduces learning capacity.
82. Sugar can cause less effective functioning of two blood proteins, albumin and lipoproteins, which may reduce the body's ability to handle fat and cholesterol.
83. Sugar can contribute to Alzheimer's disease.
84. Sugar can cause platelet adhesiveness.
85. Sugar can cause hormonal imbalance: some hormones become under active and others become overactive.
86. Sugar can lead to the formation of kidney stones.

87. Sugar can lead to the hypothalamus to become highly sensitive to a large variety of stimuli.
88. Sugar can lead to dizziness.
89. Diets high in sugar can cause free radicals and oxidative stress.
90. High sucrose diets of subjects with peripheral vascular disease significantly increase platelet adhesion.
91. High sugar diet can lead to biliary tract cancer.
92. Sugar feeds cancer.
93. High sugar consumption of pregnant adolescents is associated with a two-fold increased risk for delivering a small-for-gestational-age (SGA) infant.
94. High sugar consumption can lead to substantial decrease in gestation duration among adolescents.
95. Sugar slows food's travel time through the gastrointestinal tract.
96. Sugar increases the concentration of bile acids in stools and bacterial enzymes in the colon. This can modify bile to produce cancer-causing compounds and colon cancer.
97. Sugar increases estradiol (the most potent form of naturally occurring estrogen) in men.
98. Sugar combines and destroys phosphatase, an enzyme, which makes the process of digestion more difficult.
99. Sugar can be a risk factor of gallbladder cancer.
100. Sugar is an addictive substance.
101. Sugar can be intoxicating, similar to alcohol.
102. Sugar can exacerbate PMS.
103. Sugar given to premature babies can affect the amount of carbon dioxide they produce.
104. Decrease in sugar intake can increase emotional stability.
105. The body changes sugar into 2 to 5 times more fat in the bloodstream than it does starch.
106. The rapid absorption of sugar promotes excessive food intake in obese subjects.
107. Sugar can worsen the symptoms of children with attention deficit hyperactivity disorder (ADHD).
108. Sugar adversely affects urinary electrolyte composition.
109. Sugar can slow down the ability of the adrenal glands to function.
110. Sugar has the potential of inducing abnormal metabolic processes in a normal healthy individual and to promote chronic degenerative diseases.111. IV's (intravenous feedings) of sugar water can cut off oxygen to the brain.
112. High sucrose intake could be an important risk factor in lung cancer.
113. Sugar increases the risk of polio.
114. High sugar intake can cause epileptic seizures.
115. Sugar causes high blood pressure in obese people.
116. In Intensive Care Units, limiting sugar saves lives.
117. Sugar may induce cell death.
118. Sugar can increase the amount of food that you eat.
119. In juvenile rehabilitation camps, when children were put on a low sugar diet,

- there was a 44% drop in antisocial behaviour.
120. Sugar can cause gastric cancer.
 121. Sugar dehydrates newborns.
 122. Sugar increases the estradiol in young men.
 123. Sugar can cause low birth weight babies.
 124. People with high sugar diets have lower antioxidant nutrients.
 125. Sugar can raise homocysteine levels in the blood stream.
 126. Sweet food items increase the risk of breast cancer.
 127. Sugar is a risk factor in cancer of the small intestine.
 128. Sugar may cause reproductive problems.
 129. Sugar induces salt and water retention.
 130. Sugar may contribute to mild memory loss.
 131. As sugar increases in the diet of 10 year-olds, there is a linear decrease in the intake of many essential nutrients.
 132. Sugar can increase the total amount of food consumed.
 133. Exposing a newborn to sugar results in a heightened preference for sucrose relative to water at 6 months and 2 years of age.
 134. Sugar causes constipation.
 135. Sugar causes varicose veins.
 136. Sugar can cause brain decay in pre-diabetic and diabetic women.
 137. Sugar can increase the risk of stomach cancer.
 138. Sugar can cause metabolic syndrome.
 139. Sugar ingestion by pregnant women increases neural tube defects in embryos.
 140. Sugar can be a factor in asthma.
 141. The higher the sugar consumption the more chances of getting irritable bowel syndrome.
 142. Sugar could affect central reward systems.
 143. Sugar can cause cancer of the rectum.
 144. Sugar can cause endometrial cancer.
 145. Sugar can cause renal (kidney) cell carcinoma.
 146. Sugar can cause liver tumors.
- (See scientific references for each of these reasons to avoid sugar in Appendix D.)

Helke Ferrie's "Simplified Spiral of Sickness from Sugar" lists the following conditions that are triggered by or worsened by high sugar consumptions. Ferrie also contends that a moderate to high intake of refined sugar worsens most medical conditions.

1. Cardiac arrhythmia (electrical system malfunctions)
2. PMS (progesterone levels disturbed)
3. Fatigue (because nothing works)
4. Insomnia (melatonin production disturbed)
5. Panic attacks (production of stress hormones out of control)
6. Hypertension (reduced cholesterol absorption, calcium activity disturbed)
7. The "alphabet soup" of autoimmune diseases, e.g.: MS, MG, etc. (frequently due to Candida which can become neuro-toxic; it is synergistic with heavy

metals: lead, in some water supply, and mercury in your dental fillings) (See kospublishing.com for Helke Ferrie's articles)

Sugar versus Aspartame

Children's Movement for Creative Education (CMCE) provides teaching modules for inner city schools in New York. I'm on the board of CMCE and in one Brooklyn school grade six class I spooned out 10 teaspoons of sugar to show the amount in a can of soda and the 27 teaspoons in a milkshake. These kids immediately got the message but just as quickly said they would switch to diet soda. I told them, and I'm telling you, to not be fooled into switching from sugar to sugar-free substitutes; they're even healthier than sugar!

Unfortunately, most people, when they learn of the danger of eating too much sugar, assume it's healthier to use artificial sweeteners instead. Doctors, diabetes specialists, and obstetricians also believe that the 'diet' label on aspartame products means healthier without any studies to prove that is the case.

The Dangers of Aspartame

The following is a brief outline of aspartame produced by Dr. Betty Martini, the world's foremost aspartame critic that you can copy and hand out to unsuspecting consumers.

ASPARTAME – IN BRIEF

- Aspartame was originally developed as a drug to treat peptic ulcer. At one time aspartame was listed with the pentagon in an inventory of prospective biochemical warfare weapons submitted to Congress. Read the 17-page time line of aspartame in The Ecologist: http://www.mpwhi.com/ecologist_september_2005.pdf
- Aspartame in molecular chemistry is composed of one molecule of aspartic acid, one molecule of methanol (free methyl alcohol), and one molecule of phenylalanine. Consider that this means 33% free methyl alcohol, a severe metabolism poison.
- Manufacturers state the quantities as being: 40 % aspartic acid; 50% phenylalanine and 10% methanol. This measurement is by weight, not chemical composition.
- Aspartame metabolites are: Formaldehyde - a class A carcinogen; diketopiperazine (DKP) a brain tumor agent, and formic acid (ant sting poison);
- In 1965 James Schlatter, while working for G. D. Searle Company, accidentally discovered aspartame's intense sweetness.
- In 1974 the FDA approved it as an artificial sweetener but asked Searle to hold off selling it until further tests and inquiries could be made with regards to its safety.
- Further investigation revealed that there was a problem with the safety data on aspartame and the FDA withdrew its approval.

- In 1975 the FDA initiated an investigation into Searle's laboratory practices and discovered fraud in scientific experiments as well as manipulated data giving misleading favorable results to falsify the safety of aspartame.
- Among the manipulated data, they found that animals used in the aspartame experiments had been reported alive when they were, in fact, dead.
- Aspartame-induced tumors in laboratory animals were removed surgically and the animal was reported to be 'normal'.
- The results of this investigation are included in what is called "The Bressler Report" Jerome Bressler said the studies were so flawed that parts were deleted by the FDA including two mice studies. They filtered out neoplasms.
- In 1980 Dr. John Olney submitted scientific data to an FDA Public Board of Inquiry showing that aspartic acid, one of the three ingredients in aspartame, caused holes in the brains of mice. This explains how aspartame can destroy brains of the unborn.
- In 1980 the Public Board of Inquiry unanimously voted **against** aspartame approval.
- In 1981 FDA Commissioner, Dr. Jere Goyan, was asked to resign by a member of the Reagan transition team, before he could sign the Board of Inquiry Report that revoked the petition for approval into law. New FDA Commissioner, Arthur Hull Hays over-ruled the Board of Inquiry, even against the advice of FDA scientific personnel and advisers. He went to work for the PR Agency of the manufacturer Burson Marsteller at \$1,000 a day on a ten-year contract and has refused to speak to the press.
- In 1983 FDA approved aspartame use in sodas.
- The American Soft Drink Association – (now American Beverage Association) - was against the use of aspartame in carbonated beverages evoking the Food and Drug adulteration law. This protest was included in the congressional record in May 1985. They did not consider aspartame to be safe for human consumption. Yet it was added to soda anyway.

ASPARTAME – THE HEALTH ISSUES

- FDA compiled a list of 92 symptoms attributed to aspartame consumption from 4 types of seizures to coma and death.
- Aspartic acid (40% of aspartame) is a non-essential amino acid that is used by the body to initiate apoptosis –cell death- in aging cells. The excess from aspartame causes apoptosis in healthy cells thus destroying healthy tissue especially in the brain (John Olney's report noted it causes holes in the brains of laboratory mice)
- Phenylalanine (50% of aspartame) is an essential amino acid found naturally in protein but when isolated becomes neurotoxic, lowers the seizure threshold, and depletes serotonin triggering psychiatric and behavioural problems and interacting with drugs.
- Diketopiperazine is a tumor agent. The Ramazzini Studies proved aspartame to be a multipotential carcinogen confirming FDA's original findings.
- Methanol (10% of aspartame) is a severe metabolic poison classified as a narcotic that converts to formaldehyde and formic acid. It embalms living

tissue and damages DNA:

http://www.mpwhi.com/formaldehyde_from_aspartame.pdf

- Methanol occurs naturally in all plants, fruits and vegetables, but - in nature - it is tied to the fibre pectin and is accompanied by its antidote, ethanol, in greater quantities that prevents the methanol from being metabolized and it passes safely through the body's system without causing any harm.
- Methanol even converts to formaldehyde in the retina of the eye and destroys the optic nerve and can cause blindness.
- Methanol is **always** metabolised to **formaldehyde**, which is a known carcinogen.
- Aspartame damages the mitochondria or life of the cell and hypothalamus triggering male sexual dysfunction and ruining female response. It destroys families. Mitochondria damage is one of the reasons for drug interaction. .
- Aspartame is a teratogen causing birth defects and mental retardation. It's also an abortifacient.
- Aspartame is linked to sudden death, MS, Lupus and many neurodegenerative diseases. Medical texts: Aspartame Disease: An Ignored Epidemic, H. J. Roberts, M.D., Excitotoxins: The Taste That Kills, neurosurgeon Russell Blaylock, M.D.

CONCLUSION

- Evidence from the beginning showed it to be a chemical poison. In reality it's an excitoneurotoxic carcinogenic drug. Reactions according to Dr. Russell Blaylock are not allergic but toxic like arsenic and cyanide.
- * 92% of Independent scientific peer reviewed studies show the problems aspartame causes.
- * 13 studies in the last 24 months show aspartame toxicity.
- * It's particularly dangerous for diabetics since it can precipitate the disease, simulates and aggravates
- * Diabetic retinopathy and neuropathy, destroys the optic nerve, and interactions with insulin. There are tens of thousands of case histories and anecdotal accounts from victims of aspartame poisoning who have come forward to tell their stories.
- There are special institutions, such as the Essence Recovery Center, that treat victims of aspartame addiction.
- Attorneys are taking brain tumor cases for litigation in New York and New Jersey.
- Would all this be necessary if aspartame were truly safe?

Betty Martini, D.Hum, Founder, Mission Possible International, 9270 River Club Parkway, Duluth, Georgia 30097 770- 242-2599 www.mpwhi.com, www.dorway.com and www.wnho.net Aspartame Toxicity Center, www.holisticmed.com/aspartame

Avoid Aspartame a Genuine Food Adulterant

Aspartame has three components: phenylalanine, aspartic acid, and methanol (wood alcohol). Those who promote and sell this omnipresent artificial sweetener state that the two amino acids, phenylalanine and aspartic acid, are a harmless and natural part of our diet contained in protein foods. This is one of the many half-truths about aspartame.

It is true that phenylalanine and aspartic acid are naturally occurring amino acids (the building blocks of protein) but they are always in combination with other amino acids that neutralize their brain stimulatory effects when they occur bound in protein. Our bodies and brains are not equipped to handle the high concentrations found in a diet soda and other 'diet' products. In that form these amino acids are concentrated enough to disrupt nerve cell communication and can cause cell death. The neurotoxic effects of these isolated amino acids can be linked to migraines, mental confusion, balance problems, and seizures. Read neurosurgeon, Russell Blaylock's book *Excitotoxins: The Taste That Kills*, which describes the dangerous effects of aspartame and MSG on sensitive brain cells.

Methanol in Aspartame Causes Blindness

The third component of aspartame is methanol, which is also naturally present in fruits and vegetables but these foods also contain natural ethanol, which neutralizes the methanol. The Environmental Protection Agency (EPA) defines safe consumption of methanol as no more than 7.8 mg per day of this dangerous substance. Yet, a one-liter beverage, sweetened with aspartame, contains about 56 milligrams of wood alcohol, or seven times the EPA safety limit.

Aspartame Causes Food Cravings

The absolute irony of aspartame being an ingredient in diet products is that it causes weight gain. It works that way because phenylalanine and aspartic acid both stimulate the release of insulin. Rapid, strong spikes in insulin remove all glucose from the blood stream and store it as fat leaving one feeling ravenous. Additionally, phenylalanine has been demonstrated to inhibit synthesis of the neurotransmitter serotonin, which signals that the stomach is full.¹⁹¹ This can cause you to eat more than you normally would and, ultimately, gain weight. In a recent study, a control group switching to an aspartame-free diet resulted in an average weight loss of 19 pounds.¹⁹²

Aspartame and Obesity

Circulation, the Online Journal of the American Heart Association, in July 22, 2007 released a report about the effects of drinking one regular cola or one diet cola a day.¹⁹³

¹⁹¹ Roberts J D. Aspartame Disease: An Ignored Epidemic. Sunshine Sentinel Press.

¹⁹² Barone, P. "The Sweet Saboteur: Aspartame." *Washington Running Report*. March/April, 2004.

¹⁹³ <http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.689935v1>

In this study, 6,039 middle-aged participants who entered the study with no signs of “metabolic syndrome” [excess waist circumference (obesity), hypertension and glucose intolerance (pre-diabetes)] who daily drank one soft drink (12 oz. regular or diet), after four years, had a 50% higher prevalence of metabolic syndrome than those who did not drink any soda.

The researchers were struck by the fact that diet soda caused the same incidence of metabolic syndrome as the sugared variety (10 tsp per 12 oz can). They concluded that artificially sweetened diet sodas could be harmful. They said the “association was evident even when the researchers accounted for other factors, such as levels of saturated fat, calorie intake, smoking and physical activity.” I’m sure a number of people were shaken by this study because zero-calorie drinks are marketed to help people lose weight and avoid related health problems.

Unfortunately they remain clueless about why this is happening. The New York Times, February 5, 2008, reported on the correlation between drinking diet soda and metabolic syndrome and printed the following quote. “‘This is interesting,’ said Lyn M. Steffen, an associate professor of epidemiology at the University of Minnesota and a co-author of the paper, which was posted online in the journal *Circulation* on Jan. 22. ‘Why is it happening? Is it some kind of chemical in the diet soda, or something about the behavior of diet soda drinkers?’”

Yes, Dr. Steffen, aspartame IS some kind of chemical!

Aspartame and Cancer

The original research on aspartame produced brain tumors in the study animals. That research has been ignored for thirty years.¹⁹⁴ In 2005, Dr. Morando Soffritti of the Ramazzini Cancer Research Institute found that aspartame causes cancer, specifically lymphoma, leukemia and breast cancer.¹⁹⁵

This vast study demonstrated that aspartame caused a significant increase in lymphomas and leukemias, malignant tumors of the kidneys in female rats, and malignant tumors of peripheral and cranial nerves in male rats. These tumors occurred at doses that were well below the acceptable daily intake recommended by the regulatory authorities in the EU and US. Rather than a week-long or month-long aspartame-feeding study, the Ramazzini project administered different levels of aspartame over an seven-year period to 1,800 rats.

¹⁹⁴<http://www.newmediaexplorer.org/sepp/2006/03/21/aspartame-causes-cancer-original-studies-showed-problem.htm>

¹⁹⁵ Soffritti M. et al. "Aspartame induces lymphomas and leukaemias in rats." *Eur. J. Oncol.* 10 (2005), nbr. 2, pp. 107-116.

In previous research, The Trocho Study showed that formaldehyde from the free methyl alcohol in aspartame embalms living tissue and damages DNA. When you damage DNA you can destroy humanity.¹⁹⁶

Betty Martini DHum

For the best education on aspartame, go to www.mpwhi.com and follow the work of Betty Martini, founder of Mission Possible, a worldwide anti-aspartame activist group. This very powerful woman has helped many thousands of people regain their health by warning them about the dangers of aspartame. On this website you will find the paper trail that led to the approval of aspartame despite epileptic seizures and brain tumors appearing in test animals. You will also learn about the ninety-two aspartame side effects that have been reported to the FDA and ignored.

Sweet Misery: A Poisoned World

This is a 2004 documentary, *Sweet Misery: A Poisoned World* by Cori Brackett, who begins the film with her own miraculous recovery from multiple sclerosis once she threw away aspartame-sweetened products. Ms. Brackett interviews several victims of aspartame poisoning, excitotoxin expert, Dr. Russell Blaylock, aspartame activist Dr. Betty Martini, and Arthur Evangelista, a former Food and Drug Administration investigator, who confirms the dirty tricks played by industry and government to force approval of aspartame in foods around the world.

Avoid Synthetic Sweeteners

Every few years another artificial sweetener appears on the market amid hoopla and hype. The advertising thrust is to inform consumers that this new product is perfectly safe and a miracle of technology. The miracle is how they get past government safety standards and how they dupe the public. Sweeteners are made artificially so that they can be patented - just like drugs. And just like drugs, they all have side effects. So, don't continue to pull the wool over your own eyes. If you need added sweetness simply use natural Stevia or honey.

Saccharin

Saccharin is a petroleum-derived sweetener discovered in 1879 and was used extensively during the sugar shortages during World Wars I and II. Saccharin might be less dangerous than aspartame, but it is still a synthetic substance that the body has to detoxify.

Acesulfame K

In his book, *Safe Food*, and also on the website of the Center for Science in the Public Interest www.cspi.com, Michael Jacobson PhD outlines the dangers of Acesulfame K. It is marketed as Sunette, or Sweet One, and was approved by the FDA in 1988 as a sugar substitute in powder or pills, in chewing gum, dry mixes for beverages, instant

¹⁹⁶ Trocho C, et al. Formaldehyde Derived from Dietary Aspartame binds to tissue Components in Vivo. *Life Sciences*, Vol. 63, no. 5, pp. 337-349, 1998. http://www.mpwhi.com/formaldehyde_from_aspartame.pdf

coffee and tea, gelatin desserts, puddings, and nondairy creamers. The FDA has not approved it for use in soft drinks and baked goods. CSPI says that a breakdown product of Acesulfame K "has been shown to affect the thyroid in rats, rabbits, and dogs. Administration of 1% and 5% acetoacetamide in the diet for three months caused benign thyroid tumors in rats. The rapid appearance of tumors raises serious questions about the chemical's carcinogenic potency."

Splenda (sucralose)

Equal is an aspartame sweetener made by the Merisant Company. Splenda is Equal's major competitor and is being hauled into court by the makers of Equal for false advertising in a version of Sugar Wars. Splenda claims that its "made from sugar, so it tastes like sugar" but Merisant says Equal is deceiving people into believing they are eating natural sugar but without the calories. In a catfight that will probably expose both products for what they really are, ABC News on December 1, 2004 said that the lawsuit against Equal says that it is "made from dextrose, maltodextrin and 4-chloro-4-deoxy-alpha, D-Galactopyranosyl-1, 6-dichloro-1, 6-dideoxy-beta, D-fructofuranoside."

Dr. Joseph Mercola, who posted news about the lawsuit on his extensive health website, www.mercola.com offered the following incisive comment. "Talk about the proverbial "pot calling the kettle black!" ... it's no wonder why Merisant is going after McNeil: Splenda sales have soared way past Equal since it was introduced in the United States some four years ago. I do find it quite odd that the manufacturer of an artificial sweetener whose primary toxic ingredient is aspartame (a.k.a. Equal) is suing another manufacturer of an equally artificial sweetener with the equally toxic sucralose (a.k.a. Splenda). As far as I'm concerned, they are equally dangerous, equally misleading and equally detrimental to your health."

Splenda is a chlorinated sugar molecule, which gives our body a dose of chlorine that can disrupt vital chloride metabolism throughout. Dr. Mercola lists the following problems that are associated with Splenda in animal research.

- Shrunken thymus glands (up to 40 percent shrinkage)
- Enlarged liver and kidneys
- Atrophy of lymph follicles in the spleen and thymus
- Reduced growth rate
- Decreased red blood cell count
- Extension of the pregnancy period
- Aborted pregnancy
- Diarrhea

We don't know the long-term effects on humans because the studies have not been done. The people who have been using this product for years are the experiment.

CHAPTER 11 DEATH BY ADDICTION

I talked about sugar in *Chapter 9* and quoted Dr. Abram Hoffer affirming that:

"Sugar is an addiction far stronger than what we see with heroin. It is the basic addictive substance from which all other addictions flow. Refined sugar and all refined foods such as polished rice, white flour and the like, are nothing less than legalized poisons."

What you may not know is that sugar is used in the curing process of tobacco. But most people know that when anyone gives up smoking or alcohol, the first thing they turn to is sweets.

The story of addiction is also wrapped up in the story of corporations that sell the products of addiction. They may say a person has a choice whether to consume the product or not. However, they throw all the weight of their PR and advertising efforts toward convincing a person to buy their product. It's only when we are able to have a level playing field and people are allowed the information to make an informed choice that we have true freedom to choose. It's not just a matter of cutting back on the amount of advertising of tobacco and alcohol that's important but countering the cool image that is presented to young people with real facts about these substances.

