



IMAGE AWARENESS WELLNESS INSTITUTE

Attack on Vitamins (Part 1)

1271 HIGH STREET, AUBURN, CA 95603 • PHONE (530) 823-7092 • ORDER LINE (800) 359-6091
HOURS: TUES. – FRI. 10 A.M. – 4 P.M. • E-MAIL: MAIL@IMAGEAWARENESS.COM WEB: WWW.IMAGEAWARENESS.COM

January 2014

Volume 10: Issue 1

WHY THE ATTACKS?

It is difficult to assess the motives of those who promote negative publicity about supplements. There are probably a number of motivations involved in the attack on vitamins.

One individual writes, "...if there were some semblance of a conspiracy, I imagine it would go something like this: Big Agra works to gain total control over the food supply. They genetically engineer food for maximum yield and profit with little attention paid to the environmental or human health consequences of these changes to the food supply. Conveniently enough for Big Agra, genetically altering food crops in this way necessitates the heavy application of the very pesticides and herbicides that Big Agra manufactures, while depleting the foods' nutritional content."

"Humans consume hefty doses of these dangerous chemicals while missing out on the life-sustaining vitamins, trace minerals and antioxidants present in real food. The result is an epidemic of poor health, as evidenced by rising rates of diseases like cancer, heart disease, diabetes and Alzheimer's. The proposed solution? More chemicals, this time in the form of pharmaceutical drugs, happily supplied by Big Agra's friends, Big Pharma."

Greed on the part of the pharma-

ceutical and agricultural industries does play a role in both the widespread health problems we see today and also in the tendency to attack the use of nutritional modalities to prevent disease.

PHARMA TROUBLES

Pharmaceutical giants have been under attack in recent years and part of the pushback is an attack on the use of nutrients. GlaxoSmithKline recently announced they would stop paying staffers for hitting sales targets and doctors for promoting drugs. This is a dramatic shift for any pharmaceutical firm to make.

Many saw this startling announcement as an attempt to get ahead of negative publicity. The firm announced a record \$3 billion dollar settlement in July 2012 for a range of unethical practices such as promotion of the antidepressant Paxil for children and the use of Wellbutrin for sexual dysfunction and weight loss. The company



withheld safety data from U.S. regulators as well. The company is also accused of paying another half-billion dollars in bribes to China.

Pfizer, another pharmaceutical firm, was hit with a 2.3 billion dollar fine and pled guilty to one felony count in 2009 as a result of illegally promoting Bextra and other drugs. Pfizer has gone to battle with the U.S. Department of Justice several times in the past.

Some in the pharmaceutical community and fellow travelers see attacks on supplementation as defense and protection of their industries. The supplement industry is one corner from which attacks on pharmaceutical drugs has come.

REJECTION OF NEW IDEAS

One need not consider greed or defensiveness as the only motivations for attacks upon nutrient supplementation. There is a tremendous amount of inertia in the medical community. Abram Hoffer, a pioneer in the field of orthomolecular medicine, wrote, "The medical profession is more like a church than a truly scientific group of people. So if you want to go into research, be prepared. Success may not make you more popular." Hoffer himself was attacked for his use of nutrients to treat schizophrenia. He wrote, "The most common bad advice I received from friends was to not continue what we were doing be-



cause it made us unpopular. It took me some thought and effort to reject this advice...”

Fortunately, Hoffer continued his work. The result was happy patients and unhappy fellow physicians. Many of the innovators in the field of health have suffered personal insult and the rejection of their ideas.

Linus Pauling was the only person to be awarded two unshared Nobel Prizes, one of four to have won more than one Nobel Prize, and one of two people to be awarded Nobel Prizes in different fields. Despite this he was viciously attacked by critics for his promotion of orthomolecular medicine and the use of supplements. Pediatrician Paul Offit said Pauling “was arguably the world’s greatest quack.”

REFERENCES:

<http://www.liveinthenow.com/article/are-mon-santo-and-pfizer-in-bed-together>

Brady, Diane, Is GlaxoSmithKline Playing Defense--or the Opposite?, *BloomBergBusinessweek*, December 18, 2013.

