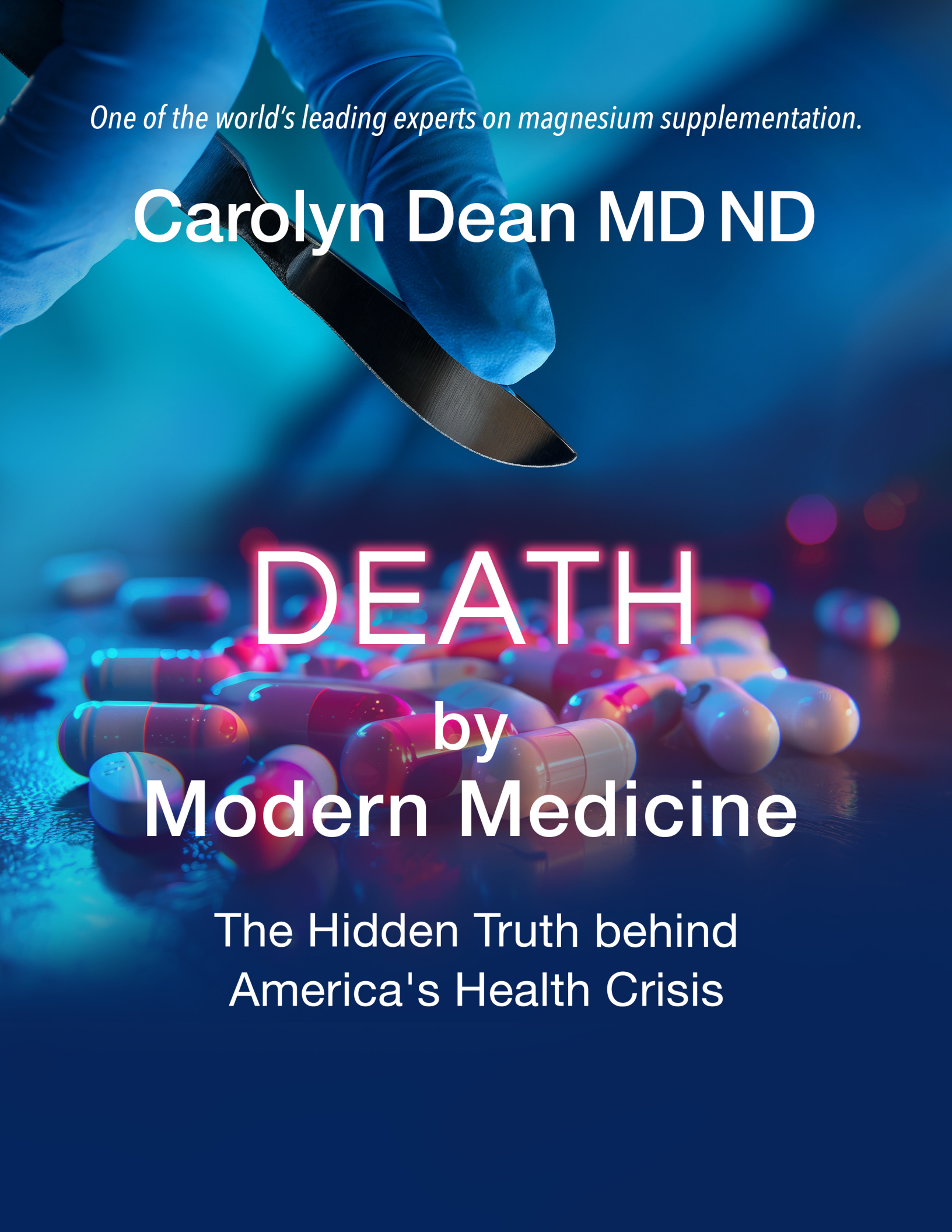

One of the world's leading experts on magnesium supplementation.

Carolyn Dean MD ND

DEATH

by

Modern Medicine

The Hidden Truth behind
America's Health Crisis

Are You Ready to Join the Movement for a Healthier America?

Uncover the shocking secrets that are holding you and your family back from true well-being in *Death by Modern Medicine: The Hidden Truths Behind America's Health Crisis* by health freedom pioneer and nutritional medicine expert, Dr. Carolyn Dean.

Dr. Dean breaks down 15 critical factors contributing to America's chronic health crisis, including:

- How failed public health policies limit your health freedom and discourage true disease prevention.
- The powerful influence of Big Pharma, with 70% of Americans taking at least one prescription drug daily.
- The role of Big Food in reducing the nutritional value of our diets while increasing toxins in food, water, and air.
- How media propaganda supports ineffective health initiatives and silences alternative approaches.
- The medical monopoly controlling healthcare and stifling innovation.
- How promoters of natural, effective health solutions are often punished or suppressed by government policies.

With a sharp analysis and actionable insights, *Death by Modern Medicine* empowers you to reclaim your health and understand the forces working against your well-being.

Medical Doctor, Naturopath, and Dedicated Researcher

Dr. Carolyn Dean MD ND is the author of over 50 books including best seller *The Magnesium Miracle*® and her newest book, *Magnesium: The Missing Link to Total Health (Revised)*. And, other noted publications including *IBS for Dummies, Hormone Balance, Death by Modern Medicine,* and 110+ eBooks to date. Dr. Dean is dedicated to helping anyone gain a better understanding of nutrients, how they contribute to the body, and proactive ways to encourage making informed decisions about health and vitality.

In 2014, Dr. Carolyn Dean MD ND launched the RnA ReSet® brand based on nutrient protocols she built through 40+ years of experience in private healthcare practice. Dr. Dean's career as a medical doctor and naturopath resulted in a collection of unique, proprietary formulations that support precise applications while remaining safe for everyday use.

ISBN 979-8-9916898-3-0
90000 >
9 798991 689830

DEATH BY MODERN MEDICINE: THE HIDDEN TRUTH BEHIND AMERICA'S HEALTH CRISIS

Carolyn Dean MD ND

A Completement Formula Book

DISCLAIMER

The contents of this book are included for educational purposes and to provide helpful information on the subjects discussed. This book is not intended to be used, and should not be used, to diagnose or treat any medical condition. For diagnosis or treatment of any medical condition, consult your health care provider. You are responsible for your own choices, actions, and results regarding any health concerns that may require medical supervision. The authors and publisher are not liable for any damages or negative consequences from any action, application, treatment, or preparation to any person reading or individually pursuing the information in this book.

Ver 5

TABLE OF CONTENTS

INTRODUCTION

INTRODUCTION TO THE FIRST EDITION (2005)

In the fall of 2003, I spent an intense three weeks working on a paper about medical iatrogenesis for The Nutrition Institute of America published in *Life Extension Magazine*.[1] Throughout the book are excerpts from this paper called, "Death by Medicine," ("dbm"). I also edited a version of the paper for *the Journal of Orthomolecular Medicine*[2] which is included in Appendix A.

NOTE: I did not want to duplicate my references, so "dbm" throughout the text is a notation for references that you will find in the appended *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 medicine I support and envision. Allopathic medicine and modern medicine will be used interchangeably to describe drug-based medicine that seeks to monopolize healthcare.

INTRODUCTION TO SECOND EDITION (2008)

The first edition of *Death by Modern Medicine* was written in 2005. It's been only 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 benefiting 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[3] category of Most Progressive Health book. It has been referenced by thousands of people around the world. Most notable is the mention of *Death by Modern Medicine* in Shirley MacLaine's book, *Sage-ing While Age-ing*.[4]

Death by Modern Medicine and the paper that preceded it, "Death by Medicine" written in 2003, struck a resounding chord. No longer able to deny the negative impact of modern medicine, books, papers, websites, and testimonials, I began to proclaim the reality that had for so long been denied.

Not only the Emperor, but he, along with his whole entourage, were 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 become 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 in 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, 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

2. Drug Injury Watch: A litigation website with information about prescription drug side effect lawsuits.
3. RxISK: A Treatment Risk Website created by a group of intrepid doctors — people who have risked their careers in speaking out about adverse drug events — such as David Healy and Nancy Olivieri, as well as international experts on pharmacovigilance such as Ralph Edwards from World Health Organization's Uppsala Monitoring Center.

NOTE: I've written about Dr. David Healy and Dr. Nancy Olivieri in *Death by Modern Medicine*. You can do a search in the book to find out how they were attacked for speaking out about the drug industry.

I think this is the most important of the Drug Watch Websites because on it you can report your drug reaction. Dr. Healy says:

> *Drug side effects are now a leading cause of death, disability, and illness. Experts estimate that only 1–10% of 'serious' adverse events (those causing hospitalization, disability, or death) are ever reported. Not to mention the millions of 'medically mild' adverse drug events that occur each year—ones that compromise a person's concentration, functioning, judgment, and ability to care.*

RxISK is the first free, independent website where patients, doctors, and pharmacists can research prescription drugs and easily report a drug side

effect — identifying problems and possible solutions earlier than is currently happening. The website is very user friendly with easily identifiable sections called: Hair Zone, Violence Zone, Sex Zone, Suicide Zone, Nails & Skin Zone, Symptoms on Stopping Zone.

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[5] for the years 1998-2005 and then 2005-2010 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.[6]

Adverse Events 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.*

Adverse Events 2005-2010

You would think that studies showing an increase in adverse drug events would encourage change and a decrease in iatrogenic events. Unfortunately, that is not the case. The DAWN Report was released by the Substance Abuse and Mental Health Services Administration's Drug Abuse Action Network (DAWN) in May 2013. DAWN collects information about drug-related visits to emergency departments nationwide.

This report focused on ER visits due to adverse reactions related to one drug, Zolpidem (marketed as Ambien, Ambien CR, Intermezzo, Stilnox, Sublinox and Zolsana) used for insomnia.[7] The adverse reactions for this drug increased by almost 220% between 2005-2010. Here are the actual numbers: In 2005, there were 6,111 emergency-room visits involving adverse reactions to Zolpidem. In 2010, there were 64,175 emergency-department visits.

In a 2010 report,[8] let's look at a different focus comparing street drugs to prescribed drugs. There were 4.9 million drug-related emergency department (ER) visits; about one half (46.8 percent, or 2.3 million visits) were attributed to drug misuse or abuse with a nearly equal percentage (47.4 percent) attributed to adverse drug reactions.

Although I'm not going to update many of the stats in this book, because it would become a 1,000-page tome, I want to leap to 2022 with the most recent drug-related ER visits, which have risen almost two million from 2010.

> *There was an estimated total of 7,714,521 drug-related ED visits in the U.S. in 2022.*[9]

Codex Alimentarius

I began writing *Death by Modern Medicine* at a Codex Alimentarius[10] 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 Three, Codex 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.*

In 1995, the World Trade Organization diverted the Codex from safeguarding food for humans to commercializing food for corporations.

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 about this breakdown in Chapter Four: Death by Media. Identifying the need for a system-wide transformation may make it easier for us to recognize that medicine is no longer serving us.

After attending Codex Alimentarius meetings in Europe, where they have set a very low limit on the potency of supplements, 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. I chose high-quality, low-potency supplements that would be considered 'safe enough' to pass the Codex regulations. I realized that food-

based organic products are well absorbed and have a low potency, as are picometer-sized minerals that are fully absorbed at the cellular level.

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.

INTRODUCTION TO THIRD EDITION (2014 and 2025)

In the *3rd Edition of Death by Modern Medicine*, I wanted to emphasize Seeking Safe Solutions for the individual. However, due to the FDAs desire to make everything about drugs, supplement companies are not permitted to say or indicate that their supplements can prevent or cure disease. So, in this 5th version of the 3rd edition I'm removing the subtitle *Seeking Safe Solutions* and replacing it with *The Hidden Truth Behind America's Health Crisis*.

Making America Healthy Again has been my raison d'etre since before I went to medical school. I believe that even though we seem to be getting sicker, as a nation, getting healthy can be easier than we think. With this book and my dozens of other books, my focus is to educate you and help you learn to take care of yourself because it appears pretty hopeless to expect any changes in our present 'disease-care' system (not health care system) that makes so much money by keeping people sick. Yes, MAHA wants to "change the system" but that will take time. In the meantime, you, the reader, can decide to change yourself with the many tools that I provide.

Back in 2017, I had just finished the *3rd Edition of The Magnesium Miracle and* was wrapping up *ReSet the Yeast Connection*. I was also conducting phone or Skype consultations and frequently answering questions on Facebook, so I was a bit overwhelmed discussing all the food, air, water toxicity, GMOs, gluten intolerance, heavy metal overload and endless prescription medication that are all contributing to widespread chronic illness. And I seemed to be offering the only universal solution anywhere in sight and I still am!

People are suffering and living in fear of everything they eat, drink or breathe. However, fear can be as much to blame as their environment. The only medical solution offered by allopathic doctors is more drugs that just make things much worse.

Naturopathic Medicine and Integrative Medicine are supposed to help people get back to the basics. But I find many alternative medicine practitioners are very allopathic in their approach. They perform way too much expensive testing, including genetic testing, and they offer no new solutions other than taking higher and higher doses of dozens of supplements that often don't work.

As I review *Death by Modern Medicine,* I'm overwhelmed that there has been little to no improvement in any of the topics I raised in the first edition. As I updated statistics to 2014, I realized I could double the pages in this book documenting the abuses that continue to rain down on us.

An additional red flag about medication abuse is the practice of adding fluoride molecules to drugs to make them 'stronger.' However, fluoride irreversibly binds magnesium, taking it out of the body and throwing a person into magnesium deficiency. If you are on any medication, look it up in *Wikipedia* where you will see the chemical formula. If it contains "an F molecule," take more magnesium!

Writing the paper "Death by Medicine" in 2003 opened up a barrage of reports, whistleblowing and critique of modern medicine that continues to flow. Thousands of articles, hundreds of websites, Internet radio shows and speakers document the daily abuse. More recently, Calley and Dr. Casey Means have written *Good Energy* which is a bit of an update on *Death by*

Modern Medicine as they work with the MAHA agenda. I wish them luck as I continue to practice MAHA every day.

Iatrogenesis

I updated the iatrogenic statistics and added them to most sections of the book. It may be enough to let you know that in the past 10 years the annual death toll has risen from ¾ of a million to over 1 million.

2003: 783,936 at a cost of $282 billion

2008: 895,936 at a cost of $282.85 billion

2013: 1,095,936 at a cost of $282.85 billion (equal to 2008)

Causes of Chronic Illness

To try and dispel the horrors and put my energy into something more helpful, let me immediately outline what I think are the four main causes of chronic illness and give you workable solutions. Knowing that solutions exist will help you get through the rest of the book. Here is my suggested strategy:

1. Address magnesium and mineral deficiency
2. Reduce yeast overgrowth
3. Deal with stress and the conflict basis of disease

4. Supplement with a fermented liquid barley supplement; picometer sized, stabilized mineral formulas; and natural, whole food vitamin formulas. I suggest researching my Completement formulas and discussing supplementing with these formulas with your health care practitioner. (See Appendix C.)

Magnesium and Mineral Deficiency

Magnesium deficiency is a major underlying kingpin in chronic disease because magnesium controls 700-800 different enzyme systems in the body that are brought to a grinding halt if you don't have enough magnesium and is responsible for 80% of known metabolic functions.[11] But instead of recognizing magnesium for what it is, even integrative doctors turn a blind eye. They've gotten into the allopathic habit of running expensive tests to define a person's metabolism, neurotransmitters, hormones, nutrients, and even genes. Then, they prescribe a whole host of hormones, supplements, and procedures to correct the imbalances without even realizing that most of the imbalance is due to a lack of magnesium in vital enzyme systems. In fact, they often ignore magnesium in favor of more expensive nutrients.

If doctors would only start by giving people enough magnesium to come to optimum levels, they would see most symptoms improve. Magnesium is involved in everything, including how genes get turned on and off. So, I begin with magnesium, then add the other minerals. But the caveat is that

these minerals have to be bioavailable. We know bioavailability is key because of the way people have become calcified by taking poorly absorbed 'dirt calcium' for decades and from overdosing iodine, zinc and copper.

For personal reasons, I've been actively seeking a form of magnesium that is fully absorbed at the cellular level and does not have any laxative effect. Let me explain the laxative effect with this mineral. Magnesium has a wonderful failsafe mechanism—the laxative effect—that prevents it from building up in the body. What's not absorbed into the bloodstream and into the cells after a dose of magnesium goes through the kidneys into the urine and through the intestines as loose stool.

My problem is that any form of magnesium in pills or powder gives me a fairly immediate laxative effect. This means I'm unable to get enough magnesium into my blood and cells to effectively fight my magnesium deficiency symptoms before it explodes out the other end!! Sorry, a bit dramatic, but that's what happens to me and a certain percentage of magnesium users.

In my own need to find a magnesium that I could tolerate, I created a new liquid picometer-sized, stabilized magnesium ion product. After rigorous self-testing, I finally found relief from my magnesium deficiency symptoms with no laxative effect. I suggest researching my Completement formulas and

discussing supplementing with these formulas with your health care practitioner. (See Appendix C.)

Companion Picometer-Size, Stabilized Multimineral Formula

The companion I created to the magnesium formula has 12 picometer-sized, stabilized minerals. They are low dose minerals but, because of their size, just like my magnesium product, they are 100% absorbed at the cellular level and don't need other vitamins or minerals or protein transporters or stomach acid to help their absorption. They go directly into the cells where minerals are supposed to go, and our Genius body figures out what to do with them and when. (See *Circulating Ionized Magnesium as a Measure of Supplement Bioavailability: Results from a Pilot Study for Randomized Clinical Trial.)*

I find that I don't even need to do hair analysis to determine mineral imbalance. I just slowly introduce these low dose mineral formulas and let the body come into its natural balance. I suggest researching my Completement formulas and discussing supplementing with these formulas with your health care practitioner. (See Appendix C.)

After supplementing with my picometer-size, stabilized ion multimineral formula (with 9 of its 12 minerals directed at supporting thyroid structure and function) for 6-8 weeks, I felt a bit revved up or speedy and realized my

pulse was elevated. As a physician, I knew these are the signs to look for if you have too much thyroid hormone. So, I experimented with stopping my Armour thyroid medication, and my symptoms disappeared. I continued to feel fine without my Armour thyroid many months later, so I maintained using ½ tsp of picometer-size multiminerals three times a day.

Also, at eight weeks on picometer sized, stabilized multimineral ion formula, I was getting a slight laxative effect and realized I no longer needed 3 teaspoons a day of my magnesium formula. I was able to reduce my dosage to ½ teaspoon three times a day; the same as my multiminerals. I found taking both my picometer sized, stabilized magnesium and multimineral formulas two or three times per day is much more efficient and effective than just once a day. Both formulas can also be taken together in water or a smoothie.

Thyroid weakness is epidemic, but most doctors ignore the clinical signs that thyroid structure and function need more support and depend on inaccurate blood tests to guide treatment. Doctors only treat the thyroid when your hormones are almost rock bottom. Instead of natural mineral building blocks, they use synthetic hormone replacement. Even integrative doctors usually only treat with desiccated thyroid or Armour thyroid, which is a natural hormone replacement.

As you begin to recognize your thyroid weakness and struggle to support your thyroid more naturally, modern medicine is speaking out against thyroid supplements. "OTC Thyroid 'Boosters' May Harm"[12] is the latest attempt to scare people away from helping themselves. I don't necessarily agree with thyroid boosters using herbs and desiccated thyroid because I've found that the low dose, thyroid-specific minerals are what the body really wants. But I disagree with medicine and government agencies that try to limit our access to alternative therapies.

The beauty of my picometer mineral formulas is that, if you want, you can start with a few drops. When you have a whole laundry list of health issues, your body can reject anything and everything you give it, even if it's 'natural.' That's what I call being 'too toxic to detox' and it makes people think they are 'allergic' to everything. In such cases I tell people to begin with between 1 and 10 drops of the mineral formulas and work up by adding more drops every few days.

Yeast Overgrowth

Another major problem that goes unrecognized in health care is yeast overgrowth. Yeast produces 178 toxins that lead to an inflammatory state in the body. Working to diminish yeast overgrowth involves a yeast-free diet, a good probiotic and natural antifungals. To learn more about this condition

and how it affects your wellness, comprehensive information is available on my members' website.

For a thorough yeast detox, I also recommend gentle cleansing with magnesium and clay baths. You can Google several articles I've written on this topic, including "Too Toxic to Detox" to learn how to proceed with your detox so you won't have any side effects.

Even food allergies can be a result of yeast overgrowth because yeast causes a leaky gut and incompletely digested food molecules enter the bloodstream and 'seem' to cause symptoms of food allergies. That's why a food allergy test can be a waste of money because it will often list all the foods you are currently eating and make you feel like you are allergic to everything and totally freak you out.

Total Biology

Western Medicine ignores the stress and conflict basis of disease that I learned about in Total Biology (an offshoot of German New Medicine). It is a scientific system that helps discover the stressful conflicts that worry our mind and that are systematically downloaded into the body as a disease in order to 'keep the body alive for another day.' For example, most people with cancer feel they have a problem that 'can't be resolved' which then ends up in their body as a physical disease.

German New Medicine doctors can scientifically prove their theories. A CT scan of the brain (without dye) can identify focal points in the brain that correspond to the affected body part. When a person's conflict is exposed and it no longer holds power over them, the brain lesion disappears.

A thousand disease conditions and their conflicts have been identified. It is breakthrough medicine that helps guide my work with clients and can offer miraculous benefits.

For more information, you can go to my teacher's website, Gilbert Renaud ND. He calls his special form of Total Biology—Recall Healing. Dr Renaud lectures around the world and takes on few clients. To learn more about Total Biology and how it affects your wellness, I have several blogs available on my members' site, and I recommend Danny Carroll's site for a free book on German New Medicine and ongoing articles and seminars.

Picometer Mineral Formulas and Natural Whole Food Vitamins

I suggest researching my Completement formulas and discussing supplementing with these formulas with your health care practitioner. (See Appendix C.)

NOTE: Throughout the book, I'll use the words "picometer magnesium" and "picometer minerals" instead of the unwieldy "picometer-sized, stabilized mineral ions."

NOTE: In order to share important health information, within FDA guidelines, we developed a membership website, where you can find your own answers regarding building more wellness, using our formulas and information resources. So, you will see various references to information available to members throughout this book.

CHAPTER ONE: 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[13]

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, including myself, 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 jaws 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. 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' workup, multiple misdiagnoses and a litany of side effects by a team of supposedly brilliant doctors. This program does little to give people confidence in modern medicine.

Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer by Shannon Brownlee[14] is the subject of a Moss Report book review, January 13, 2008 at CancerDecisions.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 also 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 Canadian study, discussed in Chapter Five, places the drug industry advertising price tag at an astounding $57 billion.[15]

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."

Since I wrote the 1ST and 2ND editions of *Death by Modern Medicine* a flood of books like *Overtreated* have surfaced. Here are 25 titles I found effortlessly. Most of these books I have yet to read, but I see that they are all delivering the same message as I do in *Death by Modern Medicine*.

I just wish more doctors and health workers would hear that message and take action to change the inevitable. In fact, I don't recommend you read any more than one or two books outlining the devastation that is modern medicine; it's too depressing. Instead, use your energy to take action and take responsibility for your own health and happiness.

1. *Sick: The Untold Story of America's Health Care Crisis—and the People Who Pay the Price*
2. *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*
3. *Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves Into Slick Marketing Machines and Hooked the Nation on Prescription Drugs*

4. *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry*
5. *How We Do Harm: A Doctor Breaks Ranks About Being Sick in America*
6. *The Greatest Benefit to Mankind: A Medical History of Humanity*
7. *Overdiagnosed: Making People Sick in the Pursuit of Health*
8. *Unaccountable: What Hospitals Won't Tell You and How Transparency Can Revolutionize Health Care*
9. *White Coat, Black Hat: Adventures on the Dark Side of Medicine*
10. *Mama Might Be Better Off Dead: The Failure of Health Care in Urban America*
11. *The Innovator's Prescription: A Disruptive Solution for Health Care*
12. *Betrayal of Trust: The Collapse of Global Public Health*
13. *The Cigarette Century: The Rise, Fall, and Deadly Persistence of the Product that Defined America*
14. *Appetite for Profit: How the Food Industry Undermines Our Health and How to Fight Back*
15. *Unequal Protection: The Rise of Corporate Dominance and the Theft of Human Rights*
16. *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*
17. *Hospital: Man, Woman, Birth, Death, Infinity, Plus Red Tape, Bad Behavior, Money, God and Diversity on Steroids*

18. *Comfortably Numb: How Psychiatry Medicated a Nation*
19. *The Autoimmune Epidemic: Bodies Gone Haywire in a World Out of Balance—and the Cutting-Edge Science that Promises Hope*
20. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*
21. *Manufacturing Depression: The Secret History of a Modern Disease*
22. *Yellow Dirt: An American Story of a Poisoned Land and a People Betrayed*
23. *Superbug: The Fatal Menace of MRSA*
24. *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill*
25. *The Fluoride Deception*

THE HIGH POINTS OF MODERN MEDICINE

We can safely say the best parts of modern medicine are:

1. Emergency medicine
2. Surgery
3. Diagnostics

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

4. Genetic engineering
5. Vaccines

We hear from allopathic medicine cheerleaders that today's modern medicine is unsurpassed. Let's take a close look at the report card on a medical system that relies on drugs and surgery as its mainstay.

Only 55% 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.[16] It's a 'one size fits all' therapy that pays no attention to the individual.

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.[17] If inadequately means they don't get all the drugs that could be given for their conditions, I would say that's a good thing. But the point is, modern medicine has a monopoly on health care and yet they still drop the ball.

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 17 years.[18] That's almost a generation of time. It's no wonder so many people are trying to solve their own health problems instead of waiting for science to do it for them.

NOT LEADER OF THE PACK

For all the bravado and hype about the high quality of health care in America, the online publication, *Science Daily*, reminded us exactly where we rank among other industrialized nations on the issue of preventable deaths.[19] 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. is placed last among the 19 countries studied when it comes to preventable deaths.[20] 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—the last place 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, 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 all that money still didn't make it a winner. In fact, the U.S. is a big loser, ranking 39th in the world in terms of overall health system performance. At the site Geographic.org, you can find this ranking system for health care.[21] 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, in large part, 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 is 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—naming 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—X-ray radiation is cumulative.

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 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 in 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. Unfortunately, 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.[22] NOTE: This reference page is no longer available.

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. Treated at the University of Pennsylvania, his immune system was wildly triggered after gene therapy for a rare metabolic disorder. In 2002, a gene therapy trial in France was halted because two of the 15 children given a new gene to treat severe immune deficiency developed leukemia.[23] 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 focus on 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 making changes in our environment than scientists do with their gene-splicing tools.

STEM CELL THERAPY

Stem Cell Therapy seems to have caught the attention of a segment of medicine that wants to introduce new healthy cells into sick bodies. The obvious downside is that, over time, the healthy cells will just get sick. And that's what I'm hearing from doctors who are working with stem cells. If the patient doesn't make changes to diet and lifestyle and detoxify before getting stem cell therapy, the treatment doesn't last. It is not a miracle cure.

One young woman, age 23, who called in to my radio show said that she was encouraged to receive stem cell therapy for her chronic fatigue syndrome. But her disease was caused by mercury poisoning, and when she was injected with her own stem cells, there was a shift of mercury in her body from where it was stored into her brain. She became quite ill from this shift and has spent many months trying to recover.

TURNING OFF THE RNA CHOLESTEROL GENE

Even though cholesterol is being shunted aside as the cause of heart disease in favor of inflammation, medical research marches on. Now they want to alter your RNA by turning off the RNA gene that makes LDL cholesterol. My first reaction was to gasp at the level of hubris, arrogance and stupidity that goes into such thinking—but look at what horrors they have already evoked with GMOs!

Turning off a gene involved with cholesterol metabolism may sound promising to scientists. But don't they know that genes do more than one thing! They are multitaskers and they are affected by their environment in a way that has never been properly studied. So, I'm back to wishing I had continued in Honors Biology—majoring in Genetics—so I could have isolated the STUPIDITY gene and removed it from medical scientists. With the public backlash against antibiotics, cholesterol drugs and vaccines, I'm afraid the focus will be on genetic 'solutions' to disease, and drug companies will continue to be the most lucrative industry on the planet.

My advice is to stay far, far away from anything having to do with synthetic genetic manipulation but instead create perfect cells with a fermented liquid barley supplement formulated to take advantage of the unique properties of its ancient grains, seeds, and plant flowers.

VACCINES

There are many concerns with vaccines, not the least of which is the inclusion of a mercury preservative (thimerosal) introduced in the 1930s. 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-Containing vaccines may still be on the shelves, however. Thimerosal was never banned; it's just being phased out voluntarily by drug companies. This means mercury can still be used in part of the process of making vaccines. It appears that small amounts can remain in the final product even though drug companies say they use a process to remove the mercury they use. Be aware that any amount of mercury in an injectable product is too much.

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 desperately to get the mercury out of their children's vaccines, the most recent industry and government advertising for mercury-laced flu shots recommends that children from age six months receive an annual 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 has not been phased out. Flu shots contain high levels of thimerosal. In Chapter Five 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.[24] As I predicted in 2005, the pro-vaccine lobby is clutching at straws and using this finding as so called 'scientific' evidence that mercury can't be a cause of autism.

Another rising set of statistics is the cost of caring for a nation of children who can't care for themselves. The current price tag is $236 billion annually according to an article in the LA times: "Study: Price tag of autism in the U.S. exceeds $236 billion per year."

LIFE AS A MEDICAL 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 dozens of 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 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!

PICK YOUR BATTLES

The three main battles I had in medicine were the 'boys club,' lack of ethics training, and absence of nutritional 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 a single soul in the class yet. When I applied for medical school, I learned that Dalhousie usually admitted 25 women in a class of 100. My class overcame that barrier by accepting 33 women. Even so, we were outnumbered but I knew something had to be done, and quickly.

Playgirl Magazine had just hit the stands. I bought a copy at the local drug store amid the stares. I had only 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 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 the first year. In the 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!

No 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. Medical students, some as young as 19, with only two years of undergraduate training, were being 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 weekly noon-hour ethics meetings we showed films and had discussions 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 schools 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 to endow chairs, populate 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 representatives become a doctor's only source of information about the drugs they prescribe and how they shape their pattern of practice.

There have been many recommendations over the years to ban drug companies from offering gifts to doctors and ban doctors from accepting them. These recommendations culminated in the Physician Payment Sunshine Act Final Rule, beginning August 1, 2013, under which applicable manufacturers and group purchasing organizations are required to report all payments and transfers of value to physicians and teaching hospitals to the Centers for Medicare and Medicaid Services (CMS).

In actuality it's just another huge disappointment. The ridiculously named the "Sunshine Act" is not even close to a ban on the bribes given to doctors but only an ineffective reporting system for disclosing these gifts.

Cookbook Medicine

Dr. Russell Blaylock, a renowned neurosurgeon and the author of Excitotoxins: The Taste That Kills,[25] writes about 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 both studied nutrition and used natural medicine to help our patients. In fact, much of the impetus to learn new treatments came from our patients who had symptoms that other doctors couldn't treat. These patients would also share 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 the 'standard practice of medicine,' a regimented system of drug and surgery 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 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 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 adds, "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 by 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 10-step cycle. In fact, 6 of the 10 steps require my favorite mineral, magnesium.

By learning the Krebs cycle and relating it to what I already knew about nutrition before entering medical school, I realized the importance of vitamins and mineral cofactors 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, using bioavailable minerals and food-based vitamins 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 McMaster University in Hamilton, I was able to arrange an elective month and a vacation month back-to-back. This allowed my husband and me to travel to Los Angeles where I was able to audit nutrition courses and apprentice in the recently opened Pain Control Clinic at UCLA with Dr. David Bresler.

Dr. 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 and work together compatibly.

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 1980s were hundreds of patients, mostly women, exhibiting the ravages of a stressed, malnourished, overmedicated lifestyle and an increasingly toxic environment. People are shocked when I tell them that I was there when the first cases of chronic fatigue syndrome began showing up in the population. Those patients, as well as many others, also 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 178 different toxins.

Alcohol, one of the toxins 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 manufactures hormone-mimicking chemicals that shatter a woman's

hormonal balance creating PMS, perimenopause and menopausal symptoms.[26]

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

After Dr. Crook passed away in 2002, I continued working on helping patients/readers rebalance yeast. To learn more about this condition and how it affects your wellness, comprehensive information is available on my members' website.

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. Even on public forums, hired stooges will spread lies and rumors to make people afraid of natural medicine therapies.

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 Five. 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, and continue to be, attacked.

A Whistleblower on Sugar

Early in my medical practice I had so much success helping people get healthy by getting them 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 stunned audience, I spooned out the 10 teaspoons of sugar in a can of soda and the 27 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.

The attack on Dr. Krop, and those of many other Ontario doctors, was thoroughly documented by Helke Ferrie in her book *Creative Outrage: A Medical Journalist Reports on the Good, the Bad, & the Ugly in Current Medicine.* NOTE: Her website and a free download of this book are no longer available.

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 and accepted practice for a primary care doctor is to prescribe drugs and refer patients to specialists for more drugs and 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. You can see my evidence in the Death by Sugar chapter of this book.

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 on that brief visit with me he said I refused to give him a homeopathic remedy for his allergies.

Based on that incredible falsification, the CPSO leapt at the chance to enter my offices without warning and take 36 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.

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 an 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 nonexistent license. They were not trying to 'protect patients'—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 doling 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 an unwinnable war.

Taking the Bait

The purpose of attacking doctors who practice alternative medicine is to ruin their credibility. A recent review of my book *Magnesium Miracle* on Amazon was used as a forum to expose "Upsetting regulatory information about Dr. Dean," and the reviewer gave my book three out of five stars instead of the usual five.

Saying nothing about my book, a medical doctor wrote that he "was surprised and disappointed to find disciplinary action by Canadian and California medical boards dating to 1995… Despite this, I found what she (Dr. Dean) had to say about magnesium… enormously helpful, and I wish that I was aware of her wealth of knowledge about magnesium sooner. It might have kept me from developing a serious arrhythmia which led to an implant."

I responded with the following, not directed to the doctor but to the Amazon audience:

> *Any doctor who speaks out against modern medicine's focus on drugs and surgery as the only approach to health is immediately branded, attacked, license stolen and reputation soiled. That's why so few doctors do speak out and the drugs continue unabated, and nutrients are ignored. This doctor's reaction is exactly what my licensing body hoped to achieve when*

they took away my license behind my back when I was out of the country doing AIDS research in New York. At that time, I had been out of the country for three years and I no longer had a Canadian license. I describe the attack on me by the medical establishment here and in my book Death by Modern Medicine and in an article called The Medical Monopoly: It's not about who's right or wrong but who's in charge.

A Naturopath commented very strongly on the doctor's review. She says:

This fake 'review' says it all in the title—I would ask intelligent people to disown it. I (an accomplished holistic practitioner) have talked to many medical doctors over 20 years who wish or wished to incorporate holistic means into their practices, and all were hunted down like dogs by the AMA and other medical establishment goons, threatened, stripped of certain privileges, and more. So, I have no reason to think this is not happening here.

The medical establishment has been slowly crumbling into ruins, as I have watched it do for 20 years, despite numerous backlashes and power grabs, as well as Paid Mouthpieces like Paul Offit and increased media hyperbole. Everyone must remember that the medical/pharmaceutical industry has enormous reserves of money to get their word out, in comparison with the smaller, more grass roots naturopath practitioners and holistic practitioners.

Furthermore, I have met and discussed this phenomena with an even larger number of nurses, who readily admit to the abuses going on in medical practice, and who have, many of them, changed careers as a result.

Now, 20 years hence, I am meeting young people who are in or have completed medical school, and at that early juncture are genuinely disillusioned and are turning to the more sound holistic and natural means of practice. I would not have imagined that even five years ago, and I give thanks for social media to help the masses learn the truth of true health care that is emerging.

It's not a big leap to accept that magnesium is deficient in the Standard American Diet, and to try some, and to notice the results. Books like this invite us to do just that, supported by additional factual and inspirational information.

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 they said 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. The California Board's ruling only served to underscore the complete fabrication of the case against me by the CPSO.

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 jeered at 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 Five, 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. They are more interested in protecting the allopathic monopoly in the practice of medicine than in the health and well-being of patients. In Chapter Fourteen, I'll give you a few stories of doctors under attack in Ontario. Doctors in every state in the U.S. have similar stories to tell.

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 doctors can be disciplined for prescribing less than the average number of drugs to their patients, they are afraid to prescribe nutritional supplementation.

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

Doctors are the Biggest Drug Users

A Medscape email alerted me to two important articles that help explain why doctors prescribe so many medications. The reason? Many doctors are abusing and addicted to medications themselves. An October 2013 survey in the *Journal of Addiction Medicine* showed that 10-15% of doctors will experience a substance abuse disorder in their lifetime.

The survey was anonymous but believe me if that many doctors are admitting to a problem with addiction, you could probably triple those numbers. After all, how much of addictive behavior is about denial? The prescription drugs most commonly misused were opiates and sedatives but were also associated with use of illegal drugs and alcohol. According to the study participants, 94.5% of whom were men, the drugs were taken to help manage physical pain and emotional problems. Hot on the heels of that survey was a study of anesthesiology residents, titled "Substance Abuse on the Rise in Residents."

One concern I have about addicted doctors is that they will probably avoid counseling their patients about drug abuse or overuse of prescription medications. Later in the book I write that doctors only recognize drug side effects 4% of the time. So, they seem to have a very biased opinion of the safety of drugs.

Any sane doctor should take you off your meds when you no longer need them. That's what I was taught in medical school. So, it's shocking to see people being put on life-long medications for no good reason other than—'just in case.'

Maybe some of you will take the advice of a 93-year-old when faced with the question of continuing her medications. The following inspiring story was reported by a reader of my blog:

My 93-year-old cousin said she was considered 'the dietitian' at the hospital when she worked there as a cook. She was tired of going to doctors and feeling like she was always getting a sales pitch for their drugs. After reading your articles, she told the pharmacist to please send her some magnesium with her medication refill order because her blood pressure was not what it should be, and her heartbeat had not been regular. She said after one week on magnesium her heartbeat was nearly normal. So, she decided on her own to quit her BP meds! She said she was certain magnesium was the answer, and she did not want the BP meds to interfere with the magnesium. She said her BP went to normal, better than it had been in years and her heartbeat was normal. It has now been two months, and she just gave me another good report. She said a pair of shoes she thought she would never wear again, because they were too tight, now slip on with ease!

You Are What You Eat

A recent 'million-dollar workup' 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 are unnecessarily tested and inappropriately treated 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 comment on health insurance billing codes is included in Chapter Two. In it I explain how the lack of appropriate codes has kept natural medicine from being used by more people, curtailed alternative medicine research for lack of funds, kept statistics about the use of alternative medicine out of mainstream, and made it a therapy only available to those with money to spare.

HISTORY OF MEDICINE

Obamacare is here! I wrote this article, "Death by Medicine Revisited" in February 2013 about the disaster that is Obamacare. I warned that the mandatory health insurance due to be implemented in January 2014 has no provisions for opting out. Allopathic medicine's 'standard of care' will be 'legally' enforced with vaccines, medications, annual health exams, including mental health exams. Since the government will control your health insurance, if you don't comply, your insurance could be revoked.

This is exactly what they do to control doctors. Force them to obtain a license to practice medicine and then threaten to take it away if they don't conform.

The standard of care will make drug treatment for such milestones as cholesterol over 180, fasting blood sugar over 100 and blood pressure over 130/90 compulsory. Regular mammograms will be followed up with biopsies and surgery. In this system there will be no provision for natural alternatives. *A Brave New World* is upon us.

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 plying their trade. The herbalists went directly to the King, who was on their side.

Henry VIII issued a proclamation that the practice of medicine was not limited to blood-letters—the common term for doctors at that time. He declared that herbalists were permitted to practice medicine from thenceforth in the realm. That document is reprinted in Appendix B 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, who 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 claims to serve.

Medicine's Roots in Corporate Philanthropy—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."[27]

In 1908, a non-medical, educational reformer, Abraham Flexner, was commissioned by Henry Pritchett, president of the Carnegie Foundation for the Advancement of 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.[28]

Flexner had earlier fallen in love with the German scientific model of education while 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.[29] He and Pritchett advised the adoption of German, scientific-based, laboratory medicine, a sharp decrease in the number of medical schools and a reduction in 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 due to 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.

If you did not graduate from an 'approved' allopathic medical school, you would not be permitted to take a licensing exam. Homeopaths, eclectics, osteopaths, and others had to give up their 'dogma' and 'surrender' to 'science' as these non-allopathic medical philosophies were, according to Flexner, nothing more than 'unscientific cults.'

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

Homeopathy—Targeted by the AMA

In an interview with a keen student of medical history and co-founder of the 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 1900s.

> *1901 the AMA Journal estimated that there were 104,094 "regulars," (allopaths) 10,944 homeopaths, and 4,752 Eclectics and others (JAMA, 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 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 1900s. While still in high school, my father was registered to attend Harvard 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.

Boston University School of Homeopathic Medicine Bites the Dust

In his book, "Who is Your Doctor and Why?," Alonzo J. Shadman, MD, a homeopath of note, wrote about 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 gradually faded from existence.

Women Make Better Patients than Doctors

Flexner and the medical establishment also 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." Grrrrr!

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%. 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."[30]

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 health maintenance organizations (HMOs), turning them into health care managers who just give out prescriptions or assign patients into hospitals or specialists' offices.

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*[31] 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 15 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 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. However, in the mid-1800s, 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 bloodletting. 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 approach. 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 parlor 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 U.K. 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 and 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 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 1970s, 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 as a 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 10 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 & Surgical Licensure & Supervision Act

Sections 481 through 518 of Title 59 of the Oklahoma Statues 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 that in her experience 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 of a practitioner being taken to court for any reason. Elissa said that "such an event would be an extraordinary 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 1980s, 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" by Dr. Lawrence Wilson[32] 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, it is possible that the huge malpractice rates that insurance companies charge would not be necessary.

Paying $1,000 and more 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, massages, acupuncture, homeopathy, chiropractic, or nutritional prescriptions.

Health insurance only covers costly and invasive testing, drugs, surgery 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.[33] 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 'illegitimate' 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.

Healthcare Codes

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

Medical billing in American health care 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 specific 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 health care, 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 health care—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 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 supersede 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 health care 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 health care 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

health savings accounts (HSAs). Thus, ABC codes will help maximize the benefits of HSAs by providing consumer access to a wider variety of caregivers.

FIVE-MINUTE MEDICINE

Tim Bolen, an outspoken critic of North American medicine and advocate for natural medicine, calls modern health care "Five Minute Medicine." Here he describes the reality of conventional health care:

'Five Minute Medicine,' these days, is the reality of conventional health care in the US. It's where a patient has a health problem, gets an appointment six weeks later, waits an hour-and-a-half in the waiting room, twenty minutes in an examining room to see a Physician's Assistant for all of FIVE Minutes, the last three minutes of which are taken up writing three new prescriptions, so they can go stand in line for an hour-and-a-half at the pharmacy, to shell out their $300 co-pay.[34]

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 in America.

In 2014, we should see the finale of a trial between the Quackbuster-Quackwatch mouthpiece de-licensed MD, Stephen Barrett and Doctor's Data. Barrett initiated a frivolous action against the testing lab, Doctor's Data, as they have done with many doctors and alternative medicine companies. Doctor's Data fought back and will win their fight. They will countersue Barrett, Quackwatch and its board of directors and The National Council Against Health Fraud (NCAHF) and its 20-member board. You can read the grimy details on the Bolen Report website.

Helke Ferrie's article *The Quackbusters—Busted*, reprinted in Appendix F, describes the Quackbuster-Quackwatch organization and references Tim Bolen's work. It's well worth studying the people that are being paid by big 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, by definition, they are now the Quacks.

EISENBERG'S 1993 'UNCONVENTIONAL' MEDICINE STUDY

The general public began clamoring for non-allopathic medicine in the 1970s and '80s. 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.[35] 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%) also sought treatment for the same

condition from a medical doctor; however, 72% 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 the 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% increase in the probability of using natural medicine and a 47.3% increase in total visits to natural medicine practitioners.[36] 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% 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. The 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 allopathic 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.

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).[37] 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%.[38] When prayer specifically for health reasons is included in the definition of CAM, that figure rises to 62%. 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 that sums up my concerns:

When I was in medical school, back in the mid-1970s, 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 has never been scientifically studied and can result in serious drug interactions and side effects.

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 picometer-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.

NOTE: *Future Health Now Encyclopedia* currently is not available, as it is being revised.

THE GREAT DIVIDE

Over 70 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 1930s. It is part of the introduction to a compilation of articles from *The Medical World Journal* published in 1935.

> *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 an 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 likely 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 picometer-sized stabilized

minerals. Taking responsibility for your own health and changing your lifestyle habits are choices that you can make.

CHAPTER TWO: 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 Five, you decide what is the higher priority for drug companies — profits or people.

DRUG USE ESCALATES

However, drug companies are getting their drugs approved by the FDA, it's working well for them. There has been at least a 22% increase in drug use in the past 7 years. The National Health and Nutrition Examination Survey reported a 48% monthly use of one or more prescription drugs in a one-year period from 2007 to 2008.

An extensive survey of almost 145,000 patients published June 21, 2013, in Mayo Clinic Proceedings found that almost 70% of the people in one county in Minnesota take at least one prescription drug and more than half take two. Over 20% take 5 or more drugs. The most common drugs taken are for heart disease and diabetes. The third most common are antidepressants. The fourth most common are opioids used for chronic pain.