The History of Tobacco

The first cases of lung cancer associated with tobacco were reported in 1912. Decade by decade the incidence of lung cancer rose. In 1957 Surgeon General Leroy E. Burney issued the "Joint Report of Study Group on Smoking and Health," stating that, "Prolonged cigarette smoking was a causative factor in the etiology of lung cancer." This was the first time the Public Health Service had taken a position on the subject. This report, however, did nothing to bring to an end advertising that promoted smoking as healthy, or to get warning labels on cigarette packages. Amazingly enough, the American Medical Association supported the tobacco industry's objection to labeling cigarettes as a health hazard based on possible financial losses to the tobacco industry, government (from lost taxes), tobacco sellers, and growers. Medical journals even promoted Lucky Strike cigarette ads with the annoying jingle "Reach for a Lucky instead of a sweet". (You can read more about the actual Lucky Strike cigarette campaign in *Chapter 5*.) Denial came from the very organization sworn to protect the public... or is it just protecting doctors?

In 1964 the Surgeon General's report on smoking confirmed to the nation that smoking causes lung cancer and there was a lot of media attention given to this announcement. Almost half of American males were smoking at that time; the news caused 20% to stop smoking, but they resumed smoking almost as quickly because the report was countered with a huge advertising blitz of denial. In that same year, the AMA accepted a \$10 million grant for tobacco research from six cigarette

companies and simultaneously decided *not* to issue their report on the relationship of smoking to cancer. Finally, in 1969, five years after the Surgeon General's report, Congress enacted the Public Health Cigarette Smoking Act and cigarette packages were stamped with the following warning: "The Surgeon General Has Determined That Cigarette Smoking is Dangerous to Your Health."

Scientific Proof of Harm

By 1970, there were over 7,000 scientific reports confirming the health hazards of tobacco but this information was not getting out to the public. An occasional article, radio program, or television show would act like a "public service announcement", but there was no PR firm hired to promote these findings. There was far more tobacco advertising and an abundance of pro-tobacco articles funded by the eight billion dollar tobacco industry. Most people were confused about the issue and didn't know who to believe - they just threw up their hands and kept smoking. And that's where their denial came in.

Blame the Victim

To counter the Surgeon General's 1964 declaration that smoking causes lung cancer, *World Tobacco* magazine published "International Perspective on Smoking and Health" in the March 1964 issue. It ended with a review of the 25 years of research conducted by West Germany's Dr. H. Aschenbenner, Secretary General of the International Association of Scientific Tobacco Research, who said his works "have proven that tobacco antagonism often springs from a morbid (and often unconscious) pyrophobia (fear of fire) - a phenomenon whose many manifestations include suppressed fear of the 'big fire' or atom bomb." That such a ludicrous theory - that people who are against smoking are afraid of fire- was ever published shows the extent to which the tobacco industry would go to muddy the waters around tobacco.

With tobacco we have come to the place of understanding that we don't need to know precisely how many cigarettes it takes to get cancer, but to know that it is a genuine risk for most people. But a combination of slick advertising and cover-up by tobacco companies kept people from knowing the addictive nature of nicotine and the potential cancer risk. Tobacco companies counted on the addictive behavior of people to sell their product and to sell it to younger and younger people; to target women; and to make smoking seem hip and cool. The result in *JAMA's* "Actual Causes of Death" in America due to tobacco is almost half a million people annually (435,000). In Canada that figure would be about 43,500 lives lost.

4000 Ways to Kill

For more than you ever wanted to know about tobacco, click on http://globalink.org/tobacco/trg/Chapter19/table_of_contents.html *The Tobacco Reference Guide* by David Moyer, MD. Chapter 19, Tobacco Ingredients, Additives, and Radioactivity is my favorite. Below, you will find interesting excerpts from that chapter.

1. There are 4000 different chemicals in cigarette smoke, including 43 that meet the stringent criteria for listing as known carcinogens. **-Health Benefits of Smoking Cessation, 1990 Surgeon General Report**
2. Among chemicals on the top-secret list of about 700 additives to cigarettes reported to the US government are 13 not allowed in food (US FDA) and 5 designated as hazardous (US EPA). Most of the additives have not been scientifically investigated. **- National Public Radio report, April 1994**
3. Two of the 700 additives in cigarettes are sclareol, which causes seizures in laboratory rats, and ethylfuroate, which was investigated in the 1930's as a possible chemical warfare agent. **- American Medical News, May 2, 1994**
4. A two pack a day smoker takes 400 puffs a day and inhales 1000 milligrams (one gram) of tar. This is 150,000 puffs and a quart of thick brown gooey carcinogenic tar inhaled into the lungs each year. **- American Cancer Society, 1988**
5. Saccharin has received much attention as [a] carcinogen, but the carcinogenic potency of benzopyrene in tobacco smoke is 50,000 times greater than that of saccharin. **- North Carolina Medical Journal, January 1995, p. 5**
6. Each tin of snuff delivers as much nicotine as 30 to 40 cigarettes. There is a lethal dose of nicotine in each can of spit tobacco, as well as lead (nerve poison), embalming fluid (formaldehyde), and radioactive particles. **- Quitting Spit, National Cancer Institute, 1991, p. 5**
7. Ammonia, an "impact booster" additive to cigarettes, changes the acidity of tobacco and produces free nicotine so that nearly twice the usual amount gets into a smoker's bloodstream. **- New York Times, June 22, 1994, pp. A1 and C20**
8. Tar is the sticky brown substance condensing out of tobacco smoke, and is composed of many chemicals. **- Tobacco Control Fact Sheet 3, International Union Against Cancer, 1996**
9. "Tar" in cigarettes consists primarily of polycyclic aromatic hydrocarbons such as benzopyrene, an exceedingly potent carcinogen. **- Pharmacological Basics of Therapeutics, Goodman and Gilman, 1990 edition, p. 545**
11. Dr. John Slade, associate professor of medicine at the University of Medicine and Dentistry, New Jersey, advocates regulation of cigarettes to reduce the amount of soot, a term he prefers to "tar." One alternative would be to impose higher taxes on more toxic high-soot cigarettes, or to set limits on soot levels. **- US News and World Report, December 30, 1996, pp. 66-67**
12. Toxic components of cigarette smoke include carbon monoxide (used for suicides in garages with the car engine running), nicotine (active ingredient in bug

sprays and pesticides), acetone (nail polish remover), naphthalene (active ingredient in mothballs), ammonia (toilet bowl cleaner), hydrazine (rocket fuel), methane (swamp gas), acetylene (blow torches), polonium-210 (radioactive particles), and hydrogen cyanide (active ingredient in San Quentin gas chamber). The leading source of lead exposure in buildings with smokers is environmental tobacco smoke. - **Stanton Glantz lecture, San Francisco, February 24, 1994**

13. Tobacco smoke contains 13 billion particles per cubic centimeter, and is 10,000 times more concentrated than the aerosol resulting from automobile pollution at rush hour on a freeway. - **The Health Consequences of Smoking: Cancer and Chronic Lung Disease in the Workplace, 1985 Surgeon General report**

14. Smoking produces an estimated 2.25 million metric tons of gaseous and inhalable particulate matter each year. From 66 to 90% of cigarette smoke produced is side stream smoke. - **1985 Surgeon General report**

15. Indoor tobacco burning produces an estimated 13,000 metric tons of respirable suspended particles each year. - **1985 Surgeon General report**

16. The government does not require the tobacco industry to list the chemicals it adds to cigarettes. In fact, it is a felony for any government official to mention any of the hundreds of chemicals on the list kept in great secrecy by the government. - **ASH Review, March-April 1994, p. 7**

17. Cigarette filters lauded for reducing inhaled tar may themselves be dangerous. The fibers in the filters may be inhaled and lodge in the lungs of smokers. - **Associated Press, January 14, 1995**

18. Components of cigarette smoke include benzopyrene, hydrogen cyanide, dimethyl nitrosamines, and the radioactive element polonium-210. The polonium-210 in tobacco smoke may be the major source of exposure to radioactivity for the majority of Americans. - **American Journal of Public Health, February 1989, p. 209**

Addicted to Alcohol

We often read stories that European countries view wine as a pleasant way to end a meal, whereas in North America, getting drunk seems to be the way to “enjoy” alcohol. However, there is trouble in paradise according to Claude Rivière of the National Association for the Prevention of Alcoholism (NAPA) writing for the *Globe* magazine in the U.K., the cultural myth of alcohol in France is unraveling.¹⁹⁷ Rivière agrees that alcohol, and especially wine, symbolizes the French way of life, but says that any discussion about its harmful effects has long been a taboo subject. Almost 11 liters of pure alcohol is drunk per person per year in France, making it the

¹⁹⁷ Rivière C. “Alcohol – The Situation in France.” *The Globe Magazine*. Issue 2. 2000.
http://www.ias.org.uk/publications/theglobe/00issue2/globe0002_p8.html.

second highest consumer in the world. So, in fact, alcohol intake in France is not just a pleasant pastime, it's a serious problem. According to Pravda, in 2001, Russians drank 14 liters of pure alcohol annually, only 3 more than the French.¹⁹⁸

France reports that, just as in North America, there is:

1. An increase in alcohol consumption in young people (65 per cent of 12-18 year olds consume alcohol);
2. An increase in consumption of strong alcoholic drinks and in the incidents of drunkenness;
3. Higher consumption in rural areas;
4. More incidents at cafes and nightclubs, which are alcohol-related.

With a population of 61 million, according to *The Globe*, there are an estimated 5 million people who have medical, psychological, and social difficulties linked to their consumption of alcohol. Medical reports indicate that 29.5 per cent of men and 11 per cent of women are excessive drinkers (more than 28 glasses per week for a man, more than 14 for a woman).

In America, the mortality rate due to alcohol in the *JAMA* report on "Actual Causes of Death" is 85,000. However, the mortality rate attributed to alcohol consumption in France represents a minimum of 40,000 – 50,000 deaths per year, being between 7 and 10 percent of the total death rate.

So, it's not a matter of having a more "enlightened" approach to alcohol. Instead, it has everything to do with the amount of alcohol that is drunk in a culture. The more people drink, the more they abuse alcohol and the more alcohol abuses their bodies. And it's not just a matter of scaring people with the reality of alcohol mortality statistics.

If a person by sheer force of will and the higher power that is so important in the twelve-step program of Alcoholics Anonymous manages to maintain their abstinence, they usually become addicted to sugar as a substitute. In fact, you can create your own alcoholic brew by excessive sugar intake that allows gut yeast to produce alcohol. Measurable alcohol levels are found in someone in this situation. However, if you give a person the correct nutrients, such as chromium, zinc, magnesium, B vitamins, and vitamin C, they become replete and don't crave sugar or alcohol.

A Nation Of Pill-Poppers

A CBC special about our pill-taking population reported that the U.S. is responsible for 5 percent of the world's population and 42 percent of the world's spending on prescription drugs to the tune of \$250 billion in 2005.¹⁹⁹

¹⁹⁸ Romanova Marina. "Russians do not drink wine. They prefer vodka." *Pravda*. November 10, 2001.

¹⁹⁹ A Nation of Pill-Takers." CBS. Oct. 22, 2006.

One doctor interviewed on the CBC special felt that "If the individual is troubled enough by the problem, knows what the risks are of the medicine, and still feels that the benefit is worthwhile — I don't have a problem with it." What most people have a problem with, however, is that they don't know what the risks are. They don't read the package inserts or the drug books that list dozens, sometimes hundreds of side effects for most drugs. Many critics of the drug industry say that TV drug ads have become the new doctor and are sending people to their physician to simply pick up a prescription for the drug they saw on TV. Americans view an average of 10 prescription drug ads per day.

New York University clinical psychologist Leonore Tiefer says what many of us are thinking. "There is no drug trial in the world where anyone is taking five drugs simultaneously and they are looking at the interactions. So why is it a bad idea? I don't want to be part of some experiment. It's disease mongering just to sell drugs."

In true marketing style, Jim Dettore, president of Brand Institute, explained that "companies like his are simply responding to the needs of consumers." Naming or re-naming, syndromes for drug companies is 20 percent of his business. Dettore says the baby boomer population doesn't want to be bothered with symptoms they are saying "I wanna live. I don't wanna sneeze. I don't wanna cough. I don't wanna run around with a runny nose. I want — I wanna be perfect."

Society to Blame

Dr. Abram Hoffer says that sugar and consequent nutrient deficiency triggers addictions. Law enforcement says it's due to bad people behaving badly. Dr. Bruce Alexander, a psychologist who recently retired after thirty-five years at Simon Fraser University in British Columbia, says since addiction is stimulated by environmental factors drug policies don't work.²⁰⁰ Alexander says, "The only way we'll ever touch the problem of addiction is by developing and fostering viable culture."

In the late 1970s, Alexander ran a series of elegant experiments he calls "Rat Park". The conclusion he reached was that drugs, even hard drugs like heroin and cocaine, do not cause addiction; the user's environment does. Like a lot of research that goes against the prevailing grain, Alexander's work was mostly ignored. People were so convinced that drugs cause addiction they couldn't see any other cause.

It turns out that all the animal drug experiments were carried out in confined Skinner boxes where a surgically implanted catheter is hooked up to a drug supply that the animal self-administers by pressing a lever. There is no lack of experiments showing that lab animals readily became slaves to such drugs as heroin, cocaine, and amphetamines, which was the proof that drugs are irresistible and addictive.

²⁰⁰ Hercz, Robert. "Rat Trap" *The Walrus*. January 29, 2008.

When Alexander did his own drug experiments he built a paradise for rats and called it Rat Park. He created a plywood enclosure the size of 200 standard cages. Floors were covered with cedar shavings; there were boxes and tin cans for hiding and nesting, climbing poles, and no lack of food. Most important, because rats live in colonies, Rat Park housed sixteen to twenty animals of both sexes.

Alexander also ran a parallel experiment with control animals in standard laboratory cages. Both groups of rats had access to two water bottles, one filled with plain water and the other with morphine-laced water. It became obvious that the residents of Rat Park overwhelmingly preferred plain water to morphine (the test produced statistical confidence levels of over 99.9 percent). Alexander tried to seduce his rats with sugared morphine water but, Rat Parkers drank far less than the caged rats. The only thing that made the Rat Parkers drink morphine was when Alexander added naloxone, which eliminates morphine's narcotic effects. The Rat Parkers wanted the sweet water, but not if it made them high.

In his "Kicking the Habit" experiment, Alexander allowed both groups of rats only morphine-laced water for fifty-seven days, until they were physically dependent on the drug. But as soon as they had a choice between plain water and morphine, the Rat Parkers "switched to plain water more often than the caged rats did, voluntarily putting themselves through the discomfort of withdrawal to do so."

Alexander's "Rat Park showed that a rat's environment, not the availability of drugs, leads to dependence. In a normal setting, a narcotic is an impediment to what rats typically do: fight, play, forage, and mate. But a caged rat can't do those things. It's no surprise that a distressed animal with access to narcotics would use them to seek relief."

Unfortunately, both *Science* and *Nature* rejected Alexander's work. As I mentioned earlier, this type of research goes against the prevailing grain and one reviewer said "I can't put my finger on what's wrong, but I know it's got to be wrong." The Rat Park papers were published in reputable psychopharmacology journals but not the ones that most people read.

In the ensuing years Alexander has proven by reading every paper on addiction that humans become addicted for the same reasons as rats. He's written books and papers, delivered speeches, and testified before the 2001–2002 Senate Special Committee on Illegal Drugs.

"His message — that the core values of Western life have created an environment of rootlessness and spiritual poverty that leads more and more of us to addiction — is Rat Park writ large. And by addiction, Alexander means a great deal more than illegal drugs. There are the legal drugs, alcohol and tobacco, of course. Then there's gambling, work, shopping, the Internet, and anorexia ("addiction to starvation," as Alexander puts it). Research is showing that as far as the brain is concerned, these activities are drugs, too,

raising levels of the neurotransmitter dopamine, just like alcohol, heroin, and almost every other addictive substance we know. In this broad — but not loose — sense of the word, addiction is not the preserve of a coterie of social outcasts, but rather the general condition of Western society.”

“Naturally, these indictments have not for the most part been warmly received, but Alexander is used to that. For years, he’s worked outside the mainstream, without funding, in the face of professional ridicule. The resistance, he says, is based on a pervasive “temperance mentality” that has made drugs — first alcohol, then opium, morphine, cocaine, heroin, and marijuana — the scapegoat for society’s ills for centuries. ‘We’re bathed in this propaganda from childhood, and it’s totally persuasive,’ he says. “It’s so much easier to believe that the drug takes people away than that the very civilization we live in is making life miserable for everybody.”

CHAPTER 12 DEATH BY DENIAL

"Only puny secrets need protection. Big discoveries are protected by public incredulity."²⁰¹

Marshall McLuhan and Barrington Nevitt

The FDA is an agency in denial.

Dr. David Graham, FDA whistle-blower on Vioxx

Denial

As human beings we have free will and freedom to choose what is best for our families and ourselves. We have the freedom to learn about our health, our bodies, and our environment. Or do we? Do we have a choice about the chemicals in our environment and in our food? Did we vote for cell phones; are we aware of their side effects? Or do we just accept these new chemicals and technologies leaving it up to someone else to decide - even though that someone may be unqualified to speak for us or our children? And once the side effects accumulate, whom do we blame?

We can't possibly react with outrage to every health and environmental abuse. In my lifetime there have been battles to expose the detrimental health effects of DDT, tobacco, pesticides, and hormone replacement therapy. But it seems as if we are so shell shocked with the constant struggle to survive the stresses of modern life that we are no longer reacting to the abuse. Writing chapter after chapter about the abuses of modern medicine and modern science in this book I tried to understand where our collective reason and common sense have gone. Why have we gone into denial about the effects of modern medicine and modern technology?

Dr. Elizabeth Kubler-Ross

Denial is one of the five distinct stages that an individual experiences going through a catastrophic life event. Psychiatrist, Dr. Elizabeth Kubler-Ross, was the first to identify these stages. In 1966, Dr. Kubler-Ross moved from Zurich, Switzerland to take on a teaching position in a Denver medical school. She chose the topic of death and dying for her first series of lectures. She was unable to find much published research on the topic and spurred on by the intense reaction from her students to her lectures she became a pioneer in that field.

Dr. Kubler-Ross found that none of her students remained untouched, some were in awe of the courage shown by the dying patients who they personally interviewed and many students became confused and anxious about their own mortality. In the

²⁰¹ McLuhan M, Nevitt, B. *Take Today: The Executive as Dropout*. Harcourt Brace Jovanovich. New York. 1972, p.92.

hospital, Dr. Kubler-Ross found that not only did patients try to avoid the topic of death but also students and medical staff alike were ill prepared to enter into any discussion of death and dying. Questions were diverted to ministers, priests, rabbis, or psychiatrists, further distancing the patient from their doctors and their diagnosis and making them feel either crazy or ready for their last rites.

Dr. Kubler-Ross spent the rest of her life teaching people about death and dying, trying to unburden people by allowing them to talk about what they were feeling instead of causing more strain through avoidance. After interviewing hundreds of dying people she named five stages that grieving people go through. The five stages are denial, anger, bargaining, depression, and acceptance. Sometimes people become stuck in one of the first four stages; their lives can be held in a painful limbo until they move to the fifth stage of acceptance.

Dr. Kubler-Ross asked this vital question: "What happens to a man in a society bent on ignoring or avoiding death?" If Dr. Kubler-Ross had looked at society after reading this dissertation, she would have asked what happens to a people who ignore, avoid, or cover up cases of death by medicine, chemicals, surgery, and drugs as we have outlined in the preceding chapters?

Dr. Kubler-Ross's five stages of grieving: denial, anger, bargaining, depression, and acceptance, are the same for individuals who smoke and lose their lives; those who develop cancer from repeated exposure to pesticides and herbicides; those women who are diagnosed with cancer while on hormone replacement therapy; and those men, women, and children suffering mercury poisoning. The five stages of grieving are also the same for families with dying relatives.

The Five Stages of Denial

1. Denial, Shock, and Isolation

Dr. Kubler-Ross says that denial functions as a buffer against unexpected shocking news; it allows time to get used to the diagnosis, to collect yourself and develop other less radical defenses. You say, "No, this shouldn't happen to me; it can't be true."

2. Anger

During the grieving process, once the denial lifts somewhat, you may become furious: at the person or the company who inflicted the hurt, or at the world, or God, for letting it happen. Anger spins out in all directions. You scream, "Why me?"

3. Bargaining

As you grieve you may try to bargain with God, begging, "If I promise to be good, will you take away the loss and the pain?"

4. Depression

In this stage the harshness of the inevitable hits; anger and sadness remain an undercurrent. Your loss cannot be shared with others and depression may be intense and, in the face of death, justified.

5. Acceptance

When the anger, sadness, and mourning have tapered off, you simply accept the reality of the loss. Dr. Kubler-Ross warns that this should not be mistaken for a happy time. She says it's almost void of feelings; the emotional pain has gone, the struggle is over and at best there comes a time for the final rest before the long journey.

Dr. Kubler-Ross says, in fact, that hope is the one thing that persists through all the five stages in every patient. It's like a shimmering, gossamer sixth stage that weaves in and out through the other five stages. She says it is this glimmer of hope that supports people through their suffering, the feeling that all this must have some meaning and that, somehow, the reasons will eventually be revealed.

As we are engulfed in our crises, hope becomes that thin yet unbreakable strand of silk based on thousands of years of building wisdom that is more solid than the changing tides of our interests. We can look to nature as the teacher of hope; those simple lessons like the promise of a tiny acorn growing into a magnificent oak tree is one of the greatest symbols of hope.

Denial in Big Business

We've just seen the stages of the personal grieving process but can we take it one step further and say these are also the same stages that corporations go through when they are faced with the crisis of defending a product that the public considers unsafe? Does this give us some explanation of the psychology at play that allows people to put aside reason and common sense?

Can the stages of grieving also help explain how we are drawn into using toxic substances and why we continue to do so even when we know they are harmful? The stages seem to mirror the shock and intense disappointment felt when faced with betrayal by companies whose products are found to be harmful. When we use toxic products are we caught in the same web of denial as corporations?

Denial in HRT

Let's take the example of hormone replacement therapy. I've seen many women who were given an HRT prescription by a trusted doctor and then years later find out that they have developed cancer. In the beginning we accept whatever we are told by our doctor or read in company ads about a product and deny that anyone could be intentionally harming or poisoning us. *We* would never do such a thing and we transfer that belief onto others.

