Health Myths Exposed

- 2nd Edition -

How Western Medicine Undermines Your Health

By Shane Ellison, M.Sc.
Courtesy of:

Myth:
FDA-Approved drugs are safe and effective.

Fact:
FDA approval is simply a matter of 51% telling the other 49% that deadly drugs are safe and necessary.

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If a man values anything more than his health, he will eventually lose his health. The irony is that if it is comfort or wealth that he values more, he will eventually lose these too.

Dedication

This book is dedicated to the *Food and Drug Administration* (FDA). Without its bias for wealth, not health, this book would not have been possible. Of course, this bias would not exist were it not for the encouragement and financial help of the pharmaceutical industry that pockets billions of dollars each year from the suffering of others.

Thanks

All of my thanks go to my family for their support and encouragement in completing this work. Without this, *Health Myths Exposed* would not exist. With this book, I hope to emphasize the importance of asking "why" in everything you do, of living for purpose and having the courage to answer to no one but yourselves.

I am thankful to the many researchers, writers and editors from whom I have learned, including Edward Griffin, Ron Kenner, Art Patterson DC, Uffe Ravnskov MD, PhD, Joseph Mercola DO, Jon Herring, Eddie Voss, John Hammell, Jon Rappaport, Edgar Civitello PhD and Neil Z. Miller.

Author's Note

I am a drug chemist. I learned first hand that science no longer prevails in medicine. Instead, pharmaceutically-compliant politicians have democratized the drug industry. Rather than make informed and educated decisions about the safety and efficacy of prescription drugs, approval by Food and Drug Administration (FDA) scientists is a simple matter of a majority ruling (51% telling the other 49%) that prescription drugs are safe and necessary. Voting is fueled by wealth, not science. The end result has been health tyranny — one nation, under drugs. Medical dictators acting as medical doctors secure the tyranny — a standard of health in America that, by definition, is 'sick care' disguised as 'health care.'

Reintroducing education, therapeutic nutrition, and choice to health care, *Health Myths Exposed* has liberated thousands of courageous and forward-thinking individuals. The general public as well as health-care leaders have used *Health Myths Exposed* to resist the current of greed that strives to push them toward prescription drug servitude. The end result has been health freedom – a vibrantly healthy life independent of prescription drugs.

Health Myths Exposed is more than a book. With surging momentum it has become a movement — a movement away from FDA approved drug addiction and away from medical doctors who dictate that one-drug-fits-all. Most important, it's a movement away from complex, obscure health ideas and toward common sense which asserts that, except for emergency medicine, very few prescription drugs have value and those which do can usually be replaced with safer, less expensive natural medicine.

"You CAN enjoy a vibrantly healthy life... free from prescription drugs!"

The advancement of science shows that it is not prescription drugs but lifestyle and nutrition habits that create and eradicate disease. *Health Myths Exposed, Revised and Expanded* makes this abundantly clear and will allow anyone the ability to live naturally healthy for life.

With this book in hand, you stand at the threshold of the most sweeping health revolution in history. A revolution where casualties will not be the FDA approved drug users but, instead, the careers of corporate drug pushers.

Preface

Millions have been hypnotized into prescription drug worship. Abandoning healthy lifestyle habits and purchasing prescription drugs has exceeded every other health expenditure in most American households. In the U.S. alone, the desertion of healthy habits is killing an estimated 365,000 per year.[1] Prescription drug use has done nothing to circumvent the devastation.

Even so, prescription drug use is growing. U.S. spending on prescription drugs quadrupled between 1990 and 2002 to more than $162.4 billion. Today Americans spend $200 billion each year on prescription drugs. American medical doctors write an average of fourteen prescriptions per person, totaling 3.5 billion prescriptions annually.[2] This spending is projected to top $445.9 billion by the year 2012.[3]

Despite the prescription drug feeding frenzy, Americans are sick, sick, sick. The United States ranks 12th among the top 13 countries in the health of its citizens.[4] At least eighty percent of seniors have at least one chronic disease and fifty percent have at least two. Relative to children in other industrialized countries, the health of U.S. children is worse in virtually every category.[5]

Realizing that the more we spend on drugs the sicker we get, *Health Myths Exposed* was researched and written to discover the truth about FDA-approved drugs and their impact on our health. My findings led me to an undeniable conclusion: FDA-approved drugs have a negative impact on our health — sometimes a deadly one. I found that many prescription drugs were and continue to be approved by the FDA despite the drugs' known dangers. These include Lipitor, Prozac, Phen-Fen, and many more. These were cold hard facts for an aspiring drug chemist to learn; unfortunately, there were more.

Prescription drugs kill an estimated 105,000 people per year.[6] That equates to one individual dying about every five minutes from an "approved" drug — almost three hundred deaths every day — that is, twice as many fatalities in a single year from "approved drugs" as the *total* number of U.S. deaths [58,000] from the Vietnam War.[7] This does not include the 98,000 killed every year by hospital medical error.

Illicit drugs, directly and indirectly, kill an estimated 19,000 people annually.[8] Paradoxically, the U.S. Government spends nearly $12 billion every year to "fight a war" against illicit drugs in an effort to ameliorate this death toll. Yet America's FDA approved drug problem continues to be ignored.

If not killed, an estimated two million people are victims of prescription drug-induced illnesses.[9] These may include drug-induced obesity, diabetes, cancer, kidney disease, autism, depression, and heart failure. This trend is ignored by lazy-thinking and myopic medical doctors who dismiss the symptoms as "worsening health." While revealing this truth, I encountered opposition. The most common argument parroted — an ill thought-out hypothesis — was that "the benefits of FDA-approved drugs justified the risk." Since when is masking symptoms considered a benefit? Never.[10]

The result of my findings: Western Medicine was founded on deception and, as its behavior suggests, is motivated by an unquenchable thirst for wealth, not health. While the health industry tries to obscure this reality from the public, it is very well known among powerful health organizations such as the FDA, the American Medical Association (AMA), the National Institutes of Health (NIH), and the Centers for Disease Control (CDC). The facts are simply ignored, no doubt in large part because of the financial interests of top scientists and researchers within these organizations.

The deception and thirst for profit in Western Medicine has given birth to numerous health myths perpetuated on a daily basis via the newspaper, radio, and television ads. The end goal is to sell unsuspecting victims more drugs — lots more.

Health Myths Exposed was written to reveal these deadly myths and thus enhance your health. This book is for those who are dedicated to living-healthy-for-life, without the use of prescription drugs. To this end, it offers the facts surrounding the sordid pharmaceutical industry in an easy to understand format. Once armed with this information, you will have the ability to avoid the myriad of health myths which exist to transform healthy people into lifetime 'assets' of the pharmaceutical industry. Reading *Health Myths Exposed* could be a matter of life and death... for you or someone close to you!

Get ready to be shocked! Get ready to become angry! Most importantly, get ready to learn some amazing things about yourself and how to live a healthy life despite pharmaceutical drugs and medical doctors.

Shane is dedicated to practicing what he preaches.

For more information, log on to:

www.health-fx.net

Myth #1 — FDA-Approved Drugs are Safe and Effective

Before 1906, there were no laws to protect consumers from unsafe or unsanitary food packaging and processing methods. Death and illness from food poisoning was commonplace, mainly from tainted meat products and canned goods. To address and meet these sanitation needs, The Pure Food and Drug Act was passed in 1906.

This new law heralded the birth of a brand new watchdog agency: the Food and Drug Administration (FDA). During these early times, addressing and meeting the country's food sanitation needs seemed an arduous task. It would be many years before we were to have such luxuries as refrigeration, understand the importance of sanitary food processing standards, and implement good manufacturing processes (GMP). So in many respects, a watchdog agency was necessary. The FDA was, at first, pointed in the right direction, as can be seen in its mission statement:

"The FDA's mission is to promote and protect the public health by helping safe and effective products reach the market in a timely way, and monitoring products for continued safety after they are in use. Our work is a blending of law and science aimed at protecting consumers."[11]

In its infancy, the FDA could be applauded for introducing foundational science and sanitation issues to the public. For instance, in 1913, the meat-packing industry was described as nauseating.[12] To remedy this, the FDA implemented a meat inspection law and a comprehensive food and drug law. This made it possible for producers to bring safer food items to market. Ultimately, this resulted in better health to the American public and was in line with the mission statement.

To protect consumers from dangerous products in other markets, the FDA expanded its reach. To do this, the Pure Food and Drug Act of 1906 was enhanced with the 1938 Food, Drug, and Cosmetic Act. This act brought cosmetics and medical devices under direct control of the FDA, and also required pharmaceutical drugs to be labeled with adequate directions for safe use. More importantly, it required pre-market approval of new, man-made drugs.

By passing the 1938 Food, Drug, and Cosmetic Act into law, the FDA was given an unprecedented broad jurisdiction over all food, drugs and medical devices. This legislation gave the FDA sole power in deciding which foods, drugs and medical devices make it to the marketplace. The FDA also determines how these products will be labeled, used and marketed.

Dangerous Drugs Approved by the FDA

Having a wide range of authority gave birth to the myth that FDA-approved drugs are safe and effective. Because these drugs carry FDA approval, most people trust that prescription drugs are safe and effective. Aside from use in emergency medicine, research findings on many commonly used prescription drugs quickly expose this health myth.

Posicor was approved in 1997 for the treatment of high blood pressure (hypertension). Prior to approval, Posicor data showed that more patients treated with the drug died than those taking a placebo. This didn't stop its approval for use by the FDA. After its release, two hundred Americans died from using Posicor as prescribed. It was finally removed from the market in 1998.[13] The drug manufacturer Hoffman-La Roche Inc. denied any wrongdoing and

"Aside from use in emergency medicine, research shows most prescription drugs are unsafe and ineffective."

insisted that Posicor was safe and effective.[14]

Vioxx use led to heart attack and stroke, but didn't stop FDA approval. Vioxx danger first appeared in 1998 during a Merck study labeled 090. This study found nearly a seven-fold increase in heart attack risk with low dose Vioxx. It was ignored at approval. In 2000, a Merck study named VIGOR found a five-fold increase in heart attack risk with high-dose Vioxx.[15] Two years later, a large epidemiologic study reported a two-fold increase in heart attack risk with high-dose Vioxx. Doctors continued to prescribe the pain-reliever. Vioxx, sold in eighty countries, reached $2.5 billion in sales in 2003. In 2004, FDA scientist David Graham estimated that Vioxx injured 88,000 to 139,000 Americans – 30 to 40% probably died.[16]

Janet Woodcock, M.D., director of the Food and Drug Administration's Center for Drug Evaluation and Research (CDER) asserts, "The goal is to catch any bad news [about drugs] right away so that the FDA and drug companies can act quickly and communicate new risk information to consumers and doctors."[17] Clearly, this goal was not accomplished with Vioxx.

Bad news with respect to Vioxx and other cyclo-oxygenase-2 (COX 2) inhibitors was silenced rather than communicated. Dr. Furberg, an FDA drug safety advisor insisted that his studies "Showed that Bextra is no different than Vioxx, and Pfizer is trying to suppress that information." Immediately thereafter, Dr. Furberg was barred by the FDA from serving on the panel responsible for considering the safety of COX 2 inhibitors.[18]

Wellbutrin was pulled off the market in 1986 because of an unacceptable incidence of seizures. For unknown reasons, the FDA released it back on the market later that year. Wellbutrin is the third leading cause of drug-related seizures, with cocaine being number one. Wellbutrin-related seizures can occur in patients who are taking a therapeutic dose of 450 mg/day or less.

Currently, 6.1% of Wellbutrin users will suffer from withdrawal symptoms. Between May 1998 and May 28, 2001, Health Canada and GlaxoSmithKline received 1,127 reports of adverse reactions to Wellbutrin. Among these were 19 deaths and 172 reports of seizures or convulsions. In a single year, the Medicines Control Agency (equivalent to FDA) of Britain confirmed 18 deaths and received reports of 3,457 patients complaining of adverse reactions.

The dangers associated with Wellbutrin didn't stop prescriptions to children. The number of children being prescribed Wellbutrin increased 195% between 1995 and 1999.[19]

The risk of Wellbutrin is continually ignored by the FDA. On June 26, 2003, GlaxoSmithKline, manufacturer of Wellbutrin, announced that it had received an approval letter from the FDA for an extended-release formulation of its widely-used antidepressant Wellbutrin.

In 2004, Health Canada issued a warning about Wellbutrin to medical doctors. Clinical trials and post-marketing reports with Wellbutrin (and SSRIs in general) were shown to ignite agitation-type adverse events coupled with self-harm or harm to others. The agitation-type events included akathisia, agitation, disinhibition, emotional instability, hostility, aggression, and depersonalization. In some cases, these behaviors occurred within several weeks of starting treatment.[20]

Heart patients beware. While millions take medication to prevent heart problems, it appears that antiarrhythmia drugs are more dangerous than a failing heart.

Two FDA-approved antiarrhythmia (for treatment of irregular heart beat) drugs known as *flecainide* and *encainide* clearly suppress arrhythmias. Unfortunately, studies reveal that they also suppress the heartbeat in general, since 2.5 times as many patients taking these drugs die as opposed to those who do not take them![21]

By far, the FDA-approved cholesterol-lowering drugs deserve the most attention. While many Americans have developed a

love affair with these drugs, very few are aware of their negative side effects. Unknown to the public and most doctors, cholesterol-lowering drugs can be life threatening.[22] In a letter to the *Archives of Internal Medicine*, Uffe Ravnskov, M.D., Ph.D. and colleagues show that in two of the three clinical trials that included healthy people, the chance of survival was better without the use of cholesterol-lowering drugs.[23]

Numerous medical journals have shown that cholesterol-lowering drugs significantly increase one's risk of suffering from deficiency of the energizing molecule CoQ10. Low CoQ10 is associated with congestive heart failure, rhabdomyolysis (muscle deterioration causing pain and weakness), kidney failure, erectile dysfunction, loss of memory (transient global amnesia) and loss of mental focus.

Both the dangers of prescription drugs and the greed of the pharmaceutical industry are glaringly obvious once we study the FDA-approved drug Prozac (fluoxetine). Prozac is one of the most commonly prescribed anti-depressant medications to date. The popularity of Prozac is a result of marketing, not science.

In 1990, Prozac appeared on the cover of *Newsweek* magazine with the headline "Prozac: A Breakthrough Drug for Depression."[24] The history behind Prozac reveals the grip that the pharmaceutical industry has on the media.

Scientists at Eli Lilly developed Prozac in the 1970s. It was believed that this drug could selectively inhibit the reuptake of serotonin (a brain neurotransmitter that has been shown to alter mood and behavior) and so could be used to treat depression.

The first testing of Prozac was performed on dogs and cats. Every trial showed that Prozac use caused aggression amongst these normally calm and friendly animals, as could be seen by increased hissing and growling. When the animals were taken off of the drug, they returned to their usual friendly behavior. This testing concluded that Prozac use causes aggressive behavior.

By mid 1978, Prozac testing moved to humans in controlled clinical trials involving more than 4000 patients. In an attempt to obtain positive evidence of its safety and effectiveness, the study allowed for voluntary dropout of those who experienced the most severe side effects. Additionally, clinical investigators were allowed to administer concurrent sedatives to patients to mask Prozac's side effects that would most likely lead to violence/suicide – a common loophole used by drug company-funded drug trials. Despite the lack of scientific methodology, this study concluded that Prozac works well to a "statistically significant" degree in a population of depressed patients.

Both of these animal and human studies raised red flags about a potential causal relationship between Prozac and violence/suicide. Eli Lilly did not then, nor do they now, know how or why Prozac controls behavior. Consequently, Eli Lilly and medical doctors have no way of knowing how Prozac elevates the mood of some individuals while lowering it among others, nor do they know how every individual will respond emotionally or physically to the drug.

Despite these alarming truths, Eli Lilly obtained FDA approval in 1987 and launched drug sales in early 1988 by labeling Prozac a selective serotonin reuptake inhibitor (SSRI). Since its approval, the potential for Prozac-induced suicide has become frighteningly clear amongst both professionals and the public. Reports of Prozac-associated suicide, written by James D. Hagerty and distributed by the Drugs and Devices Information Line at the Harvard School of Public Health, dominated the "Letters to the Editor" section of the *American Journal of Psychiatry* during the fall of 1990.[25] Under the FDA's own analysis, there have been more than 20,000 Prozac-related suicides since 1987. Clinical studies performed on Prozac show 191 negative side effects per 100 people.[26] This equates to almost two negative side effects for every user of the drug.

The greed behind the creators of Prozac knows no end. Despite the many adverse side effects, the FDA approved Prozac's use for children in 2003. To make matters worse, the FDA granted its manufacturer, Eli Lilly, extended patent protection. In order to procure thirty additional months of earning power, Eli Lilly changed the name of Prozac to Sarafem, while at the

same time labeling a normal occurrence among women a disease; this "disease" being premenstrual irritability. As a result, thousands of unsuspecting women were given Prozac for premenstrual irritability while at the same time increasing their chances of suffering from the aforementioned negative side effects such as violence, aggression, and suicide.

Prozac is not Eli Lilly's only problem child. Their highly touted antipsychotic, Zyprexa, is yet another alarming example of FDA-approved drugs being unsafe and ineffective.

Clinical trials lasting a mere six weeks showed that the drug was linked to life-threatening side effects requiring hospitalization in 22% of those treated. A weight gain of 50-70 pounds was common among users. Worse yet, studies showed that users were ten times more likely to suffer from Type-II diabetes as a result of taking the drug short term!

During the six-week clinical trials for Zyprexa there were twenty deaths. Among these deaths, twelve were suicides.[27] Dr. David Healy has stated that clinical trials surrounding Zyprexa "Demonstrate a higher death rate on Zyprexa than on any other antipsychotic ever recorded." The *Baltimore Sun* stated that the FDA has done little to warn doctors and consumers.[28] Eli Lilly advertises at www.zyprexa.com the following with respect to Zyprexa: "Helping You Get Better."

Heal Yourself - Nature's Antidepressant

With respect to controlling mood, the essential amino acid L-tryptophan is superior to commonly prescribed antidepressants such as Prozac and other SSRIs. This is owing to the mechanism by which L-tryptophan works in the body. Unlike SSRIs, L-tryptophan helps the body produce more serotonin by serving as a "building block" of this amino acid. Conversely, prescription drugs work to extend the action of naturally occurring serotonin.

Herein lies the problem. If an individual is not actively producing serotonin, for whatever reason, then the prescription drug is useless and begins to elicit numerous negative side effects. Problems with mood and appetite control can continue or even worsen. Using L-tryptophan (10-30 mg/kg) 1-2 hours before bedtime, users will have plenty of serotonin, which will result in numerous benefits associated with the activity of serotonin such as enhanced mood, appetite control and good sleep.[29]

Dangerous FDA-Approved Drugs Given to Children

The FDA's trend in disregarding the public's health continues with vaccines given to our children. On October 22, 1999, U.S. government officials decided that Rotashield, a vaccine for infant diarrhea, should no longer be recommended. This was because within the first year of approval, more than one hundred babies suffered from obstructed bowels as a direct result of the vaccine. This painful condition is known as intussusception and treatment usually involves surgery. The public was led to believe that this effect was newly discovered. To the contrary, on June 15, 2000, the Committee on Government Reform reported that it was well known during clinical trials of the drug.

Neither safety nor effectiveness enabled the Rotashield vaccine to acquire FDA approval — vested financial interests at the FDA were at work. Of those participating in the Rotashield approval meeting, more than half of the voters had financial ties to the Rotashield vaccine. Such ties included being paid consultants, lobbyists, owning stock in the company, holding vaccine patents, or being employed by institutions or companies that would benefit from the Rotashield vaccine approval. While this practice is forbidden, waivers were granted by the Centers for Disease Control (CDC).[30]

Other commonly administered FDA-approved vaccines also have dangers associated with them. *The New England Journal of Medicine* reported that the MMR (mumps, measles, and rubella) vaccine is responsible for 35% of juvenile rheumatoid arthritis cases. An analysis of the Adverse Events Reporting System (AERS) database from 1991 through 1998 showed that the rubella vaccine alone caused 55% of females vaccinated to develop rheumatoid arthritis.

Regarding DTaP (diphtheria, tetanus, and pertussis) vaccine, Roger R. Gervais, B.Sc. D.C., N.D., reported, "One in every one hundred children react to the DTaP vaccine with convulsions or collapse or with high-pitched screaming. One out of every three of these — that is, one out of every 300 — will remain permanently damaged." Testimony of the former Assistant Secretary of Health, Edward Grant, Jr., before the United States Senate Committee on May 3, 1985, stated, "Every year,

35,000 children suffer neurological damage because of the DTaP vaccine."