They found that gender bias exists in prescribing patterns. Women and girls receive more prescriptions than men and boys in almost every category. The biggest discrepancy is that 16.2% of women receive antidepressants compared to 8.6% of men and boys.

Instead of decrying the results and calling for a moratorium on drug use, the researchers in robotic fashion conclude that we are a nation of lab rats being tested with polypharmacy using the following words: "These findings are useful for understanding the prescribing patterns across all ages in a defined population and provide important baseline information for future studies of drug-related adverse events, drug-to-drug interactions, polypharmacy, health-seeking behaviors, and other prescription-related aspects of health care utilization."

But how true are the findings of these researchers?

THE DRUGGING OF AMERICA

On the excellent drug-watchdog website, Worst Pills, Best Pills, you will find the article "Misprescribing and Overprescribing of Drugs" and its shocking statistics.

> *In 2003, an estimated 3.4 billion prescriptions were filled…in the United States. That averages out to 11.7 prescriptions filled for each of the 290 million people in this country…In a study based on data from 2000, more than twice as many prescriptions were filled for those 65 and older (23.5 prescriptions per year) than for those younger than 65 (10.1 prescriptions per year)…although Medicare beneficiaries (people over 65) comprise only 14% of the community population, they account for more than 41% of prescription medicine expenses.*

It's obvious that drugs aren't curing disease because the number of prescriptions written and filled just keeps increasing. Figures for Total Number of Retail Prescription Drugs Filled at Pharmacies for 2019 tallied the number of prescriptions at 3.79 Billion. NOTE: This statistic is updated.

The following list sums up our love affair with drugs with updated statistics. Michael Snyder documents 19 statistics about the drugging of America on his website, *End of the American Dream*.

1. An astounding 70 million Americans are taking legal mind-altering drugs right now. (Feb, 2014)
2. According to the Centers for Disease Control and Prevention, doctors wrote more than 250 million prescriptions for antidepressants during 2010.
3. According to a study conducted by the Mayo Clinic, nearly 70% of all Americans are on at least one prescription drug. An astounding 20% of all Americans are on at least five prescription drugs.
4. Americans spent more than 280 billion dollars on prescription drugs during 2013. NOTE: Time magazine article is no longer available.
5. According to the CDC, approximately 9 out of every 10 Americans that are at least 60 years old say that they have taken at least one prescription drug within the last month. NOTE: The archive for this information is no longer available.
6. There are 60 million Americans that abuse alcohol.
7. According to the Department of Health and Human Services, 22 million Americans use illegal drugs.
8. Incredibly, 7.2 % of all Americans that are 16 years of age or older admit that they have driven home under the influence of alcohol at least once during the past year.[39]

9. According to the Centers for Disease Control and Prevention, there is an unintentional drug overdose death in the United States every 19 minutes.
10. In the United States today, prescription painkillers kill more Americans than heroin and cocaine combined.
11. According to the CDC, approximately three quarters of a million people a year are rushed to emergency rooms in the United States because of adverse reactions to pharmaceutical drugs.
12. According to AlterNet, "11 of the 12 new-to-market drugs approved by the Food and Drug Administration were priced above $100,000 per-patient per-year" in 2012.
13. The percentage of women taking antidepressants in America is higher than in any other country in the world.
14. Many of these antidepressants contain warnings that 'suicidal thoughts' are one of the side effects that should be expected. The suicide rate for Americans between the ages of 35 and 64 rose between 1999 and 2010. The number of Americans that are killed by suicide now exceeds the number of Americans that die as a result of car accidents every year.
15. In 2010, the average teen in the United States was taking 1.2 central nervous system drugs. Those are the kinds of drugs which treat conditions such as ADHD and depression.

16. Children in the United States are three times more likely to be prescribed antidepressants as children in Europe are.
17. A shocking Government Accountability Office report discovered that approximately one-third of all foster children in the United States are on at least one psychiatric drug.
18. A survey conducted for the National Institute on Drug Abuse found that more than 32.6% of all U.S. high school seniors abuse prescription drugs.
19. It turns out that dealing drugs is extremely profitable. The 11 largest pharmaceutical companies combined raked in approximately $85,000,000,000 in profits in 2012.

DRUGGING IN EUROPE WITH KILLER BETA BLOCKERS

Just in time for this 3rd Edition of my *Death by Modern Medicine* book, *Forbes Magazine* published a chilling investigative report: "Medicine Or Mass Murder? Guideline Based on Discredited Research May Have Caused 800,000 Deaths In Europe Over The Last 5 Years."

It seems that UK guidelines recommending an across-the-board use of beta blockers to prevent heart rhythm symptoms during any type of surgery has led to a tremendous number of unnecessary deaths. The original paper, studying the problem, found that data was falsified to create the guidelines

and tabulated at least 10,000 deaths each year from the inappropriate use of beta blockers.

Further research published January 3, 2014 in *the European Heart Journal* estimates as many as 800,000 people in Europe over the last 5 years were killed by deadly drugs prescribed by doctors using these guidelines. Apparently, there are no such guidelines in the US, however many doctors follow the UK recommendations.

Forbes declares that "The 800,000 deaths are comparable in size to the worst cases of genocide and mass murder in recent history." *The Forbes* writers who investigated the story ended with the following "There is, it has now become clear, a general lack of concern and response to evidence of scientific fraud and misconduct. Journal editors, deans, department chairs, and others seem more concerned with protecting the reputation of their respective institutions than aggressively upholding the integrity of science and research."

The original paper about the beta blocker deaths was titled "Research Failure Can Result In Lost Lives" from *the European Heart Journal* article published online, but one hour later, I could no longer access it! The title was there and remains there, but the article has been pulled. I wanted to quote the text where the main concerns expressed seemed to be about the humiliating

blow to research but nothing was said about the incredible loss of lives and devastating burden to friends and family.

Of course, no reason is given for why beta blockers caused these deaths, but I think it's due to magnesium deficiency. People who are already magnesium deficient (and 80% of the population is) go into stressful surgery, which causes more magnesium deficiency, and then take a drug that causes more magnesium deficiency, and the body just gives up!

RESEARCH FOR SALE

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?*[40]

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.[41] 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.

A more recent study shows that Dr. Kassirer was wrong; there are very few researchers who don't work for drug companies. *The LA Times* reported that most scientific research is false in "Science Has Lost Its Way, Costing All Of Us," an October 27, 2013 article. Scientists at the biotech firm Amgen analyzed the results of 53 landmark papers in cancer research and blood biology that Amgen was investing in. Of the 53 landmark papers evaluated, only six papers, or 11%, proved valid.

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 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.[42]

On a minor scale of abuse but symptomatic of the pervasiveness of drug company funding is the story of a caterer friend of mine. Drug companies had hired her to cater parties for hospital-based medical groups. Money goes directly to her, not to the hospital, so there is no money trail. In another example, 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. Also, 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% chance that the drug will be perceived effective whereas a non-drug company-funded study will show favorable results 50% 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, "The Truth about the Drug Companies" was printed in *the New York Review of Books* in *the New York Times*.[43] 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% a year." That amount does not even include comparable amounts spent for drugs administered in hospitals, nursing homes, or doctors' offices (e.g., 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 $1.3 billion. This is the average cost of bringing a new drug to market in 2012, according to pharmaceutical giant, Eli Lilly.

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 corruption in the drug industry, she is still firmly in the camp of drug-based medicine.

Angell 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 attributed to poor diet, lack of exercise, and no dietary supplements.

The 2011 statistics for the U.S. annual per capita prescriptions filled according to 3 different age groups are chilling. They can be found under the title – Retail Prescription Drugs Filled at Pharmacies:

Age 0-18	**Age 19-64**	**Age 65+**
4.1 prescriptions	11.9 prescriptions	28.0 prescriptions

NOTE: The above link is no longer active.

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. She says 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.

Angell 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 11 authors including MD's, PhD's, and lawyers acknowledging that: "Approximately 90% 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."[44] 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."[45]

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. Also, 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. This is exactly what's happening with Obamacare. To make the system work, everyone must buy health insurance or pay a penalty.

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-1970s 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 1980s 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 a 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[46] 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 research frenzy. Similar laws were introduced in Canada and promoted by then Prime Minister Brian Mulroney. Canadian Bill C-91 granted new drugs 21 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 just a dirty little secret that many of us decry as being unethical and immoral and hidden from public scrutiny.

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*, 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 will be on drugs. That is why it takes so long for research to be done to show that a drug is dangerous.

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." They were assured that there were "No gastric or other side effects."

About 15 years passed before researchers performed a controlled trial using DES. It was found to be useless in preventing complications during pregnancy. Even worse, a full 30 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 1.25mg dose in 1942 and not until six years later did, they introduce the lower doses at 0.625mg and 0.3mg.

Without any long-term studies to prove the safety or even effectiveness of the product, finally, in the 1950s 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 use of Premarin called, *No More Menopause,* in *Newsweek* magazine, January 1964.[47] 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.

By the end of the 1960s, about 12% 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 1960s 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 10

years passed before breast cancer was linked with the use of Premarin. When estrogen was first marketed, we didn't know that cancer takes 15-20 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, HOW CAN TWO BE BETTER?

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, was 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 is 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.[48] 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.[49] 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.[50] 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 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."[51] 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 LAWSUITS

A February 2008 Associated Press story reported that a Little Rock, Arkansas woman received a ruling in her favor for her lawsuit against Wyeth Pharmaceuticals.[52] 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.

DRUG COMPANIES CAN'T BE SUED

Most personal injury lawsuits won't even make it past the preliminary stages since a 2013 Supreme Court ruling that drug companies are not liable for damages caused by their drugs.

On July 7, 2013, the U.S. Supreme Court made a ruling on lawsuits against drug companies for fraud, mislabeling, side effects and accidental death. From now on, 80% of all drugs are exempt from legal liability. In this particular test case that made it to the Supreme Court, even though a drug company failed to warn patients that toxic epidermal necrolysis was a side effect of a particular drug, the Supreme Court ruled they're still not liable for damages.

In a close 5-4 vote, the U.S. Supreme Court struck down a lower court's ruling and denied an award for the victim of a pharmaceutical drug's adverse reaction.

According to court testimony, the drug caused a flesh-eating side effect that left the patient permanently disfigured over most of her body. The adverse reaction was hidden by the drug maker, who was later forced to include the information on all warning labels. But the highest court in the land ruled that the victim had no legal grounds to sue the corporation because its drugs are exempt from lawsuits.

DON'T POP THE POLYPILL

In 2009, I wrote an article for the *News with Views* website called "Puking Up The Polypill." In 2013, I see the Polypill in the headlines again. Apparently, my critique wasn't enough to scuttle the Polypill disaster. Instead, the drug companies keep wasting their money on multi-million-dollar Polypill studies.

Jamming aspirin, a statin for cholesterol, and two antihypertensive drugs into a Polypill greatly improved medication compliance. But it only achieved a "modest" lowering of systolic blood pressure and LDL cholesterol. The study authors tried to spin the modest lowering as significant but we're talking about an average of 2.6mg Hg decrease in blood pressure and a drop of 4.2mg/dL in LDL.

I can take a deep breath and drop my blood pressure by 10 points. You can yell 'Boo!' at a person and scare their cholesterol up 10 points. Why in the

name of all that is good and righteous are doctors using statins when lowering cholesterol doesn't save lives?

I'll tell you why. Drug companies just want compliance; they want people to buy their pills and take their pills, so they buy more pills, and they really don't seem to care if they produce beneficial results. And the results they do produce in their well-funded studies will be morphed and manipulated to say something that makes their drugs look good.

DRUG NONCOMPLIANCE BS

On January 25, 2014, I blogged the following about a couple of horrendously long Medscape articles that really got my blood boiling. I couldn't help but call my blog "Drug Noncompliance BS."

> *One Medscape article was called "An Epidemic of Noncompliance" the other "Can We Get Patients To Be More Compliant?" The writers said that doctors are "baffled by how many patients, particularly those with chronic conditions, don't take their medications as prescribed – if at all." Here are the noncompliance statistics:*
>
> 1. *In the U.S, 3.8 Billion prescriptions are written each year; 50% are taken incorrectly or not at all.*
> 2. *In a 1,000-patient survey, 75% said they didn't take their meds as directed.*

3. *In a 75,000-patient survey, 30% failed to fill a new prescription. New scripts for high BP, diabetes and high cholesterol were not filled 20-22% of the time.*
4. *In an 8,400-patient survey, only 1 in 3 were taking their high BP and high cholesterol drugs after 6 months.*
5. *In a 240,000-patient study, 30% were not taking their antidepressant meds after 6 months.*

Then attempting to 'baffle with bullshit,' the article hammers the same old tune that patients who don't take their meds risk hospitalization and premature death.

However, in this 3rd edition of Death by Modern Medicine, the stats of drug side effects and deaths are even higher. Ten years ago, it was ¾ of a million, now, over 1 million people die prematurely per year due to modern medicine interventions. So, clearly taking all this medication is not saving more lives.

It then struck me that noncompliance is the way medicine is going to explain away iatrogenic medicine. They say that you get sick and die because most of you are noncompliant! Wow! Now there's a Machiavellian twist.

Why are doctors so blind and don't realize people don't want to take meds that make them sicker, not better? After all, if their drugs worked, people would be happy to take them! One reason doctors are so blind is that the allopathic medical industry does not believe in drug side effects. In the articles they say one of the reasons for noncompliance is the "perceived side effects of drugs" by patients!

A person suffering a tendon rupture from a fluoride antibiotic does not have a "perceived side effect" – that person could be crippled for life.

Here's a long email that shows the battle that ensues when you want to get off your meds. It's from a blog reader who wanted to help her mother get off some of her meds and how she was treated by her family doctor. The daughter says:

Hello Dr. Dean. We shared with my mother your blog post about the 93-year-old, who stopped taking her BP meds after supplementing with Magnesium… also the familiar story of how visiting the doctor with a minor issue typically leads to a snowball drug effect. I think she has a hard time believing doctors would find it so easy to put you (keep you) on drugs without due cause – we're ALL led to believe this fallacy!

In my own personal experience with trying to help family members improve their health, we had a sad event yesterday between my Mother

and her Primary Physician. The experience was quite shocking and mind boggling to say the least.

We took her in for her checkup and told her doctor we wanted to try and get her off some medications, at the very least reduce where possible. We simply want our Mom to have the best quality of life that is left.

We explained that we weaned her off the Statin as we felt the risk outweighed the benefits for her — at 84 my mom's cholesterol is a low 145, she weighs a mere 120 lbs., and her lifestyle has improved greatly from 2005 when she started with Statins. She's on other heart meds and also on Metformin for decades now but no longer has risk factors for diabetes and we felt it was ridiculous to keep taking it. Sounds reasonable enough to monitor her blood sugar and go from there!

The doctor took all this to mean that we were questioning her ability as a doctor and flew off the handle at us, in a BIG way, accusing us of sabotaging our Mother's health. She expressed the 'if it ain't broke, don't fix it' mentality. We explained we wanted what was best for her, that we weren't wanting to mess with her other heart drugs at this point, but so much of what she takes interacts with the other drugs, and based on symptoms, seem to be the likely cause of her problems, so yes, we want her off drugs, slowly but surely.

The doctor insisted our reasoning was off base, saying it's science and it's working. Who were we to question it? She basically scared my mom into believing she would die without the drugs!

Adding to all that, my Mom has taken calcium her entire life, as directed by her doctors, yet she still has Osteoporosis! She just had an Osteo test done and they've told her that her Osteo is now severe, and she is at high risk for fracture. Now they want her to have the Reclast injection. They tell her she needs to keep taking her Calcium and Vitamin D3 but no mention of Magnesium!!

Why don't they address the fact that she's been on calcium her whole life and it didn't help!?

So, with all this, even though the magnesium is helping her we have little faith in getting anywhere without taking matters into our own hands. At this point we are feeling discouraged, and in the end, we must honor our Mother's wishes.

Unfortunately, she will listen to the doctor, after all, 'doctors know best!' I realize it is difficult for older people to change. Personally, I have hopes that the Magnesium will continue to make positive changes that may force the doctor to reconsider. There's still hope, but honestly, sometimes I wish we were living on another planet!

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.[53] 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 prevent 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.[54] As observed in Chapter One, this policy of revolving doors between government and Big Pharma is also enshrined in 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.

Please read the 2014 paper on Medscape called "Top 100 Selling Drugs." It lists the most lucrative and the most prescribed brand name drugs. It's stunning to see that individual drugs, for which there are safe alternatives, are raking in over $6 billion per year. Then go to Drugs.com to see a list that includes brand name and generic drugs.

The 2019 "Total Retail Sales for Prescription Drugs Filled at Pharmacies" adds up to over $407,000,000,000. In case you haven't seen such high numbers before, let me interpret, that's over four hundred and seven billion, five hundred dollars! NOTE: Statistic are updated.

As part of the *Seeking Safe Solutions* focus of this book, let me share a blog I wrote about the top ten of the top 100 best-selling drugs and offer you safe alternatives.

> *#**1 Synthroid** is a synthetic thyroid hormone replacement drug. More people take Synthroid than any other drug, but it doesn't treat the underlying thyroid imbalance that is primarily due to mineral deficiencies. I recommend [a picometer sized, stabilized multimineral ion formula] which has 12 minerals including the 6 required by the thyroid.*

Iodine is part of the thyroid hormone molecule. Knowing this prompted natural medicine practitioners to treat low thyroid with high doses of iodine as if it's the only mineral the thyroid needs. Over the long term, high doses of iodine can throw other minerals, like selenium and magnesium, out of balance.

T4 has 4 iodine molecules, T3 has 3. Selenium is required to break down T4 to the active form T3. If you take high doses of selenium without iodine you can cause iodine deficiency symptoms. Other minerals that are required for proper thyroid function include manganese, molybdenum, zinc and copper.

***#2 Crestor** is a statin drug prescribed to lower cholesterol. However, magnesium deficiency and not cholesterol is a major cause of heart disease.*

Crestor is a drug that contains fluoride, which binds with magnesium making a brittle compound of MgF that deposits in bones and cartilage and muscle causing the severe muscle pain common with statin drugs.

I remind people that the average cholesterol when I was in medical school was 245 and the fanaticism to get your cholesterol down below 200 deprives your brain and your genitals of necessary fats and hormones! For heart disease I recommend [a picometer sized, stabilized, magnesium ion

formula and a fermented liquid barley supplement formulated to take advantage of the unique properties of its ancient grains, seeds, and plant flowers.]

***#3 Nexium** is a proton pump inhibitor that kills your stomach acid making it impossible to digest food or break down dietary minerals properly before absorption.*

Heartburn is a product of gastric acid deficiency, yeast overgrowth and magnesium deficiency. I recommend KAL SuperEnzymes, a Candida diet, DGL licorice as a natural antacid and [a picometer sized, stabilized, magnesium ion formula].

***#4 Ventolin** is a bronchodilator prescribed for asthma. Bronchial tubes are constricted because of magnesium deficiency and the treatment is [a picometer sized, stabilized, magnesium ion formula]. Magnesium relaxes tight muscles in the bronchial tract and eliminates the problem in most cases.*

***#5 Advair Diskus** is another asthma drug, but it should be contraindicated for asthma because it contains 3 Fluoride molecules! The safe treatment is [a picometer sized, stabilized, magnesium ion formula].*

***#6 Cymbalta** is a serotonin norepinephrine reuptake inhibitor antidepressant. These drugs stop the breakdown of serotonin and*

norepinephrine, which can build up to inappropriate levels and cause side effects.

Considering that antidepressants only work about 30% of the time, it makes more sense to balance your body with [a picometer sized, stabilized, magnesium ion formula; a picometer sized, stabilized multi-mineral ion formula; a methylated, food-based B Vitamins with L-Methionine, and L-Taurine (for detox); and a fermented liquid barley supplement formulated to take advantage of the unique properties of its ancient grains, seeds, and plant flowers (*to help get the labyrinth of the mind out of the way.)].*

#7 Diovan *is an antihypertensive drug that dilates blood vessels by blocking a body chemical called angiotensin.*

But we know that magnesium relaxes the smooth muscles lining blood vessels and naturally dilates them causing blood pressure to normalize without any side effects. Diovan can cause a rapid heart rate and seizures, which implies that it is draining magnesium from the body.

#8 Vyvanse *is an ADHD drug – a psychostimulant precursor to amphetamine used for children from ages 6-12 and also in adults. My advice for ADHD is to balance the body's minerals with [a picometer sized, stabilized, magnesium ion formula; a picometer sized, stabilized multi-*

mineral ion formula; and taking a methylated, food-based B Vitamins with L-Methionine, and L-Taurine (for detox)].

***#9 Lantus Solostar** is long-acting insulin prescribed for the treatment of diabetes.*

Few people know that one of the signs of diabetes is low magnesium levels. Many people report improvement in their blood sugars on [a picometer sized, stabilized, magnesium ion formula; a picometer sized, stabilized multi-mineral ion formula; a methylated, food-based B Vitamins with L-Methionine, and L-Taurine (for detox); and a fermented liquid barley supplement formulated to take advantage of the unique properties of its ancient grains, seeds, and plant flowers].

***#10 Lyrica** is an anticonvulsant drug used for neuropathic pain. It is used to treat epilepsy, post-herpetic neuralgia, diabetic peripheral neuropathy and fibromyalgia. The most serious side effects of Lyrica are muscle pain, weakness, or tenderness, which are magnesium deficiency symptoms.*

Instead, my recommendation is to saturate your body with magnesium. Get the Magnesium RBC blood test at Request A Test for $49.00 and make sure your levels are optimum at 6.0-6.5mg/dL.

You might wonder where all those drug profits go. Marcia Angell reports on CEO salaries in her 2005 book, *The Truth about the Drug Companies*. CEO

and former Chairman of Bristol-Myers Squibb pocketed $75 million along with $76 million in stock options. The Chairman of Wyeth one year walked away with $45 million and $40 million in stock options.

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 than 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 78 drugs that were approved by the FDA in 2002 a mere 17 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 jawbone destruction.

HRT AND HEART DISEASE

As described earlier in Chapter Two, 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%.

VIOXX AND HEART DISEASE

In Chapter Five, 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% drop in stock prices when it pulled its blockbuster arthritis drug from the market worldwide.[55]

INDUSTRY EXAGGERATS 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.[56] Thirty-eight studies were judged to be positive by the FDA; 36 were published. Those studies with negative or questionable results were not published. Consequently, doctors and 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 they 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.[57]

Glaxo was on the carpet again by 2012 for Paxil. *The New York Times* reported in July 2012 that Glaxo plead guilty to criminal charges and agreed to pay $3 billion in fines for promoting its best-selling antidepressant (Paxil) for unapproved use and failing to report safety data about a top diabetes drug, Avandia. The agreement also includes civil penalties for improper marketing of a half-dozen other drugs.

Another huge drug fine was levied in 2012. Abbott Laboratories settled for $1.6 billion over its unlawful marketing of the antiseizure drug Depakote. In 2013, an agreement with Johnson & Johnson resulted in a fine of $2.2 billion over its off-label promotion of an antipsychotic drug, Risperdal.

However, it's obvious that these large fines are in no way acting as a deterrent to drug companies. They just add to the cost of drugs!

Eliot Spitzer, the New York attorney general who sued GlaxoSmithKline in 2004 told the NYT that "The only thing that will work in my view is C.E.O.'s and officials being forced to resign and individual culpability being enforced."

In an article "Prescription Drugs and the Elderly," May 2, 2014 the following tally of drug company incomes shows that the fines, amortized over the years it takes to reach a verdict, is a drop in the bucket. This data was gathered by IMS Health from Mar 2013-Feb 2014.

1. Novartis: $50.58 billion
2. Pfizer: $44.33 billion
3. Sanofi: $38.18 billion
4. Merck: $36.35 billion
5. Roche: $36.15 billion
6. GlaxoSmithKline: $32.54 billion
7. J & J: 30.78 billion
8. AstraZeneca: $30.26 billion
9. Teva: $24.26 billion
10. Lilly: $23.05 billion

DO ANTIDEPRESSANTS WORK?

Not according to several surveys called meta-analysis. In *the British Medical Journal*, a 2004 meta-analysis five published clinical trials 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 more than 50%, so this analysis shows that antidepressants are worse than nothing.[58] The report further stated that, "As regards unpublished studies, we note from a report from the U.S. 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% of the time. That's incredible in a world where a passing grade in school is 60% and honors is 90%.[59] In spite of these results, 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!

On February 19, 2012, Harvard Medical School lecturer, psychologist and Associate Director of the Program in Placebo Studies at Harvard, Irving Kirsch was featured in a *CBS 60 Minutes* program about antidepressants. Dr. Kirsh studied unpublished drug trial results that the FDA never saw. He had to use the Freedom of Information Act to have them released. Kirsh found that antidepressants simply don't work for mild to moderately depressed patients and a placebo is just as effective—without the side effects.

Although this negative information on antidepressants has been available for a long time, it's one of the first occasions that it's hit the major media—the media that is funded by Big Pharma's drug ads.

Dr. Kirsh has written a book *The Emperor's New Drugs: Exploding the Antidepressant Myth* to expose more of his findings. He says, "Depression may not even be an illness at all. Often, it can be a normal reaction to abnormal situations. Poverty, unemployment, and the loss of loved ones can make people depressed, and these social and situational causes of depression cannot be changed by drugs."

Kirsh emphasizes that drug companies actually pay for the FDA drug approval process, which only views the reports that the drug companies choose to submit. If there are 10 trials and only 1 is favorable, that's the trial that the FDA will see. Dr. Kirsh even found trials where symptoms of depression worsened on medication.

ZYPREXA SIDETRACKED

One antidepressant that made big headlines in 2008 is Zyprexa. Drug manufacturer Eli Lilly faces claims that it turned a blind eye to Zyprexa's side effects and that its sales 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. Zyprexa is normally 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.

An *Indy Star* news report on January 31, 2008 gave an overview of the $2 billion price tag that Eli Lilly was supposed to pay to save its bestselling drug.[60] Zyprexa has outsold all the other Eli Lilly drugs for eight years. Its 2007 sales were over $4.75 Billion. It took another year of haggling but by January 2009 the case was settled for $1.4 billion. Eli Lilly pled guilty to the misdemeanor criminal charge of promoting Zyprexa for off-label use.

The $1.4 billion settlement was beaten in November 2013, when Johnson & Johnson agreed to pay $2.2 billion to end fraud probes into kickbacks to pharmacists and the marketing of pharmaceuticals for off-label uses. I'm not even going to go into the details because it's the same old story: Drug company makes tens of billions undertaking illegal activities and gets a slap

on the wrist. To you and me $2.2 billion is not a slap on the wrist but it is to the trillion-dollar drug companies who make the rules.

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% to close at $53.18.[61]

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 Americans 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 (caused mainly by poor diet and lack of exercise). 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.

In 2010, the FDA put severe restrictions on Avandia, making patients taking the drug sign a waiver to show that they understood the risks. The number of patients taking Avandia in the U.S. rapidly fell from 120,000 to 3,000. In November 2013, the FDA, supposedly after more studies showed Avandia

wasn't as dangerous as previous thought, lifted the safety restrictions it imposed on Avandia.

Are these doctors even aware that most diabetes drugs block magnesium and inhibit the production of coenzyme Q10 as do cholesterol lowering drugs, and antihypertensives?

You would think a drug is put in place to increase your chances for a longer life. Not the case with many drugs, including a class of diabetic drugs called sulfonylureas. A recent study shows that these drugs significantly increase the risk for death in patients with Type 2 diabetes when compared with treatment with Metformin. The combination of Metformin and a sulfonylurea was also associated with a significantly increased risk for death when compared with combination therapy with Metformin and a dipeptidyl peptidase-4 inhibitor.

You may notice that drug companies no longer compare a drug to a placebo in their trials but compare it to another drug. That's because most of the time a placebo will outperform a drug. Seeing those results over and over, surely the public would eventually ask, "Why am I taking a drug when taking nothing works better?"

Dr. Craig Curry, at the European Association for the Study of Diabetes (EASD) 2013, where these studies were unveiled said, "I am bewildered that

(sulfonylurea) is still being used. People should avoid using a drug where the balance of evidence, at the moment, demonstrates that it kills people." Yes, that's right, Craig. So, why, when the evidence shows that a drug kills people do doctors go on prescribing it?

Studies show that doctors only recognize drug side effects 4% of the time. And medical mishaps and adverse drug reactions are shoved under the rug. Only about 1%-10% of the total number of drug side effects are ever exposed.

A recent article in Scientific American reviews the data on medical mistakes and finds that it's not 98,000 a year like the Institute of Medicine (IOM) reported in 1999; it's not 180,000 in Medicare patients alone as reported in 2010 by the Inspector General for Health and Human Services, but more like 440,000 patients per year. My numbers are closer to the truth at about 900,000 unnecessary deaths annually.

There was another chilling revelation in EASD. Cardiologists railed against the Diabetologists saying, "Heart Failure Is Killing Your Diabetes Patients." The 'attention' that the cardiologists demand is in the form of a sizeable bucket of drugs to take to prevent heart disease, diuretics to prevent high blood pressure, and statins to prevent high cholesterol.

Nowhere in the articles is there any mention that one of the medical signs of diabetes is low magnesium or that magnesium treats high cholesterol and high blood pressure. Don't they know that the highest levels of magnesium are found in the heart? And no one mentions that most drugs drain the body of magnesium and just hasten heart failure. Sure, there is more to it than just magnesium, but my advice is to please start somewhere and do it with a nutrient as necessary and as safe as magnesium.

Doctors have limited their view of health and disease to diagnosing disease symptoms and treating with drugs. But increasingly they are using drugs in a misguided and fatal effort to prevent disease. They will never succeed. And in the meantime, people are dying. The doctors know people are dying, they study and enumerate the deaths, but they seem to be utterly blind to any solution other than "More Drugs that Kill More People."

One reason why blinders are worn by many doctors became evident in the Disclosure documents of presenters at conferences (online and in person). Each speaker usually had a long list of drug companies. I've seen some with more than a dozen from which they receive funding. Patient Rights' groups have been lobbying for decades to have doctors disclose gifts and payment they receive from drug companies.

Disclosure is no big deal. These doctors are proud of their relationships with "The Big Boys" in "Big Pharma." What's more important is how much these

payments and gifts bias the doctor, which can only be curtailed by prohibiting these 'gifts.' For most, "Do not bite the hand that feeds you," has become more important than the Hippocratic Oath: "First Do No Harm."

Many diabetics are taking three different classes of drugs—diabetic drugs, statins, and antihypertensives. Most of the drugs are given as a 'preventive' measure without solid evidence of their effectiveness. The end result will be a higher incidence of heart disease in people on their type of experimental triple therapy, which will only mean that they will be given more drugs!

DRUGS DEPLETE COENZYME Q10

Magnesium is not the only nutrient that is damaged by drugs. Coenzyme Q10 is a vitamin-like substance that is present in most human cells, inside mitochondria, the energy factory of the cells. In human cells, food energy is converted into body energy in the mitochondria with the aid of coenzyme Q10 in one or two stages of ATP (adenosine triphosphate) production.

To give you some perspective on the cycle that produces ATP, there are 10 chemical steps involved. Seven of those 10 steps require magnesium. It is toward the end of production that coenzyme Q10 makes its appearance.

I don't find I have to recommend coenzyme Q10 in supplement form for several reasons. First: supplements are very poorly absorbed—between 1-8%. Second: it is readily obtained from the diet. Beef, chicken and fish are

major sources. Note that being a vegetarian can affect your levels. Third: only one-quarter of our coenzyme Q10 comes from food; the rest is produced in the body with selenium, vitamin B6, and magnesium serving as necessary building blocks and cofactors. You can easily boost your coenzyme Q10 levels with a picometer sized, stabilized, magnesium ion formula; picometer sized, stabilized, multimineral ion formula; and methylated, food-based B Vitamins with L-Methionine, and L-Taurine.

NOT IN ACCORD WITH OUR BODIES

Shortly after writing the paragraph above 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.

ACCORD 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 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 say 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 stimulates and aggravates diabetic retinopathy and neuropathy, destroys the optic nerve, causes diabetics to go into convulsions and even interacts negatively with insulin.

I say the higher death rate is due to the depletion of magnesium caused by these drugs, some of which contain fluoride, a powerful magnesium thief.

According to the late Dr. Roby Mitchell, many diabetic drugs block thyroid hormone. So, we have hypothyroidism as another side effect of these drugs.

I would like to see a clinical trial that assesses people on drugs compared to 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.

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.

Here are the four black box warnings about Avandia:

5/21/07: Rosiglitazone Increases MI and CV Death in Meta-Analysis

2/2107: Rosiglitazone Linked to Fracture Risk in Women

1/5/06: Rosiglitazone Linked to New/Worsening Macular Edema

4/29/02: Cardiovascular Risks Linked With Actos and Avandia

Are the ACCORD researchers even 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. I know you can go online and read this list yourself. I've put it in here for its obvious shock value because I think we have become 'intellectually immune' to drug side effects. We turn a deaf ear to the warnings in drug ads. We can't possibly read the miniscule print on prescription labels, and we think we are infallible and would never suffer a side effect. Or we have this absurd

notion that a doctor would never be prescribing something that could harm us.

Adverse Effects of Avandia

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

EXPLORING THE PLACEBO EFFECT

I've mentioned many times that in drug trials a placebo can be more effective than the drug that it's tested against. Well, it's even more astounding than that. According to an August, 2009, *Wired Magazine* article "Placebos Are Getting More Effective. Drugmakers Are Desperate to Know Why." NOTE: This article is no longer available.

Here's what the article has to say:

Half of all drugs that fail in late-stage trials drop out of the pipeline due to their inability to do better than sugar pills.

The upshot is fewer new medicines available to ailing patients and more financial woes for the beleaguered pharmaceutical industry.

Last November, a new type of gene therapy for Parkinson's disease, championed by the Michael J. Fox Foundation, was abruptly withdrawn from Phase II trials after unexpectedly tanking against placebo.

A stem-cell startup called Osiris Therapeutics got a drubbing on Wall Street in March, when it suspended trials of its pill for Crohn's disease, an intestinal ailment, citing an "unusually high" response to placebo.

Two days later, Eli Lilly broke off testing of a much-touted new drug for schizophrenia when volunteers showed double the expected level of placebo response.

It's not only trials of new drugs that are crossing the futility boundary. Some products that have been on the market for decades, like Prozac, are faltering in more recent follow-up tests. In many cases, these are the compounds that, in the late '90s, made Big Pharma more profitable than Big Oil. But if these same drugs were vetted now, the FDA might not approve some of them.

Two comprehensive analyses of antidepressant trials have uncovered a dramatic increase in placebo response since the 1980s. One estimated that the so-called effect size (a measure of statistical significance) in placebo groups had nearly doubled over that time.

It's not that the old meds are getting weaker, drug developers say. It's as if the placebo effect is somehow getting stronger.

The article concludes:

Ironically, Big Pharma's attempt to dominate the central nervous system has ended up revealing how powerful the brain really is. The placebo response doesn't care if the catalyst for healing is a triumph of pharmacology, a compassionate therapist, or a syringe of salt water. All it requires is a reasonable expectation of getting better. That's potent medicine.

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.[62]

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 *JAMA* 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 up to and including death.

HEARTS DON'T FAIL, DOCTORS FAIL

In an August 2013 blog, I wrote the following:

> *There appears to be an epidemic of heart failure. But, in my opinion, hearts aren't failing; it's doctors who are failing to treat heart disease properly. The problem begins with the name doctors give to this disease. They don't seem to realize that declaring that a patient's heart is failing sets the patient up for just that…failure!*
>
> *A study in the July 2013 issue of Circulation titled Cardiovascular Quality and Outcomes comments on the high hospital readmission rate of heart failure patients. Researchers report that: "A million people are hospitalized with heart failure each year, and about 250 000 will be back in the hospital*

within a month…If we could keep even 2% of them from coming back to the hospital, that could equal a saving of more than $100 million a year." [NOTE: This article is no longer available.]

Of course, my solution is to give them [a picometer sized, stabilized, magnesium ion formula]!!

Heart failure is diagnosed by a combination of cardiac catheterization, CT scan or MRI and ultrasound to measure the ejection fraction of the heart.

The ejection fraction depends on the strength of the heart muscle, specifically the ventricles, to pump blood through the vast network of arteries and capillaries in the body. The largest amount of magnesium in the body is found in the heart ventricles. All muscle cells, including the heart, depend on the correct balance of magnesium and calcium for proper function. If the ventricles are not ejecting blood properly my first concern would be for magnesium.

Instead, doctors have a standardized treatment of six drugs—often sold together in blister packs so you don't miss a dose. The drugs are for blood pressure, cholesterol, fluid retention and to push the heart to beat stronger. Rarely in the heart failure literature is there any mention of magnesium, yet, to add insult to injury, all these drugs deplete your body of magnesium.

Even worse, people tell me if they ask their doctors about taking magnesium, they are warned not to take it in case it interferes with their medication! How has it come to the point where patients are being warned not to take something that's as important as air, food and water because it will lessen your need for drugs? What has occurred to cause doctors to distrust necessary nutrients and prescribe drugs for life, instead of short term, while the body heals itself?

STATIN DRUGS CREATE HEART DISEASE, IMPOTENCE, MUSCLE DISEASE, TENDON DAMAGE, IMPAIRED THINKING

Yet, some doctors believe that everyone can benefit from lowered cholesterol and want statins to be an OTC drug available without prescription.

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, 2014 Revised, Updated). 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 *Forbes* and *the New York Times*. *Forbes* reported that Merck and Schering-Plough's expensive Vytorin (a combination 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) generated $5 billion in sales annually for Merck and Schering.

Millions of people take these drugs, 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 instead the two drugs present double the toxic load to the liver and to the cell's coenzyme Q10 and magnesium stores, 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-taking public with the statement that "While Zetia lowers cholesterol by 15% to 20% 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."

Berenson quotes Dr. Steven Nissen, the chairman of cardiology at the Cleveland Clinic, who said the results were "shocking" and "Patients should not be prescribed Zetia unless all other cholesterol drugs have failed."

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, drugs keep being prescribed because most doctors have no other resources to call upon. 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 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 see 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. A 2007 study uncovered another route that leads to wrecked muscles.[63] A gene known as atrogin-1 plays a key role in causing statin-induced muscle toxicity and muscle atrophy, even at low concentrations.

In these studies and articles about statin and muscle damage, it is never mentioned 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."[64]

It's also never mentioned that statins deplete magnesium. Some statins contain fluoride molecules that irreversibly bind magnesium into a brittle compound called sellaite, MgF2, which deposits in bones and cartilage, making them both brittle.

Statins and Parkinson's 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.[65] Previous studies have shown that statin can result in polyneuropathy, which causes numbness, tingling, and burning pain.[66] 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

Here is an excerpt from a blog I wrote in August 2014 about statins:

> *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 [a particular statin drug], announced that "This drug makes women stupid."[67] 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 [a popular statin drug] 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."

Do Statins Prolong Life?

It's a universal question and one asked about statins by *the New York Times* in January of 2008.[68] Do statins prolong life? The answer for people who don't have serious heart disease is—No.

Even allopathic doctors have reservations. Dr. Mark H. Ebell, a professor at the University of Georgia, deputy editor of *the Journal American Family Physicians* 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.

That same *New York Times* article reported on a 2006 meta-analysis in The Archives of Internal Medicine. It analyzed 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 by *JAMA* looked at 13 studies of nearly 20,000 women, both healthy and with established heart disease and found no benefit.

The article acknowledged that even for 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% of the placebo users died during the studies, compared with 15.6% of the statin users. The number crunching on this small difference will be used by the drug companies to boast about the benefits of statins.

If busy doctors missed *The Lancet* report—*The New York Times*, *Business Week* and a dozen other papers targeted cholesterol in their January 17, 2008 cover story with the question: "Do Cholesterol Drugs Do Any Good?"

And concluded the following, "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.

Yet, Statins Still Rule

In my blog, *Stuck on Statins* I write the following about the new cholesterol lowering guidelines.

> *In the disaster that is heart disease in the U.S., doctors want to blame something. Cholesterol became that something. Now with the newest guidelines for lowering cholesterol, they seem to be saying that everyone is at risk and should be on a statin drug!*
>
> *Yes, in 2014, statins are still the darling of Cardiologists. The American Heart Association and the American College of Cardiology released new cholesterol management guidelines in November 2013 with a Cholesterol Risk Calculator. They gave statins 'high marks' in their guidelines. But at*

the same time, they agreed to stop using LDL (the bad cholesterol) levels as a way to guide therapy. Why? Because they found they weren't reliable.

Allow me to translate. The TOP people in heart disease say that it no longer matters if your LDL cholesterol numbers drop to a specific level. But you still need to take statins, even though study after study shows that statins don't extend life (probably because of their side effects of reducing magnesium). And the side effects of statin drugs (especially the ones containing fluoride) are mounting. Fluoride binds magnesium, turning it into magnesium fluoride or sellaite, MgF2, a brittle compound that replaces flexible magnesium in bones and cartilage. That's probably why statins cause such muscle pain and damage.

And here I thought that cholesterol was becoming a distant memory, and the medical community had given up on it and moved on to inflammation as the cause of heart disease. Just Google: "Cholesterol does not cause heart disease," and you'll find abundant confirmation that the body produces a third of its total cholesterol (the rest comes from diet) and uses it as a mechanism to strengthen cell membranes, produce hormones and neurotransmitters and has a dozen other important functions.

When using the Risk Calculator, it turns out that MOST people are advised to take statins. There is much controversy over them. Even the New York Times stepped into the fray with their article, "Risk Calculator for

Cholesterol Appears Flawed." There is much criticism of these guidelines with talk of withdrawing them.

But in the spirit of 'I have a small brain and I intend to use it' the creators are not backing down as they indicate in this article: "The AHA, ACC Stand Firm." "The dust-up over the new cardiovascular disease prevention guidelines—already named 'Calculator-gate'— prompted the American Heart Association and American College of Cardiology to stage a public defense at a hastily assembled press briefing."

You may think this doesn't concern you but trust me when I say: it's the brave new world of medicine. If medicine says you need statin drugs or diabetes drugs or blood pressure drugs or vaccinations to 'prevent' illness, you just may have to pay a fine or lose your insurance coverage if you aren't compliant with what they prescribe.

In the meantime, remember to take your magnesium to prevent heart disease and to keep your cholesterol, your blood sugar, and your blood pressure under control.

OSTEOPOROSIS DRUGS AND JAWBONE DESTRUCTION

Ten million women on osteoporosis drugs, such as Fosamax, have good reason to be concerned about its side effect of causing brittle bones. An April, 2013 article titled Did Merck Know About Fosamax Fracture Risk?

stated that, "Merck may have buried data on Fosamax fracture risk." A class-action lawsuit is underway claiming that Merck hid the risk of jawbone disintegration 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. Dentists will not do dental implants or do any major work on women who are taking bisphosphonate drugs.

BRONJ was noticed first in 2003, but the bisphosphonates are still on the market and offered to most postmenopausal women. The drug pulls in about $3 billion annually.

MOUNTING LAWSUITS

Dr. Angell documents a list of civil and criminal lawsuits against drug companies that are mounting:[69]

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

However, as I've noted elsewhere in this book, drug companies regularly pay huge fines and just keep on doing what they have always done – making lots of money selling drugs that have limited efficacy and an abysmal safety record.

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, Bush Gives BIG Handout To Pharmaceutical Companies in October 2004.[70] The government-funded initiative calls for mandatory mental-health screening for the entire U.S. population. All those who screen positive for mental health problems are offered medications.

It seems a strange thing for a political party that says they don'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 metals in the brain and an associated lack of nutrients to detoxify the metals. That possibility is strictly ignored by modern medicine and the suppression of symptoms is the only therapeutic directive.

It also seems a strange proposal given the fact that antidepressants have come under such heavy fire due to the increase in teen suicide with their use. Suicide, homicide and violent acts under the influence of antidepressants are on the rise.

The Prozac family of drugs appears 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.[71] 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 effective techniques such as *EMDR*[72] or *EFT*,[73] the family doctor usually prescribes a sleeping pill and an anti-anxiety drug to suppress all emotions.

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.

OVERDIAGNOSING ADHD

In the February, 2012 *Journal of Consulting and Clinical Psychology*, a study questions whether ADHD is being over-diagnosed. Science Daily carries the story in their article "ADHD is Over-Diagnosed, Experts Say." In medicine, if you can give someone a diagnosis, that means you can prescribe a drug. Quoting that article:

> *What experts and the public have already long suspected is now supported by representative data collected by researchers at Ruhr-Universität Bochum (RUB) and University of Basel: ADHD, attention deficit hyperactivity disorder, is over-diagnosed. The study showed that child and adolescent psychotherapists and psychiatrists tend to give a diagnosis based on heuristics, unclear rules of thumb, rather than adhering to recognized diagnostic criteria. Boys in particular are substantially more often misdiagnosed compared to girls.*

YOU ARE WHAT YOU EAT

When diagnosing depression or ADHD, 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 does not have a Nutritional Medicine specialty. It does not focus

on treating nutritional imbalance; instead, it looks at the resulting symptoms these imbalances create. Then it tries to suppress those 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' a patient who has a complex array of symptoms, chronic fatigue, body rash, itching and irritability, 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' them to have a period four times a year. Hot on the heels of that breakthrough is the even newer pill, Lybrel, which, 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.

SOLVING THE DRUG CRISIS

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 highly absorbed nutrients. The reason so many people are sick has to do with overuse of synthetic chemicals in our food, 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 be purged and disappear.

The second reform Angell suggests is an 'open book' policy, not just on financials, but also on clinical trials. We know from whistleblowers 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 eyes and 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 article is called The Search for Ethics in Medicine. You can be sure that at this conference she never found it.