Most women reaching menopause, whether they have symptoms or not, believed their doctors who told them that hormone replacement therapy was essential. We believed chemical companies who told us we needed to kill every insect on the planet with DDT. We believed that cigarettes would give us the good life and make us as popular as the Hollywood actors that promoted them. Medical journals even ran tobacco ads and doctors promoted cigarettes as an effective tranquilizer. And we still believe that mercury dental amalgams are harmless. Most of us want to trust what our doctor, dentist, or the media tells us. In doing so, we stay locked in our belief that someone is looking out for our best interests, and can't imagine otherwise. And thus, we are in ultimate denial.

In *Chapter 4, Death by Media*, we talked about the belief that people had in drug advertising. They were convinced that the "FDA reviews all ads before they are released and allows only the safest and most effective drugs to be promoted directly to the public."^{dbm}

We are shattered when a family member, or we experience a negative reaction to a particular drug or chemical product. Or we may read or hear something very compelling about the product that shakes our faith in it. Then, by doing our own research beyond advertisements, we find out some real facts about the dangers of the product, especially in the case of DDT and cancer-causing products like tobacco and estrogen. Along with that truth comes anger: against the company and also at ourselves for being so trusting.

The bargaining stage is usually not long-lived for individuals because there is no one with whom to bargain. The company and the product have failed us and we feel defeated and depressed - the fourth stage. Most people at this stage grieve over time lost to ill health.

Finally, when we are in the acceptance stage we can become active and effective as advocates against these harmful products. Even just telling family and friends can save others unnecessary hardship and disability. And those friends pass on the word to their network. But all these stages take time. Most people are kept immobilized at one of these stages, making it hard for useful change to occur.

Denial by Dentistry

Other examples of outright denial occur in dentistry. In support of mercury amalgams, Dr. Karl Frykholm, from Sweden, in his 1957 paper, came to the absurd conclusion that when saliva coated mercury amalgams, they were rendered incapable of releasing mercury vapor. He also said that the only people who experience mercury-poisoning symptoms are those few who have an allergy to mercury. The American Dental Association soon adopted this statement as their official policy toward mercury amalgams. Those who felt they were being poisoned with mercury were told, yes, you have an allergy to mercury, it is not our fault, and it's your immune system that's at fault.

In 1976 amid a flurry of protest, the FDA continued to accept the use of amalgam fillings. The amalgams were "grand fathered" under the G.R.A.S. (generally recognized as safe) category, citing their long-term usage. Trying to convince authorities of the dangers of mercury amalgams becomes more difficult as the years pass and nothing is done. To this day, dental schools teach how the placement of mercury amalgams and assure students that they are safe even though there is overwhelming proof of the opposite. The topic of mercury is covered in another 2008 eBook that I'm writing called *Mercury Madness*.

Corporate Denial

We can also review the role of the corporations in some detail and see how they fit into the five stages. Often, corporations get stuck in the denial stage. This model not only shows us how the issues surrounding DDT, tobacco, and HRT, evolved but also how they are being resolved. It also gives us hope for the resolution of current environmental health issues.

After years of research and development, a company makes a new product and puts it on the market. Alternatively, as is the case with mercury being used in dental amalgams and vaccines, it keeps an old product on the market, promoting it through its PR department, and develops new uses for it. We know that the advertising budget is usually much larger than the product production budget in most large drug companies. With an FDA-approved product, the company meets any suggestion or evidence that it is harmful with denial. We only have to look at the Vioxx scandal, detailed in *Chapter 4*, to know this is true.

Denial

Denials by medicine and industry that HRT causes cancer dragged on for decades. Premarin (estrogen from pregnant mare's urine) was the first form of estrogen to be accepted by the FDA based on industry-sponsored studies to prove safety and efficacy. Premarin had been used in a limited way since 1940 but the 1965 industry-sponsored book, *Feminine Forever*, promoted estrogen as the "fountain-of-youth." Within 10 years Premarin was the fifth leading prescription drug in America and millions of women were using estrogen. But along with its popularity came thousands of cancer diagnoses. The makers of Premarin had to finally admit that Premarin caused uterine cancer. Until that time, the pharmaceutical company staunchly defended estrogen as safe and beneficial for all women. Not until the Women's Health Initiative trial was stopped in 2002 because of an increased incidence of disease in women who took HRT did women find out the truth.

Anger

If non-industry-sponsored studies gain a foothold and there is public evidence that a product is, indeed, harmful, the company's PR firm and legal department reach the anger stage. In fact, some people are still angry that DDT was banned in 1973. The author of an August 19, 2002, Op Ed in the *Wall Street Journal* blames the spread of West Nile virus on the people who banned DDT. If only we had DDT, the author

opines, we could have killed ALL the mosquitoes in the world and not have them spreading infection.²⁰²

When Rachel Carson wrote *Silent Spring* in 1958 indicting DDT for massive destruction of wildlife, she was threatened with lawsuits by industry, her reputation was tarnished, and she was called a hysterical woman. Such aggressive tactics are still used to personally discredit critics instead of proving that their product is safe - examples of which would fill another book. In the case of Dr. David Healy, psychopharmacologist who was formally offered a job at the University of Toronto until he made it clear at a 2000 lecture in Toronto that drug companies are often less than forthcoming with negative studies about their antidepressant drugs. The University of Toronto shortly after withdrew its job offer and Dr. Healy was forced to sue, stating that the job withdrawal was a consequence of the clash of interests between academic freedom and the commercial interests of pharmaceutical companies. The other notable case, also in Toronto, was that of Dr. Nancy Olivieri that was outlined in *Chapter 2*.²⁰³ The David and Goliath story is a familiar one to people who are trying to force a huge corporation to listen to their concerns. The denial stage is ongoing; anger fuels an indignant refusal to admit that the company is doing anything wrong.

Bargaining

Bargaining in the form of buying time and paying off individuals who complain or sue is a common tactic of corporations. Most of these individual cases are settled out of court and great sums are paid to keep the “winner” of the settlement from talking to the media. Corporations also fund fake scientific studies that “prove” their product is safe.

Let’s follow HRT into the bargaining stage. Before the makers of Premarin admitted, in 1975, that their product caused cancer, they funded several studies that they said proved Premarin was safe. At most, their studies suggested further research was needed. After their admission, in 1975, that Premarin causes cancer, instead of pulling cancer-causing Premarin off the market, the drug company argued that Premarin should be used together with synthetic progesterone to nullify estrogen’s cancer-causing effects. The medical establishment and the public accepted this bargaining tactic for another twenty-seven years until 2002.

Another bargaining tactic to counter negative publicity, or do “damage control” from lawsuits against a company and their product, is to launch huge advertising and PR campaigns. We see this in alliances with sports events, charitable endeavors, and the hijacking of “save the environment” slogans to ensure a positive “spin” on the company and the product. We have seen evidence of Big Tobacco, HRT manufacturers, vaccine makers, and the chemical industry, using some of these

²⁰² Op Ed. *Wall Street Journal*. August 19, 2002.

²⁰³ <http://www.pharmapolitics.com>

tactics. Government lobbying is also part of the plan as companies argue that stopping the sale of their product will be detrimental by taking away jobs.

Depression

After decades of delaying tactics, depression finally occurs when the company is faced with massive lawsuits, public rejection, or an outright government ban on their product. The company may try to assign blame by finding a scapegoat. Perhaps a vice president or CEO is fired. Or the CEO may try to project the blame onto the company's stockholders for demanding such a high level of return on their stock that the company is "forced" to do "whatever it takes" to make money. Note that the CEO, whose job it is to keep the price of shares in the company high, blames the stock-owning public for the decisions of big business: the CEO blames you and me for "forcing" them to harm us. This may sound rather harsh but you can see this playing out in the Vioxx scandal and you can read about many more such cases in Dr. Marcia Angell's book, *The Truth about the Drug Companies*.

Corporations are justifiably afraid that investors will take their money out of company stocks if there is proof that a product is dangerous. And fall they will: the stocks of Wyeth-Ayerst fell 40% when the 16,000-woman study was halted in July 2002.

Ethical Funds

There is a way that we, the stock-owning public, can intervene. We can simply take our money out of stocks in companies that make products that are detrimental to society and to our health. We can invest in what are called "ethical funds." That move will send a clear message to industry. Until we do, companies will feel justified in blaming you and me for the widespread use of unethical and dangerous products simply because we keep buying them.

Acceptance

Acceptance of their company's fate and admitting they were wrong or admitting defeat rarely happens willingly. As the judges and courts rule against the company and their product, huge payments in class-action suits and enormous clean-up bills follow. There is almost no joy in winning such a battle for either side. The activist feels too many lives have been harmed and much time has been lost even though they have seemingly won the battle.

When people buy a product, they have some expectations - they expect that it will be worth the price, that it will do what it is supposed to do, and that it will be safe. There is an element of trust in every transaction. We learn about trust in our relationships, friendships, and partnerships. Corporations play on the element of trust in their advertising. When ads take on the familiar scenes and sounds of friendship and camaraderie but all the while abusing our trust, we are bewildered. We deny, become angry, bargain, become depressed, and finally accept that most big business does not have a "human face."

You may want to “deny” what we are saying. Nobody likes to think they have been lied to, used, or abused. The very words we are saying about death by modern medicine have been said over and over again by others and just as many have denied them. That is why we think it is so important to realize why we tend to deny things over which we have no control, and how organizations and corporations deny harm in order to keep a monopoly or turn a profit.

This whole chapter delves very deeply into our emotions and the rationale for our actions, and it might appear that there is no way out. However, I just finished reading a wonderful book titled, *The Soul of Money*, by The Hunger Project activist, Lynne Twist. She’s a remarkable woman who has been able to find true meaning and purpose in her life while facing a world of poverty and lack in the people she helps.

Let me quote from *The Soul of Money* an inspiring passage that may help explain the invisible effects of our work and struggles:

“Evolutionary biologist, Elisabet Sahtouris, says that the caterpillar, at a certain point in its life cycle, becomes a voracious, over consumptive glutton consuming everything in sight and within reach. At this point in its evolution it can eat hundreds of times its own weight, and the more it consumes, the more fat and sluggish it gets. At that same moment of developmental excess, inside the caterpillar, the *imaginal cells* begin to stir. Imaginal cells are specialized cells, and in the minority, but when they connect with each other they become the genetic directors of the metamorphosis of the caterpillar. At some point in the caterpillar’s feeding-frenzy stage, the imaginal cells usher in the process in which the over consumptive caterpillar becomes the ‘nutritive soup’ out of which the imaginal cells create the miracle of the butterfly.”

Lynne Twist goes on to comment that, “When I first heard this caterpillar-butterfly metaphor, I loved it because it gave me a way to see the world the way it is, even its state of voracious greed, as a kind of evolutionary phase. It is such a fit metaphor for our time. When I look at the inspired, devoted, and brilliant people at work in so many ways to repair and nourish the world, in families, communities, and sustainable enterprises everywhere on Earth, I see the imaginal cells of our own transformation.”

She feels that, “The fall of unsustainable structures in business, economics, politics, and government - the collapse of companies like WorldCom, Enron, and Tyco, in recent years - and the unraveling of corporation corruption could be the beginning of the voracious caterpillar’s becoming the nutritive soup from which will grow the miracle of the butterfly.”

Lynne Twist is able to say that, “In this world of turmoil and conflict, violence and retribution, I believe there are millions of people taking responsibility not just for change, but also for transformation, for creating the miracle of the butterfly. We may

be in the minority, but we are everywhere.... We are the 'hidden mainstream.' We are the genetic directors for this living system. If we continue to connect with each other, we can create out of the gluttonous caterpillar the miracle of the butterfly."

She throws down the gauntlet to her readers as we do and declares:

"I challenge you to use your money, every dollar, every penny, every purchase, every stock and every bond, to voice this transformation.
I challenge you to use the money that flows through your life - and it does flow through all of our lives - to express the truth and context of sufficiency.
I challenge you to move the resources that flow through your life toward your highest commitments and ideals, those things you stand for.
I challenge you to hold money as a common trust that we're all responsible for using in ways that nurture and empower us, and all life, our planet, and all future generations.
I challenge you to imbue your money with soul - your soul - and let it stand for who you are, your love, your heart, your word, and your humanity."

CHAPTER 13 DEATH BY LIFESTYLE

*My definition of success is to live your life in a way
that causes you to feel a ton of pleasure and very little pain
and because of your lifestyle,
have the people around you feel a lot more pleasure than they do pain.
Anthony Robbins*

This chapter is edited from a paper that I wrote for the Nutrition Institute of America titled, “Modern Medicine Gets a Failing Grade: Birth of the Lifestyle Approach”.²⁰⁴

The *Journal of the American Medical Association (JAMA)* is arguably one of the most prestigious peer-reviewed medical journals in the U.S., perhaps in the world. What *JAMA* says between its covers is state-of-the art medical science. Therefore, a March 2004, *JAMA* paper titled, “Actual Causes of Death in the United States, 2000,” sent an important message to North Americans.²⁰⁵

One of the authors of this paper is Dr. Julie Gerberding, the head of the Centers for Disease Control (CDC). She appeared regularly in the media where she warned American people about SARS in 2003.

During her long career, Dr. Gerberding has written over 101 medical journal articles since 1985. Her three coauthors had similar long histories publishing on public health and lifestyle health risks such as obesity, arthritis, diabetes, heart disease, and the distribution of measures such as C-reactive protein (a sign of inflammation) in the population. The important message that these authors are sending to the North American public concerns lifestyle. Echoing what the World Health Organization has been saying for decades, that tobacco and lifestyle are the major causes of death in North America, Gerberding et al., have quantified these deaths.

We have long been told that heart disease and cancer are the leading causes of death. We are shown these numbers every few years as the epidemic of these chronic diseases escalates. However, Gerberding and her colleagues have not just counted the end result of a lifetime of illness and called it “heart disease” or “cancer”, they have named the actual causes of death.

²⁰⁴ <http://www.garynull.com/Documents/LifestyleApproach.htm>

²⁰⁵ Mokdad AH, Marks JS, Stroup DF, Gerberding JL. “Actual causes of death in the United States, 2000.” *JAMA*. 2004 Mar 10;291(10):1238-45.

According to the authors, the context of writing this article was that, “Modifiable behavioral risk factors are leading causes of mortality in the United States. Quantifying these will provide insight into the effects of recent trends and the implications of missed prevention opportunities.” Their objective was, “To identify and quantify the leading causes of mortality in the United States.” The design of the study called for the collection of epidemiological, clinical, and laboratory studies linking risk behaviors and mortality from 1980 to 2002. Prevalence and relative risk of the leading causes of death were identified during the literature search. Mortality data from the year 2000 reported to the Centers for Disease Control and Prevention were used to identify the causes and number of deaths.

The sheer numbers of deaths due to modifiable behavioral risk factors, accounting for about half of all annual deaths, were nothing less than startling. Tobacco deaths were the highest actual cause of death (435,000 deaths; 18.1 percent of total U.S. deaths). A close second was poor diet and physical inactivity (400,000 deaths; 16.6 percent). Alcohol consumption was third (85,000 deaths; 3.5 percent). Other deaths due to modifiable risks were microbial agents (75,000), toxic agents (55,000), motor vehicle crashes (43,000), incidents involving firearms (29,000), sexual behaviors (20,000), and illicit use of drugs (17,000).

The authors say that, although smoking remains the leading cause of mortality, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. They conclude that their “findings along with escalating health care costs and aging population, argue persuasively that the need to establish a more preventive orientation in the U.S. health care and public health systems has become more urgent.”

Actual Causes of Death:²⁰⁶

1. Tobacco	435,000
2. Poor diet and poor physical inactivity	400,000
3. Alcohol consumption	85,000
4. Infectious agents (e.g., influenza and pneumonia)	75,000
5. Toxic agents (e.g., pollutants and asbestos)	55,000
6. Motor vehicle accidents	43,000
7. Firearms	29,000
8. Sexual behavior	20,000
9. Illicit use of drugs	17,000

As the so-called richest country in the world, America is admitting that an extraordinary number of people are so malnourished and in such bad physical conditioning, that it's killing them.

²⁰⁶ Mokdad AH, Marks JS, Stroup DF, Gerberding JL. “Actual causes of death in the United States, 2000.” *JAMA*. 2004 Mar 10;291(10):1238-45.

This was hardly the first time that the medical community was warned about the actual causes of death. In 1993, researchers from the U.S. Department of Health and Human Services published a very similar paper with the same title.²⁰⁷ Using 1990 data, McGinnis and Foege found the following:

Tobacco (an estimated 400,000 deaths)
Diet and activity patterns (300,000)
Alcohol (100,000)
Microbial agents (90,000)
Toxic agents (60,000)
Firearms (35,000)
Sexual behavior (30,000)
Motor vehicles (25,000)
Illicit use of drugs (20,000)

In comparison with the 2004 *JAMA* paper, it appears that mortality from diet and activity patterns have increased by 25 percent. In the 2004 *JAMA* study, “Actual Causes of Death,” 34 percent of U.S. adults are considered overweight and an additional 31 percent are obese. Its authors found that in 2001, chronic diseases contributed approximately 59 percent of the 56.5 million total reported deaths in the world and 46 percent of the global burden of disease.

The Cost of Chronic Disease

The CDC admits that, “The United States cannot effectively address escalating health care costs without addressing the problem of chronic diseases.” The following stunning statistics are taken from the CDC’s Chronic Disease Overview:²⁰⁸

1. More than 90 million Americans live with chronic illnesses.
2. Chronic diseases account for 70% of all deaths in the United States.
3. The medical care costs of people with chronic diseases account for more than 75 percent of the nation’s \$1.4 trillion annual medical care costs.
4. Chronic diseases account for one-third of the years of potential life lost before age 65.
5. Hospitalizations for pregnancy-related complications occurring before delivery account for more than \$1 billion annually.
6. The direct and indirect costs of diabetes are nearly \$132 billion a year.
7. Each year, arthritis results in estimated medical care costs of more than \$22 billion, and estimated total costs (medical care and lost productivity) of almost \$82 billion.

²⁰⁷ McGinnis JM, Foege WH. “Actual causes of death in the United States.” *JAMA*. 1993 Nov10;270(18):2207-12.

²⁰⁸ <http://www.cdc.gov/nccdphp/overview.htm>

8. The estimated direct and indirect costs associated with smoking exceed \$75 billion annually.
9. In 2001, approximately \$300 billion was spent on all cardiovascular diseases. Over \$129 billion in lost productivity was due to cardiovascular disease.
10. The direct medical cost associated with physical inactivity was nearly \$76.6 billion in 2000.
11. Nearly \$68 billion is spent on dental services each year.

The CDC says that, “Today, chronic diseases - such as cardiovascular disease (primarily heart disease and stroke), cancer, and diabetes - are among the most prevalent, costly, and preventable of all health problems. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease.”

The World View

The World Health Organization, established on April 7, 1948, has in its constitution an objective for the attainment of the highest possible level of health for all peoples. Health, according to WHO, is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” - we totally agree.

Dr. Pekka Puska, Director of the Department of Non-Communicable Disease (NCD) Prevention for the World Health Organization (WHO) presented a paper at a WHO Global Forum on NCD Prevention and Control in Rio de Janeiro, November 9-12, 2003. In his presentation, “Working Together for a Healthy Future: Setting the Scene”, he outlined the worldwide causes of death as of 2000. The assembly was shocked when he stated that seven out of ten top mortality risk factors are impacted by lifestyle choices. These risk factors, that affect both adults and children, include:

1. High blood pressure
2. **Use of tobacco**
3. High cholesterol
4. Lack of fruit and vegetable intake
5. Overuse of alcohol
6. Being overweight
7. Lack of physical activity

Dr. Puska warned of the emerging epidemic of NCD's that is, “to a great extent a consequence of rapid changes in the diets, of declining physical activity, and of increase of tobacco use.” He emphasized that medical evidence for prevention exists and that population-based prevention is the most cost-effective and the only affordable option for major public health improvement in NCD rates. He said that WHO is making NCD's a priority, with an emphasis on prevention. As a deterrent to the use of tobacco, Dr. Puska suggested higher taxes and a comprehensive advertisement ban. Three health programs were also launched:

1. Tobacco: Quit and Win
2. Physical Activity: Move for Health
3. Diet: Global Fruit and Vegetable Initiative

WHO's Attempt to Limit Sugar

In an effort to implement some of the suggestions made at the Rio summit, thirty international experts, commissioned by two U.N. agencies, the World Health Organization (WHO) and the Food and Agriculture Organization (FAO), came out with a 2004 report titled, "The Joint WHO/FAO Expert Report: Diet, Nutrition, and the Prevention of Chronic Disease". All the experts agreed that it is time that people limited their sugar intake to no more than 10 percent of their total daily calories. They also crossed that imaginary line in the sand when they said that cutting back on sugar would help put the brakes on the global epidemic of obesity-related disease. They admit that sugar causes chronic health problems. WHO and FAO are coming out against sugar and, therefore, against the sugar industry.

What is the reaction of the sugar industry? Predictably, the sugar industry is fighting the WHO's report. It is currently lobbying Congress to stop funding the UN because of the 10 percent sugar recommendation. Presently, the Institute of Medicine's (IOM's) 2002 report, "Dietary Reference Intakes for Macronutrients," suggests a maximum intake of 25 percent of calories from added sugars.²⁰⁹ According to the International Food Information Council, the IOM report said that, "Higher intakes are associated with a dramatic decrease in micronutrient intakes, especially calcium. The IOM panel determined no other adverse effects."²¹⁰

Imagine what it would be like to have 25 percent of your calories coming from sugar. It would amount to 40 teaspoons of sugar a day. Estimates of sugar consumption are that every American consumes an annual 150 pounds of sugar.

USA Today reported that the sugar industry, in its critique of the WHO document, refutes the statement that sugar has any effect on weight.²¹¹ In that report, the U.S. National Soft Drink Association made the oft-heard claim that, "The scientific literature does not show an association between sugar intake and obesity." The sugar industry is making their own health recommendation that exercise is what Americans are lacking. Actually, the UN report did advise twice as much exercise as the U.S. guidelines, one hour instead of thirty minutes, along with the deep cut in sugar.

The Lifestyle Approach

WHO and FAO hope that the Joint WHO/FAO Report's findings will provide member states with enough ammunition to prepare national health strategies. Dr. Richard

²⁰⁹ <http://www.iom.edu/report.asp?id=4340>

²¹⁰ <http://ific1.nisgroup.com/foodinsight/2003/jf/sugarsfi103.cfm>

²¹¹ U.S.A Today, March 2, 2004. London AP. http://www.usatoday.com/news/health/2003-03-02-world-sugar_x.htm

Uauy, chairman of the report, made a number of astute observations that are not usually found in “bureaucratic” reports.²¹² Dr. Uauy said that:

1. “Not all fats or all carbohydrates are the same; it pays to know the difference.”
2. “People should eat less high-calorie foods, especially foods high in saturated fat and sugar, be physically active, prefer unsaturated for saturated fat and use less salt; enjoy fruits, vegetables and legumes, and prefer foods of plant and marine origin.”
3. “A diet rich in fruit and vegetables containing immune-system boosting micronutrients could also help the body’s natural defenses against infectious diseases.”