Further evidence regarding the pertussis vaccine (for whooping cough), shows that within three days after receiving the vaccine, babies die at a rate seven times greater than normal. This phenomenon is egregiously disguised as SIDS.

The risk associated with the pertussis vaccine carries little benefit. The *Journal of Pediatrics* showed that the pertussis vaccine is only 40-45% effective and that immunity is not sustained. During a pertussis outbreak in Ohio, 82% of those children who suffered from it had been vaccinated.[31]

Protecting our children from disease does not have to be a gamble. Immunity can be derived from proper sanitation and healthy eating, period. If infection does set in, healing can be procured by abstaining from *all* sugar and the proper use of nutritional supplements such as vitamin C, elderberry, and andrographis. I know this to be true from experience. Neither of my two children has been vaccinated and they are known for being vibrantly healthy.

Children are Exempt from Vaccines by Public Schools

In support of the profit motives behind vaccines, parents are falsely made to believe that their children are required to have them in order to attend public schools. This is a FALLACY steeped in profit motives. All state laws assert that your child is EXEMPT from receiving vaccinations; this applies whether you have a religious conviction or personal belief opposed to vaccinations.

Stimulants 101

The FDA-approved drugs Ritalin (methylphenidate) and Adderall pose another threat to the health of our children. The Experimental Pharmacology Department of the American Cyanamid Company and the Merck Index reports that Ritalin is no less toxic or safer than amphetamine and methamphetamine. They state that with the administration of this drug, motor activity decreases. Many times, tremors and convulsions occur. Studies on amphetamine derivatives show that short-term clinical doses produce brain cell death. According to the authoritative Merck Index, long-lasting and sometimes permanent changes in the biochemistry of the brain are also a result.

The Drug Enforcement Administration (DEA) classifies Ritalin, as well as Dexedrine (dextroamphetamine), Desoxyn (methamphetamine), and Adderall (a mixture of Ritalin, Dexedrine, and amphetamine) in the same Schedule II category as methamphetamine and cocaine. Both methamphetamine and cocaine are targeted by the "war on drugs." This did not *stop* FDA approval of Ritalin and an entire class of stimulants for use among children.

A Lifetime of Health

To procure a lifetime of health, Americans will have to accept the dark side of health freedom by taking responsibility for their own lives and well being. The FDA is no longer the watchdog of public health. Instead, it is the watchdog of corporate wealth. The majority of medical doctors have abandoned science and embraced pharmaceutical hype.

Myth #2 - Drug Approval is Based on Science

As noted, drug safety is a simple matter of majority rule, of 51% telling the other 49% that deadly drugs are safe and necessary. Science and choice no longer prevail in medicine. Instead, health tyranny, motivated by profit and asserted by scientists with gross conflicts of interest dominates. Rent-a-quote medical doctors simply follow orders by mandating prescription drug addiction.

According to *USA Today, more than* half of the experts hired by the FDA to advise the government on the safety and effectiveness of medicines have direct financial relationships with the pharmaceutical companies who will either be helped or hurt by the decision of FDA approval. These conflicts include helping a pharmaceutical company invent a medicine, then serving on the FDA advisory committee, which then decides whether the drug will be approved for human consumption. Most conflicts are in the form of stock ownership and obtaining consulting fees or research grants from the drug industry.

A *USA Today* analysis of financial conflicts of interest from Jan 1, 1998 to June 30, 1999 shows the following, based on 159 FDA advisory committee meetings:

- 92% of the meetings had at least one member who had a financial conflict of interest.
- At 55% of advisory meetings, at least half, sometimes more among the FDA advisers, had conflicts of interest
- Financial conflicts of interest were most frequent at the 57 meetings when broader issues were discussed: 92% of members had conflicts
- At 102 meetings dealing with the fate of a given drug, 33% of the experts in attendance had a financial conflict

Historically the FDA revealed when these financial conflicts were present, but these conflicts have been kept secret since 1992.[32]

How Drug Companies took over the FDA

Pharmaceutical campaigning led to the passing of the 1997 Food and Drug Administration Modernization Act (FDAMA). The FDAMA allows for a new drug's approval based on only one clinical trial. In addition to lowering drug approval standards, pharmaceutical companies have ensured that the FDA is well compensated for their efforts.

Pharmaceutical campaigning also led to the Prescription Drug User Fee Act (PDUFA) of 1992 and its reauthorization in 1997. The PDUFA allows the FDA to collect fees from pharmaceutical companies to review new drug applications. This sets a new precedent in drug approval. Previously, the United States treasury funded the FDA. However, with the PDUFA, they now receive their paychecks directly from the pharmaceutical industry. This ensures that the FDA remains a lap dog to the pharmaceutical industry.

Congressman Dan Burton has recognized this deadly trend among the FDA. In a noble attempt to notify other members of congress he testified as follows:

"How confident can we be in the recommendations of the Food and Drug Administration when the chairman [of Vaccines and Related Biological Products Advisory Committee] and other individuals on their advisory committee own stock in major manufacturers of vaccines? How confident can we be in a system when the agency seems to feel that the number of experts is so few that everyone has a conflict and thus waivers must be granted? It almost appears that there is an 'old boys' network" of vaccine advisors that rotate between the CDC and FDA — at times serving both simultaneously.... It is important to determine if the Department of Health and Human Services has become complacent in its implementation of the legal requirements on conflicts of interest and committee management. If the law is too loose, we need to change it. If the agencies aren't doing their job, they need to be held accountable.... What is at issue is not whether researchers can be bought in the sense of a quid pro quo; at issue is that close and remunerative collaboration with a company naturally creates goodwill on the part of researchers and the hope that the largesse will continue...Can the FDA and the CDC really believe that scientists are more immune to self-interest than other people?"[33]

Select Medical Doctors, Scientists and FDA officials Reveal the Truth

"The people in charge [FDA officials] don't say 'Should we approve this drug?' They say 'Hey, how can we get this drug approved?'"[34]

— Michael Elashoff, ex-FDA biostatistician

"The agency [the FDA] neglects drug safety in its rush to speed the drug-approval process because current laws and policies let the drug industry influence FDA decisions."[35]

— Paul Stolley, MD, MPH, former senior consultant to the FDA

"The people who approve a drug when they see that there is a safety problem with it are very reluctant to do anything about it because it will reflect badly on them. They continue to let the damage occur…As currently configured the FDA is not able to adequately protect the American people."[36]

— Dr. David Graham, speaking to Crusader Magazine in 2005, FDA insider for over 20 years

The conflict of interest amongst the FDA has become so apparent that it has caught the attention of major university researchers. A team of Harvard University professors has publicly advised physicians NOT to prescribe new drugs to their patients because their safety has not been established, despite FDA approval![37]

A team of Harvard University professors has publicly advised physicians NOT to prescribe new drugs to their patients because their safety has not been established, despite FDA approval!

Call it human nature, greed, or just plain old corruption; the protective mechanism that was once the driving force of the FDA is gone. The FDA has a myriad of "skeletons in the closet" and has repeatedly shown blatant disregard for the public's health while enriching its pharmaceutical partners.

As pharmaceutical business has grown, the FDA has changed from an institution that was trying to protect public health from bad food to a rubber stamp government organization that only takes public health into account when it is forced to by some form of gross public error.

Deadly Prescription Drugs – More to Come

Deadly prescription drugs continue to proliferate. A life-support system has been put into place by politicians and drug companies. This system vigorously promotes prescription drug addiction. It is fueled by insurance companies, government sponsored programs such as Medicare and Medicaid and well-paid wackopaths disguised as experts (sometimes medical doctors, too).

Myth #3 - Drug Advertising Promotes Health Awareness

America consumes more prescription drugs than any other country in the world. This prescription drug addiction is the result of Direct to Consumer (DTC) advertising. As DTC advertising increases so do drug sales.[38]

A mini-saga culminating in a miracle answer – drugs. This is DTC advertising. Whether you are reading a magazine, watching television or listening to the radio, it is guaranteed that you'll be bombarded with these types of slick, misleading drug ads.

DTC advertising by drug companies is still relatively new. Since 1962 it has been the sole responsibility of the FDA.[39] In a blatant conflict of interest, in 1997 the FDA granted the duty of DTC advertising to none other than the pharmaceutical companies themselves. Officially, this was done as a means of "promoting health awareness among consumers to ensure their health and safety." Unofficially, it was done to sell more drugs by converting healthy people into patients.

Guidelines for DTC advertising are regulated under the authority of the Federal Food, Drug and Cosmetic Act (FFDCA). The content allowed is typically the drug name and the condition it is intended to treat, as well as a description of the risks and benefits associated with utilizing the drug. The FFDCA irrefutably prohibits the advertising of false therapeutic claims for pharmaceutical drugs and states that the product claim advertisements must meet the following criteria:

- Claims cannot be false or misleading
- Ads must present a fair balance between the risks and benefits of a drug
- Ads must reveal the consequences of using the drug as advertised

  Ads must disclose all of the risks listed in the drug's labeling

Hypothetically, DTC advertising could have positive effects on health care. So long as consumers are given pertinent information about prescription drugs, they are very capable of making positive health decisions. This strengthens the doctor-patient relationship by ensuring that they can make mutual decisions about drug treatment rather than having the doctor dictate what is needed. However, these goals are only achieved if DTC advertising is honest.

Despite guidelines set by the FDA, pharmaceutical companies are often in violation. They overstate drug benefits, broaden the use of a drug beyond the indicated patient population, minimize risk by camouflaging it with deceptive pictures and do not include data of therapeutic benefits, do not show data from clinical trial results, and give an imbalanced view of the benefits and risks of the drug.

This irresponsibility has led to an increase of deaths and injuries that would not have occurred otherwise.

False Advertising of Cholesterol-Lowering Drugs

Promoted with heavy ad campaigns, statins were the most widely sold pharmaceutical drug in 2002. Sales continued to surge in 2004. Pfizer's blockbuster statin drug, Lipitor, became the first prescription drug to make more than $10 billion in annual sales that year. This popularity stems from slick marketing, not science.

Pfizer has shown blatant disregard for FDA regulations when marketing Lipitor. The company advertises that rhabdomyolysis (i.e. muscle deterioration exhibited by muscle pain, tenderness, or weakness) and myopathy (muscular wasting and weakness) only occur with "other drugs" in the statin class, not Lipitor (see ads in *Time*, *Reader's Digest*, *Good Housekeeping*, *Woman's Day* and *Health*).[40] As a result, millions of medical doctors regurgitate this claim to their patients in an effort to ensure that they consume Lipitor. And they do.

That Lipitor does not elicit rhabdomyolysis was simply a marketing ploy to gain an edge over competing statin drugs. The FDA sent a letter to Pfizer stating that the company was in clear violation of regulations. It's violation: Lipitor advertise-

such as Dr. Otto Sartorius, Director of the Cancer Control Clinic, have emphatically made public announcements stating, "Estrogen [and its derivatives] is the fodder on which cancer grows."[49]

Why is HRT labeled as a panacea for all women over the age of fifty? It began with Dr. Robert Wilson's book, *Forever Feminine*, in which Dr. Wilson promoted hormones as a miracle cure for "dull and unattractive" women. Once the truth about HRT therapy came to surface, it was discovered that Dr. Wilson's book and its marketing was paid for by Wyeth, a leading distributor of HRT drugs.[50]

Rather than becoming "forever feminine," thousands of women have increased their chances of suffering from cancer, Alzheimer's, and obesity. Meanwhile, drug companies pocketed billions — and still do — from sales of HRT drugs.

False Advertising of Ritalin and other CNS Stimulants

Never mind that methamphetamine is a highly addictive and dangerous Schedule II drug in the United States. Pharmaceutical companies deal this drug via false advertising every day. Adderall is a pertinent example.

Adderall, a cocktail of amphetamine salts, is manufactured by Shire Richwood, Inc. (Shire). On the street, amphetamine salts are known as meth, poor man's cocaine, i.e., crystal, ice, glass, and speed. Shire is the largest "meth lab" in the country, dealing an estimated $345 million worth of this deadly drug every year. Their success lies in deceptive advertising… to children and parents.

The FDA sent a letter to Shire stating that it was in clear violation of the regulations. Its violation: False claims of superiority over Ritalin; false claims that if Ritalin did not work for you, then Adderall will; false claims that in addition to using Adderall for ADHD, you can also use it for depression and narcolepsy; failure to provide risk information and failure to provide sufficient emphasis of the warnings and contraindications of Adderall. According to Shire marketing material, Adderall has a long 'half-life,' and therefore is "perfect" for kids who want to take speed, that is, Adderall, before they go to school so as to be circumspect in their use.[51] Shire encouraged parents to "Choose convenience – start school this year with ADDERALL!" Despite Shire's non-compliance with the law, the FDA did not press charges.

Shire insisted that by letting your kids 'use Adderall,' you would "Achieve efficacy and duration of action without compromising safety!" What Shire does not tell you is that the safety they were speaking of was the result of a study that they conveniently funded.

The study data was presented at the Annual Meeting of the American Psychiatric Association.[52] Amazingly, researchers found the following: "We were quite encouraged to see that, at this stage of the study, not only has Adderall therapy been safe and efficacious, but every patient showed improvement in core symptoms of the condition, with no evidence of an emerging drug tolerance," said presenter and investigator Richard Weisler, M.D.

Wow! Adderall has achieved something that science rarely, if at all, accomplishes… EVERY patient was successful in his or her treatment. Stressing this point, Dr. Weisler continued, "Every subject has shown ongoing improvement in symptoms at this 10-month point." Considering that individual variance is anywhere from 40 to 400 times difference, this is a scientific impossibility. And despite the rave review by Shire researchers, the U.S. Drug Enforcement Agency (DEA) is well aware of the dangers of methamphetamine salts[53]:

Effects of usage include addiction, psychotic behavior, and brain damage. Withdrawal symptoms include depression, anxiety, fatigue, paranoia, aggression, and intense cravings. Chronic use can cause violent behavior, anxiety, confusion, insomnia, auditory hallucinations, mood disturbances, delusions, and paranoia. Damage to the brain caused by methamphetamine usage is similar to Alzheimer's disease, stroke, and epilepsy.

To make sure that the DEA is correct in its safety profile of methamphetamine salts, I cross-referenced these facts with the authoritative Merck Index and The Experimental Pharmacology Department of the American Cyanamid Company. This reveals that upon administration of these drugs (not after decades of use but upon administration), motor activity decreases. Frequently, tremors and convulsions occur. Short-term clinical doses produce brain cell death and long-lasting and sometimes permanent changes in the biochemistry of the brain can occur. It would appear that the DEA is correct.

Shire insists that Adderall has "a 60-plus-year history of safety and efficacy." Medical doctors fell for the false marketing and Shire-funded research results. Now children can "say no to drugs" and simply ask Mom or Dad to take them to the doctor's office.

More False Advertising to Parents and Children

"It is not a stimulant… so it must be safe." This is the common thinking among Strattera drug users and parents who administer the drug to their children. This parroted line is courtesy of false advertising by its maker, Eli Lilly.

The FDA sent a letter to Eli Lilly stating that the company was in violation of the regulations for false adverting of Strattera. Their violation: Broadening the use of the drug beyond the indicated patient population while minimizing the serious risk of… liver failure.

To be exact, Eli Lilly advertised that Strattera was to be used by ALL adults who were simply "inattentive." Wrong. Strattera is only approved for those who fit the diagnosis of ADHD as dictated by the DSM-IV. Such a diagnosis of ADHD implies the presence of hyperactive-impulsive or inattentive symptoms that cause impairment and that were present before age seven. These symptoms must be persistent, more severe than normal, and cause clinically significant impairment in a social or academic setting. Yet Eli Lilly ignored this in their advertising.

The FDA further noted that negative side effects of Strattera were disguised in the ad with various sounds and glitzy graphic design covering the warnings.[54] Despite Eli Lilly's noncompliance with the law, the FDA did not press charges.

False Advertising of OxyContin

False marketing of overtly addictive drugs is performed daily without consequence. Purdue Pharma, L.P., makers of the highly addictive OxyContin (oxycodone HCl controlled-release), has made this clear.

According to the FDA, Purdue Pharma L.P. circulated false DTC advertising through its endorsements of OxyContin in the world's most prestigious medical journal, the *Journal of the American Medical Association* (JAMA). The FDA sent a letter to Purdue Pharma stating that the company was in clear violation of the regulations. It's violation: making unsubstantiated claims of effectiveness and grossly overstating the safety profile of OxyContin while promoting it for obtaining a "Life with Relief."[55] Despite Purdue Pharma's non-compliance with the law, the FDA did not press charges. As a result, the false marketing continues.

Putting wealth before health, Purdue Pharma, L.P., distributed 15,000 copies of an OxyContin video to physicians without submitting it to the FDA for review. Entitled *I Got My Life Back: Patients in Pain Tell Their Story,* the video presented pain relief experiences of various patients and the pain medications, including OxyContin, which they had been prescribed. FDA regulations require pharmaceutical manufacturers to submit all promotional materials for approved prescription drug products to the FDA at the time of their initial use. Since Purdue Pharma, L.P., did not comply with this regulation, the FDA did not have an opportunity to review the video to ensure that the information it contained was truthful, balanced, and accurately communicated. Purdue and the FDA acknowledged the oversight of not submitting the video to the FDA for approval. No action was taken.

Releasing a second version of the video, Purdue Pharma, L.P., followed legal procedure by submitting it to the FDA for review. However, in its report to Congress the U.S. General Accounting Office (GAO) stated that the FDA failed to review the

video. Later, it was discovered that the company, as with the first video, made unsubstantiated claims and minimized the risks associated with taking OxyContin. Most astounding, Purdue Pharma, L.P., claimed that OxyContin had been shown to cause addiction in less than 1 percent of patients - a damned lie.

Pushing for approval by the FDA in 1995, Purdue Pharma, L.P., insisted that OxyContin be used only for cancer pain. Purdue Pharma sold $1 billion worth of OxyContin in less than five years from the time of its approval, thanks to false DTC advertising. In addition to profits, false marketing has led to devastating effects on those people who were prescribed OxyContin under the wrong conditions. Consider that the number of people who used OxyContin for illicit purposes at least once increased from 399,000 to 957,000 in a single year.[56]

Recognizing the dangers of OxyContin, the Drug Enforcement Agency (DEA) has listed OxyContin as a Schedule II controlled substance in the USA. According to the DEA, since its release on the market, the annual number of prescriptions for the "synthetic morphine" has risen from about 300,000 to nearly 6 million. During that same period, the number of oxycodone-related deaths has skyrocketed by 400%. Currently, OxyContin is the number one prescribed Schedule II narcotic in the United States.

Exactly how OxyContin works in the body is not understood, but its dangers are well documented. OxyContin is an opioid agonist (narcotic), which possesses powerful addictive properties. These addictive properties are akin to heroin and morphine and know no boundaries of destruction. Its addictive nature can smother even the strongest of wills. OxyContin produces respiratory depression. Additionally, oxycodone causes a reduction in motility associated with an increase in smooth muscle tone in the antrum of the stomach and duodenum. As a result, digestion of food in the small intestine is delayed or nonexistent, and propulsive contractions are decreased, culminating in constipation and the backup of fecal matter.

While the FDA has played Paper Tiger by acknowledging Purdue Pharma's indiscretions, the agency has done nothing to curtail them.

Creativity Superceded FDA Regulations

In a most aggressive attempt to bypass FDA regulations, makers of Nexium should get an award for their creativity. Running drug ads for the "purple pill," Nexium maker Astra-Zeneca skirted all FDA regulations by simply not stating the name of the drug. Instead, the company called it the "Healing Purple Pill." Capitalizing on this loophole, its ad both failed to describe the condition it is intended to treat and failed to describe the risks and benefits associated with taking the drug. Overnight, AstraZeneca obtained unbridled marketing power and convinced millions that the drug was a panacea.

Numerous drug companies have followed this lead. Schering-Plough raked in its share of profits using this marketing technique for Claritin. By stating the drug's name but not what it was used for, the ads for Claritin were exempt from FDA regulations. Therefore, the ads did not disclose the drug's risks; a clear violation of the FFDCA. As far as the public was concerned, Claritin was the next best thing since Dairy Queen. This popularity eventually resulted in the approval of Claritin as an over-the-counter (OTC) drug.

