MICRONUTRIENTS: NATURAL HEALTH APPROACH TO THE AIDS EPIDEMIC

CODEX: Major threat to world health!

The Truth about Statins

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Photos: Dr. Rath Education Services B.V.; private; digital stock. Cartoon: Emma Holister.
I was recently alerted to some thought-provoking research currently underway at the Swedish University of Agricultural Sciences. Examining why Swedish harvests are no longer increasing, the head of the research, Professor Holger Kirchman, is finding that the soil in Sweden apparently contains a lack of essential minerals such as iron, copper, zinc and chromium. As such, his research appears to be reflecting the findings of similar studies conducted independently in the United States, Canada, the United Kingdom and Germany, which show that the nutrient content of fruits and vegetables in these countries has been falling substantially over the past few decades.

Canadians, for example, now need to eat five oranges to get the same level of iron that their grandparents had previously obtained from just one orange, and a staggering eight oranges to get the same amount of vitamin A that their grandparents were able to get from one orange alone.

Meanwhile, governments around the world - along with their various food and drug regulatory agencies and the orthodox medical profession - continue to insist to us that we can get all of the nutrients we need from our food, despite overwhelming evidence that this is no longer possible. The European Union’s Food Supplements Directive, for example, actually makes it a criminal offence for the labeling, presentation or advertising of vitamin and mineral supplements sold in Europe to state or imply that “a balanced and varied diet” cannot provide appropriate quantities of nutrients. And, to make matters worse, governmental discussions are now well underway in Europe that could eventually result in the setting of highly restrictive maximum levels for the amounts of vitamins and minerals that can be contained in European nutritional supplements. Once completed it is likely that these levels will eventually be enacted worldwide through the United Nations’ Codex Alimentarius Commission and its legal enforcers, the World Trade Organization. In recognition of this threat, Codex is covered as a special feature in this issue.

And who benefits from all of this, you might be asking yourself? Certainly not consumers, who in future will increasingly be at risk of developing chronic diseases as a result of their inability to obtain sufficient levels of micronutrients. In reality, of course, the only beneficiary from a worldwide increase in the incidence of nutritional deficiencies is the pharmaceutical industry, which currently earns itself over half of a trillion dollars a year from the sale of patented synthetic drugs to treat disease.

Crucially therefore, and as you will read in this issue of the magazine, micronutrient deficiencies are a major contributing factor to the continued spread of AIDS, and micronutrient supplements offer an effective, safe and affordable approach to reverse the symptoms of this disease. As such, given that the global food supply now contains only a small fraction of the micronutrients that it once did, it is clear that the immediate implementation of these findings by national governments and the World Health Organization would save millions of lives.

Multinational drug companies, however, do not want you to learn about micronutrients, because doing so makes you more likely to want to utilise safe and effective natural therapies, as opposed to their expensive patented synthetic drugs. The dangers and ineffectiveness of one particular class of synthetic drugs, statins - frequently prescribed by doctors for patients with high levels of cholesterol – are documented in an article by Vadim Ivanov and Aleksandra Niedzwiecki in this issue of the magazine. Despite the fact that statins do not curb the progression of atherosclerosis, they continue to be widely promoted by the pharma industry, who, seeking ever higher profits, are perpetuating the myth that high cholesterol is a cause, as opposed to a consequence, of atherosclerosis.

Finally, another myth built up by the pharma industry, that Tamiflu is the only option against bird flu, is also covered in this issue. As Emma Holister’s cartoon that accompanies the article so cleverly reminds us, we should always be wary of men in white coats telling us that only drugs can save us from ill-health!

So, we hope that you find this, the second issue of our magazine, to be an enjoyable and stimulating read. If you want to write to us with your comments you can find our email address, postal address and fax number at the foot of page 2.

Wishing you the best of health
STOP AIDS AND FREE AFRICA!

The immune deficiency disease AIDS is the biggest health crisis of our time. This epidemic is being promoted by the pharmaceutical multinationals that depend on the continuation and expansion of this disease as a multibillion dollar marketplace for their patented antiretroviral drugs (ARVs).

Pharmaceutical colonialism in Africa and other developing regions of the world has strategically replaced the colonialism of earlier decades. Pharmaceutical colonialism, however, is particularly insidious because it lacks all visible characteristics of brutal colonialism. To the contrary, pharmaceutical colonialism is being deceptively presented to millions of people in Africa and the developing world under the mask of charity for people in need and disguised as help for people suffering from diseases.