The specific WHO/FAO recommendations on diet are as follows:

1. Limit fat to between 15 and 30 percent of total daily calories.
2. Limit saturated fats to less than 10 percent of total daily calories.
3. Carbohydrates should provide the bulk of energy requirements – between 55 and 75 percent of daily intake.
4. Added sugars should remain beneath 10 percent.
5. Protein should make up a further 10-15 percent of calorie intake.
6. Salt should be restricted to less than 5 grams a day.
7. Intake of fruit and vegetables should reach at least 400 grams a day (about 14 ounces).

The report warns that obesity is not the only factor of concern with a poor diet but that chronic disease, such as heart disease, is caused by a diet high in saturated fats and excess salt. The amount of exercise recommended by the UN report is double the amount suggested in the U.S. One full hour a day of “moderate-intensity activity, such as walking,” as many day per week as possible, is said to be needed to maintain a healthy body weight.

Not only that, exercise can add 10 years to your life, according to a new study in the Archives of Internal Medicine. The researchers examined the length of telomeres, which are repeated sequences at the end of chromosomes, in about 1,500 twins' white blood cells (leukocytes). Leukocyte telomeres progressively shorten over time and may serve as a marker of biological age. Those who exercised about 200 minutes per week (that’s about 30 minutes a day) compared with those who only got about 16 minutes a week had telomeres that looked 10 years younger.²¹³

²¹² Food & Agriculture Organization of the United Nations. April 23, 2003.
<http://www.fao.org/english/newsroom/news/2003/16851-en.html>

²¹³ Lynn F. Cherkas The Association Between Physical Activity in Leisure Time and Leukocyte Telomere Length. Arch Intern Med. 2008;168[2]:154-158.

Blame the Victim

It is very important that the CDC and the WHO are admitting that poor diet and lack of exercise is a major concern. However, is their concern coming a little too late to help the already millions of sufferers of chronic disease? It should not be forgotten that alternative-medicine and integrative- medicine doctors have been aware of lifestyle problems for decades.

Should we, however, be suspicious of the timing? After all, President Bush has made the statement that the health care system in America is on a collision course with bankruptcy and has set the date of the final fire sale on our health care for 2011. Perhaps a cynical mind can see the statistics on tobacco and lifestyle as a “blame the victim” ploy. After all, we are the ones that take a drag on the cigarette and “SuperSize” ourselves on a regular basis.

Morgan Spurlock, the writer, director, producer, actor, in the movie, “SuperSize Me,” is now a nutrition media star. Filming his own documentary on a McDonald’s diet, he proved that we are, indeed, the cause of our own problems. After one month of a McDonald’s diet, he gained twenty-five pounds, had elevated blood pressure, and increased blood levels of cholesterol, triglycerides, liver enzymes, and uric acid. He also developed mood swings, depression, fatigue, and apathy.

Maybe It’s Not Too Late

But let’s be positive. Perhaps the CDC is finally gearing up their preventive medicine forces because the standard practice of medicine is not working. Evidence of adverse drug reactions, medical mistakes, malnutrition in hospitals and nursing homes, and thousands dying of bedsores, is all reaching the inevitable crescendo of loss of faith in the “standard practice of care” because the standard practice of care seems to wholly embrace drugs and eschew alternatives in every form. And in defense of consumers, are we totally to blame if, from birth, we have been bombarded with seductive ads enticing us to ingest the very things that are going to cause our demise?

How Do North Americans Feel

The Joint Canada/U.S. Survey of Health was conducted from November 2002 through March 2003, was released June 2, 2004.²¹⁴ Using identical survey questions on 3500 Canadians and 5200 Americans, the survey found that Americans were more likely than Canadians to report that they were very satisfied with health care (53 percent compared to 44 percent).

When asked about their health, 85 percent of Americans and 88 percent of Canadians reported that they were in good, very good, or excellent health. But only

²¹⁴ Joint Canada/U.S. Survey of Health, June 2, 2004. <http://www.statcan.gc.ca/daily-quotidien/040602/dq040602a-eng.htm>

26 percent of Americans and 24 percent of Canadians rated their health as excellent (which is where our health should be). Even though some people reported they were in good health, when asked for details, 25 percent of Americans and 24 percent of Canadians reported some level of mobility limitation (problems with walking, standing, or climbing). More Americans, particularly American women (7 percent compared to 4 percent), report highly severe mobility limitations. Approximately 8 percent of adults and 10 percent of women in both countries had experienced a major depressive episode in the past year.

Regarding smoking, Canadians were more likely than Americans to be current daily smokers (19 percent compared to 17 percent) and this difference was more pronounced among older women. The scales were very uneven between the two countries when it came time to weight comparison. A much higher proportion of Americans than Canadians are obese. In fact, among U.S. women, the rate of obesity is nearly twice that of Canadian women. In both countries, those with the lowest incomes report poorer health and higher rates of severe mobility limitations, as well as higher levels of smoking and obesity.

With regard to prescription usage, the overall pattern of drug intake was similar in the two countries, with use higher among people 65 years of age and older, and higher among women. However, there was higher prescription drug use among Americans aged 45-64 than Canadians in this same age group. That disparity raises a question about the legalization of direct-to-consumer advertising in the U.S. as compared to Canada.

Lifestyle Can't Be Measured

It is difficult, if not impossible, to measure scientifically the power of individual lifestyle changes such as diet, exercise, and nutrients. If you look at large survey studies like the 122,000-person Nurses Health Study, they don't give definitive answers about health and neither are they double-blind, cross-over trials.²¹⁵

The Nurses Health Study was begun in 1976 to investigate the potential long-term consequences of the use of oral contraceptives. Soon after, they were expanded to include diet and nutrition, in recognition of their roles in the development of chronic diseases. The research continues today with over 116,000 women enrolled in the study. Periodically, researchers will analyze a segment of data and publish a conclusion. If they want to know if consuming two extra pieces of fruit per week will decrease the risk of colon cancer researchers will track the number of women who now have colon cancer and then go to their data and find out how much fruit they ate. If the women who developed colon cancer ate less fruit than the women who didn't get colon cancer the headlines will read "An extra two pieces of fruit a week will prevent colon cancer. But, we have no idea whether consuming the two extra pieces of fruit per week was a cause, and not a coincidental factor, among many factors, that lowered the risk of acquiring the particular disease. These studies are

²¹⁵ <http://www.channing.harvard.edu/nhs/index.html>

only helpful to the extent that they demonstrate important correlations that may be studied further.

As long as we have the scientific notion, as we have described in *Chapter 6*, that only one thing must be measured at a time, we will have difficulty “proving” that lifestyle is important. Instead, researchers will ignore it and continue to study lab rats while commonsense tells us how desperately people need lifestyle change.

In *Chapter 7*, Dr. Samuel Epstein said we don’t need any more cancer research. We agree and we also say that we can and should be implementing the considerable knowledge that we have accumulated in natural medicine to set up clinics and treatment centers to implement lifestyle changes NOW. These clinics would offer diet instruction for those who don’t know the difference between white refined bread and a whole grain cereal; sauna therapy for detoxification as the New York 9/11 firemen are using; exercise classes that are fun and that work to reduce blood sugar, weight, stress, and menopausal hot flashes; and stress reduction classes. These are not multimillion-dollar measures. We don’t necessarily need more CT scans and high-cost, high-tech solutions; we need to get back to basics and we need people to demand these basic rights from their health care providers, insurers, and governments.

Instead of low cost, lifestyle clinics that get back to the basics, we have health care bureaucracy that seems to have a life of its own, that seems to be choking the life out of the people for which it is supposed to be responsible.

Patient, Protect Thyself

Changing your lifestyle and taking responsibility for your own health can also mean that you and your family have to be on the defense if you do end up in a modern medical hospital.

The LA Times, January 28, 2008 ran a special report titled “ Patient, Protect Thyself.” The byline to this article acknowledges the futility of trying to make doctors and hospitals accountable for medical errors saying, “Consumers need to help caregivers avoid mistakes.”²¹⁶

The LA times ran this story shortly after an LA celebrity’s newborn twins were given a massive drug overdose in a state-of-the-art hospital with all the technology and conveniences that money can buy. Statistics such as 1 out of 10 hospitalized patients picks up an infection or suffers some kind of mistake while in the hospital seemed clinical themselves when seen on the printed page. I assume millions of people read this piece yet where is the reaction, where is the outrage. If your accountant made a mistake one in every ten entries in on your income tax; if your bank made a error every tenth data entry; even if your hair dresser wrecked your hair every tenth visit, would it take you more than 24-hours to complain at the top of your lungs. What

²¹⁶ <http://www.latimes.com/features/health/la-he-patients28jan28,0,1911120.story>

makes our society so complacent with these medical errors?

Dr. Peter Angood, a trauma surgeon and vice president and chief patient safety officer for the Joint Commission (a national organization that accredits hospitals and other healthcare facilities) says "One of the biggest things we can do in healthcare is to help patients understand that they need to be better consumers -- it's good to question, to ask for clarification and solicit second opinions as needed." That suggestion can land flat on its face when your doctor gets in a huff because you question his advice or seek a second opinion. According to the Eisenberg study on alternative medicine, most patients doesn't even tell their doctors they are on vitamins for fear of their reaction.²¹⁷

The LA Times article offers "some tips from organizations such as the Joint Commission and the federal Agency for Healthcare Research and Quality, which is charged with improving quality and safety of healthcare, on how to reduce the risk that you or a loved one will experience a medical error."

In the hospital

Ask questions is the brilliant piece of advice given by the Joint Commission but do they realize that if you question a staff member, you may not see anyone for hours and you may have left yourself vulnerable to retaliation.

My advice is to enlist the support of the biggest, burliest friends you know and have one of them at your bedside at all times. You and your caregiver will then ask everyone that comes into the room to wash their hands; tell you the patient's name on the medication they are dispensing, what drug they are giving you, what dosage, and why they are giving it to you. Watch especially for the following drugs, which have the worse track record for being overdosed: insulin, morphine, potassium chloride, heparin and warfarin.

You are advised to "Keep close track of your medicines, including herbal or homeopathic remedies, supplements and over-the-counter drugs such as aspirin. And tell your caregivers what you're taking. Some of these substances can interact negatively with one another -- ginseng, for example, interferes with the blood-thinner warfarin; chondroitin may cause excessive bleeding during surgery. A study assessing data from 21,000 U.S. adults in 2002 found that more than two-thirds of people using a supplement and a prescription medication in the same year did not tell their doctor about the supplement."

I've already explained above why patients don't tell their doctors what supplements they are taking. Many clients have told me that when they have been taken to the ER, even though they may be on a dozen medications, if they say they are on a

²¹⁷ Eisenberg D. "Unconventional Medicine in the United States – Prevalence, Costs and Patterns of Use." *NEJM* 328:246-52 no.4. Jan 28, 1993.

vitamin the doctors will say that it's the vitamin that's causing their symptoms.

The Joint Commission also advises you to make sure your surgeon knows which limb to operate on by signing your name on the appropriate limb. Since 1995 the Joint Commission found 615 instances of wrong-sided surgery.

At the doctor's office

The LA Times says that people may die from a hospital error more often than an error in your doctor's office but one in four visits resulted in medical errors in 351 outpatient visits. Minor harm was done to 18 patients, and potential harm to an additional 53 -- including physical discomfort, mild adverse drug reactions, moderate physical injury, progression of disease and (most commonly) emotional distress and wasted time.

The Joint Commission wants you to make sure the doctor takes the time to hear what your symptoms and concerns are so the best diagnosis can be made. But that's not going to help you if your doctor is only allotted 5 minutes for your appointment by his HMO.

When the Joint Commission says to take a list of questions including the medications you are on to your doctor, do they realize that we were taught in medical school to consider a person a hypochondriac if they come with a written list.

If you are given a handwritten prescription make sure you can read it so you know the pharmacist has a fighting chance to give you the right medicine. Up to 20% of written prescriptions are illegible.

The list of survival tips could be a mile long and you would still be bucking a system that is geared toward commerce and not human beings. My solutions, as I stated at the beginning of this book, is to encourage people to take responsibility for their own health; learn about natural medicine; have on hand a homeopathic kit to treat you and your family; eat organic; and start growing your own food.

For more information on how to take care of your health read Dr. Dean's eBook, *Future Health Now Encyclopedia*. Dr. Dean's printed books can be seen at www.drcarolyndean.com where they are linked to amazon.com.

APPENDICES

Appendix A:

Herbalists Charter of Henry the VIII

Annis Tircesimo Quarto and Tricesimo Quinto. Henry VIII Regis. Cap. VIII. An Act That Persons, Being No Common Surgeons, May Administer Outward Medicines

Note: Under the General Laws of the Colonies taken over by the U.S.A., these rights are still in force in the original thirteen states, and have never been repealed.

Were in the Parliament holden at Westminster in the third Year of the King's most gracious reign, amongst other things, for the avoiding of Sorceries, Witchcrafts, and other Inconveniences, it was enacted, that no Person within the City of London, nor within Seven Miles of the same, should take upon him to exercise and occupy as Physician or Surgeon, except he be first examined, approved, and admitted by the Bishop of London and other, under and upon certain Pains and Penalties in the same Act mentioned: Sithence the making of which said Act, the Company and Fellowship of Surgeons of London, minding only their own Lucre, and nothing the Profit or ease of the Diseased or Patient, have sued, troubled, and vexed divers honest Persons, as well Men as Women, whom God hath endued with the Knowledge of the Nature, Kind and Operation of certain Herbs, Roots, and Waters, and the using and ministring of them to such as been pained with customable Diseases, as Women's Breast's being sore, a Pin and the Web in the Eye, Uncomes of Hands, Burnings, Scaldings, Sore Mouths, the Stone, Strangury, Saucelim, and Morpew, and such other like Diseases; and yet the said Persons have not taken anything for their Pains or Cunning, but have ministered the same to poor People only for Neighborhood and God's sake, and of Pity and Charity: And it is now well known that the Surgeons admitted will do no Cure to any Person but where they shall be rewarded with a greater Sum or Reward that the Cure extendeth unto; for in case they would minister their Cunning unto sore People unrewarded, there should not so many rot and perish to death for Lack or Help of Surgery as daily do; but the greatest part of Surgeons admitted been much more to be blamed than those Persons that they troubled, for although the most Part of the Persons of the said Craft of Surgeons have small Cunning yet they will take great sums of Money, and do little therefore, and by Reason thereof they do oftentimes impair and hurt their Patients, rather than do them good. In consideration whereof, and for the Ease, Comfort, Succour, Help, Relief, and Health of the King's poor Subjects, Inhabitants of this Realm, now pained or diseased: Be it ordained, established, and enacted by Authority of this present Parliament, That at all Time from henceforth it shall be lawful to every Person being the King's subject. Having Knowledge and Experience of the Nature of Herbs, Roots, and Waters, or of the Operation of the same, by Speculation or Practice, within any part of the Realm of England, or within any other the King's Dominions, to practice, use, and minister in and to any outward Sore, Uncome Wound, Apostemations,

outward Swelling or Disease, any Herb or Herbs, Ointments, Baths, Pultess, and Emplaisters, according to their Cunning, Experience, and Knowledge in any of the Diseases, Sores, and Maladies before said, and all other like to the same, or Drinks for the Stone, Strangury, or Agues, without suit, vexation, trouble, penalty, or loss of their goods; the foresaid Statute in the foresaid Third Year of the King's most gracious Reign, or any other Act, Ordinance, or Statutes to the contrary heretofore made in anywise, notwithstanding.

APPENDIX B:

DEATH BY MEDICINE-Abridged Version Journal of Orthomolecular Medicine Spring 2005

ABSTRACT

A close reading of medical peer-review journals and government health statistics shows that American medicine frequently causes more harm than good. The number of people having in-hospital, adverse drug reactions (ADR) to prescribed medicine is 2.2 million.¹ Dr. Richard Besser, of the CDC, in 1995, said the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. Dr. Besser, in 2003, refers to tens of millions of unnecessary antibiotics.^{2,2a} The number of unnecessary medical and surgical procedures performed annually is 7.5 million.³ The number of people exposed to unnecessary hospitalization annually is 8.9 million.⁴ The total number of iatrogenic deaths shown in the following table is 783,936. It is evident that the American medical system is the leading cause of death and injury in the United States. The 2001 heart disease annual death rate is 699,697; the annual cancer death rate, 553,251.⁵

TABLES AND FIGURES

ANNUAL PHYSICAL AND ECONOMIC COST OF MEDICAL INTERVENTION

Condition	Deaths	Cost	Author
Hospital ADR	106,000	\$12 billion	Lazarou ¹ Suh ³¹
Medical error	98,000	\$2 billion	IOM ⁶
Bedsore	115,000	\$55 billion	Xakellis ⁷ Barczak ⁸
Infection	88,000	\$5 billion	Weinstein ⁹ MMWR ¹⁰
Malnutrition	108,800	-----	Nurses Coalition ¹¹
Outpatient ADR	199,000	\$77 billion	Starfield ¹² Weingart ⁷⁰
Unnecessary Procedures	37,136	\$122 billion	HCUP ^{3,13}
Surgery-Related	32,000	\$9 billion	AHRQ ⁷¹
TOTAL	783,936	\$282 billion	

ANNUAL UNNECESSARY MEDICAL EVENTS STATISTICS

Unnecessary Events	People Affected	Iatrogenic Events
Hospitalization	8.9 million ⁴	1.78 million ¹⁵
Procedures	7.5 million ³	1.3 million ²²
TOTAL	16.4 million	3.08 million

The enumerating of unnecessary medical events is very important in our analysis. Any medical procedure that is invasive and not necessary must be considered as part of the larger iatrogenic picture. Unfortunately, cause and effect go unmonitored. The figures on unnecessary events represent people (“patients”) who are thrust into a dangerous healthcare system. They are helpless victims. Each one of these 16.4 million lives is being affected in a way that could have a fatal consequence. Simply entering a hospital could result in the following:

1. In 16.4 million people, 2.1% chance of a serious adverse drug reaction,¹ (186,000)
2. In 16.4 million people, 5-6% chance of acquiring a nosocomial infection,⁹ (489,500)
3. In 16.4 million people, 4-36% chance of having an iatrogenic injury in hospital (medical error and adverse drug reactions),¹⁵ (1.78 million)
4. In 16.4 million people, 17% chance of a procedure error,²² (1.3 million)

Overlap of Statistics

We have added, cumulatively, figures from 13 references of annual iatrogenic deaths. However, there is invariably some degree of overlap and double counting that can occur in gathering non-finite statistics. Death numbers don’t come with names and birth dates to prevent duplication. On the other hand, there are many missing statistics. As we will show, only about 5% to 20% of iatrogenic incidents are even recorded.^{15,17,18} And, our outpatient iatrogenic statistics^{12,55} only include drug-related events and not surgical cases, diagnostic errors, or therapeutic mishaps.

We have also been conservative in our inclusion of statistics that were not reported in peer review journals or by government institutions. For example, on July 23, 2002, The Chicago Tribune analyzed records from patient databases, court cases, 5,810 hospitals, as well as 75 federal and state agencies and found 103,000 cases of death due to hospital infections, 75% of which were preventable.⁶⁸ We do not include this figure but report the lower Weinstein figure of 88,000.⁹ Another figure that we withheld, for lack of proper peer review was The National Committee for Quality Assurance, September 2003 report which found that at least 57,000 people die annually from lack of proper care for common diseases such as high blood pressure, diabetes, or heart disease.⁶⁹

Overlapping of statistics in “Death by Medicine” may occur with the Institute of Medicine (IOM) paper that designates “medical error” as including drugs, surgery, and unnecessary procedures.⁶ Since we have also included other statistics on adverse drug reactions, surgery and, unnecessary procedures, perhaps a much as 50% of the IOM number could be redundant. However, even taking away half the 98,000 IOM number still leaves us with iatrogenic events as the number one killer at 734,936 annual deaths.

Even greater numbers of iatrogenic deaths will eventually come to light when all facets of health care delivery are measured. Most iatrogenic statistics are derived from hospital-based studies. However, health care is no longer typically relegated to hospitals. Today, health care is shared by hospitals, outpatient clinics, transitional care, long-term care, rehabilitative care, home care, and private practitioners offices. In the current climate of reducing health-care costs, the number of hospitals and the length of patient stays are being slashed. These measures will increase the number of patients shunted into outpatient, home care, and long-term care and the iatrogenic morbidity and mortality will also increase.

THE FIRST MAJOR IATROGENIC STUDY

Dr. Lucien L. Leape opened medicine’s Pandora’s box in his 1994 *JAMA* paper, “Error in Medicine.”¹⁵ He began the paper by reminiscing about Florence Nightingale’s maxim – “first do no harm.” But he found evidence of the opposite happening in medicine. He found that Schimmel reported in 1964 that 20% of hospital patients suffered iatrogenic injury, with a 20% fatality rate. Steel in 1981 reported that 36% of hospitalized patients experienced iatrogenesis with a 25% fatality rate and adverse drug reactions were involved in 50% of the injuries. Bedell in 1991 reported that 64% of acute heart attacks in one hospital were preventable and were mostly due to adverse drug reactions. However, Leape focused on his and Brennan’s “Harvard Medical Practice Study” published in 1991.^{15a} They found that in 1984, in New York State, there was a 4% iatrogenic injury rate for patients with a 14% fatality rate. From the 98,609 patients injured and the 14% fatality rate, he estimated that in the whole of the U.S. 180,000 people die each year, partly as a result of iatrogenic injury. Leape compared these deaths to the equivalent of three jumbo-jet crashes every two days.

Why Leape chose to use the much lower figure of 4% injury for his analysis remains in question. Perhaps he wanted to tread lightly. If Leape had, instead, calculated the average rate among the three studies he cites (36%, 20%, and 4%), he would have come up with a 20% medical error rate. The number of fatalities that he could have presented, using an average rate of injury and his 14% fatality, is an annual 1,189,576 iatrogenic deaths, or over ten jumbo jets crashing every day.