Ex-FDA commissioner Mark McClellan, M.D., Ph.D., has publicly admitted the faults of DTC advertising in general, noting: "Physicians and others are concerned that consumers may not always get a balanced view of the benefits and risks of a product."

How is the FDA protecting consumers if it allows violations in the DTC advertising law? With a flood of multiple warnings to pharmaceutical companies, criminal prosecution is a mere possibility that needs to become a reality through vigilant enforcement. If not, people will continue to die from falsely advertising prescription drugs.

The Pharmaceutical Industry's Stance on DTC Advertising

The pharmaceutical industry maintains that DTC advertising is an important vehicle for conveying information to medical

doctors.[57] The industry's stance is not surprising. DTC Advertising is the Holy Grail for corporate drug pushing.

According to the United States General Accounting Office (GAO), sales for DTC-advertised drugs increase 20% faster than sales for drugs that are not heavily advertised to consumers. The GAO reported that regardless of the lack of safety and effectiveness, DTC advertising always increases the sale of the given drug.

Pharmaceutical companies – spending about $2 to $3 billion annually to unleash false advertising campaigns[58] – are increasing their spending on DTC advertising faster than they are increasing spending on research and development.

The True Intent of DTC Advertising

The true intent of DTC advertising is to forge a belief among the general public that drugs – not lifestyle habits and nutrition – confer health and longevity. Medicine is only necessary for sick people in times of emergency. Yet DTC advertising has been wildly successful in convincing people that being healthy requires a lifetime of prescription drug use. Admittedly, the advertising usually mentions the potential side effects of drugs, yet doctors tend to discount them. They simply regurgitate the pharmaceutical-company line that "the benefits of a drug outweigh the risks." Don't believe it. Current statistics show adverse drug events (ADEs) from prescription drugs to be the number four killer in the nation.

Our children are most at risk of false DTC advertising. Growing up under prescription drug ads ensures that, as adults, these children become prescription drug worshipers. Unable to distinguish the indoctrination disguised as advertising from the truth, adults who grow up exposed to drug ads will inevitably abandon lifestyle and nutritional habits to procure health and instead reach for prescription drugs. Adverse drug events will increase.

"The true intent of DTC advertising is to forge a belief among the general public that drugs – not lifestyle habits and nutrition – confer health and longevity."

Myth #4 – Pharmaceuticals Improve the Quality of Human Life

Courtesy of Direct-to-Consumer (DTC) advertising, Western Medicine's plague of deception is deadly. Well-documented in scientific journals and reported by media outlets nationwide, FDA approved drugs kill an estimated 106,000 people every year.[59] That equates to one individual dying every five minutes from "approved" drugs.

Three hundred people die every day from "approved drugs." This figure does not include death by hospital medical error, which adds 98,000 deaths per year to the atrocity.[60]

If not killed, an estimated two million people are victims of drug-induced illnesses.[61] These may include drug-induced obesity, cancer, kidney disease, autism, depression, and heart failure.

Hypnotized by DTC advertising, people are oblivious to the adverse effects of prescription drug use. This is evidenced by their willingness to swallow whatever "the doctor ordered." They drug their children, hop the borders to smuggle inexpensive prescription drugs back into the U.S., beg their congressman for discounts, and pay a lifetime of medical insurance fees in order to snatch up these silent killers.

To better accommodate this frenzy and their pharmaceutical money donors, the U.S. Government strives to make prescription drugs even more accessible via Medicare. The avalanche of DTC advertising has smothered common sense.

Drug Use Soars

The popularity of prescription drugs is surging every year. As reported by the Kaiser Family Foundation, U.S. spending for prescription drugs tripled between 1990 and 2001 to $140.6 billion and is expected to reach $445.9 billion by 2012![62]

Do we really have the Best Health Care in the World?

As noted Barbara Starfield, M.D., MPH, writing in the *Journal of the American Medical Association* (JAMA*,)* reported that by comparing sixteen "health markers" considered indicative of good health, the United States ranks near the bottom, 12th among the thirteen industrialized countries ranked for good health: Japan, Sweden, Canada, France, Australia, Spain, Finland, the Netherlands, the United Kingdom, the United States, and Germany. Regarding the separate health indicators, the United States ranks as follows:

- 13th (last) for low birth weight percentages
- 13th for neonatal mortality and infant mortality overall
- 11th for post neonatal mortality
- 13th for years of potential life lost
- 11th for life expectancy at 1 year for females, 12th for males
- 10th for life expectancy at 15 years for females, 10th for males
- 10th for life expectancy at 40 years for females, 9th for males
- 7th for life expectancy at 65 years for females, 7th for males
- 3rd for life expectancy at 80 years for females, 3rd for males
- 10th for age-adjusted mortality.

Poor health among Americans has trickled down to our children. In 2004, Johns Hopkins Bloomberg School of Public Health noted that the health of U.S. children was worse in virtually all categories relative to children in other industrialized countries.[4]

One in three children born in 2000 may suffer from Type II diabetes – not from genetics but from poor lifestyle habits, courtesy of their parents and fast food advertising.

Most elderly Americans have one foot in the grave. The Centers for Disease Control (CDC) reports that chronic diseases account for 7 out of every 10 deaths in the USA. At least 80% of seniors have one chronic disease and 50% have two or more.

We don't need statistics to prove that Americans are sick, sick, sick. Simply look around and you'll witness the incredible expanding waistline that has confined most Americans to their couch.

Adverse Drug Reactions (ADRs) - The Reality of Prescription Drug Use

An ADR is a negative side effect that occurs from using a drug as prescribed.[63] Incidents involving errors in drug administration, noncompliance, drug abuse, overdose or therapeutic failure are not included in ADRs. Exclusion of these factors ensures that the number of ADRs from FDA-approved drugs is not overestimated. This conservative definition helps us to fully grasp the impact of ADRs on our health.

When studying the number of ADRs it is important to note the extreme difficulty in obtaining accurate figures. Many times an ADR is not reported, is ignored, or is shrugged off as worsening health. About 85% of ADRs are silenced.[64] The ADRs that occur while patients sit at home watching football are not reported. Alarming as it might be, the following estimate for ADRs is conservative.

The study of ADRs began in the 1960s. During this time it was estimated that 30% of those hospitalized suffered from ADRs and that 3% of hospitalizations were due to ADRs. There were 29,000 deaths annually due to ADRs.[65] By this estimate, 80 people died every day from taking FDA-approved drugs exactly as they were prescribed in the '60s. This is phenomenal. Consider that this estimate exceeds the number of people who currently die every year from illicit drug use!

Here is the paradox: While a War on Drugs (illicit drugs) has been declared, this problem, recognized more than 40 years ago, was and continues to be ignored.

The number of ADRs that occur today is staggering. The *New England Journal of Medicine* showed that ADRs occur in one out of every four individuals who visit their family medical doctor.[66] An estimated 2.2 million Americans are so severely injured from FDA-approved drugs that they are either hospitalized for long periods of time or permanently disabled.[67]

Adverse Drug Reactions among Infants

Illogically, the FDA does not require pharmaceutical companies to test newly released drugs for potentially hazardous effects on children. This does not stop doctors from administering such drugs to children.

Not only is there great variability in weight and body surface area among the adolescent population, but there are also, as compared to adults, significant differences in the absorption, distribution, metabolism and excretion times of a drug and the biochemical and physiologic effects of drugs.[68] Thus many, if not all, drugs are given to children without knowing whether or not they are safe.

Researchers writing for *Pediatrics* showed that between 1997 and 2000 there were 7,111 ADRs among infants and children younger than age two. These researchers concluded that "Adverse reactions to drug therapy are a significant cause of death and injury in infants and children under two years of age." Drug use, compliments of the mother during pregnancy, delivery, or lactation, is associated with an average of 243 reported deaths annually.[69] The FDA admits that these numbers really account for about 2% of the actual number of deaths and negative side effects reported. Do the math.

Adverse Drug Reactions Lead to Prescription Drug Servitude

The sum result of ADRs is a lifetime of prescription drug servitude or death. This is sometimes termed "prescription drug induced disease."

Adverse drug reactions from FDA-approved drugs often require the consumer to take other prescription drugs in order to control the symptoms of the damage caused by the initial prescription. Drug servitude severely limits a person's functional capabilities and decreases lifespan. The list of examples is nearly as long as the PDR; however, the following examples are the most glaring, occurring with great frequency in these commonly prescribed drugs. These ADRs are important to note - most medical doctors shrug them of as worsening health or aging.

Zyprexa (Olanzapine): Zyprexa is prescribed as an antidepressant and antipsychotic. The major side effect associated with using this drug (and other antidepressants and antipsychotics) is weight gain.

Weight gain among users of Zyprexa is attributed to slowing the metabolism by blocking noradrenergic, dopamine, serotonin, and histamine receptors, all of which negatively affect metabolism and appetite control.[70]

Weight gain attributed to Zyprexa use results in an increased risk of hypertension, Type-II diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, and some forms of cancer. The American Cancer Society (ACS) has stated that obesity will soon be the leading cause of cancer worldwide.[71] To ward off these side effects, the patient is often forced to take medications for life that are purported to decrease weight gain.

Wellbutrin and Meridia are the drugs of choice among doctors who are attempting to ignite fat loss among their Zyprexa patients. Wellbutrin and Meridia lower body weight by up to 5%. This does not confer a lower Body Mass Index (BMI), the universal measure of weight loss. Therefore, many Zyprexa users will continue to suffer from the aforementioned risks associated with being overweight – ensuring prescription drug servitude.

Prempro (estrogens and progestin): Prempro is made from the urine of pregnant mares (just like its sister drug, Premarin.) It is a drug often prescribed for Hormone Replacement Therapy (HRT) for women who are post-menopausal or who have had a hysterectomy.

On July 9, 2002, the National Institutes of Health (NIH) abruptly halted the use of Wyeth's Prempro in the Women's Health Initiative (WHI) because of the unacceptable risks associated with taking the drug. Sixteen thousand women received a letter advising them to stop taking Prempro. The NIH letter explained that taking Prempro increases a woman's risk of breast cancer, heart disease, and stroke.[72] Adding to these risks, Denise Grady, writing for *The New York Times*, reported that hormone therapy doubled the risk of Alzheimer's Disease and other types of dementia in women who began the treatment at age 65 or older.

Many patients who fell victim to HRT were forced into prescription drug servitude to simply maintain some semblance of health. To battle breast cancer, many medical doctors prescribe drugs such as Tamoxifen, Adriamycin, Aredia or Arimidex.[73] Of course an array of drugs is standing by to prevent stroke, blood clots and cardiovascular disease among users of HRT.

Vaccines: The next example is particularly poignant since it affects our children. The MMR vaccine is a three-part vaccine postulated to protect (immunize) against Measles, Mumps, and German Measles (Rubella). Yet it can cause rheumatoid arthritis.[74] As reported by *Clinical and Experimental Rheumatology*, 55% of women who receive the Rubella/measles vaccine will suffer from rheumatoid arthritis.[75] Researchers writing for *Clinical and Experimental Rheumatology* found that the rubella vaccine is associated with a number of arthritic reactions and recommended specifically that "those patients who have had an adverse reaction to rubella vaccination should be informed that they may seek compensation under the no-fault Vaccine Compensation Act, which is administered by the U.S. Claims Court."

This real and present danger has not stopped the administration of this triple vaccine to both children and adults today. Many among the 55% of those who receive the vaccine and subsequently become victim to rheumatoid arthritis are destined to a lifetime of anti-rheumatic prescription drugs in an effort to remain functional.

Adverse Drug Reactions Lead to Death

In addition to hospitalizing 2.2 million people every year, and/or eliciting a lifetime of drug servitude, ADRs can also lead to death. In an attempt to calculate the number of deaths caused by ADRs, we look to the most authoritative medical journal in the world, the *Journal of the American Medical Association* (JAMA).

Entitled "Incidence of Adverse Drug Reactions in Hospitalized Patients", this study was a meta-analysis of several studies over the past 32 years.[76] This in-depth study concluded that there are an estimated 76,000-106,000 hospital deaths each year directly caused by ADRs. This is a far cry from the 1960s. This statistic alone ranks ADRs somewhere between the fourth and sixth leading cause of death in America, yet does not account for the number of deaths outside of the hospital.[77]

One hundred and six thousand deaths per year equates to one individual dying every five minutes from an "approved" drug. These deaths far outnumber those caused by auto accidents, AIDS, alcohol, illicit drug use, infectious diseases, diabetes, and murder combined.[78] If this trend continues over the next ten years, FDA-approved drugs will kill an estimated one million people annually.

Now Include Medication Error - AKA Adverse Drug Events (ADEs)

To reiterate, these statistics DO NOT include deaths caused by administrative or medical error (medication error, drug abuse and deaths caused by taking more or less of a drug than the prescribed amount) or those outside of the hospital. Today, many experts are using the term adverse drug event (ADE) to describe the negative side effects and deaths from medication errors.

In contrast to ADRs, the definition of ADEs includes errors in administration. The distinction between ADRs and ADEs is significant. Most if not all health professionals are attributing the 106,000 deaths caused by drugs to administrative error. This seriously discounts the dangers of prescription drugs. Those who don't make the distinction will ignore the dangers of FDA-approved drugs and simply attempt to find better ways of prescribing drugs. While this may lower the number of ADEs, it will not reduce the 100,000 deaths that occur each year from ADRs. Such lazy thinking will only contribute to the FDA-approved drug holocaust (if 100,000 people dying annually is not a holocaust, what is?).

Looking at ADEs from FDA-approved drugs gives a much larger picture of the consequences of "following doctor's orders." In 1999, the Institute of Medicine estimated that 98,000 people a year die from adverse drug events. This rate appears to have grown. Extrapolating from an editorial published in JAMA on March 5, 2003 by David Classen, M.D., M.S., we find that as many as 1,900,000 ADEs occur annually among the Medicare population! As many as 180,000 of these ADEs are life threatening or fatal. In his closing, Dr. Classen noted that this estimate is conservative.[79]

In 2004, Colorado-based HealthGrades, Inc. surveyed hospitals in all fifty states and discovered that ADEs contributed to a jaw-dropping 195,000 deaths in U.S. hospitals.[80] Nevertheless, parents rush their children to the hospital at the smallest sign of illness, millions of the elderly are scrambling for drugs, and men are begging for cholesterol lowering drugs because "Joe" at work saw a commercial about how effective they are while watching football and drinking beer.

Whether they are jumping the border or begging their congressman for drug discounts, Americans erroneously believe that prescription drugs will help them. Once again, this exposes the true power of DTC advertising.

While the FDA may set laws governing the use of medicine and nutritional supplements, they are far from setting the standards of what is right and wrong.

The Worst Defense in Favor of Prescription Drug Use

Ironically, those who are forced into a lifetime of drug use from previously prescribed FDA-approved drugs praise them for their ability to maintain some semblance of functionality. While this is understandable, it is not logical. Most of these users forget the primary reason for becoming a slave to prescription drugs – prescription drugs. Further, their ill-founded praise inevitably elicits others to seek them out in order to fulfill hopes of achieving good health. Most will suffer the same fate. Therefore, since it promotes the dangerous use of prescription drugs, this is the worst defense in favor of prescription drug use.

Logic in Western Medicine?

Where is the logic in Western Medicine? Millions of highly educated men and women spend decades learning how to become medical doctors and the only solution for the Land of the Sick is dangerous drugs? What about lifestyle habits and nutrition? Little profit.

U.S. Government Shields Drug Companies from Lawsuits

That companies are profiting from drugs that kill hundreds of thousands is, in its most precise definition, a crime against humanity. Other perpetrators have been imprisoned and killed for far less. Those whom FDA-approved drugs directly affect do seek justice in the courts by suing manufacturers such as Eli Lilly and Pfizer. But thanks to the Bush administration, this is not an option.

The Bush administration has been going to court to halt lawsuits by consumers who say they have been injured by FDA-approved drugs. Downplaying the devastation of FDA- approved drugs and shielding drug manufacturers from damage suits, the Bush administration asserts that allowing consumers to sue manufacturers would "undermine public health" and interfere with federal regulation of drugs.[81]

In sharp contrast, purveyors of nutritional supplements are raided and imprisoned for simply making so called "false health claims" for their products. In line with this bias, nutritional supplements are labeled dangerous and ineffective. This is false. In a letter to Senator Hillary Clinton, Consumers Health Freedom Coalition shows that for all of 2002 The American Association of Poison Control Centers' (AAPCC) annual report documented a mere eleven deaths total from the improper use of nutritional supplements. Important to clarify, these eleven deaths were from people using nutritional supplements outside of their recommended use. As a side note, the AAPCC only recorded one annual death from the wrongful use of the popular herb ephedra.

Just Say No to Nutrition and Yes to Drugs

Nutritional supplements are not a tool used by most medical doctors. Doctors are so enthralled by drug propaganda that they demand more drugs. Despite the documented dangers of prescription drugs, if drug approval slows and there is a subsequent lack of newly approved drugs available, medical doctors consider it a "crisis."[82]

Answering to this false crisis, the Unites States government has strived to *decrease* drug approval times. The United States Department of Health and Human services Secretary, Tommy G. Thompson, emphatically states that the "FDA is making new treatments available more quickly, and I expect FDA's new innovation initiatives announced early in 2003 will lead to even faster approvals of safe and affordable medical treatments in the coming years."

Benefits Justify Risk – What Benefits?

The most common argument in favor of using FDA-approved drugs is that, when looking at the "big picture," the benefit derived from or the effectiveness of FDA- approved drugs justifies the risk. Wrong.

Outside of emergency medicine, the health benefits of prescription drugs are illusory. Step away from the hypnotic drug ads, close the ghost-written medical journals, discard research studies dominated by statistical contortionists and give

yourself a prescription-drug reality check: Very few prescription drugs have any value beyond emergency medicine and those that do can usually be replaced with lifestyle changes or safer and less expensive natural medicine. This includes drugs prescribed for heart disease, blood pressure, hormone replacement therapy, depression and insulin resistance (the coming plague), just to name a few.

The arsenal of prescription drugs that exist today simply mask symptoms. In contrast to changing lifestyle and nutrient habits, not a single drug sold cures anything.

Profiting from Pain

For every loser there is always a winner. Whether openly admitted to or not, massive profit from negative side effects is the primary reason that very little is being done to curb the death toll from FDA-approved drugs. In addition to profiting on the upfront sales of FDA-approved drugs, pharmaceutical companies and their client, the FDA (via the Prescription Drug User Fee Act), are also making billions from the negative side effects they elicit amongst users.

To obtain an accurate measurement of just how much negative side effects caused by FDA-approved drugs really costs Americans, a mathematical model was developed and published in *Archives of Internal Medicine*. This study showed that drug-related morbidity and mortality is costing Americans an astonishing $76 billion per year![83]

The beneficiaries of these $76 billion dollars are the already wealthy pharmaceutical companies and doctors. It works like this: Your doc (yes, the family doc who everybody loves) unknowingly prescribes a dangerous drug and you suffer more from the drug than you did from the sickness. Consequently, rather than attribute your new symptoms to negative side effects, you are diagnosed with a new illness. As a result, you begin taking other drugs or are hospitalized in an unsuccessful attempt to ward off the new illness (remember, in reality you are being treated for the negative side effects associated with the initial prescription drug). All the while, your doc and the pharmaceutical companies make an extra $300 every year from those who have become ill from FDA-approved drugs. This equates to an extra $76 billion dollars in profit.

Profit from pain trickles down the economic ladder. Whether it is your friendly family doctor or the next-door neighbor who is financing his second home with pharmaceutical stock options, millions of people are making money from FDA-approved drugs. These millions of people are looking away from the known dangers of these drugs in an effort to maximize their gains. What good is being rich if you are dead?

Commenting on those who profit from the pain of others, Jay R. Cavanaugh, Ph.D., Member California State Board of Pharmacy 1980-'90 states:

"This collection of serial killers with reckless disregard of human life, extinguishes the hopes and lives of over 100,000 Americans every year. In the past decade they have been responsible for over one million innocent deaths, yet not only have they not faced justice, they have enriched themselves with profits that would make Bill Gates envious. These parasitic killers come not from some cave in Afghanistan, but from plush office suites...."[84]

How to Avoid Dangerous Drugs

Avoiding dangerous drugs is as simple as embracing healthy lifestyle habits and nutrition.