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 35 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 representatives 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 the 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 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 the 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, The Hospital for Sick Children, 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 worldwide 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."

Dr. Olivieri is now helping address dangerous drug side effects with Dr. David Healy on the RxISK Website.

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.[74] It said:

> *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, 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 I refer to in Chapter Six 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.*

Medical Marketing & Media studied the future of marketing in health care and published their finding May, 2013 in "Healthcare Marketers Trend Report: The Big Shift."

Researchers analyzed an online survey of 200 qualified senior executives—director level and above—employed at pharma, biotech, devices and diagnostics companies, requesting details of marketing budgets and various attitudes towards industry challenges, trends and opportunities. Just over half of respondents were from pharma, with 25% representing biotech and 19% devices.

You can read the whole article but the conclusion that interested me most was that 86% of respondents agreed or strongly agreed that:

> *The healthcare industry will need to change its business model to remain viable in the future. "That "Digital media has forever changed the way the healthcare industry needs to communicate and engage with its constituents," and "The healthcare industry will quickly need to become more nimble to remain competitive in the current business landscape.*

The researchers asked themselves the question, "Does this mean that the era of Big Pharma is over?" And answered it with the following, "Yes, but I think you're going to see the emergence of big biotech or big biopharma. The operating model is shifting and evolving to be more inclusive of large molecule, personal medicine and innovative delivery devices." What strikes me most when I read these types of reports is how commercialized and mechanized medicine has become. Only once in the 3,000-word article are patients mentioned!

Apparently, 61% of marketing directors think manufacturers could be doing more to put patients first. But that 'trend' was immediately spun into advising the industry to use patient-friendly tones.

PATIENTS' LIVES AT RISK

In October 2004, *the Independent* in the U.K. released the following report: "Drug Companies Accused of Putting Patients' Lives at Risk" from a government committee meeting.[75] A group of medical experts met with Members of Parliament, who formed a select committee to investigate pharmaceutical companies, on October 14, and outlined some of the dangers of drug companies. The British Members of Parliament said they were horrified by the evidence presented to them. 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. Experts can earn more than £4,000 an hour for extolling the virtues of new drugs to other doctors.
5. 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.'

6. 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."
7. Dr. Healy said, "I have had papers written for me and sent to me," which he refused to sign, and which later appeared in medical journals with another doctor's name on them.
8. Family doctors' practices can make profits of more than £50,000 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.
9. Professor Andrew Herxheimer, the emeritus fellow of the U.K. 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.

CHAPTER THREE: 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 Three 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 broken every day with the overuse of sugar, salt, aspartame, MSG, and hundreds of other food additive toxins in hundreds of thousands of products.

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 to 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 nationwide 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. H.R. 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, including Codex, 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 World Trade Organization; 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 Six, we note that the U.S. Office of Technology Assessment in the U.S. Government found that only 10-20% 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 Five, 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).[76] The survey was sent to 6,000 FDA scientists; about 1,000 responded with the following replies:

- 20% 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."
- 61% said, "Department of Health and Human Services or FDA political appointees have inappropriately injected themselves into FDA determinations or actions."
- 60% 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."
- 40% said they would fear retaliation if they publicly expressed "concerns about public health."
- Less than 50% 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 the 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.

FDA TYRANNY TO BECOME LAW

A new chapter that I would call "Death by FDA" is probably in order. When you read the article titled "FDA Tyranny to Become Law" July 12, 2007 by Byron Richards, you'll see why.

It's an analysis of Bill H.R.2900 passed by the House of Representatives. In a climate of public concern about drug safety, the author reports that instead of placing new restrictions on Big Pharma and the increasingly dangerous power of the FDA, this new law (a combination of H.R.2900 and S.1082) grants more power to the FDA while deepening the financial ties between the agency and drug companies.

Richards comments 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," Richards stated.

Instead of rectifying 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."

Von Eschenbach is now the former head of the FDA and another industry firm, Margaret Hamburg, has assumed the position. A consummate insider, Hamburg was on the board of Schein, which is not mentioned in the Wiki entry for Hamburg. Schein is the world's largest manufacturer of dental amalgams. She blessed amalgams as safe, after von Eschenbach had authorized warnings on the FDA website that they were not safe for women and children.

Richards comments on direct–to-consumer advertising (DTCA), saying that there is no evidence that DTCA of new drugs saves lives but there is evidence that our health report card is far worse since DTCA was introduced without restrictions by Congress.

This is "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."

JONATHAN EMORD AND FIRST AMENDMENT RIGHTS

There is an undeniable level of censorship by the Food and Drug Administration (FDA) and the Federal Trade Commission (FTC) regarding dietary supplements. The attempt to take dietary supplements off the market in the U.S. in the 1990s resulted in an outpouring of public outrage. Millions of ordinary Americans buried Congress with an historic avalanche of protests. The momentum of this outrage resulted in the passage of the Dietary Supplement Health Education Act (DSHEA) of 1994. DSHEA defined dietary supplements as food, not drugs and it also made provision for the publication and labeling of truthful scientific information to describe what the supplements do to benefit human health.

However, the FDA and FTC draw a very fine line between describing the benefits of a supplement and making a health "claim." Codex Alimentarius is an overriding driving force in world-wide regulation of dietary supplements creating arbitrary standards to enforce very low supplement dosages of mostly synthetic supplements. First Amendment attorney, Jonathan Emord, defined the problem in 2010 when he said,

> *Around the world governments are policing speech in the market to arrest instances in which therapeutic claims (claims of disease risk reduction, prevention, and treatment) are made for foods and food elements. None of those governments consider it necessary to prove the falsity of the*

claims before they suppress them. It is enough to justify censorship, under the domestic laws of each nation, to prove that the claims have been made. Truth is no defense. The consequences for the offenders are not simply civil, they are criminal. To make a claim that a product treats a disease and does not secure government pre-approval for sale of the product as a drug (an enterprise that from beginning to end costs on average about $600 million or more) is universally a crime. Offenders can be sentenced to prison (indeed for terms that can be the equivalent of a life sentence) and products can be enjoined from sale, seized, and destroyed.

Jonathan Emord is one of the shining lights of the health freedom movement. He gives us hope that we can win the battle to decide the form of health care we want and not be forced to do so by the government.

Emord's sterling reputation as an ethical lawyer has been recognized by The Martindale-Hubbell Peer Review Rating organization that awarded him an AV Preeminent rating – its highest in both legal ability and ethical standards.

Emord won recognition for having sued the FDA on First Amendment grounds many times and winning more cases than any other lawyer in America. His clients in the natural health industry have spent millions of dollars in order to force the FDA and/or the FTC to follow the law and allow

them to publish health claims so the public can learn about how to use their products.

The U.S. is the leader in dietary supplement manufacture, regulation and advertising. Yet its federal government agencies systematically ignore the law in order to support the failing allopathic monopoly and sideline natural remedies. Emord gives the complex background of how this happened in his book, *Rise of Tyranny*.

Essentially the Commissioner of the FDA can arbitrarily decide what dietary supplement company they want to investigate and even shut down seemingly with no basis in law. As the former Secretary of Health and Human Services, Kathleen Sebelius, said, she works for the President not the public.

Emord has written extensively on the subject of freedom of speech. For thoughtful people who really want to know the depth and breadth of the problem, Emord's books are available on Amazon and listed along with his articles on the Jonathan Emord Website.

An excellent introduction to Emord's work is two reviews of his books by my colleague, Elissa Meininger. The first is a review of *Rise of Tyranny* the second is a review of *Global Censorship of Health Information - The Politics of Controlling Therapeutic Information to Protect State-Sponsored Drug Monopolies*.

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 (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 either 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 TV 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.*[77]

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 is 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? That was the cost in the early 2000's. Now, according to a 2013 drug-cost analysis by *Forbes* "The Cost Of Creating A New Drug Now $5 Billion, Pushing Big Pharma To Change."

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 is supposed to be closely monitored. Can you spell CONFLICT OF INTEREST?

WHO MAKES YOUR DRUGS?

Your concern about the dangers of prescribed medications will reach a new high when you read the 26-page transcript of the *Diane Rehm radio show* about The Safety Of Prescription Drugs Made Outside The U.S.

Eighty percent of drug ingredients and 40% of all drugs are made outside the U.S. without the quality control or safety features that we expect. Offshore drug manufacturing allows pharmaceutical companies to save enormous sums and avoid FDA regulations and inspections. I don't like drugs, and I'd rather see doctors use alternatives when they can. But offshore production of drugs is a recipe for disaster. We're not talking about widgets here: IV, IM and oral drugs are given to sick people and if those drugs don't have the necessary active ingredients or if they are contaminated, many people could suffer. Such cases are accumulating and reported in the referenced transcript.

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 black box a drug or pull it 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% 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, 10 times the number that the FDA admits to receiving.[78] 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 the accumulated data on side effect, but it will do whatever 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 Two.

As also noted in Chapter Two, Avandia has four black box warnings now, but it is still on the market and still causing side effects. However, in 2010, the FDA forced doctors and patients to register and fill out paperwork to show they understood the risks. The number of patients taking Avandia in the U.S. rapidly fell from 120,000 to 3,000.

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.

All they look 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, allowing you to live a longer life. However, that is what is believed by doctors and the public—that a particular drug will make you live longer.

WHY ARE DRUG SIDE EFFECTS IGNORED?

On the Indiana University School of Medicine site I read about a drug side effects study. The article was called: "Information Overload in Drug Side Effect Labeling." The study itself was published in the May 23, 2011 issue of the *Archives of Internal Medicine* and titled "A Quantitative Analysis of Adverse Events and 'Overwarning' in Drug Labeling."

Researchers found that the average drug label lists 70 different side effects, with more commonly prescribed drugs averaging around 100 side effects. The upper range was stratospheric at 525 reactions. The study analyzed more than 5,600 drug labels and more than half a million labeled effects.

What are some of the comments from the study's researchers? "Having a high number of side effects on a drug's label should not suggest that the drug is unsafe." The lead author plays down the side effects saying that "much of this labeling has less to do with true toxicity than with protecting manufacturers from potential lawsuits."

Then they bemoan the fact that the poor doctor can be overwhelmed by reading through the lists of drug side effects and supposedly trying to find the least toxic drug. They add that "The FDA has taken steps to discourage such 'overwarning,' but at present information overload is the rule rather than the exception."

The greatest number of side effects was found in antidepressants, antiviral medications, and newer treatments for Restless Legs Syndrome and Parkinson's disease. In general, medications typically used by psychiatrists and neurologists had the most complex labels.

They concluded that "We can't stop the growing wave of drug information, but we can do a better job of presenting it efficiently to health care providers." Which means to me that they will minimize and sugar-coat drug side effects because they actually don't believe they are real.

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 Canada.[79] 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 forced 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 Two.

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

ANTI-INFLAMMATORY DRUGS

Lexchin and Mintzes' 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 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 Five.

ANTIDEPRESSANTS

Lexchin and Mintzes' 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. Lexchin and Mintzes 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.[80]

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.

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.[81] The survey concluded that 42% of Americans found the quality of their healthcare services in general was excellent compared with 39% 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 healthcare systems when 58% of Americans and 61% of Canadians do not think they have excellent services. When it comes to health care, don't we want the best?

As noted in Chapter One, we are struggling in last among the prosperous nations of the world coming in at 19th in quality of health care.

Diet, detox, and nutrient-solutions to heart disease, arthritis, diabetes, and obesity can help curb healthcare 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 1970s 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 1980s and early 1990s, 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 1990s. 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 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 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), and 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 for Canada and DSHEA has been gutted in the U.S.

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

Just click the link above and you can read the whole story by Byron J. Richards, CCN, in his June 27, 2007 *News With Views* column. In summary, 13 years after DSHEA, the FDA decided to expand their regulation of supplement companies' good manufacturing practices. In their 800-page document the FDA admitted that it would decline the supplement industry. They said 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 will be at least 10 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."

Byron Richards made his predictions seven years ago and many may think they never amounted to anything. But think again. Paul Offit, MD, with his book *Do You Believe in Magic* is the latest self-styled 'quackbuster' who has unleashed a huge tsunami on the supplement industry.

In a *New York Times* Op Ed column called "Skip the Supplements" Offit is enthusiastic about hospitals banning supplements. He achieved his goal when "Children's Hospital Of Philadelphia Bans Dietary Supplements From Its Pharmacy."

Offit says that "The Joint Commission, which is responsible for hospital accreditation in the United States, requires that dietary supplements be treated like drugs. It makes sense: Vitamins, amino acids, herbs, minerals and other botanicals have pharmacological effects. So, they are drugs."

Instead of waiting for the FDA and the government to write laws, achieve consensus and decide on the future of supplements, the hospitals drew a line in the sand, and we shall all suffer the consequences. Now doctors won't even be able to prescribe probiotics for patients on antibiotics! This is exactly what Codex Alimentarius was designed to do, put control of supplements in the hands of medicine.

This whole book is a critique of Offit's stand against supplements, which he says is an 'unregulated' $40 billion industry. More recent arguments include the following:

"11 Major Drug Companies Raked in $85 Billion Last Year, and Left Many to Die Who Couldn't Buy Their Pricey Drugs." In 2012, 11 of the 12 new-to-market drugs approved by the Food and Drug Administration were priced above $100,000 per-patient per-year.

According to this *The Washington Post* article: "Surprise! We Don't Know If Half Our Medical Treatments Work," 2,000 of 3,000 commonly used medical treatments have been shown to be "ineffective, unproven, or not worth the risk."

The Economist, October, 2013 exposes "How Science Goes Wrong" with the following concerns:

Last year researchers at one biotech firm, Amgen, found they could reproduce just six of 53 "landmark" studies in cancer research. Earlier, a group at Bayer, a drug company, managed to repeat just a quarter of 67 similarly important papers. A leading computer scientist frets that three-quarters of papers in his subfield are bunk. In 2000-10 roughly 80,000 patients took part in clinical trials based on research that was later retracted because of mistakes or improprieties.

SUPPLEMENTS STRONGARMED BY LIVESTRONG

Promoting the allopathic medical agenda are websites like Livestrong.com. For the past year I've been gritting my teeth every time I do health topic search on Google and find Livestrong appearing in the top three results. I think Lance Armstrong proved pretty convincingly that he's pro drugs and his namesake website is definitely following his lead.

On Livestrong.com, wellness posts make sure to emphasize the so-called 'dangerous' aspects of natural medicine. What caught my attention most recently was an article warning pregnant women about the "Side Effects of Magnesium in Pregnancy." (NOTE: the Livestrong links are very erratic and often jump to a completely different article. You may have to Google the title if you wish to see the article.)

My concern is that when people Google the words 'magnesium in pregnancy' up pops Livestrong's warning article making women afraid to take it. In actuality, pregnant women need even more magnesium than anyone else to avoid high blood pressure, constipation, fluid retention, eclampsia and problems that a newborn infant can suffer if their mother is magnesium deficient. Taking enough magnesium in pregnancy is the best way to birth a healthy child.

When I Googled the words: 'Livestrong.com and magnesium,' I found a file of over 200 articles on various magnesium topics written by many different authors, none of whom I've ever heard of. I don't know how educated these authors are about health but in all the articles I scanned there is only superficial knowledge about magnesium.

Here's a quote from one article: "Can a Lack of Magnesium Cause an Irregular Heartbeat?" They Say, "Although magnesium deficiency can cause an irregular heartbeat, it is not the only cause. According to MayoClinic.com, a variety of things can lead to arrhythmias." The article then goes on to state that "Serious causes might include blocked coronary arteries, heart tissue scarring, high blood pressure, changes to the heart's structure and electrical shocks. Less severe causes might include diabetes, hyperthyroidism, smoking, excessive intake of alcohol or caffeine, stress and certain medications."

The author then urges you to consult with your doctor to find the exact cause. Unfortunately, the author and your doctor aren't going to tell you that:

1. Blocked coronary arteries are due to calcification that is caused by magnesium deficiency.
2. Heart tissue scarring can be prevented by daily intake of oral magnesium and also giving IV magnesium at the first signs of a heart attack.
3. High blood pressure is a sign of magnesium deficiency.
4. Diabetes can be caused by magnesium deficiency.
5. Excessive intake of alcohol or caffeine can drain magnesium.
6. Stress burns off magnesium like nothing else can.
7. And certain medications block magnesium from working.

NOTE: By February 14, 2014, I could no longer find the above article online.

Another article, "Cardiac Palpitations & Magnesium" stated that "sometimes a nutritional problem, such as magnesium toxicity, may be the culprit." I suppose that one of the millions of medical errors that occur annually could be a case of too much intravenous magnesium being given to a patient resulting in heart palpitations, but this is not made clear. The statement and others like it scare people and makes them wary of incredibly safe interventions like magnesium.

The author is certainly not aware that I recently received "The Arrhythmia Alliance Outstanding Medical Contribution to Cardiac Rhythm Management Services Award 2012" at The Heart Rhythm Congress organized by the Heart Rhythm Society, September 2012. This award indicates that magnesium is becoming a major concern to the arrhythmia community.

NOTE: The above link for *Cardiac Palpitations & Magnesium* takes you to an article titled *Can Taking Magnesium Lead To Diarrhea?*

WHAT IS YOUR MANDATE?

The mandate of medicine is to diagnose disease symptoms and treat with drugs or surgery. The mandate of drug companies is to sell drugs and vaccines and keep their investors happy. The mandate of government is to force you to buy into this monopolistic healthcare system. The mandate of the World Health and the World Trade Organizations are to force the world to comply with Codex Alimentarius and its low standardized amounts of a restricted number of dietary supplements.

If any of you have read my blogs and articles, you know that I try to maintain a positive stance and give people options and choices. But if your personal mandate is to stay healthy and avoid drugs, that's going to be very hard to maintain. You will have to buy health insurance, which you probably won't use, for about $1,000 a month. This means that all the healthy people will

be subsidizing all the sick people who just get sicker the more drugs they take.

DIETARY SUPPLEMENTS IN CANADA

It's important to understand what's happening in Canada because the U.S. is not far behind.

By 1997, Health Canada had turned up the pressure to regulate dietary supplements as drugs. They announced on July 1, 1997, ironically Canada's birthday, that they would begin calling about 60,000 dietary supplements 'drugs.' Those Canadians who knew what was at stake fought against these measures for almost 10 years with grassroots health freedom groups including Health Action Network,[82] Freedom of Choice in Health Care,[83] Friends of Freedom.[84] The Canadian Coalition for Health Freedom became The Alliance of Natural Health Suppliers but is no longer operating. Citizens for Choice in Health Care is also defunct. 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, 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 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 was tabled in the House of Commons and accepted on March 26, 1999 by the Minister of Health, the Honorable Allan Rock, on behalf of Parliament. The number one recommendation, in a list of about 50, 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.

Amidst all this 'concern' by the government about the safety of supplements sold to the public is the knowledge that supplements are extremely safe.

SAFETY OF DIETARY SUPPLEMENTS

We are living in strange times when 784,000 people die annually from medical interventions, yet many years have gone by and not one person dies as a result of taking supplements. (See my article, "Death by Medicine," Appendix A.)

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. Yet, we are also living at a time when over 60% of the world's population depends on food-based medicine.

ZERO DEATHS FROM VITAMINS, MINERALS, AMINO ACIDS OR HERBS

I serve on the board of the Orthomolecular Medicine News Service. On January 5, 2011 we published the following report:

> *"Zero Deaths from Vitamins, Minerals, Amino Acids or Herbs—Poison Control Statistics Prove Supplements' Safety Yet Again."*

There was not even one death caused by a dietary supplement in 2009, according to the most recent information collected by the U.S. National Poison Data System.

The new 200-page annual report of the American Association of Poison Control Centers, published in the journal Clinical Toxicology, shows zero deaths from multiple vitamins; zero deaths from any of the B vitamins; zero deaths from vitamins A, C, D, or E; and zero deaths from any other vitamin.

Additionally, there were no deaths whatsoever from any amino acid, herb, or dietary mineral supplement.

Two people died from non-nutritional mineral poisoning, one from a sodium salt and one from an iron salt or iron. On page 1139, the AAPCC report specifically indicates that the iron fatality was not from a nutritional supplement. One other person is alleged to have died from an "Unknown Dietary Supplement or Homeopathic Agent." This claim remains speculative, as no verification information was provided.

Sixty poison centers provide coast-to-coast data for the U.S. National Poison Data System, "one of the few real-time national surveillance systems in existence, providing a model public health surveillance system

for all types of exposures, public health event identification, resilience response and situational awareness tracking."

Over half of the U.S. population takes daily nutritional supplements. Even if each of those people took only one single tablet daily, that makes 155,000,000 individual doses per day, for a total of nearly 57 billion doses annually. Since many persons take more than just one vitamin or mineral tablet, actual consumption is considerably higher, and the safety of nutritional supplements is all the more remarkable.

If nutritional supplements are allegedly so "dangerous," as the FDA and news media so often claim, then where are the bodies?

Above, you have the statistics from the Poison Control Center yet in Paul Offit's *New York Times* Op Ed, "Skip the Supplements," he pulls an incredible number out of thin air saying, "The FDA estimates that approximately 50,000 adverse reactions to dietary supplements occur every year." This type of grandstanding only serves to further confuse the public about the safety of dietary supplements.

However, the supplement industry itself is part of the problem. Sketchy companies selling body building supplements, hormone boosters, breast enhancers, herbal weight-loss cures and sexual stimulants are lumped in with vitamins and minerals, making everything seem unsafe.

VITAMINS FOR DEFICIENCY

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

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.[85]

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 were 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 nonexistent." Dr. Hoffer confirms that, unfortunately, the vitamin-as-prevention 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 and discouraged.

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, presently in our society, we have a situation where there is a deficiency of vitamins and consequently 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% of the total number of annual deaths.

There are more deaths due to honeybee stings, at 0.0008%, than there are due to dietary supplements. Deaths due to prescribed drugs, at 5.6%, means 26,000 times more people die from properly regulated drugs than from dietary supplements.

Ron Law 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. NOTE: This link is no longer working. Most of those deaths relate to a single batch of tryptophan introduced in the late 1980s that was not due to the nutrient but to a genetically engineered synthetic binder. Taking the number of deaths

due to modern medicine as documented in my original paper, "Death by Medicine," you arrive at approximately 784,000 people dying every year.

Statistical comparison of frequent causes of death (USA): NOTE: This link is no longer available.

Dietary Supplements	*0.0001%*
Honeybee Stings	*0.0008%*
Insect Stings (All)	*0.0020%*
Sports injuries	*0.0020%*
Lightning	*0.0041%*
Animal Bites (dogs, etc.)	*0.0048%*
Horse/animal riding	*0.0052%*
Penicillin Allergy	*0.0144%*
Slips/Falls Whilst Walking	*0.019%*
Electrical Accidents	*0.038%*
Freezing	*0.048%*
Firearms Accidents	*0.079%*

Poisonings	*0.17%*
Asthma	*0.19%*
Home Fires	*0.19%*
Drowning	*0.21%*
Food	*0.24%*
Pedestrians-vehicle	*0.37%*
Radon Gas	*0.62%*
Murder	*0.94%*
Suicide	*1.41%*
Motor Vehicle Accidents	*2.20%*
Prevntble Medical Misadventure	*2.40%*
Alcohol	*4.49%*
Properly Prescribed Drugs	*5.18%*
Smoking	*7.19%*
Cancer	*22.11%*

Cardiovascular Disease *47.00%*

Statistically dietary supplements are even safer than the food chain. Over 100 people die annually in the U.S. from allergic reactions to peanuts. Yet, Dr. Abram Hoffer told me that in his 40 years of practice he had never seen or heard of anyone dying because of ingesting vitamins. Unfortunately, that knowledge doesn't prevent research papers and articles being published that demonize nutritional supplements. When I read these studies in detail, I find that synthetic vitamins and poorly absorbed minerals are used, which effectively nullifies the results.

FRIENDS OF FREEDOM

Many health freedom groups tried to educate the Members of Parliament and Senate about the safety of supplements and the fallacy of putting them into a drug category.

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.

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."

Yet, in spite of the majority of people in town hall meetings across Canada saying they wanted supplements to be regulated as food; in spite of one million voices; and 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 Herb Company (manufacturer of Strauss Heartdrops), Truehope (manufacturer of EMPowerplus), and BioMedica. A University of Calgary research study on a dietary supplement EMPowerplus was immediately shut down as a result of this action.

The three companies were led to believe that the new regulations were law, and that the government could legally enforce that law. But the regulations are not law; they were only guidelines and had not been voted on by Parliament.

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 any longer.

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 by 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% of the small to medium size businesses 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 (NPN)

Natural products in the third category, under the drug branch of Health Canada, must have an NPN or face legal action. Peter Helgason, the Special Projects Manager for Strauss Herbs, back in 2003, found that after one year of working on the intricate paperwork required for an NPN filing, they would be forced to reduce their product line from 58 to 26 because of the high cost of compliance. Realistically, he said, Strauss might be limited to about 20 products and be forced to abandon the rest. Helgason's concern is that

people no longer have access to products that delivered tremendous therapeutic benefits to them.

Strauss began compliance procedures in 2003 and after 18 months, with four full-time employees working on the new Natural Health Products (NHP) Directorate regulations, Strauss spent over $300,000 and did not receive one Natural Product Number (NPN). By June 2006, Strauss still did not have any NPNs. 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.

Finally in 2012, after seven years and $7 million dollars spent by Strauss, Health Canada allocated an NPN to Strauss Heartdrops so that appropriate health claims could be made for this product.

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 in order to ensure that they are safe.

HEALTH CANADA VERSUS STRAUSS HEARTDROPS®

As if in an alternative universe, while filing for their NPN for their products with one department, another department of Health Canada laid 219 criminal charges 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."

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."[86] 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 frivolous or harassment. By all accounts, Health Canada sued Jim Strauss Sr. to defame his name and the name of his company. In February 2008 the court agreed that Health Canada should pay Strauss' legal costs for the action against Jim Strauss Sr. It is unclear whether or not Strauss collected.

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 with the bottom line of high stock prices. 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 admit that the specific intent of such regulations is 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 governments' 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% of the time. Modern medicine procedures are only 10-20% science based. (See Chapter 6, under the heading: Office of Technology Assessment.) Government regulation does not give us what we need, which begins with taking 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.

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 antioxidants. 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.

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 Tony presents his 4-foot stack of papers showing the damaging side effects of antidepressants, you can't help but be 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% effective, a figure that is much less than placebo, which can be as high as 50%.[87]

Yet, the effectiveness of EMPowerplus is as high as 80% according to five documented scientific studies published in peer-reviewed journals.[88, 89] By 2014, 22 studies have been published that confirm the effectiveness of EMPowerplus. You can find them on the Truehope Website.

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."[90]

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."

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.

Everyday 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 to be 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 two 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 a website called *Health Canada Exposed*.

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 148 countries. The WTO wishes to

standardize 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 over natural, food based, highly absorbed nutrients.

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. That's what most of us in the health freedom movement see that Canada is doing.

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.

Most people are aware that in the past several years, a number of headlines announcing that a particular vitamin in a 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 just now becoming aware of the dangers of modern medicine as documented in my paper, "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.

Scott Tips, legal counsel for the National Health Federation (NHF) has attended Codex meetings for about five years and has a voice at Codex because his group is a recognized Non-Government Organization (NGO).

I say 'voice' instead of 'vote,' because, as mentioned 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 European Union (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 or the negative health effects of toxic foods and synthetic supplements.

When medical sites write articles like the following: "Two More Studies Slam Multivitamins," be aware that they are treating vitamins and minerals like drugs. One study concluded that "A daily multivitamin failed to improve cognitive function in older men and did not reduce cardiovascular events in patients who suffered a recent heart attack."

Researchers study vitamins as if they were drugs and when they don't perform like drugs, they discredit them. One of the above studies by Grodstein was supported by grants from the NIH and the chemical company BASF. The multivitamins were provided by DASF and Pfizer, which ensures that they were synthetic and not an acceptable source of vitamins for the human body. Any vitamin study using synthetic supplements will ensure failure.

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 U.K. BATTLES THE EU TO KEEP SUPPLEMENTS

Under the EU Food Supplements Directive, 5,000 products were slated for removal from U.K. 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. Some countries are stricter than others. 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 Supplements 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 Supplements 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 Supplements 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) led by executive director, Dr. Robert 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 Supplements Directive, which was slated to be fully operational in the U.K. by August 2005.[91] The case challenges the EU Food Supplements Directive, which is a 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 U.K. 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 is 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 are protected from potential bans" in an August 10 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."[92]

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.

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 vitamins and created picometer-sized minerals because these low-potency nutrients will not be subject to Codex regulations.[93]

Such companies must also remain 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 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.

It's not the same in North America, they 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. However, there seems to be a concerted effort by the media to bash vitamins and change people's opinion of them.

Instead of giving you long lists of biased studies, let me direct you to an article by the late Andrew Saul PhD, titled "Ten Ways to Spot Anti-Vitamin Biases in a Scientific Study."

I very often see a biased title that questions vitamins but then a close reading of study itself shows positive results. Saul asks you to note if the study is properly quoted. Is it a test tube study or a real clinical trial in humans? He says to follow the money to see if there is bias in the funding of the study, which often affects the outcome. Low potency supplements used in the study can mean that nothing occurred because the dosage was too low.

The studies I especially take issue with are the ones using synthetic supplements, which can be detrimental to the body because they are synthetic.

Saul notes a few phrases that guarantee the article is bashing supplements. For example, if it denounces Dr. Linus Pauling or if it says any of the following:

- *You're just making expensive urine when you take vitamins.*
- *You get all the vitamins you need from your daily diet.*
- *Vitamins are dangerous if you take too many of them.*
- *Excess vitamins are just wasted by your body.*
- *More research is needed before supplements can be recommended.*

- *There is no scientific support for large vitamin doses.*
- *Vitamins can do some good things but can do some bad things as well.*
- *You are better off not popping vitamin pills.*
- *Just eat a balanced diet.*
- *If you take vitamins, take no more than the US RDA.*

CHAPTER FOUR: DEATH BY MEDIA

We become what we behold. We shape our tools and then our tools shape us.
~Marshall McLuhan

Death by Media is not just about the content of media that can harm us but about the technology itself that has been allowed to grow by leaps and bounds without anyone in control. For most this will be a very strange chapter dropped in the middle of a book about the outrages of modern medicine. But what we've allowed to happen with our media is, in part, responsible for the state we are in now. This chapter is meant to be a probe, and it will bring up more questions than answers. And that's exactly what it's meant to do.

THE EXTENTIONS 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 and 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 the environment. Part of that environment is the external electronic environment, which resonates with the internal electro-chemical environment of the body. The electrical currents 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 Schlain 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 50 years radio, TV, video games, 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 Nine and Ten*;* 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 three-day week, so we have people working six 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, smart phones, iPads, Xbox and video games, 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 the 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

My husband, Bob Neveritt, is a well-known media ecologist and expert on the work of media analyst, Marshall McLuhan. Bob says we now have four bodies to contend with.[94] 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 YOUR BRAIN

In 1998 *Scientific American* reported that watching a TV or video screen causes a surge of dopamine in the brain.[95] Moreover, the increase in dopamine was as significant as that seen when subjects were injected with amphetamines or the 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, carbohydrates elevate levels of the 'feel-good or 'laid-back' neurotransmitter, serotonin.

When serotonin is elevated, you experience a greater sense of self-esteem and well-being. 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 by 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 the 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 and 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 10-20 minutes of eating a single meal.[96]

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 for an unbelievable 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 the release of dopamine.[97] 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 '50s and surfing the Internet in the '90s. 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 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.

Besides 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 their 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 numb 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 this electronic environment do to us and our perception of our body? 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—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 book, *The Secret Life of Plants,* showed that plants have feelings. But we can also take scrapings from the mucus membrane of anyone's mouth, and 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 enroute is immediately

transferred to the mucus membrane cells hooked up to the galvanic monitor in the petri 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 1930s, Dr. Harold Saxton Burr began 25 years of research at Yale University. He first distinguished himself by 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% 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 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 tries to retrieve an 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 cancellation of any stabilizing point of view for the listener to hold on to.

Remember, any images that you recognize are not yours. They are made by machines trying to create nostalgia that leads to a vulnerability, allowing you to accept the next bit of consumer propaganda. We are no longer plagued only by a schizophrenic culture. Today, the machines mime schizophrenia, come inside us (or layer over the chemical body) and double the effect. Bob 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 Quadrophenia. 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 healthcare 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 in 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 might 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.

THE FIFTH BODY

There is also Fifth Body, it's called the Mystery Body, which implies it's unknowable, but seekers are always exploring the Mystery Realm. Humans are always looking for MORE. They want something MORE beyond religion, medicine, government and academia and that takes them into their Mystery Body.

Here in the West, most people in positions of authority in religion, medicine, government and academia want to prevent you from exploring your Mystery Body. You can say that began with the interpretation in the Bible of the story of the Garden of Eden. Eve, because she sampled the Fruit of Knowledge,

was cast out of the Garden. The obvious message is that if you question authority, you will be cast out. I've had that happen to me, just because I went beyond the boundaries and shackles of modern medicine. Staying bound to authority makes us weak and vulnerable.

I hear this every day from people who email me, out of the blue, asking me, a stranger, what supplements they should take, what they should eat and how they should lead their lives to be healthy. It seems people have lost their intuitive sense of how to live a happy, healthy life. Much of that has to do with the incredibly conflicting messages from authority promoted by the media that are based on fear and the attempt to 'sell you something' to alleviate your fear.

But we were built for so much more. When Jesus said words to the effect that 'these miracles I do, you can do and much more' that gave us license to explore our Mystery Body and create our own Miracles.

In Chapter Fifteen, I expose and explore my Mystery Body with iON and the amazing non-physical experiences I have had as a result.

CHAPTER FIVE: 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, since the following sound bites keep running through our brains: 'doctors know best' or '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,*[98] 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 and 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 soothe the nerves.[99] Famed dancing-school founder, Arthur Murray, was recruited to endorse the slenderizing effects of smoking instead of eating by claiming that dancers, who wanted to stay slim on the dance floor, were now smoking instead of overindulging at the punch bowl or the food tables.[100]

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.

Bernays left no stone unturned in his desire to spread his message. Even the popular Ziegfield Girls formed the Ziegfeld Contour, Curve, and Charm Club so they could pledge to give up fattening food and replacing 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 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."[101]

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 in 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 stating, "We want to cure cancer in your lifetime."[102]

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, an industry was created 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 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 principal funder of medical research.

Health charities like the American Cancer Society, the Arthritis Foundation, and 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 spinmeisters 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 and saw it in action.

According to Lynn Stuter, it is a 'consensus building' technique that she says is surely "leading us away from representative government to an illusion of citizen participation."[103] 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 call buttons to take exception to the Chair's ruling. But, as I found out later, the Chair could very easily ignore a request from 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 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, making the facilitator the victim; 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 want to diffuse 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. You can go to Beverly Eakman's Website to find her books and seminars, which teach you how to avoid group manipulation.[104]

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 Insights*. 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."[105] 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 a *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 the investor in identifying a 'lifestyle drug' in their portfolio in order 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 Six. 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."[106]

This is not just Dr. Lippman's opinion. Many women who are approaching the magic age of 50 have noted there is an habitual response of doctors to someone over 50; 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."[107] 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, a 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 Two, Dr. Robert Wilson was the first Big Pharma HRT promoter. In my book, *Hormone 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.' Libelously 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 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 wellbeing 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 medical journal Premarin ad

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 the 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.*[108]

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 U.S. lives that one drug alone has cost in Chapter Five.

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% of drug advertising material is supported by scientific evidence.[109] 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 patients' 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 patients 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 every year they are sending 7,000 U.S. children to the emergency room.[110] A Reuters article on this study, produced by the Centers for Disease Control and Prevention (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 oscillococcinum, echinacea, 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 in 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 his doctor to get a prescription. However, Herb was a dog, a Weimaraner 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 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 had 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.[111] The article, *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 50 drugs that are heavily advertised directly to consumers (DTCA). An increase in sales of those 50 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 the rules it enacted in 1997 that made it easier for pharmaceutical companies to advertise their products on television."[112] 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.

Dr. Topol wrote about the implications of the Vioxx recall in the *NEJM* 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."[113]

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 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% increase from $1.8 billion in 1999.[114]

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." Medical journalist Helke Ferrie 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.

Helke said that "When the question of ads for vaccines was raised, sighs of relief were heard and everyone was reminded to take heart as, thankfully, those are exempt from Canadian DTCA rules. Vaccines are the new frontier of corporate medicine."

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.

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

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?" was 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 DTCAs in the U.S? It seems that the human straw that might break the back of DTCAs is Dr. Robert Jarvik. Jarvik, who invented the artificial heart, has become Lipitor's (statin drug) poster boy for Pfizer and some people are taking offense.[115]

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.

A flock of Hollywood stars are 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 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 New York 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 her article*, The Search for Ethics in Medicine*, Helke Ferrie predicted the trend would be for more vaccines to be given to more people, more often. NOTE: This article is no longer available online.

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 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." NOTE: The last issue of Common Ground Magazine was published in April, 2020. No archives appear to be available.

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.[116] 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.

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% and 20% 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 disappointing as well. It's zero percent in a bad year and 18% 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 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 reported 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 by an average of 6%.

Often when flu shots are promoted, people are giving a direct or indirect message that it could save their lives. However, the Cochrane report could not find enough deaths in the data to draw 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 DANGERS OF GARDASIL

As drug companies push to expand their lucrative vaccine empire, the following story surfaced: "213 Women Who Took Gardasil Suffered Permanent Disability." This article on Dr. Mercola's site describes the misery endured by many young women as a direct result of taking a series of three shots of Gardasil. It's an unproven vaccine that supposedly protects against HPV, a virus associated with cervical cancer.

According to *The Exponent*, the "Controversy Condemning Gardasil May Be Warranted." Dr. Diane Harper, a professor at the University of Louisville, was interviewed for this article. Dr. Harper has several specialties, including gynecology, and led the research during the second and third phases of the HPV vaccine trials. Dr. Harper became concerned when "a vigorous marketing campaign was pursued to 'incite the greatest fear possible' in parents of these children to promote the vaccine." NOTE: This article is no longer available, so the link is broken.

Dr. Harper agreed that Gardasil is associated with serious adverse events, up to and including death. By February 2014, Dr. Harper acknowledged that at least 44 girls have died from the vaccine. Over 15,000 girls have reported side effects including permanent and semi-permanent paralysis, lupus, seizures, blood clots and brain inflammation. Dr. Harper says the HPV vaccine probably doesn't protect girls for more than 15 years. In fact, the

figures suggest only 5 years, which makes the HPV vaccine the most costly and dangerous public health experiment in cancer control.

VACCINE FRAUD

Added to the news that vaccines harm people and don't really work is the fact that most vaccine research is fraudulent. This article: "Yet Another Vaccine Researcher Caught Faking Research: Vaccine Industry Riddled with Scientific Fraud" reports on Dr. Dong-Pyou Han from Iowa State University who resigned after admitting he spiked rabbit blood samples with healthy human blood to falsely show the presence of antibodies that would 'prove' his AIDS vaccine worked.

The National Institutes of Health (NIH) gave Han $19 million in research funding before they realized they could not replicate his work. When they dug deeper, they uncovered his deception.

In 2010, former Merck virologists Stephen Krahling and Joan Wlochowski filed under the False Claims Act accusing Merck of spiking mumps vaccine blood tests with animal antibodies in order to make the vaccines appear to be effective.

According to the whistleblowers, this fraud allowed Merck to falsely claim its mumps vaccine is 95% effective. It also contributed to the spread of mumps across America, because the vaccine was so ineffective.

As the article explains, the spread of mumps resulted in more people getting mumps vaccines and more profits for vaccine companies.

HERBAL HOAXES

To be sure, it's not just the pharmaceutical industry that is trying to make a quick buck at the public's expense. A study published in *BMC Medicine*, investigated 44 different herbal products and found that "Many Herbal Products Mislabeled, Contain Allergens As Fillers." A team of Canadian researchers confirmed that many herbal products are mislabeled and contain lots of filler and plant material that can be allergenic or cause unhealthy reactions.

Using a technique called DNA barcoding, specific plant species can be identified and then matched with herbal products. Of the 44 products from 12 companies only two contained the listed herb and lacked fillers or other plant material. Three products contained species that the authors were unable to identify. Twenty-six products contained plants that weren't listed on the label. Four percent of products contained filler made from rice or wheat, but wheat was not listed as an ingredient for gluten intolerant customers.

The authors noted that: "We found contamination in several products with plants that have known toxicity, side effects, and/or negatively interact with

other herbs, supplements, or medications. In one case, St. John's Wort was replaced by an herb that is touted as a laxative. In another, the promised herb was replaced by one that has 'negative' side effects such as swelling and numbness of the mouth, oral ulcers, nausea, vomiting, abdominal pain, diarrhea, and flatulence."

This type of negative research is definitely not going to sit well with natural medicine critics who want the whole supplement industry regulated like drugs and who want to disband DSHEA (Dietary Supplement Health and Education Act, 1994). I write about DSHEA in Chapter Three.

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 spent annually on PR to ensure customer loyalty.[117] The paper cites an accounting study based on the annual reports of 10 of the world's largest 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 on 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.* Angell found that Novartis' annual reports distinguish 'marketing' from 'administration.' She extrapolated those figures to the entire industry and calculated that $54 billion was spent on pharmaceutical promotion in the U.S. 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.[118]

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 medical doctor who is courageous enough to speak out against modern medicine. Dr. Carter completed his Ph.D. in nutrition at Columbia University School of Public Health and Administrative Medicine. He is a professor at Tulane University and 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).[119]

According to a whistleblowing website 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 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. NOTE: The website mindfully.org no longer exists.

ACSH's "Fact Versus Fears," a 53-page document listing 25 problems that they don't think you have to worry about are handily rebutted on at Mindfully.org.

Disinformation sources like ACSH 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 regarding 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 an 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 in the Niagara Falls area caused by the previous disposal of hazardous waste, 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% of its funding from corporations and corporate funders, and 17% of its funding from private foundations, according to Congressional Quarterly's Public Interest Profiles.

However, that setback did not deter ACSH; in 1999 the council got a big boost when it joined forces with the late Dr. C. Everett Koops' Internet healthcare site. 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."[120] 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 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 doing 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 28,000[121] or the more widely reported 55,000.

Graham fought to publish his detailed report in *The Lancet.* He said the FDA had smeared him in the press and threatened to fire him if he did succeed. In November 2004, Dr. Graham told the Senate Finance Committee looking into drug safety that the FDA is 'virtually defenseless' against another Vioxx.[122] Graham said that the FDA had ignored warnings that Vioxx was killing people by causing heart attacks and strokes. In the *Forbes* article "Face of the Year: David Graham," Graham said, "I could have given a very mealy-mouthed statement but then I would have been part of the problem."

Graham's paper, "Risk of acute myocardial infarction and sudden cardiac death in patients treated with cyclo-oxygenase 2 selective and non-selective non-steroidal anti-inflammatory drugs" was published in *The Lancet*, February 2005.

Dr. Graham has been instrumental in the recall of 10 drugs in his 20-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![123]

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 relating to drug safety.

In 2010, Graham was still hard at work. He and an FDA colleague, Kate Gelperin, called for Avandia, the popular diabetes drug, to be pulled from the market. Their study of the drug found possible evidence of an increased incidence of mortality but no indication of an increased risk of heart attack, contrary to other published studies.

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 on September 30, 2004, because of an increased risk of heart attack and stroke in regular users. Vioxx became the largest recall in history.[124]

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 18 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 associated 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 a 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 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 on direct-to-consumer advertising (DTCA) to promote Vioxx. As discussed in Chapter Five, 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 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 demanded a full Congressional review and was 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 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.[125] 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 a fatal heart attack in as little as three months, not the 18 months that was finally admitted to in 2004, prompting recall.[126] 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 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 the 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."

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, however, new drugs are not even compared to placebo but to an older drug, which means there is absolutely no 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*.[127] 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%.

The study was being conducted by the National Cancer Institute and showed that patients taking 400mg to 800mg 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%. Naproxen (Aleve) has been on the market for over 30 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

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; it's taken 30 years to come to the fore.

The case of the 'missing' documents in a 1994 Prozac liability lawsuit came out in the open when they mysteriously appeared on someone's desk at the *British Medical Journal*.[128] Damning 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% of people report symptoms of 'activation' compared to 19% 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 were finally reviewed by the FDA. Former 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 10 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."

Yet, to this day, Prozac continues to be heavily marketed. Prozac is one of a long list of F-drugs harboring three fluoride molecules. As mentioned, several times in this book, fluoride binds magnesium making it unavailable to the body and leaving a person vulnerable to serious magnesium deficiency side effects, including irritability and anger.

DEATH BY SEROTONIN DRUGS

Beyond the shocking picture of suicides and homicides lies another smoldering problem—heart disease. As mentioned above, fluoride in many

SSRIs can trigger heart disease because it irreversibly binds with magnesium depleting it in the heart. It's a little-known fact that the highest amount of magnesium in the body is in the powerful left ventricle of the heart. If magnesium is deficient, the heart weakens and falls into heart failure.

Ann Blake Tracy PhD, the Executive Director of the International Coalition For Drug Awareness has been studying the effects of serotonin drugs for 10 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.[129] 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 include 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 NIH 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 of the fact 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 the above 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 wanted to reduce the amount of fat that you absorb. If it's not absorbed into the body, where does it go? It goes 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 the fat-soluble vitamins A, D, E, K, which you need for tens of hundreds of physiological processes in the body. That's not the worst 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.[130]

In 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:[131]

1. Orlistat increases the precursor markers to colon cancer by 60% 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. 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 GI 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 over-the counter drug.