<http://www.businessweek.com/articles/2013-12-18/with-drug-promotion-shift-is-glaxosmithkline-playing-defense-or-the-opposite>

Arnst, Catherine, Feds Hit Pfixer with a \$2.3 Billion Fine, *BloomBergBusinessweek*, September 02, 2009.

Hoffer, Abram, *Adventures in Psychiatry*, Caledon, Ontario, Canada: KOS Publishing, Inc., 312-313.

https://en.wikipedia.org/wiki/Linus_Pauling

IGNAZ SEMMELWEIS

At the core of medical belief in the United States lies the idea that the only value of vitamins is to prevent the classic nutrient deficiency diseases. Thus only enough vitamin

C is needed to prevent scurvy, enough B1 to prevent beriberi, and enough B3 to prevent pellagra. This view stands in stark contrast to the idea of orthomolecular medicine, a term coined by Linus Pauling. This approach to health uses optimal levels of nutrients to further health and prevent or treat disease based on each individual’s unique biochemistry.

New ideas in medicine often come at a great price to those who introduce them. The “Semmelweis reflex” is a metaphor for “human behavior characterized by reflex-like rejection of new knowledge because it contradicts entrenched norms, beliefs or paradigms.” The story of Semmelweis illustrates the tendency of medicine to reflexively reject new ideas.

Ignaz Semmelweis was a Hungarian physician who pioneered antiseptic procedures. He worked in Vienna General Hospital which had two obstetrical clinics. The First Hospital contained a morgue and autopsy rooms and was used to train doctors. The Second Hospital was used to train midwives and did not have these features.

The death rate in the first hospital ran as high as 30 percent when women went in to deliver their babies. The death rate in the second hospital was a steady 3 percent. This difference was well-known to the women of Vienna and they begged and implored for assignment to the Second Hospital. Half were always sent to the First Hospital.

It was common practice in the First Hospital to perform autopsies on the women who had died before examining the women who were ready to give birth. Semmelweis examined hundreds of bodies to try to find the cause of the high death rate to no avail.

In 1847 Semmelweis returned from a vacation to learn that his close friend Doctor Kolletschka had died.

The doctor had been instructing a student in how to conduct an autopsy when the student’s scalpel slipped and cut Kolletschka’s finger. He died of the same blood poisoning killing pregnant women in the hospital a short time later.

Semmelweis intuitively grabbed onto the idea contrary to all established medical findings of his day--that childbed fever was communicable. He insisted that the hospital staff add a chlorine solution to the procedure of washing hands after autopsies and prior to examining the pregnant mothers. Within two months the death rate was down to one percent!

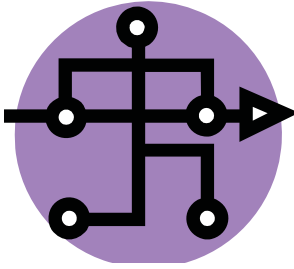
One would think that such extraordinary results would result in rapid acceptance of the new sanitary procedure. Such was not the case. The hospital staff hated washing their hands with the chlorine solution. Semmelweis was dismissed from his post in Vienna.

Semmelweis found a new position at the small St. Rochus Hospital in Budapest. He instituted the same sanitary procedures and the hospital experienced only eight deaths out of 933 births in six years.

In 1865 Semmelweis was removed from his position and sent to an asylum. He nicked his finger in an autopsy just prior to being sent to the asylum which may have caused his death two weeks later of the same blood poisoning which was killing pregnant women.

Johann Klein, Semmelweis’s superior in Vienna saw that his position was not renewed even though Semmelweis was supported by most of the faculty. Authorities in Budapest never accepted his theory. He faced constant opposition at every turn which may have contributed to his commitment to an asylum at the end of his life.

The work of Semmelweis began to make more sense twenty years later when Louis Pasteur developed the



germ theory of disease. Even today may hospital personnel do not adequately wash their hands through laziness and neglect. It is estimated that half of the 2.4 million infections acquired by Americans in hospitals each year could be prevented by proper hand washing.