Under this “Samaritan” cover, pharmaceutical colonialism has developed into one of the most deadly forms of colonialism ever. Drug multinationals use the immune deficiency disease AIDS and other diseases as multi-billion dollar export markets for their toxic and ineffective drugs.

Pharmaceutical colonialism takes the lives of people across Africa and the developing world in genocidal proportions, and the economies of entire continents are being kept in shackles. Most importantly, pharmaceutical colonialism is one of the most important strategic tools used today by the former colonial powers to maintain the economic dependency of their former colonies and to cement economic injustice and dependency between the developing and industrialised world.

This is the reason why the pharmaceutical multinationals and their stakeholders in the media, medicine and politics are currently fighting not only the termination of the AIDS epidemic, but also the liberation of the nations of Africa and the developing world from economic dependencies.

In their fight to maintain pharmaceutical colonialism and economic dependency, these interest groups have two main enemies: First, nutritional medicine and other natural health approaches that effectively help control AIDS and other epidemics; and secondly, all those courageous individuals and organisations exposing the fraudulent nature of the pharmaceutical “business with disease.”

Today we know that natural and nutritional medicine – not toxic ARVs – are the answer to the AIDS epidemic. Optimum nutrition, particularly vitamins and other micronutrients can help reverse ulcers, infections and other severe symptoms of AIDS which determine the quality of life and life expectancy of people living with AIDS. Anyone questioning this reality will find useful documentation to prove its validity in this issue of the magazine.

This is an important moment in history. The end of the AIDS epidemic is now in sight. The people of Africa, in fact all of mankind, has every reason to celebrate. Millions of lives and billions of dollars in health care costs can now be saved.

Now the economies of Africa and other developing nations have a chance to recover from the strangulating burden of “tribute payments” to pharmaceutical multinationals for the import of useless, but expensive drugs. Hundreds of billions of dollars can now become available for food programmes, education, job creation and other urgent social needs across the entire developing world. The immediate termination of the AIDS epidemic is a precondition for the economic freedom of African nations.

The end of the AIDS epidemic means the end of the pharmaceutical business with this epidemic. There is no question that the drug multinationals will do everything in their power to prevent these multi-billion dollar losses. They are even ready to wage wars to prevent their own demise.

But now, with this information out, there is no time to lose. It is now up to us, the people, to defend our constitutional rights to health and life.

The liberation of mankind from the yoke of the pharmaceutical “business with disease” is the largest liberation movement of all time. Everyone, everywhere in the world, must join in.

We, the people, have the historic opportunity to terminate pharmaceutical colonialism forever.

We know that no one will fight this battle for us – we have to fight it for ourselves and for our children and grandchildren. Together we will fight and win this battle. And the entire world will hear our battle cry: Stop AIDS and Free Africa!

Matthias Rath M.D.
SOUTH AFRICA

Impressions from Khayelitsha

Maria and Heinz Schwinn

This is an account of a short visit to Khayelitsha, a precinct of Cape Town with about one million inhabitants. The municipal district is divided into 6 areas. Why did my husband and I fly to South Africa? Well, since the end of January I have been intensely preoccupied with the theme of “AIDS in Africa”, partly stimulated by Women’s World Day of Prayer, whose 2006 liturgy was organised by women from South Africa.

The “Action Alliance Against AIDS” initiated a campaign for collecting signatures on empty medicine packs during the world prayer day. The corresponding flyer described the work and aim of this action alliance, which involves making antiretroviral pharmaceutical products available and affordable to all HIV/AIDS patients. I wrote to the action alliance in opposition to this policy, since I have been aware since September 2005 that these drugs do not really help many patients, and in fact destroy, rather than strengthen, their immune systems. We also found out that the “Bread for the World” organisation donates € 500,000 each year to the “Treatment Action Campaign” (TAC). In Cape Town, on 3 March 2006, the TAC’s real motives were very clearly revealed and condemned in a verdict published by the High Court.

● “The TAC forces people to take medicines which damage their health and kill them.”

● “The TAC compels the government to spend millions of Rand on toxic pharmaceutical drugs.”

● “The TAC compels the government to spread sickness and death amongst the people of South Africa.”

● “The TAC is destabilising democracy in South Africa.”

Since it has become known how important micronutrients are in the battle against AIDS, the TAC has tried to block the Dr. Rath Health Foundation’s vitamin donation programme. In doing so it often uses force against those representing and disseminating this approach. To get a sense of the situation on the ground we flew to Cape Town.