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 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 descendants got involved with the purple pill, but they are riled up enough to go to court.[132]

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 suffer and get 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 20 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?"[133]

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 20mg of Prilosec to double the amount of Nexium at 40mg. 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 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.[134] The article stated that a startling number of people, one out of every 100, who take antacids for one year will suffer from 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 representatives, 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 aged one to eleven.

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 will echo the same themes:

1. Vitamin E is bad for people who smoke.
2. Calcium is all you need for healthy bones.
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.
6. There's just no point in taking supplements, they just don't work.

All these statements that have appeared in the media 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 whistleblower 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.

The most recent and vocal supplement nay-sayer is millionaire vaccine patent holder, Paul Offit, MD. In his books and in articles on his website and in the press, he tells half-truths and instills fear in people about supplements. How can the vitamin and mineral cofactors that are necessary in every metabolic process in our bodies be evil? Unless they interfere with drug sales! Yes, then they are evil but only to drug companies.

The most common argument from supplement haters is that we should obtain our vitamins and minerals from our food. But we can't because our agricultural soil is depleted from minerals and contaminated with chemicals that further bind up minerals. And these minerals are now designated as drugs.

Although I don't condone synthetic vitamins or dirt-based minerals—even those are not dangerous. But you can absolutely see the difference in people's health when they take supplements that are well absorbed.

STUDIES SLAM MULTIVITAMINS

When the following headline appeared: "Two More Studies Slam Multivitamins," be aware that they are treating vitamins and minerals like drugs. Why did they conclude that vitamins are worthless?

They wrote: "A daily multivitamin failed to improve cognitive function in older men and did not reduce cardiovascular events in patients after a recent myocardial infarction (MI)…"

They study supplements as if they were drugs and when they don't 'perform' like drugs they SLAM them. But it's interesting how they ignore magnesium, which acts so quickly to improve many health conditions and puts their drugs to shame.

Grodstein and colleagues who did the cognitive function study were funded by grants from the NIH and the synthetic chemical company BASF and Pfizer.

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 40 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 our culture seems to shun healthy practices is fodder for a sociological study. However, it might help to know that in the early 1900s 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* in 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 and/or healing instincts. With 60% of the population overweight and the majority suffering one or more chronic ailments, it seems that too few of us trust our instincts and are now 'health nuts;' and as a result, are suffering the consequences.

TREATING MAGNESIUM DEFICIENCY WITH DRUGS

A 2012 study in Neuropharmacology initially sounded promising "Magnesium Deficiency Induces Anxiety and HPA Axis Dysregulation" but then the second part of the title *Modulation by Therapeutic Drug Treatment* made no sense at all.

While it's good to know that without magnesium, anxiety and hormonal dysregulation occur, instead of simply advising more magnesium, they found a drug that would 'treat' magnesium deficiency symptoms! 'Suppress' would be a much more appropriate word to use in this regard. By the way, this study was done in mice, which I think is a waste of research money. They could have found the same results in humans!

Many anxiolytics and antidepressants contain fluoride molecules. Prozac contains three fluoride molecules. What's wrong with fluoride? Fluoride binds magnesium making it unavailable and ineffective. Thus, the dysregulation caused by magnesium deficiency is compounded by the use of magnesium-depleting drugs.

Speaking of drugs, the chemical content, including fluoride, is not the only thing you have to worry about. Look at the inactive ingredients of Tecfidera that a client of mine was prescribed. It's for Multiple Sclerosis (MS), an

inflammatory condition of the lining of nerves in the brain and central nervous system.

What causes inflammation? Chemicals, heavy metals, calcium and a lack of magnesium. So why in the name of all that is sacred would a drug to treat an inflammatory condition contain about 16 questionable chemicals?

> *Tecfidera contains 120mg or 240mg of dimethyl fumarate consisting of the following inactive ingredients: microcrystalline cellulose, silicified microcrystalline cellulose, croscarmellose sodium, talc, silica, colloidal silicon dioxide, magnesium stearate, triethyl citrate, methacrylic acid copolymer—Type A, methacrylic acid copolymer dispersion, simethicone (30% emulsion), sodium lauryl sulphate, and polysorbate 80. The capsule shell, printed with black ink, contains the following inactive ingredients: gelatin, titanium dioxide, FD&C blue 1; brilliant blue FCF, yellow iron oxide and black iron oxide.*

It amazes me that doctors have become such drug pushers taught to diagnose disease and treat disease symptoms with drugs! Where there is no disease, they invent it so they can give a drug to fulfill their mandate!

Here is how one blog reader put it: "I am a massage therapist at a nearby resort. One of my clients, a female, 60 years old, in excellent muscular shape, recently had a physical exam with her doctor. Even though all her blood-

work and physical exam came out perfectly normal her doctor told my client that didn't really matter because she has a genetic predisposition for cholesterol problems, so they are treating her with a statin for a nonexistent disease!"

INVENTING DIABETES DRUGS

Scientists, in their latest attempt to control your body, want to manipulate the following enzymes to treat diabetes: Calcium-modulated Dependent Protein Kinase I and II (CaM Kinase II and CaMKII).

Here's the researchers' preliminary evidence. In one experiment in obese mice, they found that no matter how CaMKII was knocked out, it led to lower blood glucose levels and lower fasting plasma insulin levels in response to a glucose challenge. They concluded that this enzyme plays an important role in the development of hyperglycemia and hyperinsulinemia in obese mice.

Their recommendation: LET'S KILL THIS ENZYME.

Here's my thinking. Any enzyme controlled by calcium is naturally balanced by magnesium. So, if they think CaMKII is malfunctioning, just hit it with magnesium to rebalance it—DON'T KILL IT.

Why is it a BAD idea to Kill CaMKII? Because CaMKII does MUCH more than help to control blood sugar. It is important in learning and for memory;

necessary for calcium homeostasis and calcium reuptake in heart muscle cells; positive T-cell selection; CD8 T-cell activation; neurotransmitter secretion; transcription factor regulation; and glycogen metabolism. Misregulation of CaMKII is linked to deranged myosin phosphorylation (myosins: ATP-dependent proteins, creating muscle contraction), imbalanced smooth muscle contraction, heart arrhythmia, Alzheimer's disease and Angelman Syndrome (a neuro-genetic disorder characterized by severe intellectual and development disability, sleep disturbance, seizures, jerky movements (especially hand-flapping), frequent laughter or smiling, and usually a happy demeanor).

If you know anything about magnesium you know it's involved with everything in the above paragraph. When they do make their drugs to kill this enzyme, I can guarantee they are going to cause arrhythmia, insomnia, seizures and many more magnesium-deficiency symptoms.

It only took me a few moments to find a study showing that "magnesium depleted rats experience spontaneous epileptiform (seizure) activity and simultaneous changes in CaM Kinase II activity." And another study in 1985 focused on balancing the kinase enzymes with magnesium. They concluded that: "magnesium is an important coherent controller of glycolysis and the Krebs cycle. Many of the glycolytic kinase enzymes are sensitive to Mg2+."

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 30 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.

Some years ago, the American Heart Association (AHA) advised that homocysteine was 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, inexpensive vitamin supplementation, the AHA co-sponsored an expensive

cholesterol-lowering ad campaign by employing an actress, Valerie Harper ('Rhoda'). Pfizer, the manufacturer of the cholesterol-lowering drug Lipitor, was 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 how 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 SIX: 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.

Here is James' story. He is the owner of a nearby café. His son is now seven 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 finally 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 but 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 what looked like 10 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% of medical mistakes are ever reported.[135] 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.[136] Such a system would require all 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 side effects by doctors and pharmacists is now done only on a voluntary basis. With a voluntary system, Health Canada estimates only 10% 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.

In the 2008 edition of *Death by Modern Medicine* I reported that there existed no mandatory drug side effect reporting in Canada or the U.S. In Canada, by 2013 "Health Canada Considers Mandatory Reporting Of Adverse Drug Reactions."

And in a bizarre twist, the FDA has added to the DSHEA legislation, under the guise of a final rule for dietary supplement good manufacturing practices (CGMPs), an Adverse Event Reporting legislation (AER). Supplement manufacturers must keep extensive records on any type of consumer complaint.[137]

Here is how the FDA coaches people on "Reporting Serious Problems to FDA" on a strictly voluntary basis.

In order to keep effective medical products available on the market, the FDA relies on the voluntary reporting of these events. FDA uses these data to maintain our safety surveillance of these products. Your report may be the critical action that prompts a modification in use or design of the product, improves its safety profile and leads to increased patient safety.

If you do want your drug side effect documented, you have to go to public forums such as Dr. David Healy's Drug Side Effect Reporting Website RxISK.

CURBING INFECTIONS

Simple enforcement of hand washing among hospital staff can cut the infection rate. But what about cell phones? How often do doctors clean 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 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 bloodstream 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 in specific conditions such as trauma, fast-growing tumors and acute heart attacks, medicine is able to intervene in the disease process, mending broken bones, surgically removing tumors, reattaching severed limbs, and stabilizing people with heart attacks. However, the government Office of Technology Assessment clearly stated, in 1978, that only 10-20% of medical and surgical procedures have been scientifically proven, which means that 80-90% have not.[138]

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% of its common procedures, has not entered the field of anti-aging or wellness, and is completely unqualified to even give an opinion.

Medicine, however, is becoming quite adept at causing iatrogenic injury. Every year, over the past 20 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 all the different injuries and deaths, the final number was startling.

In a 2001 compilation of deaths due to properly prescribed drugs, drug errors, surgical mistakes, medical procedure mistakes, bedsores, malnutrition in nursing homes, and hospital-based infections found that iatrogenic medicine is the leading cause of death in America. The 2001 heart disease annual death rate was 699,697; the annual cancer death rate, 553,251. But the annual iatrogenic rate was 783,936.[139] I've updated those figures below to 1,095,936 iatrogenic deaths.

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,"[140] 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 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 A. (The reference numbers have been replaced by 'dbm.')

2003 STATISTICS

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]
Bedsores	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 Proc.	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[a)]
Bedsores	115,000	$55 billion	Xakellis[dbm] Barczak[dbm]
Infection	99,000	$5 billion	CDC[b)]
Malnutrition	108,800	----------	Nurses Coalition[dbm]
Outpatient ADR	199,000	$77 billion	Starfield[dbm] Weingart[dbm]
Unnecessary Prox.	37,136	$122 billion	HCUP[dbm]
Surgery-Related	32,000	$9 billion	AHRQ[dbm]
Preventable Deaths	101,000		Commonwealth Fund[c)]
TOTAL	**895,936**	**$282.85 billion**	

2014 UPDATED STATISTICS

Condition	Deaths	Cost	Author
Hospital ADR	106,000	$12 billion	Lazarou[dbm] Suh[dbm]
Medical Error	195,000	$2.85 billion	HealthGrades[a)]
Bedsores	115,000	$55 billion	Xakellis[dbm] Barczak[dbm]
Infection	99,000	$5 billion	CDC[b)]
Malnutrition	108,800	----------	Nurses Coalition[dbm]
Outpatient ADR	199,000	$77 billion	Starfield[dbm] Weingart[dbm]
Unnecessary Proc,	37,136	$122 billion	HCUP[dbm]
Surgery-Related	32,000	$9 billion	AHRQ[dbm]
Preventable Deaths	101,000		Commonwealth Fund[c)]
Avoidable Deaths	200,070		Vital Signs 2013[d)]
TOTAL	**1,095,936**	**$282.85 billion**	

a) 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.[141]
b) 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.[142]
c) *Measuring the Health of Nations* estimates that the U.S. could save 101,000 lives annually simply with timely and effective health care.[143]

UPDATED STATISTICS

In this update for the 3rd Edition, the designation d) Vital Signs refers to an attempt to quantify avoidable deaths. Let me qualify item d) below:

d) According to *Vital Signs: Avoidable Deaths from Heart Disease, Stroke, and Hypertensive Disease—United States, 2001–2010*, an estimated 200,070 avoidable deaths from heart disease, stroke, and hypertensive disease occurred in the United States, 56% of which occurred among persons aged less than 65 years.

The authors conclude that nearly one-quarter of all cardiovascular disease deaths are avoidable. They cite poor management of blood pressure, cholesterol, and diabetes as the cause of all these deaths. Their idea of managing these conditions is to make sure people are fully medicated. Their drug of choice is actually a medicine cabinet approach with the Polypill. In a 2013 study, a combination of a statin for cholesterol, two antihypertensive drugs, and aspirin into a Polypill greatly improved medication compliance. However, it only achieved a 'modest' lowering of systolic blood pressure and LDL cholesterol.

The study authors tried to spin the modest lowering as significant but they're talking about an average of 2.6mg Hg decrease in blood pressure and a drop of 4.2mg/dL in LDL.

Seriously? As I mentioned earlier, you can take a deep breath and drop your blood pressure by 10 points! You can yell 'Boo!' at a person and scare their cholesterol up 10 points!

All along doctors have been saying that the reason drugs don't seem to work as well as they should is because people don't take them as prescribed. Well, they are going to have to admit that this study showed great compliance, but the drugs just don't work! Also, it's been proven over and over that lowering cholesterol doesn't save lives! It's actually magnesium that is

needed for lowering blood pressure, balancing cholesterol and even preventing diabetes.

If I had my way and people took magnesium instead of medications, we would see the numbers of people saved from avoidable death skyrocket!

SURGICAL ERRORS TOO PROFITABLE TO STOP!

When I researched and wrote for Natural News that surgical errors are condoned because they are profitable, I was shocked. I learned that hospitals actually make money when a patient develops complications during and after surgery. The 'bean counters' know this is the case as Dr. Atul Gawande and his team found out in their study of a hospital system in southern U.S.

SOLUTION: STOP TELLING US THERE ARE SIDE EFFECTS!

A study in the May 23, 2011 issue of the *Archives of Internal Medicine* called "A Quantitative Analysis of Adverse Events and 'Overwarning' in Drug Labeling" says doctors and the public are getting overwhelmed with too much information about drug side effects.

Researchers found that the average drug label lists 70 different side effects, with more commonly prescribed drugs averaging around 100 side effects.

The upper range was stratospheric at 525 reactions. The study analyzed more than 5,600 drug labels and more than half a million labeled effects.

What are some of the comments from the study's researchers? "Having a high number of side effects on a drug's label should not suggest that the drug is unsafe." Let's pause to take in that unbelievable comment!

The lead author plays down drug side effects saying that "much of this labeling has less to do with true toxicity than with protecting manufacturers from potential lawsuits."

Then the authors bemoan the fact that the poor doctor can be overwhelmed when reading through the lists or side effects and supposedly trying to find the least toxic drug. They add that "The FDA has taken steps to discourage such 'overwarning,' but at present information overload is the rule rather than the exception."

The greatest number of side effects was found in antidepressants, antiviral medications, and newer treatments for Restless Legs Syndrome and Parkinson's disease. In general, medications typically used by psychiatrists and neurologists had the most complex labels.

They concluded that "We can't stop the growing wave of drug information, but we can do a better job of presenting it efficiently to health care providers." To me this implies that the FDA will minimize and sugar-coat drug

side effects because they and doctors don't want to believe they are real, and they want their patients to believe that as well. Drug side effects are not only ignored but often treated with more drugs.

IS U.S. HEALTH REALLY THE BEST IN THE WORLD?

In the first two editions of *Death by Modern Medicine*, I quoted Dr. Starfield's paper, *Is U.S. Health Really the Best in the World?* on Outpatient Adverse Drug Reactions and their cost: 199,000 deaths at a cost of $77 billion. But I didn't say much more. In this third edition I'll quote from her ground-breaking paper: *Is U.S. health really the best in the world?*

In her *JAMA* paper, Dr. Starfield reported some incredibly incriminating statistics on the U.S. 'disease system.' I'll enumerate six major points below:

1. Evidence from a few studies indicates that as many as 20% to 30% of patients receive contraindicated care.
2. The (IOM) report *To Err Is Human*, (1999) millions of Americans learned, for the first time, that an estimated 44,000 to 98,000 among them die each year as a result of medical errors.
3. In her book, *Primary Care: Balancing Health Needs, Services, and Technology* published in 1998, Starfield found that of 13 countries in a recent comparison, the United States ranks an average of 12th (second from the bottom) for 16 available health indicators.

4. *The World Health Report 2000*, by the WHO, using different indicators from Dr. Starfield's, ranked the United States as 15th among 25 industrialized countries.
5. At this point Dr. Starfield takes off the gloves and for the first time in history reports on how the healthcare system contributes to poor health through its adverse effects including:

   12,000 deaths/year from unnecessary surgery

   7,000 deaths/year from medication errors in hospitals

   20,000 deaths/year from other errors in hospitals

   106,000 deaths/year from nonerror, adverse effects of medications

The total for the four causes is 225,000 deaths per year from iatrogenic causes.

Three caveats should be noted. First, most of the data are derived from studies in hospitalized patients. Second, these estimates are for deaths only and do not include adverse effects that are associated with disability or discomfort. Third, the estimates of death due to error are lower than those in the 1999 IOM report.

If the higher estimates are used, the deaths due to iatrogenic causes would range from 230,000 to 284,000. In any case, 225,000 deaths per year still

constitute the third leading cause of death in the United States, after deaths from heart disease and cancer admitted to by modern medicine.

6. We estimated adverse effects in outpatient care, including adverse effects other than death. Between 4% and 18% of consecutive patients experience adverse effects in outpatient settings, with 116 million extra physician visits, 77 million extra prescriptions, 17 million emergency department visits, 8 million hospitalizations, 3 million long-term admissions, 199,000 additional deaths, and $77 billion in extra costs (equivalent to the aggregate cost of care of patients with diabetes).

Dr. Starfield's paper concludes with an overview of the social dynamics that may contribute to our failing healthcare system. Poor nutrition, nutrient deficiencies, overuse of medication, surgery and radiation are never mentioned as being part of the problem. And since they aren't identified, they are never going to be seen as part of the solution.

In an *Interview with Jon Rappaport,* on December 9, 2009, Dr. Starfield confessed that her revelation of poor health in the U.S. received almost no attention from her peers or the media. Everyone ignored her findings. She said her paper was rejected by the first journal that she sent it to, on the grounds that—it would not be interesting to readers! NOTE: The Rappaport website is no longer available.

Starfield said, "The American public appears to have been hoodwinked into believing that more interventions lead to better health, and most people that I meet are completely unaware that the U.S. does not have the best in the world."

Starfield was likely fed up with the lack of response to her report. Although she didn't put any of the following in her paper, in the Rappaport interview she made the following comments:

1. *The fact is that more and more unsafe drugs are being approved for use. Many people attribute that to the fact that the pharmaceutical industry is (for the past 10 years or so) required to pay the FDA for reviews—which puts the FDA into an untenable position of working for the industry it is regulating.*
2. *They (my findings) are an indictment of the U.S. healthcare industry: insurance companies, specialty and disease-oriented medical academia, the pharmaceutical and device manufacturing industries, all of which contribute heavily to re-election campaigns of members of Congress. The problem is that we do not have a government that is free of influence of vested interests. Alas, [it] is a general problem of our society, which clearly unbalances democracy.*

3. *Yes, it (FDA) cannot divest itself from vested interests. (Again, [there is] a large [body of] literature about this, mostly unrecognized by the people because the industry-supported media give it no attention.*
4. *Please remember that the problem is not only that some drugs are dangerous but that many drugs are overused or inappropriately used. The U.S. public does not seem to recognize that inappropriate care is dangerous—more does not mean better.*
5. *The problem is NOT mainly with the FDA but with population expectations.*
6. *Some drugs are downright dangerous; they may be prescribed according to regulations, but they are dangerous.*

THE IATROGENIC DEATH OF DR. BARBARA STARFIELD

I only learned about Dr. Starfield's 2012 death in June 2013 when I met with Dr. Joseph Mercola in Chicago.

Dr. Mercola was fascinated by Dr. Starfield's paper "Is U.S. Health Really the Best in the World?" In 2000 he broke the story that allopathic medicine was trying to bury and sent it worldwide with the electrifying title: "Doctors Are The Third Leading Cause of Death in the US, Killing 225,000 People Every Year".

Dr. Mercola noted that even though news of Dr. Starfield's death was written by an impeccably credentialed doctor and published in the prestigious *JAMA*, Reuters wire services failed to pick up her story. It would have remained buried if it hadn't been for Dr. Mercola's 2012 Plavix article. In 2012, Dr. Mercola wrote "The Shocking Dangers of Plavix" about the side effects of one of the most commonly used blood thinners. He summarized the effects of Plavix in combination with aspirin versus using aspirin alone for the prevention of stroke and cognitive decline. Mercola confirmed previous findings that "the combination treatment significantly increases risk of death; doubles risk of gastrointestinal bleeding; and more than doubles fatal hemorrhaging. The anti-platelet arm of the study was terminated as a result of these increased risks to participants."

In the article, Dr. Mercola revealed that a victim of the Plavix and aspirin deadly cocktail was none other than Dr. Starfield. Dr. Mercola wrote, "Her work opened our eyes to the true state of affairs within our medical system, so it is a truly sad irony that she recently became another statistic of death by medicine. In the August issue of *Archives for Internal Medicine,* Dr. Starfield's husband, Dr. Neil A. Holtzman, MD, MPH writes, in part:

> *Writing in sorrow and anger, I express up front my potential conflict of interest in interpreting the facts surrounding the death of my wife, Barbara Starfield, MD, MPH.*

Within hours after her sudden and unexpected death, I notified the Dean of the Johns Hopkins Bloomberg School of Public Health, on whose faculty she served, that Barbara had apparently died of a coronary occlusion. … Because she died while swimming alone, an autopsy was required. The immediate cause of death was 'pool drowning,' but the underlying condition, 'cerebral hemorrhage,' stunned me.

Barbara started taking low-dose aspirin after coronary insufficiency had been diagnosed 3 years before her death, and clopidogrel bisulfate (Plavix) after her right main coronary artery had been stented 6 months after the diagnosis. She reported to the cardiologist that she bruised more easily while taking clopidogrel and bled longer following minor cuts. She had no personal or family history of bleeding tendency or hypertension.

The autopsy findings and the official lack of feedback prompted me to call attention to deficiencies in medical care and clinical research in the United States verified by Barbara's death and how the deficiencies can be rectified. Ironically, Barbara had written about all of them.

MEDICAL ERRORS – 2006

The 1999 IOM report found 98,000 medical errors. They set as a minimum goal a 50% reduction in errors over the next five years. However, in the 2006 follow-up, the IOM statistics soared: "Medication Errors Injure 1.5

Million People and Cost Billions of Dollars Annually."[144] NOTE: This article is no longer archived and is not available.

The study focused on medication errors and found that at least 1.5 million people were harmed 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 or 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 Annual Physical And Economic Cost Of Medical Intervention update because they do not give a fatality rate.

MEDICAL ERRORS – 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 mistake.[145] Two nonprofit groups funded this first-ever 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 went 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.

MEDICAL ERRORS -- 2014

A new category in assessing preventable errors in medical care includes searching for signs of infection, injury or error. A study, "A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care" appeared in the September, 2013 issue of *Journal of Patient Safety*.

Scientific American picked up the story in their paper, "How Many Die from Medical Mistakes in U.S. Hospitals?" The authors refer back to the medical error number admitted to in 1999: 98,000. Now the numbers range from 210,000 to 440,000 patients each year who suffer preventable harm in hospital that leads to their death.

SEVEN JUMBO JETS AND ONE HOLLYWOOD STAR

The annual 784,000 deaths in 2006; 895,936 deaths in 2008; and 1,095,936 deaths in 2014 are obviously mounting. Iatrogenic deaths equaled 7-10 jumbo jets (carrying 300 passengers) crashing every day for one year in

2006. They are now at 10-13 jumbo jets crashing. But you will never see that headline!

Instead, you hear when a Hollywood star like Anna Nicole Smith overdoses. Increasingly these deaths are related to prescription drugs. Another high-profile prescription drug death was that of Brokeback Mountain star, Heath Ledger.

Larry King read the statement by Ledger's family, saying, "While no medications were taken in excess, today we learned 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 modern 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, drug companies have usually made several billion dollars of profit and are busily marketing the next catastrophic blockbuster.

You will read in *Death by Modern Medicine* in Appendix A 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."[146] 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 indicates that root crops such as carrots and radishes may also be contaminated. The implication of

antibiotics in plants is of concern for children with allergies and to organic farmers who may be unwittingly using antibiotic-contaminated manure.

ANTIBIOTICS DAMAGE DNA

In a July, 2013 article in *Science Daily*, titled "New Insights Into How Antibiotics Damage Human Cells Suggest Novel Strategies for Making Long-Term Antibiotic Use Safer" the authors try to put a positive spin on a horrible side effect of antibiotics that researchers are beginning to acknowledge.

Scientists admit that therapeutic levels of antibiotics can cause oxidative stress that damages DNA, enzyme systems, proteins and cell membranes in human cells. But they say the good news is that these effects can be alleviated by antioxidants.

The study tested three antibiotics ciprofloxacin, ampicillin, and kanamycin that are known to cause oxidative stress in human cells. The safe zone for these drugs lasted for only six hours and by day four, human cell mitochondria are malfunctioning.

Mitochondria are 'cellular power plants' generating most of the body's energy called ATP. The mitochondria also take part in cell signaling, cell differentiation, cell death and control the cell cycle and cell growth. Longer than four days and levels of the body's own antioxidant, glutathione, begin to decline.

Magnesium is a necessary factor in ATP production; of the 10 enzymatic steps involved in making ATP in the Krebs cycle, magnesium is required for several of them and is actually bound to ATP as ATP-Mg, identifying it as a necessary activating factor. Also, magnesium is required for the production of glutathione.

The researchers say that the only solution is to go back to bacteriostatic antibiotics that stop bacteria from replicating but don't kill them (and in the process kill human cells).

My solution is to use natural antimicrobials, antioxidants, and cellular building blocks such as the formulas in my inventory: magnesium, selenium, silver, zinc, copper, vitamins A, B, C, D, E and omega-3 algae. Unfortunately, there is never any talk about making our cells as healthy as possible, so they are "resistant" to bacterial or viral invasion.

But antibiotics cause magnesium depletion. Cipro is the worst offender of the three named in this study because it contains fluoride molecules which irreversibly bind magnesium making it unavailable in the body.

But here's the kicker on the supplement front: This story made headlines in *Forbes* magazine on October 18, 2013: "Children's Hospital Of Philadelphia Bans Dietary Supplements From Its Pharmacy." Just when supplements are

being acknowledged as being lifelines to people on antibiotics, hospitals are removing supplements from their formularies.

Some of you may already know that this is exactly what Codex Alimentarius was designed to do. I wrote about it in 2005 in an article called "Kiss Your Vitamins Goodbye" and in many chapters in this book.

Dietary supplements are being regulated worldwide to make sure they do not reach therapeutic levels that could interfere with drug therapy. Instead of drug companies saying they don't want supplements to compete with their toxic drugs, supplements are being labeled dangerous and should be banned!

But I guarantee you will see these supplements return soon enough when drug companies figure out how to patent them, make them prescription items and charge exorbitant fees for them.

TOP FOUR KILLING DRUG GROUPS

Within the flawed reporting system of modern medicine, four classes of drugs account for over 60% of adverse drug reactions; they are also the top selling drugs. They are antibiotics (17%), cardiovascular drugs (17%), chemotherapy (15%), and analgesics and anti-inflammatory agents (15%).[dbm]

However, they are leaving out a very important drug group because the drug side effects take so many years to develop. There is no accounting for the morbidity and mortality caused by synthetic hormone replacement therapy and the birth control pill taken by millions of women.

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-women study was halted three years early because the group of women taking hormones had more deaths than the group taking placebos. If one drug has such harmful effects, how can two drugs be any better?

THE DANGERS OF FLUORIDATED DRUGS

The toxic chemical fluoride is being used increasingly in prescription drugs as well as our water supply and most toothpastes and other dental products. When pharmaceutical companies found that fluoride prolongs the active presence of the drug in the body, they began adding it to many classes of drugs. While they think fluoride is magnifying the effects of the drug, it's also magnifying the dangerous side effects.

The major side effects occur because fluoride binds up magnesium into an insoluble mineral called sellaite (MgF2) that can become deposited in bone and cartilage making them brittle and unstable. When magnesium is bound in this way it is lost to the hundreds of biochemical processes that require it for proper body function.

The Fluoride Toxicity Research Collaborative (FTRC) website lists fluoridated drugs in 14 different drug classifications. Neurosurgeon Dr. Russell Blaylock is on the board of the FTRC. In private correspondence, Dr. Blaylock confirmed that people taking these drugs are at a higher risk for developing magnesium deficiency and suffering severe side effects. He noted that the most commonly used drugs are fluoridated. They include: Prozac, Paxil, Cipro, Diflucan, Celebrex, Prevacid, Propulsid, Lipitor, Flonase, Flecinaide and steroids.

One of the most dangerous fluoride drugs is Ciprofloxicillin (Cipro). It can cause disabling tendon rupture. The rupture is caused by the brittleness imparted by MgF2 and magnesium deficiency-induced muscle spasm that can hasten the rupture. Cipro toxicity can also be an unrecognized cause of fibromyalgia.

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, drugs, in general, are tested on healthy young males who are not on other medications that can interfere with the research findings. But when they are declared 'safe' and enter the drug prescription books, they are naturally going to be used by men and women of all ages who are in all degrees of health and illness. These people will also be on a variety of other medications and none of those drugs will have been tested in combination.

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 black box 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.

DRUG PUSHERS

NBC's *Dateline* in a July 11, 2003 investigative report suggested that 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 American Medical Association (AMA) never made that promise to 900,000 physicians, most of whom are not even members. At the 2007 annual meeting of the AMA 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.[147]

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 ironically "that's what the Merck ad on the AMA website says too."

GIMME AN RX!

A *New York Times* article called "Gimmie an Rx: Cheerleaders Pep Up Drug Sales" turned the spotlight on just how scientific and educational drug reps visits can be.[148] 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 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 whistleblowing former sales reps provides 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 *New York 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 10-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. Drug reps act like prescribing drugs is some sort of contest and tell a doctor that 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, the radio host of Super Health on News Radio 1000 KTOK (1000AM), Oklahoma City. Years ago, Kyle, and his then 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 made a true confession 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 included her documentary and an interactive website as an educational program funded by the Attorney-General's Consumer and Prescriber Education Grant Program. The program provides continuing medical education (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!

As of 2014, Slattery-Moschkau does not have much of a web presence. She did write a Blog for *Huffington Post* from 2009-2010 but has since dropped off the radar. I could not find her educational website or her documentary online. NOTE: *The Huffington Post* no longer archives this blog.

DR. DRUG REP

There is an article in the *New York Times* called "Dr. Drug Rep" 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,

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.[149] 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 doctors' 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 lunchroom, 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 when the effectiveness rate 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 confessed 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 (BMS) was charged with paying illegal remuneration to physicians and other healthcare providers to encourage them to promote BMS drugs.[150] 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 allows BMS to present 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,*[151] 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 Chapter Eleven, 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 of 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 of 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.[152] 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 ¼ and ½ 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

I'm stating the obvious here since *Death by Modern Medicine* is all about legally prescribed drugs being the number one killer in America. 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."[153]

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 Dr. Hoffer's article called "Over-The-Counter Drugs" in Appendix D. In his paper, Dr. Hoffer makes the following observation, quoting the 1998 JAMA study by Lazarou: "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 a 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 recorded but is not."

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% 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.[154] The AHRQ director said, "This study gives us the first direct evidence that medical injuries pose a real threat to the American public and increase the costs of health care."[155] 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."[156] 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.[157]

Although almost 10 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 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 One, that is only 15% proven, is 94% inaccurate in its advertising that seems intent on keeping people sick and diverting them from safe, traditional healthcare 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 along with her husband discovered ionizing radiation. 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 37 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.[158]

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."[159] 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.[160, 161]

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.[162] 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 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 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% (five of 76) of patients reported that they were told about risks and benefits of their CT scan, while 22% (10 of 45) of emergency room physicians reported that they had provided such information.[163] When further interviewed, 47% (18 of 38) of radiologists believed that there was increased cancer risk, whereas only 9% (four of 45) of emergency room physicians and 3% (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.[164] 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 Gray units (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 is 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."

In a paper titled, *Radiation risks potentially associated with low-dose CT screening of adult smokers for lung cancer,*[165] 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?

Unfortunately, the population thinks x-rays are much more effective than they really are. In fact, many women have the notion that getting a mammogram somehow protects them from getting breast cancer.

Then there is the debate between medical thermography versus mammography as a diagnostic tool. But first, I'd like to offer you a quote from Susan Weed's book, *Breast Cancer? Breast Health!,* where she

references some very knowledgeable people on the topic of mammograms:[166]

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 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 have 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.[167]

MERCURY IN MEDICINE

Mercury is second only to plutonium in toxicity. When it was first used centuries ago, nobody really knew its dangers. Mercury ointment was a treatment for the skin lesions of leprosy, beginning in the 1300s. When syphilis appeared in Europe, around 1495, those same ointments were used for its skin manifestations.

Its side effects slowly became obvious 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.

The history of mercury in medicine and dentistry is one that is filled with cruel denial, politics and major corruption.

In essence, mercury has been a controversial medical treatment for centuries. In the U.S., since Colonial Times, practitioners of what evolved

into allopathy, the brand of medicine espoused by the American Medical Association, had championed the use of mercury as if it were a magic elixir.

Back in the day, Benjamin Rush, MD and patriot, advocated large doses of it along with bleeding pints of blood out of people. His fellow patriot and friend, Thomas Jefferson, condemned Rush's medical style and even went so far as to say upon Rush's death, "I was ever opposed to my friend Rush, whom I greatly loved; but who has done much harm, in the sincerest persuasion that he was preserving life and happiness all around him."

In the 1840s, a man named Phineas P. Quimby, who had suffered a great deal of illness including tuberculosis, placed himself in the hands of local allopaths who dosed him with mercury. He described his experience thusly:

> *Some thirty years ago I was very sick and was considered fast wasting away with consumption. At that time, I became so low that it was with difficulty I could walk about. I was all the while under allopathic practice, and I had taken so much calomel (mercury) that my system was said to be poisoned with it; and I had lost many of my teeth from the effect. My symptoms were those of any consumptive; and I had been told that my liver was affected and my kidneys diseased, and that my lungs were nearly consumed. I believed all this, from the fact that I had all the symptoms, and could not resist the opinions of the physician while having the [supposed] proof with me. In this state I was compelled to abandon my*

business; and, losing all hope, I gave up to die - not that I thought the medical faculty had no wisdom, but that my case was one that could not be cured. ~SacredTexts.com

Quimby later became an energy healer in the tradition of Franz Mesmer, who I will talk about in Chapter 15, The Future of Thought. Quimby is not a household name these days but his decision to reject mercury treatments and develop other means of healing physical illness, resulted in the creation of a network of religious groups starting with Christian Science.

Despite widespread rejection of the use of mercury by the public, the allopathic establishment soldiered on and during the Civil War, mercury in the form of calomel was used copiously. In fact, so many soldiers were dying not of battle wounds but of disease, Surgeon General William A. Hammond ordered autopsies to be performed, and it was learned that many of these deaths were caused by gangrene in the intestines thanks to impactions of calomel. When Hammond ordered the removal of calomel from military supplies, allopaths thought it was so central to their practice, political pressure was put forth and Hammond was sacked by court martial.

Mercury, in the form of thimerosal, was added to vaccines in 1930, which began what is now a global controversy as to whether or not vaccines cause autism and other neurological disorders. While vaccines have a myriad of other issues regarding their toxic ingredients, the Thimerosal issue is

particularly important to note as the use of it parallels the rapidly growing worldwide number of neurologically injured people, whether these maladies are called autism or not.

There are numerous outstanding books on the subject of vaccines and autism and other neurological disorders, but I'd like to focus on some leaders in the fight to bring truth and eventual resolution to the issue.

Sherri Tenpenny, DO, is probably the most high-profile anti-vaccinationist on the planet. Her several books, DVDs, YouTube videos and her tireless speaking engagements, as well as her presence on the internet, have provided the world with detailed information about the political landscape of the pro-vaccine industry including government activities which are riddled with questionable behavior.

Interestingly, in a brochure put out by the World Health Organization (WHO) discussing the need to counter the anti-vaccination movement with new pro-vaccination propaganda, Sherri 'Tenpenney' is listed as WHO's number one target. While the brochure writers manage to spell her last name wrong, it is quite clear Sherri has made her case globally.

The second name on the list that WHO is trying to suppress for its anti-vaccination stance is the International Medical Council on Vaccination, which is also part of Sherri's outreach to educate the public with the facts. This

group is made up of medical doctors worldwide who are extremely concerned about the massive use of vaccines that have not been properly tested and have all sorts of issues beyond contamination with mercury. The website is loaded with references to books and contains videos and many articles of interest.

Another part of Sherri's education campaign is a website called The Vaccine Research Library. It currented has posted over 6,000 scientific, peer-reviewed published papers regarding vaccines side effects and injury. This archive grows by 10-15 new papers a week and allows you to study research from the original sources.

The WHO brochure fails to mention that most countries in the EU do not have the endless list of mandatory vaccinations that we have in the U.S. In fact, very few countries mandate vaccines and allow people to make their own decisions.

Suzanne Humphries, MD and Roman Bystrianyk are two more experts of note. Their recently published book is a tour-de-force that should be required reading for not just medical people and policy makers, but the public as well. While the medical research business is always portrayed as pristine and high-minded, what Humphries and Bystrianyk have provided, from original sources, is an historical account of folly after folly in the history of the development and promotion of vaccines. This history lays bare the

arrogance, intimidation and downright bullying behind the scenes that goes on to keep scientists in line with politically correct thinking.

Humphries and Bystrianyk's book should prompt rational people to take a serious look at why vaccines are so widely promoted. The mercury issue is now the focus of the fight, as it should be, due to the massive number of autistic kids in the world. However, there is mounting evidence that challenges the belief in the need for vaccinations at all.

The obvious question that is never asked is—what happens to children who never get vaccinated? Mayer Eisenstein, MD, JD, MPH, another high-profile anti-vaccinationist with several books under his belt, was mentored in medical school by famed Robert Mendelsohn, MD.

Mendelsohn had served as National Director of Head Start's medical services as well as Chair of Illinois' medical licensing board, but his chief claim to fame was his syndicated newspaper column *The People's Doctor* and his book, *The Medical Maverick*. Mendelsohn was one of the first famous medical experts who questioned many of the sacred cows of his own profession, including the need for vaccines.

Eisenstein based his practice on Mendelsohn's ideas, which included never vaccinating children. Fifty thousand children later, Eisenstein has never seen outbreaks of the typical childhood diseases in his patients that other doctors

try to prevent with vaccinations. His conclusion is that his caseload is radiantly healthy because they are not vaccinated. He also promotes dietary supplements and the like. Most importantly, he has no autistic children in his practice. Eisenstein offers a chapter called Vaccine Law from his book "*Don't Vaccinate Before You Educate*." NOTE: This chapter is no longer available as a standalone. But the book, with that chapter included, is for sale on amazon.com.

This question of the relationship between incidences of childhood ill health and vaccines prompted German homeopath Andreas Bachmair to organize a worldwide survey to gather data from unvaccinated children. From his survey he published *Vaccine Free: 111 Stories of Unvaccinated Children*, a book which I had the honor to foreword.

The obvious question that should be asked in any so-called scientific study about the value of vaccinating children, is, what happens if they are not vaccinated. Bachmair practices in a country that does not mandate the array of vaccines the US children are subjected to.

As a rule, people who take the time to study unvaccinated children, find them in robust health and not subject to the usual maladies that in today's vaccinated world fill up doctor's offices. Such studies should be an obvious part of public health monitoring. If they are in the business of promoting

health, aggressively promoting vaccinations without investigating the whole story is biased at best.

Of most concern these days about mercury in vaccines, is that the flu shots are being pushed more and more, for people of all ages including pregnant women. Even if there is a big promotion to parents that most childhood vaccines are now mercury free (which they are not), public officials neglect to mention that the flu shots we are all now being told to take annually are loaded with mercury.

Mercury-free vaccines are a misnomer because mercury is often used in the preliminary states of vaccine manufacture. Then it is said the mercury is 'removed.' However, apparently traces can still remain in the vaccine. Mercury at any level can be toxic.

Mercury in Dentistry

Mercury in dentistry has an equally twisted tale of gory details and sorry politics that should prompt any rational person to wonder why mercury-laced dental amalgams have been allowed on the market for so long.

Back in the 1600s dentistry was a grizzly affair and filling cavities was basically mixing strong acids, copper sulfide and mercury that had been brought to a boil, then pouring this hot muck into people's teeth.

By 1818, more mercury was added to this mixture to make it possible to bring down the temperature so that people did not suffer burns in the dental chair. Interestingly, in France, by the 1840s, the use of mercury was so controversial that gold, silver, tin and lead were used instead.

However, it was in 1833, when two flamboyant French adventurers came to America to seek their fortune that mercury fillings came to our shores. By calling the mercury filling material they were promoting 'royal mineral succedaneum,' which the public associated with gold, they set up shop to revolutionize American dentistry. At this time 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.

In very short order, due to the ease with which their formula of mercury fillings could be placed, and their popularity with the public, these fillings became the rage of the dental industry. 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 American Society of Dental Surgeons banned the use of mercury in fillings and made member dentists sign a pledge not to use them. Many dentists thought them unsafe, and this

was a time when the public was boycotting MDs in order to avoid mercury treatments. The political battle that raged in the dental industry over these fillings resulted in the founding of the American Dental Association who became the champions of the use of mercury fillings.

Buried in the archives of many dental journals, the dangers of mercury fillings were cataloged but never discussed. The proverbial elephant in the corner. There were even scientific experiments to prove that exposure to the vapors that float off mercury fillings could lead to any number of chronic illnesses and by the 1890s, homeopathic dentists warned that just one filling was enough to disrupt the vital force (energy) of the body and advised chronically ill patients to have them removed.

By the 1980s, dentist Hal Huggins bravely spoke out against mercury amalgams and for decades thereafter campaigned to have mercury fillings banned. Thanks to a dental victims' support group called " Defense Against Mercury Syndrome" (DAMS) and the anti-mercury organization International Academy of Oral Medicine and Toxicity, the political pressure to do something about mercury fillings reached a fever pitch.

As a result, the pro-mercury ADA issued a gag order banning dentists from telling their patients about the possible risks of dental amalgams. If they ignored the ban, state-licensing boards stripped dentists of their licenses. The ADA felt that patients did not have the right to know that 'silver' fillings

were loaded with mercury and hazardous to their health. I wrote about "Lies Your Dentist is Forced to Tell You" in 2005.

The FDA held its first hearing on amalgam safety in 1991 after great public pressure. In preparation for this hearing, Elissa Meininger, who almost died of mercury poisoning due to 21 teeth filled with amalgam, conducted a national survey among fellow victims. She did this under the auspices of DAMS. When you read this report there will be no doubt in your mind that fillings make people sick The results of this survey are an indication of how many ways people's lives have been completely ruined. You can read a summary of this survey in her article "Mercury Madness – FDA Still In Denial."

The white wash that occurred at this hearing set into motion more studies and the founding of an anti-mercury group, Consumers For Dental Choice to advance an organized political strategy to force the issue of dental amalgam safety.

The recalcitrant FDA had refused, by inaction, to follow the 1976 law that required the agency to determine the risk of every medical device including dental amalgam fillings. Had the FDA done its job, Americans would have been told decades ago that 'silver' fillings were mainly mercury – the most volatile and toxic of the heavy metals.

In the lead up to a second FDA hearing on the safety of amalgams, in 2006, the NIH funded an 11-million-dollar research project known as the infamous "Children Amalgam Trials." You can read about those trials as the folly of the FDA and other federal agencies is exposed under the guise of protecting us from harm in "Mercury Madness – FDA Still In Denial."

ADA Runs for Cover

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:

> *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. ~ ADA Update, July 1, 2007

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. 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.

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 20 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 would do so. They didn't. You can read more about this issue in *Mercury Madness: FDA Still in Denial* in a NewsWithViews.com article by my cowriter, Elissa Meininger.[168]

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.

In 2009, Margaret Hamburg was appointed the new Commissioner of the FDA, fresh from her position as a board member of the largest seller of amalgams in America, *Henry Schein*. Hamburg was required to sell her Schein stock and stock options to assume the FDA position but somehow ended up retaining her stock options.

Hamburg was required to recuse herself any time issues about amalgam fillings were decided. She ignored that directive and merely had an underling announce the final ruling determining amalgams were of only moderate risk to those with an allergy to mercury. Shortly thereafter, Hamburg received a congratulatory note from Schein's general counsel who said the company was 'indebted' to her for her work as Commissioner.

There are rare occasions when consumers get their due and the amalgam issue might be one of them. While Hamburg and her corporate pals may hold sway with FDA decisions, global forces have now stepped into the fray.

After years of negotiations, an international treaty was signed, called the Minamata Convention. Minamata controls the reduction of mercury across a wide range of products, processes and industries for the purpose of protecting the public.

The treaty recognizes that since Greek and Roman times, mercury has been known to impair thyroid and liver function, cause irritability, tremors, disturbances to vision, memory loss and cardiovascular problems. The treaty is designed to limit human exposure to mercury and its vapors. In the case of dental amalgams, they are to be phased out over a period of five years, as soon as the treaty is ratified by 50 nations. The US has already signed the treaty, but it has not reached the magic number of 50 as of June 2014.