To guide you in the right direction, seek out health professionals such as nutritionists, chiropractors, acupuncturists, Ayurvedic practitioners, personal trainers, herbalists, and/or naturopathic physicians. Choice is abundant! And Western Medicine should be your last choice. Their specialty is emergency medicine, not health care.

21st Century Medicine in Total

Drug Company designs new drug. Drug Company funds and designs clinical trials. Drug Company interprets and relays results to medical doctors. Medical doctors become engorged with excitement. Drug gains FDA approval. Drug Company spends more money on advertising the new drug than on researching it. Physicians prescribe drug. Physician and Drug Company get paid. Patient dies. Evidence shows that drug killed patient. U.S. Government does not allow patient's family to sue. Death certificate of deceased patient reads heart attack. Patient's family goes on antidepressants. Medical doctors and pharmaceutical companies make more money. U.S. Government works tirelessly to approve more drugs at an even faster rate for their pharmaceutical clients. Purveyors of nutritional supplements are jailed.

Myth #5 – Doctors are Keen to the Dangers of Prescription Drugs

Following doctor's orders has become synonymous with danger. Every year, FDA- approved drugs kill twice as many people as the *total* number of U.S. deaths from the Vietnam War. Death by medicine flourishes because deceit, not science, governs a doctor's prescribing habits.

This deceit comes in many forms. Medical ghostwriting and checkbook 'science' are the most prominent.

Doctors rely on peer-reviewed medical journals to learn about prescription drugs. These journals include the *Lancet, British Medical Journal*, *New England Journal of Medicine* and the *Journal of the American Medical Association*. It is assumed that these professional journals offer the hard science behind any given drug. This assumption is wrong. Thanks to medical ghostwriting, medical journals can't be trusted.

Medical ghostwriting is the practice of hiring Ph.D.s to crank out drug reports that hype benefits while hiding negative side effects. Once complete, drug companies recruit doctors to put their name on the report as the authors. These reports are then published in the above-mentioned medical journals.[85] The carrot for this deceitful practice is money and prestige. Ghostwriters can receive up to $20,000 per report. Doctors receive prestige from having been published.

As deplorable as medical ghostwriting sounds, it is more common than you think. Dr. Jeffrey Drazen, editor for the *New England Journal of Medicine*, insists that he cannot find drug review authors who do not have financial ties to drug companies. The *journal* relaxed their conflict-of-interest rules in 2002.[86] Dr. David Healy, of the University of Whales, predicts that 50% of the *journals* drug review articles are written by ghostwriters.[87]

The editor of the *British Journal of Medicine* has acknowledged that medical ghostwriting has become a serious problem for his publication: "We are being hoodwinked by the drug companies. The articles come in with doctors' names on them and we often find some of them have little or no idea about what they have written."[88]

Consider the testimony from deputy editor of *The Journal of the American Medical Association*: "This [journal articles] is all about bypassing science. Medicine is becoming a sort of Cloud Cuckoo Land, where doctors don't know what papers they can trust in the journals, and the public doesn't want to believe."[89]

Confessions of Ghostwriters

Ex-medical ghostwriter Susanna Rees stated:

"Medical writing agencies go to great lengths to disguise the fact that the papers they ghostwrite and submit to journals and conferences are ghostwritten on behalf of pharmaceutical companies and not by the named authors,' she wrote. 'There is a relatively high success rate for ghostwritten submissions - not outstanding, but consistent."[90]

Other ghostwriters have come forward privately:

Ghostwriter 1

"I agreed to do two reviews for a supplement to appear under the names of respected 'authors.' I was given an outline, references, and a list of drug-company approved phrases. I was asked to sign an agreement stating that I would not disclose anything about the project. I was pressured to rework my drafts to position the product more favorably."

Ghostwriter 2

"I was told exactly what the drug company expected and given explicit instructions about what to play up and what to play down."

NSAID Popularity due to Ghostwriting not Science

To better illustrate the negative impact of medical ghostwriting, we look to commonly used non-steroidal anti-inflammatory drugs (NSAIDs). Between 1990 and 1997, all clinical trials performed on NSAIDS such as Vioxx, Aleve, Aspirin, Motrin, and Ibuprofen, were sponsored by the drug manufacturers. The result was that 100% of the studies showed the sponsored drug to have equal or superior efficacy when compared to other drugs.[91] Thus, according to studies done from 1990-1997, every NSAID drug tested during this time was superior to every other NSAID product… all at the same time. This is hard to grasp, but so is the entire prescription drug industry.

The fallacies behind medical ghost writing on NSAIDS are exposed through injuries and deaths among users. Approximately 107,000 patients are hospitalized every year for NSAID-related gastrointestinal complications. Vioxx alone injured 100,000 during its rein as king of pain killers.

The risk of miscarriage for women who take the NSAID Aspirin™ is 60 percent higher than for those who do not. At least 16,500 NSAID-related deaths occur each year among arthritis patients.[92] This figure is comparable to the number of deaths from the so-called acquired immunodeficiency syndrome (AIDS). In fact, NSAIDS contribute to as many deaths as multiple myeloma, asthma, and cervical cancer combined.

These statistics do not account for over-the-counter use of NSAIDS, only for arthritis patients. We can be confident that there are considerably more deaths caused by the use of NSAIDS that go unreported. And because few medical doctors are unaware of these statistics, NSAIDS can rightfully be considered a silent killer. This is especially true when "experts" are paid to write favorable reviews while hiding dangerous side effects.

"[Checkbook Science] has stolen the very soul of University research, scientific method, and the patients who serve as human subjects."

Buying Results, Professors and Government

Other weapons of mass deception exist – 'checkbook science.' As defined by Diana Zuckerman, Ph.D., checkbook science is research intended *not* to expand knowledge or to benefit humanity but instead to sell products [drugs]. It has stolen the very soul of University research, scientific method, and the patients who serve as human subjects.[93]

Checkbook science explains why deadly drugs are approved. Leveraging their financial power, drug companies structure the protocol designed to study whether or not a drug is safe. They choose the investigators (from academics and government institutions) and in many instances are involved in the collation, interpretation and reporting of data. Akin to medical ghostwriting, this practice allows drug companies to hide the dangers associated with drugs while highlighting benefits.[94]

As with medical ghostwriting, checkbook science is more common than you think.[95] A third of academic professors have personal financial ties to drug makers.[96] Government institutions are guilty, too.

Called the "Stealth Merger" by *The LA Times*, top scientists at the National Institutes of Health also collect paychecks and stock options from the drug industry.[97] Once considered "an island of objective and pristine research, untainted by the influences of commercialization," the National Institutes of Health has become corrupted by checkbook science. To substantiate, we look to the following statistics from the *LA Times*:

Dr. Stephen I. Katz, director of the NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases collected between $476,369 and $616, 365 in fees over a ten-year period.

From 1997-2002, Dr. John I. Gallin, director of the NIH's Clinical Center, received between $145,000 and $322,000 in fees and stock proceeds from the drug industry.

Dr. Richard C. Eastman is the NIH's top diabetes researcher. As a consultant to the drug manufacturers in 1997, he wrote to the Food and Drug Administration defending a product without disclosing his conflict of interest. His letter stated that the risk of liver failure from the given drug was "very minimal." Six months later, a patient taking the drug in an NIH study that Eastman oversaw, Audrey LaRue Jones, suffered sudden liver failure and died. An autopsy, along with liver experts, found that the drug had caused the liver failure.

Dr. Ronald N. Germain, deputy director of a major laboratory at the National Institute of Allergy and Infectious Diseases, amassed more than $1.4 million in company consulting fees from 1993 to 2003, plus stock options.

Jeffrey Schlom, director of the National Cancer Institute's Laboratory of Tumor Immunology and Biology, received $331,500 in company fees over 10 years.

Jeffrey M. Trent, who became scientific director of the National Human Genome Research Institute in 1993, reported between $50,608 and $163,000 in industry consulting fees. He left the government in 2002.

NIH officials now allow more than 95% of the agency's top-paid employees to keep these "consulting" fees confidential. In fact, when it comes to disclosing financial conflicts of interest the NIH is the most secretive agency in the U.S. government.

Checkbook science has been going on for more than 20 years.[98] Known as the Bayh-Dole Act, U.S. patent law was amended in 1980 to allow for these flagrant conflicts of interest.

Heart drugs serve as an excellent example of how checkbook science damages the public's health. Heart drugs prescribed for abnormal heart rhythm were introduced in the late seventies. By 1990, they were estimated to kill more Americans than the 58,000 killed in the Vietnam War.[99] This disaster could have been avoided. Early research suggesting that these drugs were lethal would have saved thousands of lives. Putting checkbook science to work, these research findings went unpublished by the pharmaceutical company that funded the research.

Children suffer, too, from checkbook science. Checkbooks science was responsible for motivating doctors to push antidepressants on this vulnerable population.

Published research paid for by drug manufactures showed antidepressant drugs (selective serotonin reuptake inhibitors) to be safe and effective for children. These drugs include Paxil and Prozac. Conversely, when unpublished results were finally obtained it was discovered that depressed children taking antidepressants were twice as likely to become suicidal as children taking a placebo.[100] Acknowledging the deceit, *The Lancet* stated: "The story of research into SSRI use in childhood depression is one of confusion, manipulation, and institutional failure."[101]

Hopefully the line at the pharmaceutical trough will grow shorter as the medical ghostwriting and checkbook science scandal becomes public. Yet drug makers have an insurance policy for this – Direct-to-Consumer advertising. The oft repeated "ask your doctor" ensures that the herd instinctively embraces drugs, drugs, and more drugs.

Understanding medical ghostwriting and checkbook science explains why medical doctors have been hypnotized into drug

worship – they only see the positive. It also explains why modern medicine is more deadly and lucrative than war – the danger has been silenced with the pen and money. In sum, these methods of deceit ensure that doctors are not keen to the dangers of prescription drugs.

Drug companies do not take responsibility for the wanton prescription drug deceit. Instead, victims have been made invisible - dehumanized. They are not recognized as children or as men with a significant contribution to society. Instead their deaths are attributed to them being sick or just too damn old.

Those who profit from prescription drugs should hold some sort of record for demonstrating the most reckless disregard for human life. If the deceit continues the prescription drug leviathan will silently kill more people than Napalm dropped on Vietnamese villages.

Myth #6 – Nutritional Supplements are Dangerous and Ineffective

Most medical doctors are hostile toward the use of nutraceuticals. They parrot that they are ineffective and possibly dangerous due to a lack of scientific evidence supporting them. Wrong.

An abundant amount of science behind nutritional supplements exists; otherwise, drugs would not be possible. The design of prescription drugs is guided by knowledge obtained from plant-based predecessors.[102] Most doctors are ignorant of this historical fact. Drug companies obfuscate it. They like people to think their drugs are the only option and that they intuitively invent them out of thin air.

Theft from Mother Nature – Real Natural Cures

Mother Nature has traditionally been the guide for the design and synthesis of new drugs. Therefore, most drugs always have a natural alternative – a much safer one! Check out these examples:

Ritalin and many other stimulants are knock-offs of the active ingredients found in ma huang AKA ephedra. Ma huang is a safe and effective stimulant that increases mental focus without damage to brain cells.

Cholesterol-lowering drugs known as statins are knock-offs of the natural ingredient found in red yeast rice. Akin to the drugs, red yeast rice can dangerously lower cholesterol levels. Like statins, it is not advisable to use red yeast rice to lower cholesterol.

Aspirin™, the drug that your doctor tells you to take EVERY DAY, is a knock-off of the active ingredient found in white willow bark. The side effects of Aspirin™ are so severe that they can cause a higher death rate relative to the populations who do not take it.[103] White willow bark tea remains a safe and effective pain reliever.

Baicalein, an anti-cancer drug used among those who suffer from leukemia, is a knock-off of the active ingredient found in the roots of Chinese skullcap (*Scuterllaria baicalensis).* Chinese skullcap is a safe and effective natural cancer fighter that induces cell suicide (apoptosis) among leukemia-derived cancer cells.

The tiny family of prescription painkillers used by doctors are knock offs of the natural ingredients found in opium. Naturally occurring opium is far safer and less addictive than the fast-acting drug knock-offs morphine, codeine, and oxycodone.

There are two important distinctions between the drug and the plant-based predecessor. The prescription drug is a single isolate whereas the nutritional supplement contains a multitude of active substances. Because of "synergy" obtained from the multitude of active ingredients, the nutritional supplement is typically safer and more effective than its drug counterpart.

Second, plant-based drugs in natural form cannot be patented and subsequently monopolized. Only man-made prescription drugs carry patent right. The drug company business model is only successful through patent rights. Therefore, using natural medicine or rather nutritional supplements is not an option. Drug companies have made sure of that.

The Drug Company Influence on Your Health

In the beginning, there were nutrients for procuring health. Today, there are drugs, drugs, and more drugs. This is the result of the drug company business model. It utilizes an array of techniques to influence the government in order to minimize competition from nutritional supplements. The cold hard fact of this business model has become clear: Health in America has been fractured. Understanding these techniques serves as a how-to guide for avoiding government-mandated drug addiction and remaining healthy.

First, education on the proper use of nutritional substances to achieve good health was removed from the medical school curriculum more than 85 years ago. There is not a medical doctor practicing today who has been trained in medical school

on the prophylactic use of nutritional supplements. This explains the reluctance of medical doctors to teach patients about natural alternatives. They don't know about them. Through self-education, a select few medical doctors have become excellent advisors on proper use of nutraceuticals.

Second, the FDA has stonewalled ALL nutritional supplement manufacturers from educating their clients on nutritional supplements by passing the Dietary Supplement Health and Education Act (DSHEA). This act prohibits supplement manufacturers to market or claim that their products "cure, mitigate, treat, or prevent" any given disease or illness. Instead, they can only make general statements about their products. As a result, nutritional supplements carry labels that are intentionally vague and misleading to consumers. Finding which nutritional supplements to take for any given illness has become close to impossible.

DSHEA also gave the FDA the authority to remove any nutritional supplement from the market if it "proved" to be unsafe. Because of its broad definition of "unsafe" and because most anything, even water, is unsafe in large amounts, the FDA can now ban any nutritional supplement which imposes competition on its pharmaceutical partners. Ephedra is a perfect example. Green tea extract may be next.

Third, lobbying by the pharmaceutical industry has enabled the drug community to influence the media to set a negative tone on the use of nutritional supplementation. More often than not, the message is that natural alternatives to prescription drugs are ineffective and dangerous. Unable to distinguish between the truth and profit motives, the general public has turned away from nutritional supplements to embrace pharmaceutical drugs.

And finally, on the worldwide front, the pharmaceutically-compliant World Trade Organization (WTO) is working rigorously to convince the nations of the world that ALL human beings require the EXACT same amount of nutrients and that anything above this amount is dangerous. Under the guise of protecting vitamin consumers, the WTO is using what is known as the CODEX ALIMENTARIUS COMMISSION (CAC) to further restrict the free use of nutritional supplements within the United States and worldwide.

Specifically, the CAC is setting "Guidelines for Vitamin and Mineral Food Supplements." These guidelines are more restrictive and will supercede current U.S. regulations by dictating to the U.S. which nutrients are safe, the maximum and minimum amounts allowed in a product, and related packaging and labeling requirements.

The CAC stands firm in its conviction that these guidelines are for the safety of others. But if safety were the priority, then the WTO could use the CAC to protect us from prescription drugs, which kill an estimated 100,000 people annually in the United States.[104] Instead, they waste time on nutritional supplements, which have killed fewer people than rabid squirrel attacks.

The success of the aforementioned techniques lies in fear. This fear is secured by the vested interests of professional alarmists within the government who promote it in order to minimize drug competition. The end result – drug companies secure their lion's share and profit from your pain.

Do Americans Really Need Nutritional Supplements?

Currently, 90% of American adults lack essential nutrients to stay alive. Most Americans deny proper diet and nutritional supplementation and embrace prescription drugs for procuring health. This has led to a massive nutrient deficit.

According to the National Center for Health Statistics, only nine percent of all American adults consume enough healthy foods to reach their minimum recommended daily intake of nutrients to assure proper health. Johns Hopkins researchers Ames and Wakimoto show that "suboptimal nutrient intake is a widespread problem" in the USA.[105] Such nutrients include, but are not limited to, vitamin C, folic acid, magnesium, acetyl-L-carnitine, zinc, copper, B12, essential fatty acids, vitamin D and selenium. The importance of these nutrients demands attention. Take heed.

Nutrition Saves Lives

Embracing nutrition will save lives. A lack of nutrients results in a lack of "metabolic harmony." Metabolic harmony can be described as the ability of your body to properly maintain DNA function by minimizing damage to DNA. DNA serves as a genetic map, continually working to guide your body to proper health. A deficiency in any ONE nutrient can wreak havoc on DNA, thereby disrupting "metabolic harmony." As a result, the mechanism by which DNA directs the body to perfect health becomes weakened.

The result of weakened metabolic harmony is the loss of function in many systems of the body. As noted by Ames and Wakimoto, a single deficiency can lead to cancer (pancreatic, bone, prostate, etc.), premature aging (aching joints, low hormone levels, Parkinson's, wrinkled skin, etc.) and loss of mental function (Alzheimer's, etc.). This explains how many nutrients afford users so many different health benefits.

The Centers for Disease Control (CDC) has boldly recognized the dangers of lack of nutrients. The Centers for Disease Control (CDC) explains that unhealthy eating [not obtaining essential nutrients] and physical inactivity contributes to at least 400,000 deaths every year. This equates to four million people dying every 10 years due to lack of nutrients. Offering hints (though no surprises) as to how to prevent this tragedy, the CDC reports that the chronic disease burden now plaguing America would be entirely preventable if we simply changed our eating habits to include vital nutrients (via diet or nutritional supplementation).

Nutrition Saves Money

Consuming vital nutrients will save money. U.S. politicians will want to galvanize this onto their brains. A study by The Lewin Group estimated the potential economic savings to the Medicare system that might be afforded by the use of daily nutritional supplements among seniors (65 years and older) in the United States. For a five-year period, the figure was estimated to be as much as $5.6 billion saved![106]

Prevention could not get any easier. Taking nutritional supplements via food or in a capsule requires no large expense, no doctor's appointment and no physical work whatsoever. It is the American Dream, being healthy without doing anything! This reminds me of the acronym KISS. Perhaps our self-appointed medical authorities should be reminded of it in order to help Americans regain their health: Keep It Simple Stupid.

"Taking nutritional supplements via food or in a capsule requires no large expense, no doctor's appointment and no physical work whatsoever. It is the American Dream, being healthy without doing anything!"

Myth #7 – Ephedra Causes Heart Attack, Stroke, and Seizures

Fact: Ephedra has been used safely for thousands of years.

Vioxx killed an estimated 30-40,000 people and injured a total of 100,000. Ephedra allegedly killed about 100 people. Ephedra retailers were raided, bankrupted and shut down. Makers of Vioxx are still running a wildly profitable business.

The FDA and the United States Department of Health and Human Services (HHS) have asserted that ephedra poses an unnecessary risk for suffering from heart attacks, stroke and seizures. This has been regurgitated in every paper in America. Ephedra is now thought to be Mother Nature's weapon of mass destruction. In reality, you are more likely to be killed from a bee sting than from ephedra. Knowing how ephedra was removed from the market (and then put back on) will hopefully prevent future attacks on safe and beneficial nutritional supplements.

Ephedra Treads on Pharmaceutical Turf

Reading the labels of several over-the-counter drugs, you will notice that the same alkaloids in ephedra are also found in many pharmaceutical preparations. These include nose drops, cold tablets, cough syrups and asthma relief medications. Prior to its ban, more than two billion doses of ephedra were being consumed every year in America. In business terms, this equates to a loss of two billion doses that would have otherwise been consumed via these pharmaceutical counterparts. Hence, the turf wars against ephedra.

FDA Hypocrisy

The naturally occurring alkaloids ephedrine and norephedrine, marketed under the name phenylpropanolamine, are manufactured by drug companies and are FDA-approved drugs. Both can be obtained over the counter at gas stations or from a medical doctor. The FDA considers these forms of the drug safe for consumption by both adults and children. In contrast, if these alkaloids are consumed by ingesting the natural plant ephedra, the FDA asserts that it poses significant risk to health.

Ephedra vs. Ephedrine

Rarely are ephedrine and ephedra differentiated in the media. As a result, ephedra is often blamed for negative results caused by using the pharmaceutical counterpart, ephedrine. Understanding the distinction between the two substances enables one to better understand the lazy reporting done by the media and medical doctors.