Leape acknowledged that the literature on medical error is sparse and we are only seeing the tip of the iceberg. He said that when errors are specifically sought out, reported rates are “distressingly high”. He cited several autopsy studies with rates

as high as 35-40% of missed diagnoses causing death. He also commented that an intensive care unit reported an average of 1.7 errors per day per patient, and 29% of those errors were potentially serious or fatal. We wonder: what is the effect on someone who daily gets the wrong medication, the wrong dose, the wrong procedure; how do we measure the accumulated burden of injury; and when the patient finally succumbs after the tenth error that week, what is entered on the death certificate?

Leape calculated the rate of error in the intensive care unit. First, he found that each patient had an average of 178 “activities” (staff/procedure/medical interactions) a day, of which 1.7 were errors, which means a 1% failure rate. To some this may not seem like much, but putting this into perspective, Leape cited industry standards where in aviation a 0.1% failure rate would mean 2 unsafe plane landings per day at O’Hare airport; in the U.S. Mail, 16,000 pieces of lost mail every hour; or in banking, 32,000 bank checks deducted from the wrong bank account every hour.

Analyzing why there is so much medical error Leape acknowledged the lack of reporting. Unlike a jumbo-jet crash, which gets instant media coverage, hospital errors are spread out over the country in thousands of different locations. They are also perceived as isolated and unusual events. However, the most important reason that medical error is unrecognized and growing, according to Leape, was, and still is, that doctors and nurses are unequipped to deal with human error, due to the culture of medical training and practice. Doctors are taught that mistakes are unacceptable. Medical mistakes are therefore viewed as a failure of character and any error equals negligence. We can see how a great deal of sweeping under the rug takes place since nobody is taught what to do when medical error does occur. Leape cited McIntyre and Popper who said the “infallibility model” of medicine leads to intellectual dishonesty with a need to cover up mistakes rather than admit them. There are no Grand Rounds on medical errors, no sharing of failures among doctors and no one to support them emotionally when their error harms a patient.

Leape hoped his paper would encourage medicine “to fundamentally change the way they think about errors and why they occur”. It’s been almost a decade since this groundbreaking work, but the mistakes continue to soar.

One year later, in 1995, a report in *JAMA* said that, "Over a million patients are injured in U.S. hospitals each year, and approximately 280,000 die annually as a result of these injuries. Therefore, the iatrogenic death rate dwarfs the annual automobile accident mortality rate of 45,000 and accounts for more deaths than all other accidents combined."¹⁶

At a press conference in 1997 Dr. Leape released a nationwide poll on patient iatrogenesis conducted by the National Patient Safety Foundation (NPSF), which is sponsored by the American Medical Association. The survey found that more than 100 million Americans have been impacted directly and indirectly by a medical mistake. Forty-two percent were directly affected and a total of 84% personally

knew of someone who had experienced a medical mistake.¹⁴ Dr. Leape is a founding member of the NPSF.

Dr. Leape at this press conference also updated his 1994 statistics saying that medical errors in inpatient hospital settings nationwide, as of 1997, could be as high as three million and could cost as much as \$200 billion. Leape used a 14% fatality rate to determine a medical error death rate of 180,000 in 1994.¹⁵ In 1997, using Leape's base number of three million errors, the annual deaths could be as much as 420,000 for inpatients alone. This does not include nursing home deaths, or people in the outpatient community dying of drug side effects or as the result of medical procedures.

ONLY A FRACTION OF MEDICAL ERRORS ARE REPORTED

Leape, in 1994, said that he was well aware that medical errors were not being reported.¹⁵ According to a study in two obstetrical units in the U.K., only about one quarter of the adverse incidents on the units are ever reported for reasons of protecting staff or preserving reputations, or fear of reprisals, including law suits.¹⁷ An analysis by Wald and Shojania found that only 1.5% of all adverse events result in an incident report, and only 6% of adverse drug events are identified properly.¹⁸ The authors learned that the American College of Surgeons gives a very broad guess that surgical incident reports routinely capture only 5-30% of adverse events. In one surgical study only 20% of surgical complications resulted in discussion at Morbidity and Mortality Rounds.¹⁸ From these studies it appears that all the statistics that are gathered may be substantially underestimating the number of adverse drug and medical therapy incidents. It also underscores the fact that our mortality statistics are actually conservative figures.

DRUG IATROGENESIS

Drugs comprise the major treatment modality of scientific medicine. With the discovery of the "Germ Theory" medical scientists convinced the public that infectious organisms were the cause of illness. Finding the "cure" for these infections proved much harder than anyone imagined. From the beginning, chemical drugs promised much more than they delivered. But far beyond not working, the drugs also caused incalculable side effects. The drugs themselves, even when properly prescribed, have side effects that can be fatal, as Lazarou's study¹ shows. But human error can make the situation even worse.

Medication Errors

A survey of a 1992 national pharmacy database found a total of 429,827 medication errors from 1,081 hospitals. Medication errors occurred in 5.22% of patients admitted to these hospitals each year. The authors concluded that a minimum of 90,895 patients annually were harmed by medication errors in the country as a whole.¹⁹

A 2002 study shows that 20% of hospital medications for patients had dosage mistakes. Nearly 40% of these errors were considered potentially harmful to the patient. In a typical 300-patient hospital the number of errors per day were 40.²⁰

Problems involving patients' medications were even higher the following year. The error rate intercepted by pharmacists in this study was 24%, making the potential minimum number of patients harmed by prescription drugs 417,908.²¹

Recent Adverse Drug Reactions

More recent studies on adverse drug reactions show that the figures from 1994 (published in Lazarou's 1998 *JAMA* article) may be increasing. A 2003 study followed four hundred patients after discharge from a tertiary care hospital (hospital care that requires highly specialized skills, technology, or support services). Seventy-six patients (19%) had adverse events. Adverse drug events were the most common at 66%. The next most common events were procedure-related injuries at 17%.²²

In a *NEJM* study an alarming one-in-four patients suffered observable side effects from the more than 3.34 billion prescription drugs filled in 2002.²³ One of the doctors who produced the study was interviewed by Reuters and commented that, "With these 10-minute appointments, it's hard for the doctor to get into whether the symptoms are bothering the patients."²⁴ William Tierney, who editorialized on the *NEJM* study, said "... given the increasing number of powerful drugs available to care for the aging population, the problem will only get worse." The drugs with the worst record of side effects were the SSRIs, the NSAIDs, and calcium-channel blockers. Reuters also reported that prior research has suggested that nearly 5% of hospital admissions - over 1 million per year - are the result of drug side effects. But most of the cases are not documented as such. The study found one of the reasons for this failure: in nearly two-thirds of the cases, doctors couldn't diagnose drug side effects or the side effects persisted because the doctor failed to heed the warning signs.

Medicating Our Feelings

We only need to look at the side effects of antidepressant drugs, which give hope to a depressed population. Patients seeking a more joyful existence and relief from worry, stress, and anxiety, fall victim to the messages blatantly displayed on TV and billboards. Often, instead of relief, they also fall victim to a myriad of iatrogenic side effects of antidepressant medication.

Also, a whole generation of antidepressant users has resulted from young people growing up on Ritalin. Medicating youth and modifying their emotions must have some impact on how they learn to deal with their feelings. They learn to equate coping with drugs and not their inner resources. As adults, these medicated youth reach for alcohol, drugs, or even street drugs, to cope. According to the Journal of the American Medical Association, "Ritalin acts much like cocaine."²⁵ Today's

marketing of mood-modifying drugs, such as Prozac or Zoloft, makes them not only socially acceptable but almost a necessity in today's stressful world.

Television Diagnosis

In order to reach the widest audience possible, drug companies are no longer just targeting medical doctors with their message about antidepressants. By 1995 drug companies had tripled the amount of money allotted to direct advertising of prescription drugs to consumers. The majority of the money is spent on seductive television ads. From 1996 to 2000, spending rose from \$791 million to nearly \$2.5 billion.²⁶ Even though \$2.5 billion may seem like a lot of money, the authors comment that it only represents 15% of the total pharmaceutical advertising budget. According to medical experts "there is no solid evidence on the appropriateness of prescribing that results from consumers requesting an advertised drug." However, the drug companies maintain that direct-to-consumer advertising is educational. Dr. Sidney M. Wolfe, of the Public Citizen Health Research Group in Washington, D.C., argues that the public is often misinformed about these ads.²⁷ People want what they see on television and are told to go to their doctor for a prescription. Doctors in private practice either acquiesce to their patients' demands for these drugs or spend valuable clinic time trying to talk patients out of unnecessary drugs. Dr. Wolfe remarks that one important study found that people mistakenly believe that the "FDA reviews all ads before they are released and allows only the safest and most effective drugs to be promoted directly to the public."²⁸

How Do We Know Drugs Are Safe?

Another aspect of scientific medicine that the public takes for granted is the testing of new drugs. Unlike the class of people that take drugs who are ill and need medication, in general, drugs are tested on individuals who are fairly healthy and not on other medications that can interfere with findings. But when they are declared "safe" and enter the drug prescription books, they are naturally going to be used by people on a variety of other medications and who also have a lot of other health problems. Then, a new Phase of drug testing called Post-Approval comes into play, which is the documentation of side effects once drugs hit the market. In one very telling report, the General Accounting Office (an agency of the U.S. Government) "found that of the 198 drugs approved by the FDA between 1976 and 1985... 102 (or 51.5%) had serious post-approval risks... the serious post-approval risks (included) heart failure, myocardial infarction, anaphylaxis, respiratory depression and arrest, seizures, kidney and liver failure, severe blood disorders, birth defects and fetal toxicity, and blindness."²⁹

The investigative show NBC's "Dateline" wondered if your doctor is moonlighting as a drug rep. After a year-long investigation they reported that because doctors can legally prescribe any drug to any patient for any condition, drug companies heavily promote "off-label" and frequently inappropriate and non-tested uses of these medications in spite of the fact that these drugs are only approved for specific indications they have been tested for.³⁰

The leading causes of adverse drug reactions are antibiotics (17%), cardiovascular drugs (17%), chemotherapy (15%), and analgesics and anti-inflammatory agents (15%).³¹

Specific Drug Iatrogenesis: Antibiotics

Dr. Egger, in a recent editorial, wrote that after fifty years of increasing use of antibiotics, 30 million pounds of antibiotics are used in America per year.³² Twenty-five million pounds of this total are used in animal husbandry. The vast majority of this amount, twenty-three million pounds, is used to try to prevent disease, the stress of shipping, and to promote growth. Only 2 million pounds are given for specific animal infections. Dr. Egger reminds us that low concentrations of antibiotics are measurable in many of our foods, rivers, and streams around the world. Much of this is seeping into bodies of water from animal farms.

Egger says overuse of antibiotics results in food-borne infections resistant to antibiotics. Salmonella is found in 20% of ground meat but constant exposure of cattle to antibiotics has made 84% of salmonella resistant to at least one anti-salmonella antibiotic. Diseased animal food accounts for 80% of salmonellosis in humans, or 1.4 million cases per year. The conventional approach to dealing with this epidemic is to radiate food to try to kill all organisms but keep using the antibiotics that cause the original problem. Approximately 20% of chickens are contaminated with *Campylobacter jejuni* causing 2.4 million human cases of illness annually. Fifty-four percent of these organisms are resistant to at least one anti-campylobacter antimicrobial.

A ban on growth-promoting antibiotics in Denmark began in 1999, which led to a decrease from 453,200 pounds to 195,800 pounds within a year. Another report from Scandinavia found that taking away antibiotic growth promoters had no or minimal effect on food production costs. Egger further warns that in America the current crowded, unsanitary methods of animal farming support constant stress and infection, and are geared toward high antibiotic use. He says these conditions would have to be changed along with cutting back on antibiotic use.

In America, over 3 million pounds of antibiotics are used every year on humans. With a population of 284 million Americans, this amount is enough to give every man, woman and child 10 teaspoons of pure antibiotics per year. Egger says that exposure to a steady stream of antibiotics has altered pathogens such as *Streptococcus pneumoniae*, *Staphylococcus aureus*, and enterococci, to name a few.

Almost half of patients with upper respiratory tract infections in the U.S. still receive antibiotics from their doctor.³³ According to the CDC, 90% of upper respiratory infections are viral and should not be treated with antibiotics. In Germany the prevalence for systemic antibiotic use in children aged 0-6 years was 42.9%.³⁴

Data taken from nine U.S. health plans between 1996-2000 on antibiotic use in 25,000 children found that rates of antibiotic use decreased. Antibiotic use in

children, aged 3 months to under 3 years, decreased 24%, from 2.46 to 1.89 antibiotic prescriptions per/patient per/year. For children, 3 years to under 6 years, there was a 25% reduction from 1.47 to 1.09 antibiotic prescriptions per/patient per/year. And for children aged 6 to under 18 years, there was a 16% reduction from 0.85 to 0.69 antibiotic prescriptions per/ patient /per year.³⁵ Although there was a reduction in antibiotic use, the data indicate that on average every child in America receives 1.22 antibiotic prescriptions annually.

Group A beta-hemolytic streptococci is the only common cause of sore throat that requires antibiotics, penicillin and erythromycin being the only recommended treatment. However, 90% of sore throats are viral. The authors of this study estimated there were 6.7 million adult annual visits for sore throat between 1989 and 1999 in the U.S. Antibiotics were used in 73% of visits. Furthermore, patients treated with antibiotics were given non-recommended broad-spectrum antibiotics in 68% of visits. The authors noted, that from 1989 to 1999, there was a significant increase in the newer and more expensive broad-spectrum antibiotics and a decrease in use of penicillin and erythromycin, which are the recommended antibiotics.³⁶ If antibiotics were given in 73% of visits and should have only been given in 10%, this represents 63%, or a total of 4.2 million visits for sore throat that ended in unnecessary antibiotic prescriptions between 1989-1999. Dr. Richard Besser, of the CDC, in 1995, said the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. Dr. Besser, in 2003, now refers to tens of millions of unnecessary antibiotics.^{2,2a} Neither of these figures takes into account the number of unnecessary antibiotics used for non-fatal conditions such as acne, intestinal infection, skin infections, ear infections, etc.

The Problem with Antibiotics: They are Anti-Life

On September 17, 2003 the CDC relaunched a program, started in 1995, called "Get Smart: Know When Antibiotics Work."³⁷ This is a \$1.6 million campaign to educate patients about the overuse and inappropriate use of antibiotics. Most people involved with alternative medicine have known about the dangers of overuse of antibiotics for decades. Finally the government is focusing on the problem, yet they are only putting a miniscule amount of money into an iatrogenic epidemic that is costing billions of dollars and thousands of lives. The CDC warns that 90% of upper respiratory infections, including children's ear infections, are viral, and antibiotics don't treat viral infection. More than 40% of about 50 million prescriptions for antibiotics each year in physicians' offices were inappropriate.² And using antibiotics, when not needed, can lead to the development of deadly strains of bacteria that are resistant to drugs and cause more than 88,000 deaths due to hospital-acquired infections.⁹

However, the CDC seems to be blaming patients for misusing antibiotics even though they are only available on prescription from a doctor who should know how to prescribe properly. Dr. Richard Besser, head of "Get Smart," says "Programs that have just targeted physicians have not worked. Direct-to-consumer advertising of

drugs is to blame in some cases.” Dr. Besser says the program “teaches patients and the general public that antibiotics are precious resources that must be used correctly if we want to have them around when we need them. Hopefully, as a result of this campaign, patients will feel more comfortable asking their doctors for the best care for their illnesses, rather than asking for antibiotics.”³⁸

And what does the “best care” constitute? The CDC does not elaborate and patently avoids the latest research on the dozens of nutraceuticals scientifically proven to treat viral infections and boost the immune system. Will their doctors recommend vitamin C, echinacea, elderberry, vitamin A, zinc, or homeopathic *oscillococcinum*? No, they won’t. The archaic solutions offered by the CDC include a radio ad, “Just Say No - Snort, sniffle, sneeze - No antibiotics please.” Their commonsense recommendations, that most people do anyway, include resting, drinking plenty of fluids, and using a humidifier.

The pharmaceutical industry claims they are all for limiting the use of antibiotics. In order to make sure that happens, the drug company Bayer is sponsoring a program called, “Operation Clean Hands”, through an organization called LIBRA.³⁹ The CDC is also involved with trying to minimize antibiotic resistance, but nowhere in their publications is there any reference to the role of nutraceuticals in boosting the immune system nor to the thousands of journal articles that support this approach. This recalcitrant tunnel vision and refusal to use available non-drug alternatives is absolutely inappropriate when the CDC is desperately trying to curb the nightmare of overuse of antibiotics. The CDC should also be called to task because it is only focusing on the overuse of antibiotics. There are similar nightmares for every class of drug being prescribed today.

Drugs Pollute Our Water Supply

We have reached the point of saturation with prescription drugs. We have arrived at the point where every body of water tested contains measurable drug residues. We are inundated with drugs. The tons of antibiotics used in animal farming, which run off into the water table and surrounding bodies of water, are conferring antibiotic resistance to germs in sewage, and these germs are also found in our water supply. Flushed down our toilets are tons of drugs and drug metabolites that also find their way into our water supply. We have no idea what the long-term consequences of ingesting a mixture of drugs and drug-breakdown products will do to our health. It’s another level of iatrogenic disease that we are unable to completely measure.⁴⁰⁻⁴⁹

Specific Drug Iatrogenesis: NSAIDs

It’s not just America that is plagued with iatrogenesis. A survey of 1072 French general practitioners (GPs) tested their basic pharmacological knowledge and practice in prescribing NSAIDs. Non-steroidal anti-inflammatory drugs (NSAIDs) rank first among commonly prescribed drugs for serious adverse reactions. The results of the study suggested that GPs don’t have adequate knowledge of these drugs and are unable to effectively manage adverse reactions.⁵⁰

A cross-sectional survey of 125 patients attending specialty pain clinics in South London found that possible iatrogenic factors such as “over-investigation, inappropriate information, and advice given to patients as well as misdiagnosis, over-treatment, and inappropriate prescription of medication were common.”⁵¹

Specific Drug Iatrogenesis: Cancer Chemotherapy

In 1989, a German biostatistician, Ulrich Abel PhD, after publishing dozens of papers on cancer chemotherapy, wrote a monograph “Chemotherapy of Advanced Epithelial Cancer”. It was later published in a shorter form in a peer-reviewed medical journal.⁵² Dr. Abel presented a comprehensive analysis of clinical trials and publications representing over 3,000 articles examining the value of cytotoxic chemotherapy on advanced epithelial cancer. Epithelial cancer is the type of cancer we are most familiar with. It arises from epithelium found in the lining of body organs such as breast, prostate, lung, stomach, or bowel. From these sites cancer usually infiltrates into adjacent tissue and spreads to bone, liver, lung, or the brain. With his exhaustive review Dr. Abel concludes that there is no direct evidence that chemotherapy prolongs survival in patients with advanced carcinoma. He said that in small-cell lung cancer and perhaps ovarian cancer the therapeutic benefit is only slight. Dr. Abel goes on to say, “Many oncologists take it for granted that response to therapy prolongs survival, an opinion which is based on a fallacy and which is not supported by clinical studies.”

Over a decade after Dr. Abel’s exhaustive review of chemotherapy, there seems no decrease in its use for advanced carcinoma. For example, when conventional chemotherapy and radiation has not worked to prevent metastases in breast cancer, high-dose chemotherapy (HDC) along with stem-cell transplant (SCT) is the treatment of choice. However, in March 2000, results from the largest multi-center randomized controlled trial conducted thus far showed that, compared to a prolonged course of monthly conventional-dose chemotherapy, HDC and SCT were of no benefit.⁵³ There was even a slightly lower survival rate for the HDC/SCT group. And the authors noted that serious adverse effects occurred more often in the HDC group than the standard-dose group. There was one treatment-related death (within 100 days of therapy) in the HDC group, but none in the conventional chemotherapy group. The women in this trial were highly selected as having the best chance to respond.

There is also no all-encompassing follow-up study like Dr. Abel’s that tells us if there is any improvement in cancer-survival statistics since 1989. In fact, we need to research whether chemotherapy itself is responsible for secondary cancers instead of progression of the original disease. We continue to question why well-researched alternative cancer treatments aren’t used.

Drug Companies Fined

Periodically, a drug manufacturer is fined by the FDA when the abuses are too glaring and impossible to cover up. As one example of many, the May 2002 Washington Post reported that the maker of Claritin, Schering-Plough Corp., was to

pay a \$500 million dollar fine to the FDA for quality-control problems at four of its factories.⁵⁴ The FDA tabulated infractions that included 90%, or 125 of the drugs they made since 1998. Besides the fine, the company had to stop manufacturing 73 drugs or suffer another \$175 million dollar fine. PR statements by the company told another story. The company assured consumers that they should still feel confident in its products.

Such a large settlement serves as a warning to the drug industry about maintaining strict manufacturing practices and has given the FDA more clout in dealing with drug company compliance. According to the Washington Post article, a federal appeals court ruled in 1999 that the FDA could seize the profits of companies that violate "good manufacturing practices." Since that time Abbott Laboratories Inc. paid \$100 million for failing to meet quality standards in the production of medical test kits, and Wyeth Laboratories Inc. paid \$30 million in 2000 to settle accusations of poor manufacturing practices.

IT'S A GLOBAL ISSUE

A survey published in the Journal of Health Affairs pointed out that between 18% and 28% of people who were recently ill had suffered from a medical or drug error in the previous two years. The study surveyed 750 recently-ill adults in five different countries. The breakdown by country showed 18% of those in Britain, 25% in Canada, 23% in Australia, 23% in New Zealand, and the highest number was in the U.S. at 28%.⁵⁵

WAREHOUSING OUR ELDERS

The fact that there are very few statistics on malnutrition in acute-care hospitals and nursing homes shows the lack of concern in this area. A survey of the literature turns up very few American studies. Those that do appear are foreign studies in Italy, Spain, and Brazil. However, there is one very revealing American study conducted over a 14-month period that evaluated 837 patients in a 100-bed sub-acute-care hospital for their nutritional status. Only 8% of the patients were found to be well nourished. Almost one-third (29%) were malnourished and almost two-thirds (63%) were at risk of malnutrition. The consequences of this state of deficiency were that 25% of the malnourished patients required readmission to an acute-care hospital compared to 11% of the well-nourished patients. The authors concluded that malnutrition reached epidemic proportions in patients admitted to this sub-acute-care facility.⁵⁶

Many studies conclude that physical restraints are an underreported and preventable cause of death. Whereas administrators say they must use restraints to prevent falls, in fact, they cause more injury and death because people naturally fight against such imprisonment. Studies show that compared to no restraints, the use of restraints carries a higher mortality rate and economic burden.⁵⁷⁻⁵⁹ Studies found that physical restraints, including bedrails, are the cause of at least 1 in every 1,000 nursing-home deaths.⁶⁰⁻⁶²

However, deaths caused by malnutrition, dehydration, and physical restraints are rarely recorded on death certificates. Several studies reveal that nearly half of the listed causes of death on death certificates for older persons with chronic or multi-system disease are inaccurate.⁶³ Even though 1-in-5 people die in nursing homes, the autopsy rate is only 0.8%.⁶⁴ Thus, we have no way of knowing the true causes of death.