To keep the heat on, several groups including the anti-amalgam dental professional trade group, International Academy of Oral Medicine and Toxicology, along with DAMS, Inc., CoMed, Inc., Moms Against Mercury and several other individuals harmed by amalgams, as of March of 2014, have filed suit against the FDA for failing to address the risks of mercury in dental fillings.

In a prior 2007 lawsuit, the group said American consumers and dental professionals are being misled by the ADA. The bottom line, according to James M. Love, attorney who filed the suit, "The ADA has misrepresented FDA's lack of regulation as proof of safety, and continues to use this toxic dental filling, despite scientifically demonstrated risks," Thimerosal itself isn't part of the treaty. Mercury-laced vaccines are free to continue to wreak havoc on children of the world. The drug industry lobbied and was able to protect their cash cow, once again.

Mercury in Vaccines

In summary, 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 injecting them into your child or yourself. The website Informed Choice has a current list of ingredients in vaccines, with mercury described as thimerosal. NOTE: This website is no longer available.

LATE BREAKING NEWS: August 28, 2014

Dr. William Thompson of the CDC has exposed a criminal cover up of a study showing that MMR vaccines are related to autism in African Americans. Read the articles by Mike Adams, Jon Rappaport and Tim Bolen as they report on the CDC whistleblower and his statements that: "Routinely giving Thimerosal-containing vaccines to pregnant women, is inappropriate." And "There is biological plausibility to say right now that thimerosal causes autism-like features." And "Oh my God, I did not believe that we did what we did, but we did. It's all there. This is the lowest point in my career, that I went along with that paper. I have great shame now when I meet families

of kids with autism, because I have been part of the problem." NOTE: Jon Rappaport's website is no longer available.

CHAPTER SEVEN: 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 is it 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 (fats in the blood) and prevent blood clotting in subjects with diabetes, cerebral arteriosclerosis, or a heart disorder.

WHY MOST PUBLISHED RESEARCH FINDINGS ARE FALSE

John Ioannidis wrote 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, "Why Most Published Research Findings are False," which you can read on PLoS, a peer-reviewed open-access journal published by the Public Library of Science:

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 will 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.* 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."[169]

Science Has Lost Its Way, At A Big Cost To Humanity is the title of an article in the October 27, 2013 *LA Times*. The byline sets the stage." Researchers are rewarded for splashy findings, not for double-checking accuracy. So many scientists looking for cures to diseases have been building on ideas that aren't even true."

The *LA Times* reports that most scientific research is false. A few years ago, scientists at the biotech firm Amgen analyzed the results of 53 landmark papers in cancer research and blood biology that Amgen was investing in. Of the 53 landmark papers evaluated, only 6 papers, or 11%, proved valid.

What is the take-home message here? Medicine and drug companies are in the business of making a profit, not health, leaving you responsible for your own health and your own health care. My aim is to Educate, Not Medicate.

DEATH BY ANTIBIOTICS

The *Daily Mail* printed the following story in October 26, 2013: "*We've Reached the End of Antibiotics*." They quote the associate director of the CDC, saying "'Miracle drugs that have saved millions are no match against 'superbugs' because people have overmedicated themselves."

I thought it was interesting that he blamed people for overmedicating themselves. Well, excuse me! They wouldn't be able to overmedicate unless doctors gave them the prescriptions! Basically, the bacteria have won in our 60-year war against them, and we have entered the post-antibiotic era. As many as 2 million people in the United States fall ill annually with antibiotic-resistant infections and at least 23,000 people die each year.

Here is the CDC's 4-part solution:

1. *Prevent infections with immunizations and hand washing.*
2. *Track antibiotic resistance patterns.*
3. *Reduce the use of antibiotics.*
4. *Develop new antibiotics and diagnostic tests!*

Even while they are talking about reducing the use of antibiotics their only treatment options are immunizations and developing NEW ANTIBIOTICS! Do they even hear the contradiction? Obviously not! And haven't they learned how to wash their hands YET? Using cell phones between patients and not washing hands before and after is a great way to transmit infections. Always request that your doctor wash his/her hands before touching you.

A December 23, 2013 article in the *Washington Post* caught my eye: "*Antibiotics on Farms: Can Curbing Their Use Also Curb Resistant Infections in Humans?*" This article talked about the FDA's plan to address the problem of antibiotic-resistant bacteria found in animals caused by the use of antibiotics on the farm.

The plan stems from a 1970 report titled *The Use of Antibiotics in Animal Feed*, which has been a long time in coming. The article mentions some pretty scary statistics such as: "they kill 65 people every day…at least half of human use is inappropriate …resistant salmonella and campylobacter are listed as "serious" threats and could come from livestock, which receive more than half of the antibiotics used in this country…we slaughter more than 110 million pigs, 34 million cattle and 8 billion chickens every year in the U.S."

In the paper "Death by Medicine," printed in the *Journal of Orthomolecular Medicine* and reproduced in Appendix A, I talk about the millions of pounds of antibiotics used each year leading to antibiotic resistance. However, those

statistics pale in comparison to the actual damage caused by antibiotics recently reported.

MOST PRESCRIPTION MEDICINES DON'T WORK

A senior executive with GlaxoSmithKline (GSK) in the UK 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.[170] 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% in the previous three years, from £2.3B a year to an annual cost to the taxpayer of £7.2B. 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 $1B (£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 real patients. And he 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 patients. Drugs for migraines, osteoporosis, and arthritis do somewhat better and work in about half the patients. His final analysis was that more than 90% of drugs work in only 30-50% 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.[171]

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*.[172] 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 40 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 1950s tricyclic antidepressant compound?"

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 his widespread online presence, Leiss 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 1600s championed inventions as a way of improving the human race, it was not until the end of the 1800s that Bacon's dream was realized. The first inventions were in the field of chemistry. Transformative science was championed in the 1700s 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 mortality, 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 embryonic 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. Samuel Epstein, Professor Emeritus of Environmental and Occupational Health at The School of Public Health, University of Chicago, spoke at The Lighthouse in New York on November 11, 2001. He expressed his concern 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% of drugs only work on 30-50% 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, chronic obstructive pulmonary disease (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 ll-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." Its stated goal is to determine an individual's genetic susceptibility to a particular medication.

A picture of an adorable five-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 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 holistic treatment of cancer and other degenerative diseases.

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 not 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 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 GENETICALLY ENGINEERED (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; and 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 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, leaving us 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 become an international trade catastrophe. Japan is banning all U.S. rice imports and Europe is rejecting all imports that test positive for contamination.

You can keep up to date on the GE foods battle at The Institute of Science in Society, the archive 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.[173]

CHAPTER EIGHT: DEATH BY CANCER INC.

Money often costs too much.

~Ralph Waldo Emerson

Millions of doctors have studied disease. Few have studied health.

~Anonymous

THE ANSWER TO CANCER

I firmly believe that it's the fear of cancer that's driving so much of it our way. Cancer has become much more common since I went to medical school in the mid '70s, so I know it can't be genetic. It's partly due to the deplorable condition of our food, air and water. But there is more to this picture.

The causes of cancer can be overwork, depression after a divorce, a death in the family on top of a horrible diet. Some major stress, either acute or chronic, is often lurking in the background. When people acknowledge their stress and do something about it, they often recover their health. These are the people that say they are grateful for their illness because it's gotten them

back on track. Of course, they don't say that in the throes of illness but when they come out the other side.

This major addition to my knowledge base on cancer and chronic disease is German New Medicine and its offshoots—Total Biology and Recall Healing. I studied Total Biology with Gilbert Renaud ND. Gilbert's teacher, Claude Sabbah, MD, says that "Disease is the brain's best solution to keep the person alive for as long as possible." This statement implies that our brain/body is not attacking us when we get sick but actually trying to solve a problem.

The originator of German New Medicine, Dr. Gert Hamer, 'discovered' his theory after his son was shot and fatally wounded. Two months after his son died; after lingering for three months, Dr. Hamer was diagnosed with testicular cancer and his wife ovarian cancer. Being a psychiatrist and an oncologist, Hamer discerned that the death of a child puts the survival of the species at risk, so the generative organs (ovaries and testes) react by producing excess tissue to produce another child. The intense worry and fear for his son created such stress that his brain sought out a solution in a corresponding body part. The excess tissue in allopathic medicine is diagnosed as cancer. When Hamer went to his patient charts, he saw for the first time that all his cancer patients had severe stress before their illness

was diagnosed. In brain CT scans of his patients he found foci of scar tissue that corresponded to the body part affected.

The following are vast generalizations, but I want to give you a sense of how the mind perceives an outside 'attack' and how the body reacts. A severe neck pain can occur because someone in your life is a 'pain in the neck.' Something or someone in your life that is 'full of crap' can affect your intestines. Not being able to 'swallow' something very negative or hurtful can affect your throat or esophagus or even cause a stomach ulcer. Less obvious Total Biology correspondences are the lungs being a fear of dying; the liver can mean lack of something, especially money.

Studying this work greatly reduced my fear of cancer because now I can see the connection between conflict and cancer. Yet, Western, allopathic medicine continues to deny the mind-body connection and Hamer's work. There hasn't been much written in English on the subject, but one book that I found useful is Patrick Obissier's book, *Biogenealogy: Decoding the Psychic Roots of Illness*.

For the physical detox aspects of cancer treatment and prevention I recommend The Gerson Therapy and Dr. Nicholas Gonzalas' work.

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 40 years of the same approach has been disastrous? That is, if one questions whether our endpoint 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 affected 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 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 *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% 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.[174] 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.[175]

Mr. Leaf said that we hear every day about new cancer drug breakthroughs that 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 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:

- *Each and every 14 months, more Americans will die from cancer*

than have died from every war that the U.S. has fought…combined.

- *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 A below)*
- *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!*
- *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.*
- *Most of the improvement in the 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.*
- *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.*
- *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 1970s."

- *According to Andy Grove, the chairman of Intel and a major cancer financer, "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."*
- *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."*
- *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.*
- *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. After the trial is completed, 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."

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."

In reality, quite the opposite is true. *Fortune* magazine's examination of NCI grants, going back to 1972, revealed that less than 0.5% of study proposals focused primarily on metastases. Of nearly 8,900 grant proposals awarded last year, 92% didn't even mention the word metastasis.

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."[176]

The current crop of new cancer drugs is also roundly criticized in Mr. Leaf's article. A European study showed that of 12 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."[177] 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."[178] 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 *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.[179] Brownlee "became interested in the largely hidden and unexplored issue of over treatment when, in 1999, as a staff medical writer at *U.S. 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.[180]

The National Cancer Institute (2003) published an update on cancer costs at their website, ironically calling it *Cancer Progress Report 2003*.[181] 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 five% of total U.S. spending for medical treatment. From 1985 to 1995, the overall costs of treating cancer more than doubled. Cancer spending includes an additional $5 billion to $10 billion in 2000 spent on cancer screening.

The National Institutes of Health (NIH) estimated the 2008 overall annual costs of cancer as follows:

Total Cost: $201.5 billion

Direct Medical Costs (total of all health expenditures): $77.4 billion

Indirect Mortality Costs (lost productivity due to premature death): $124 billion

GLOBAL ECONOMIC COST OF CANCER

NOTE: This document is no longer archived by the American Cancer Society.

A 2010 report produced by the American Cancer Society and LIVESTRONG® shows that cancer has the greatest economic impact from premature death and disability of all causes of death worldwide. The economic toll from cancer is nearly 20% higher than heart disease, the second leading cause of economic loss ($895 billion and $753 billion respectively). This figure does not include direct medical costs, which would further increase the overall economic impact of cancer.

CANCER COSTS IN CANADA

From the website localhealth.com (formerly 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. The price tag will be billions more in 2014 dollars. NOTE: We have not been able to locate this website as of 2025.

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 third 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. NOTE: This is the link to the archives of *Vitality*, for your reference.

Conference speakers and participants came from 55 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 Ottawa in July.

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% of the annual U.S. National Cancer Institutes' budget is spent on prevention, which usually covers 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."[182]

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 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.

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 former 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*.[183] With integrity 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 saccharin user.

They also fail to support, or outright oppose, occupational safety standards; efforts to reduce radiation exposure; and other forms of environmentally oriented cancer prevention. The doctor's 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)."[184]

THE SECRET HISTORY OF THE WAR ON CANCER

This is the title of Dr. Devra Davis' 2007 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 consideration of how the world in which we live, and work affects whether we get cancer.

Davis says that the result is appalling with an estimated 10 million preventable cancer deaths over the past 30 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 a 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%. 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 1950s, paralleling the increased incidence of breast cancer."[185]

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 10 of the more high-profile non-toxic treatments that have been systematically condemned rather than heralded and treated with the respect they deserve.[186]

Two of these treatments were subjects of Congressional investigations in the 1950s and 1960s before President Nixon declared his War on Cancer in 1971. The first treatment is the Hoxsey Formula, a family-owned herbal cancer cure owned by a 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 as 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 Nuremburg. 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 NINE: 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

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.

~Carolyn Dean, The Magnesium Miracle, 2007

After the Second World War, the chemical industry spawned in Germany exploded into North America bringing the war to our farms. 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 the 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. It's only in the past few years that I've learned the chemical glyphosate in Monsanto's Roundup doesn't just kill weeds, it binds minerals in the soil making them unavailable to the plants. It removes 50% of the magnesium from the soil and it has a half-life of 23 years.

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 US Department of Agriculture 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% for protein to 38% 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 have 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 are impaired, and they are becoming endangered. Are humans next?

Plants grown on devitalized, overworked soil, which have 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 hormones in 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 lead to further irritation and inflammation of the intestines that actually causes micropunctures in the lining of the intestines and allows the absorption of undigested food into the bloodstream. 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 bloodstream and causing antibody formation and symptoms of hay fever.

Yeast's 178 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 perpetuate the problem and do 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 caused by 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.

BLASTING THE BIOFILM

Every decade or so another researcher comes along claiming that this or that disease is really caused by an infectious organism and can be cured with antibiotics. One that caught my attention is the assertion by a Dr. Steven Fry that autoimmune diseases like lupus, chronic fatigue, multiple sclerosis, Lou Gehrig's disease are really caused by a protozoal organism that has to be treated with antibiotics.

As I said in one of my blogs, "I'm not buying it for one second. With such a theory we're back to the reductionist; we're being attacked by organisms, and we have to kill them all with antibiotics scenario that's gotten us into the mess we are all in now."

Sure, we would like these complex diseases caused by a toxic and stressed lifestyle and yeast overgrowth to be a simple organism that we can kill with an antibiotic, but they are not. The fact that antibiotics keep being the drug that doctors keep pushing only serves to cause more yeast overgrowth. Yeast then releases 178 different yeast toxins that cross-react with organs that are then attacked and diagnosed as autoimmune disease.

Besides the antibiotics, Fry, for some obscure reason, recommends a low-fat diet. Maybe it's his name that makes him want to avoid fats!

Supposedly fat avoidance is to starve the organism, but in the process, we will starve as well. Properly functioning cell membranes are coated with two layers of fat, and they absolutely need good fats in order to be stable and they also need good minerals in order to stay stable.

Saying that autoimmune disease is caused by an infectious organism is missing the major point—that autoimmune disease happens when the body itself, and everything else in the vicinity, is attacking the body because it is so toxic and out of balance. And as I said above there are yeast toxins that cross-react with human tissue and cause an autoimmune attack.

If researchers find infectious organisms in autoimmune disease those organisms are usually opportunistic. They are along for the ride in an inflamed and toxic body.

Scientists who just think in terms of the body being attacked by infectious organisms don't give any consideration to making the body stronger through natural means so that infections don't occur. The antibiotics may look like they are helping some people in the short term because most chronically ill people have an overload of infections but trading that short term relief for chronic yeast overgrowth is not a win.

When I was doing AIDS and chronic fatigue research in New York in 1993, each and every patient we tested had positive antibodies for all the bacteria, viral and parasitic infections we tested.

Another strange conclusion of Fry's is that since biofilm contains calcium, iron and magnesium, he recommends that his patients not take these supplements, especially magnesium.

I don't know why he focuses on magnesium as the stimulus for protozoa biofilm, but I don't think that's true at all. I'm sure magnesium is found in biofilm because it's there trying to neutralize calcium. Calcium is pro-inflammatory, and magnesium is anti-inflammatory. They are antagonistic minerals.

Fry says the following about banning magnesium, "when I take them off their supplements eventually, they seem to start getting better."

Believe me, "eventually seeming to start to get better" is not a clear statement that if you stop magnesium, you're better. It's rampant speculation that is detrimental to a person's health because it makes people fear magnesium, which they absolutely require for their inflammation, pain, toxicity and depressed immune system.

I've heard the same misguided 'advice' from so-called holistic doctors that magnesium is the number one food for yeast so that when you are in the process of trying to kill yeast you should not take magnesium!

Basically, all organisms require all nutrients, so starving ourselves to death in order to kill them is just ridiculous!

Also, Fry does not talk about the yeast overgrowth that most people with fibromyalgia and chronic fatigue definitely have. This is another fatal flaw in his theory.

As I've said many times, fibromyalgia and chronic fatigue are a combination of yeast overgrowth and magnesium deficiency. If you begin with treating those, you have a chance of curing those conditions. Unfortunately, yeast toxins and magnesium deficiency, as time goes on can lead to a leaky gut, suppressed thyroid, adrenal and sex hormone inactivity and many of the chronic diseases like diabetes, heart disease, and arthritis. Why someone

would pop up and say, "Ah, this is all an infection; we need more antibiotics," is a reductionist fallacy and utterly missing the much bigger picture.

MULTIPLE CHEMICAL SENSITIVITY DISORDERS

Our toxic environment causes a dramatic new condition in medicine called Multiple Chemical Sensitivity Disorders (MCSD). MCSD 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 MCSD, 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 MCSD. 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%), organic solvents (25%), formaldehyde (15%), dental materials (15%), pyrethroides (13%), and other biocides (19%).[187] 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 four more environmental illness units. In the United States there are no such 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 17 industry-sponsored studies on the carcinogenicity of DDT concluded that 14 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 book *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. 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 ever more 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.[188]

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![189]

CHAPTER TEN: DEATH BY SUGAR

Do not be angry with me if I tell you the truth.

~Socrates

WHISTLEBLOWING ON SUGAR

People are astounded when they learn that my medical licensing board, The College of Physicians and Surgeons, 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 (as I mentioned in Chapter One) but my adventure serves to show the lengths to which the sugar industry will go to retain their monopoly control over our tastebuds 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."[190] A 2007 study called "Intense Sweetness Surpasses Cocaine Reward" showed that rats much preferred sugar to cocaine when given the choice.[191]

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 10 teaspoons of sucrose sugar found in a can of soda or 27 teaspoons in a milkshake. Our bloodstream has room for only two or three teaspoons of sugar at any one time. When you flood the bloodstream with more than that amount, the shock sends out alarm messages throughout the body. Flooding our body with sugar 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 30 studies on soda consumption finally proved what most sensible people suspected. Drinking one can of sugar-laced soda per day adds 15 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 a lack of physical exercise.

SUGAR INCREASES THE RISK OF HEART DISEASE

As the years go by, more and more evidence pile on about the dangers of sugar. A February, 2014 study published in *JAMA* titled, *Added Sugar Intake and Cardiovascular Diseases Mortality Among US Adults* concluded that "Most US adults consume more added sugar than is recommended for a healthy diet. We observed a significant relationship between added sugar consumption and increased risk for CVD mortality." And the more sugar you ate, the greater your risk.

As unbelievable as this may seem, the authors of this study say that "Ours is the first study using a nationally representative sample to look at the total amount of added sugar and the association to cardiovascular disease death." How it's possible that sugar has never been properly studied is mind-boggling.

Most other sugar studies just looked at the number of sugar-sweetened beverages in the diet, they didn't tally up the teaspoons of sugar in a can of

soda—ten! Even so, it was shown that high intake of these beverages contributed to obesity, high blood pressure, type 2 diabetes and increased the risk for heart disease and stroke. Because researchers are not taking into account the total sugar intake it's as if they are trying to sweep the sugar problem under the rug!

USA Today reviewed the *JAMA* study and gave an updated overview of the following scary facts about sugar:

- Adults in the USA in 2010 consumed about 15% (300 calories) of a 2,000-calorie diet in added sugar.
- The American Heart Association recommends that women consume no more than 100 calories a day or about 6 tsp of sugar; and men 150 calories, or about 9 tsp.
- The World Health Organization recommends consuming less than 10% of calories from added sugars.
- One can of regular soda contains about 140 calories of added sugar.
- Most adults (71%) consume 10% or more of their daily calories from added sugars.
- About 10% of adults consume 25% or more of daily calories from added sugars.

- Consuming 21% of daily calories from added sugar doubled the risk of death from heart disease compared to less than 10% of calories from added sugars.
- People who consumed seven or more servings a week of sugar-sweetened beverages were at a 29% higher risk of death from heart disease than those who consumed one serving or less.
- Added sugar intake has changed slightly over the past 20 years, from 16% of daily calories in 1994 to 17% in 2004 to 15% in 2010.
- Excessive intake of added sugar has been linked to the development of high blood pressure, increased triglycerides (blood fats), low HDL (good) cholesterol, fatty liver problems, as well as making insulin less effective in lowering blood sugar.
- Added sugars displace nutritious foods in the diet and add empty calories.

One fact that they missed is that one of the major reasons why sugar is so bad for you is that it contributes to magnesium deficiency. You require 28 molecules of magnesium to metabolize one molecule of sucrose. And 56 molecules of magnesium are needed to metabolize one molecule of fructose. Ten teaspoons of sugar in a 10 ounce can of soda, 30 in a milkshake and dozens more in cakes and candies at a birthday party can steal away your magnesium making you and your kids cranky, irritable, inflamed and sick.

FED UP?

Fed Up is a documentary that presents a concerted attack on Big Sugar. It's a high-profile film produced and narrated by Katie Couric *Fed Up* also lays the blame squarely at the feet of big business peddling their sugary treats to kids. The film goes into the frightening statistics of a population that in 20 years will be 95% obese. The 5% that will stay thin will probably be the anorexic actresses in modeling and the film industry!

The film bemoans the lack of weight loss in children who restrict their diets and who exercise. But they are not aware that people keep eating more food to try and find the minerals they are lacking. Until that problem is addressed, we will continue to have an obesity problem.

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% of the 56.5 million total reported deaths in the world and 46% of the global burden of disease. The experts who wrote the report express their opinion 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% added sugar. 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."

NOTE: Sea salt with its 72 minerals is not a health risk like table salt, which is only one mineral, sodium chloride. Coconut oil is fully saturated, yet it is completely natural and very healthy.

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% 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% of their calories from added sugar.

The major objection to any recommendations for reducing sugar comes mainly from the sugar industry. Because the 2003 WHO recommendation lowered the allowable daily intake of sugar to 10% 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% 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% of calories can safely come from added sugars.[192]

In the early days, the sugar industry won that skirmish. The following 2004 commentary 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.*[193]

However, by 2014, as noted above in the JAMA article about sugar and heart disease, the World Health Organization began recommending that less than 10% of calories from added sugars be consumed in the daily diet. The recommendation was not associated with any fanfare, presumably to fly under the radar of the sugar industry.

The cover of *Maclean's magazine*, May 12, 2014 edition is a man drowning in a bag of sugar punctuating the cover story "Death by Sugar." The byline: "The average Canadian eats nearly 100 pounds of sugar a year. It's hidden in foods you wouldn't expect – and it's becoming the biggest public health crisis of our time."

Someone sent me the magazine and asked if I thought my licensing body would apologize to me now that so much research about sugar has proven that I was right, and they were wrong. I said, "Never in a million years."

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 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, 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 10 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 minimal 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 of 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 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 elevated blood sugar because

these non-foods are quickly absorbed as simple sugars into the bloodstream. When our blood sugar reaches a certain maximum, insulin is stimulated to enter the bloodstream 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 'fight 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 20-30 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 a 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.[194] Numerous studies in peer-reviewed journals show that sugar increases prostate, colon, and biliary tract cancer.[195,196,197,198,199]

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, Nancy Appleton itemizes the reasons why we should avoid sugar, giving scientific journal article references to prove her point. Currently, her list is at 143 and growing every year.

143 Reasons Why Sugar Is Ruining Your Health

1. Sugar can suppress your immune system.
2. Sugar upsets the mineral relationships in the body.
3. Sugar can cause juvenile delinquency in children.

4. *Sugar eaten during pregnancy and lactation can influence muscle force production in offspring, which can affect an individual's ability to exercise.*
5. *Sugar in soda, when consumed by children, results in the children drinking less milk.*
6. *Sugar can elevate glucose and insulin responses and return them to fasting levels slower in oral contraceptive users.*
7. *Sugar can increase reactive oxygen species (ROS), which can damage cells and tissues.*
8. *Sugar can cause hyperactivity, anxiety, inability to concentrate and crankiness in children.*
9. *Sugar can produce a significant rise in triglycerides.*
10. *Sugar reduces the body's ability to defend against bacterial infection.*
11. *Sugar causes a decline in tissue elasticity and function – the more sugar you eat, the more elasticity and function you lose.*
12. *Sugar reduces high-density lipoproteins (HDL).*
13. *Sugar can lead to chromium deficiency.*
14. *Sugar can lead to ovarian cancer.*
15. *Sugar can increase fasting levels of glucose.*
16. *Sugar causes copper deficiency.*
17. *Sugar interferes with the body's absorption of calcium and magnesium.*

18. *Sugar may make eyes more vulnerable to age-related macular degeneration.*
19. *Sugar raises the level of neurotransmitters: dopamine, serotonin, and norepinephrine.*
20. *Sugar can cause hypoglycemia.*
21. *Sugar can lead to an acidic digestive tract.*
22. *Sugar can cause a rapid rise of adrenaline levels in children.*
23. *Sugar is frequently malabsorbed in patients with functional bowel disease.*
24. *Sugar can cause premature aging.*
25. *Sugar can lead to alcoholism.*
26. *Sugar can cause tooth decay.*
27. *Sugar can lead to obesity.*
28. *Sugar increases the risk of Crohn's disease and ulcerative colitis.*
29. *Sugar can cause gastric or duodenal ulcers.*
30. *Sugar can cause arthritis.*
31. *Sugar can cause learning disorders in school children.*
32. *Sugar assists the uncontrolled growth of Candida Albicans (yeast infections).*
33. *Sugar can cause gallstones.*
34. *Sugar can cause heart disease.*
35. *Sugar can cause appendicitis.*

36. Sugar can cause hemorrhoids.

37. Sugar can cause varicose veins.

38. Sugar can lead to periodontal disease.

39. Sugar can contribute to osteoporosis.

40. Sugar contributes to saliva acidity.

41. Sugar can cause a decrease in insulin sensitivity.

42. Sugar can lower the amount of Vitamin E in the blood.

43. Sugar can decrease the amount of growth hormones in the body.

44. Sugar can increase cholesterol.

45. Sugar increases advanced glycation end products (AGEs), which form when sugar binds non-enzymatically to protein.

46. Sugar can interfere with the absorption of protein.

47. Sugar causes food allergies.

48. Sugar can contribute to diabetes.

49. Sugar can cause toxemia during pregnancy.

50. Sugar can lead to eczema in children.

51. Sugar can cause cardiovascular disease.

52. Sugar can impair the structure of DNA.

53. Sugar can change the structure of protein.

54. Sugar can make the skin wrinkle by changing the structure of collagen.

55. Sugar can cause cataracts.

56. Sugar can cause emphysema.

57. Sugar can cause atherosclerosis.

58. Sugar can promote an elevation of low-density lipoproteins (LDL).

59. Sugar can impair the physiological homeostasis of many systems in the body.

60. Sugar lowers enzyme's ability to function.

61. Sugar intake is associated with the development of Parkinson's disease.

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 the number one enemy of the bowel movement.

68. Sugar can cause myopia (nearsightedness).

69. Sugar can compromise the lining of the capillaries.

70. Sugar can make tendons more brittle.

71. Sugar can cause headaches, including migraines.

72. Sugar plays a role in pancreatic cancer in women.

73. Sugar can adversely affect children's grades in school.

74. Sugar can cause depression.

75. Sugar increases the risk of gastric cancer.

76. Sugar can cause dyspepsia (indigestion).

77. Sugar can increase the risk of developing gout.

78. Sugar can increase the levels of glucose in the blood much higher than complex carbohydrates in a glucose tolerance test can.

79. Sugar reduces learning capacity.

80. Sugar can cause two blood proteins – albumin and lipoproteins – to function less effectively, which may reduce the body's ability to handle fat and cholesterol.

81. Sugar can contribute to Alzheimer's disease.

82. Sugar can cause platelet adhesiveness, which causes blood clots.

83. Sugar can cause hormonal imbalance – some hormones become underactive, and others become overactive.

84. Sugar can lead to the formation of kidney stones.

85. Sugar can cause free radicals and oxidative stress.

86. Sugar can lead to biliary tract cancer.

87. Sugar increases the risk of pregnant adolescents delivering a small-for-gestational-age (SGA) infant.

88. Sugar can lead to a substantial decrease in the length of pregnancy among adolescents.

89. Sugar slows food's travel time through the gastrointestinal tract.

90. Sugar increases the concentration of bile acids in stool and bacterial enzymes in the colon, which can modify bile to produce cancer-causing compounds and colon cancer.

91. Sugar increases estradiol (the most potent form of naturally occurring estrogen) in men.

92. Sugar combines with and destroys phosphatase, a digestive enzyme, which makes digestion more difficult.

93. Sugar can be a risk factor for gallbladder cancer.

94. Sugar is an addictive substance.

95. Sugar can be intoxicating, similar to alcohol.

96. Sugar can aggravate premenstrual syndrome (PMS).

97. Sugar can decrease emotional stability.

98. Sugar promotes excessive food intake in obese people.

99. Sugar can worsen the symptoms of children with attention deficit disorder (ADD).

100. Sugar can slow the ability of the adrenal glands to function.

101. Sugar can cut off oxygen to the brain when given to people intravenously.

102. Sugar is a risk factor for lung cancer.

103. Sugar increases the risk of polio.

104. Sugar can cause epileptic seizures.

105. Sugar can increase systolic blood pressure (pressure when the heart is contracting).

106. Sugar can induce cell death.

107. Sugar can increase the amount of food that you eat.

108. Sugar can cause antisocial behavior in juvenile delinquents.

109. Sugar can lead to prostate cancer.

110. Sugar dehydrates newborns.

111. Sugar can cause women to give birth to babies with low birth weight.

112. Sugar is associated with a worse outcome of schizophrenia.

113. Sugar can raise homocysteine levels in the bloodstream.

114. Sugar increases the risk of breast cancer.

115. Sugar is a risk factor in small intestine cancer.

116. Sugar can cause laryngeal cancer.

117. Sugar induces salt and water retention.

118. Sugar can contribute to mild memory loss.

119. Sugar water, when given to children shortly after birth, results in those children preferring sugar water to regular water throughout childhood.

120. Sugar causes constipation.

121. Sugar can cause brain decay in pre-diabetic and diabetic women.

122. Sugar can increase the risk of stomach cancer.

123. Sugar can cause metabolic syndrome.

124. Sugar increases neural tube defects in embryos when it is consumed by pregnant women.

125. Sugar can cause asthma.

126. Sugar increases the chances of getting irritable bowel syndrome.

127. Sugar can affect central reward systems.

128. Sugar can cause cancer of the rectum.

129. Sugar can cause endometrial cancer.

130. Sugar can cause renal (kidney) cell cancer.

131. Sugar can cause liver tumors.

132. Sugar can increase inflammatory markers in the bloodstreams of overweight people.

133. Sugar plays a role in the cause and the continuation of acne.

134. Sugar can ruin the sex life of both men and women by turning off the gene that controls the sex hormones.

135. Sugar can cause fatigue, moodiness, nervousness, and depression.

136. Sugar can make many essential nutrients less available to cells.

137. Sugar can increase uric acid in blood.

138. Sugar can lead to higher C-peptide concentrations.

139. Sugar causes inflammation.

140. Sugar can cause diverticulitis, a small bulging sac pushing outward from the colon wall that is inflamed.

141. Sugar can decrease testosterone production.

142. Sugar impairs spatial memory.

143. Sugar can cause cataracts.

(See all 143 scientific references in Appendix E.)

Helke Ferrie's *Simplified Spiral of Sickness from Sugar* lists the following conditions that are triggered or worsened by high sugar consumption. 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 (multiple sclerosis), MG (myasthenia gravis), etc. (Frequently due to Candida, which can become neuro-toxic. Yeast is synergistic with heavy metals: lead, in some water supply, and mercury in your dental fillings).*

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 unhealthier 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

NOTE: Betty Martini's website has not been archived, so it is no longer available. However, many podcasts and programs are available when you search using her name as a search term, in your browser.

For the best education on aspartame follow the work of the late Betty Martini, founder of Mission Possible, a worldwide anti-aspartame activist group. Betty

was a 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 92 aspartame side effects that have been reported to the FDA and ignored.

The following is a brief outline on aspartame produced by Dr. Betty Martini, the world's foremost aspartame critic. You can print a copy of this and hand it out to uneducated 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 Timeline of Aspartame in The Ecologist.* **NOTE:** This article is no longer available.
- *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 the 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 overruled 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-Marstellar at $1,000 a day on a ten-year contract and has refused to speak to the press.*
- *In 1983 the 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 – 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 behavioral problems and interacts with drugs.*
- *Diketopiperazine is a tumor agent. The Ramazzini Studies proved aspartame to be a multipotential carcinogen, confirming the 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. NOTE: This article is no longer available.

- *Methanol occurs naturally in all plants, fruits and vegetables, but—in nature—it is tied to the fiber 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 metabolized to formaldehyde, which is a known carcinogen.*
- *Aspartame damages mitochondria. It also affects the hypothalamus triggering male sexual dysfunction and ruining female response. It destroys families. Mitochondrial 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, Multiple Sclerosis, 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 over a period of 24 months showed aspartame toxicity.*
- *It's particularly dangerous for diabetics since it can precipitate the disease.*
- *Diabetic retinopathy and neuropathy destroys the optic nerve, and interacts 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.*

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, which neutralizes any brain stimulatory effects of single amino acids. 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 7.8mg per day of this dangerous substance. Yet, a one-liter beverage, sweetened with aspartame, contains about 56mg 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 bloodstream 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.[200] This can cause you to eat more than you normally would and, ultimately, gain weight. In a study conducted in 2004, a control group switching to an aspartame-free diet resulted in an average weight loss of 19 pounds.[201]

Aspartame and Obesity

Circulation, the online journal of the American Heart Association, on July 22, 2007 released a report about the effects of drinking one regular cola or one diet cola a day.[202]

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 January 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, there IS some kind of chemical! It's called aspartame!

Aspartame and Cancer

The original research on aspartame produced brain tumors in the study of animals.[203] That research has been ignored for 30 years. In 2005, Dr.

Morando Soffritti of the Ramazzini Cancer Research Institute found that aspartame causes cancer, specifically lymphoma, leukemia and breast cancer.[204]

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 U.S. Rather than a week-long or a month-long aspartame-feeding study, the Ramazzini project administered different levels of aspartame over a seven-year period to 1,800 rats.

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.[205]

Sweet Misery: A Poisoned World

Sweet Misery: A Poisoned World is a 2004 documentary by Cori Brackett, who begins the film with her own miraculous recovery from multiple sclerosis once she threw away aspartame-sweetened products. You can view it for free online.

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, sulfur-based sweetener discovered in 1879 and was used extensively during the sugar shortages during World Wars I and II.

Side effects can occur in people who have sulfa allergies. Symptoms include nausea, diarrhea, skin rashes and mucus membrane inflammation.

When I first heard about saccharin many years ago it was associated with bladder cancer in rats. Apparently that study was overturned and there has been no connection found between saccharin and human bladder cancer.

Saccharin might be less dangerous than aspartame, but it is still a synthetic substance that the body must detoxify.

A 2012 study shows that Artificial Sugars Cause More Weight Gain Than Sugar. Aspartame and saccharin were both studied and found to do the opposite of what is promised by the artificial sweetener industry.

Acesulfame K

In his book, Safe Food, and also on the website of the Center for Science in the Public Interest, 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 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 it's "made from sugar, so it tastes like sugar" but Merisant says Equal is deceiving people into believing they are eating natural sugar 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 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."

In May 2007, Merisant & McNeil Reach Quiet Settlement In Splenda Battle. But as part of the settlement, none of the terms are to be made public. NOTE: The archive for this reference is no longer available.

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% 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 ELEVEN: DEATH BY ADDICTION

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.

~Abram Hoffer, MD.

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 or not to consume the product. 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 the 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 Five.) 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 $8 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 the *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 annually.

4000 WAYS TO KILL

For more than you ever wanted to know about tobacco, go to Global Link. I like *The Tobacco Reference Guide* by David Moyer, MD, and Chapter 19, Tobacco Ingredients, Additives, and Radioactivity is my favorite. Below, are some 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. Reference: 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 U.S. government are 13 not allowed in food (U.S. FDA) and 5 designated as hazardous (U.S. EPA). Most of the additives have not been scientifically investigated. Reference: 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 1930s as a possible chemical warfare agent. Reference: American Medical News, May 2, 1994*
4. *A two-pack-a-day smoker takes 400 puffs a day and inhales 1000mg*

(one gram) of tar. This is 150,000 puffs and a quart of thick brown gooey carcinogenic tar inhaled into the lungs each year. Reference: 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. Reference: 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. Reference: 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. Reference: 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. Reference: 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. Reference: Pharmacological Basics of Therapeutics,*

Goodman and Gilman, 1990 edition, p. 545

10. *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. Reference: U.S. News and World Report, December 30, 1996, pp. 66-67*
11. *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. Reference: Stanton Glantz lecture, San Francisco, February 24, 1994*
12. *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. Reference: The Health Consequences of Smoking: Cancer and Chronic Lung Disease in the Workplace, 1985 Surgeon General's report*

13. *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. Reference: 1985 Surgeon General's report*
14. *Indoor tobacco burning produces an estimated 13,000 metric tons of respirable suspended particles each year. Reference: 1985 Surgeon General's report*
15. *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. Reference: ASH Review, March-April 1994, p. 7*
16. *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. Reference: Associated Press, January 14, 1995*
17. *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. Reference: 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.[206]

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 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.[207]

Rivière reports that just as in North America, in France there is:

1. An increase in alcohol consumption among young people (65% 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 in France who have medical, psychological, and social difficulties linked to their consumption of alcohol. Medical reports indicate that 29.5% of men and 11% 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% of the total death rate. The population of the U.S is 314 million. The population of France is now 66 million.

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 12-step program of Alcoholics Anonymous manages to maintain their abstinence, they usually become addicted to sugar as a substitute. A very ironic fact is that you can create your own alcoholic brew by excessive sugar

intake that allows gut yeast to produce alcohol. Measurable alcohol levels have been found in people with massive yeast overgrowth that is fed by chronic simple carbohydrate consumption. However, if you treat for yeast overgrowth and give a person the necessary nutrients for good health, such as chromium, zinc, magnesium, B vitamins, and vitamin C, the body doesn'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% of the world's population but 42% of the world's spending on prescription drugs to the tune of $250 billion in 2005.[208]

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 renaming syndromes for drug companies is 20% 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 35 years at Simon Fraser University in British Columbia, says since addiction is stimulated by environmental factors drug policies don't work.[209] An article called *The Rat Trap* in a paper called *The Walrus*, 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. 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 16 to 20 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%). 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 57 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.

Quoting from *The Rat Trap*:

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 TWELVE: DEATH BY DENIAL

Only puny secrets need protection. Big discoveries are protected by public incredulity.[210]

~Marshall McLuhan and Barrington Nevitt

The FDA is an agency in denial.

~Dr. David Graham, FDA whistleblower 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 by 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. The 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 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 from mercury poisoning and other life-threatening illnesses. The five stages of grieving are also the same for families with dying relatives.

THE FIVE STAGES OF GRIEVING

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 feeling or emotion. 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: a simple lesson 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 would 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 a 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 tell 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 Four, 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 dies, or when we experience a horrible 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 the authorities of the dangers of mercury amalgams becomes more difficult as the years pass, and nothing is done. To this day, dental schools teach on 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 eBook, that I'm still in the process of writing in 2014, called *Mercury Madness*.

CORPORATE FIVE STAGES

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 Five, 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 reaches 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.[211]

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 psychopharmacologist, Dr. David Healy, he 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 Two.[212] 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.

I'm happy to say that Dr. Healy and Dr. Olivieri are having the last word. They work together on RxISK, a website where the public can report drug side effects to help warn others.

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 27 years until 2002. In the meantime, a lot of harm is done to unsuspecting women who have never heard of the cancer warning associated with this drug.

Another tactic to counter negative publicity or do 'damage control' from lawsuits against a company and their product is to launch huge PR and

advertising 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, the cancer industry and the chemical industry using these 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; and also that the revenue gained by government will be diminished.

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.

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 I am saying. Nobody likes to think they have been lied to, used, or abused. The very words I am 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.

ETHICAL FUNDS

There is a way that we, the stock-owning public, can intervene. We can simply take our money out of stocks from 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.

CHAPTER THIRTEEN: 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 an edited excerpt from a paper that I wrote for the Nutrition Institute of America titled, *Modern Medicine Gets a Failing Grade: Birth of the Lifestyle Approach*.[213]

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.[214]

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 (severe acute respiratory syndrome) 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.

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 numbers 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% of total U.S. deaths). A close second was poor diet and physical inactivity (400,000 deaths; 16.6%). Alcohol consumption was third (85,000 deaths; 3.5%). 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:[215]

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.

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.[216] Using 1990 data, McGinnis and Foege found the following:

Tobacco	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%. In the 2004 JAMA study, "Actual Causes of Death," 34% of U.S. adults are considered overweight and an additional 31% are obese. Its authors found that in 2001, chronic diseases contributed approximately 59% of the 56.5 million total reported deaths in the world and 46% 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:[217]

- More than 90 million Americans live with chronic illnesses.
- Chronic diseases account for 70% of all deaths in the United States.
- The medical care costs of people with chronic diseases account for more than 75% of the nation's $1.4 trillion annual medical care costs.
- Chronic diseases account for one-third of the years of potential life lost before age 65.
- Hospitalizations for pregnancy-related complications occurring before delivery account for more than $1 billion annually.
- The direct and indirect costs of diabetes are nearly $132 billion a year.
- 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.
- The estimated direct and indirect costs associated with smoking exceed $75 billion annually.

- In 2001, approximately $300 billion was spent on all cardiovascular diseases. Over $129 billion in lost productivity was due to cardiovascular disease.
- The direct medical cost associated with physical inactivity was nearly $76.6 billion in 2000.
- 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 NCDs 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 NCDs a priority, with an emphasis on prevention. As a deterrent to the use of tobacco, Dr. Puska suggested higher taxes and a comprehensive advertising 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, 30 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% 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% sugar recommendation. The Institute of Medicine's (IOM's) 2002 report, Dietary Reference Intakes for Macronutrients, suggests a maximum intake of 25% of calories from added

sugars, which still stands in 2010.[218] 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 in the understatement of the year, determined no other adverse effects."[219]

Imagine what it would be like to have 25% 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.[220] 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 Uauy, chairman of the report, made a number of astute observations that are not usually found in 'bureaucratic' reports. Dr. Uauy said that:[221]

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 fat over 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% of total daily calories.
2. Limit saturated fats to less than 10% of total daily calories.
3. Carbohydrates should provide the bulk of energy requirements—between 55 and 75% of daily intake.
4. Added sugars should remain beneath 10%.
5. Protein should make up a further 10-15% 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 in the 2003 WHO/FAO report was double the amount suggested in the U.S. By 2014 the Department of Health and Human Services recommended at least 150 minutes per week, which was equal to the WHO/FAO. However, one full hour a day of "moderate-intensity activity, such as walking," as many days per week as possible, is said to be needed to maintain a healthy body weight.

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 exercised about 16 minutes a week had telomeres that looked 10 years younger.[222]

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, former President Bush made the statement that the health care system in America is on a collision course with bankruptcy and had set the date of the final fire sale on our health care for 2011. Now, in 2014, this pronouncement coincides with Obamacare as an attempt to save health care, which will likely end in tears.

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, and 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 25 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, conducted from November 2002 through March 2003, was released on June 2, 2004.[223] 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% compared to 44%).

When asked about their health, 85% of Americans and 88% of Canadians reported that they were in good, very good, or excellent health. But only

26% of Americans and 24% 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% of Americans and 24% of Canadians reported some level of mobility limitation (problems with walking, standing, or climbing). More Americans, particularly American women (7% compared to 4% of Canadian women), reported highly severe mobility limitations. Approximately 8% of adults and 10% 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% compared to 17%) and this difference was more pronounced among older women. The scales were very uneven between the two countries when comparing obesity statistics. 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 the

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.[224]

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 continued with over 116,000 women enrolled in 1989. In 2014, another 100,000 registered nurses are being registered for ongoing studies. Periodically, researchers will analyze a segment of data and publish a conclusion. If researchers want to know if consuming two extra pieces of fruit per week will decrease the risk of colon cancer, they will track the number of women who now have colon cancer and then look at 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 only helpful to the extent that they demonstrate important correlations that may be studied further.

As long as we have the scientific notion, as I described in Chapter Six, 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 common sense tells us how desperately people need lifestyle change.

In Chapter Seven, Dr. Samuel Epstein says we don't need any more cancer research. I agree and I 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 used; 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. In a perfect world, doctors would learn about nutrition and the importance of vitamins and minerals in medical school.

Instead of low cost, lifestyle clinics that get back to the basics, we have a healthcare 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."[225]

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 on your income tax assessment form; if your bank made an 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 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/her advice or seek a second opinion. According to the Eisenberg study on alternative medicine, most patients don't even tell their doctors they are on vitamins for fear of their reaction.[226]

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."

