

More Muckraking On The Nutrient Threat To Big Pharma

Of course we are not going to see any headlines on the death rate from toxic drugs which unlike nutrients, which are curative, drugs in the main, are only [palliative](#) at the best.

Naturally the study did not bother to track all the deaths that should be attributed, to the disease masking and toxic drugs among the supplement takers!

This is simply to further the pharma agenda that started with the [Australian Pan Pharmaceutical debacle](#) which like this study has more to do with fear mongering and nothing to do with watching out for our health...

One only has to look at: [Comprehensive Nutrient Review](#) to alley any doubt in what these nutrients can do>. I defy you to find such a breath taking array of benefits from drugs! Is it any wonder then why the vested interested keep attacking nutrients, even at the risk of losing their already low credibility?

See also: [Health and Nutrition](#)

Chris Gupta

http://www.newmediaexplorer.org/chris/2004/10/05/more_muckraking_on_the_nutrient_threat_to_big_pharma.htm

An IAHF subscriber in Germany who has chemical sensitivities and who will die if she loses her access to healing nutrients called this UK INDEPENDENT newspaper article called "Vitamin Use May Increase Death Rate of Users" to my attention today. [see it below my comments along with my letter to the editor complaining about it.]

Today I have seen very similar muck raking yellow journalism articles about the outrageously biased LANCET study (see below) in newspapers all over the world.

In my complaint to the Editor I reference Patrick Holford's excellent scientific rebuttal to the LANCET article (see Holford's hard hitting review below).

I urge you to send your OWN letter to the editor of the INDEPENDENT at letters@independent.co.uk to join me in complaining about this irresponsible, unbalanced "journalism."

To: letters@independent.co.uk

Subject: To the Editor- re "Vitamin Use May Increase Death Rates of Users"

To the Editor:

The Lancet article referenced by health editor Jeremy Laurance in his piece "[Vitamin Use May Increase Death Rate of Users](#)" is one of the most biased supposedly "scientific" articles I've ever seen.

Enclosed is Patrick Holford's interpretation which I'm strongly inclined to agree with especially because my LIFE was saved via orthomolecular medicine, a suppressed alternative treatment mode involving the use of dietary supplements after mainstream medicine almost killed me over 20 years ago. The well meaning physicians who nearly killed me had a near total ignorance of clinical nutrition because of the influence pharmaceutical companies wield over medical schools.

Increasingly we're seeing outrageously biased, supposedly "scientific" articles against dietary supplements in mainstream medical journals because their publishing costs are underwritten by full page glossy advertisements for patented pharmaceutical drugs which cost millions to put through the FDA's approval process, and **the last thing these drug companies want is COMPETITION from non patentable natural substances which help people stay healthy, and AWAY from hospitals and doctors who have a "[business with disease](#)."**

In addition to Holford's analysis of the Lancet article in question I'd like to refer Mr.Laurance and your readers to Gary Null, PhDs well researched article [DEATH BY MEDICINE](#) which puts things a lot more in perspective

Null documents from data gathered in peer review medical journals that 783,936 iatrogenic drug deaths occurred in America last year making the use of prescription drugs the leading cause of death in America today with the equivalent of a 747 full of people crashing and burning from toxic drug reactions every day of the year.

For some perspective on the relative dangers posed by prescription drugs compared with dietary supplements see [this analysis](#).

Vitamin consumers all over Britain should support the [Alliance for Natural Health](#)'s efforts to overturn the illegal EU Food Supplement Directive. ANH won a referral from the High Court in London to challenge the Directive, and have filed to appear before the ECJ which will hear their case as soon as possible See my article "[Europe Threatening to Ban Dietary Supplements](#)"

John C. Hammell, President
International Advocates for Health Freedom
556 Boundary Bay Rd.
Point Roberts, WA 98281 USA
<http://www.iahf.com>
800-333-2553 N.America

[Lancet Antioxidant Cancer Trial Shows BENEFIT Not Harm](#)

A study, published in the Lancet currently, on antioxidants and gastrointestinal cancer, is being claimed to indicate that antioxidants don't reduce risk, and may even increase cancer risk. However, experts in nutrition and cancer say the study shows nothing of the sort.

In my opinion **this is one of the most biased and unsubstantiated reports on antioxidants I've ever read. If you look at the actual results of this supposed comprehensive analysis of research you will see that the only really significant finding in a considerable reduction in gastrointestinal cancer risk with selenium supplementation. Overall, it shows that antioxidant supplements reduce the risk of oesophageal cancer, have little effect on pancreatic or oesophageal cancer, and slightly increase the risk of gastric cancer. Overall, the clear trend is towards protection, not harm.** I believe this is an underestimation of the prevention power of antioxidants because this claimed comprehensive analysis of research excludes some very well designed positive studies, such as a trial of 864 people with a history of colorectal adenomas, by the National Cancer Institute (1). The participants were given either 25mg of betacarotene and/or both 100mg of vitamin C and 400mg of vitamin E, versus placebo. While there was approximately a halving of recurrence of colorectal adenomas in those who took either the betacarotene or vitamin C and E or both, there was a modest increase in cancer recurrence among those who only took betacarotene supplements and both smoked and drank alcohol every day. Why was this trial excluded? Perhaps it didn't give the results the researchers wanted.