A recent article in the New York Times noted that some hospitals have installed motion sensors in intensive care rooms in an attempt to encourage doctors and nurses to wash their hands. The article points out that even today hospital workers wash their hands as little as 30 percent of the time that they interact with patients. This results in thousands of hospital-acquired infections costing \$30 billion dollars a year and resulting in nearly 100,000 deaths a year.

REFERENCES:

https://en.wikipedia.org/wiki/Ignaz_Semmelweis

https://commons.wikimedia.org/wiki/File:Ignaz_Semmelweis_1860.jpg

Robbin, Irving, and Nisenson, Samuel, *Giants of Medicine*, New York: Grosset & Dunlap, Inc., 1962, 56-59.

<http://www.waterandhealth.org/newsletter/new/feb-1998/right.html>

Hartocollis, Anemona, With Money at Risk, Hospitals Push Staff to Wash Hands, *The New York Times*, May 28, 2013.

VITAMIN ATTACKS

Attacks on the use of supplements are nothing new. In my early days in nutrition work I became acquainted with Jim Lewis. He was involved with the very first natural supplement company. The company was attacked by the FDA and destroyed. He came to work for Neo-Life and may have been responsible for the fact that Don Pickett, the founder of the company, maintained a war chest to fight off at-

tacks from the FDA.

Jim Lewis was a bit of a miracle. He contracted valley fever infection of the brain while traveling in the Southwest. He spent years in a hospital before he treated himself with massive amounts of supplements. One day he received a call from a physician working at the largest valley fever clinic in the world. The doctor wanted to know why Jim was the only patient with an infection of the brain that had survived. Jim told the doctor he probably would not believe his story, and even if he did he would probably not be able to get another patient to do what he had done.

This newsletter and the next will discuss some of the recent attacks upon vitamins. It should be noted that these attacks often increase when attempts are made to bring supplements under the control of the FDA and the pharmaceutical firms. In 2013, Senator Dick Durbin began spearheading an attempt to increase the power of the FDA over supplements. This legislative agenda has coincided with recent attacks on supplements.

FISH OIL AND PROSTATE CANCER

A study published in the Journal of the National Cancer Institute suggested that fish oil supplements and fatty fish intake was associated with a 71% increased risk of high-grade prostate cancer. This study had flaws as well, but before discussing these a couple of facts about fish oils should be noted.

Firstly, long term use of fish oils can increase the tendency for oxidation to occur in the body if antioxidant intake is low. Small amounts of vitamin E or carotenoid supplementation are protective here.

Secondly, fish oils can accumulate dangerous levels of toxins which can contribute to both diabetes and cancer. *This is why GNLD tests Salmon Oil Plus for over 200 potential pollut-*

ants with a standard of zero. Purity of a fish oil product is critically important.

In one study, mice were fed farmed salmon containing persistent organic pollutants (POPs). The researchers summarized their data, "Our data indicate that intake of farmed salmon filet contributes to several metabolic disorders linked to type 2 diabetes and obesity, and suggest a role of POPs in these deleterious effects." Mice fed salmon which did not contain these pollutants did not suffer these harmful effects.

This means that one can not really evaluate the health benefits of fish oils without first being aware of the levels of contaminants present in the fish or their oils. In a separate study the ten percent of human beings with the highest levels of six common pollutants (dioxins, biphenyls, oxychlorane, etc) had a prevalence of diabetes 38 times higher than the 25% of the study population with the lowest levels of these pollutants.

Researchers have linked increased levels of POPs to increased risk for prostate cancer. One study concluded, "...this study provided indications that prostate cancer may be related to certain persistent organic pollutants."

The subjects in the fish oil study were not assessed for antioxidant status nor were the fish being consumed tested for pollutants.