BEING A PATIENT IN HOSPITAL

"Ask Questions" is the brilliant piece of advice given by the Joint Commission, but do they realize that if you question or criticize a hospital staff member, you may not see anyone for hours and you may have made 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; show you the patient's name on the medication they are dispensing, tell you what drug they are giving you (in case you are allergic), tell you the 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 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. From 1995 until 2003, the Joint Commission found 615 instances of wrong-site surgery. A June 29, 2011 article on Medscape reported "that in spite of intense efforts to prevent wrong-site surgery, the adverse event 'that should never happen' occurs about 40 times a week nationwide."

IN 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 five 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 of giving 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 solution, 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 details, I've written dozens of books and hundreds of articles designed to help you take care of your health. In order to share this important health information, within FDA guidelines, we developed a membership website, where you can find your own answers regarding building more wellness, using our formulas and information resources.

CHAPTER FOURTEEN: DEATH BY CHARACTER ASSASSINATION

Chapters Fourteen and Fifteen evolved in large part due to the efforts of Elissa Meininger, who contributed to the original Chapter One and gave an editorial overview of the first and second editions of *Death by Modern Medicine*. Elissa thought it would be important to explain the historical underpinnings of what medicine has devolved to today by means of the process of character assassination and forcing the status quo on doctors and an unsuspecting public. This chapter will also give sufficient evidence for you to understand why doctors will never speak out against the status quo. It's because they have too much to lose if they do.

People, for the most part don't like change, and they don't like being around people who are different than they are. I think that bullying in school is tolerated because it's a way to keep everyone pointing in the same direction.

My worst critics in medical school were my peers. When I was in practice in Toronto, I was censored by my licensing board as soon as I came out in the media saying bad things about sugar. Anyone who raises their head above the status quo becomes a target. Those of us on the leading edge feel the sharpness of that knife. People like to be 'led' but resent it all the same. They

wait for a chink in the armor of their leaders and revel in their demise. It makes people feel more powerful when they watch someone else fail or fall. They crow that they survived, and their hero fell giving them a false sense of superiority.

Centuries ago, you only had to whisper 'witch' to ruin a reputation or end a person's life. Petty jealousy, greed and fear drove people to accuse others of monstrous crimes. And they still do today. Actually, it's even easier now to carry out character assassination on the Internet. I experienced it myself in 2014 when a former product distributor of mine, in an effort to divert attention from large sums of money he owed me and greedy to sell products similar to mine, decided his best protection was to publicly slander me. Of course nobody believed him, especially when he bragged that he trademarked my RnA Drops, stole my customer email list, spewed ridiculous venom about me to my customers, blocked me from my website and began to sell products that mimicked mine all the while denouncing my products.

But back to the main story. Why are the natural healing arts not tolerated by the established allopathic community? Most say that such an attitude is cultivated by Big Pharma and it's all about the money. It's also because natural healing is not the status quo and therefore a target to people who want to have a monopoly on your health and disease.

The natural healing arts have always presented a challenge to the financial interests of the drug industry, the medical device industry, the hospital industry, the research industry and the array of allopathic doctor groups and their allied healing arts groups that enjoy the political approval of the community.

There is a much more important reason that usually gets lost in the argument. It's because the IDEAS they are espousing challenge what is held sacred by the establishment. The ideas are different and in the eyes of the establishment status quo, they cannot be tolerated.

When I was attacked by The College of Physicians and Surgeons, my medical licensing board in Ontario, Canada—first for exposing the evils sugar on national TV, and then after a 'plant' was sent into my office to lodge a trivial complaint, I found it hard to imagine that they were so concerned about one doctor's ideas. But they are. One small crack in the dam can lead to an unstoppable flood.

Ideas are powerful. Ideas, if accepted, can sweep away years, decades and perhaps centuries of beliefs that have become the catechism of the community. A fine example is someone like Martin Luther, who started the Reformation in the early 1500s. He risked his immortal soul to challenge the Catholic Church for its money schemes that allowed the wealthy and

privileged to buy their loved ones out of Purgatory and into Heaven with a bribe.

Scientists have always had philosophical arguments, but when it comes to the medical industry, there is such an extreme reaction to new ideas and the frenzy to reject them is fierce and widespread. Psychoanalyst Wilhelm Reich called it an 'emotional plague.' Once the public pillorying starts, if the victim doesn't get out of town fast, the hue and cry rises to such a fever pitch it becomes a national scandal covered widely in the press. In short, it becomes a contagious plague of condemnation in the established medical community at large. Everybody catches it.

Epidemics of this emotional plague have been flaring up for hundreds of years and in the vignettes that follow, I would like to show how the implications of the IDEAS of many original thinkers in our time have been the source of the attacks against them, not the truth of their ideas.

The ultimate issue in each of these cases has to do with an established 'truth' that would need to be struck down, or at least, altered in a major way, in order to make way for the newer IDEA.

In George Orwell's classic futurist novel, *Nineteen Eighty-Four,* he describes a country named Oceania where the population is controlled at every level at every moment of the day. To make the system work, a government

agency called the Ministry of Truth is responsible for establishing the 'official truth' according to the politically established version. A new language called Newspeak is implemented when the situation warrants it. Truth in Newspeak could mean 2 + 2 = 5.

Whenever the powers that be make a mistake, it's up to the Ministry of Truth to cover it up. They rewrite history changing the facts to fit the Oceania's ruling body's agenda. At all costs, it is essential that the propaganda coming out on all channels of communication, 24/7, to control the population, must support the 'official truth' to protect the status quo.

Nineteen Eighty-Four is not far off the mark in describing what is happening in the U.S. today. For starters, what we have been told about the history of American medicine is not true. 2 +2 isn't 5. Let me tell you what really happened and continues to happen. Many people around the world are figuring this out by doing their own homework and no longer listening to the propaganda blaring out on all the official channels of 'truth.'

CANADIAN DOCTORS WHO FACED THE INQUISITION

I described the attack by my licensing body on me under the heading "A Whistleblower On Sugar" in Chapter One. What I didn't say was that at the time about a dozen doctors were being attacked by the College of Physicians

and Surgeons of Ontario (CPSO). Of that group, I know of two who committed suicide rather than face the humiliating injustice of those attacks.

DR. JOSEF KROP

After 14 years, and a million dollars, Dr. Krop won a victorious fight to protect his license with the help of his friends. The Canadian CPSO, the keepers of the status quo, probably spent $2 million. His crime, besides deviating from the 'standard practice of medicine,' was that he told his patients to drink spring water and eat organic foods. His inquisition became the subject of a book by journalist Helke Ferrie. It was originally called *Malice in Medicine: The 14-Year Trial of Environment Physician, Dr. Jozef Krop*. It was never published under that title and became a much larger documentation of several doctors who were persecuted by the CPSO in *Creative Outrage*, which you can obtain as a free download. NOTE: This publication is no longer available.

DR. FRANK ADAMS

Dr. 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 because he gave his patients the necessary amounts of pain medication to relieve their pain. His license was NIH for the status quo 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 take an assessment and work individually with their patients to help meet their needs. There is no 'one size that fits all' prescription for people with severe pain. However, the standard of practice of medicine, which says to use the least amount of pain medication possible, results in many people suffering needlessly.

When Dr. Adams' license was revoked, his patients were left to suffer because their new doctors were afraid 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 a 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 put on 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 and killed himself.

DR. FELIX 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 with histamine and because he did not use the standard list of drugs: Prednisone, Ventolin, Alupent etc. This made Dr. Ravikovitch a target. His book, *The Plot Against Asthma and Allergy Patients: Asthma, Allergies, Migraine, Chronic Fatigue Syndrome are Curable, but the Cure is Hidden from the Patients* covers his protocols as well as his political troubles with the CPSO.

A LITANY OF AMERICAN TARGETS

Harold Hoxsey

One of the most publicized attacks in the U.S. was against Harold Hoxsey. For over 25 years, headlines across America recounted the ongoing battle between Morris Fishbein, editor of the *Journal of American Medical Association* and Harold Hoxsey. At the heart of the story is that Hoxsey, while

not actually a doctor himself, had inherited an herbal formula from his family that cured cancer in many people.

A wealthy Texas oilman, he decided to establish free clinics in many places to help heal people. Fishbein, at first, attempted to buy the formula so he could profit from it, but Hoxsey believed it should be left in the public domain. There are many such stories about Fishbein and others at the AMA who tried to buy promising disease cures and when rebuffed, targeted the inventors with unbelievable harassment.

Hoxsey's wealth made it possible for him to keep Fishbein and the law at bay for many years, even though he was arrested many times for practicing medicine without a license. In the end, however, Hoxsey decided to end the fight by setting up a clinic in Mexico, where it remains today. This gallant story of one man's fight to offer free healing for cancer-stricken patients became the subject of a book named *When Healing Becomes a Crime* and a *Movie* by the same name that is free on YouTube.

A side note to this story is that before Elissa Meininger founded her grassroots Health Freedom Action Network in Oklahoma, she was a patient of a well-known chiropractor named John Carver. Carver, the grandson of Willard Carver, one of the founders of chiropractic, told her that as part of his training, he apprenticed in one of Hoxsey's cancer clinics. His assignment

was to examine medical records and talk to patients. John told Elissa that Hoxsey's treatment was quite successful.

Later, when the movie came out and Elissa was drumming up people to join her organization, she hosted free showings. Invariably, people would show up and share stories of the miraculous cures they or their friends had experienced using the Hoxsey formula.

The quarter of a century of harassment of Hoxsey was entered into the Congressional Record and key to this entry is the accusation that there was a conspiracy against Hoxsey conducted by both government agencies and private medical groups. It was also learned even later, that Oklahomans petitioned to have Hoxsey's formula studied at NIH, a request that was denied.

Dr. Stanislaw Burzynski

Dr. Burzynski is probably the most famous cancer treatment specialist in the world today. His Houston clinic has been in the news for decades documenting his epic fight to keep his cancer treatments available to patients and to retain his medical license.

Four Federal Grand Juries, after hearing charges against him, refused to indict him, preferring to defend him instead, and the Texas Medical Licensing

Board has also failed four times to find enough evidence to revoke his license.

At the core of this political fight is that Burzynski has developed natural, non-toxic treatments for incurable brain cancer, and he happens to own the patent. Currently there are two documentary films recording his fight for his patients. One film, which is [no longer available] on YouTube, includes scenes from a Congressional Hearing presenting government documents stating the government's position that no one person should own a patent to treat cancer. Additional documents show that in an attempt to steal Burzynski's patents from him, the U.S. Patent Office awarded patents for his formulas to a pharmaceutical company after a spy who had worked for Burzynski stole critical information.

As recently as January 8, 2014, an article in USA Today smeared his name. The second Burzynski film continues his story and brings it up to date. His idea, which resulted in a patentable amino acid and peptide formula that he calls antineoplastons, basically reprograms cells to function normally again and not go haywire and create cancer.

When the Federal government and the Texas Medical Licensing Board lost all their cases against Dr. Burzynski, the FDA decided to put an outright ban on Dr. Burzynski's antineoplaston formula. After great public pressure, in March 2014, The Food and Drug Administration agreed to allow a handful of

cancer patients to receive "unapproved drugs from a controversial Texas doctor," but only if they can find another physician to administer them. The trick will be to see if any doctor, particularly in Texas, will go against the prevailing tide and actually help their patients with Dr. Burzynski's formulas.

The government is relying on the pressure of licensing boards and the status quo to make certain that doctors will not step forward to help their patients. Historic intimidation from licensing boards effectively prevents controversial, non-standard medical care from seeing the light of day.

Just in time for final edits of this *3rd Edition of Death by Modern Medicine*, *the Wall Street Journal* published the following in a press release on June 23, 2014 titled "Burzynski Research Institute, Inc. Announces Lifting of the FDA Partial Clinical Hold." NOTE: This article is no longer archived.

> *The Burzynski Research Institute, Inc. (BRI) announced today that U.S. Food and Drug Administration (FDA) has notified the company that its partial clinical hold on its IND for Antineoplastons A10/AS2-1 Injections has been lifted. The FDA has determined that under its IND the Company may initiate its planned Phase 3 study in newly diagnosed diffuse, intrinsic, brainstem glioma. The Company is continuing discussions with the Agency in an effort to finalize additional details of the phase 3 study protocol for the potential clinical trial.*

The FDA's decision to lift the clinical hold marks an important step in the development of Antineoplastons for the treatment of various forms of brain tumors in the US. At the same time, the Company is evaluating possible next steps for the Antineoplastons clinical program given the current progress and anticipated resource requirements of the ongoing program.

Shari Lieberman, PhD, CNS, RD

Lieberman was a high-profile nutritionist, writer and exercise physiologist who advocates the use of dietary supplements as a means of healing disease and maintaining good health. (Shari Lieberman died in 2009.) In certain circles, even today, this is a crime against the status quo. (See the section in Chapter Three discussing the anti-vitamin polemic of Paul Offit, MD). Two board members from the National Council Against Health Fraud (NCAHF), brought her to the attention of the American Dietetic Association (ADA), the ones who bestow the title, 'Registered Dietitian' on those who have passed their exams and awarded Lieberman her RD license.

Editor – I put in Lieberman was instead of is and added that (Shari Lieberman died in 2009.)

What makes Liberman's public smear campaign so notable is that there were no public complaints against her. And yet the NCAHF decided to target her

because she was such a prominent figure in nutrition. The medical view of dietetics is strictly the prevention of nutrient deficiency disease such as recommending just enough vitamin C to prevent scurvy but not enough to treat disease.

Lieberman's newspaper columns and magazine articles advocated dietary supplements as a means of healing disease and maintaining good health. In short, the issue was about free speech. It was never about how she treated patients.

Stephen Barrett, notorious owner of the Quackwatch webpage which tries to discredit all supplements and a board member of NCAHF purported to be an expert on the science of nutrition and was the principal witness against her. His claim was that her opinions were not scientifically based. As a result of his testimony, Lieberman was stripped of her RD credentials, which caused her considerable harm by destroying her reputation and her livelihood.

Lieberman did not take this well-publicized, libelous attack lying down. She sued the ADA providing evidence that the accusations Barrett had brought against her based on his claimed 'expertise' were false. Barrett actually has no credentials and no evidence of having expertise in the subject.

As evidence of her expertise, she provided 185 scientific citations to support the writings that Barrett had claimed were not backed by science in his complaint against her. The ADA reinstated her RD credentials and published this event in *the American Dietetic Association Journal* and their online newsletter *the Courier*.

Upon reinstatement of her RD credentials, she snubbed it and went on to enjoy an illustrious career writing books, testifying about nutrition and becoming head of the American Preventative Medicine Association, now the American branch of the Alliance for Natural Health.

Dr. Andrew Wakefield

The vehement and bizarre nature of the attacks against healers who think outside the box often depends on the 'idea' and how it relates to the importance of the established 'truth' it challenges.

Vaccines have been The Holy Grail of modern medicine since the turn of the 20th Century. They are the holiest of holies of current medical 'truths.' Vaccine 'truth' is even more emotionally charged than challenging current theories about the cause and cure of cancer.

In 2004, Andrew Wakefield, along with one of the world's founders of pediatric gastroenterology, John Walker Smith, MD, published an article in the Lancet, Britain's premier medical journal, about a study they did that

panicked the vaccine industry. Wakefield and Walker discovered a new bowel disease in autistic children that seemed to be linked to a recent MMR shot.

A journalist by the name of Brian Deer, who had no medical or scientific credentials whatsoever, filed a complaint with the British General Medical Council, the keeper of the keys to the British medical empire. He claimed that Wakefield and Smith were performing experimental research on children that was inappropriate, conducting tests that were not indicated, and thus were committing an ethical violation. The tribunal that passed judgment on Wakefield and Smith was made up of 5 people. Two lay people, one GP with no experience in research, an adult psychiatrist (not a child psychiatrist) and instead of a pediatrician, the final member was a geriatric specialist. This was clearly not a peer-reviewed hearing.

Dr. Smith raised the cash to restore his license, but it took him eight long years to do so. Wakefield lacked the funds to do the same, so he emigrated to the US where he continued his research.

If you want to know what Wakefield has to say about the slanderous attacks on him, his book, *Callous Disregard* is an eye-opener. You can also view Dr. Wakefield discussing his case on *YouTube* in an interview by the Association of American Physicians and Surgeons (AAPS). NOTE: This YouTube video was removed for violating community guidelines.

The AAPS is a 'mainstream' organization, but it believes that doctors should have the freedom to function based on their desire to actually help patients. The AAPS has sued the government including the CDC several times regarding the hidden aspects of the CDC's vaccination approval methods.

Dr. Mark Geier & David Geier

From the early 2000s to the present in 2014, Mark Geier, MD, and his researcher son, David, have been on the hot seat. Their crime? Investigating the official science backing the so-called safety of vaccines loaded with thimerosal (a mercury preservative). In 2003, they produced a paper titled "Thimerosal in Childhood Vaccines, Neurodevelopment Disorders, and Heart Disease in the United States."

For decades the cause of autism was said to be due to poor mothering until psychologist Bernard Rimland challenged that theory because his own son, Mark, was autistic and Rimland observed him from birth. (Rimland's son was the model for Dustin Hoffman's role as an autistic-savant in the movie, *Rainman*.)

Rimland concluded that it was the mercury in vaccines, in the form of thimerosal that was the cause. His foundation, Autism Research Institute, has privately funded vaccine research for decades and established a group

of trained doctors, naturopaths and caregivers to help children restore their health by various natural means.

Central to Rimland's approach from the beginning was to actually listen to parents, as primary sources of information. This approach enabled his group to find solutions that could be shared with other parents. Normally, scientists ignore parents and consider their observations irrelevant and biased. In my practice and consulting work my learning curve soared when I began working with the parents of autistic children.

Dr. Geier came into the picture with impressive credentials. He'd been a researcher at the NIH for ten years, a professor at Johns Hopkins and had addressed many august bodies such as the Institute of Medicine, the State Department, and the Government Reform Committee of the U.S. House of Representatives. He has published over 100 peer-reviewed medical studies and co-authored more than 50 peer-reviewed medical papers on vaccine safety, efficacy and policy. He has also authored more than 20 peer-reviewed medical journal articles on patients diagnosed with autistic disorders. He has participated in the evaluation and treatment of more than 600 patients diagnosed with autism spectrum disorders. Along with his son, David, Dr. Geier has a patent pending for the treatment of autism.

After a long witch hunt, Dr. Geier's license to practice medicine was stolen from him. And David Geier was charged with practicing medicine without a license, a case now pending in 2014.

Central to the Geiers' 'crimes against the establishment' is the fact that they testified several times at United Nations meetings deliberating a treaty to ban mercury, why is now signed by the United States and awaiting ratification by 50 other countries.

The purpose of the treaty is to ban mercury from both medical and industrial use. Unfortunately, thimerosal in vaccines was removed from the final language of the treaty at the last minute thanks to the fancy footwork of the FDA and others wishing to protect the status quo of the vaccine industry.

Fortunately, mercury amalgams were left on the list and are to be phased out because, as noted, mercury exposure takes a direct hit on people's nervous systems. After all, autism and autism spectrum symptoms are nervous system disorders.

The press coverage of the Geiers' ordeal is a great example of how character assassination and smear campaigns are designed. The description of the Geiers' "Lupron Protocol" that has successfully treated children with autism is one of them. Lupron is a nasty drug that is used to castrate sex offenders, according to the news. Absent from the news is the fact that Lupron is a

drug approved by the FDA for reducing the production of testosterone in men and estrogen in women. It is also approved for use in children who have experienced early puberty and high testosterone, which is the condition for many autistic children. It doesn't seem to matter that parents of children treated by the Geiers are extremely happy with the results. Patients cured of any dreaded disease by some 'unapproved' methods, are always ignored, if not condemned altogether. After all, in all of these grand farces, it is the idea that is on trial, not what works for the patient.

THE STRANGE TALE OF SIMPSONWOOD

In the murky world of trying to find the cause of autism we uncover the misadventures of the CDC and their secret meeting at a Methodist Retreat outside of Atlanta called Simpsonwood. This secret meeting was held to decide how to handle the CDC's own study that showed that mercury in vaccines does cause autism.

Simpsonwood's prior owner, before the Methodists took over, was a family who had owned it for generations. In fact, one of the reasons the prior owner, the last family member, was happy to place Simpsonwood in the hands of the Methodists, was a symbolic gesture to see that the land could be repurposed and purged of its sad history.

Simpsonwood had been used as the gathering site for collecting Indians before they were force-marched to Oklahoma in the Trail of Tears. Well known to all Oklahomans, Indian or not, is the fact that before the Indians were herded west, they were given blankets from the local army hospital that were infected with smallpox. Thousands of Indians died of the disease on the trail west.

The best report on what happened at Simpsonwood is told in a book called, *Sacred Spark,* written by Rev. Lisa Sykes and Mark and David Geier. The following review is an excellent description of this beautiful book.

> *Sacred Spark is the compelling true story of a child affected by mercury-poisoning and his minister-mother's decade-long battle to restore the light in his eyes. It is also the inspiring story of Reverend Sykes' work with the United Methodist Church to pass the first global resolution advocating the elimination of mercury from medicine, a nascent social justice movement on par with historical faith-based campaigns against child labor and slavery.*
>
> *With pragmatism and compassion, Sacred Spark calls for putting the well-being of children first. Through Sacred Spark's unflinchingly honest, first-person account, parents and physicians demanding safer vaccines will find clarity to support their informed choices as well as inspiration and guidance to become advocates for children. Woven seamlessly into the*

book's engrossing narrative are Rev. Sykes victories in appropriate and landmark biomedical treatments for her son, the success of empowered parents to enact state bans on mercury and to approach Attorney Generals across the country, attempts to find precious allies against a corrupt and protected industry, and her family's lawsuit defeat against a pharmaceutical company.

As a Princeton Theological Seminary graduate and minister of 19 years, Rev. Sykes inspires the reader to go beyond compromised scientific studies and profit-driven political debates and examine the mercury/autism issue through the first-hand experience of a mother and the faith and conviction of a minister. Sacred Spark ultimately teaches us that it is ordinary people who ignite the fire of reform.

While the defenders of the status quo are working overtime to trash the reputations of the Geiers and others who do not buy the establishments' 'truth' about vaccines they are ignoring the fact that the key researcher for 'The Danish Study,' which was presented at the Simpsonwood meeting refuting the link between mercury and autism, is now on the lam.

In April of 2011, Poul Thorsen was charged with 13 counts of wire fraud and 9 counts of money laundering resulting in the theft of over a million dollars. He is now awaiting extradition from his homeland in Denmark. Source: CDC

Researcher – Fugitive from Justice. Autism Researcher Indicted for Stealing Grant Money NOTE: These documents are no longer available.

Meanwhile, the CDC wants us to believe that it was not trying to cover up the results of the CDC study linking mercury with autism at that secret meeting at Simpsonwood.

THE LITTERED FIELD OF SUPPRESSED NEW IDEAS

Hon. Berkeley Bedell

Bedell is an unlikely candidate for public skewering after serving six terms from 1975-1986 as a U.S. Congressman from Iowa. Before his public service, he built one of the world's largest fishing tackle companies with a $50.00 investment when he was in high school during the Great Depression.

He was forced to leave Congress because he contracted Lyme disease from a tick bite. After multiple attempts to cure the disease with massive doses of antibiotics failed, he turned to an unconventional natural remedy with colostrum—from cow's milk. But this wasn't colostrum taken by mouth. It was prepared in a very special way.

If you inject the blood of a sick person into a pregnant cow, when her calf is born, her first milk, called colostrum, carries the antibodies to cure the person's disease.

Bedell colostrum treatment cured him prompting him to become an outspoken supporter of Herb Saunders, a Wisconsin dairyman charged with practicing medicine without a license for providing people with his special colostrum that cured a variety of diseases over the span of 20 years.

Prosecutors had tried twice to convict Saunders, but the juries of his peers were not convinced that Saunders was a threat to the public. After the second failure to convict Saunders, the prosecutors quit trying.

Besides winning the case, a beneficial outcome was the entry of one of his defense lawyers, Diane Miller, into the health freedom movement. Diane became the leading health freedom lawyer in the U.S. forming a national organization to help ordinary people campaign for health freedom by influencing state laws. She wanted to prevent ordinary, Good Samaritan folks like Saunders from being persecuted.

These laws, now enacted in a dozen states, also protect homeopaths, naturopaths, practitioners of Ayurvedic medicine and an array of other natural health practitioners from undue harassment from the allopathic medical monopoly establishment.

Bedell experienced another health challenge. He developed prostate cancer that did not respond to standard allopathic therapies. Knowing there were alternative cancer treatments he could pursue, Bedell went to Canada to

consult with another unconventional medical expert, Gaston Naessens. Naessens had developed 714-X, an injectable camphor treatment for cancer, multiple sclerosis, fibromyalgia and other diseases. Again, Bedell found a treatment that worked. 714-X is banned in the U.S. in spite of the fact that it does work, and it has no side effects.

Being a thinking man, Bedell saw the need to champion the cause of health freedom so that other ordinary people could have access to these kinds of treatments. Still active in political affairs in both Iowa and Washington D.C., he launched a campaign to create a department within the National Institutes of Health to begin looking into these unconventional approaches to restore and maintain health.

Bedell frequently testifies in Congress and in state legislatures, even today, to promote health freedom legislation. He openly challenges his fellow elected officials to have courage to do what is right for the people instead of kowtowing to the medical establishment and their cronies in the halls of political power. His now famous "Where is Your Courage" speech is posted on the Internet and serves as a reminder that there are some politicians who actually do serve the people.

The significance of Bedell's ongoing campaign to open up the medical industry to include new ideas, aside from actually offering real healing, is a lesson in medical economics. His failed bout with Lyme disease under the

status quo antibiotic treatment cost $26,000 whereas his successful colostrum treatment cost him $500. His unsuccessful prostate cancer treatment cost $10,000 whereas his actual cure with 714-X cost him $600.

Yet, the poison pen brigade, under the umbrella of the National Council Against Health Fraud (NCAHF) describes him as having "converted to the deviant thinking of quackery" and "ego-maniacal enough to promote laws to support his subjective personal experiences or ideologies." NCAHF is one of the defendants in *the Doctors' Data vs Stephen Barrett* lawsuit described above.

Krebiozen

Examples of suppression of new health cures are easy to find. One of the legendary examples of outrageously vicious condemnation is the story of Krebiozen. It was attacked and all the medical people who championed it were also brought down, most notably Dr. Andrew C. Ivy.

Dr. Ivy had an impeccable reputation and was a giant in the medical field. He became involved with an attempt to honestly evaluate Krebiozen, a promising cancer treatment when he was vice president of the University of Illinois and head of its medical school. His expertise in cancer research had led to an appointment as executive Director of the National Advisory Cancer Counsel and he was also a director of the American Cancer Society.

The attack on Krebiozen was a high profile hit job where the treatment was thoroughly condemned, and Ivy was painted as a 'senile dupe' in the pages of *Life Magazine*. It is worthy to note that Senator Paul H. Douglas was so incensed at what was going on, he entered several dozen pages into the Congressional Record about the affair as well as all the scientific documentation related to the benefits of Krebiozen that were being ignored.

A lengthy discussion of *The Story of Krebiozen* can be found on the net. And the book, *A Matter of Life and Death: The Incredible Story of Krebiozen*, written in 1958 can shed some light on this sorry affair.

Another important book in the history of missed opportunity is by Dan Haley, *Politics in Healing: The Suppression and Manipulation of American Medicine.* Dan was a New York State Assemblyman before he got into the politics of healing. A colleague of Berkely Bedell's, he wrote the book because he, too, found a natural cure for his health problem. It was using IV magnesium and hyperbaric oxygen to recover from a stroke. His out-of-pocket cost was $1,000 and a week's worth of his time. I wrote an article about him in News With Views called, "The Cost of Having a Stroke is Highway Robbery."

William Koch's Cancer Treatment

In 1913, an article was published in *the Journal of Biological Chemistry* explaining that removal of the parathyroid during thyroid surgery was life

threatening for the patient. The author of this article, William Koch, was lauded in *the Journal of the American Medical Association* as a brilliant researcher.

In 1919, Koch published another article, "A New and Successful Treatment for Cancer" in *the Detroit Medical Journal*. A few weeks later, Dr. George Simmons, Morris Fishbein's predecessor as editor of *JAMA* and the man who laid the foundation for the modern AMA, approached Koch with an offer.

Simmons wanted to purchase all the technical information about Koch's treatment. Koch was interested in the offer, but he wanted to be sure that people who could not afford to pay would be treated for free. Well, that was the deal breaker. Simmons retreated and a few weeks later Koch was declared a quack in *JAMA*.

From that moment on, Koch's trial by fire was unremitting. In spite of the ongoing attacks, he continued to successfully treat people for 30 years. As many as 4,000 doctors held annual meetings and published papers on how Koch's treatment worked on any number of diseases.

During the time between 1919 and when Koch died in 1967, thoroughly documented clinical trials were held in Canada, Brazil and the Congo and a total of 500,000 people were successfully treated. In spite of all his efforts,

Koch's scientific papers were not published in peer-reviewed medical journals in the U.S. and only one failed U.S. clinical study was ever conducted.

For this U.S. clinical trial, a five-member committee was convened to oversee testing of Koch's treatment on a group of terminal cancer patients. The Committee dragged its feet until forced to examine a group of patients so they could be treated. Only two doctors showed up one morning and proceeded to approve only five patients for the trial. Koch treated these patients and in three weeks they were up and around and obviously no longer in terminal condition. However, before they could be examined by Koch, they were ordered back to their homes, all very far away from the hospital. Then the committee closed the trial saying that Koch had never examined his patients and there were no results to report.

Several years later, Koch demanded a review of the findings of that trial. During an obvious sham review, an independent observer spoke up and told the truth. He was an MD by the name of W. A. Dewey, a professor of homeopathy at the University of Michigan. He wrote Koch the following letter about the sham review of Koch's study.

> *I have received what is termed the latest report on your treatment. This claims to be an account of the séance held on Nov. 5, 1923, at which I was present and took notes of each case. For a studied intent to falsify, a premeditated determination to condemn everything and an unscientific,*

un-American assumption to be judge, jury, and prosecuting witness, the report of this so-called committee outstrips bias, unfairness, and mendacity anything that has ever been my lot to observe in a medical practice of forty-two years.

The frankness with which you presented these cases, giving to the committee all the details and referring them to original records and to the family physicians, showed your honest desire to have an honest investigation of your method.

(Daniel Haley, Politics in Healing: The Suppression and Manipulation of American Medicine, p. 56)

The letter went on to point out that all the doctors reviewing the findings were surgeons and radium treatment 'experts.' In short, they were doctors who presumed cancer can only be cured by their methods.

This kind of kangaroo court is common practice in evaluating (aka condemning) non status quo methods of healing since the days of Franz Mesmer in the 1780s. In short, it is the oldest trick in the book to condemn something on 'scientific' grounds judged by unqualified people.

Over the years, since Koch had been branded as public enemy #1, he was subjected to all manner of chicanery and legal problems including two federal lawsuits brought on by the FDA. The FDA was committed to outlawing Koch's

remedies that were labeled for treatment of cancer and asthma. The FDA claimed the remedies were fraudulent, deceptive and false because the contents were indistinguishable from distilled water and therefore would have no effect on any disease.

The FDA had Koch arrested late one Friday afternoon so he could not arrange bail until after a weekend in jail. Bond was set at $10,000, a huge amount in 1942 dollars equivalent to about $150,000 today. Keep in mind that the dispute was over the labeling of a product not on safety or efficacy.

While the first FDA trial was going on, a second charge was laid by the FTC wanting to stop Koch from advertising in medical journals.

All the while, Koch amassed mountains of evidence proving over and over that his treatments continued to work. Furthermore, he was able to put witnesses on the stand who were fully qualified to attest to that fact.

Government witnesses were obviously not qualified to make judgments about a treatment they knew nothing about. In the case the Federal Trade Commission (FTC) trial about advertising, because of differing laws governing due process, Koch's attorneys were not even allowed to cross examine 'expert' witnesses as to their actual expertise regarding how homeopathy worked.

The first FDA trial ended in a hung jury. The second ended in a mistrial so it was left to the FTC to try and stop Koch by making their temporary injunction against advertising in medical journals permanent. Ironically, in every part of the persecution of Koch some key prosecutor, died shortly afterwards, usually of cancer. This spooked government officials enough to decide that if you prosecuted him, you were jinxed. The FDA never went after him a third time.

But Koch had had enough, so he went back to Brazil where he'd been invited to treat patients only to find that his work was shut down by the pharmaceutical industry. They threatened to cut off all medical supplies to the hospital where he was invited to work.

So, what was the idea that so threatened the status quo? During his first research on the parathyroid, Koch discovered:

1. *That cancer and other disease result from a breakdown in the body's oxidation system (by which cells produce energy from food and oxygen, and*
2. *That where there is healthy oxidation there is no disease. Observing that heart and brain tissues are extremely resistant to starvation, he deduced that they must be rich in some substances that produce energy. He discovered these substances to be carbonyl compounds and then perceived that these same chemicals were fundamental to*

the body's oxidation process. He found that when toxins interfered with or removed these carbonyls, oxidation declined and disease resulted. He speculated that if he could substitute the missing or impaired carbonyls, he could restore the oxidation system to normal, thus affecting disease.

~(Daniel Haley, Politics in Healing: The Suppression and Manipulation of American Medicine. Potomac Valley Press¸ 2000, p. 52)

For more information about Koch, I recommend you check out the William F. Koch Official Research Site maintained by the Koch family.

Royal Rife

No review of suppressed medical ideas would be complete without talking about Rife and his famous Rife Machine. Rife was well-trained in microbiology and was given an honorary doctorate for his work in that field by the University of Heidelberg. He was also a skilled expert in optics, having spent six years at the Carl Zeiss Optical Company, the world's leading optics manufacturer.

These dual interests prompted Rife to create the most powerful microscope in existence. This microscope was so powerful that it allowed microbiologists to observe live viruses and other pathogens throughout their entire life span. Even more remarkably, Rife introduced the use of ultrasonic frequencies to

kill the microorganisms within a person's body without any risk to them. Thanks to his microscope, he could plainly see these organisms disintegrate. And you can see these organisms disintegrate too in *The Royal Rife Story* on YouTube.

Rife had an independent source of research money and, along the way, came to the attention of Dr. Milbank Johnson. Johnson was affiliated with the University of Southern California and head of the regional medical board. Johnson helped introduce Rife to several prominent bacteriologists, one of whom was affiliated with the Mayo Clinic in Minnesota.

After successful experiments on lab animals, 16 terminal cancer patients were gathered under the auspices of UFC's medical school and monitored by a group of physicians. Fourteen of the patients were declared clinically cured in 70 days and the other two were cured in 90 days. The treatment days included breaks where nutrients were used to promote lymphatic elimination of the destroyed microbes.

What happened to Rife? The first salvo occurred when Morris Fishbein, editor of *JAMA* unsuccessfully tried to buy the company that manufactured the Rife machine. The next ploy was to bribe one of the company owners who then sued the company for more shares. The Judge suspected chicanery and ruled in favor of the company. Then the San Diego Medical Society put out the word that any doctor using Rife's machine would lose his license. Such

threats on a doctor's license are common and the fastest way to shut down doctors who want to serve their patients with strategies they believe work.

For more information about Rife, there are a number of Rife YouTube videos including one called *The Cancer Cure That Worked.*

My list of gifted people who have been condemned and suppressed is not exhaustive. You can find more in the references throughout the chapter but let's look at what they have in common and why they scare the living daylights out of allopathic medicine.

What Naessens and Rife Discovered

Gaston Naessens and Royal Rife were, and still are, a threat to the status quo. Why? Because they both invented extremely powerful microscopes that enabled them to make observations that go against all the modern ideas about the cause of disease.

While modern medicine was killing and staining organisms to put under the microscope, Naessens and Rife viewed live microorganisms. When modern medicine pushed the technology, they came up with electron microscopes to view incredibly small organisms, but they were also dead.

Naessens and Rife viewed live organisms that have life cycles not the killed and stained specimens that germ theory scientists believe used to form all their theories.

Louis Pasteur was dead wrong. Germs are not static and the idea that you can develop drugs and vaccines to combat these static germs has been wrong all along. This theory is called the mono(one)morphic(life cycle) germ theory.

The real germ theory called 'pleomorphism' shows germs having more than one shape or form during their life cycle. This theory was championed by Antoine Beauchamp, a contemporary of Louis Pasteur and his chief French rival in the germ theory wars over a hundred years ago. Pasteur favored monomorphism, or one form during a life cycle.

While Naessens and Rife used different therapies to address these ever-changing germs, the fact is, they both had tangible proof that Pasteur's germ theory, the basis of all vaccines since those days, was based on an error. Worse yet, each of these men invented ways to combat germs using safe methods, also contrary to the Holy Grail of the status quo.

Tim Bolen Challenges the Status Quo

Currently, Tim Bolen is the main player in tracking down and outing the propagandists who kill new ideas. His edgy and satirical reports are legend

on the net. Yes, he's been sued, though unsuccessfully, because free speech is still allowed on the net.

While opinionated, Tim's reports are backed by real fact. He makes his living as a crisis management expert with a focus on health freedom. He's usually associated with some of the more political cases of doctors being fried in the public frying pan. And, on occasion, he is called upon to testify which gives him a chance to enter mountains of irrefutable evidence into the court records.

Early on, he came to fame when he was working on the Hulda Clark case, where a little old lady (a respectable scientist with credentials) who was writing books about how to cure cancer via natural means, was on the hot seat. Clark got arrested and dragged across America in her bathrobe (according to Bolen) by FBI agents, in the dark of night, to bring her to Indiana to be tried for practicing medicine without a license. The charge stemmed from a trumped-up investigation six years earlier, which was flimsy at best. It was filed by a district attorney urged on by his girlfriend who had done the original investigation.

District attorneys make names for themselves based on notches on their gun belts marking convictions in high profile cases. Well, this was a high-profile case, all right. The whole country was laughing and appalled at the same time. When the dust settled, no judge would take the case because they

could see that the case had no merit. Years had gone by, and Dr. Clark now lived in another state. Some people suspected the arrest was to try and discredit Dr. Clark right before her next book was to come out. Was it just a coincidence that a major drug company manufactured a cancer drug in the state?

Over the years, Bolen has peeled back the layers of what appear to be a well-organized, well-financed campaign to destroy 'alternative medicine.' The current generation of a group that calls itself 'Quackbusters' uses the Internet to disseminate disinformation about natural medicine practices and practitioners.

Here is an excerpt from an article called, *The Six Components of the 2008 Quackbuster Operation* by Tim Bolen. NOTE: This particular article is no longer archived. You can visit www.bolenreport.com and search quackbusting for archived articles.

> *The 2008 Quackbuster operation is involved in "info wars" on the internet. It is a public relations "black-ops," run out of a New York misinformation agency. It has six components designed to do two things:(1) provide false and misleading negative healthcare information, primarily through the internet, to (a) the general public, and (b) employees of health insurance companies, medical malpractice insurance companies, health agencies, County, State, and Federal enforcement agencies about those trying to*

fix/change the health care system, and people, therapies, products, etc., that compete with the current status quo, and (2).block, or diminish sources of substantial information about positive aspects of those people, therapies, products, etc., that compete with the status quo.

Quackbusters on Wiki

Wikipedia, a place most people use to get what they think is accurate information on any subject matter, is basically written by so-called 'volunteer' contributors.

While most entries on Wikipedia may be honest efforts to provide the world with legitimate information, when it comes to medical entries, Wikipedia is being used by organized, financed and well-trained 'skeptics.' They are masters at creating a mountain of misinformation about people and techniques that they target. Slander and name-calling are common.

In response to a Petition signed by 8,200 people to ask Wikipedia to become more balanced in its reporting of energy medicine, James Wales, founder of Wikipedia equated energy medicine with lunatic charlatans and said the following.

Every single person who signed this petition needs to go back to check their premises and think harder about what it means to be honest, factual, truthful.

Wikipedia's policies around this kind of thing are exactly spot-on and correct. If you can get your work published in respectable scientific journals - that is to say, if you can produce evidence through replicable scientific experiments, then Wikipedia will cover it appropriately.

What we won't do is pretend that the work of lunatic charlatans is the equivalent of "true scientific discourse." It isn't. Posted on March 23, 2014

Another venue for organized misinformation and disinformation is the use of a browser application called *Web of Trust (WOT).* This application, put out by a Finnish group, is used to evaluate possible scams, untrustworthy links and rogue web stores. It is billed as a crowd sourced rating system. Like Wikipedia, anonymous people rate websites.

Interestingly, WOT admits that while the ratings are supposed to be from ordinary users, they also use unspecified 'other' sources. But the real clue that this rating system is skewed is in the suggested list of topics by which sites can be rated. They don't just call alternative medicine, alternative medicine. They call it Alternative or Controversial medicine.

If a site featuring non-status quo medical and health topics has been rated poorly, when new people want to enter the site, they are faced with a huge warning sign preventing them from seeing the home page. These ominous

warning signs are almost universally found on websites providing information about the problems with vaccines.

Gullible people take these ominous warning signs seriously and click on the sign to cancel their interest in entering the site. People have told me that when they Google for information, the WOT circles (red for warning—green for safe) even appear on the Google listings so that these same gullible people are warned not to click on any site with a red circle beside it.

I have also been told that when I list links in my newsletter, green for safety and red for unsafe circles appear beside each of my links. It's the new censorship by a gang of trained anti-health freedom skeptics.

Some journalists specialize in medical news. There is even a journalist trade association just for medical journalists. Their 'training' consists of a visit to Bethesda, MD where they are taught how to look up medical information on NIH's vast databank of officially accepted medical ideas.

In talking with a professional journalist who has a working knowledge of natural healing arts and some of its politics, he says that most of his associates in the medical reporting field actually have an antagonistic view of anything outside establishment medicine. In short, they have no knowledge outside their area of expertise, and they don't want to do the

kind of balanced reporting the journalism profession is supposed to provide for the public.

Prior to Tim Bolen's arrival on the scene to expose it, organized censorship of new medical ideas was not even known. Then, an investigative reporter, not a medical reporter, named Joe Lisa, decided to explore this issue. Over the years Mr. Lisa came to realize the pervasive nature of alternative medicine censorship and, as a reporter, he saw a way to expose it.

Mr. Lisa went to the American Medical Association's offices in Chicago and convinced them he wanted to write the definitive book on all the quackery they were trying to get rid of. Convinced of his sincerity, the AMA gave him the keys to the massive library in their offices that housed a whole room full of data that the AMA used to attack those with new ideas.

Over a period of a year, using the AMA's own copy machine, Mr. Lisa systematically copied and took from the building, thousands of pages of evidence showing that, for decades, the AMA had been orchestrating a massive campaign to destroy their competition.

During the time when Mr. Lisa was duplicating the world's largest 'quackery' library, he obtained the history of how the AMA, in 1963, formed a secret committee to destroy the chiropractic profession. When that effort was discovered by chiropractors, a group of them sued under the Sherman Anti-

Trust Act and after a decade of legal hassles, finally won, resulting in saving the profession from being outlawed. A new documentary called *Doctored* about this attempt to destroy chiropractic is available for purchase.

The insidiousness of the many campaigns to destroy anything that was not to the AMA's liking was how many other entities, both public and private, were organized into secret committees and were eager to participate. These included public agencies, such as the Post Office and private sector groups such as the Council of Better Business Bureaus.

By the 1980s, the system of suppression was so well organized, each year a Roper Poll was conducted to see what natural medicine products and services were gaining popularity with the public. With those targets in mind, funds were raised from the drug industry and government agencies such as the FDA to mount campaigns to discredit those natural medicine products.

The book Mr. Lisa wrote, *Assault on Medical Freedom* (1994) turned out to be nearly 400 pages of names, dates, places and strategies that shocked the establishment. And, true to form, somebody had to get rid of it. It was too revealing to keep around.

Elissa Meininger, a grassroots health freedom warrior in Oklahoma who became head of the health issues committee of Ross Perot's government

reform group, *United We Stand America*, got a call one day from Mr. Lisa asking for her help.

It seemed that his book was going to be blocked from sale. Why? Because a lawsuit had been filed against him and the publisher, Hampton Roads Publishing Company. Elissa called the publisher's lawyer to learn that this lawsuit was so intimidating, that the publisher decided it was easier to bury the book rather than engage in a lengthy and costly legal fight.

Elissa obtained a copy of the book from the lawyer as a courtesy. You can now find copies on Amazon. The book is a real eye-opener for those who want to see how invested in the status quo is in trying to wipe out any idea that challenges theirs, and how many tentacles this censorship hydra head has.

The sad part of the success of this particular bullying tactic is that Hampton Roads had intended to distribute a copy of the book to every member of Congress in conjunction with a bill related to health freedom. They had distributed an earlier book, *Racketeering in Medicine: The Suppression of The Alternatives as part of the support for the Dietary Supplement Health Education Act of 1994*.

After decades of abuse from all the protectors of the status quo, Doctors' Data, a medical lab in St. Charles, Illinois, decided to sue the central players in the longtime harassment of doctors who used their lab service.

See Tim Bolen's coverage of the case in his blog "*Why the Doctor's Data v Barrett case is important to North America*." NOTE: Click on the link and then search for this article on the home page of The Bolen Report.

Bolen has been a central player in the investigation and reporting on the progress of the case. The ultimate idea behind the lawsuit is to force, through the discovery process, Stephen Barrett, the key defendant, and others associated with the National Council Against Health Fraud, to reveal who is really behind this relentless campaign to destroy the competition to allopathic medicine.