Over-medicating Seniors

Dr. Robert Epstein, chief medical officer of Medco Health Solutions Inc. (a unit of Merck & Co.), conducted a study on drug trends.⁶⁵ He found that seniors are going to multiple physicians and getting multiple prescriptions and using multiple pharmacies. Medco oversees drug benefit plans for more than 60 million Americans, including 6.3 million senior citizens who received more than 160 million prescriptions. According to the study the average senior receives 25 prescriptions annually. In those 6.3 million seniors a total of 7.9 million medication alerts were triggered: less than 1/2 that number, 3.4 million, were detected in 1999. About 2.2 million of those alerts indicated excessive dosages unsuitable for senior citizens and about 2.4 million indicated clinically inappropriate drugs for the elderly. Reuters interviewed Kasey Thompson, director of the Center on Patient Safety at the American Society of Health System Pharmacists, who said, "There are serious and systemic problems with poor continuity of care in the United States." He says this study shows "the tip of the iceberg" of a national problem.

According to Drug Benefit Trends, the average number of prescriptions dispensed per non-Medicare HMO member per year rose 5.6% from 1999 to 2000 - from 7.1 to 7.5 prescriptions. The average number dispensed for Medicare members increased 5.5% - from 18.1 to 19.1 prescriptions.⁶⁶ The number of prescriptions in 2000 was 2.98 billion, with an average per person prescription amount of 10.4 annually.⁶⁶

In a study of 818 residents of residential care facilities for the elderly, 94% were receiving at least one medication at the time of the interview. The average intake of medications was five per resident; the authors noted that many of these drugs were given without a documented diagnosis justifying their use.⁶⁷

WHAT REMAINS TO BE UNCOVERED

Iatrogenic morbidity, mortality, and financial loss in outpatient clinics, transitional care, long-term care, rehabilitative care, home care, private practitioners offices, as well as hospitals, is also due to the following:

1. X-ray exposures: mammography, fluoroscopy, CT scans.
2. Overuse of antibiotics in all conditions.
3. Drugs that are carcinogenic: hormone replacement therapy
4. immunosuppressive drugs, prescription drugs.

5. Cancer chemotherapy: If it doesn't extend life, is it shortening life? ⁵²
6. Surgery and surgical procedures.
7. Unnecessary surgery: Cesarean section, radical mastectomy, preventive mastectomy, radical hysterectomy, prostatectomy, cholecystectomies, cosmetic surgery, arthroscopy, etc.
8. Medical procedures and therapies.
9. Discredited, unnecessary, and unproven medical procedures and therapies.
10. Doctors themselves: when doctors go on strike, it appears the mortality rate goes down.
11. Missed diagnoses.

CONCLUSION

What we have outlined in this paper are insupportable aspects of our contemporary medical system that need to be changed - beginning at its very foundations. When the number one killer in a society is the healthcare system, then, that system must take responsibility for its shortcomings. It's a failed system in need of immediate attention.

REFERENCES

Access to the expanded paper, "Death by Medicine" is available at www.lifeextension.com.

1. Lazarou J, Pomeranz B, Corey P. Incidence of adverse drug reactions in hospitalized patients. *JAMA*. 1998;279:1200-1205.
2. Rabin R. Caution About Overuse of Antibiotics. *Newsday*. Sept. 18, 2003.
3. Calculations detailed in Unnecessary Surgical Procedures section, from two sources: (13) <http://hcup.ahrq.gov/HCUPnet.asp> (see Instant Tables: 2001 prerun tables: most common procedures) and (71) U.S. Congressional House Subcommittee Oversight Investigation. *Cost and Quality of Health Care: Unnecessary Surgery*. Washington, DC: Government Printing Office, 1976.
4. Calculations from four sources, see Unnecessary Hospitalization section: (13) <http://hcup.ahrq.gov/HCUPnet.asp> (see Instant Tables: 2001 prerun tables: most common diagnoses) and (93) Siu AL, Sonnenberg FA, Manning WG, Goldberg GA, Bloomfield ES, Newhouse JP, Brook RH. Inappropriate use of hospitals in a randomized trial of health insurance plans. *NEJM*. 1986 Nov 13;315(20):1259-66. and (94) Siu AL, Manning WG, Benjamin B. Patient, provider and hospital characteristics associated with inappropriate hospitalization. *Am J Public Health*. 1990 Oct;80(10):1253-6. and (95) Eriksen BO, Kristiansen IS, Nord E, Pape JF, Almdahl SM, Hensrud A, Jaeger S. The cost of inappropriate admissions: a study of health benefits and resource utilization in a department of internal medicine. *J Intern Med*. 1999 Oct;246(4):379-87.
5. National Vital Statistics Reports. Vol. 51, No. 5, March 14, 2003.
6. Thomas et al., 2000; Thomas et al., 1999. Institute of Medicine.

7. Xakellis, G.C., R. Frantz and A. Lewis, Cost of Pressure Ulcer Prevention in Long Term Care, *JAGS*, 43 - 5, May 1995.)
8. Barczak, C.A., R.I. Barnett, E.J. Childs, L.M. Bosley, "Fourth National Pressure Ulcer Prevalence Survey", *Advances in Wound Care*, 10- 4, Jul/Aug 1997
9. Weinstein RA. Nosocomial Infection Update. Special Issue. Emerging Infectious Diseases. Vol 4 No. 3, July Sept 1998.
10. Forth Decennial International Conference on Nosocomial and Healthcare-Associated Infections, Morbidity and Mortality Weekly Report (MMWR), February 25, 2000, Vol. 49, No. 7, p. 138.
11. Greene Burger S, Kayser-Jones J, Prince Bell J. Malnutrition and Dehydration in Nursing Homes: Key Issues in Prevention and Treatment. National Citizens' Coalition for Nursing Home Reform. June 2000.
http://www.cmwf.org/programs/elders/burger_mal_386.asp
12. Starfield B. Is U.S. health really the best in the world? *JAMA*. 2000 Jul 26;284(4):483-5. Starfield B. Deficiencies in U.S. medical care. *JAMA*. 2000 Nov 1;284(17):2184-5.
13. HCUPnet, Healthcare Cost and Utilization Project for the Agency for Healthcare Research and Quality.
<http://www.ahrq.gov/data/hcup/hcupnet.htm>,
<http://hcup.ahrq.gov/HCUPnet.asp>, <http://hcup.ahrq.gov/HCUPnet.asp>
14. Leape L. National Patient Safety Foundation Press Release. Nationwide Poll on Patient Safety Oct 9, 1997 New York.
<http://www.npsf.org/html/pressrel/finalgen.html>
15. Leape LL. Error in medicine. *JAMA*. 1994 Dec 21;272(23):1851-7.
- 15a. Brennan TA, Leape LL, Laird NM, Hebert L, Localio AR, Lawthers AG, et al.
16. Incidence of adverse events and negligence in hospitalized patients. *N Engl J Med* 1991; 324: 370-376.)
17. Bates DW, Cullen DJ, Laird N, Petersen LA, Small SD, Servi D, Laffel G, Sweitzer BJ, Shea BF, Hallisey R, et al. Incidence of adverse drug events and potential adverse drug events. Implications for prevention. ADE Prevention Study Group. *JAMA*. 1995 Jul 5;274(1):29-34.
18. Vincent C, Stanhope N, Crowley-Murphy M. Reasons for not reporting adverse incidents: an empirical study. *J Eval Clin Pract*. 1999 Feb;5(1):13-21.
19. Wald, H and Shojania, K. Incident Reporting in Making Health Care Safer: A Critical Analysis of Patient Safety Practices, Agency for Healthcare Research and Quality (AHRQ), 2001.
20. Bond CA, Raehl CL, Franke T. Clinical pharmacy services, hospital pharmacy staffing, and medication errors in United States hospitals. *Pharmacotherapy*. 2002 Feb;22(2):134-47.
21. Barker KN, Flynn EA, Pepper GA, Bates DW, Mikeal RL. Medication errors observed in 36 health care facilities. *Arch Intern Med*. 2002 Sep 9;162(16):1897-903.
22. LaPointe NM, Jollis JG. Medication errors in hospitalized cardiovascular patients. *Arch Intern Med*. 2003 Jun 23;163(12):1461-6.

23. Forster AJ, Murff HJ, Peterson JF, Gandhi TK, Bates DW. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Ann Intern Med.* 2003 Feb 4;138(3):161-7.
24. Gandhi TK, Weingart SN, Borus J, Seger AC, Peterson J, Burdick E, Seger DL, Shu K, Federico F, Leape LL, Bates DW. Adverse drug events in ambulatory care. *N Engl J Med.* 2003 Apr 17;348(16):1556-64.
25. Medication side effects strike 1-in-4. Reuters. April 17, 2003
26. Vastag B. Pay attention: ritalin acts much like cocaine. *JAMA.* 2001 Aug 22-29;286(8):905-6.
27. Rosenthal MB, Berndt ER, Donohue JM, Frank RG, Epstein AM. Promotion of prescription drugs to consumers. *N Engl J Med.* 2002 Feb 14;346(7):498-505.
28. Wolfe SM. Direct-to-consumer advertising--education or emotion promotion? *N Engl J Med.* 2002 Feb 14;346(7):524-6.
29. Ibid.
30. GAO/PEMD 90-15 FDA DRUG Review: Postapproval Risks 1976-1985, page 3.
31. MSNBC July 11, 2003.
32. Suh DC, Woodall BS, Shin SK, Hermes-De Santis ER. Clinical and economic impact of adverse drug reactions in hospitalized patients. *Ann Pharmacother.* 2000 Dec;34(12):1373-9.
33. Egger WA. Antibiotic Resistance: Unnatural Selection in the Office and on the Farm. *Wisconsin Medical Journal.* Aug. 2002.
34. Nash DR, Harman J, Wald ER, Kelleher KJ. Antibiotic prescribing by primary care physicians for children with upper respiratory tract infections. *Arch Pediatr Adolesc Med.* 2002 Nov;156(11):1114-9.
35. Schindler C, Krappweis J, Morgenstern I, Kirch W. Pharmacoepidemiol Drug Saf. 2003 Mar;12(2):113-20.
36. Finkelstein JA, Stille C, Nordin J, Davis R, Raebel MA, Roblin D, Go AS, Smith D, Johnson CC, Kleinman K, Chan KA, Platt R. Reduction in antibiotic use among U.S. children, 1996-2000. *Pediatrics.* 2003 Sep;112(3 Pt 1):620-7.
37. Linder JA, Stafford RS. Antibiotic treatment of adults with sore throat by community primary care physicians: a national survey, 1989-1999. *JAMA.* 2001 Sep 12;286(10):1181-6.
38. <http://www.cdc.gov/drugresistance/community/>
39. <http://www.health.state.ok.us/program/cdd/ar/>
40. http://www.librainitiative.com/en/ap/or/li_ap_or_op.html
41. Ohlsen K, Ternes T, Werner G, Wallner U, Löffler D, Ziebuhr W, Witte W, Hacker J. Impact of antibiotics on conjugational resistance gene transfer in *Staphylococcus aureus* in sewage. *Environ Microbiol.* 2003 Aug;5(8):711-6.
42. Pawlowski S, Ternes T, Bonerz M, Kluczka T, van der Burg B, Nau H, Erdinger L, Braunbeck T. Combined in situ and in vitro assessment of the estrogenic activity of sewage and surface water samples. *Toxicol Sci.* 2003 Sep;75(1):57-65. Epub 2003 Jun 12.
43. Ternes TA, Stuber J, Herrmann N, McDowell D, Ried A, Kampmann M, Teiser B. Ozonation: a tool for removal of pharmaceuticals, contrast media and musk fragrances from wastewater? *Water Res.* 2003 Apr;37(8):1976-82.

44. Ternes TA, Meisenheimer M, McDowell D, Sacher F, Brauch HJ, Haist-Gulde B, Preuss G, Wilme U, Zulei-Seibert N. Removal of pharmaceuticals during drinking water treatment. *Environ Sci Technol*. 2002 Sep 1;36(17):3855-63.
45. Ternes T, Bonerz M, Schmidt T. Determination of neutral pharmaceuticals in wastewater and rivers by liquid chromatography-electrospray tandem mass spectrometry. *J Chromatogr A*. 2001 Dec 14;938(1-2):175-85.
46. Golet EM, Alder AC, Hartmann A, Ternes TA, Giger W. Trace determination of fluoroquinolone antibacterial agents in urban wastewater by solid-phase extraction and liquid chromatography with fluorescence detection. *Anal Chem*. 2001 Aug 1;73(15):3632-8.
47. Daughton CG, Ternes TA. Pharmaceuticals and personal care products in the environment: agents of subtle change? *Environ Health Perspect*. 1999 Dec;107 Suppl 6:907-38. Review.
48. Hirsch R, Ternes T, Haberer K, Kratz KL. Occurrence of antibiotics in the aquatic environment. *Sci Total Environ*. 1999 Jan 12;225(1-2):109-18.
49. Ternes TA, Stumpf M, Mueller J, Haberer K, Wilken RD, Servos M. Behavior and occurrence of estrogens in municipal sewage treatment plants - I. Investigations in Germany, Canada and Brazil. *Sci Total Environ*. 1999 Jan 12;225(1-2):81-90.
50. Hirsch R, Ternes TA, Haberer K, Mehlich A, Ballwanz F, Kratz KL. Determination of antibiotics in different water compartments via liquid chromatography-electrospray tandem mass spectrometry. *J Chromatogr A*. 1998 Jul 31;815(2):213-23.
51. Coste J, Hanotin C, Leutenegger E. Prescription of non-steroidal anti-inflammatory agents and risk of iatrogenic adverse effects: a survey of 1072 French general practitioners. *Therapie*. 1995 May-Jun;50(3):265-70.
52. Kouyanou K, Pither CE, Wessely S. Iatrogenic factors and chronic pain. *Psychosom Med*. 1997 Nov-Dec;59(6):597-604.
53. Abel U. Chemotherapy of advanced epithelial cancer--a critical review. *Biomed Pharmacother*. 1992;46(10):439-52.
54. Schulman KA, Stadtmauer EA, Reed SD, Glick HA, Goldstein LJ, Pines JM, Jackman JA, Suzuki S, Styler MJ, Crilley PA, Klumpp TR, Mangan KF, Glick JH. Economic analysis of conventional-dose chemotherapy compared with high-dose chemotherapy plus autologous hematopoietic stem-cell transplantation for metastatic breast cancer. *Bone Marrow Transplant*. 2003 Feb;31(3):205-10.
55. Kaufman, M. *Washington Post*, May 18, 2002; Page A01.
56. Five Nation Survey Exposes Flaws in the U.S. Health Care System. May 14, 2002. *Journal of Health Affairs*.
57. Thomas DR, Zdrowski CD, Wilson MM, Conright KC, Lewis C, Tariq S, Morley JE. Malnutrition in subacute care. *Am J Clin Nutr*. 2002 Feb;75(2):308-13.
58. Robinson BE. Death by destruction of will. Lest we forget. *Arch Intern Med*, 155(20):2250-1;1995 Nov 13.
59. Capezuti E. et al. The relationship between physical restraint removal and falls and injuries among nursing home residents. *J Gerontol A Biol Sci Med Sci*, 53(1):M47-52; 1998 Jan.

60. Phillips CD, Hawes C, Fries BE. Reducing the use of physical restraints in nursing homes: will it increase costs? *Am J Public Health* 1993 Mar;83(3):342-8.
61. Miles SH, Irvine P. Deaths caused by physical restraints. *Gerontologist*. 1992 Dec;32(6):762-6.
62. Annas GJ. The Last Resort -- The Use of Physical Restraints in Medical Emergencies. *N Engl J Med*. 1999 Oct 28;341(18):1408-12.62. Parker K. et al. Deaths caused by bedrails. *J Am Geriatr Soc*, 45(7):797-802 1997 Jul.
63. Miles SH. Concealing accidental nursing home deaths. *HEC Forum*. 2002 Sep;14(3):224-34.
64. Lloyd-Jones DM, Martin DO, Larson MG, Levy D. Accuracy of death certificates for coding coronary heart disease as the cause of death. *Ann Intern Med*. 1998 Dec 15;129(12):1020-6.
65. Katz PR, Seidel G. Nursing home autopsies. Survey of physician attitudes and practice patterns. *Arch Pathol Lab Med*. 1990 Feb;114(2):145-7.
66. Bordon W. "Study Finds Overmedication of U.S. Seniors. Reuters Health, May 21, 2003.
67. Average Number of Prescriptions by HMOs Increases. *Drug Benefit Trends*® Vol 14, No 8. 09/12/2002.
68. Prescription Drug Trends, Nov 2001; Kaiser Family Foundation.
69. Berens, D. Unhealthy Hospitals: Infection epidemic carves deadly path. Poor hygiene, overwhelmed workers contribute to thousands of deaths. *The Chicago Tribune*. July 21, 2002
<http://www.chicagotribune.com/news/specials/chi-0207210272jul21.story>.
70. http://www.imakenews.com/health-itworld/e_article000187752.cfm.
71. Weingart SN, McL Wilson R, Gibberd RW, Harrison B. Epidemiology of medical error. *West J Med*. 2000 Jun;172(6):390-3.
72. Zhan C, Miller M. Excess Length of Stay, Charges, and Mortality Attributable to Medical Injuries During Hospitalization. AHRQ Study. *JAMA*. 2003;290:1868-1874.

APPENDIX C:

Journal of Orthomolecular Medicine. May 2003.

Over-the-counter Drugs by Dr. Abram Hoffer

Primum non nocere. This is the physician's first rule: whatever treatment a physician prescribes to a patient –first, that treatment must not harm the patient.

Every doctor has learned the Hippocratic Oath, the most famous ethical rule in medicine "Above all. Do no harm". It does not say harm should be relative even though that is how that rule is interpreted. But it does make the point that the harm ideally should be zero and practically as little as is humanly possible. Paracelsus wrote "Sola dosis facit venenum" - "Too much of anything will hurt you". And for centuries this has been the problem how much is too much.

Any discussion of side effects or of toxic reactions without specifying the doses of these compounds is meaningless. For at zero levels nothing is and at high enough levels everything is toxic including oxygen and water. Critics of optimum (often high) doses of vitamins generally talk about toxic reactions without any reference to the doses that people use. They report that vitamins may be toxic. Note they do not write **will be** harmful because the word may is a very useful term as it means little and can be used to appear to be very scientific. How often have we seen screaming headlines vitamin C may be harmful, may cause cancer and so on. For example one of the well entrenched fictions is that vitamin C may cause kidney stones. This is not based on fact. There are no reports in the worldwide literature, which prove that this is true, and there are many good studies that show that it is not true. Yet the statement has developed a life of its own which is not anchored by any observation of facts. In fact it may cause kidney stones if the word may is allowable when the odds that this will happen are less than one million to one. Millions of people take vitamin C. So far not one finding has established this as fact. So in discussing side effects and toxicity we must always use the simplest most accurate language possible referring to the doses being discussed. One way of judging the harmfulness of drugs is to relate the effects of these drugs to the toxicities of well known compounds such as common over-the-counter drugs.

In this review I will report the side effects of a few very common over-the-counter drugs. They are freely available in drug stores and some in other stores. These compounds are analgesics, anti-histamines, anti-inflammatory drugs. I will not discuss the efficacy of these compounds. I accept that they have value or else they would not be in common use and I also use them occasionally. This discussion is only about potential side effects and toxicity; it is not about efficacy. This information comes from the medical literature and the drug companies.

A comparison of the reactions of the vitamins to these over-the-counter drugs will provide the reader with an estimate of the degree of safety associated with vitamins. Vitamins should not be compared against prescription drugs since all drugs have side effects and toxic effects even within the recommended dose ranges. That is why they are controlled by prescription and drug stores. The Compendiums are huge, larger than telephone books, with hundreds of pages devoted to these reactions, to side effect, to toxic reactions, to contra-indications. These long descriptions usually in small print scare most patients and many doctors as well. Some of the side effects are exaggerated since they very seldom indicate how often they occur. On the other hand the toxic reactions ascribed to placebo are exaggerated because they are listed but not defined. Thus nausea caused by a drug is usually much more severe than nausea caused by a placebo and the placebo reaction is usually short lived. If 10% of the placebo group and 12% of the drug group complain of nausea, it does not mean that the drug is very little worse than placebo. It may well be that the drug induced nausea is much more severe and debilitating. The intensity of all the side effects should be but is not recorded.

The best protection any patient can have is to keep in close touch with the doctor who prescribed the medication. At the first indication of any adverse reaction they should contact their doctor. Xenobiotics (normally foreign to the body) interfere with reactions in the body and in this way dampen down some reactions but because they are foreign they must be converted to less toxic substances and then excreted. If excretion is too slow the drug and its metabolic products will build up in the body. This is why they cause toxic reactions and also why it uses energy to eliminate them. It might be better used for the normal reactions in the body. Nutrients on the other hand do not interfere. Vitamins enhance reactions that are inhibited. Larger doses force reactions that have been retarded by other factors.

Over-the-counter drugs are considered much safer than prescription drugs. That is why they are more freely available. Some over-the-counter drugs started out as prescription items and later were allowed over-the-counter, some are both for example aspirin and niacin and folic acid which once was over-the-counter in 25 milligram tablets is now available on prescription in 5 milligram tablets. The 800 microgram tablets are over-the-counter.

I have selected five very popular over-the-counter drugs and will discuss the side effects and toxicity patterns of these five, not because I disapprove of them but to illustrate what is considered acceptable for over-the-counter drugs.

1) Aspirin - Acetyl salicylic acid

Aspirin is probably the most popular over-the-counter drug and doctors most often recommend the drug. It is also available on prescription, which is an advantage for patients who have drug plans. There is even an Aspirin Foundation founded in 1981, which extols the efficacy of this drug. It is effective in dealing with heart disease, for arthritis, perhaps inhibiting colon cancer, for headaches and more. But here are some of the official warnings that are listed for aspirin.