Ephedra is a plant and contains a myriad of alkaloids in very small proportions. Ephedrine is man-made and sold in pill form as ephedrine. Ephedra is far safer than ephedrine due to having slower absorption into the blood stream. Ephedrine is released at a much faster rate, delivering a large amount of the drug into the bloodstream quickly. This fast absorbing version can often lead to signs of overdose such as rapid heart rate, heavy breathing, sweating and insomnia. These adverse effects of ephedrine were often blamed on ephedra.

Ephedra Basics

Ephedra was among the first plants used for medicinal purposes over an estimated 5000 years ago. It is native to China but also found in the Mediterranean region, India, Persia, and the western portion of South America. It is known botanically as *Ephedra sinica*. The USA has its own version – Mormon Tea.

The active ingredients in ephedra are referred to as alkaloids. The main alkaloid is the molecule known as ephedrine, making up about 1.25-8% of the plant by weight. Other alkaloids found in ephedra include pseudoephedrine, methylephedrine, norephedrine, methylpseudoephedrine and norpseudoephedrine.

Ephedra is a stimulant. It activates the sympathetic nervous system. Depending on how much is consumed, activation elicits excitement within the body that would be akin to having a sexual encounter or initiating the "fight or flight" response. Logic dictates that if ephedra poses "unreasonable risk," so does having sex or getting overtly excited.

The pharmacology of how ephedra works in the body can be extensive. For the sake of over-simplifying, we will look at a few of the main points. The effects of ephedra are mediated by activating adrenergic receptors. This elicits the following actions in the body:

- Activation of lipolysis, the release of fat from fat stores
- Stimulation of thyroid metabolism via alpha-adrenergic mediation
- Bronchodilation, or the opening of bronchial tubes to increase oxygen consumption
- Enhanced energy capacity due to increased blood flow to the muscles, providing for an increased supply of oxygen and blood-born nutrients
- Elevation of mood, motivation and concentration

One Problem with Ephedra – and Most Everything Else

All substances are toxic. The dose determines whether or not a given substance becomes a poison. This principle was established by Paracelsus in 1500 A.D. and applies to ephedra and even water. Therefore, if there's an ephedra problem it would be that people consumed too much! This inevitably results in negative side effects such as dry mouth, angina, nervousness or insomnia. But rarely does anyone die. The American Association of Poison Control Centers' (AAPCC) annual report documented only one death from the wrongful use of ephedra (compare this to the 16,500 NSAID-related deaths that occur each year among arthritis patients).

Mounting a Case against a Strong Pharmaceutical Competitor

It was highly touted by the FDA and the Mayo Clinic that from 1995 to 1997 there were 926 cases of possible ephedra toxicity leading to stroke, heart attack, and sudden death. These statistics were based on the Adverse Event Reports (AERs) reported by the Adverse Reaction Monitoring System.[107]

Reacting to this report, medical doctors quickly authored papers warning people of the so-called ephedra danger. The *New England Journal of Medicine* reported that based on AERs from the FDA, "The use of dietary supplements that contain ephedra alkaloids may pose a health risk to some persons." Johns Hopkins University used the AERS to insist that using ephedra would lead to serious side effects such as heart attacks, strokes, arrhythmias, increased blood pressure, and heart palpitations. The *Journal of the America Medical Association* published the writing of Dr. Phil B. Fontanarosa. Following the herd, he used the ADRs to assert that ephedra was dangerous and, therefore, "dietary supplements should be subject to more rigorous regulation by the FDA."[108]

All of it was nonsense. This false reporting was far more dangerous than the ephedra itself. The reports alone, with their blatant scare tactics, gave almost every user of ephedra an immediate heart attack, or so they thought.

Money-hungry law offices joined in by offering to sue any and all companies selling products that contained ephedra. Madness set in and ephedra's reputation was scarred forever thanks to so-called Adverse Event Reports (AERs) from the FDA.

There is one problem with using AERs as a measure of safety. They are grossly inaccurate. The U.S. Government Accounting Office (GAO) made this abundantly clear.

The AERs from the FDA reflect only reported data and do NOT represent scientific methodology. AERs provide no patient history, treatment history nor do they give a description of confounding factors that might discount a true relation to ephedra and an AER. In other words, the AERs often fail to show a true correlation between the use of ephedra and negative side effects. As a result, they cannot be relied upon to establish a causal relationship between ephedra use and negative side effects. Doing so goes against thousands of years of learned and accepted scientific methodology.

That these authors relied on AERs and published their results in leading scientific journals demonstrates a misunderstanding of scientific methodology. This is a disgrace to themselves and others in their profession.

The U.S. GAO effectively separated fiction from reality with respect to the AERs. They reported as follows:

- 39% lacked information on the amount of ephedra consumed. Was it 5 mg or 1000 mg?
- 41% lacked information on the frequency with which ephedra was used. Were they taking it once per day or every hour of the day?
- 28% lacked information on the duration for which the product was used. Had they been using it for 10 minutes or 10 years?
- And finally, the 13 most cited AERs by the FDA to defend the restriction of ephedra involved the pharmaceutical drug ephedrine, not ephedra!

FDA-Approved Drug Ephedrine Dangerous — Not Ephedra

When analyzing the reports of dangerous side effects, medical doctors, hired by the FDA, did not or could not differentiate between the synthetic drug ephedrine and the plant ephedra. If any conclusion is to be made from AERs, it would be that it was the FDA-approved drug ephedrine that was dangerous, not ephedra. The U.S. GAO has concluded that based on scientific evidence and not on clinical judgment, the use of synthetic ephedrine, not ephedra, can result in adverse experiences. It was noted by them that the FDA AERs do not provide sufficient evidence on which to base any regulatory rule on ephedra.

The FDA lost its battle against ephedra to science. Ephedra stayed on the market and millions of people continued to use it. Americans continued to reap the benefits of continued fat loss and enjoyed the choice to use either the pharmaceutical concoctions or the natural plant. Meanwhile, the drug companies continued to lose millions in business.

Ephedra Attacked Again

Despite the U.S. GAO's assertion that the FDA wrongly used its AERs to launch an attack against ephedra, the general public still feared ephedra due to mass media reports of its lethality. This fear of ephedra was used to mount yet another false attack against it in 2003.

Upon the death of Orioles Pitcher Steve Bechler, the media quickly pointed to ephedra as the culprit. CBS News ran a story entitled *Ephedra Tied to Pitcher's Death* and reported the oft-repeated statement that it causes deaths, heart attacks, and strokes. One critical point falsifies this statement. The ephedrine from ephedra had not yet been absorbed into Steve Bechler's body. According to Forensic pathologist Dr. Michael Baden, Former New York City chief medical examiner, in a letter to the Subcommittee on Oversight and Investigations Hearings on Issues Relating to Ephedra-Containing Dietary Supplements, July 23, 2003:

"At the time Mr. Bechler collapsed from heat stroke, much of the ephedrine he had swallowed was still in his stomach and had not yet entered his blood stream. [The unabsorbed ephedrine] could not have caused or contributed to Mr. Bechler's death."[109]

Many professionals still feel that the ephedra elicited the heat stroke. A few more key points falsify this statement. Bechler was using a supplement that contained a myriad of components, not just ephedra. How can you attribute negative side effects to just one herb when there were many consumed? Such an assumption might be made if previous clinical trials pinpointed ephedra as the culprit in eliciting heat stroke. Combining all the studies done on ephedra to date, not a single one has shown that heat stroke is a possible negative outcome associated with its use – not one!

The Center for Exercise, Nutrition and Preventative Health Research (CENPHR) at Baylor University has provided insight as

to the real causes of the heat stroke. According to its report, Mr. Bechler had a history of heat illness, hypertension and liver problems going all the way back to high school, had not eaten solid food for a day or two, was not acclimatized to training in the Florida heat, was wearing two to three layers of clothing during his workout, was already overweight, and was allowed by the Orioles personal trainer and medical doctor to exercise until he collapsed with a core temperature of 106° F.[110] Not wanting to take blame, it would appear as though the Orioles found ephedra to be their scapegoat.

Few Americans recognized the lazy reporting behind the Steve Bechler story. Instead, they adhered to the media's often published doctrine that "Ephedra is good for nothing but killing you."

FDA Distorts Study Results to put Final Smack Down on Ephedra

Having the public on its side due to the Steve Bechler story, the FDA continued its campaign against ephedra. Their new weapon – the "RAND Report." This report successfully put the final smack down on this safe and effective herb.

Some background on the RAND Report: The National Institutes of Health (NIH) commissioned the Rand Corporation to analyze public health issues surrounding the use of ephedra-containing products. This report was a meta-analysis of published reports, journal articles, conference presentations and various sources of unpublished studies surrounding the use of ephedra and its effects. A meta-analysis is a quantitative approach to systematically combining the results of all previous research in order to arrive at a conclusion about a body of research.

The interpretations of the RAND Report by United States Department of Health and Human Services (HHS) and the FDA relative to the RAND report itself have glaring differences. Well documented by Mike Fillon in his book, *Ephedra – Fact and Fiction*, it would appear that HHS and the FDA distorted the facts in their favor to eliminate their competitor from the market. Evidence of this can be seen by comparing the conclusions met by HHS and the FDA to the facts represented in the RAND Report. When compared, they are almost the antithesis of each other. To clearly document this, we will quote the FDA's interpretation and the actual results published by RAND Corporation.

HHS and FDA: "…The study found limited evidence of an effect of ephedra on short-term weight loss, and minimal evidence of an effect on performance enhancement in certain physical activities."

RAND Report: "We combined the results of all studies in that group, using a statistical technique called meta-analysis, and calculated the average total weight lost as well as the average lost per month. Over the short term (four to six months), ephedrine, ephedrine plus caffeine, and supplements containing ephedra or ephedra plus caffeine promoted modest increases in weight loss, about two pounds per month more than the weight loss of persons taking the placebo. Products containing caffeine seemed to promote slightly more weight loss than those containing only ephedrine."

Interpretation: Looking at numerous studies (via a meta-analysis), Rand Corporation found evidence that using ephedra elicited a loss in body fat of two pounds or more (depending on whether or not ephedra was used with caffeine) per month. Yet, according to the FDA, this is "limited evidence"? To the contrary, this is highly significant in that the average person could lose 12 pounds or more of fat over a period of six months. This is far better than any FDA-approved fat loss drug such as Wellbutrin (Bupropion) or Meridia (sibutramine), where pharmaceutically-funded trials showed a 5% loss in weight (not fat) at best. This creates a puzzle. How is it that 12 pounds of fat loss is not significant, yet a 5% loss in total weight, signifying an unhealthy loss in muscle, calls for FDA approval? The answer is simple: it doesn't.

HHS and FDA: "No studies have assessed the long-term effects of ephedra-containing dietary supplements or ephedrine on weight loss; the longest duration of treatment in a published study was six months."

This is not true. As reported to the FDA by both Craig A. Molgaard, Ph.D., MPH, and the Proceedings of the 2002 International Congress on Obesity, a controlled clinical trial by Filozof, et al, entitled *The Effect of Ephedrine Plus Caffeine After a 4-week Portion Controlled Diet,* showed mean weight and waist-loss in the ephedrine/caffeine group that was significantly

higher compared to the placebo group for up to one year of treatment."

HHS and FDA: Concluded that there was minimal evidence of an effect on performance enhancement in certain physical activities. This implies that evidence was found which showed ephedra to have no effect on athletic performance.

This is untrue. The only thing the RAND Report did state with respect to performance enhancement was the following: "We found no studies that assessed the effects of ephedra-containing dietary supplements on athletic performance."

Interpretation: RAND could not find any studies that researched the effect of ephedra on athletic performance. Further, they could not find any evidence to show that ephedra use among athletes was dangerous. This is strikingly different from concluding that there was minimal evidence of an effect on performance enhancement.

HHS and FDA: "Ephedra is associated with higher risks of mild-to-moderate side effects such as heart palpitations, psychiatric and upper gastrointestinal effects, and symptoms of autonomic hyperactivity such as tremor and insomnia, especially when it is taken with other stimulants."

Rand Corporation: "First, we reviewed the clinical trials included in our analyses of weight loss and athletic performance, most of which reported adverse events for both treatment and placebo groups. The trials contained no reports of very serious adverse events (such as death and cardiovascular events). This is not surprising, considering that the occurrence of such events is likely to be quite rare (less than one in a thousand users) and the clinical trials included only a few thousand people."

Interpretation: The risk that the FDA was speaking of was about 0.1%. In other words, of 1000 people who ingest ephedra or ephedrine, one might have an adverse effect. You are more likely to die from a bee sting.

HHS and FDA: "The study reviewed over 16,000 adverse events reported after ephedra use and found about 20 'sentinel events' including heart attack, stroke, and death that occurred in the absence of other contributing factors."

RAND Corporation: "The majority of the adverse event reports lacked sufficient information to demonstrate a connection between the event and use of ephedra or ephedrine. Nevertheless, we did identify a number of reports of sentinel and possible sentinel events, including death, stroke, myocardial infarction (heart attack), ventricular tachycardia/fibrillation, cardiac arrest, pulmonary arrest, transient ischemic attack, brain hemorrhage, seizure, psychiatric symptoms, and gastrointestinal symptoms."

Interpretation: According to this, the RAND Corporation scientists were unable to find any causal connection between consumption of ephedrine alkaloids and the adverse events reported by the FDA. The word sentinel, used by the RAND Corporation, HHS and FDA to describe some of the reported adverse events *means that these events may indicate a safety hazard but do not prove that ephedra or ephedrine caused the adverse event.*[111]

Let's play Devil's Advocate. Assuming that these events were caused by ephedra, it is hardly a cause for panic. As reported by *USA Today*, in 1999, the U.S. government's Drug Abuse Warning Network counted 427 deaths from acetaminophen and 104 involving Aspirin™.[112] Perhaps the FDA should turn their attention to these over-the-counter painkillers that they have approved for use by children and adults alike. Perhaps professional football and baseball teams might want to ban the use of these frequently used substances, considering their ban of ephedra.

In final response to the RAND Report, despite the evidence showing ephedra to be safe the analysis performed by RAND was an incomplete analysis of ephedra. With these flaws, one cannot technically use the report to make any kind of permanent decision regarding ephedra itself; we can only make inferences.

RAND CORPORATION EXCLUDED VALUABLE EPHEDRA STUDIES

In its analysis, the RAND Corporation excluded valuable studies. Among the clinical trials where ephedra was used for weight loss, the investigators excluded more than half (26 of 46) of the trials that had been performed. Most importantly, the Rand Corporation, being commissioned to analyze the natural plant ephedra, did not differentiate between ephedra and the pharmaceutical drug ephedrine. Among twenty trials, only five involved the herbal ephedra-containing products.[113] Using two different compounds to make a conclusion on one is scientifically impossible. Either the FDA did not read the entire RAND Report or they misunderstand scientific methodology, thereby not recognizing these flaws.

FDA BANS EPHEDRA

Using the unfortunate death of Orioles Pitcher Steve Bechler as a catalyst and soliciting the help of the HHS to falsely interpret the RAND Report, the FDA won its battle against ephedra. On April 12, 2004, the sale of ephedra for use by Americans was prohibited. This ban was purported to be due to "unreasonable risk of illness or injury" when using ephedra. Companies that did not comply were raided and put out of business by armed government servants.

HIGH COURT OVERRULES FDA BAN!

On April 13, 2005, federal judge Tena Campbell ruled in favor of a Utah based company that challenged the Food and Drug Administration's ban of ephedra. The company, Nutraceutical, asserted that ephedra "has been safely consumed" for hundreds of years, and that ephedra was wrongly being regulated by the FDA as a drug and not a food. The judge agreed and removed the FDA ban. Even so, despite the reversed ban the FDA blocks most shipments coming in from China, where it is grown.

HOW TO USE EPHEDRA - RESEARCH FINDINGS BEHIND EPHEDRA

The strongest support for the assertion that ephedra is safe comes from conclusions met by accredited scientists and their research. Many have relentlessly studied the effects of ephedra, not ephedrine, and its safety via scientifically sound, controlled clinical trials. These studies have not only looked at the safety of ephedra but also whether or not the herb induces heart attack, stroke, and seizures. To ensure that there are no misinterpretations, the conclusions met by scientists are often quoted below in their entirety.

Craig A. Molgaard, Ph.D., MPH, of the Department of Preventive Medicine and Public Health at University of Kansas School of Medicine-Wichita submitted Comment to the FDA regarding the ephedra ban. With an extensive background in epidemiology, he concluded that: "Despite the extensive use of ephedra alkaloids in the United States, with hundreds of millions of caplets sold annually, we note no controlled epidemiologic studies that support an association between ingestion of ephedra alkaloids, whether ingested alone or with caffeine, and stroke, seizure, or myocardial infarction. We know of no evidence, with hundreds of millions of caplets sold annually, of increases in the rates of those diseases in the U.S. population. In fact, those rates are either stable or declining."

"The controlled clinical trials with ephedrine involve hundreds of subjects. Yet, none of the studies has reported significant adverse events. More importantly, none of the studies has included a single subject who experienced stroke, seizure, or myocardial infarction while consuming ephedra alkaloids, despite treatments for as long as twelve months. Clinical trials such as those of Boozer (2001 and 2002) and Astrup (1986, 1990, 1991, 1992, 1995) are scientifically sound."[114]

Specific to the issue of whether or not ephedra causes stroke, Yale Researchers posted their assertive findings in the peer-reviewed journal *Neurology*: "Ephedra is not associated with increased risk for hemorrhagic stroke, except possibly at higher doses."[115]

As if reprimanding the FDA, Attorneys-at-Law Jonathan W. Emord, Claudia A. Lewis-Eng, and Kathryn E. Balmford for Emord and Associates, P.C. state:

"The Joint Commenters have shown that the Proposed Rule [regarding the ban of ephedra] lacks a scientific foundation in

empirically valid data. They have shown that the agency has not met its burden of proof under 21 U.S.C. § 343(f) (the adulteration standard for dietary supplements) to justify removing ephedrine alkaloid-containing dietary supplements from the market or to justify the Proposed Rule. The Joint Commenters have shown that the Proposed Rule is arbitrary and capricious, contrary to law, and violates the First Amendment, and the Joint Commenters have offered FDA a scientifically valid alternative in the form of a 25 mg/serving; 90 mg/day ephedrine alkaloid limit and a reasonable disclaimer substantially indistinguishable from the one now used on ephedrine and pseudoephedrine-containing over-the-counter drugs. To ensure compliance with all applicable law and to protect the public health, the Joint Commenters urge FDA to adopt the alternative to its Proposed Rule that they recommend herein."[116]

Among one of the largest studies ever performed on the use of ephedra was a collaborative effort by the New York Obesity Research Center, St. Luke's-Roosevelt Hospital and Columbia University; Beth Israel-Deaconess Medical Center, Harvard Medical School; CIGNA health care; and Vanderbilt University Medical Center. These researchers investigated the effects of ingesting 90 mg of ephedra with 192 mg of caffeine daily for six months. They found that this herbal supplement reduced body weight by up to 11 pounds of body fat. With respect to negative side effects it was noted, "There were no significant adverse effects resulting from treatment with herbal ephedra/caffeine in the present study."[117]

Recognizing that this went against the adverse event reports collected and reported by the FDA, researchers C.N. Boozer and colleagues asked, "How can the absence of treatment-related adverse events in this and two previous clinical trials of ephedra combinations (334 subjects total) be reconciled with the adverse event reports collected by the FDA for users of these products?"

The explanations proposed included coincidence, pre-existing conditions, non-recommended usage, and individual sensitivity. In other words, those who were already sick and destined to have a negative health affect consumed ephedra and blamed their eventual worsening health on ephedra. Or, irresponsible people used exorbitant dosages; similarly, an alcoholic dies from over consumption of alcohol. These variables can never be controlled and as such do not constitute the prohibition of a natural medicine with such health benefits.