Once revealed, civil RICO lawsuits can be filed against individuals that have funded, and in some cases, directed the campaign. In the meantime, Bolen's reports make entertaining and well-documented reading.

CHAPTER FIFTEEN: THE FUTURE OF THOUGHT

A paradigm-shift is driven by the accumulation of observations that do not fit the accepted theories and cannot be made to fit by the mere extension of those theories. The stage is set for a new and more adequate scientific paradigm. The challenge is to find the fundamental, and fundamentally new, concepts that form the substance of the new paradigm.

This is what Einstein did at the turn of the twentieth century when he stopped looking for solutions to the puzzling behavior of light in the framework of Newtonian physics and created instead a new concept of physical reality: The theory of relativity.

As he himself said, one cannot solve a problem with the same kind of thinking that gave rise to that problem. In a surprisingly short time, the bulk of the physics community abandoned the classical physics founded by Newton and embraced Einstein's revolutionary concept in its place.

~ Ervin Laskzlo—Science and the Akashic Field

In Chapter Fourteen, I gave an overview of character assassination used as a tool by the status quo to control doctors. The control of the public is also quite pervasive. In fact, this whole book is quite discouraging in its exposure to modern medicine. So, here, in Chapter Fifteen, I'll outline the history of the broader aspects of medicine and the hopeful future that is in store.

Of course, the status quo tries to shut down each and every one of the 'movements' I speak about in this chapter, but we still can prevail. Think of Chicken Little who spent his whole life worrying that the sky was going to fall and instead know that "The sky can fall but it doesn't have to fall on me."

MESMERIZED BY MESMER

In the 1780's, right between the end of the American Revolution and the beginning of the French Revolution, a prominent Austrian physician rocked Europe with such an astounding new way to understand human health and man's relationship to the Universe—we still feel its impact today. His name? Franz Mesmer. His idea? That there was an invisible, non-material life force, a subtle essence that flows through all of us that Mesmer called 'animal magnetism,' that, when utilized, could heal the sick.

In his book, *Spiritualism and the Foundations of C.G. Jung, Francis X. Charet*, describes Mesmer's idea this way:

… animal magnetism is as a method of healing [that] can be briefly summarized under four basic principles: (1) a subtle physical fluid fills the universe and forms a connecting medium between the human being, the earth, and the heavenly bodies as well as between one person and another; (2) disease originates from unequal distribution of this fluid in the human body, and recovery is achieved when equilibrium is restored; (3) with the help of certain techniques, this fluid can be channeled, stored, and conveyed to other persons; (4) in this manner crises can be provoked in patients and diseases can be cured.

Mesmer's techniques were so revolutionary and healed so many people that by 1784, King Louis XIV of France appointed a Royal Commission (The Ministry of Truth) to find out just what this 'fluid' was. The commission was made up of four members of the Faculty of Medicine and five members of the Royal Academy of Sciences. Benjamin Franklin, arguably one of the greatest scientists of the day and an expert on electricity, was appointed chairman. Other scientists included chemist Antoine Lavoisier, who was the first to isolate oxygen, Jean-Sylvain Bailly, a French astronomer noted for his computation of an orbit for Halley's Comet, and physician Joseph-Ignace Guillotin, whose invention, the guillotine, ironically, was later used to execute both Bailly and Lavoisier during the French Revolution, and almost cost Guillotin his life, as well.

The status quo concluded that Mesmer's mysterious 'fluid' since it had no material properties and it couldn't be seen and otherwise was not measurable by any scientific equipment of the day, must be a figment of the imagination. Thus was the classic and predictable conclusion of this group of establishment scientists who could not see beyond their own narrow view of what constituted scientific 'truth.' While one could argue they were worried about their power and prestige, at the core of it was that they only knew what they knew and couldn't open their minds to Mesmer's idea because it might nullify their version of medical 'truth.'

Interestingly, this was a time when everyone had already accepted that there was an invisible force that could lift hot air balloons into the sky in what was man's first experience of flying. And gravity, another invisible force that caused objects to fall to the ground, was explained and accepted.

It is important to take a moment to digest the profound importance of Mesmer's work. Mesmer's idea, simply put, is that there is a special intangible 'fluid' that flows through all of us and is what connects us with the universe. It is what makes us alive. Without it, we are dead, and our bodies are nothing more than dead flesh and bone. This 'fluid' has been called many names. It is often called the vital force, life force, spirit or the soul. The 5,000-year practice of Chinese medicine is based on qi or chi as is Hindu Ayurvedic medicine which calls it, "prana."

Due to the political need to maintain the status quo, the public propaganda machines of the day made Mesmer out to be some kind of nutcase and he became the subject of theatrical comedies and cartoons in the local press in their version of *Saturday Night Live*.

Yet, at the Bibliotheque Nationale, in Paris, Mesmer's followers felt his ideas of such enormous importance they catalogued them in great detail. Thousands of mesmeric cures, visions, and philosophical speculations fill 14 volumes of about 1,000 pages each and are still accessible.

These days, the only publicly-acknowledged references to Mesmer and his impact on the world of medicine are about his influence on psychiatry and hypnotherapy. The Ministry of Medical Truth, here in America, has carefully skirted the issue that most of the natural healing arts today are based on Mesmer's ideas.

For the record, today's Ministry of Medical Truth consists of several agencies. At the top is the Institute of Medicine (IOM). It originated as part of the National Academy of Sciences (NAS) in 1863 to advise Congress on all matters of science. The academy, like all such bodies including the French Royal Commission that attacked Mesmer, are considered 'learned' societies of scientists, never to be questioned. In 1970 here in America, there was so much overlap of science in medicine that the IOM was created as its own entity under the NAS to cover all the advances in medical science.

Like the rest of the National Academy of Sciences IOM members are elected by their peers in recognition of distinguished achievement in their respective fields of expertise. In short, nary a disciple of Mesmer in sight.

Other parts of America's Ministry of Medical Truth include federal agencies like the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Centers for Disease Control (CDC), the Department of Health and Human Services (HHS) and any other agency of the Federal Government that includes policies related to medical matters.

One of the inheritors of Mesmer's ideas is Osteopathy, which was created by Andrew Taylor Still. He was a magnetic healer, who based his new medical practice on the idea that Mesmer's 'fluid' flowed through the blood. The original practice of osteopathy was about opening up the flow of blood by manual manipulation to nourish the cells of the whole body. Since Still's time, most osteopaths have been forced to adopt allopathic modalities because of *the Flexner Report* that I discussed in Chapter One.

The founders of chiropractic, also magnetic healers, believed the energy flowed through the spine and so that practice still focuses on manipulation of the spine to restore health. In the last half of the 20th Century, chiropractors decided enough was enough and sued the AMA under the Sherman Anti-Trust Act. They had evidence the AMA was actively engaged in keeping their monopoly on medicine and were trying to outlaw

chiropractors altogether. The chiropractors prevailed and have achieved a modicum of respect, if not total acceptance as official members of the medical community.

The American pharmaceutical industry has been campaigning against the validity of homeopathy since the 1880s because at the time, homeopathy was rapidly growing in popularity due to its success in dealing with epidemics and other illnesses of the day. Homeopathic remedies are known to be gentle and have no side effects in contrast with chemical drugs that often do. Homeopathic remedies are also very inexpensive and have a long shelf life.

The founder of Homeopathy, Samuel Hahnemann, was a contemporary of Mesmer's in Germany. Hahnemann developed remedies based on energetic principles, not biochemical principles, and could restore health by restoring proper energetic harmony of the body.

Modern homeopath, George Vithoulkas, explained how the preparation of homeopathic medicines follow the principles of physics, not biochemistry in his book *Homeopathy – Medicine for the New Millennium*:

> *Every atom and molecule is composed of high degrees of energy, and the particles contained within atoms move at speeds often approaching that of light. Everyone today is aware that tremendous energy can be released by the fission or fusion of atoms. From these observations, it is clear that*

hidden within the apparently solid material substances of our world vast amounts of energy are lying dormant.

Somehow, the repeated dilutions and succussions of a homeopathic medicine release a great curative energy which is inherent in the substance. In each instance above, we discover that energy is released by the proper method. We do not know the relationship, if any, between these phenomena, but there is objective proof that they exist: Brownian Motion is observed by looking through the microscope at minute particles suspended in water; modern quantum physics measures with great precision the energies and speeds of motion of subatomic particles, and nuclear explosions demonstrate the energy contained in matter. In homeopathy we witness the amazing cures that the potentized remedy can bring about. In this connection, we are struck by something which the famed healer Paracelsus wrote centuries ago:

The Quintessence is that which is extracted from a substance … After it has been cleansed of all impurities and its perishable parts, and refined to the highest degree, it attains extraordinary powers and perfections…In it there is great purity, and it is because of this purity that it has the virtue to cleanse the body.

NOTE: This specific publication is no longer available. So, the link points to the organization.

Naturopathy is also considered an energy medicine and has its origins in Germany. In my practice, I incorporate a variety of energy modalities including acupuncture, The BEST Technique, Homeopathy and Chinese medicine. Using dietary supplements from food-based organic sources, not synthetic chemicals, herbs that have not been processed to take the life force out of them and other natural means allows naturopaths to stay close to our energetic roots. In doing so we are working with that 'fluid' that flows through our patients by using medicines and techniques to restore the natural balance of the body resulting in genuine health.

EMANUAL SWEDENBORG

In the 1700s, one of the greatest scientific writers and mystics of his time, Emanuel Swedenborg, predicted that science would eventually prove that it was spirit that ruled, not the physical body. He and Franz Mesmer are considered by medical historian, John Haller, to be the lynchpins of Western medicine's natural healing arts. Haller's book, Swedenborg and Mesmer and the Mind/Body Connection: The Roots of Complementary Medicine, makes fascinating reading.

Although millions of us have been engaged in a mighty army of 'health freedom' advocates, what is missing from this movement is an acknowledgement of just what it is we are fighting for.

Swedenborg's prediction validates those of us who see the body as more than a bag of chemicals with replaceable parts.

At this point most writers would list the energy medicine research and New Age practitioners that continue to validate Swedenborg. The most prominent is Oprah Winfrey who openly acknowledges her roots. She says:

> *What I know for sure is that what you give comes back to you. That's not just my theory or point of view—it's physics. Life is an energy exchange of giving and receiving and the way to have what you want is to give what you need.*

But how much has her message been adulterated by the media who put Oprah on a pedestal? And in doing so everyone else is forced to assume a 'less than' position at her feet. Her rags to riches story is a tantalizing hook for her audience who want to brush up against her success and maybe receive an expensive gift as an audience member. Oprah wants to inspire and educate and empower women. But we can only empower ourselves. Leaving our empowerment up to another only mimics the priest who we 'pay' to intercede with God on our behalf.

NEW THOUGHT MOVEMENT

Oprah promoted Australian Rhonda Byrne and her book and film. *The Secret*, became a worldwide phenomenon showcasing ideas about positive thinking

and spirituality that were first formulated in the 1800s by the New Thought Movement. The Movement, whose earlier luminaries included Napoleon Hill and Dale Carnegie, is also a religious movement that flourishes today. The New Thought Movement was started by Phineas Parkhurst Quimby, a magnetic healer in the Mesmer tradition.

The dark side of *The Secret* is the falling out between Rhonda Byrne and Esther and Gerry Hicks with accusations that Byrne appropriated much of her material from the Hicks without proper accreditation.

LOUISE HAY

Oprah featured other New Age celebrities including the late Louise Hay, whose Hay House empire publishes hundreds of positive thought/spirituality books, DVDs and other products around the world.

In 1976, Hay, a former spiritual counselor in one of the New Thought sects, Church of Religious Science, published a small volume called, *You Can Heal Your Life*, which sold 40 million copies by 2011.

It was one of the first books in the current generation that provided readers with the idea that there was a mind/body connection and that with positive thought you can heal your body, an idea that has been bedrock to the New Thought Movement since the 1840s.

Louise Hay's work was embraced by the gay community in the midst of the AIDS crisis. Her belief that you create your own reality appealed to many. Whatever you are experiencing right now is a product of all that you are and do and say. You can't blame or credit anyone or anything else for who you are and how you feel. However, some accused her of 'blaming' people for their illness because they were not able to take on such responsibility for creating their own reality.

As I explain in the Introduction, Total Biology explores 'the conflict basis of disease.' I've often made the comment that Total Biology is Louise Hay on steroids.

JOE DISPENZA

Chiropractor and Neuroscientist, Joe Dispenza, describes the nature of human consciousness as a "vast web that is interconnected across space and time." He teaches people in his workshops around the world how to communicate with this quantum field. In his book, *You Are The Placebo,* he says this field "holds all probabilities, which we can collapse into reality through our thoughts (consciousness), observation, feelings and state of being."

The idea that we are conscious beings with the ability to connect to this universal web (Mesmer's mysterious fluid), is now hotly discussed among

many in the scientific community as well as those who hold more spiritual values.

DEEPAK CHOPRA

Another notable in this new kind of thinking is Deepak Chopra who started out life as an endocrinologist in the Western medical tradition and eventually went back to his Indian roots as a practitioner and promoter of Ayurvedic medicine, India's version of naturopathy. He now sits squarely in the camp that discusses quantum physics, health and the mind/body relationship. In the foreword to a book entitled, *The Quantum Doctor: A Quantum Physicist Explains the Healing Power of Integral Medicine*, by fellow countryman, and quantum physicist, Amit Goswami, PhD, Chopra writes:

> *Two thousand years ago the philosophy of Vedanta declared that material experience is an illusion, a shared dream, from which it is possible to awaken, and when we do, we realize that behind the illusion was pure consciousness. Such a view had little bearing on Western thought until the great quantum pioneers arrived at the beginning of the twentieth century. Their names are celebrated today – Albert Einstein, Erwin Schrodinger, Wolfgang Pauli, Werner Heisenberg-but what is much less well known is that almost all became mystics. Having discovered that the solid material world was based on invisible energy fields, and that those fields emerge from a place outside space and time, the quantum pioneers began to alert*

the public that the physical world was shifting under our feet like quicksand……Heisenberg said in his Nobel Prize speech in 1932 that the atom has "no physical properties at all." Einstein posited that everything in the universe was happening in "the mind of God."

Interestingly, Goswami and Chopra, both from India, may be closer to energy medicines like homeopathy and Ayurvedic medicine and can see how it can coexist with allopathic medicine for the betterment of the patient.

Bookstores around the world are filled with titles by people like Gregg Braden, author of the bestselling book, *Divine Matrix: Bridging Time, Space, Miracles and Belief*. This book covers what Braden calls the matrix, the mysterious web of energy that connects everything in our lives and world. Braden has appeared on numerous shows on The History Channel, the Discovery Channel and other networks. A former computer whiz in the corporate world, he now spends his time traveling to the far reaches of our planet to study the ancient spiritual practices of our ancestors and those who are still untouched by our modern 'scientific' world.

There are many other notables who are delving into the core beliefs of our world and coming to similar conclusions. What we have believed for centuries as scientific 'fact,' that we are nothing more than machines with no way to control our lives, is simply not true. We are spiritual beings

(energy) and have the capacity to connect with the unseen world and create our own future.

QUANTUM PHYSICS

The other major series of events that are upon us are the massive changes in scientific inquiry and belief. Physics, where all the scientific action is now, is described in Wikipedia this way:

> *Physics (from Ancient Greek: φύσις physis 'nature') is a branch of science that developed out of philosophy, and was thus referred to as natural philosophy until the late 19th century—a term describing a field of study concerned with "the workings of nature." Currently, physics is traditionally defined as the study of matter, energy, and the relation between them. Physics is, in some senses, the oldest and most basic pure science; its discoveries find applications throughout the natural sciences, since matter and energy are the basic constituents of the natural world. The other sciences are generally more limited in their scope and may be considered branches that have split off from physics to become sciences in their own right.*

Currently, there is a great deal of excitement in the field of physics, especially in the subcategory called 'quantum physics' with the confirmation that The Higgs Field exists and exists throughout the universe. A Nobel Prize was

awarded to Dr. Peter Higgs and his colleagues and it is believed that with this discovery, particles called 'bosons' basically float around in the field and in some cases are material mass that can be seen, and other times, based on their higher frequency (energy) they are unseen. Some call these particles the 'God particle.'

Another notable in this field of quantum physics and human history is Bruce Lipton, PhD. A former atheist and stem cell researcher, who says we are poised to take an incredible step forward in the growth of our species. In *Spontaneous Evolution: Our Positive Future and a Way to Get There From Here,* one of his several bestselling books, this world-renowned expert in the emerging science of epigenetics covers the sweep of human history with an eye to showing how every now and then, great leaps in consciousness literally change the basic beliefs of society almost overnight. He has become an enthusiastic believer in the idea that we are becoming spiritual beings who can connect with the mysterious fluid of Mesmer's description and can literally control our lives and our future.

Having been brought up a Baptist, I am well versed in *Bible* studies and remember a much-quoted statement in John 14:12. In the King James Version it says: "*He that believeth on me, the works that I do shall he do also; and greater works than these shall he do*."

Many people interpret this to mean that ordinary people have the power to perform miracles. Some religious groups within the New Thought Movement view Jesus, not as a special deity but as a mortal human being who was more like a teacher to show ordinary people how to connect with their own spiritual power by tapping into this same Mesmeric 'fluid' that is the spiritual essence many religious groups call 'God.'

iON & NON-PHYSICAL

In my personal journey, I knew organized religion did not hold the keys to 'enlightenment.' My disillusionment came early. My father was a church deacon, and I heard the rumors and then the reality that the first church minister I knew was a pedophile and that an older deacon was molesting the young girls in Sunday School. Much later, when I became a guardian and foster parent to two orphaned teens, I learned that their Christian family of 12 aunts and uncles had refused to take them into their Christian homes.

Over the years I read all the New Age and New Thought Movement books, but long before that I had decided on my own to be a living example of Jesus, but without the extreme sacrifice! I had the gift of being able to see the very best in people and I do believe that we are all powerful creators and have the ability to do 'greater works.'

On another note, my husband, Bob, an investigative journalist, had consulted with mediums as part of his research. One of Bob's sources was regularly consulted by the Pentagon.

In the Spring of 2009, when a friend of ours began seeing ghosts and other worlds, it didn't faze us in the least. Our friend has many 'gifts of the spirit' as they are called in the Bible, one of which is prophecy. We called the non-physical communication iON.

Our friend is not in a deep trance when iON speaks through him. He is aware of every word that's being said and can carry out other physical activities, like cooking and baking and doing home repairs when iON talks.

Bob had a weekly call-in radio show called Payday: I'm in Charge, where we play clips of the thousands of hours we have taped with iON, and iON also called in live and talks to callers as we create the most exciting, hilarious, informative and expansive entertainment/education you could ever imagine. It was on Saturdays at 5pm Pacific Time and ran for 11 hours! NOTE: The above link is to Bob and iON's archives.

In teleconference workshops, we studied the *Book of Revelation* in *the Bible* where iON filled in the spaces that were left blank either intentionally or unintentionally by the Council of Nicea in 325AD, (the group of people who decided which books to include in *the Bible* and which books to exclude).

In private sessions with iON, Bob and I have created a fermented liquid barley supplement formulated to take advantage of the unique properties of its ancient grains, seeds, and plant flowers, and I've married them with several other products that I've personally developed (picometer sized, stabilized mineral formulas and natural, whole food vitamin formulas) making a unique combination of effective formulas for every individual at any stage of wellness or illness.

With iON, Bob and I realized we wanted MORE. We are perfectly happy but as iON says, most humans with their eyes open want MORE. And with iON we have a good chance of getting MORE. The fermented liquid barley supplement is one example. Bob and I realized that we had gone beyond 'Supplementation' and had reached 'Completement' with the fermented liquid barley supplement that work so synergistically with the picometer sized, stabilized mineral and natural, whole food vitamin formulas. The title, *Doctor of the Future*™ given to me by Dr. Stephen Sinatra, has special resonance and meaning when you bring iON into the picture.

iON has to be experienced. My words offer only a glimmer of iON. It was interesting hearing what Elissa had to say about iON as she tried to compare them to channels and psychics. However, iON is really quite unique. Here you have amazing facts and insight coming out in a distinct Southern accent

with humor, sarcasm and insight that can't be compared with anything else you've ever heard.

You can experience iON's words on the archive at ionandbob.com. That's probably why we haven't written any books yet because you can't describe in words the indescribable; it can only be experienced. Since I've broached the topic of iON, and there's no going back, let me give you a brief overview of some of iON's teachings.

Audio/Video iON

The online intro on Achieve Radio (our original internet broadcast) said:

> *From their first appearance on 'Cashflow' (after Payday: I'm in Charge on Achieve radio show) a few years ago, the voice of the non-physical, known as iON, has brought new insight, new knowledge, and even a new paradigm of physical health to this physical realm. Now, here in one place, is a massive collection of iON wisdom in the form of classic radio shows, recordings of private sessions and new live broadcasts by the 'iONettes.' A massive collection of iON Wisdom streaming 24/7/365." Just click on Studio B on the Home Page.*

One of the things that makes iON so powerful is their assistance in helping us make a fermented liquid barley supplement. You will hear a lot of words about this product and their remarkable ability to create new cells by

influencing our RNA through the DNA on Chromosome 14 to uncover our full complement of 144,000 DNA double helix strands. In our less-than state we only have one double helix strand, but we are so much more.

Scientists say we only use 10% of our brain and that 98% of our DNA is Junk DNA. What if we could access 100% of our brain and uncover and utilize 100% of our DNA? That would be truly living a full and miraculous and god-like life.

Audio iON

Death by Modern Medicine in this PDF format allows you to click on the following short clips of audio with iON discussing the fermented liquid barley supplement that will pique your interest for more. If this information doesn't pique your interest, just turn away. These words are for 'whosoever will.'

Fermented Liquid Barley Supplement and DNA Activation

Summary: Fermented Liquid Barley Supplement activates DNA via RNA. H197 from Fukushima will make this supplement work even more prolifically. It's an evolving product with a new generation every few weeks. As of November 2012, we are in the 75th generation of this product.

Fermented Liquid Barley Supplement – Customize Your Settings

Summary: Is Chromosome 14 the Xerox machine of the body's cells? It's the only one that can modify and change the perspective of the polypeptide bonds that occur through cellular replication.

Fermented Liquid Barley Supplement and the Perfect Body

Summary: Everything will seem new with this product because you go back to your default setting of perfection.

Fermented Liquid Barley Supplement – Design YOUR Ascension

Summary: You enhance your body from your intention not from exercise. The Fermented Liquid Barley Supplement effects and affects Ascension. You were ascended, past tense, you were God, and you decided that you could separate yourself from your power, so your cells responded in kind and got you into a descended position of one double helix strand. But you left clues everywhere to bring yourself back.

Fermented Liquid Barley Supplement FAQ's Part I

Summary: You are the marvelous creator; do you notice changes in your meat sack body? Once you start your ascension process it's up to you. Just do the drops and Never Mind. We're just trying to get you on your Throne by giving new information to your cells to replicate them in a new way.

Engage non-physical, engage the fermented liquid barley supplement, embrace the shifts and changes. You say, "I like this, I feel better, I feel more complete," but when you ask: "Why should this be working for me?" then you are separating yourself.

The Technology of the Fermented Liquid Barley Supplement

Summary: This product and the new environment. The thinning of the veil helps us remember our eternity. There is a new interpretation of the Law of Attraction.

iON 101

1. The RNA Key 3:21 minutes: LISTEN; The RNA Key 3:21 minutes: Watch
2. RnA Drops Explained 56:19 minutes: Listen; RnA Drops Explained 56:19 minutes: Watch
3. What It Is 48:16 minutes: Listen; What It Is 48:16 minutes: Watch
4. Non-Physical Chemistry 45:09 minutes: Listen; Non-Physical Chemistry 45:09 minutes: Watch
5. Mitochondria 22:56 minutes: Listen; Mitochondria 22:56 minutes: Watch
6. Placebo 0:44 seconds: Listen; Placebo 0:44 seconds: Watch

iON On Words

You create based on your words. Your words are based on your thought. Your thoughts are based on where you are vibrationally, which is sometimes because of your sited place of reality.

iON On Channeling

iON says "We would never put a limitation on a human creator but if you realize what a channel is you would find that it won't serve you." iON very cheekily says that a channel is something that is created to separate two bodies as the English Channel separates England from France. A channel allows something to flow through it but keeps the separation.

So, iON draws the analogy that if you want to channel, you're making a space between you and you. You're separating yourself from your own knowing by thinking you should listen to something outside of yourself.

iON says that "It's interesting that people want to channel but they can't seem to run their own lives. What's the good of that? But we would support a channel if they helped you get into your place of power. If the channel got you closer to you, we'd say, tear it up. That becomes a bridge to non-physical, not a separation. Channeling limits, that's the problem. But suit yourself."

iON On Healing

Healing for iON is what you do to a dog, you teach them to heel. He says you can't heal people. Get happy with yourself, become a god in your world and you won't find a sick person to heal. You will see everybody as whole. That's what Jesus did.

Labyrinth of the Mind

iON shocks scientists with the statement that the mind is only good for monitoring the body's physiological processes. When the labyrinth of the mind gets involved with judging and comparing everything in your world, you've already lost the battle of trying to get balance in your life.

We Are All Gods

In John 14:12, Jesus said "…the works that I do shall ye do also; and greater works than these shall ye do…" I take that statement to mean that we have the potential to be 'gods' ourselves with the power to create our own reality, with the responsibility of creating our own reality and the responsibility for what we create.

Here are some of iON's words about being a powerful creator. I'll warn you that it's hard to translate iON into print form; you experience the words much better when you hear them. But here goes:

- You are a healthy, happy, wealthy, prosperous, all encompassing, creator god." But your mind says, "Oh that can't possibly be me.
- You say, "I'm not pretty enough, I'm not thin enough, I'm not agile enough." Your mind questions who you are. It's limiting, limiting, limiting. You're limiting yourself due to fear. Then you worry about what you think. You say, "Oh, I can't think that thought" and you try to cancel it.
- That's just the mind orchestrating your feeling place – how you feel about yourself. It can go both ways. You can have folks who are all powerful and they know it, but they may not be seen by others as being powerful. But if they know – then they are.
- Others can have a great idea and nip it right in the bud. Humans use their mind to eliminate their possibilities. People are more afraid of poverty than they are of wealth, so they become super rich. They are more afraid of being poor than having abundance. I'm more afraid of dying alone than living with someone.
- But if you are more concerned with being happy than being right, you have a connection to source without your mind interfering with what is right and what is wrong. Non-physical is connected to your physical and your physical is connected to your non-physical. The breakdown is in the labyrinth of your mind.

Words Create

Humans are powerful creators, and we create with the words we speak. Not with thoughts or even actions, but with words. When we say the words of what we want and don't negate it with other words, then what we want will come to us.

But it's even more focused than that. Nouns are the words that our non-physical hears and makes manifest for us.

Love Is a Force Field

Here are some of iON's thoughts on love.

- Love is not an emotion; it's a force field. Your force field is not serving you because you aren't loving yourself. This means you are using your force field against yourself. If you put up a force field around your house or lock yourself outside of yourself, you have denied yourself access to your house. Similarly, if you don't love yourself, you lock yourself out.
- Locking up your heart or a hardness of heart means you are using your force field against yourself. You may know people who are sick because of a broken heart; their force field locked them out of their own experience.

- You can't break your heart; you have to allow your heart to be broken. That's where having unhurtable 'feelings' comes into the picture. It's not like having no feelings but your heart wouldn't be broken if your feelings were unhurtable. Essentially, what something thinks about you has nothing at all to do with you.

Time Is a False Premise

When iON talks about this topic, he does a 'take off' on the mobile phone commercial "Can you hear me now" saying that now is in the moment you say it and there can only be 'now.' This concept is really hard to write about. You'll have to call in to Payday: I'm in Charge and ask iON what he means about this concept.

You Can Speak to Angels

And they do your bidding. iON doesn't hold for the less-than position of thinking that we're blessed by angels, and they come to help us lowly humans. We are the gods and angels are here to do our bidding.

Talking to angels reminds me of the vocalization of the Elves in the movie, *Lord of the Rings.* It sounds like harsh consonants that you speak without thought. I 'sing' to the angels on my morning walk, and then I tell them what I want them to do for me that day.

Revelation Revealed

iON has done a 60+ hour series on the book of Revelation and uncovered the missing Chapter 23, which describes the ascension of humans from the angels' point of view. Apparently, we were ascended and then gave up our power to be gods and put that power in the Ark of the Covenant. And now the veil is rent, the winds have been released and we can come back into our power.

Parallel Worlds

This concept is another real stretch for most people to wrap their minds around. There's that mind again telling us that something is impossible!

iON insists that there are other worlds that are parallel worlds that we may already be traveling to in our dreams but don't remember them. He says, "The veil has been rent even beyond when Christ was crucified," as written in the Bible, making these other worlds more accessible to us.

Many of our Payday radio show listeners talk about strange experiences they have had. It's certainly mind-expanding to listen to these stories and wonder about the many possibilities of existence. iON says that the TV show The Fringe often takes iON themes and works them into their episodes. However, most media about alternate realities depicts them as being negative experiences that make people afraid of anything out of the ordinary.

The Fastest Path to Your Joy

Take no action in your life or in your day without first asking whether it's the fastest path to your joy.

APPENDIX A:

DEATH BY MEDICINE-Abridged Version printed in the: *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]
Bedsores	115,000	$55 billion	Xakellis[7] Barczak[8]
Infection	88,000	$5 billion	Weinstein[9]WMR[10]
Malnutrition	108,800	----------	Nurses Coalition[11]
Outpatient ADR	199,000	$77 billion	Starfield[12] Weingart[70]
Unneces 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:

In 16.4 million people, 2.1% chance of a serious adverse drug reaction,[1] (186,000)

In 16.4 million people, 5-6% chance of acquiring a nosocomial infection,[9] (489,500)

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)

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 commons 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 as 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 are 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 study[1] 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 was 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, Staplococcus aureus, and entercocci, 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 indicates 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 between1989-1999. 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 to be 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, which 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 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:

- X-ray exposures: mammography, fluoroscopy, CT scans.
- Overuse of antibiotics in all conditions.
- Drugs that are carcinogenic: hormone replacement therapy
- Immunosuppressive drugs, prescription drugs.
- Cancer chemotherapy: If it doesn't extend life, is it shortening life?[52]
- Surgery and surgical procedures.
- Unnecessary surgery: Cesarean section, radical mastectomy, preventive mastectomy, radical hysterectomy, prostatectomy, cholecystectomies, cosmetic surgery, arthroscopy, etc.
- Medical procedures and therapies.
- Discredited, unnecessary, and unproven medical procedures and therapies.
- Doctors themselves: when doctors go on strike, it appears the mortality rate goes down.
- 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 for "Death by Medicine" printed in *the Orthomolecular Journal*

NOTE: You can read the expanded paper, "Death by Medicine" by clicking on the link.

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.
16. 15a. Brennan TA, Leape LL, Laird NM, Hebert L, Localio AR, Lawthers AG, et al.
17. Incidence of adverse events and negligence in hospitalized patients. *N Engl J Med* 1991; 324: 370-376.)
18. 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.

19. 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.
20. 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.
21. 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.
22. 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.
23. LaPointe NM, Jollis JG. Medication errors in hospitalized cardiovascular patients. Arch Intern Med. 2003 Jun 23;163(12):1461-6.
24. 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.

25. 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.
26. Medication side effects strike 1-in-4. Reuters. April 17, 2003
27. Vastag B. Pay attention: ritalin acts much like cocaine. *JAMA*. 2001 Aug 22-29;286(8):905-6.
28. 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.
29. Wolfe SM. Direct-to-consumer advertising--education or emotion promotion? *N Engl J Med*. 2002 Feb 14;346(7):524-6.
30. Ibid.
31. GAO/PEMD 90-15 FDA DRUG Review: Postapproval Risks 1976-1985, page 3.
32. MSNBC July 11, 2003.
33. 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.
34. Egger WA. Antibiotic Resistance: Unnatural Selection in the Office and on the Farm. Wisconsin Medical Journal. Aug. 2002.

35. 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.
36. Schindler C, Krappweis J, Morgenstern I, Kirch W. Pharmacoepidemiol Drug Saf. 2003 Mar;12(2):113-20.
37. 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.
38. 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.
39. http://www.cdc.gov/drugresistance/community/
40. http://www.health.state.ok.us/program/cdd/ar/
41. http://www.librainitiative.com/en/ap/or/li_ap_or_op.html
42. Ohlsen K, Ternes T, Werner G, Wallner U, Loffler 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.
43. 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.

44. 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.
45. 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.
46. 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.
47. 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.
48. 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.

49. 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.
50. 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.
51. 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.
52. 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.
53. Kouyanou K, Pither CE, Wessely S. Iatrogenic factors and chronic pain. Psychosom Med. 1997 Nov-Dec;59(6):597-604.
54. Abel U. Chemotherapy of advanced epithelial cancer--a critical review. Biomed Pharmacother. 1992;46(10):439-52.
55. 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.

56. Kaufman, M. Washington Post, May 18, 2002; Page A01.
57. Five Nation Survey Exposes Flaws in the U.S. Health Care System. May 14, 2002. Journal of Health Affairs.
58. 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.
59. Robinson BE. Death by destruction of will. Lest we forget. Arch Intern Med, 155(20):2250-1;1995 Nov 13.
60. 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.
61. 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.
62. Miles SH, Irvine P. Deaths caused by physical restraints. Gerontologist. 1992 Dec;32(6):762-6.
63. 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.

64. Miles SH. Concealing accidental nursing home deaths. HEC Forum. 2002 Sep;14(3):224-34.

65. 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.

66. Katz PR, Seidel G. Nursing home autopsies. Survey of physician attitudes and practice patterns. Arch Pathol Lab Med. 1990 Feb;114(2):145-7.

67. Bordon W. "Study Finds Overmedication of U.S. Seniors. Reuters Health, May 21, 2003.

68. Average Number of Prescriptions by HMOs Increases. Drug Benefit Trends® Vol 14, No 8. 09/12/2002.

69. Prescription Drug Trends, Nov 2001; Kaiser Family Foundation.

70. 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.

71. http://www.imakenews.com/health-itworld/e_article000187752.cfm.

72. Weingart SN, McL Wilson R, Gibberd RW, Harrison B. Epidemiology of medical error. *West J Med*. 2000 Jun;172(6):390-3.
73. 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 B:

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 Lucres, 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 ministering 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 Morphew, 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 beforesaid, 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 C:

Regulations about Health Claims Can Limit How We Can Describe the Completement Formulas

In January 2003, I released the first version of *The Magnesium Miracle*, and with it, the magnesium deficiency awareness revolution began. From that time forward, people who were truly seeking a solution for the missing link to their health could read my book and learn the answer.

In 2017, I was asked to update *The Magnesium Miracle*, and at that time I provided a full revision. But, in 2020, we encountered a very strange thing called COVID, and I felt it was important to update my work with a clearer understanding of how magnesium deficiency contributes to pre-and post-COVID health outcomes, including Long-COVID.

Once a person encounters this information, it would follow that the next question is, "What magnesium do you recommend?" It is an answer that I would love to provide for you here. But I have been advised by my highly experienced natural health industry attorney not to, because in so doing I am marrying my product recommendation with disease discussions, which implies that my products are a cure for disease, which they are not. Their

function is to help overcome nutrient deficiencies. Nutrient sufficiency is poorly recognized, and nutrients can help support the structure and function of the body at any level of wellness or illness.

In this Appendix, I would like to challenge both consumers and practitioners to consider ideas that I've been contemplating since COVID started.

Idea #1 - Restorative and Preventative Supplementation is Imperative.

The following abstract, from the journal *Nutrients*, defines the importance of nutrients in supporting the structure and function of the immune system against viruses and bacteria as indicated by the title: "Optimal Nutritional Status for a Well-Functioning Immune System is an Important Factor to Protect against Viral Infections."

> *The role nutrition plays in supporting the immune system is well-established. A wealth of mechanistic and clinical data show that vitamins, including vitamins A, B6, B12, C, D, E, and folate; trace elements, including zinc, iron, selenium, magnesium, and copper; and the omega-3 fatty acids, eicosatetraenoic acid and docosahexaenoic acid, play important and complementary roles in supporting the immune system. Inadequate intake and status of these nutrients are widespread, leading to a decrease in resistance to infections and*

consequently an increase in disease burden. Against this background the following conclusions are made:

1. *supplementation with the above micronutrients and omega-3 fatty acids are a safe, effective, and low-cost strategy to help support optimal immune function;*
2. *supplementation above the Recommended Dietary Allowance (RDA), but within recommended upper safety limits, for specific nutrients such as vitamins C and D is warranted; and*
3. *public health officials are to be encouraged to include nutritional strategies in their recommendations to improve public health.*

Although most readers will not think that the above abstract is extreme or even out-of-bounds, it is in sharp contrast to current medical and government opinion. I was very excited when the Office of Alternative Medicine (OAM) was established in October, 1991. I thought that finally alternative medicine would be properly studied and claim its rightful place in the medical system.

I was shocked and dismayed when I attended an early meeting of the OAM. My question about nutrients being used to prevent and treat disease evoked the standard answer, which was and still is that the purpose of this agency is to ensure that Americans are meeting their RDA nutrient requirements; that drugs treat disease, and nutrients do not.

Idea #2 - Natural health strategies and guidance by doctors will continue to diminish or disappear.

How do you make an informed decision about your body and its health potential without being able to clearly study all the facts? You cannot make a good decision without clear information. And today, consumers, healthcare practitioners, doctors, and even educational entities, such as naturopathic schools, medical schools, and other advocacy groups are unable to provide clear and prevailing guidance because of the limitation and restrictions being placed on them at every turn.

When it comes to the dietary supplement industry, many credible companies, like mine, are locked out of the health care system and the consumer marketplace because we are not allowed to communicate any benefits of restorative health or disease prevention through natural medicine and its attendant strategies. In my case, the problem comes to roost in identifying the problem and providing a solution. In my scientific and medical mind, it makes perfect sense that a magnesium deficiency can be solved with magnesium sufficiency. Thus, it follows that if my clinical mind was able to develop a formulation that would relieve those symptoms in a highly

efficacious way, that my formula would be first and foremost my recommendation.

However, this is forbidden by the FDA and the FTC, not only for me as a medical doctor and naturopath, but also for you and even your neighbor. Despite the First Amendment, which guarantees Freedom of Speech, I am not allowed to display your testimonial about the effectiveness of my formulas. Neither you nor I can claim that any dietary supplements can enhance health.

In fact, there are only about 13 authorized health claims that can be used in food or dietary supplement labeling to show that a food or a food component may reduce the risk of a disease or a health-related condition. If a food or nutrient company wants to make a health claim for a nutrient that has not already been approved, the manufacturer or medical entity must submit a petition to the FDA and move through an extensive and expensive review process for approval.

Yet, every year there are thousands and thousands of scientific studies that are initiated on behalf of dietary supplement companies and food manufacturers to substantiate the validity and beneficial nature of their products. When you dig deeper into the health claim approval process, you finally discover that the only studies that really count are randomized control

trials. The FDA and FTC declare that no other studies are rigorous enough to meet their stringent criteria.

Additionally, health claims are limited by the fact that anecdotal compilations conducted in support of a health claim must be related to an already-approved biomarker, for example, LDL cholesterol or blood pressure are approved biomarkers.

Health claims that purport to reduce the risk of cancer, for example, are nearly impossible to make because even if the supplement company invested in a randomized clinical trial to support the claim, there is only one biomarker on the FDA's short list approved for health claims, and that involves intestinal polyps.

Even in the treatment of breast cancer, vitamin D is not an approved nutrient and cannot be claimed as a benefit to those who have breast cancer. What can be claimed is that vitamin D lowers the risk of osteoporosis for women, who are undergoing breast cancer treatment and taking estrogen lowering drugs, because the claim is related to vitamin D and osteoporosis which is a qualified health claim the FDA has approved.

The complexity of the constraints placed on the natural health industry, once pointed out, is easy to see. Hopefully, this new awareness will help you navigate this medical and bureaucratic minefield. We are biologically tied to

the Earth and its many benefits, but the regulatory aspects of our industry do not favor natural medicine, even though many drugs were originally derived from plants.

These regulations put the doctor, naturopath, chiropractor, herbalist, acupuncturist, and other health care practitioners in the middle of the pressure cooker that comprises the FDA's regulation of health claims. The doctor's or naturopath's professional expertise; their constitutional right to free speech [FTC]; and the consumer or client whose health condition and health recovery should be foremost, instead, come last.

Idea #3 - The dietary supplement industry can be its own worst enemy.

Consumers and health care practitioners should be able to discover the scientifically proven benefits of dietary supplements without conflict or contradiction. As an advocate for clinical research on human subjects, I have submitted my own products to rigorous clinical study. Yet, even with clinical validation, companies within the dietary supplement industry exaggerate the benefit of their products and confuse the consumer with absurd marketing tricks.

A perfect example of this is the blatant promotion of Magnesium L-Threonate as "the only" magnesium to cross the blood-brain-barrier.

In 2009, a rat study was published, "Enhancement of Learning and Memory by Elevating Brain Magnesium." Everyone heard about this study because the news that a patented magnesium was able to get into the brain and cerebrospinal fluid – of rats – was promoted relentlessly. The study authors implied that only their magnesium was able to penetrate the impenetrable blood brain barrier (BBB). I immediately knew this was an incredible exaggeration because even magnesium oxide with a 4% absorption into the blood can have positive effects on the brain.

I carefully read the Magnesium L-Threonate study to confirm that there was only a 7% increase in magnesium in the cerebral spinal fluid compared to magnesium citrate. With that tiny, tiny difference (that could be declared to be within the normal 10% study error), the study authors declared their product to be The Holy Grail that conquered the BBB.

Here is what I wrote a decade ago in an Aug 2014 blog about the Magnesium L-Threonate study:

> *I've been asked about the newest magnesium on the block—Magnesium L-Threonate. The manufacturers are on record as saying theirs is the only magnesium that crosses the blood brain barrier. However, that is definitely NOT an accurate statement. The treatment*

of migraines, seizures, stroke, head injuries, and other nervous system problems with even the highly unabsorbed magnesium oxide (at 4%) shows that all types of magnesium work at the neuron level, which means they all get into the brain to some extent.

To this day, I remain concerned about marketing claims for Magnesium L-Threonate. Not only have they not corrected this misconception, but their product has also become so expensive that it can be an excessive burden on a consumer who has a genuine concern about their cognitive health and on a fixed income.

Most Magnesium L-Threonate products have deceptive labeling. They say on the front of the label "2,000 mg of Magnesium L-Threonate." So, you think you are getting 2,000 mg of magnesium and do not mind paying the exorbitant price. But then the Supplement Facts on the back say you must take 3 capsules to get a meager 144 mg of elemental magnesium. The rest of the capsule contains L-threonate, which somehow people have been led to believe is an amino acid called threanine which has neurobiological, but this compound is a derivative of L-threonic acid, a metabolite of vitamin C. It is a synthesized form of magnesium mixed with threonic acid, creating a salt.

The importance of supplementation for brain health cannot be overestimated. Chapter 3, "Magnesium Transport Across The Blood-Brain

Barriers," excerpted from the book, Magnesium in the Central Nervous System, shows that any form of supplemental magnesium has access to the brain.

The following edited abstract shows you why: (Bracketed words are my additions.)

> *The finding that magnesium levels are reduced in acute and chronic brain diseases has led to a recent surge in interest in the role of magnesium in the normal and injured nervous system, although the mechanisms of magnesium decline in pathological conditions, and its availability in the neural tissue after administration are not fully understood. The brain has two main barrier systems:*
>
> *1) the blood-brain barrier (BBB) formed by brain capillary endothelial cells which separate the blood from the extracellular fluid in the neuropil (a dense mass of unmyelinated axons, dendrites and glial cell processes); and*
> *2) the blood-CSF barrier (BCSFB) formed by choroidal epithelial cells which separate the blood from the CSF.*
>
> *Recently, transient receptor potential melastatin members have been identified as cation channels for magnesium transport. Although it is not known if choroidal epithelial cells express these molecules, they are*

expressed by brain endothelial cells and may play a role in magnesium transport. It is evident that magnesium enters the CNS through the BBB and is actively transported by choroidal epithelial cells into the CSF.

This abstract very clearly shows us just how vital magnesium is to the brain because it has its own transport mechanism in place. It is imperative that well-made magnesium supplements are represented accurately within the industry to support the consumers it serves. In this regard, the dietary supplement industry can be just as negligent as big Pharma, competing for profits at the expense of the consumer, instead of rallying behind the naturopath's creed, "To Do No Harm." Having scientifically validated information and affordable products should be our primary purpose.

Idea #4 - Consumers are at a disadvantage.

My regular followers have heard me say that when I completed my internship in 1979, I became a naturopath because it was the most logical path to my success as a doctor. I believed that the marriage of medicine and nature was so clear that by the time we got into the 90's, every doctor would be a naturopath as well.

It seemed to me that teaching my patients how to focus on diet, lifestyle, and using supplemental nutrients, along with the moderate use of drug

therapies for critical care and selective surgeries for trauma and life-threatening illnesses, was the way of the future.

Instead, the opposite has happened. Our country is living under the burden of a completely bloated and out-of-control medical system that is placing an unsustainable financial burden on our country. Medical errors are generally ranked third as the cause of death in America. While clinical research demonstrates that lifestyle changes and food-based nutrients work, many consumers rely on drugs and devices for their health care, and their health maintenance, often to their peril.