1) Fluid and electrolyte effects

Increased metabolic rate, pyrexia, tachypnea, and vomiting lead to fluid loss and dehydration. Compensation for respiratory alkalosis leads to increased renal excretion of bicarbonate and increased excretion of sodium and potassium. Because of significant water losses, hyponatremia might not be present; however, hypokalemia is prominent.

2) Central nervous system effects

Toxic effects in the CNS range from mild confusion to coma. The exact mechanism that produces CNS toxicity is not known, but the degree of CNS effects, as well as overall mortality, correlates with the concentration of salicylates in brain tissue. Acidemia increases the nonionized form of salicylates, allowing for movement across the blood-brain barrier and, therefore, increasing CNS toxicity.

3)Gastrointestinal effects

Salicylate ingestion can cause nausea, vomiting, and abdominal pain. Emesis is produced by salicylate stimulation of medullary chemoreceptors and by local irritation of the GI tract. Upper GI ulceration and bleeding can occur. Gastrointestinal effects are much more prominent in acute ingestion.

4)Ototoxicity

Salicylate toxicity results in a reversible ototoxicity characterized by tinnitus, deafness, and dizziness.

5)Pulmonary effects

Noncardiogenic pulmonary edema is the most common cause of major morbidity and might be related to an increase in permeability of pulmonary vasculature caused by salicylates. Acute respiratory distress syndrome (ARDS) is more prominent in chronic ingestions than in acute ingestions.

6)Hematological effects

Salicylates inhibit vitamin K-dependent synthesis of factors II, VII, IX, and X, leading to a prolonged prothrombin time (PT). Salicylates prolong bleeding time by inhibiting a prostaglandin-initiated sequence required for platelet aggregation.

7)Hepatic effects

Dose-dependent hepatotoxicity can occur with salicylate poisoning. A small percentage of patients might develop hepatitis, but the majority will have asymptomatic elevation of transaminases.

8)Renal effects

Acute renal failure has been reported rarely.

Mortality/Morbidity: Mortality rates vary with chronicity of exposure. Chronic toxicity carries a higher morbidity and mortality rate than acute toxicity and is more difficult to treat.

- Acute overdose - Mortality rate of less than 2%
- Chronic overdose - Mortality rate as high as 25%

Azer et al (eMedicine.com updated March 1, 2002) used more than 11 pages of printed material to describe the toxicity of aspirin including treatment information and medical care. The British Medical Journal June 27, 2003 is

promoting a new elixir of youth called polypill. One of the six ingredients is aspirin.

2) Ranitidine – also called Zantac .

Its use is described as follows “Zantac is prescribed for the short-term treatment (4 to 8 weeks) of active duodenal ulcer and active benign gastric ulcer, and as maintenance therapy for gastric or duodenal ulcer, at a reduced dosage, after the ulcer has healed. It is also used for the treatment of conditions in which the stomach produces too much acid, such as Zollinger-Ellison syndrome and systemic mastocytosis, for gastroesophageal reflux disease (backflow of acid stomach contents) and for healing--and maintaining healing of--erosive esophagitis (severe inflammation of the esophagus)”. As I have written earlier close contact with ones doctor is the best safegaurd. More common side effects include: Headache, sometimes severe Less common and rare side effects include; Abdominal discomfort and pain, agitation, changes in blood count (anemia), changes in liver function, constipation, depression, diarrhea, difficulty sleeping, dizziness, hair loss, hallucinations, heart block, hepatitis, hypersensitivity reactions, inflamed blood vessels, inflammation of the pancreas, involuntary movements, irregular heartbeat, jaundice (yellowing of eyes and skin), joint pain, muscle pain, nausea and vomiting, rapid heartbeat, rash, reduced white blood cells, reversible mental confusion, severe allergic reactions, sleepiness, slow heartbeat, swollen face and throat, vague feeling of bodily discomfort, vertigo.

The following special warnings are listed

A stomach malignancy could be present, even if your symptoms have been relieved by Zantac. If you have kidney or liver disease, this drug should be used with caution. If you have phenylketonuria, you should be aware that the "Efferdose" tablets and granules contain phenylalanine.

And here are more possible food and drug interactions when taking this medication. If Zantac is taken with certain other drugs, the effects of either could be increased, decreased, or altered. It is especially important to check with your doctor before combining Zantac with the following:

Alcohol, Blood-thinning drugs such as Coumadin, Diazepam (Valium), Diltiazem (Cardizem), Glyburide (DiaBeta, Micronase), Ketoconazole (Nizoral), Metformin (Glucophage), Nifedipine (Procardia), Phenytoin (Dilantin), Theophylline (Theo-Dur), Triazolam (Halcion) and several others I have omitted.

3) Ibuprofen also called Motrin

Ibuprofen is another very poplar OTC drug. Here is how it is described. It is a nonsteroidal anti-inflammatory drug available in both prescription and

nonprescription forms. Prescription Motrin is used in adults for relief of the symptoms of rheumatoid arthritis and osteoarthritis, treatment of menstrual pain, and relief of mild to moderate pain. In children aged 6 months and older it can be given to reduce fever and relieve mild to moderate pain. It is also used to relieve the symptoms of juvenile arthritis.

Common side effects may include:

Abdominal cramps or pain, abdominal discomfort, bloating and gas, constipation, diarrhea, dizziness, fluid retention and swelling, headache, heartburn, indigestion, itching, loss of appetite, nausea, nervousness, rash, ringing in ears, stomach pain, vomiting. Less common or rare side effects may include: Abdominal bleeding, anemia, black stool, blood in urine, blurred vision, changes in heart beat, chills, confusion, congestive heart failure, depression, dry eyes and mouth, emotional volatility, fever, hair loss, hearing loss, hepatitis, high or low blood pressure, hives, inability to sleep, inflammation of nose, inflammation of the pancreas or stomach, kidney or liver failure, severe allergic reactions, shortness of breath, skin eruptions or peeling, sleepiness, stomach or upper intestinal ulcer, ulcer of gums, vision loss, vomiting blood, wheezing, yellow eyes and skin.

Special warnings about this medication:

Peptic ulcers and bleeding can occur without warning. Tell your doctor if you have bleeding or any other problems. This drug should be used with caution if you have kidney or liver disease, or are severely dehydrated; it can cause liver or kidney inflammation or other problems in some people.

Do not take aspirin or any other anti-inflammatory medications while taking Motrin unless your doctor tells you to do so. If you have a severe allergic reaction, seek medical help immediately. Motrin may cause vision problems. If you experience any changes in your vision, inform your doctor. Motrin may prolong bleeding time. If you are taking blood-thinning medication, this drug should be taken with caution. This drug can cause water retention. It should be used with caution if you have high blood pressure or poor heart function. Avoid the use of alcohol while taking this medication.

Motrin may mask the usual signs of infection or other diseases. Use with care in the presence of an existing infection.

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Advice about taking it (and indeed any other OTC analgesic) should always be sought from a pharmacist. Individuals who should be especially cautious are:

- Pregnant women Pregnant women
- Breast feeding women
- The elderly
- Those suffering from asthma

- Individuals who have suffered from gastric ulcers or gastric bleeds in the past
- Those with bleeding disorders
- Those who suffer from allergies

As with all painkillers, if symptoms persist for more than 3 days, you should consult your doctor. If you are receiving regular treatment from your doctor, consult him.

4) Tylenol also called Acetaminophen

Information from eMedicine Specialties Author Michael J Ameres, Southampton Hospital. March 23, 2003

Illness from acetaminophen overdose is caused primarily by liver damage.

- Acetaminophen is primarily metabolized by the liver. Too much acetaminophen can overwhelm the way the liver normally functions.
- If the liver is already damaged because of infection, alcohol abuse, or other illness, you may be more susceptible to damage from acetaminophen overdose. For this reason, people with liver illnesses or who chronically consume large amounts of alcohol should be particularly careful when taking acetaminophen and should consult their doctor prior to taking acetaminophen compounds.
- Long-term use of acetaminophen in recommended doses has not been shown to be harmful to the liver, even when combined with moderate alcohol consumption.

There are no immediate symptoms from taking a toxic amount. You may remain symptom free for up to 24 hours after taking a toxic overdose of acetaminophen.

After this initial period, the following symptoms are common:

- Nausea, Vomiting, Not feeling well, Not able to eat or poor appetite, Abdominal pain
- But Life Extension provides a few more warnings. Tylenol can cause kidney damage, which can be lethal if there is underlying kidney damage. Dosages exceeding 10-15 grams daily are toxic and 25 grams can be immediately fatal. Symptoms include jaundice and pain in upper abdomen, hypoglycemia, encephalopathy, kidney failure and analgesic rebound.

5) Claritin also called loratadine.

This is a popular anti histamine used to relieve hay fever and allergy symptoms such as sneezing, runny red itchy tearing eyes. It causes less drowsiness than other anti histamines. Generally anti histamines are among the safest OTC compounds but even with this good safety record here are some of the side effects and warning. These include headache, dry mouth,

nose and throat, drowsiness, rapid heartbeat, difficulty urinating, vision problem's, dizziness and muscle weakness. If they occur you are warned to call your doctor immediately

Before you take it tell your doctor and pharmacist what you are taking, if you have ever had kidney and liver disease, if you are pregnant or breast feeding, if you plan to have surgery, and avoid prolonged exposure to sunlight.

These are the side effects, toxic reactions, contraindications and warnings that have to be studied before taking any of these five very popular OTC drugs. None of the vitamins have side effects and toxic reactions remotely similar to this. It is clear that drugs allowed over-the-counter have to be used with caution because they are xenobiotic and within the recommended dose range can be and often are harmful. This cannot be said about the vitamins. Within the recommended doses vitamins are safe. The fat soluble vitamins can accumulate in the body but the effects are reversible and there is no body count. To answer my earlier question where are the bodies. The answer is there are none. A survey in the United States showed that in one year 106,000 patients died from the proper use of medication in hospital. Over the past three decades there have been no deaths from the proper use of vitamins.

Appendix D:

References for *136 Reasons Why Sugar Is Ruining Your Health*-By Nancy Appleton, Ph.D.

1. Sanchez, A., et al. "Role of Sugars in Human Neutrophilic Phagocytosis," *American Journal of Clinical Nutrition*. Nov 1973;261:1180-1184.
- Bernstein, J., et al. "Depression of Lymphocyte Transformation Following Oral Glucose Ingestion." *American Journal of Clinical Nutrition*.1997;30:613.
2. Couzy, F., et al. "Nutritional Implications of the Interaction Minerals," *Progressive Food and Nutrition Science* 17;1933:65-87.
3. Goldman, J., et al. "Behavioral Effects of Sucrose on Preschool Children." *Journal of Abnormal Child Psychology*.1986;14(4):565_577.
4. Scanto, S. and Yudkin, J. "The Effect of Dietary Sucrose on Blood Lipids, Serum Insulin, Platelet Adhesiveness and Body Weight in Human Volunteers," *Postgraduate Medicine Journal*. 1969;45:602_607.
5. Ringsdorf, W., Cheraskin, E. and Ramsay R. "Sucrose, Neutrophilic Phagocytosis and Resistance to Disease," *Dental Survey*. 1976;52(12):46_48.
6. Cerami, A., Vlassara, H., and Brownlee, M. "Glucose and Aging." *Scientific American*. May 1987:90.
- Lee, A. T. and Cerami, A. "The Role of Glycation in Aging." *Annals of the New York Academy of Science*; 663:63-67.
7. Albrink, M. and Ullrich I. H. "Interaction of Dietary Sucrose and Fiber on Serum Lipids in Healthy Young Men Fed High Carbohydrate Diets." *American Journal of Clinical Nutrition*. 1986;43:419-428.

- Pamplona, R., et al. "Mechanisms of Glycation in Atherogenesis." *Medical Hypotheses*. Mar 1993;40(3):174-81.
8. Kozlovsky, A., et al. "Effects of Diets High in Simple Sugars on Urinary Chromium Losses." *Metabolism*. June 1986;35:515_518.
9. Takahashi, E., Tohoku University School of Medicine, *Wholistic Health Digest*. October 1982:41.
10. Kelsay, J., et al. "Diets High in Glucose or Sucrose and Young Women." *American Journal of Clinical Nutrition*. 1974;27:926_936.
- Thomas, B. J., et al. "Relation of Habitual Diet to Fasting Plasma Insulin Concentration and the Insulin Response to Oral Glucose," *Human Nutrition Clinical Nutrition*. 1983; 36C(1):49_51.
11. Fields, M., et al. "Effect of Copper Deficiency on Metabolism and Mortality in Rats Fed Sucrose or Starch Diets," *Journal of Clinical Nutrition*. 1983;113:1335_1345.
12. Lemann, J. "Evidence that Glucose Ingestion Inhibits Net Renal Tubular Reabsorption of Calcium and Magnesium." *Journal Of Clinical Nutrition*. 1976 ;70:236_245.
13. *Acta Ophthalmologica Scandinavica*. Mar 2002;48;25.
- Taub, H. Ed. "Sugar Weakens Eyesight," *VM NEWSLETTER*;May 1986:6
14. "Sugar, White Flour Withdrawal Produces Chemical Response." *The Addiction Letter* .Jul 1992:4.
15. Dufty, William. *Sugar Blues*. (New York:Warner Books, 1975).
16. *Ibid*.
17. Jones, T. W., et al. "Enhanced Adrenomedullary Response and Increased Susceptibility to Neuroglycopenia: Mechanisms Underlying the Adverse Effect of Sugar Ingestion in Children." *Journal of Pediatrics*. Feb 1995;126:171-7.
18. *Ibid*.
19. Lee, A. T.and Cerami A. "The Role of Glycation in Aging." *Annals of the New York Academy of Science*.1992;663:63-70.
20. Abrahamson, E. and Peget, A.. *Body, Mind and Sugar*. (New York:Avon,1977.}
21. Glinsmann, W., Irausquin, H., and Youngmee, K. "Evaluation of Health Aspects of Sugar Contained in Carbohydrate Sweeteners. F. D. A. Report of Sugars Task Force." 1986:39.
- Makinen K.K.,et al. "A Descriptive Report of the Effects of a 16_month Xylitol Chewing_Gum Programme Subsequent to a 40_month Sucrose Gum Programme." *Caries Research*. 1998; 32(2)107_12.
22. Keen, H., et al. "Nutrient Intake, Adiposity, and Diabetes." *British Medical Journal*. 1989; 1: 655_658.
23. Persson P. G., Ahlbom, A., and Hellers, G. *Epidemiology*. 1992;3:47-52.
24. Yudkin, J. New York: *Sweet and Dangerous*.:Bantam Books:1974: 129.
25. Darlington, L., Ramsey, N. W. and Mansfield, J. R. "Placebo_Controlled, Blind Study of Dietary Manipulation Therapy in Rheumatoid Arthritis," *Lancet*. Feb 1986;8475(1):236_238.
26. Powers, L. "Sensitivity: You React to What You Eat." *Los Angeles Times*. (Feb. 12, 1985).
- Cheng, J., et al. "Preliminary Clinical Study on the Correlation Between Allergic Rhinitis and Food Factors." *Lin Chuang Er Bi Yan Hou Ke Za Zhi* Aug 2002;16(8):393-

- 396.
27. Crook, W. J. *The Yeast Connection*. (TN:Professional Books, 1984)..
28. Heaton, K. "The Sweet Road to Gallstones." *British Medical Journal*. Apr 14, 1984; 288: 1103_1104.
- Misciagna, G., et al. *American Journal of Clinical Nutrition*. 1999;69:120-126.
29. Yudkin, J. "Sugar Consumption and Myocardial Infarction." *Lancet*.Feb 6, 1971:1(7693):296-297.
- Suadicani, P., et al. "Adverse Effects of Risk of Ishaemic Heart Disease of Adding Sugar to Hot Beverages in Hypertensives Using Diuretics." *Blood Pressure*. Mar 1996;5(2):91-71.
- Reiser, S. "Effects of Dietary Sugars on Metabolic Risk Factors Associated with Heart Disease." *Nutritional Health*. 1985;203_216.
30. Cleave, T. *The Saccharine Disease*. (New Canaan, CT: Keats Publishing, 1974).
31. Erlander, S. "The Cause and Cure of Multiple Sclerosis, *The Disease to End Disease*. Mar 3, 1979;1(3):59_63.
32. Cleave, T. *The Saccharine Disease*. (New Canaan, CT: Keats Publishing, 1974.)
33. Cleave, T. and Campbell, G. (Bristol, England:*Diabetes, Coronary Thrombosis and the Saccharine Disease*: John Wrightand Sons, 1960).
34. Behall, K. "Influence of Estrogen Content of Oral Contraceptives and Consumption of Sucrose on Blood Parameters." *Disease Abstracts International*. 1982;431437.
35. Glinemann, W., Irausquin, H., and K. Youngmee. *Evaluation of Health Aspects of Sugar Contained in Carbohydrate Sweeteners*. F. D. A. Report of Sugars Task Force.1986;39:36_38.
36. Tjäderhane, L. and Larman, M. "A High Sucrose Diet Decreases the Mechanical Strength of Bones in Growing Rats." *Journal of Nutrition*. 1998:128:1807_1810.
37. Appleton, N. New York: *Healthy Bones*. Avery Penguin Putnam:1989.
38. Beck_Nielsen H., Pedersen O., and Schwartz S. "Effects of Diet on the Cellular Insulin Binding and the Insulin Sensitivity in Young Healthy Subjects." *Diabetes*. 1978;15:289_296 .
39. *Journal of Clinical Endocrinology and Metabolism*. Aug 2000.
40. Gardner, L. and Reiser, S. "Effects of Dietary Carbohydrate on Fasting Levels of Human Growth Hormone and Cortisol." *Proceedings of the Society for Experimental Biology and Medicine*. 1982;169:36-40.
41. Reiser, S. "Effects of Dietary Sugars on Metabolic Risk Factors Associated with Heart Disease." *Nutritional Health*. 1985;203:216.
42. Hodges, R., and Rebello, T. "Carbohydrates and Blood Pressure." *Annals of Internal Medicine*. 1983;98:838_841.
43. Behar, D., et al. "Sugar Challenge Testing with Children Considered Behaviorally Sugar Reactive." *Nutritional Behavior*. 1984;1:277-288.
44. Furth, A. and Harding, J. "Why Sugar Is Bad For You." *New Scientist*." Sep 23, 1989;44.
45. Simmons, J. "Is The Sand of Time Sugar?" *Longevity*. June 1990: 49-53.
46. Appleton, N. New York: *Lick the Sugar Habit*. (New York: Avery Penguin Putnam:1988).
47. "Sucrose Induces Diabetes in Cat." *Federal Protocol*. 1974;6(97).

48. Cleave, T. *The Saccharine Disease*: (New Canaan Ct: Keats Publishing, Inc., 1974).131.
49. Ibid. 132.
50. Vaccaro O., Ruth, K. J. and Stamler J. "Relationship of Postload Plasma Glucose to Mortality with 19 Year Follow_up." *Diabetes Care*. Oct 15,1992;10:328_334.
- Tominaga, M., et al, "Impaired Glucose Tolerance Is a Risk Factor for Cardiovascular Disease, but Not Fasting Glucose." *Diabetes Care*. 1999;2(6):920-924.
51. Lee, A. T. and Cerami, A. "Modifications of Proteins and Nucleic Acids by Reducing Sugars: Possible Role in Aging." *Handbook of the Biology of Aging*. (New York: Academic Press, 1990.).
52. Monnier, V. M. "Nonenzymatic Glycosylation, the Maillard Reaction and the Aging Process." *Journal of Gerontology* 1990;45(4):105_110.
53. Dyer, D. G., et al. "Accumulation of Maillard Reaction Products in Skin Collagen in Diabetes and Aging." *Journal of Clinical Investigation*. 1993;93(6):421_22.
54. Veromann, S.et al."Dietary Sugar and Salt Represent Real Risk Factors for Cataract Development." *Ophthalmologica*. 2003 Jul-Aug;217(4):302-307.
55. Monnier, V. M. "Nonenzymatic Glycosylation, the Maillard Reaction and the Aging Process." *Journal of Gerontology*. 1990;45(4):105_110.
56. Pamplona, R., et al. "Mechanisms of Glycation in Atherogenesis." *Medical Hypotheses* . 1990: 174_181.
57. Lewis, G. F. and Steiner, G. "Acute Effects of Insulin in the Control of Vldl Production in Humans. Implications for Theinsulin-resistant State." *Diabetes Care*. 1996 Apr;19(4):390-3 R. Pamplona, M. J., et al. "Mechanisms of Glycation in Atherogenesis." *Medical Hypotheses*. 1990;40:174-181.
58. Ceriello, A. "Oxidative Stress and Glycemic Regulation." *Metabolism*. Feb 2000;49(2 Suppl 1):27-29. 59. Appleton, Nancy. New York; *Lick the Sugar Habit*. (New York:Avery Penguin Putnam, 1988).
60. Hellenbrand, W. "Diet and Parkinson's Disease. A Possible Role for the Past Intake of Specific Nutrients. Results from a Self-administered Food-frequency Questionnaire in a Case-control Study." *Neurology*. Sep 1996;47(3):644-650. 61. Cerami, A., Vlassara, H., and Brownlee, M. "Glucose and Aging." *Scientific American*. May 1987: 90.
62. Goulart, F. S. "Are You Sugar Smart?" *American Fitness*. Mar-Apr 1991: 34_38.
63. Ibid.
64. Yudkin, J., Kang, S. and Bruckdorfer, K. "Effects of High Dietary Sugar." *British Journal of Medicine*. Nov 22, 1980;1396.
65. Goulart, F. S. "Are You Sugar Smart?" *American Fitness*. March_April 1991: 34-38. Milwaukee, WI
66. Ibid.
67. Ibid.
68. Ibid.
69. Ibid.
70. Nash, J. "Health Contenders." *Essence*. Jan 1992; 23: 79_81.
71. Grand, E. "Food Allergies and Migraine." *Lancet*. 1979;1:955_959.
72. Michaud, D. "Dietary Sugar, Glycemic Load, and Pancreatic Cancer Risk in a Prospective Study." *J Natl Cancer Inst*. Sep 4, 2002 ;94(17):1293-300.
73. Schauss, A. *Diet, Crime and Delinquency*. (Berkley Ca; Parker House, 1981.)