On day 1 we had a meeting with priests and parishioners from the Christian Worship Centre, at its own small premises in Khayelitsha. This is a new Church, founded in 2001 by young Christians who wish to spread the Gospel in their communities, hand-in-hand with social initiatives. Residents’ circles and other smaller groups have been established which are well-suited for nurturing spiritual growth. The community currently consists of about 150 members, but 200 or so often come to attend worship in a school, since they do not currently have large enough premises. The community would like to have a church, and also a centre to accommodate people who otherwise have little prospect of living with dignity. They also want a piece of land that they can cultivate, to grow vegetables and salad. This community would very much like to find a parish to twin with in Germany.

On day 2 we visited some AIDS patients who are participating in the Dr. Rath Health Foundation’s vitamin donation programme. We had to miss out the first patient straight away, as the situation there was too dangerous - an assessment confirmed by our African friend. Our second visit was paid to a young woman, the mother of a 16-month-old child. She has been in the vitamin donation programme for the past year. Her AIDS illness manifests itself in headaches, great tiredness and rapid weight loss. One month after she started taking the vitamins she was already feeling much better. She told friends and acquaintances that she was taking vitamins. Some of them are opposed to the vitamin donation programme, but an aunt of hers started to take them when she saw how her niece was thriving. This young, unmarried and unemployed woman lives with her mother in a properly constructed house.
Most women live with their mothers like this. Her little daughter is HIV negative.

We paid a further visit to a 32-year-old man whose lymph glands are affected by AIDS. He had large open sores under his arms which have grown smaller, but have not yet healed up completely. He lives quite alone in one of the worst hovels we saw. His parents have died and his brother broke off all contact with him when he learned of his illness. These conditions were a shock even for our South African interpreter, who lives in proper accommodation.

We had a happy reunion with Theresa, who we first met when she visited Germany in 2005. She has now become mayor of one district in Khayelitsha, and is a member of the health committee. The city council wanted to fight AIDS with alternative medicine, but is being forced to dispense antiretroviral medicines (ARVs), which are much more expensive and toxic. Nevertheless she is very much in favour of people participating in the vitamin donation programme. Without the programme things would have gone very badly for them. Before joining the programme they could hardly walk and were very ill indeed. One woman has both AIDS and cancer. All of the patients have experienced a marked improvement. Two women managed an interview with us, but then Helen, our interpreter for the day, unfortunately had to withdraw, and was only able to join us again in the afternoon, for our discussion with Father Xaso.

The first interviewee contracted AIDS at the age of 28. She has been in the programme for one year, and feels well. Her AIDS was discovered while she was pregnant. She is unmarried, unemployed, but will now take part in the handicrafts project initiated by the Dr. Rath
The AIDS patients receive a small state benefit, and their supplies of vitamins are provided entirely free of charge under the Dr. Rath Health Foundation's donation programme. Every vitamin bottle bears the text: “The Dr. Rath Foundation Africa is a non-profit making organisation dedicated to research and education in natural health.”

We were not in South Africa to sightsee either the misery or the beauty of the country, but to meet people who have benefited from the Dr. Rath Health Foundation’s vitamin donation programme. South Africa is the first country in which AIDS patients are being successfully treated by natural means. Only patients who refuse antiretroviral AIDS drugs, and have never taken them, are accepted on the programme.

To help in a more targeted way we are now aiming to found an association, and will write about this in due course.

Maria and Heinz Schwinn
Almost every day, the news adds a new country to the list of those where the cases of bird flu have been found. In anticipation of a pandemic governments are stockpiling influenza drugs, such as Tamiflu. The World Health Organization has alerted the public that bird flu is more threatening than AIDS. Research intensifies on new anti-flu vaccines and anti-flu drugs. Farmers and investors are watching as consumer demand for poultry dramatically decreases. It looks as if the only winners from this panic are Roche and

A. Niedzwiecki, PhD, M. Rath, MD

Natural health research bursts the bird flu bubble

Understanding w

A virus is not a bacterium, therefore antibiotics do not harm a virus. The virus is tiny compared to the size of a cell or even a bacterium. It is partially alive and partially dead. It has some basic genetic information (RNA in the case of influenza virus) which allows it to multiply. However, the virus must get inside of a living cell before the information can be used. Its entrance into a cell is called a viral infection. To facilitate this, a flu virus has on its surface two important molecules: neuraminidase (N) and hemagluttinin (H). There are different forms of these two molecules. The bird flu has hemaglutinin type 5, and neuraminidase type 1. Therefore, it is called H5N1. The virus uses neuraminidase (N), an enzyme, to penetrate the cellular membrane and get inside the
other pharmaceutical companies, who just cash in on the hysteria.