Scientists from across the ocean have reached similar conclusions. Soren Toubro and colleagues from the Research Department of Human Nutrition in Denmark studied the effects of using 60 mg of ephedra and 200 mg of caffeine daily for six months. Their conclusion, like all other controlled clinical trials, is in sharp contrast to those met by the FDA. "We conclude that the ephedrine/caffeine combination is safe and effective in long-term treatment in improving and maintaining weight loss. The side effects are minor and transient and no clinically relevant withdrawal symptoms have been observed."[118]

If ephedra were dangerous, it would be safe to assume that its so-called devastating effects would be seen in children. Research looking at the effects of ephedra and caffeine use among adolescents has proven that ephedra is safe for kids. As published in the *International Journal of Obesity*, we find that children who used as little as 30 mg of ephedra and 300 mg of caffeine were able to lose an average of 17 pounds of fat while those obese children not consuming the herbal preparation lost a mere 1 pound! With respect to negative side effects, it was reported by the scientists that there were none among the ephedra treated group.[119]

Childhood obesity is rampant in the U.S., mainly due to excessive use of sugar. Carol Torgan, Ph.D., writing for the National Institutes of Health, has stated that childhood obesity has doubled over the last two to three decades, causing one in five children to be overweight! These findings present an exciting avenue by which doctors could essentially cure this epidemic while simultaneously wiping out the afflictions associated with being obese, such as diabetes.

Protect Your Rights to Natural Medicine

More than protecting our right to ephedra, this chapter magnifies the importance of protecting our rights to natural medicine or rather food as a means of procuring good health. It also shows how big Pharma uses deceitful practices to gain support of banning a natural substance. Future attacks on safe and effective natural medicines that serve as competitors to pharmaceutical drugs are eminent. On the hit list are such herbs as kava kava, green tea, glucosamine sulfate, yohimbe,

St. John's wort, gingko biloba and citrus aurantium just to name a few.

The FDA knows they can successfully scare the American population into thinking any given natural medicine is dangerous and thereby gain support for the banning of it when it poses competition to the pharmaceutical industry. This guarantees that America remains one nation, under drugs, indivisible, with perceived liberty and sickness for all. To remedy this, health consumers must become self-educated on the proper use of natural medicine and begin to inform others, including congressmen, of its benefits.

Myth #8 - High Cholesterol is a Major Risk Factor for Heart Disease

"Lower your cholesterol and prevent heart disease (atherosclerosis)!"

Medical Doctors, drug manufacturers and nutritional supplement companies make billions of dollars browbeating us into believing this statement. Despite the exuberance with which it is made, this standard health myth can be debunked faster than your doctor prescribes Lipitor.

Since this myth persists among some of the most respected health experts, it will be hotly debated and threatens the reputations of leading health practitioners and pharmaceutical companies worldwide.

Heart disease, the leading cause of death for all Americans aged 35 and older, is clinically defined as the narrowing or hardening of the arteries which transport blood away from the heart to various organs in the body. This transportation ensures that oxygen and nutrients are delivered to all areas of the body, and the process by which arteries become narrow or hardened due to plaque is referred to as atherosclerosis. Atherosclerosis greatly inhibits circulation, and heart attack or stroke is the end result.

Looking at trends among those with atherosclerosis and setting the following criteria, we can easily test the validity of the claim that "high cholesterol is a major risk factor for heart disease." This criterion is a simple matter of action and reaction.

The myth is only true if there is a correlation between total cholesterol levels and changes in atherosclerosis (plaque) development.[120] In other words, as cholesterol increases so should plaque within the arterial walls. Or as cholesterol decreases, so should plaque.

Searching for a correlation between cholesterol levels and atherosclerosis is as simple as looking at the arteries of dead people. This search began in the early 1960s.

In 1961, researchers Mathur and colleagues studied the levels of cholesterol and the degree of atherosclerosis seen at autopsy within the arteries of 20 deceased patients as well as 200 more cases selected from medical libraries. All cholesterol levels were taken within 16 hours of death. No correlation could be observed between these patients' blood cholesterol levels and the amount or severity of "atherosclerotic plaque" within the arteries. Cholesterol levels, whether high or low, had no impact on the growth of atherosclerotic plaque – the major cause of heart disease.[121]

In 1962, the *American Heart Journal* published the research of Dr. Marek and colleagues who also searched for a correlation between cholesterol levels and atherosclerosis. Among 106 cases studied, the level of cholesterol did not affect atherosclerotic changes in plaque.[122] Dr. Marek concluded by asserting that his results do not differ from the results obtained under the exact same examinations in health and disease with atherosclerosis, conducted by the same methods, in the same laboratory, and in the same populations.

The American Journal of Clinical Nutrition shows that at autopsy, postmortem patients who died suddenly showed no correlation between total cholesterol levels and atherosclerosis. Researchers Jose Mendez, Ph.D., and co-workers point out that their findings agree with previous studies. Notably, they cited researchers Lande and Sperry, who as early as 1936 also failed to find a correlation between cholesterol levels and atherosclerotic plaque.[123]

These studies shake the foundation of the current medical model for treating or preventing heart disease. Although logical, highly educated folk totally miss them.

Continuing the search for a correlation between cholesterol levels and atherosclerotic plaque, we can use state of the art technology. Rather than looking at arteries before and after death we can simply look at them while the patient is alive. Utilizing a special X-ray imaging machine known as electron beam computed tomography (EBCT), scientists are able to look

at both cholesterol levels and atherosclerosis buildup in the arteries without waiting for patients to die. Electron beam tomography – representing the next level in cardiac diagnosis – allows medical doctors to non-invasively visualize the coronary arteries.

Utilizing EBCT technology, researchers Hecht and Harman of Beth Israel Medical Center, New York, set out to determine whether or not increased cholesterol levels, specifically LDL-cholesterol, led to plaque build up. Looking at 182 individuals who may develop symptoms of heart disease over 1.2 years of treatments with cholesterol lowering drugs alone or in combination with niacin, it was discovered that despite lower cholesterol levels, there was ZERO difference in the development of atherosclerotic plaque. As these researchers concluded, "with respect to LDL-cholesterol lowering, lower is better'' is not supported by changes in calcified plaque progression."[124]

Noted by CNN, medical doctors and drug companies who circulate the cholesterol myth are threatened by EBCT.[125]

Continuing the search for a correlation between cholesterol levels and atherosclerotic plaque, we can look to the earlier cholesterol-lowering drugs known as "fibrates." These drugs, having the ability to successfully lower cholesterol, should have prevented deaths form heart disease among those with high cholesterol. However, the U.S. Government documented that this was not the case.

In its report to Congress, *Cholesterol Treatment – A Review of the Clinical Trials Evidence*, the U.S. General Accounting Office (GAO) stated, "With respect to total fatalities – that is, deaths from CHD [heart disease] and all other causes – most meta-analyses show no significant difference and thus no improvement in overall survival rates in the trials [using fibrates] that included either persons with known CHD or persons without it."

Recognizing that drug companies and purveyors of the cholesterol myth would not be happy with this conclusion, the GAO concluded, "This finding, that cholesterol treatment has not lowered the number of deaths over-all, has been worrisome to many researchers and is at the core of much of the controversy on cholesterol policy."[126]

Continuing the search for a correlation between cholesterol levels and atherosclerotic plaque, we look to the "statin drug trials." If high cholesterol were the cause of heart disease, then the greatest preventive effects from statin drugs would be seen in these trials among those with the highest cholesterol levels and in patients whose cholesterol levels were lowered the most. This has yet to be seen in any study.[127]

Looking at the statin drug trial known as the Heart Protection Study (HPS) and the Scandinavian Simvastatin Survival Study (4s), statin drugs are just as effective whether cholesterol is lowered by a small amount or by more than 40%. For instance, the same benefits from Zocor were seen in patients who had a 40% drop in cholesterol and who had no drop in cholesterol. Scientists, recognizing this, stated, "Surprisingly, people [using Zocor (simvastatin)] in the Study [HPS] with normal or low cholesterol had the same heart benefits as those with high cholesterol."[128]

To highlight this point, we can look to the latest and greatest statin drug, Crestor. Crestor plummeted cholesterol levels yet failed to show any effectiveness, as could be seen by a 0% decrease in total mortality rates among users.

Other drugs show this same tendency. A drug trial known as REVERSAL showed that although Pravachol lowered LDL-cholesterol by 25% it failed to stop the progression of heart disease, as could be seen by the continued growth of atheroma (thickening and fatty degeneration of the inner coat of the arteries).[129] Lead investigator, Dr. Steven Nissen, dumbfounded, commented:

"Surprisingly, despite attaining a low LDL level on pravastatin [Pravachol], these patients showed highly significant progression for percent atheroma volume and percent obstructive volume...."

He continued:

"When I started this study I believed that any reduction in progression would just be due to lower LDL levels, but now I'm not so sure."

Hammering the Nail into the Cholesterol Myth Coffin

Let's go ahead and hammer the nail into the cholesterol myth coffin. If it is true that the risk of heart disease rises as blood cholesterol rises, then we should see elevated total cholesterol among those who die early from heart attack. This, too, has not been the case. Specifically, half of all heart attacks and strokes occur in persons without elevated levels of cholesterol.[130]

Let's cover the coffin with a layer of cement. If cholesterol caused atherosclerosis; then we would find atherosclerosis throughout the estimated 100,000 miles of adult blood vessels (arteries, veins and capillaries) within the body through which cholesterol travels. Yet 90% of the time when atherosclerosis is found in the coronary arteries the rest of the arteries remain unharmed by cholesterol.[131] Hence to say that cholesterol is the culprit is akin to saying that if you jump in water only your hair will become wet while the rest of your body remains dry. If this sounds absurd to you, so should the cholesterol myth when you consider the scientific evidence.

An estimated 2700 people die every day from heart disease. Considering the amount of money that is made from the cholesterol-lowering myth, the problem isn't going away. Pharmaceutical companies are making billions from the sales of cholesterol lowering drugs every year. The CEO of Pfizer, makers of the popular cholesterol-lowering drug Lipitor, makes $21 million dollars annually (not including his tens of millions in stock options). This equates to around 1.8 million per month – about $87,500 per day.

Those who, after reading the evidence, still adhere to the antiquated medical model of lowering cholesterol to prevent heart disease will most likely suffer from it. Adding to their declining health, they will suffer from *the dangers of low cholesterol*. Keep reading.

Myth #9 — Cholesterol is Bad for You

Fact: High cholesterol increases longevity.

According to the American Heart Association, over 105 million Americans have total cholesterol levels of 200 mg/dL or higher. To the pharmaceutical industry, this equates to 105 million potential customers. In order to turn these millions of people into patients, America has been told that cholesterol is bad for you – so the lower the better.

The Art of Turning Healthy People Into Patients

With dollar signs in their eyes, drug companies have launched a massive fear campaign about cholesterol. This campaign, being led by the pharmaceutically-compliant National Cholesterol Education Program (NCEP), has convinced the entire world that LDL-cholesterol is bad and that total cholesterol levels should remain below 200 mg/dL in order to prevent heart disease. This is untrue and based on financial conflicts of interest among the NCEP. Of the nine members of the NCEP panel that wrote the guidelines, only one had zero financial links to cholesterol lowering drug makers.[132] All other members had financial connections to drug companies such as Pfizer, Merck, Bristol-Myers Squibb, and AstraZeneca. This fact was not disclosed when the NCEP made its recommendations public.

While democracy among the group has defined what forms of cholesterol are “bad” and “good” and what levels are “safe” and “unsafe,” scientific fact has exposed this ugly perversion of science for what it is: Greed.

The professional alarmists of the NCEP have successfully created a problem while providing a false solution: the cholesterol-lowering drugs known as “fibrates” and the newer class of drugs known as “statins.”

Turning healthy people into patients has proven to be a great business model for drug companies. This model being that they create the problem (cholesterol), wait for a reaction, and offer a solution (cholesterol-lowering drugs). Statin drugs are the most widely sold pharmaceutical drugs in history. Accounting for 6.5% of the total market share, cholesterol-lowering drugs raked in 12.5 billion dollars during 2002. Fueled by aggressive marketing campaigns, statin sales continued to surge. In 2004, Pfizer's blockbuster drug Lipitor became the first prescription drug to make more than $10 billion in annual sales. To date, Forbes Magazine tells us that statins are earning drug pushers $26 billion in annual sales.

While profitable, this business model has handicapped the logic of millions as well as their health. With the diversity of the human body, as vast as all of the oceans on the planet, how is it that EVERYONE should have the same cholesterol level? Perhaps ALL women should have big breasts and men large penises, right? Or maybe we should all have the exact same heart rate and breathing rate, too? Wrong! But the idea that all people are or should be biologically the same is popular among drug companies. Enforcing it provides them with a larger market of drug users.

Cholesterol Truth A to Z

Let the truth be told and may the debunking begin. Beware, careers will shatter. Emotions will fly.

Rather than blindly succumb to rent-a-quote doctors who perpetuate that everyone’s cholesterol levels should be below 200 mg/dL, it is vital that you obtain a basic understanding of cholesterol and the progression or cause of heart disease. To understand the cause is to understand the cure.

Eventually, you or a loved one will be forced to make vital decisions surrounding heart disease. This may include making decisions surrounding the use of cholesterol lowering drugs, natural medicine, exercise techniques and/or surgery. Considering that 800 individuals die every day from heart disease, being informed in these matters will be an asset to your health and perhaps even save your life.

Cholesterol is a versatile compound that is vital to the function of the human body and just like everything else; cholesterol levels differ greatly among individuals. In humans, cholesterol serves five main functions:

1. Cholesterol is used by the body to manufacture steroids, or cortisone-like hormones, including the sex hormones. These hormones include testosterone, estrogen and cortisone. Combined, these hormones control a myriad of bodily functions.

2. Cholesterol helps the liver produce bile acids. These acids are essential for proper digestion of fats and in ridding the body of waste products.

3. Cholesterol acts to interlock "lipid molecules," which stabilize cell membranes. As such, cholesterol is the building block for all bodily tissues.

4. Most notably, cholesterol is an essential part of the myelin sheath.[133] The myelin sheath, similar to the coating on copper wire, ensures that the brain functions properly by aiding the passage of electrical impulses. Without the myelin sheath, it is difficult to focus and we can lose memory. This is why those on cholesterol lowering drugs notoriously lose memory. Few users recognize this side effect because they forgot how important having a memory was.

5. And finally, cholesterol has beneficial effects on the immune system. Men with high cholesterol have stronger immune systems than those with low cholesterol, as can be seen by the fact that they have more lymphocytes, total T cells, helper T-cells and CD8+ cells. Many strains of bacteria, which cause us to get sick, are almost totally inactivated by LDL-cholesterol.[134]

Due to its importance, cholesterol must be circulated to all parts of the body via the estimated 100,000 miles of arteries and veins within the adult human body. Its circulation is based on the fact that oil and water do not mix. Cholesterol is an oily substance, termed a lipid, and cannot blend smoothly with water-based blood. In order to transport this non-water soluble lipid through the bloodstream, the body packages it into special "vehicles" called lipoproteins.

HDL and LDL Facts

The main cholesterol-carrying vehicle in the body is termed low-density lipoprotein or LDL. Because this LDL carries the lipid known as cholesterol, it is referred to as LDL-cholesterol. Another form of lipoprotein, and there are numerous, is known as high-density lipoprotein, or HDL-cholesterol. The notion that one is bad and the other is good is simply based on the fact that LDL-cholesterol has been found to be one of many components of arterial plaque - HDL has been shown to transport cholesterol back to the liver. The simplistic notion that one is good and the other bad is pharmaceutical sales rhetoric.

Bad cholesterol is as real as the Easter Bunny. Whether a person's cholesterol is high or low, LDL-cholesterol will still become a component of plaque. There is no relation to the amount of LDL-cholesterol and the severity of plaque. Plaque is Nature's "Band Aid" to the damaged inner layer of the artery, known medically as the endothelium. Without the packaging of LDL-cholesterol we would not be alive. How can this be bad?

The True Cause of Heart Disease

Having grasped what cholesterol really is, we can now move on to understanding its relation to heart disease. While complex, it is not hard to learn the basics of how heart disease, or rather atherosclerosis, develops.

Atherosclerosis is an inflammatory response initiated by damage to the innermost layer (known as the endothelium) of the arteries, which faces the bloodstream. This can happen anywhere, but 90% of the time it happens in the spaghetti-sized arteries of the heart (coronary arteries), probably due to the mechanical stress in this region. Preventing damage to the endothelium of the arteries sets precedence over lowering LDL-cholesterol levels. Damage to the inner layer of the coronary artery can be attributed to any number of biological disturbances. Working to prevent these inflammatory disturbances is working to prevent plaque build-up and subsequent atherosclerosis/premature death that may follow.

10 Reasons Why You Might Have Heart Disease

- Oxidized Low Density Lipoproteins (LDL)
- Infection
- Smoking
- High blood pressure
- High blood sugar and insulin attributed to insulin resistance or diabetes
- Increased levels of homocysteine attributed to lack of folic acid and vitamin B12
- Increased levels of cortisol (i.e. stress)
- Lack of exercise
- Lack of vitamin C

Once damage occurs to the inner layer (endothelium) of the coronary artery, the body's natural repair mechanism takes over. The repair mechanism begins with circulating levels of low-density lipoproteins (LDLs) into the damaged area, particularly between the smooth muscle layer and endothelium of the artery.

Once LDLs move into the damaged area of the endothelium, there is an alteration in endothelium function. This alteration begins the *inflammation cascade.* Most notably, to signal for help, the endothelium begins to produce reactive oxygen species (ROS). This attracts the immune cells to the damaged site. This, in turn, produces growth factors, which cause muscle cells to multiply and invade the damaged area of the blood vessel. Eventually, the conundrum of LDL, immune cells, muscle cells and debris from the initial damage form "plaque."

Here is the most important thing to understand, plaque is Nature's "Band Aid" for damage to the arterial wall. This "Band Aid" forms whether an individual has high or low LDL. This, in part, explains why researchers have failed to find a correlation between levels of cholesterol and the growth of atherosclerosis.

If damage to the endothelium persists, atherosclerotic plaque accumulates on the arterial walls. This leads to decreased blood flow from the heart, which causes lack of oxygen and nutrients throughout the body. A lack of oxygen and nutrients leads to major problems, involving not only your heart, but also your brain, lungs, kidneys, penile reaction and eventually every bodily system.

Over time, build up of atherosclerotic plaque initiates heart attack and stroke, sometimes without warning. As the artery narrows, tiny blood clots, which are normally harmless, become a death threat. These tiny blood clots, usually capable of passing through a healthy artery, become caught in the plaque and further block the blood flow. If an artery is blocked in the heart, a heart attack is the result. And if a blockage occurs in the brain, a stroke is the result.

Better than Aspirin™ for Preventing Heart Attack

Out of fear of blood clots and subsequent heart attack, the majority of medical doctors in the USA recommend Aspirin™ for the prevention of first heart attacks to almost everyone age 50 or older.[135] Such a recommendation has little scientific justification.

Neither men nor women who supplement Aspirin™ benefit from its use. Men who used aspirin aged 55 to 74 with no history of heart disease showed no increase in longevity relative to those who did not use it. The Women's Health Study, a 10-year randomized, double-blind, placebo-controlled study conducted among 40,000 healthy women age 45 and older, found that Aspirin™ did not prevent first heart attacks or death from cardiovascular causes.

The major study used to rationalize widespread Aspirin™ use did not use aspirin alone. Most studies utilized buffered Aspi-

rin™, which contained calcium and magnesium. Thus, the calcium and magnesium present in the pill may have been responsible for the beneficial effects – not Aspirin™. This is not inexplicable. Magnesium supplementation ensures normal heart rhythm and blood pressure – abnormalities in any one of these functions can increase the risk of complications after a heart attack.[136]

Aspirin™ use is not without risk. The side effects of Aspirin™ are so severe that they can cause a higher death rate relative to the populations who do not take Aspirin™. These include hemorrhagic stroke (rupture of blood vessel in the brain), ulcers and allergic reactions.

It would make more health sense to quit taking Aspirin™ and utilize calcium and magnesium alone. Further, vitamin E and CoQ10 have been shown to be more effective than aspirin in treatment of cardiovascular disease. Other nutrients that show great promise for preventing heart attack are L-arginine, grape seed extract and green tea with ginger. Combined, they enhance blood flow and work to prevent excess clotting – without negative side effects.

LDL not Bad

Getting back to cholesterol – to highlight some of the main points of heart disease progression, the body uses numerous substances to form plaque on the arterial walls. This plaque acts as nature's "Band Aid" to heal the inner layer of the arteries. The plaque consists of LDL, immune cells and muscle cells, among other things. Recognizing that LDL is one of many substances found in plaque and that it carries cholesterol, pharmaceutical companies and medical doctors coined the phrase "bad cholesterol" when referring to LDL. In a weak attempt to support this, they state that LDL is the culprit of deadly plaque buildup.