74. Christensen, L. "The Role of Caffeine and Sugar in Depression." *Nutrition Report*. Mar 1991;9(3):17-24.
75. Ibid.
76. Cornee, J., et al. "A Case-control Study of Gastric Cancer and Nutritional Factors in Marseille, France," *European Journal of Epidemiology*. 1995;11:55-65.
77. Yudkin, J. *Sweet and Dangerous*.(New York:Bantam Books,1974) 129.
78. Ibid, 44
79. Reiser, S., et al. "Effects of Sugars on Indices on Glucose Tolerance in Humans." *American Journal of Clinical Nutrition*. 1986;43:151-159.
80. Reiser,S., et al. "Effects of Sugars on Indices on Glucose Tolerance in Humans." *American Journal of Clinical Nutrition*. 1986;43:151-159.
81. Molteni, R, et al. "A High-fat, Refined Sugar Diet Reduces Hippocampal Brain-derived Neurotrophic Factor, Neuronal Plasticity, and Learning." *NeuroScience*. 2002;112(4):803-814.
82. Monnier, V., "Nonenzymatic Glycosylation, the Maillard Reaction and the Aging Process." *Journal of Gerontology*. 1990;45:105-111.
83. Frey, J. "Is There Sugar in the Alzheimer's Disease?" *Annales De Biologie Clinique*. 2001; 59 (3):253-257.
84. Yudkin, J. "Metabolic Changes Induced by Sugar in Relation to Coronary Heart Disease and Diabetes." *Nutrition and Health*. 1987;5(1-2):5-8.
85. Ibid.
86. Blacklock, N. J., "Sucrose and Idiopathic Renal Stone." *Nutrition and Health*. 1987;5(1-2):9.
- Curhan, G., et al. "Beverage Use and Risk for Kidney Stones in Women." *Annals of Internal Medicine*. 1998;28:534-340.
87. *Journal of Advanced Medicine*. 1994;7(1):51-58.
88. Ibid
89. Ceriello, A. "Oxidative Stress and Glycemic Regulation." *Metabolism*. Feb 2000;49(2 Suppl 1):27-29.
90. *Postgraduate Medicine*.Sept 1969;45:602-07.
91. Moerman, C. J., et al. "Dietary Sugar Intake in the Etiology of Biliary Tract Cancer." *International Journal of Epidemiology* . Ap 1993;.2(2):207-214.
92. Quillin, Patrick, "Cancer's Sweet Tooth," *Nutrition Science News*. Ap 2000.
- Rothkopf, M. *Nutrition*. July/Aug 1990;6(4).
93. Lenders, C. M. "Gestational Age and Infant Size at Birth Are Associated with Dietary Intake among Pregnant Adolescents." *Journal of Nutrition*. Jun 1997;1113-1117.
94. Ibid.
95. Bostick, R. M., et al. "Sugar, Meat.and Fat Intake and Non-dietary Risk Factors for Colon Cancer Incidence in Iowa Women." *Cancer Causes & Control*. 1994;5 :38-53.
96. Ibid.
- Kruis, W., et al. "Effects of Diets Low and High in Refined Sugars on Gut Transit, Bile Acid Metabolism and Bacterial Fermentation." *Gut*. 1991;32:367-370.
- Ludwig, D. S., et al. "High Glycemic Index Foods, Overeating, And Obesity." *Pediatrics*. Mar 1999;103(3):26-32.
97. Yudkin, J and Eisa, O. "Dietary Sucrose and Oestradiol Concentration in Young Men". *Annals of Nutrition and Metabolism*. 1988;32(2):53-55.
98. Lee, A. T. and Cerami A. "The Role of Glycation in Aging." *Annals of the New York*

- Academy of Science. 1992; 663:63-70.
99. Moerman, C., et al. "Dietary Sugar Intake in the Etiology of Tract Cancer." *International Journal of Epidemiology*. Ap 1993; 22(2):207-214.
100. <http://www.mercola.com/>"Sugar, White Flour Withdrawal Produces Chemical Response." *The Addiction Letter*. Jul 1992:4.
- Colantuoni, C., et al. "Evidence That Intermittent, Excessive Sugar Intake Causes Endogenous Opioid Dependence." *Obes Res*. Jun 2002;10(6):478-488.
- Annual Meeting of the American Psychological Society, Toronto, June 17, 2001. [Www.mercola.com/2001/june/30/sugar.htm](http://www.mercola.com/2001/june/30/sugar.htm)
101. Ibid.
102. *The Edell Health Letter*. Sept 1991;7:1.
103. Sunehag, A. L., et al. "Gluconeogenesis in Very Low Birth Weight Infants Receiving Total Parenteral Nutrition" *Diabetes*. 1999 ;48 7991_800.
104. Christensen L. et al. "Impact of A Dietary Change on Emotional Distress." *Journal of Abnormal Psychology* .1985;94(4):565_79.
105. *Nutrition Health Review*. Fall 85. changes sugar into fat faster than fat
106. Ludwig, D. S., et al. "High Glycemic Index Foods, Overeating and Obesity." *Pediatrics*. Mar1999;103(3):26-32.
107. *Pediatrics Research*. 1995;38(4):539-542.
- Berdonces, J. L. "Attention Deficit and Infantile Hyperactivity." *Rev Enferm*. Jan 2001;4(1)11-4
108. Blacklock, N. J. "Sucrose and Idiopathic Renal Stone." *Nutrition Health*. 1987;5(1 & 2):9-17.
109. Lechin, F., et al. "Effects of an Oral Glucose Load on Plasma Neurotransmitters in Humans." *Neurophychobiology*. 1992;26(1-2):4-11.
110. Fields, M. *Journal of the American College of Nutrition*. Aug 1998;17(4):317_321.
111. Arieff, A. I. Veterans Administration Medical Center in San Francisco. *San Jose Mercury*; June 12/86. "IVs of sugar water can cut off oxygen to the brain."
112. De Stefani, E. "Dietary Sugar and Lung Cancer: a Case Control Study in Uruguay." *Nutrition and Cancer*. 1998;31(2):132_7.
113. Sandler, Benjamin P. *Diet Prevents Polio*. Milwaukee, WI,:The Lee Foundation for for Nutritional Research, 1951.
114. Murphy, Patricia. "The Role of Sugar in Epileptic Seizures." *Townsend Letter for Doctors and Patients*. May, 2001.
- Wellness Newsletter, 1462 West 5th Ave., Eugene, Oregon 97402
115. Stern, N. & Tuck, M. "Pathogenesis of Hypertension in Diabetes Mellitus." *Diabetes Mellitus, a Fundamental and Clinical Test*. 2nd Edition, (Philadelphia; A:Lippincott Williams & Wilkins, 2000)943-957.
116. Christansen, D. "Critical Care: Sugar Limit Saves Lives." *Science News*. June 30, 2001; 159:404.
117. Donnini, D. et al. "Glucose May Induce Cell Death through a Free Radical-mediated Mechanism." *Biochem Biohys Res Commun*. Feb 15, 1996:219(2):412-417.
118. Allen S. Levine, Catherine M. Kotz, and Blake A. Gosnell . "Sugars and Fats: The Neurobiology of Preference " *J. Nutr.*2003 133:831S-834S.
119. Schoenthaler, S. The Los Angeles Probation Department Diet-Behavior

- Program: An Empirical Analysis of Six Institutional Settings. *Int J Biosocial Res* 5(2):88-89.
120. Cornee, J., et al. "A Case-control Study of Gastric Cancer and Nutritional Factors in Marseille, France." *European Journal of Epidemiology* 11 (1995):55-65.
121. "Gluconeogenesis in Very Low Birth Weight Infants Receiving Total Parenteral Nutrition. *Diabetes*. 1999 Apr;48(4):791-800.
122. Yudkin, J. and Eisa, O. "Dietary Sucrose and Oestradiol Concentration in Young Men. *Annals of Nutrition and Metabolism*. 1988;32(2):53-5.
123. Lenders, C. M. "Gestational Age and Infant Size at Birth Are Associated with Dietary Intake Among Pregnant Adolescents." *Journal of Nutrition* 128 (1998):1807-1810
124. Moerman, C., et al. "Dietary Sugar Intake in the Etiology of Biliary Tract Cancer." *International Journal of Epidemiology*. Apr 1993; 22(2):207-214.
125. Fonseca, V. et al. "Effects of a High-fat-sucrose Diet on Enzymes in Homocysteine Metabolism in the Rat." *Metabolism*. 200; 49:736-41.
126. Potischman, N, et.al. "Increased Risk of Early-stage Breast Cancer Related to Consumption of Sweet Foods among Women Less than Age 45 in the United States. *Cancer Causes Control*. 2002 Dec;13(10):937-46.
127. Negri, E. et al. "Risk Factors for Adenocarcinoma of the Small Intestine." *International Journal of Cancer* 1999;82:12:171-174
128. Bosetti, C. et al. "Food Groups and Laryngeal Cancer Risk: A Case-control Study from Italy and Switzerland." *International Journal of Cancer*, 2002;100(3): 355-358.
129. Shannon, M. "An Empathetic Look at Overweight." *CCL Family Found.* Nov-Dec.1993. 20(3):3-5.
130. Harry G. Preuss, M.D., of Georgetown University Medical School
131. "Health After 50." Johns Hopkins Medical Letter. May, 1994.
132. Allen, S. "Sugars and Fats: The Neurobiology of Preference." *Journal of Nutrition*. 2003;133:831S-834S.
133. Booth, D.A.M. et al. "Sweetness and Food Selection: Measurement of Sweeteners' Effects on Acceptance." *Sweetness*. Dobbing, J., Ed., (London:Springer-Verlag, 1987).
134. Cleve, T.L *On the Causation of Varicose Veins*. "Bristol, England, John Wright, 1960."
135. Cleve, T.L *On the Causation of Varicose Veins*. "Bristol, England, John Wright, 1960".
136. Yaffe K, Blackwell T, Kanaya AM, et al. "Diabetes, Impaired Fasting Glucose and Development of Cognitive Impairment in Older Women. *Neurology* 2004;63:658-663.

Appendix E:

The Quackbusters – Busted! -*Vitality Magazine* May 2002 with 2004 Update
Article reprinted in *Dispatches from the War Zone of Environmental Health*, by Helke Ferrie, 2004

"The great mass of people will more easily fall victim to a big lie than a small one."
Adolf Hitler, *Mein Kampf*, 1925

My first encounter with Quackbusters was on November 10, 1998, when a public debate was sponsored by the American College of Toxicology in Orlando, Florida. The speakers on one side were Albert Donnay and Grace Ziem, both with Johns Hopkins medical school and experts on multiple chemical sensitivity. The Quackbuster representatives were its founder Stephen Barrett and Ronald Gots, the founder of the Quackbuster branch, Environmental Sensitivities Research Institute. Both men are also directors of the *American Council on Science and Health*, another branch of Quackbusters. Their presentations were later published in the prestigious *International Journal of Toxicology* (vol. 18, no.6, 1999) but had to be retracted.

The debate in Orlando focused on whether chemical sensitivity is a psychological or a biological condition. In front of an audience of several hundred people, and aware that the entire debate was being video- and audio-taped, Gots stated that prestigious university-affiliated authors of a (named) main-stream peer-reviewed journal had recently provided incontrovertible proof, on the basis of rigorous scientific study and experiment, that chemical sensitivity was a psychological condition.

Gots was followed by Johns Hopkins' speaker Albert Donnay who informed the audience that this prestigious study was fictitious. The authors were fictitious, too. Even the journal was fiction. A gasp went through the audience. Amazingly, Gots made no attempt to answer. Even more astounding was the body language of both Gots and Barrett. While the audience was audibly shocked and murmurs were going through the crowd, those two Quackbusters leaned back in their chairs, fiddled with their pens in the bored and relaxed manner of total self-assurance awaiting the next item on the agenda.

How is this possible? I asked myself. If this had happened to a university professor, his tenure would be in jeopardy and his chances of ever getting published again in a peer-reviewed journal would be zero. Sure, some university professors lie and cheat and fudge the data, and occasionally huge government investigations into science fraud are launched, such as recently in Germany - but never does this happen so outrageously, brazenly in full public view. If cooking the data to support a favorite theory is like the skilled production of counterfeit money in a secret basement operation, Gots' performance was like a bank robbery in full daylight.

A bona fide researcher, even if he is a crook, must at least appear to be honest. But if your work is supported by an infinite money source, nothing much matters. Gots' and Barrett's job seems to be to keep lies circulating so doubt remains strong and fuel is given to the self-defensive all-too-human tendency to dismiss unpleasant information as scare-mongering. Such propaganda provides a highly effective break for change and saves billions of dollars for those whose products and practices would otherwise be compelled to change radically. So, who funds Quackbusters?

The main Quackbusters are Ronald Gots, Victor Herbert (died of cancer in 2003 in his late 50's) and Stephen Barrett, retired non-practicing physicians all who appear in countless public venues, many high profile, to air their views on how untold

millions are being poisoned by vitamin C, why we should fight for the right to have fluoride in our water, avoid unhealthy organic foods because they lack those protective pesticides we urgently need, and trust in the absolute safety of mercury amalgam fillings. According to the disinformation of quackbusters vaccines cannot possibly cause health problems. On Barrett's web site one finds in-depth article on everything he believes is fraud (amounting to roughly one fifth of the U.S. gross national product). The most personal and viscous attacks are reserved for the likes of Linus Pauling and many leading lights in current medical research.

For Barrett and friends nobody -absolutely anybody - has any authority. The alternative crowd is for them as bad as, the (alas!) progressively more and more deluded mainstream such as the World Health Organization, the NIH, the FDA, the White House task force on complementary medicine, Harvard and Johns Hopkins medical schools, and any other serious person or institution trying to make sense of the world's ills. As for good old-fashioned research, the only democratic tool humanity has got by which to establish what is real and what works - that's only permitted in Barrett's world as long as the results fit his opinion.

In the world of Gots and Barrett there are no surprises. They are trapped in a black-and-white movie from the early 1950's and they want us all to be trapped in it, too. In a detailed analysis of why doctors turn to complementary medicine, Barrett diagnoses them as suffering from paranoid mental states, fascination with the paranormal, profit and prophet motives, psychopathic tendencies, and boredom.

That last item is closer to the truth than even Barrett could stand: I have had literally hundreds of doctors tell me at international conferences on environmental and complementary medicine that they were bored to tears with prescribing drugs and have their patients return for more and more drugs, getting sicker and sicker. Then they switched to real medicine (the kind inspired by Hippocrates who 2,500 years ago taught about clean air, water and wholesome food) and being a doctor became exiting at last. "Life began when I stopped seeing drug reps," one said, and another sighed happily, "I haven't used my prescription pad in years. I am not sure where it is."

Barrett tells us that "Neither Quackwatch nor I have any financial ties to any commercial or industrial organization" and "Quackwatch has no salaried employees" and is funded by personal donations and profits from publications. "If its income falls below what is needed ... the rest comes out of my pocket." His and Gots' pockets are interesting, to say the least. The funding sources of their organizations were readily available on the Internet until recently; in the early '90's he stopped disclosing such information. The last annual report to list donors was published 1991 where we find all our toxic friends: Monsanto and Archer Daniels Midland (both of genetic engineering fame), the Nutrasweet Company (neurotoxic aspartame etc.), Union Carbide (as in Bopal disaster), the producers of pesticides, fertilizers, and fluoride Dow Chemical, Dupont, Cargill etc., the biochemical warfare and pharmaceutical producers Eli Lilly, the Uniroyal Chemical Company, all the big petroleum and pharmaceutical companies, and various refined sugar producers and

refined food producing giants. Two thirds of the world's economy is controlled by this list of North American Big Business. With friends like that, who needs to worry about telling the most fantastical lies in public?

To test Quackwatch's insistence that it is based on public support, I applied to become a member in 1999. First I was told that the annual membership fee was U.S. \$25,000. I said, "That's fine, send me the membership application form." Was I calling on behalf of a corporation? No, I informed the person, who then said, "We prefer corporate members."

Stephen Barrett, a retired psychiatrist, has written 49 books debunking what he identifies as health fraud. He also enjoys debunking UFO's and experiences of the paranormal. He operates six Web sites. In his CV he claims that he did peer reviewing for some of the top medical journals (e.g. *New England Journal of Medicine*, *Annals of Internal Medicine*, *Journal of the American Medical Association*). Since the peer review system is secret, there is no way of verifying this claim.

Of course, mainstream medicine has as much trouble discriminating between what's sound and what's dubious in medicine as the rest of us. So, it came as no surprise that in 1999 Quackwatch was able to convince the *New England Journal of Medicine* to co-host a conference on a critical appraisal of alternative medicine. The journal's justly famous then editor, Marcia Angell was the keynote speaker, but rubbing shoulders with Quackwatchers did not impair her find mind and sound judgment. All the hype and tongue clicking notwithstanding, the conference produced lots of sound stuff.

Angell's editorial integrity is now the stuff of legend, as she sounded the wake-up call for medical publication rules and standards of ethics with her June 22, 2000, editorial. She identified the rot by asking to whom the pharmaceutical industry is accountable and argued that it is time medical research does some serious soul searching. As of September 2002, the rules governing conflicts of interest in medical publication have been re-written worldwide. Barrett's friends are having a hard time, at last - as is his entire organization, because the law suits against Quackwatch are increasing in number and seriousness. Check out for the details.

Quackwatch's Dr. Victor Herbert specialized in vitriolic smear campaigns. In one instance this backfired to the public's greatest benefit: Linus Pauling describes his many irritating meetings with Herbert in *Linus Pauling in His Own Words* (1995): "Here is this Victor Herbert, who to this day keeps writing papers and giving speeches saying that no one benefits from taking extra vitamins, and he won't even look at the evidence.... I finally became sufficiently irritated by this fellow that I decided I ought to do something about it. So I sat down one summer ... and in two months wrote the book *Vitamin C and the Common Cold*." (1971)

Dr. Herbert was originally intended to be an "expert" witness in the CPSO's trial of Dr. Krop, but was refused by the defense lawyers as unacceptable. Dr. Abraham

Hoffer, the father of orthomolecular psychiatry, met him in court and demolished Herbert's testimony against a psychiatrist accused of curing patients without drugs before a U.S. regulatory tribunal.

Quackwatch's negative influence is formidable. The formula of their attacks on health freedom is fairly simple and easy to detect and its success depends on persistent repetition. The Quackwatch formula simply requires citing scientific literature that is outdated, irrelevant or non-existent. Only the specialist or nitpicking investigative journalist will ferret out the truth. In attacking the White House Commission on Complementary Medicine (annual budget of U.S. \$ 50 million at the National Institutes of Health) initiated by President Clinton in March 2000, Barrett devoted enormous amounts of cyberspace to its condemnation. Triumphantly, he (mis)informs the browser that even members of that task force have broken away in disgust and made their dissent known publicly.

What really happened can be found in the generally more reliable March 28, 2002, issue of the world's premier science journal *Nature*. Two members of that task force stated that more money should be allocated towards research into complementary medicine, and that the task force's final report would have been better if it had cited even more research to support its suggested program of action.

Quackwatch delights in using the medial regulatory systems to go after doctors who have strayed from the One True Barrett Path. The State of New York is currently holding hearings (the equivalent of a public inquiry) into the inappropriate way in which the disciplinary process has been used (with Quackwatch "expert" witnesses) to stop doctors from using complementary medicine. The popular radio show "The Touch of Health" was relentlessly attacked with viscous and insulting e-mails by Ontario Quackwatch member Dr. Polevoy until the show was closed down.

One of the worst examples of Quackwatch's power comes from Nova Scotia. In the early 1990's the faulty air filtration system at Halifax's Camphill Hospital caused 900 people to become seriously chemically injured and today more than 300 remain permanently disabled. When these cases began to come before Workers' Compensation tribunal in the late 1990's, it was Ronald Gots who appeared as the "expert". The expert opinion reports, accepted by the tribunal, weren't even signed by doctors and Gots explained that the secretaries could be trusted to know the physicians' intentions. Gots' expertise caused all claims to be denied and the claimants were encouraged to seek the help of a psychiatrist instead. So, to the rescue came Johns Hopkins researcher Albert Donnay who provided the whole truth and nothing but the truth, scientific and legal, to the appeals board. Since then case after case has been won on appeal.

(2004 Update) The main focus of Quackwatch is environmental illness which it is their mission to discredit. How they do this is important to understand, because it elucidates the technique used not only by them, but also by pharmaceutical-industry-sponsored research: Ronald Gots and Stephen Barret wrote a book in 1998

published by their own company, Prometheus, and entitled *Chemical Sensitivity: The Truth About Environmental Illness*. They proceed, in chapter after chapter, to marshal the “evidence” that Multiple Chemical Sensitivity, Sick Building Syndrome, the relationship between diet and hyperactivity, the toxicity of mercury amalgam, Gulf War Syndrome, fungal overgrowth (candidiasis) and more, all do not actually exist.

Each chapter is carefully organized to include references to existing medical literature. The problem is, however, that all their references, without a single exception, are totally outdated and are chosen from a time when the debate among scientists began in each instance. Naturally, they quote themselves, instead of primary research, most frequently. Most telling of all is the complete absence of any report from the World Health Organization which, with regard to most of these health conditions, was generally the first to recognize them and initiate research resulting in consensus statements supporting the existence of these health problems and the need for their treatment. The two instances in which the WHO is cited, the citations are incorrect (pages 78 and 97). Anyone who works for environmental illness patients ought to study this book carefully, as it is a virtual manual of all the dirty tricks used especially by the industry of environmental toxins to defend itself against liability.

Some time ago, a friend found me on the Canadian Quackwatch site described as “a doctor’s wife who promotes quackery in public lectures.” I am flattered. The information I provide must be dangerously accurate.

Update October 2004: *Stephen Barret, Ronald Gots and Quackwatch have suffered tremendous defeats in the courts since 2003, personally for fraud as well as with their organization, specifically in California, Oregon and Washington State where their testimony was thrown out by several judges, specifically with regard to the mercury amalgam issue and nutritional and homeopathic medicine cases. Quackwatch is currently defending itself against many legal actions launched against it by doctors and health agencies.*

References:

- K. Ausubel, *When Healing Becomes A Crime*, Healing Arts Press, 2000
- J.P. Carter, MD, *Racketeering in Medicine*, Hampton Roads Publishing Co., 1993
- M.L. Culbert, *Medical Armageddon*, C & C Communications, San Diego, 1997
- W. Duffy, *Sugar Blues*, Warner Books 1975 (the first of this type, still a bestseller)
- D. Haley (U.S. Congressman), *Politics in Healing*, Potomac Valley Press, 2000
- J. Lisa, *The Assault on Medical Freedom*, Hampton Roads Publishing Co., 1997
- G. Lanctot, M.D., *The Medical Mafia*, Here’s The Key Inc., 1995