Keeping bird flu in the spotlight has another aspect as well. It shifts our attention from other critical issues such as the threat of a new war with Iran, instability in the Middle East, social conflicts, devastating diseases, and hunger and violence in Africa. We may wake up one day realizing that our country is in a new war and our freedoms are gone. Fear is an effective political tool.

For decades, the pharmaceutical industry has been using fear as the most effective way to hold our health hostage; fear of cancer, heart disease, osteoporosis, AIDS - and now the bird flu. Afraid of diseases, we have been accepting whatever this industry could offer as a remedy, without question. In general, fear always appears when we do not understand the issue. Just as our ancestors were afraid of thunder or a solar eclipse, we too have become scared of diseases by not understanding what they are and how they occur.

The most important aspect of Dr. Rath’s discoveries and our research has been the removal of this “fear” factor. His discoveries helped us to understand why your arteries become clogged with lipid deposits, how cancer spreads in the body and why a lack of vitamin C in your diet accelerates diabetes. Our research has shown that nutrients used in a synergistic way help in avoiding or correcting many of the cellular functions underlying diseases. With these, our fears, manipulated by the pharmaceutical industry to sell more drugs, have been replaced by knowledge. Knowledge of what causes thunder eliminated the fear of it, and today understanding the science and politics of bird flu should similarly help to control our fear of this also.

**Why Tamiflu is no real option**

The bird flu virus belongs to the category of influenza viruses. Influenza viruses infect wild and domestic birds, and other animals, which makes them almost impossible to eradicate -- especially since most birds, including wild birds, can carry the viruses without getting sick. Since 1956 there have been about 24 local bird flu epidemics, none of which ever resulted in publicity like that surrounding the currently circulating H5N1 virus. This virus has killed some poultry, and only about 100 people worldwide have died of it - and all of them came in contact with infected birds. No one has yet gotten bird flu from another person. We do not yet know if the bird flu virus could mutate into something that could be passed from person to person. While some questions remain, the key fact is clear: No one needs to be afraid of the bird flu, even if it passes to humans.

The most effective “remedy” for the virus is our body and its immune system. In the cell, the virus uses the cell’s machinery and some of the cell’s enzymes to generate virus parts that are later assembled into thousands of new, mature, infectious viruses.

The virus essentially "takes over" the cell and nothing but new viruses are made. These new viruses are released outside using neuraminidase to break down the cell walls and are then ready to infect other cells. Spread of viruses outside the cell is possible because of the enzymes which degrade collagen and connective tissue, opening the routes to reach other cells. Affecting at least one of these mechanisms is important in curbing viral infection.

The most important aspect of Dr. Rath’s discoveries and our research has been the removal of this “fear” factor.
active ingredient from this seed has been converted to an azide compound and patented by Roche. The drug blocks an enzyme called neuraminidase on the surface of the virus, which reduces the number of new virus particles released by an infected cell.

According to the manufacturer of Tamiflu, this drug can shorten flu symptoms by one day but it has to be taken within the first 48 hours of illness. The drug has not been tested on people with other illnesses than the flu, therefore we do not know its effectiveness and side effects in people with heart disease, lung or bronchial problems, diabetes or kidney insufficiency. Moreover, Tamiflu was tested over only a short period of time and no information is available on what happens if people take this drug over weeks and months. The cost? Some Internet sites sell 1 pill for about $10. The guarantee of the effectiveness? None.

The most effective “remedy” for the virus is our body and its immune system

Understanding how nutrients help control viruses naturally

In October 2005, with the growing hysteria about the bird flu, Dr. Rath suggested that we point our research efforts in this direction. Within only 5 months our research team took away another fear factor, and showed that nutrients, when working as a team, can affect many aspects of viral infectivity. Testing such a nutritional team against human influenza has shown that it can affect not one or two, but all three critical steps essential for viral infection and spread.

1. Activity of neuraminidase, the enzyme responsible to viral infectivity can be lowered by 70% in the presence of nutrients, which implies that infectivity of the virus is critically impaired.

2. Multiplication of influenza viruses in infected cells can be completely (100%) stopped in the presence of nutrients.

3. Nutrients severely decrease secretion of enzymes necessary for destruction of surrounding cells and thereby can block the spread of viruses in the body.

How our body fights the virus

Humans are protected against viral infections in a couple of ways, and have been using this protection successfully to fight all types of viral invaders. First, if a virus infects one or more cells of a given tissue in our body, the infection triggers the production and secretion of substances called interferons. These proteins interact with adjacent cells helping them to resist infection by the virus. Sometimes, this resistance isn’t good enough and we begin to feel sick.