In the meantime, US Center for Disease Control and global health organizations like the WHO continue to provide research that demonstrates that many Americans and global citizens are clinically deficient in necessary nutrients, including magnesium, vitamin D, vitamin A, vitamin E, folate, zinc, iodine, and iron. It is an incredible contradiction. The federal government studies and reports on the problem and then suppresses the solutions.

Death by Modern Medicine is a book that I wrote in 2005 to expose the dark side of medicine. I had hoped the book would have some impact and improve the general state of affairs. Instead, we have a state of chaos.

Here is how we win; here is the solution: If the mission of allopathic medicine is to keep the population sick and hooked on drugs, we win by staying healthy and aware – it is as simple as that!

Idea # 5 - Health freedom and personal choices must be secured by individuals and families.

As a doctor, naturopath, researcher, public health advocate, and CEO of my own dietary supplement company, I have been at the center of the practice of natural and allopathic medicine for 45+ years. I am grateful that my path led me through this challenging landscape and dropped me off at the door of magnesium deficiency. Necessity is the mother of invention for sure.

I diagnosed myself as severely magnesium-deficient while I was writing *The Magnesium Miracle*, and I became laser-focused on the role of magnesium for my health, and the health of everyone else! For a person to be truly healthy, I realized they had to eliminate magnesium deficiency as a root cause of disease through proper supplementation. My mission is to spread this information far and wide.

In the post-COVID environment, it is imperative that you secure your own health freedom now. Health freedom means staying healthy and free from disease and free from unnecessary medical intervention. Please do all you

can to protect your health choices and those of your family in these challenging times.

General Research

Costello, Rebecca B. and Rosanoff, Andrea; "Increasing public health awareness of magnesium: one step at a time;" Magnesium Research 2022; 35 (1): 29-31.

APPENDIX D: REPRINT: Over-The-Counter Drugs by Dr. Abram Hoffer

Journal of Orthomolecular Medicine. May 2003.

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 of 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 be 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 a 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, antihistamines, 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 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 it 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 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 25mg tablets is now available on prescription in 5mg tablets. The 800 micrograms tablets are sold 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 one's doctor is the best safeguard. 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 heartbeat, 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.

The "PHYSICIAN'S DESK REFERENCE®," and PDR® are registered trademarks owned by Medical Economics.

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 antihistamines. 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 problems, 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 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 E: References for 143 Reasons Why Sugar Is Ruining Your Health-By Nancy Appleton, Ph.D.

1. Sanchez, A, et al. "Role of Sugars in Human Neutrophilic Phagocytosis." Am J Clin Nutr. Nov 1973; 261: 1180-1184.

2. Bernstein, L et al. "Depression of Lymphocyte Transformation Following Oral Glucose Ingestion." Am J Clin Nutr. 1997; 30: 613.

3. Schauss, A. Diet, Crime and Delinquency. (Berkley, CA: Parker House, 1981).

4. Bayol, S.A "Evidence that a Maternal 'Junk Food' Diet during Pregnancy and Lactation Can Reduce Muscle Force in Offspring." Eur J Nutr. Dec 19, 2008.

5. Rajeshwari, R, et al. "Secular Trends in Children's Sweetened-beverage Consumption (1973 to 1994): The Bogalusa Heart Study." J Am Diet Assoc. Feb 2005; 105(2): 208-214.

6. Behall, K. "Influence of Estrogen Content of Oral Contraceptives and Consumption of Sucrose on Blood Parameters." Disease Abstracts International.1982; 431-437. POPLINE Document Number: 013114.

7. Mohanty, P., et al. "Glucose Challenge Stimulates Reactive Oxygen Species (ROS) Generation by Leucocytes." J Clin Endocrin Metab. Aug 2000; 85(8): 2970-2973.

Couzy, F., et al. "Nutritional Implications of the Interaction Minerals. "Progressive Food & Nutrition Science. 1933; 17: 65-87.

8. Goldman, L et al. "Behavioral Effects of Sucrose on Preschool Children." J Abnorm Child Psy. 1986; 14(4): 565-577.

9. Scanto, S. and Yudkin, J. "The Effect of Dietary Sucrose on Blood Lipids, Serum Insulin, Platelet Adhesiveness and Body Weight in Human Volunteers." Postgrad Med J. 1969; 45: 602-607.

10. Ringsdorf, w., Cheraskin, E., and Ramsay. R "Sucrose, Neutrophilic Phagocytosis and Resistance to Disease." Dental Survey. 1976; 52(12): 46-48.

11. Cerami, A, et al. "Glucose and Aging." Scientific American. May 1987: 90.

Lee, A T. and Cerami, A "The Role of Glycation in Aging." Annals N Y Acad Sci. 663: 63-67.

12. Albrink, M. and Ullrich, LH. "Interaction of Dietary Sucrose and Fiber on Serum Lipids in Healthy Young Men Fed High Carbohydrate Diets." Clin

Nutr.1986;43: 419-428.

Pamplona, R, et al. "Mechanisms of Glycation in Atherogenesis." Medical Hypotheses. Mar 1993; 40(3): 174-81.

13. Kozlovsky, A, et al. "Effects of Diets High in Simple Sugars on Urinary Chromium Losses." Metabolism. Jun 1986; 35: 515-518.

14. Takahashi, E. Tohoku, University School of Medicine. Wholistic Health Digest. Oct 1982: 41.

15. Kelsay, L et al. "Diets High in Glucose or Sucrose and Young Women." Am J Clin Nutr. 1974; 27: 926-936.

Thomas, B. L et al. "Relation of Habitual Diet to Fasting Plasma Insulin Concentration and the Insulin Response to Oral Glucose." Hum Nutr Clin Nutr. 1983; 36C(1): 49-51.

16. Fields, M., et al. "Effect of Copper Deficiency on Metabolism and Mortality in Rats Fed Sucrose or Starch Diets." Am J Clin Nutr. 1983; 113: 1335-1345.

17. Lemann, J. "Evidence that Glucose Ingestion Inhibits Net Renal Tubular Reabsorption of Calcium and Magnesium." Am J Clin Nutr. 1976; 70: 236-245.

18. Chiu, C. "Association between Dietary Glycemic Index and Age-related Macular Degeneration in Nondiabetic Participants in the Age-Related Eye Disease Study." Am J Clin Nutr. Jul 2007; 86: 180-188.

19. "Sugar, White Flour Withdrawal Produces Chemical Response." The Addiction Letter. Jul1992: 4.

20. Dufty, William. Sugar Blues. (New York: Warner Books, 1975).

21. Ibid.

22. Jones, T.W., et al. "Enhanced Adrenomedullary Response and Increased Susceptibility to Neuroglygopenia: Mechanisms Underlying the Adverse Effect of Sugar Ingestion in Children." J Ped. Feb 1995; 126: 171-177.

23. Ibid.

24. Lee, A. T. and Cerami, A. "The Role of Glycation in Aging." Annals NY Acad Sci. 1992; 663: 63-70.

25. Abrahamson, E. and Peget, A. Body, Mind and Sugar. (New York: Avon, 1977).

26. Glinsmann, w., et al. "Evaluation of Health Aspects of Sugar Contained in Carbohydrate Sweeteners." FDA 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 Res. 1998; 32(2): 107-12.

Riva Touger-Decker and Cor van Loveren, "Sugars and Dental Caries." Am J Clin Nutr. Oct 2003; 78: 881-892.

27. Keen, H., et al. "Nutrient Intake, Adiposity and Diabetes." Brit Med J. 1989; 1: 655-658.

28. Tragnone, A, et al. "Dietary Habits as Risk Factors for Inflammatory Bowel Disease." Eur J Gastroenterol Hepatol. Jan 1995; 7(1): 47-51.

29. Yudkin, J. Sweet and Dangerous. (New York: Bantam Books: 1974) 129.

30. Darlington, L., and Ramsey. et al. "Placebo-Controlled, Blind Study of Dietary Manipulation Therapy in Rheumatoid Arthritis," Lancet. Feb 1986; 8475(1): 236-238.

31. Schauss, A. Diet, Crime and Delinquency. (Berkley, CA: Parker House, 1981).

32. Crook, W. J. The Yeast Connection. (TN: Professional Books, 1984).

33. Heaton, K. "The Sweet Road to Gallstones." Brit Med J. Apr 14, 1984;

288: 1103-1104.

Misciagna, G., et al. "Insulin and Gallstones." Am J Clin Nutr. 1999; 69: 120-126.

34. Yudkin, J. "Sugar Consumption and Myocardial Infarction." Lancet. Feb 6, 1971; 1(7693): 296-297.

Chess, D.J., et al. "Deleterious Effects of Sugar and Protective Effects of Starch on Cardiac Remodeling, Contractile Dysfunction, and Mortality in Response to Pressure Overload." Am J Physiol Heart Circ Physiol. Sep 2007; 293(3): H1853-H1860.

35. Cleave, T. The Saccharine Disease. (New Canaan, CT: Keats Publishing, 1974).

36. Ibid.

37. Cleave, T. and Campbell, G. Diabetes, Coronary Thrombosis and the Saccharine Disease. (Bristol, England: John Wright and Sons, 1960).

38. Glinsmann, W., et al. "Evaluation of Health Aspects of Sugar Contained in Carbohydrate Sweeteners." F.D.A. Report of Sugars Task Force. 1986; 39: 36-38.

39. Tjiiderhane, L. and Larmas, M. "A High Sucrose Diet Decreases the

Mechanical Strength of Bones in Growing Rats." J Nutr. 1998; 128: 1807-1810.

40. Wilson, RE and Ashley, EP. "The Effects of Experimental Variations in Dietary Sugar Intake and Oral Hygiene on the Biochemical Composition and pH of Free Smooth-surface and Approximal Plaque." J Dent Res. Jun 1988; 67(6): 949-953.

41. Beck-Nielsen, H., et al. "Effects of Diet on the Cellular Insulin Binding and the Insulin Sensitivity in Young Healthy Subjects." Diabetes. 1978; 15: 289-296.

42. Mohanty, P., et al. "Glucose Challenge Stimulates Reactive Oxygen Species (ROS) Generation by Leucocytes." J Clin Endocrin Metab. Aug 2000; 85(8): 2970-2973.

43. Gardner, L. and Reiser, S. "Effects of Dietary Carbohydrate on Fasting Levels of Human Growth Hormone and Cortisol." Proc Soc Exp Bio Med. 1982; 169: 36-40.

44. Ma, Y, et al. "Association Between Carbohydrate Intake and Serum Lipids." J Am Coli Nutr. Apr 2006; 25(2): 155-163.

45. Furth, A and Harding, J. "Why Sugar Is Bad For You." New Scientist. Sep 23, 1989; 44.

46. Lee, AT. and Cerami, A "Role of Glycation in Aging." Annals N Y Acad Sci. Nov 21,1992; 663: 63-70.

47. Appleton, N. Lick the Sugar Habit. (New York: Avery Penguin Putnam, 1988).

48. Henriksen, H. B. and Kolset, S.O. Tidsslcr Nor Laegeforen. Sep 6, 2007; 127(17): 2259-62.

49. Cleave, T. The Saccharine Disease. (New Canaan, CT: Keats Publishing, 1974).

50. Ibid., at 132.

51. Vaccaro, 0., et al. "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.

52. 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).

53. Monnier, V. M. "Nonenzymatic Glycosylation, the Maillard Reaction and

the Aging Process." J Ger. 1990; 45(4): 105-110.

54. Dyer, D. G., et al. "Accumulation of Maillard Reaction Products in Skin Collagen in Diabetes and Aging." J Clin Invest. 1993; 93(6): 421-422.

55. Veromann, S., et al. "Dietary Sugar and Salt Represent Real Risk Factors for Cataract Development." Ophthalmologica. Jul-Aug 2003; 217(4): 302-307.

56. Monnier, V. M. "Nonenzymatic Glycosylation, the Maillard Reaction and the Aging Process." J Ger. 1990; 45(4): 105-110.

57. Schmidt, AM., et al. "Activation of Receptor for Advanced Glycation End Products: a Mechanism for Chronic Vascular Dysfunction in Diabetic Vasculopathy and Atherosclerosis." Circ Res. Mar 1999; 1984(5): 489-97.

58. Lewis, G. F. and Steiner, G. "Acute Effects of Insulin in the Control of VLDL Production in Humans. Implications for The Insulin-resistant State." Diabetes Care. Apr 1996; 19(4): 390-393.

R. Pamplona, M.J., et al. "Mechanisms of Glycation in Atherogenesis." Medical Hypotheses. 1990; 40: 174-181.

59. Ceriello, A "Oxidative Stress and Glycemic Regulation." Metabolism. Feb 2000; 49(2 Suppl1): 27-29.

60. Appleton, Nancy. Lick the Sugar Habit. (New York: Avery Penguin Putnam, 1988).

61. Hellenbrand, W., et al. "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: 644-650.

Cerami, A, et al. "Glucose and Aging." Sci Am. May 1987: 90.

62. Goulart, F. S. "Are You Sugar Smart?" American Fitness. Mar-Apr 1991: 34-38.

63. Scribner, K.B., et al. "Hepatic Steatosis and Increased Adiposity in Mice Consuming Rapidly vs. Slowly Absorbed Carbohydrate." Obesity. 2007; 15: 2190-2199.

64. Yudkin, L Kang, S., and Bruckdorfer, K. "Effects of High Dietary Sugar." Brit Med J. Nov 22, 1980; 1396.

65. Goulart, F. S. "Are You Sugar Smart?" American Fitness. Mar-Apr 1991: 34-38

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. Peet, M. "International Variations in the Outcome of Schizophrenia and the Prevalence of Depression in Relation to National Dietary Practices: An Ecological Analysis." Brit J Psy. 2004; 184: 404-408.

75. Cornee, L et al. "A Case-control Study of Gastric Cancer and Nutritional Factors in Marseille, France." Eur J Epid. 1995; 11: 55-65.

76. Yudkin, J. Sweet and Dangerous. (New York: Bantam Books, 1974).

77. Ibid., at 44.

78. Reiser, S., et al. "Effects of Sugars on Indices on Glucose Tolerance in

Humans." Am J Clin Nutr. 1986: 43; 151-159.

79. Ibid.

Molteni, R, et al. "A High-fat, Refined Sugar Diet Reduces Hippocampal Brainderived Neurotrophic Factor, Neuronal Plasticity, and Learning." NeuroScience. 2002; 112(4): 803-814.

80. Monnier, v., "Nonenzymatic Glycosylation, the Maillard Reaction and the Aging Process." J Ger. 1990; 45: 105-111.

81. Frey, J. "Is There Sugar in the Alzheimer's Disease?" Annales De Biologie Clinique. 2001; 59(3): 253-257.

82. Yudkin, J. "Metabolic Changes Induced by Sugar in Relation to Coronary Heart Disease and Diabetes." Nutr Health. 1987; 5(1-2): 5-8.

83. Ibid.

84. Blacklock, N.J., "Sucrose and Idiopathic Renal Stone." Nutr Health. 1987; 5(1-2):9-12.

Curhan, G., et al. "Beverage Use and Risk for Kidney Stones in Women." Ann Inter Med. 1998; 28: 534-340.

85. Ceriello, A "Oxidative Stress and Glycemic Regulation." Metabolism. Feb 2000; 49(2 Suppl1): 27-29.

86. Moerman, C. L et al. "Dietary Sugar Intake in the Etiology of Biliary Tract Cancer." Inter J Epid. Apr 1993; 2(2): 207-214.

87. Lenders, C. M. "Gestational Age and Infant Size at Birth Are Associated with Dietary Intake among Pregnant Adolescents." J Nutr. Jun 1997; 1113-1117.

88. Ibid.

89.Yudkin, J. and Eisa, O. "Dietary Sucrose and Oestradiol Concentration in Young Men." Ann Nutr Metab. 1988; 32(2): 53-55.

90. Bostick, RM., 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.

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.

91. Yudkin, J. and Eisa, O. "Dietary Sucrose and Oestradiol Concentration in Young Men." Ann Nutr Metab. 1988; 32(2): 53-55.

92. Lee, AT. and Cerami, A "The Role of Glycation in Aging." Annals N Y Acad Sci. 1992; 663: 63-70.

93. Moerman, c., et al. "Dietary Sugar Intake in the Etiology of Gallbladder Tract Cancer." Inter J Epid. Apr 1993; 22(2): 207-214.

94. Avena, N.M. "Evidence for Sugar Addiction: Behavioral and Neurochemical Effects of Intermittent, Excessive Sugar Intake." Neurosci Biobehav Rev. 2008; 32(1): 20-39.

Colantuoni, c., et al. "Evidence That Intermittent, Excessive Sugar Intake Cause Endogenous Opioid Dependence." Obesity. Jun 2002; 10(6): 478-488.

95. Ibid.

96. The Edell Health Letter. Sep 1991; 7: 1.

97. Christensen, L., et al. "Impact of A Dietary Change on Emotional Distress." J Abnorm Psy. 1985; 94(4): 565-79.

98. Ludwig, D.S., et al. "High Glycemic Index Foods, Overeating and Obesity. "Pediatrics. Mar 1999; 103(3): 26-32.

99. Girardi, N.L." Blunted Catecholamine Responses after Glucose Ingestion in Children with Attention Deficit Disorder." Pediatr Res. 1995;

38: 539-542.

Berdonces, J.L. "Attention Deficit and Infantile Hyperactivity." Rev Enferm. Jan 2001; 4(1): 11-4.

100. Lechin, E, et al. "Effects of an Oral Glucose Load on Plasma Neurotransmitters in Humans." Neuropsychobiology. 1992; 26(1-2): 4-11.

101. Arieff, AI. "IVs of Sugar Water Can Cut Off Oxygen to the Brain." Veterans Administration Medical Center in San Francisco. San Jose Mercury. Jun 12/86.

102. De Stefani, E. "Dietary Sugar and Lung Cancer: a Case Control Study in Uruguay." Nutr Cancer. 1998; 31(2): 132-7.

103. Sandler, B.P. Diet Prevents Polio. (Milwaukee, WI: The Lee Foundation for Nutr Research,1951).

104. Murphy, P. "The Role of Sugar in Epileptic Seizures." Townsend Letter for Doctors and Patients. May 2001.

105. Stern, N. and Tuck, M. "Pathogenesis of Hypertension in Diabetes Mellitus." Diabetes Mellitus, a Fundamental and Clinical Test. 2nd Edition. (Philadelphia, PA: Lippincott Williams & Wilkins, 2000) 943-957.

Citation Preuss, H.G., et al. "Sugar-Induced Blood Pressure Elevations

Over the Lifespan of Three Substrains of Wistar Rats." J Am Coli Nutr. 1998; 17(1): 36-37.

106. Christansen, D. "Critical Care: Sugar Limit Saves Lives." Science News. Jun 30, 2001; 159: 404.

Donnini, D., et al. "Glucose May Induce Cell Death through a Free Radical mediated Mechanism." Biochem Biophys Res Commun. Feb 15, 1996; 219(2): 412-417.

107. Levine, AS., et al. "Sugars and Fats: The Neurobiology of Preference" J Nutr. 2003; 133: 831S-834S.

108. Schoenthaler, S. "The Los Angeles Probation Department Diet-Behavior Program: Am Empirical Analysis of Six Institutional Settings." Int J Biosocial Res. 5(2): 88-89.

109. Deneo-Pellegrini H., et al. "Foods, Nutrients and Prostate Cancer: a Case control Study in Uruguay." Br J Cancer. May 1999; 80(3-4): 591-7.

110. "Gluconeogenesis in Very Low Birth Weight Infants Receiving Total Parenteral Nutrition." Diabetes. Apr 1999; 48(4): 791-800.

111. Lenders, C. M. "Gestational Age and Infant Size at Birth Are Associated with Dietary Intake Among Pregnant Adolescents." J Nutr. 1998; 128: 807-1810.

112. Peet, M. "International Variations in the Outcome of Schizophrenia and the Prevalence of Depression in Relation to National Dietary Practices: An Ecological Analysis." Brit J Psy. 2004; 184: 404-408.

113. Fonseca, v., et al. "Effects of a High-fat-sucrose Diet on Enzymes in Homocysteine Metabolism in the Rat." Metabolism. 2000; 49: 736-41.

114. 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. Dec 2002; 13(10): 937-46.

115. Negri, E., et al. "Risk Factors for Adenocarcinoma of the Small Intestine." Int J Cancer. Jul1999; 2(2): 171-4.

116. Bosetti, c., et al. "Food Groups and Laryngeal Cancer Risk: A Case-control Study from Italy and Switzerland." Int J Cancer. 2002; 100(3): 355-358.

117. Shannon, M. "An Empathetic Look at Overweight." CCL Family Found. NovDec 1993; 20(3): 3-5. POPLINE Document Number: 091975.

118. Harry, G. and Preuss, MD, Georgetown University Medical School. http://www.usa.weekend.com/food/carper_archive/961201carper_eatsmart.html.

119. Beauchamp, G.K., and Moran, M. "Acceptance of Sweet and Salty Tastes in 2-year-old Children." Appetite. Dec 1984; 5(4): 291-305.

120. Cleve, T.L. On the Causation of Varicose Veins. (Bristol, England: John Wright, 1960).

121. Ket, Yaffe, et al. "Diabetes, Impaired Fasting Glucose and Development of Cognitive Impairment in Older Women." Neurology. 2004; 63: 658-663.

122. Chatenoud, Liliane, et al. "Refined-cereal Intake and Risk of Selected Cancers in Italy." Am J Clin Nutr. Dec 1999; 70: 1107-1110.

123. Yoo, Sunmi, et al. "Comparison of Dietary Intakes Associated with Metabolic Syndrome Risk Factors in Young Adults: the Bogalusa Heart Study." Am J Clin Nutr. Oct 2004; 80(4): 841-848.

124. Shaw, Gary M., et al. "Neural Tube Defects Associated with Maternal Periconceptional Dietary Intake of Simple Sugars and Glycemic Index." Am J Clin Nutr. Nov 2003; 78: 972-978.

125. Powers, L. "Sensitivity: You React to What You Eat." Los Angeles Times. Feb 12, 1985.

Cheng, L 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.

126. Jarnerot, G. "Consumption of Refined Sugar by Patients with Crohn's Disease, Ulcerative colitis, or Irritable Bowel Syndrome." Scand J Gastroenterol. Nov 1983; 18(8): 999-1002.

127. Allen, S. "Sugars and Fats: The Neurobiology of Preference." J Nutr. 2003; 133: 831S-834S.

128. De Stefani, E., et al. "Sucrose as a Risk Factor for Cancer of the Colon and Rectum: a Case-control Study in Uruguay." Int J Cancer. Jan 5, 1998; 75(1): 40-4.

129. Levi, E, et al. "Dietary Factors and the Risk of Endometrial Cancer." Cancer. Jun 1, 1993; 71(11): 3575-3581.

130. Mellemgaard, A, et al. "Dietary Risk Factors for Renal Cell Carcinoma in Denmark." Eur J Cancer. Apr 1996; 32A(4): 673-82.

131. Rogers, AE., et al. "Nutritional and Dietary Influences on Liver Tumorigenesis in Mice and Rats." Arch Toxicol Suppl. 1987; 10: 231-43. Review.

132. Sorensen, L.B., et al. "Effect of Sucrose on Inflammatory Markers in Overweight Humans" Am J Clin Nutr. Aug 2005; 82(2).

133. Smith, R.N., et al. "The Effect of a High-protein, Low Glycemic-load Diet Versus a Conventional, High Glycemic-load Diet on Biochemical Parameters Associated with Acne Vulgaris: A Randomized, Investigator-masked, Controlled Trial" J Am Acad Dermatol. 2007; 57: 247-256.

134. Selva, D.M., et al. "Monosaccharide-induced Lipogenesis Regulates the Human Hepatic Sex Hormone-binding Globulin Gene." J Clin Invest. 2007. doi:10.1172/JCI32249.

135. Krietsch, K., et al. "Prevalence, Presenting Symptoms, and Psychological Characteristics of Individuals Experiencing a Diet-related Mood-disturbance." Behavior Therapy. 1988; 19(4): 593-604.

136. Berglund, M., et al. "Comparison of Monounsaturated Fat with Carbohydrates as a Replacement for Saturated Fat in Subjects with a High Metabolic Risk Profile: Studies in the Fasting and Postprandial States." Am J Clin Nutr. Dec 1, 2007; 86(6): 1611-1620.

137. Gao, X., et al. "Intake of Added Sugar and Sugar-Sweetened Drink and Serum Uric Acid Concentration in US Men and Women." Hypertension. Aug 1, 2007; 50(2): 306-312.

138. Wu, T., et al. Fructose, Glycemic Load, and Quantity and Quality of Carbohydrate in Relation to Plasma C-peptide Concentrations in US Women." Am J Clin Nutr. Oct 2004; (4):1043-1049.

139. Matthias, B. and Schulze, M.B. "Dietary Pattern, Inflammation, and Incidence of Type 2 Diabetes in Women." Am J Clin Nutr. Sep 2005; 82: 675-684.

140. Yudkin, J. Sweet and Dangerous. (New York: Bantam Books: 1974) 169.

141. http://www.endo-society.org/media/press/upload/CARONIA_FINAL.pdfdated June 13, 2009

142. Ross, AP, et. al. "A High Fructose Diet Impairs Spatial Memory in Male Rats" Neurobiol Learn Mem. 2009 Jun 12. [Epub ahead of print]

143. Gul, A. et al. "Role of fructose concentration on cataractogenesis in senile diabetic and non-diabetic patients." Graefes Arch Clin Exp Ophthalmol. 2009 Jun;247(6):809-14. Epub 2009 Feb 6.

APPENDIX F: *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 being 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 source of money, 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 scaremongering. 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 exciting 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 fantastic 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 lawsuits against Quackwatch are increasing in number and seriousness. Check out 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 for 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 nonexistent. 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

MEET DR. CAROLYN DEAN MD ND: THE DOCTOR OF THE FUTURE

Dr. Carolyn Dean MD ND is the author of over 50 books including the best seller *The Magnesium Miracle* and her newest book, *Magnesium: The Missing Link to Total Health (Revised).* And, other noted publications including *IBS for Dummies, Hormone Balance, Death by Modern Medicine*, and 110+ eBooks to date. Dr. Dean is committed to helping anyone understand more about nutrients, their requirements in the body, and ways to promote health and vitality in a proactive manner.

In 2014, Dr. Carolyn Dean MD ND launched the RnA ReSet brand based on nutrient protocols she built through 40+ years of experience in private healthcare practice. Dr. Dean's career as a medical doctor and naturopath resulted in a collection of unique, proprietary formulations that support precise applications while remaining safe for everyday use.

Dr. Dean continues to provide her leadership and vision for enabling people to take control of their own health. This includes her 45+ years of educational resources, including guidebooks, presentations, and a history of other audio, video, and written assets for anyone wanting to learn more about nutrients and their health.

DISCLOSURE

Dr. Dean has a creative and economic interests in the innovative products of RnA ReSet, including, but not limited to: *RnA ReSet Drops, ReMag, ReMyte, ReAline, ReCalcia, Pico Potassium, ReStructure, Pico Silver, Pico Zinc Plus, Pico Selenium, Flora ReVive, Whole C ReSet, Vitamin C ReSet, D3K2 ReSet, Omega-3 Algae A+E, ReNew Serum, ReMag Lotion Plus, ReMag Balm, Flora ReFresh,* her *PicoPets* line of products, and our agricultural product*, Mighty Mash.* For more information regarding all the *Completement Formulas*, go to the product website RnA ReSet. If you have questions, email Customer Service at support@rnareset.com. If you wish to place an order by phone, call 1-888-577-3703.

ENDNOTES

[1]https://www.lifeextension.com/magazine/2004/3/awsi_death

[2]https://isom.ca/jom/

[3]https://ippyawards.com/

[4]https://www.simonandschuster.com/books/Sage-ing-While-Age-ing/Shirley-MacLaine/9781416550426

[5]https://www.fda.gov/drugs/drug-approvals-and-databases/fda-adverse-event-reporting-system-faers-database

[6]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.

[7]https://www.samhsa.gov/data/sites/default/files/DAWN-SR150-Zolpidem-2014/DAWN-SR150-Zolpidem-2014.htm

[8]https://www.samhsa.gov/data/sites/default/files/DAWN096/DAWN096/SR096EDHighlights2010.htm

[9]https://www.samhsa.gov/data/release/2022-drug-abuse-warning-network-dawn-releases

[10]https://www.fao.org/fao-who-codexalimentarius/en/

[11]Workinger, J. L., et al. (2018)."Challenges in the Diagnosis of Magnesium Status." Nutrients 10(9).

[12]https://www.medpagetoday.com/endocrinology/thyroid/43501

[13]https://www.mkgandhi.org/articles/gandhi_vision.php

[14]https://www.amazon.com/Overtreated-Medicine-Making-Sicker-Poorer/dp/1582345805/

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

[16]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.

[17]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.

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

[19]http://www.sciencedaily.com/releases/2008/01/080108082944.htm

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

[21]http://www.photius.com/rankings/healthranks.html

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

[23]http://www.newscientist.com/article.ns?id=dn2878

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

[25]https://www.amazon.com/Excitotoxins-The-Taste-That-Kills/dp/0929173252

[26]Crook WJ, Dean CFA. The Yeast Connection and Women's Health. Professional Books. Tennessee. 2005.

[27]Brown RE. Rockefeller Men: Medicine and Capitalism in America. University of California Press. 1981.

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

[29]Flexner Report: http://www.carnegiefoundation.org/publications/medical-education-united-states-and-canada-bulletin-number-four-flexner-report-0

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

[31]http://www.garynull.com/Documents/Spectrum/interview_with_john_robbins.htm

[32]http://www.drlwilson.com/articles/licensing.htm

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

[34]http://www.bolenreport.com/feature_articles/feature_article035.htm

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

[36]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.

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

[38]http://altmedicine.about.com/od/alternativemedicinebasics/a/CAMuse_2.htm

[39]https://www.cdc.gov/impaired-driving/facts/index.html

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

[41]McKenzie J. Conflict of Interest? "Medical Journal Changes Policy of Finding Independent Doctors." June 12, 2002. *ABC News*.

[42]U.K. Select Committee on Health Fourth Report, section 8 "Influence of the Industry on Key Groups."

[43]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.

[44]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.

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

[46]https://www.archives.gov/milestone-documents/president-dwight-d-eisenhowers-farewell-address

[47]Wilson, Dr. Robert A., "No More Menopause," Newsweek, 13 January 1964, p. 53;

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

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

[50]http://www.nih.gov/news/pr/apr2004/nhlbi-13.htm

[51]http://sisyphe.org/imprimer.php3?id_article=688

[52]Wyeth Loses Suit Involving Its Hormone Drug. The Associated Press. February 26, 2008.

[53]http://www.globalaging.org/health/us/2004/medicarewar.pdf

[54]http://www.citizen.org/documents/MedicareDrugWarReportREVISED72104.pdf

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

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

[57]http://www.nbcnews.com/id/5120989/ns/business-us_business/t/spitzer-sues-glaxosmithkline-over-paxil/#.Uv5EsP3BAw4

[58]*British Medical Journal*, "Efficacy and safety of antidepressants for children and adolescents," BMJ Volume 328 10 April, 2004.

[59]*Prevention & Treatment*, Volume 5, Article 23, posted July 15, 2002.

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

[61]http://www.medicalnewstoday.com/articles/71648.php

[62]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.

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

[64]Roger Veronique, et al. Trends in Heart Failure Incidence and Survival in a Community-Based Population. *JAMA*. 2004;292:344-350.

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

[66]Gaist D, et al. Statins and risk of polyneuropathy. *Neurology 2002*;58:1333-1337.

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

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

[69]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.

[70]"Bush Gives BIG Handout To Pharmaceutical Companies" On NaturalNews.com. October 22, 2004.

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

[72]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.

[73]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.

[74]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.

[75]Brown C. "Drug Companies Accused of Putting Patients' Lives at Risk." Independent.co.uk News. October 15, 2004. http://www.independent.co.uk/life-style/health-and-families/health-news/drug-companies-accused-of-putting-patients-lives-at-risk-543814.html

[76]http://www.ahrp.org/cms/content/view/297/106/

[77]http://www.pbs.org/wgbh/pages/frontline/shows/prescription/etc/links.html

[78]Lazarou J., Pomeranz B., Corey P. "Incidence of adverse drug reactions in hospitalized patients." *JAMA,* 1998; 279: 1200-1205.

[79]Lexchin J, Mintzes B. "Transparency in drug regulation: Mirage or oasis?" *CMAJ*. November 23, 2004;171(11).

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

[81]Joint Canada/U.S. Survey of Health, June 2, 2004.

[82]Health Action Network: www.hans.org

[83]Freedom of Choice in Health Care: www.freedomofchoiceinhealthcare.ca

[84]Friends of Freedom: www.friendsoffreedom.org

[85]Hoffer A. "Toxic Vitamins." *Journal of Orthomolecular Medicine*, May 2003.

[86]http://www.iahf.com/20040922.html

[87]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.

[88]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.

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

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

[91]http://www.newmediaexplorer.org/sepp/2003/10/16/european_supplements_directive_challenged_in_london_court.htm

[92]http://www.alliance-natural-health.org/index.cfm?action=news&ID=288 (link broken)

[93]http://www.alliance-natural-health.org/index.cfm (link broken)

[94]http://www.garynull.com/Issues/WBAI/Letters/NeverittLetter2.aspx_An example of Bob Neveritt's four-body theory. (link broken)

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

[96]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.

[97]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.

[98]https://www.amazon.com/Crystallizing-Public-Opinion-Edward-Bernays/dp/193543926X

[99]Letter from Dr. George F. Buchan, Box 85, Library of Congress.

[100]Letter from Arthur Murray, June 30, 1930, Library of Congress.

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

[102]Moss R. The Cancer Industry, Unraveling the Politics. p404. 1990. Paragon House Publishers.

[103]Stuter L. "Using the Delphi Technique to Achieve Consensus." *The Education Reporter*. No. 154. Nov. 1998. And http://www.newswithviews.com/Stuter/stuter219.htm

[104]"How To Counter Group Manipulation Tactics." Beverly Eakman at www.beverlyE.com

[105]Rowe J. Drug ads sell a problem, not a solution. *Christian Science Monitor*. August 21, 2006.

[106]http://sisyphe.org/imprimer.php3?id_article=688

[107]http://www.nwhn.org/action/archives_details.php?aaid=11 and http://nwhn.org/search/node/research%20hall%20of%20shame

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

[109]How accurate are advertisements? *Arznei Telegramm* Feb 13 (2004;35:21-3; http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1125284/

[110]https://www.reuters.com/article/business/healthcare-pharmaceuticals/cold-drugs-send-7000-us-children-to-ers-study-idUSN28472621/

[111]Cassles A, Wright J. "Universal flu shots: the $125-million question." *Globe and Mail*. November 29, 2004.

[112]Petersen M. "Increased Spending on Drugs is Linked to More Advertising." *New York Times*, November 21, 2001.

[113]Topol E. "Failing the Public Health-Rofecoxib, Merck, and the FDA." *NEJM.* No. 17. Vol 351:1707-1709. October 21, 2004.

[114]Petersen M. "Increased Spending on Drugs is Linked to More Advertising." *New York Times*, November 21, 2001.

[115]Topol E. "Failing the Public Health-Rofecoxib, Merck, and the FDA." *NEJM.* No. 17. Vol 351:1707-1709. October 21, 2004.

[116]Cassles A, Wright J. "Universal flu shots: the $125-million question." *Globe and Mail*. November 29, 2004.

[117]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).

[118]http://www.troymedia.com/2011/06/16/beware-the-ghostwriters-of-medical-research/

[119]http://www.eurekalert.org/pub_releases/2004-10/asop-apf100604.php

[120]Associated Press. "Scientist to raise Vioxx death toll: Report." Jan. 3 2005.

[121]Herper M. *Face of the Year: David Graham*. Forbes.com December 13, 2004.

[122]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.

[123]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.

[124]Topol, E. "Failing the Public Health-Rofecoxib, Merck, and the FDA." *New England Journal of Medicine.* 2004 Oct 21; 351(17):1707-1709.

[125]Laurance J, Foley S. "Safety review ordered into popular painkillers." *The Independent.* Friday, 22nd October 2004.

[126]Armstrong, D. "Bitter Pill: NEJM Waited 5 Years to Report Missing Data from published Vioxx Study" *WSJ*. Tuesday, pg. A1, May 16 2006.

[127]"Pfizer, AstraZeneca Pummel Drug Stocks." Forbes.com. December 17, 2004.

[128]Lenzer J. FDA to review "missing" drug company documents. *BMJ* 2005;330:7.

[129]www.drugawareness.org http://www.rense.com/general/pro.htm

[130]"AFL-CIO Joins Lawsuit Against Nexium Manufacturer" KTVU.com. November 10, 2004.

[131]http://www.citizen.org/pressroom/release.cfm?ID=2174

[132]http://www.prnewswire.com/news-releases/consumers-sue-pharmaceutical-astrazeneca-over-misleading-nexium-campaign-74369827.html

[133]Jennings Peter. "Bitter Medicine: Pills, Profit, and the Public Health." ABC. May 29, 2002.

[134]Denoon, Daniel. "Stomach Acid Drugs May Raise Pneumonia Risk." *WebMD Medical News*, Tuesday, October 26, 2004.

[135]Dean C, Null G. *Death by Medicine*. Nutrition Institute of America, November 2003. www.lef.org and search Death by Medicine.

[136]Abraham C. "Drug-monitoring advocates gain heavyweight ally." *The Globe and Mail*. December 16, 2004.

[137]Richards, BJ. FDA Announces Plan to Eliminate Vitamin Companies. June 27, 2007. NewsWithViews.com

[138]Office of Technology Assessment, U.S. Congress, "Assessing Efficacy and Safety of Medical Technology" Washington D.C.: OTA 1978.

[139]Dean C, Null G. "Death by Medicine." Nutrition Institute of America, November 2003.

[140]Ibid.

[141]http://www.healthgrades.com/aboutus/index.cfm?fuseaction=mod&modtype=content&modact=Media_PressRelease_Detail&&press_id=134)

[142]Sack K. Swabs in Hand, Hospital Cuts Deadly Infections. *NY Times*, July 27, 2007.

[143]http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=640980)

[144]Medication Errors Injure 1.5 Million People and Cost Billions of Dollars Annually. *The National Academy of Science* (2006).

[145]Wen, Patricia. "1 in 10 patients gets drug error-Study examines six community hospitals in Mass." *Boston Globe*. February 14, 2008.

[146]Dollivera H, et al. Sulfamethazine Uptake by Plants from Manure-Amended Soil. J Environ Qual 36:1224-1230 (2007).

[147]Rosenberg M. "AMA sics drug salesmen on doctors, charge groups at annual meeting." *Online Journal*. Jul 3, 2007.

[148]Saul Stephanie. Gimme an Rx! Cheerleaders Pep Up Drug Sales. *New York Times*. November 28, 2005.

[149]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

[150]Saltzman, Jonathan. "Bristol-Myers Squibb to pay $515 Million for Doctor Kickback Scheme." *Boston Globe*. September 28, 2007.

[151]Hoffer A. "Over-the-counter Drugs." *The Journal of Orthomolecular Medicine.* May 2003.

[152]Cohen J. *Overdose: The Case Against the Drug Companies*. Tarcher/Putnum, New York. 2001.

[153]http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=640980

[154]http://articles.mercola.com/sites/articles/archive/2008/1/15/recreational-drugs-far-less-likely-to-kill-you-than-prescribed-drugs.aspx

[155]Zhan C, Miller M. Excess Length of Stay, Charges, and Mortality Attributable to Medical Injuries During Hospitalization. *JAMA*. 2003;290:1868-1874.

[156]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.

[157]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.

[158]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.

[159]MacMahon B. Prenatal X-ray Exposure and Childhood Cancer, Journal of the National Cancer Institute 28 (1962): 1173.

[160]The Health Physics Society http://hps.org/publicinformation/ate/q1084.html

[161]Gofman J W. Preventing Breast Cancer: The Story of a Major, Proven, Preventable Cause of This Disease. 1996. CNR Books; 2nd edition.

[162]Gofman J W. Preventing Breast Cancer: The Story of a Major, Proven, Preventable Cause of This Disease. 1996. CNR Books; 2nd edition.

[163]Brenner DJ, Elliston CD. "Estimated radiation risks potentially associated with full-body CT screening." *Radiology.* 2004 Sep;232(3):735-8.

[164]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.

[165]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.

[166]Brenner DJ. "Radiation risks potentially associated with low-dose CT screening of adult smokers for lung cancer." *Radiology.* 2004 May:231(2):440-5.

[167]Weed S. *Breast Cancer: Breast Health, The Wise Woman Way*. Ash Tree Publishing. New York. 1996.

[168]http://newswithviews.com/Meininger/elissa3.htm

[169]World Health Organization, Press Release Bulletin #9, December 17, 2001.

[170]Connor S. "Glaxo chief: 'Our drugs do not work on most patients.'" *The Independent*. December 8, 2003

[171]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.

[172]Horrobin, DF. "Something Rotten at the Core of Science?" *Trends in Pharmacological Sciences*, Vol. 22, No. 2, February 2001.

[173]http://www.organicconsumers.org/2006/article_2152.cfm

[174]Moss RW. *WeeklyCancerDecisions.com Newsletter* #137. June 13, 2004.

[175]Leaf C. "Losing the War on Cancer." *Fortune*, March, 2004.

[176]http://www.wrongdiagnosis.com/c/cancer/basics.htm

[177] http://www.wrongdiagnosis.com/c/cancer/basics.htm

[178]http://www.toxicteeth.org/zogby-poll--results-2006.aspx

[179]Moss RW. *WeeklyCancerDecisions.com Newsletter* #137. June 13, 2004.

[180]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.

[181]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.

[182]"Everyday Carcinogens: Stopping Cancer Before It Starts." March 26-27, 1999. McMaster University, Hamilton, Ontario.

[183]Epstein SS. "American Cancer Society: The World's Wealthiest 'Non-profit' Institution,' *International Journal of Health Services*, Vol. 29, No. 3, 1999.

[184]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.

[185]Dean C. *Hormone Balance*. Adams Publishing. New York. 2005.

[186]http://www.politicsinhealing.com/

[187]Lohmann K, Prohl A, Schwarz E. Multiple chemical sensitivity disorder in patients with neurotoxic illnesses. Gesundheitswesen. 1996 Jun;58(6):322-31.

[188]www.ourstolenfuture.org

[189]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.

[190]Ferrie H. "Sugar: The Universal Epidemiological Poison." *Vitality*. Nov. 1999.

[191]Lenoir M, Serre F, Cantin L, Ahmed SH (2007) Intense Sweetness Surpasses Cocaine Reward. PLoS ONE 2(8): e698. Aug 1, 2007.

[192]Dorschner, J. Big Sugar Sour on Health Report. *The Miami Herald* April 23, 2003.

[193]Brownell K, Nestle M. The Sweet And Lowdown On Sugar. *New York Times*. January 23, 2004.

[194]http://cat007.com/cansug.htm

[195]Franceschi S et al. "Dietary glycemic load and colorectal cancer risk. *Ann Oncol.* 2001 Feb;12:173-8.

[196]"Sugar and Prostate Cancer." *Health Express*, October 1982, p. 41.

[197]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.

[198]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.

[199]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.

[200]Roberts J D. Aspartame Disease: An Ignored Epidemic. Sunshine Sentinel Press.

[201]Barone, P. "The Sweet Saboteur: Aspartame." *Washington Running Report.* March/April, 2004.

[202]http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.689935v1

[203]http://www.newmediaexplorer.org/sepp/2006/03/21/aspartame_causes_cancer_original_studies_showed_problem.htm

[204]Soffritti M. et al. "Aspartame induces lymphomas and leukaemias in rats." Eur. J. Oncol. 10 (2005), nbr. 2, pp. 107-116.

[205]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

[206]Rivière C. "Alcohol – The Situation in France." *The Globe Magazine*. Issue 2. 2000.

[207]Romanova Marina. "Russians do not drink wine. They prefer vodka." *Pravda*. November 10, 2001.

[208]A Nation of Pill-Takers." CBS. Oct. 22, 2006.

[209]Hercz, Robert. "Rat Trap" *The Walrus*. January 29, 2008.

[210]McLuhan M, Nevitt, B. Take Today: The Executive as Dropout. Harcourt Brace Jovanovich. New York. 1972, p.92.

[211]Op Ed. *Wall Street Journal*. August 19, 2002.

[212]http://www.pharmapolitics.com

[213]http://www.garynull.com/Documents/LifestyleApproach.htm

[214]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.

[215]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.

[216]McGinnis JM, Foege WH. "Actual causes of death in the United States." *JAMA.* 1993 Nov10;270(18):2207-12.

[217]http://www.cdc.gov/nccdphp/overview.htm

[218]http://www.iom.edu/Activities/Nutrition/SummaryDRIs/DRI-Tables.aspx

[219]http://ific1.nisgroup.com/foodinsight/2003/jf/sugarsfi103.cfm (link broken)

[220]*U.S.A Today*, March 2, 2004. London AP. http://www.usatoday.com/news/health/2003-03-02-world-sugar_x.htm

[221]Food & Agriculture Organization of the United Nations. April 23, 2003. http://www.fao.org/english/newsroom/news/2003/16851-en.html

[222]Lynn F. Cherkas The Association Between Physical Activity in Leisure Time and Leukocyte Telomere Length. Arch Intern Med. 2008;168[2]:154-158.

[223]Joint Canada/U.S. Survey of Health, June 2, 2004. http://www.statcan.gc.ca/daily-quotidien/040602/dq040602a-eng.htm

[224]http://www.channing.harvard.edu/nhs/

[225]http://www.latimes.com/features/health/la-he-patients28jan28,0,1911120.story

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