Most medical doctors ignore the importance of preventing scarring of the mechanically stressed arterial wall. Instead, they hold on to the one-dimensional argument, which insists that LDL-cholesterol must be lowered to prevent heart disease. In the same breath they prescribe cholesterol-lowering drugs.

The Real and Present Danger of Low Cholesterol

High cholesterol increases longevity and vice-versa.

Ignoring their vow to "do no harm," advising patients to lower cholesterol is downright dangerous. Lowering cholesterol has proven life threatening, especially among the elderly.[137] If we ignore the evidence, which refutes the cholesterol lowering myth, then our health will worsen due to the dangers associated with having low cholesterol. Repeat that sentence.

Lower your cholesterol and damage your heart. Researchers from the University of San Diego have previously shown that low cholesterol is a risk factor for heart arrhythmias (irregular heartbeat or atrial fibrillation). Heart arrhythmias are the leading cause of death if heart attack occurs. Increased heart arrhythmia due to low cholesterol is also an important risk factor for stroke.

Increase your cholesterol levels and protect yourself from premature aging. The researchers at the University of San Diego also highlight that epidemiological studies show high cholesterol in those over 75 years of age to be protective rather than harmful.

Professor Beatriz Rodriquez of the University of Hawaii has also found that low cholesterol among the elderly is not healthy. Reported by BBC News, Professor Beatriz Rodriquez and colleagues found that men over the age of 70 who had cholesterol levels between 200 to 219 milligrams per deciliter (mg/dL) were less likely to develop heart disease than those with low levels. Elderly men with cholesterol levels of below 160 mg/dL had a 55% greater risk of heart disease.[138]

Other researchers have come to similar conclusions. The *European Heart Journal* has published the results of a three-year

study involving 11,500 patients. Researcher Behar and associates found that in the low cholesterol group (total cholesterol below 160 mg/dL) the relative risk of death was 2.27 times higher compared to those with higher cholesterol. The most common cause of death in the low cholesterol group was cancer, with liver disease being second. The risk of cardiac death was the same in both groups.[139] In support of their findings, these researchers point out that previous studies performed by scientist Keys and associates also showed a higher increase in cancer, particularly lung cancer, when total cholesterol levels were maintained below 170 mg/dL.[140]

Other scientists have focused on the link between low cholesterol and cancer. Behar and associates have linked blood cholesterol levels less than 160 mg/dL to a twofold-increased risk of death from cancer of the liver, pancreas and haematopoietic system. These same researchers also brought to our attention that healthy men, without any history of cardiovascular, gastrointestinal or liver disease, who lower their total cholesterol, have an increased risk of prostate cancer. Also shown is that those with low cholesterol have an increased incidence of death from intracranial hemorrhage, respiratory, kidney and digestive disease.[141]

Looking deeper into the dangers of low cholesterol, it appears that cancer is not the only possible outcome. The chances of early death increase as total cholesterol drops. The most widely respected medical journal, *The Journal of the American Medical Association*, published a study entitled: "Cholesterol and Mortality. 30 Years of Follow-up from the Framingham Study." Shocking to most, this in-depth study showed that after the age of 50, there is no increased overall death rate associated with high cholesterol! There was, however, a direct association between low levels (or dropping levels) of cholesterol and increased death. Specifically, medical researchers reported that CVD death rates increased by 14% for every 1 mg/dL drop in total cholesterol levels per year.[142] For example, an individual whose total cholesterol levels dropped 14 mg/dL during 14 years would be expected to have and 11% higher death rate than persons whose cholesterol levels remained constant or rose during the same period.

"The cholesterol-lowering myth being spread by pharmaceutical companies worldwide could rightfully be considered the deadliest health myth in the history of man."

For those who have already suffered from heart failure, lowering cholesterol may just add to the problem and increase recovery time. The *Journal of Cardiac Failure* published the findings of Horwich and colleagues in a paper, Low Serum Total Cholesterol is Associated with Marked Increase in Mortality in Advanced Heart Failure." In their analysis of 1,134 patients with heart disease, they found that low cholesterol was associated with worse outcomes in heart failure patients and impaired survival while high cholesterol improved survival rates. Interesting to note, their findings showed that elevated cholesterol among patients was not associated with hypertension, diabetes, or coronary heart disease.[143]

Low cholesterol has also been linked to depression and anxiety. Duke psychologist Edward Suarez found that women with low cholesterol levels, below 160 mg/dL, were more likely to show signs of depression and anxiety relative to women with normal or high cholesterol levels. In 2003, Duke University showed a 20% absolute increase in depression among those taking cholesterol-lowering drugs known as statins. Their results add to the literature linking cholesterol and mood.

Those who think they are safe from heart disease due to lowering their total cholesterol levels may want to seriously rethink their preventative efforts. Lowering cholesterol, whether by prescription drugs or dietary supplements, would prove dangerous and goes against centuries of scientific research findings. High cholesterol is protective rather than detrimental.[144]

These facts are a deathblow to the cholesterol-lowering myth. They render America's best

selling cholesterol lowering drugs useless and in some cases, deadly. You won't hear about them from your doctor, the media, or a pharmaceutical sales rep. These facts are among the pharmaceutical industry's biggest secrets.

How Medical Doctors are Fooled – Selective Citation

This begs the question: How does one successfully convince the entire United States that each and every person should have the same cholesterol level? Why is there such widespread acceptance of the cholesterol myth?

The belief that low cholesterol prevents heart disease appears to be the result of selective citation rather than scientific results. Selective citation is the art of conveniently citing supportive studies while burying the unsupportive ones with respect to a given hypothesis or idea. In this case, it would be the myth that lowering cholesterol prevents heart disease.

Reported in the *British Medical Journal* (BMJ), Uffe Ravnskov, M.D., Ph.D., shows his results of a meta-analysis of 22 published, controlled, cholesterol-lowering trials. He found that studies considered to be supportive of low cholesterol (typically due to bias) were cited six times more often than those that were unsupportive and that unsupportive trials had not been reported since 1970! Specifically, 8 supportive cholesterol-lowering trials published in major medical journals were cited on average 61 times per year, compared to the 10 unsupportive, which were cited a paltry 8 times per year. Most notably, in 16 trial reports published since 1970, a total of 40 supportive trials were cited while not even a single unsupportive trial was cited. Yet, the number of unsupported trials almost equaled the number of those supported.

This means that any medical doctor under the age of 35 has never been exposed, via current medical journals, to evidence that refutes the cholesterol lowering myth.[145] Most strikingly, the trials that were often used as "supportive" were false, since overall death from coronary heart disease was still unchanged in the trials. So you have perceived benefits that are cited more often, even though the perceived benefits failed to prevent overall death from heart disease.

Preferential citation has skewed the facts by burying the studies that show the importance of cholesterol and its lack of involvement in heart disease. As a result, professionals will continue to teach us that cholesterol is dangerous and pharmaceutical companies will aggressively push their cholesterol lowering drugs.

In addition to smothering unsupportive studies from our medical history, pharmaceutical companies who sell cholesterol-lowering drugs produce brochures, web pages and various other publications to broadcast the cholesterol lowering myth to millions. As pointed out by the previous editor of the *New England Journal of Medicine*, Jerome P. Kassirer, M.D., major publications such as *Lipid Letter*, *Lipids Online*, and *Lipid Management* are supported and funded by cholesterol-lowering drug makers.[146] Reaching millions of medical doctors, these publications relentlessly warn of the false dangers of cholesterol in an attempt to nudge doctors into prescribing their cholesterol lowering drugs. This ensures not only profit for these drug companies but also promotion of the cholesterol lowering myth. Preferential citation, combined with paid publications aimed toward medical doctors, guarantees that the pharmaceutical industry can "invent disease" while at the same time providing the remedy.

Those who are not privy to the truth behind the cholesterol lowering myth increase their odds of becoming victims to the dangers of low cholesterol. Cholesterol is among the most important molecules in the human body. Its respective high and low levels have yet to be a proven the cause of heart disease.

Myth #10 – Cholesterol-Lowering Drugs are Safe and Effective

The entire world is convinced that cholesterol is dangerous. Most believe that total cholesterol levels should be below 200 mg/dL. Utilizing slick advertising, drug companies have relentlessly promoted this myth. At the same time they provide a false solution: cholesterol-lowering drugs known as "statins."

Commercially, statins are known as atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor), and rosuvastatin (Crestor). These drugs were the most widely sold pharmaceutical drugs in 2002. Today, sales exceed 12 billion dollars annually. This exorbitant profit has silenced the truth surrounding them.

Marketing campaigns work aggressively to sell these drugs to every man, woman and child under the sun. They assert that statin drugs are safe and effective for preventing early death from heart disease as well as curing world hunger. Yes, that was an exaggeration. But drug companies are working like mad to convince you that statin drugs are good for treating a barrage of other illnesses, such as Alzheimer's, multiple sclerosis, stiff joints, and cancer. And because this is as absurd as curing world hunger, they may as well tout statin drugs for that too.

Statin Drug Trial Facts

In defense of the safety and effectiveness of statin drugs, drug companies and medical doctors lean on the "statin drug trials." Most notable are the trials known by their acronyms as ALLHAT, ASCOT-LLA, AFCAPS, WOSCOP, LIPS, GREASE, 4s, HPS, and PROSPER, just to name a few.

The statin drug trials were well-funded and utilized large populations to analyze the effects of statin drugs on lowering cholesterol and preventing heart disease. Repetitive, mass coverage of the "statin drug trials" convinced some of the most well-respected health practitioners, medical doctors, and herbalists in the world that lowering cholesterol prevents heart disease. The wildly marketed book, *The South Beach Diet*, authored by Dr. Agatston, supports the use of statins for lowering cholesterol. The American Heart Association, self-proclaimed authority of cardiovascular health, also promotes the use of cholesterol-lowering drugs. And finally, your family medical doctor adheres to this cholesterol-lowering protocol as well.

Statin Drug Trial Bias

It is neither logical nor scientifically sound to use statin drug trials in defense of lowering cholesterol to prevent heart disease – they suffered from age and gender bias for close to 10 years! The trials were mainly conducted on middle-aged men.

Valuable information regarding the safety and efficacy of these drugs on women and the elderly was never obtained.[147] For example, of the 6,595 participants in the WOSCOPS trial, 100% were male. The lowest percentage of males used in any of the trials was the 4S trial. Among the 4444 participants in the trial, 81% were male. The General Accounting Office (GAO) of the United States Government has recognized this bias and stated:

"The [statin drug] trials generally have not evaluated the efficacy of cholesterol-lowering treatment for several important population groups, such as women, elderly men and women, and minority men and women. Thus, they provide little or no evidence of benefits or possible risks for these groups."

Women should make special note of the above statement. They have been wrongly prescribed statin drugs. Attempting to inform medical doctors, *The Journal of the American Medical Association* (JAMA) noted this error by publishing the results of Walsh and Grady from the University of California, San Francisco. These researchers highlighted that there is no evidence showing that lowering cholesterol among women decreases mortality from heart disease.[148]

Almost ten years later, these researchers reiterated this fact again in JAMA. Combining all research from smaller studies (termed a meta-analysis) it was confirmed: women without cardiovascular disease do not benefit from statin drugs – as seen by their failure to reduce total mortality.[149] Interpreting these results to the masses, reporter Roni Rabin for Newsday.com aptly stated, "We've been bamboozled about cholesterol risks."

The elderly have been bamboozled too. Millions of seniors have been wrongly prescribed statin drugs. Statisticians and clinicians Holme and colleagues reviewed the effects of Pravastatin on the elderly by looking at the statin drug trial known as PROSPER. Adding to the PROSPER findings, they gathered results from other trials where small groups of elderly were used. They found no data to show that statin drugs reduce mortality among elderly patients with confirmed heart disease.[150]

Drug makers, family doctors and medical associations ignore this bias. They recommend statin drugs across the board. Drug companies are laughing all the way to the bank. They make billions every year from the myth that statin drugs are safe and effective for everyone… even your dog Fido.

Dr. Antonio M. Gotto, Jr., dean and medical provost of Cornell University Medical College, serves as a poignant example of the how medical doctors promote mass use of statin drugs. At the 12th International Symposium on Atherosclerosis, June 2000, Stockholm, Sweden, Dr. Gotto told a press conference that he favored this class of drugs for *all men aged more than 45 and women aged 55 plus* who had a total cholesterol level over 200 mg/dL, an HDL-cholesterol of less than 50 mg/dL and one other risk factor for coronary heart disease.

Prescribing drugs to untested populations is deadly. Drug companies, physicians and the FDA have ignored this threat. Consumer Advocacy groups have not.

Community Catalyst and Health Care for All filed a lawsuit against Pfizer for false advertising of Lipitor.[151] According to Steve Berman, attorney for the proposed class, Pfizer promoted Lipitor by claiming it prevents heart disease in women and the elderly. Yet (as noted above) no clinical test has established such a benefit. In fact, according to their complaint, women without heart disease actually developed ten percent more heart attacks by taking Lipitor![152]

The statin drug feeding frenzy gets crazier. Medical professionals of WebMD recommend that children be prescribed cholesterol-lowering drugs.[153] Apparently, anyone with a heartbeat is a target for statin drug use. Professionals are unknowingly calling cholesterol-lowering drugs the "new Aspirin™."

Statistical Contortionism 101

A veil of secrecy obscures the truth behind FDA approved drugs, especially the cholesterol-lowering drugs. This veil was constructed using millions of dollars for marketing campaigns and consulting fees to medical doctors. Thanks to successful government lobbying on behalf of drug companies, the U.S. Government upholds these immoral practices. While effective, the veil is wafer-thin and easily torn down using basic statistical definitions.

Before you consider the safety and effectiveness of a drug, you must first understand these statistical definitions. They are total mortality, absolute risk reduction (ARR) and relative risk reduction (RRR). Understanding these statistical definitions is the number-one weapon for defending yourself against dangerous drugs.

Total mortality is the most logical focal point for deciphering whether or not a drug is worth the risk. It shows if the drug increases life span. What other reason would there be to taking it, right? Using the total mortality rate to measure effectiveness ensures that while a drug might prevent the targeted disease it does not accidentally kill you from a negative side effect like cancer, heart attack, or other deadly illness.

If Mr. Jones knew that drug X would prevent heart disease while accidentally killing him from cancer, would he spend his money on it?

When reporting total mortality, drug companies can either report "absolute" or "relative" terms. For the big picture, the absolute risk reduction (ARR) in total mortality (termed absolute total mortality) must be used rather than relative risk reduc-

tion (RRR). Absolute total mortality is the most important statistical association. It refers to the actual difference in risk reduction between the treated (the suckers who received the experimental drug) and the non-treated group.

For example, the absolute total mortality rate for drug X is 1%. This was derived from the raw data. It showed the treated group to have a 3% reduction in total mortality. The untreated had a 2% reduction in total mortality. Therefore, the absolute total mortality rate was 1%. This is simply the difference in reduction of death rates between the two groups. A 1% absolute total mortality rate translates to a 1% chance of increasing lifespan for users of drug X. Not too exciting.

If Mr. Jones knew that drug X might accidentally kill him from cancer and confer a paltry 1% chance of increasing his lifespan, would he spend the money on it? No. He will use that money to pay for a personal trainer. Knowing the absolute total mortality rate preserved Mr. Jones' health and saved him money.

The same cannot be said for Bob 'Misinformed' Smith. Leaving out the absolute total mortality rate, Bob 'Misinformed' Smith's family doctor told him that drug X had a 33% risk reduction in total mortality. He left out that this was "relative" risk reduction and Bob did not ask. As a side note, Bob's doctor gets paid thousands of dollars monthly to act as a consultant (giving lunch seminars) for the makers of drug X. Following doctor's orders, Bob scurried to the pharmacist to pay for his prescription. He then rushed home to watch football. Subsequent football commercials deceptively regurgitated the 33% relative risk reduction in total mortality among users of drug X. John 'Misinformed' Smith smiled with hope – false hope.

What was deceptive about using relative risk reduction? Relative risk reduction (RRR) exaggerates benefits. It is the percentage (not an actual difference in risk reduction) of the decrease achieved by the treated group vs. the untreated group. While the absolute total mortality was 1%, the same raw data obtained from 100 participants in each study group yielded a relative risk reduction in total mortality of 33%!

Pretend you are a medical doctor. Which number will you regurgitate to patients? The absolute 1% or the relative 33%?

Relative terms are the least important statistical associations. Yet they are the most important for drug representatives, medical doctors and statistical contortionists within the media because they exaggerate benefits. Relative terms are good for a drug company's bottom line but bad for our health. *Focusing solely on relative risk reduction is akin to hiding evidence because it always makes a drug look more effective than it really is.*

Now meet drug X: The statin drugs, particularly Crestor, Pravachol, Zocor and Lipitor. The unprecedented success of these drugs is due to a combination of the pharmaceutical industry's statistical contortionists and their propaganda claiming that high cholesterol leads to heart disease.

Statin Drug Trials Show No Benefit among Those without Heart Disease

Starting with Crestor. Crestor plummeted cholesterol levels, yet failed to show any effectiveness, as could be seen by a 0% decrease in absolute total mortality rates among users.

Other statin drug trials show this same trend. Joel Kauffman, Ph.D., Professor of Chemistry Emeritus, University of the Sciences in Philadelphia, teaches that the WOSCOPS trial showed only a 0.9% absolute drop in absolute total mortality among those taking the statin drug Pravachol over five years.[154] Ignoring the placebo group, Pravachol drug pushers touted a 22% drop in relative risk reduction for total mortality.

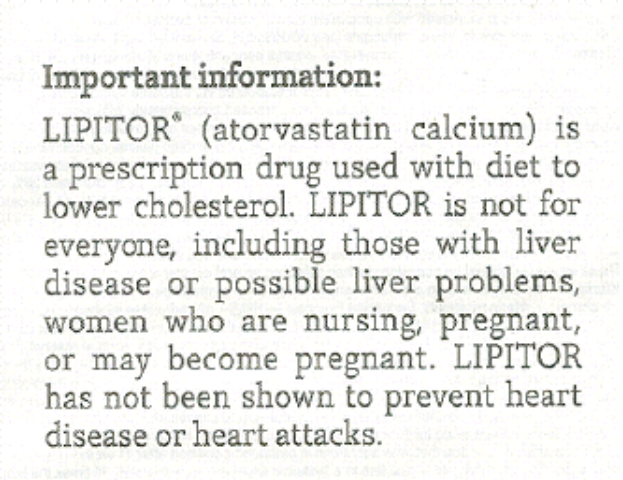
Many might argue that while Pravachol does not prevent early death, it does prevent heart attack and stroke. This is false. With respect to heart attack and stroke, the PROSPER trial showed that Pravachol provided no reduction in heart attack or stroke among those who had no previous signs of cardiovascular disease (termed primary prevention)[155] and an absolute risk reduction of 4.3% among those who did (termed secondary prevention).[156]

The statin drug trial known as LIPID showed these same results. The Long Term Intervention with Pravachol in Ischemic Heart Disease (LIPID) showed a contemptible absolute risk reduction in total mortality of 3.1%. Pravachol drug pushers touted a 21% drop in relative risk reduction for total mortality.

Even the most favorable statin drug trial, having minimal conflicts of interest and ethically sound reporting, the Heart Protection Study (HPS), yielded users of Zocor (simvastatin) with only a 1.8% drop in absolute risk reduction for total mortality. Another trial involving Zocor, the 4S trial, showed a minimal 3.3% drop in absolute risk reduction for total mortality among users. Zocor drug pushers touted a 29% relative risk reduction for total mortality.

The Anglo-Scandinavian Cardiac Outcomes Trial — Lipid Lowering Arm (ASCOT-LLA) trial, designed to identify the benefits of Lipitor (atorvastatin), showed 0% reduction in absolute total mortality rates among users. Looking at absolute risk reduction of heart attack and stroke, Lipitor yielded a miniscule reduction of 1.2% over 3.3 years.[157] Lipitor drug pushers touted… whatever they wanted.

Lipitor ads were most honest. The fine (really fine) print on the back of ads declared that Lipitor "has not been shown to prevent heart disease." Believe it.[158]


Important information:

LIPITOR® (atorvastatin calcium) is a prescription drug used with diet to lower cholesterol. LIPITOR is not for everyone, including those with liver disease or possible liver problems, women who are nursing, pregnant, or may become pregnant. LIPITOR has not been shown to prevent heart disease or heart attacks.

Figure 1. Fine print included in ads for Lipitor by Pfizer courtesy of Weston A. Price Foundation. See the last sentence.