The final table in the Lancet study, which is the only one showing a small negative overall effect on mortality (the difference between 1 in 14 cancer patients on antioxidants, versus 1 in 15 cancer patients), was arrived at by removing any positive studies on the grounds of 'low methodological quality', leaving only 7 studies out of the original 167 studies! Of these studies, one is quoted as showing a massive increased risk. Without this study there is no such effect. However, **this study actual showed the exact opposite.** The study in question, Correa et al (2), published in the Journal of the National Cancer Institute, gave people with gastric cancer either beta-carotene, vitamin C or anti-Helicobacter Pylori treatment (gastric cancer is increasingly being thought to be initiated by H.Pylori infection, not antioxidant deficiency). All three interventions produced highly significantly improvements, causing substantial regression of gastric cancer. The authors conclude "dietary supplementation with antioxidant micronutrients may interfere with the precancerous process, mostly by increasing the rate of regression of cancer precursor lesions, and may be an effective strategy to prevent gastric carcinoma." (see abstract below).

So, how could this study bias the results towards increased mortality? For the simple reason that six people out of 368 treated with antioxidants died, many of whom were smokers, compared to none out of 117 people treated with anti- H.Pylori treatment died! The most logical explanation for this finding is that, by virtue of participating in this trial, these patients were excluded from taking anti- H.Pylori treatment, which is highly recommended for gastric cancer. It is highly unlikely that the antioxidants had anything to do with it. The authors of this study make no reference to the possibility of antioxidants increasing mortality risk, instead concluding that both beta-carotene and vitamin C reduce risk.

A review of the Lancet study (also published in the Lancet) by David Forman and Douglas Altman of the Centre for Epidemiology and Biostatistics says "The mortality analysis in this review does not offer convincing proof of hazard." **In my opinion this is the most atrocious piece of biased number crunching, and I'm surprised that the Lancet published it. The funding source for this trial should be seriously investigated, just to check it is not as biased as the rhetoric. Drug companies have a lot to gain by discrediting nutritional treatments and I have no doubt that there is an orchestrated campaign under way to do just this. I certainly won't be stopping my daily antioxidant supplement, although I wouldn't advise heavy smokers to supplement beta-carotene on its own. I would advise people wanting to reduce their cancer risk to supplement 50 to 150mcg of selenium, together with other antioxidant nutrients."**

1 Baron, J et al., 'Neoplastic and antineoplastic effects of beta-carotene on colorectal adenoma', J Natl Cancer Inst. 95, 10, pp. 717-22 (2003).

2 Correa P et al., 'Chemoprevention of gastric dysplasia: randomised trial of antioxidant supplements and anti-helicobacter pylori therapy', J Natl Cancer Inst. 2000 Dec 6;92(23):1881-8.

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ABSTRACT OF THE CRITICAL STUDY

J Natl Cancer Inst. 2000 Dec 6;92(23):1881-8. Chemoprevention of gastric dysplasia: randomized trial of antioxidant supplements and anti-helicobacter pylori therapy.

Correa P, Fontham ET, Bravo JC, Bravo LE, Ruiz B, Zarama G, Realpe JL, Malcom GT, Li D, Johnson WD, Mera R. Department of Pathology, Louisiana State University Health Sciences Center, New Orleans, LA 70112-1393, USA.

BACKGROUND: Previous research has identified a high risk of gastric carcinoma as well as a high prevalence of cancer precursor lesions in rural populations living in the province of Narino, Colombia, in the Andes

Mountains. METHODS: A randomized, controlled chemoprevention trial was conducted in subjects with confirmed histologic diagnoses of multifocal nonmetaplastic atrophy and/or intestinal metaplasia, two precancerous lesions. Individuals were assigned to receive anti-Helicobacter pylori triple therapy and/or dietary supplementation with ascorbic acid, beta-carotene, or their corresponding placebos. Gastric biopsy specimens taken at baseline were compared with those taken at 72 months. Relative risks of progression, no change, and regression from multifocal nonmetaplastic atrophy and intestinal metaplasia were analyzed with multivariate polytomous logistic regression models to estimate treatment effects. All statistical tests were two-sided. RESULTS: All three basic interventions resulted in statistically significant increases in the rates of regression: Relative risks were 4.8 (95% confidence interval [CI] = 1.6-14.2) for anti-H. pylori treatment, 5.1 (95% CI = 1.7-15.0) for beta-carotene treatment, and 5.0 (95% CI = 1.7-14.4) for ascorbic acid treatment in subjects with atrophy. Corresponding relative risks of regression in subjects with intestinal metaplasia were 3.1 (95% CI = 1.0-9.3), 3.4 (95% CI = 1.1-9.8), and 3.3 (95% CI = 1.1-9.5). Combinations of treatments did not statistically significantly increase the regression rates. Curing the H. pylori infection (which occurred in 74% of the treated subjects) produced a marked and statistically significant increase in the rate of regression of the precursor lesions (relative risks = 8.7 [95% CI = 2.7-28.2] for subjects with atrophy and 5.4 [95% CI = 1.7-17.6] for subjects with intestinal metaplasia). CONCLUSIONS: In the very high-risk population studied, effective anti-H. pylori treatment and dietary supplementation with antioxidant micronutrients may interfere with the precancerous process, mostly by increasing the rate of regression of cancer precursor lesions, and may be an effective strategy to prevent gastric carcinoma

Baron, J et al., 'Neoplastic and antineoplastic effects of beta-carotene on colorectal adenoma', Journal of the National Cancer Institute 95, 10, pp. 717-22 (2003).

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