The researchers in this study were quick to blame fish oil supplements even though there is no evidence that any of the subjects took fish oil supplements. Blood levels of omega-3 fatty acids of those supplementing with fish oils or eating cold water fish

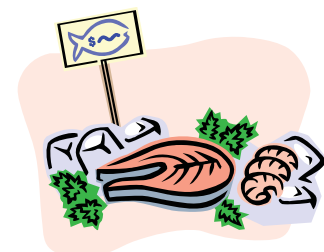




IMAGE AWARENESS WELLNESS INSTITUTE

1271 HIGH STREET, AUBURN, CA 95603
PHONE (530) 823-7092 ORDER LINE (800) 359-6091
E-MAIL: MAIL@IMAGEAWARENESS.COM
VISIT OUR WEBSITE! WWW.IMAGEAWARENESS.COM

average 8.42% and can rise as high as 10%. The individuals at low risk in this study had blood levels of 4.48% while those with high risk had blood levels of 4.66%. The difference was so small that it could be explained by a single meal high in omega-3 fatty acids the day before the test. In reality, both experimental groups had very low levels of omega-3 fatty acids.

Another problem with this study was the fact that the group which had the high cancer incidence in this study contained more than five times the individuals with high PSA levels at the outset of the study. High PSA levels are a risk factor for prostate cancer. The low cancer group contained 7.3% of the study population with a baseline PSA of 3.0 or above, while 41.1% of the group with the higher cancer incidence had PSA levels this high.

Other studies have shown a marked reduction in prostate cancer risk associated with dietary fish oils. A study by Norrish and associates found about a 40% reduced risk of prostate cancer among those with the highest levels of EPA and DHA in red blood cells. A study of Swedish men published in *Lancet*, a British medi-

cal journal, found that men who ate no fish had a two-fold to three-fold higher frequency of developing prostate cancer compared to men who consumed large amounts of fish. Another 12 year study from Harvard School of Public Health found that consumption of fish three times a week reduced risk of prostate cancer. Each 500 mg of omega-3 fatty acids the men consumed on a regular basis decreased risk of metastatic cancer by 24%

REFERENCES:

Brasky, Theodore M., Kristal, Alan R., et al., Plasma phospholipid fatty acids and prostate cancer risk in the SELECT trial, *JNCI*, July 2013; 105(15): 1132-1141.

Meydani, M., et al., Effect of long-term fish oil supplementation on vitamin E status and lipid peroxidation in women, *J Nutr* 1991; 121:484-91.

Ibrahim, M.M., et al., Chronic consumption of farmed salmon containing persistent organic pollutants causes insulin resistance and obesity in mice, *PLoS One*, 2011; 6(9):e25170.

Gaby, Alan, *Townsend Letter for Doctors*, May 2007, 131.

Hardell, Lennart, et al., Adipose tissue concentrations of persistent organic pollutants and the risk of prostate cancer, *J Occup Environ Med*. 2006;48:700-707.

Lethal risks posed by news media, *Life Extension*, October 2013, 32-45.

Norrish, A.E., et al., Prostate cancer risk and consumption of fish oils: a dietary biomarker-based case-control study. *Br. J. of Cancer* (1999) 81(7):1238-1242.

Terry P, Lichtenstein P, et al. Fatty fish con-

sumption and risk of prostate cancer. *Lancet*. 2001; 357(9270): 1764-66.

Augustsson K, Michaud D, Rimm EB, et al. A Prospective Study of Intake of Fish and Marine Fatty Acids and Prostate Cancer. *Cancer Epidemiol Biomarkers Prev*. 2003; 12: 64.)

WEB RESOURCES

www.imageawareness.com

www.yourbodyssignlanguage.com

www.jimmcafee.com

DISCLAIMER

This publication contains the opinions and ideas of its author. It is intended to provide helpful and informative material on the subjects addressed in the publication. It is provided with the understanding that the author and publisher are not engaged in rendering medical, health, or any other kind of personal professional services in this newsletter. The reader should consult his or her medical, health or other competent professional before adopting any of the suggestions in this newsletter or drawing inferences from it.

The author and publisher specifically disclaim all responsibility for any liability, loss, or risk, personal or otherwise, which is incurred as a consequence, directly or indirectly, of use and application of any of the contents of this newsletter.