The most recent statin drug trial showing the ineffectiveness of Lipitor was the TNT (Treating to New Targets) study. Those receiving low-dose Lipitor reduced their mean LDL-cholesterol levels to 101 mg/dL, while those taking the high dose brought their LDL readings down to 77 mg/dL. After a median follow-up of 4.9 years, absolute total mortality was 0%.[159] Neither the high-dose nor low-dose group prevented early death. Lipitor drug pushers ignored this and touted a 20% relative risk reduction in coronary events.

Unable to decipher the deceptive statistics, a compliant media touted "lower is better" with respect to LDL-cholesterol. The official response to the lack of overall mortality reduction is a shining example of lazy thinking among pharmaceutically-funded researchers:

"We need to make the assumption that mortality has been proven, that LDL lowering does in fact lower total mortality rates." - *Dr. John LaRosa, head researcher of the TNT study*

Combining statin drug trial results (meta-analysis) also failed to show any benefit to using statin drugs. Researchers from *Therapeutic Initiatives* performed a meta-analysis[160] of five major statin drug trials, these being PROSPER, ALLHAT-LLT, ASCOT-LLA, AFCAPS and WOSCOPS. In the pooled data of these trials, statin drugs provided a total absolute risk reduction

in total mortality of 0.3% among those who showed no signs of having cardiovascular disease (primary prevention).[161] With respect to preventing heart attack and stroke, the five combined studies showed that statins prevented these events by a mere 1.4%.

The only thing statin drug trials have proven is that statin drugs lower cholesterol by inhibiting an enzyme known as HMG-CoA-Reductase. They failed to show that this effect has any benefit in preventing early death from heart disease, heart attack or stroke among healthy people - none.

Statin Drugs for Those with Heart Disease?

Few studies involving statin drugs and those with heart disease exist. Pooled data from four major trials has been researched to gain a better understating. Utilizing LIPS, PROSPER, GREASE, and HPS, a meta-analysis shows that statin use prevented absolute risk reduction in total mortality by 2.1% among those who showed signs of heart disease (secondary prevention).[162] The minor benefit was unrelated to a cholesterol lowering effect. This is not inexplicable.

Heart disease has the features of an "inflammatory disease." Therefore, any drug (or nutrient) that has anti-inflammatory properties could inhibit the growth of plaque, thereby slowing or stopping the progression of heart disease. Scientists from Austria have shown that statin drugs have anti-inflammatory actions on cells within the arteries.[163] Therefore, the direct drug effect of statins is related to anti-inflammation not cholesterol. Unfortunately it is not a viable treatment due to the negative side effects associated with statins. [See page 120]

The Inflammation Link to Heart Disease

The inflammatory response associated with heart disease is induced by damage to the inner lining of the artery. This damage activates the immune system, which in turn begins to initiate a complex inflammatory cascade leading to the formation of "foam cells" (a biomarker for this process is C-reactive protein).

The formation and accumulation of foam cells is the first manifestation of plaque and is mainly due to "sticky" proteins, cellular adhesion molecules. These molecules, like bubble gum sticking to the bottom of a desk, adhere to the surface of damaged arterial lining. The nutrient alpha-lipoic acid (ALA) has been shown to block these "sticky" proteins – without negative side effects.[164] Therefore, alpha-lipoic acid can prevent excess plaque buildup by acting as a natural anti-inflammatory.[165]

Other natural anti-inflammatory agents include fish oils (especially EPA an DHA fatty acids from fresh water salmon), green tea, ginger, and/or 95% grape seed extract (providing proanthocyanidins). A diet rich in ALA and these nutrients is a diet that fights heart disease.

That heart disease can be prevented or delayed with substances that have anti-inflammatory properties is of paramount importance. The majority - basically the entire world - of medical doctors, natural health practitioners, and purveyors of nutritional supplements are promoting cholesterol-lowering via diet, drugs, red yeast rice or policosanol. Doing this discounts and often misses the major factor in preventing heart disease: anti-inflammation.

Polypill and Polymadness

As the incidence of heart disease continues to grow, so will the availability of prescription drugs purported to prevent or heal heart disease. Most recently, the "polypill" serves as a perfectly disgusting example. As the love affair with profits from statin drugs continues, so-called experts are now recommending they be combined with other drugs, hence the term "drug cocktail."

Hailed as a "strategy to reduce cardiovascular disease by more than 80%," authors and patent holders of the lunatic concoction assert that everyone over the age of 55 should use this pill.[166] Yes, everyone on the entire planet. Can you believe that daring assertion by so-called scientists? This is dictatorship medicine, not evidence-based medicine. The guilty par-

ties? Nick Wald and Malcolm Law.

Wald and Law propose a cocktail of a statin drug, three blood pressure lowering drugs, an angiotensin-converting enzyme inhibitor, folic acid and Aspirin™ to be used to battle heart disease. That these "scientists" would recommend such heavy use of drugs is both laughable and sad.

Their assertion is based on a computer analysis which looked at all previous studies of the individual components of the drug stack. In other words, they failed to do any medical examination whatsoever. They never studied the interactions that these drugs might have with each other once consumed as the 'polypill'. They never studied the long-term effects of the 'polypill'. And they never considered whether or not it is safe for men, women, and the elderly or ethnic groups! Not to mention that the main ingredient, a statin drug, is among the most dangerous drugs ever promoted for human consumption. Yet these patent holders can get away with making false claims for an imaginary drug and recommend its use for EVERYONE over the age of 55, all based on computer evaluation. This is incredulous. Trailblazers of the scientific method are rolling over in their graves.

The only thing that could disgrace the scientific community more would be the approval of leading journal editors. And this is exactly what happened. The editor of the *British Medical Journal* (BMJ) appears to have sold his soul to pharmaceutical interests. Upon release of the biased paper, his suggestion was that we "keep this issue of the BMJ. It may well become a collector's item. It's perhaps more than 50 years since we published something as important as the cluster of papers from Nick Wald, Malcolm Law, and others." He is right on one point. This paper published by the BMJ is a collector's edition. Never in the history of the BMJ have they ever published such absurdity. Never in the history of the BMJ have they recommended a pill to an entire population without anyone ever studying its real-life effects or even swallowing the damned thing! Never!

Hidden Dangers of Cholesterol-Lowering Drugs

Statins are a textbook case of the "cure" being more deadly than the disease. Evidence of this has been buried. The *British Medical Journal* (BMJ) has reported that of 164 statin drug trials reviewed, only 48 reported the number of participants with one or more negative side effects caused by the drug.[167]

This scenario is reminiscent of the FDA-approved drugs Baycol, Vioxx, and most every other drug on the market today. According to a report in 1990 by the U.S. General Accounting Office, 51% of prescription drugs have serious adverse effects that are undetected before approval.[168] More recently, The New York Times reported the testimony of FDA insider David Graham. Speaking before the Senate Finance Committee, the 20-year FDA veteran denounced the FDA by saying, "we are faced with what may be the single greatest drug safety catastrophe in the history of this country or the history of the world."[169] It is no wonder *USA Today* reported that side effects from pharmaceutical drugs reached and all-time high in 2004.[170]

Statin users beware. Unknown to the public and most doctors, cholesterol-lowering drugs can be life threatening.[171] In a letter submitted to the Archives of Internal Medicine, Uffe Ravnskov, M.D., Ph.D., and colleagues, show that in two (EXCEL and AFCAPS/TexCAPS) of the three clinical trials that included healthy people, the chance of survival was better without the use of cholesterol-lowering drugs.[172] The letter was rejected for publication.

Statins and the Energy Producing Molecule CoQ10

Of great concern are the statins' ability to decrease the energizing molecule CoQ10 – leading to congestive heart failure. The heart is made of relatively strong muscle and requires vast amounts of energy to function properly. CoQ10 is a vital substance which ensures that energy production takes place within the heart. To elaborate, the force with which the heart contracts is approximately the force you would need to squeeze a tennis ball. Since the left ventricle has to pump blood to the rest of the body, its walls are thick, while the walls of the atria are relatively thin. The volume of blood in the human body is nearly five liters. The heart pumps about 280 liters in one hour. This equates to 7,200 liters in 24 hours, or 2,688,000 liters per year! To 'down regulate' the energy of the heart via CoQ10 depletion could be considered suicide in

slow motion.

Low CoQ10 leads to congestive heart failure due to weakening of the heart muscle. This is termed cardiomyopathy. So while the statin user might procure a 3-4% absolute risk reduction in heart attack or stroke (as mentioned previously), they are perhaps trading it for cardiomyopathy.

It is hypothesized that a person can avoid this deleterious side effect by supplementing with CoQ10. Although logical, this is only a hypothesis. It has not been shown to be an effective means for avoiding statin-induced cardiomyopathy. Betting on a hypothesis could prove dangerous to your heart.

Statins and your Memory

Statin drugs also attack focus and memory. Because cholesterol works to ensure the integrity of the myelin sheath (responsible for carrying electrical messages throughout the brain for memory and focus), a logical hypothesis is that lowering it can have a negative impact on memory and focus. Observing the effects of statin drugs, which significantly lower cholesterol, we find that the above hypothesis may hold true.

Dr. Graveline, M.D., a NASA astronaut, flight surgeon, family doctor and author of *Lipitor – Thief of Memory*, claims he lost his memory after six weeks of using Lipitor. From his testimony we learn that he could not recognize his house or his wife after using the statin drug Lipitor. His memory loss lasted for six hours at a time. After quitting the drug, his lapses in memory ceased.

Dr. Graveline is not alone in his experience. Loss of memory from using statin drugs has become so widespread it has caught the attention of CBS News, which reported the findings of researcher Dr. Beatrice Golomb, assistant professor of medicine at the University of California in San Diego. She states, "We have people who have lost thinking ability so rapidly [from using statins] that within the course of a couple of months they went from being head of major divisions of companies to not being able to balance a checkbook and being fired from their company."[173]

Statins and Cancer

Reportedly cholesterol-lowering drugs in general also increase one's risk of developing cancer. In their study published in *The Journal of the American Medical Association* (JAMA), Thomas B. Newman, M.D., MPH, and co-workers show that all cholesterol-lowering drugs, both the early drugs known as fibrates (clofibrate, gemfibrozil) and the newer drugs known as statins (Lipitor, Pravachol, Zocor), cause cancer in rodents at the equivalent doses used by man.[174]

Interestingly, these facts are not reflected in the highly coveted Physicians Desk Reference (PDR). For instance, the PDR shows that cancer is a side effect for fibric acid derivates and statins only when as much as ten times the recommended human dose is used.

Dr. Gloria Troendle, deputy director for the Division of Metabolism and Endocrine Drug Products for the FDA, noted that the cholesterol-lowering drug gemfibrozil belonged to a class of drugs that has repeatedly been shown to increase death rates among users. Moreover, Dr. Troendle stated that she does not believe the FDA has ever approved a drug for long-term use that was as cancer causing at human doses as gemfibrozil.

Others shared these same concerns about gemfibrozil. In comments to the FDA, Elizabeth Barbehenn, Ph.D., concluded: "fibrates must be considered as potential human carcinogens and their carcinogenic potential should be part of the risk benefit equation for evaluating gemfibrozil."[175]

Ignoring these facts and despite having a majority vote among their advisory committee against approval, the pharmaceutically-campaigned FDA-approved these drugs anyway! Specifically, when asked to vote whether or not the cholesterol-

lowering drug gemfibrozil should be approved for prevention of heart disease, only 3 out of 9 voted in favor of approval. Unfortunately, these votes are only "advisory" and – against the better judgment of the committee – the FDA decided to approve gemfibrozil for human consumption.

Of course, the extrapolation of evidence of cancer from rodent to human is very uncertain. And this is the argument of those who favor using cholesterol-lowering drugs. More likely, such an extrapolation would only hold true if human studies also showed an increase in cancer rates. In fact, that is what scientists are seeing.

Sheperd and colleagues for PROSPER noted in the *Lancet* that "…new cancer diagnoses were more frequent on pravastatin [Pravachol] than on placebo [those not taking the drug]."[176] Similar findings were made in the CARE (Cholesterol And Recurrent Events) trial. Evidence from the trial showed a significant increase (a 1500% relative risk increase) in breast cancer among women taking Pravachol (a cholesterol-lowering drug made by Bristol-Myer Squib).[177]

One mechanism by which cholesterol-lowering drugs may cause cancer has been identified. Published in *Nature Medicine*, Dr. Michael Simons of Beth Israel Deaconess Medical Center in Boston shows that statin drugs mimic a substance known as vascular endothelial growth factors (VEGF). The biochemical VEGF promotes the growth of new blood vessels, a process known as angiogenesis. While angiogenesis may help the growth of arteries, the benefit is quickly negated by the potential for growth of cancer. The *British Journal of Cancer* reports that VEGF plays an important role in the spread of colorectal cancer. Further, for those who already have tumors, VEGF and compounds that mimic VEGF significantly diminish that person's survival time. [178,179]

The fact that cholesterol-lowering drugs can potentially cause cancer at doses commonly used by humans will never be accepted as mainstream knowledge. Drug company-funded studies for cholesterol-lowering drugs are conveniently short in nature, typically five years or less. It takes decades for cancer to develop. Actually, even heavy smoking will not cause lung cancer within five years.[180] Yet it is a well-known fact that smoking leads to lung cancer. Therefore, as long as statin drug trials last only five years, this side effect will continue to fly below the radar.

Statin Devastation on the Whole

Researchers from The University of Denmark report that about 15% of cholesterol-lowering drug users over the age of 50 will suffer from nerve damage as a direct result of using statin drugs.[181]

USA Today reported, "Statins have killed and injured more people than the government has acknowledged." [182]

The list of negative side effects from cholesterol-lowering drugs continues with rhabdomyolysis and erectile dysfunction being a possible outcome of using cholesterol-lowering drugs.

Fortunately, 50% of those who take cholesterol-lowering drugs quit within the first year because of negative side effects. Considering that medical doctors utilize the statin drug trials as their primary source of information, it is unlikely that the 50% of patients who stay on cholesterol-lowering drugs will ever become aware of the serious adverse events associated with cholesterol-lowering drugs, even when they fall victim to them.

Ignoring the dangers, Forbes Magazine asserts, "Patients at the highest risk should receive even more aggressive [statin] treatment – meaning higher, more expensive doses of these drugs."[183]

Such a statement reminds me of the 1970s when servants disguised as experts would promote the use of cigarettes to fight cancer:

"One could modify an old slogan: A pack a day keeps lung cancer away."

— *Dr. Ian Macdonald, chairman of California Medicine Excerpted from U.S. News & World Report*

The above statement is as absurd as those who maintain that, "to prevent heart disease, we need to lower our cholesterol."

Utilizing relative risk reductions, drug manufacturers and statistical contortionists have hoodwinked medical doctors and patients. This is abundantly clear when we look at the negative side effects associated with the use of cholesterol-lowering drugs. In no way do the benefits outweigh the risk, and if so, by whose scale? The drug companies' scale?

The dangers associated with the use of statin drugs are not surprising when you consider their origin.

Deadly Origin of Statin Drugs

No one would care to look twice – or even once – at the origin of statin drugs. Except, perhaps, if you needed one more reason not to use them or were an FDA approved drug addict looking for an inexpensive alternative.

The origin of statin drugs is not a testament to the ingenuity and innovation of drug companies. Despite enjoying an unprecedented surge of momentum in popularity, statins are nothing more than an isolated poison derived from the fungus known as red yeast rice (*Monascus purpurus)*.[184]

In a natural response to the threat of a predator, red yeast produces the drug known as lovastatin (as well as other chemicals). Utilizing fundamental laboratory research, the discovery and isolation of lovastatin from red yeast rice was paid for by the U.S. government in the 1970s.[185] This secured a monopoly of knowledge, allowing for the censorship of the truth behind the wildly popular cholesterol-lowering drugs.

Commercially, lovastatin is known as Mevacor. It was the first statin drug, released in 1987 by the U.S. government-influenced company named Merck. Using a technique known as combinatorial chemistry, other drug companies have since unleashed their own versions. These versions include Zocor, Lipitor, Pravachol, and Crestor.

As a toxic agent, the consumption of lovastatin via red yeast rice by its predators leads to sickness and in some cases, death. This is true for humans as well. Lovastatin's (and all other statin drugs') toxicity is attributed to its ability to block cholesterol and CoQ10 production.

As noted earlier, low levels of cholesterol and CoQ10 limits lifespan in humans. In 2005, the *Journal of the American Geriatrics Society* showed that elderly people with low levels of total cholesterol were approximately twice as likely to die as those with high cholesterol.[186] CoQ10 is a coenzyme necessary for the production of ATP (adenosine triphosphate). ATP is the source of cellular energy within the human heart. As CoQ10 is diminished, the heart weakens. Over time, this can result in congestive heart failure (CHF).

Humans appear to be so advanced, and yet they are the only species unable to recognize this simple defense mechanism of red yeast rice. Millions are blindly consuming statins as an elixir for longevity. Consumption of this fungus poison has grown worldwide.

The statin craze serves as a terrific example of how a little bit of knowledge can be dangerous. Nowhere in the history of man has an acknowledged poison been touted as a daily vitamin for every man, woman and child. The scientific community should be proud – statins are the best selling drugs of all time.

Closing

This book is not an attack on western medicine. In fact, the latest technology in emergency medicine has been an asset to the longevity of human life. Endeavors made by emergency room doctors are admirable and heroic to say the least. Their dedication to saving human lives often goes unrecognized. Emergency room doctors perform miracles daily.

This is an attack on the ignorance and greed of the American people; including doctors, patients, and pharmaceutical companies. The reliance on drugs, surgery, and high-tech equipment to treat our unwillingness to take responsibility for our own health is killing us. According to the statistics in this book, most of us will overdose on FDA-approved drugs before we will ever need the expertise of an emergency room doctor.

The lazy thinking toward health among most Americans has almost forced drug companies and medical doctors to label everyday occurrences as disease, while profiting immensely. Like an item for sale, most have sold their health for miracle drugs and false promises. As a result, in the 21st century true health is not a right, it is a privilege. But the privilege of health is only bestowed upon those who seek the truth and act on that truth. If not acted upon, accept the fact that you will forever become an asset to the pharmaceutical industry which, admittedly and with open arms, will profit from your lack of health.

As O.S. Marden observed, true health has been called “the great multiplier of ability, the buttress of initiative, of courage, of self-confidence, the backbone of enthusiasm, without which nothing worthwhile was ever accomplished.”

True health is so valuable that if you have it, you wouldn’t trade it for all the money in the world. Innately we know this, and, because of its value, most are giving their lives and money away for false promises made by pharmaceutical companies.

Obtaining good health relies solely on YOU. Your belief is the most powerful medicine. Lack of belief in your health will always manifest itself into poor health… Believe in your health and you will begin taking part in habits that will attract wellness, both mentally and physically. It is a beautiful thing! After all, habits create and eradicate disease.

About the Author

Shane holds a master's degree in organic chemistry and has first-hand experience in drug design. Abandoning synthetic medicine, he is an internationally-recognized authority on therapeutic nutrition. He is the founder of HealthFX Nutraceuticals (www.healthfx.net) and developer of the SafeTaste™ Certification seal.

Dedicated to education, he has appeared in the award- winning documentary by Gary Null and Associates entitled *Prescription for Disaster*, has authored *The Hidden Truth about Cholesterol Lowering Drug*s and is a member of The International Network of Cholesterol Skeptics (THINCS). Shane is a proud husband and father of two children.

His books and nutrition consulting services can be obtained at www.healthmyths.net. Readers of *Health Myths Exposed* are granted access to the *Natural Cure*s section of www.healthmyths.net. Simply use the password naturalhealth (no spaces) to obtain reviews of nutritional supplements currently on the market. Learn what works, what doesn't and how best to use nutritional supplements to attain perfect health.

Resources

Health-FX
Nutrients for Preventing Heart Disease, Fat Loss, Longevity and Sports Performance
www.health-fx.net

The International Network of Cholesterol Skeptics
www.thincs.org

Health Crusader Magazine
www.healthliesexposed.com

Omnivore – Everything about Eating
www.theomnivore.com

The Global Institute for Alternative Medicine
www.gifam.org

Health News Online by Chris Gupta
www.newmediaexplorer.org

Heart Health Facts
www.health-heart.org

Dr. Gary Null
www.garynull.com

Dr. Mercola
www.mercola.com

The Drip for Endurance Athletes
Sponsor of FLC Cycling - Collegiate National Champions
www.the-drip.net

The Well Being Journal
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