Now, however, the body’s immune system takes over and begins to fight the infection by killing the virus on the outside of the cells, and kills the infected

Critical steps infectivity:

Step 1. Infection of the body cells. Influenza viruses use the enzyme, neuraminidase, located on its surface to break through the cellular wall and get inside a cell.

Step 2. Multiplication. Within the infected cell, the virus converts the host’s cellular functions to support the production of its own copies until all cells are full of new viruses.
Step 3. Spread. Multiple copies of viruses released outside cells have to break through the connective tissue “glue” surrounding every cell in order to reach the adjacent cells. They use similar enzymes that cancer cells use to spread through the connective tissue. The more these enzymes are secreted the more effectively viruses spread in the body.

cells, too. The killing of the infected cells prevents the spread of the virus, since a virus requires a living cell to replicate. The sign that the immune system has kicked in to fight the virus is a fever. Fever helps to eliminate the invader and if you suppress it too much or too often, you weaken the natural body’s ability to ward off attacks.

In enhancing all these elements of immunity, the nutrients, in particular vitamins, minerals, and amino acids, play a critical role. In addition, as you could see from our work, they help in weakening the virus at critical steps of its infectivity and spread. Eventually, the virus will be completely removed, and we’ll get over the illness.

Understanding the basic mechanisms of how nutrients work in our body and what they can do in fighting a virus removes mysticism and fear, and channels our thoughts and actions in a constructive way to build our health.
In America, the Dr. Rath Health Foundation (USA) is maintaining its leadership role in defending free access to safe and effective dietary supplements. Recently the ongoing war against vitamins has escalated here in the form of S.B. 3546, the Dietary Supplement and Nonprescription Drug Consumer Protection Act. If passed this bill would obligate supplement manufacturers, packers, and distributors to notify the U.S. Food and Drug Administration of serious adverse event reports (AERs) associated with the use of a dietary supplement.

However the bill’s use of the words “associated with”, rather than the words “caused by”, could result in guilt by association; whereby any serious adverse health event experienced by one of the 60 million Americans who consume dietary supplements could be wrongly attributed to their supplements, rather than to other lifestyle factors. S.B. 3546 could therefore drastically restrict access to natural therapies in the U.S., thus reversing some of the hard-won health rights currently provided by the 1994 Dietary Supplement Health and Education Act (DSHEA).

In response to this threat the Foundation immediately initiated a national campaign to defeat the bill by creating a protest letter: thus enabling concerned natural health advocates to demand that their elected officials in the U.S. Congress oppose the legislation. The letter was distributed via postal and electronic mail to tens of thousands of natural health retailers and advocates around the country who, in turn, signed and sent it directly to Washington, D.C. The Foundation received a huge outpouring of support for this activity, and the mailboxes of members of the U.S. Congress were doubtlessly besieged with protest letters!

Kathleen Perry, the Dr. Rath Health Foundation’s senior U.S. Coordinator, conducted outreach not only in the natural health community however, but also in the political arena. Notably, for example, she recently received correspondence from former U.S. presidential candidate Senator John Kerry regarding his efforts to bring America’s troops home from Iraq. Kerry’s letter listed the names of just 13 senators (there are a total of 100 senators in Congress) who supported a proposal, co-written by him, to withdraw American soldiers from Iraq by next summer.

Kathleen therefore wrote a letter to each of these 13 senators to acknowledge the Foundation’s support for their courageous stance. She used this opportunity to introduce Dr. Rath and the Foundation to them, explaining that Dr. Rath had himself expressed opposition to the war against Iraq in a series of Open Letters published in the New York Times. Included with her letters were several materials highlighting the activities of the Foundation in contributing to a world of health, peace, and social justice, including Dr. Rath’s historic anti-nuclear war protest campaign that took place during the 2006 World Cup in Germany.

The Dr. Rath Health Foundation, USA, is dedicated to the pursuit of achieving a healthy and peaceful world. Each legislative victory for vitamin freedom moves us that much closer to making “health for all by 2020” a reality!

Barbara Keely

Shrirang Netke, Ph.D., a long-time cancer researcher for the Dr. Rath Research Institute in Santa Clara, California, is now conducting research in India, and wrote a report on the status of health and health freedom in that country.

Netke writes that health freedom is at stake in the world’s largest democracy, where doctors shun the use of micronutrients that could save residents billions in healthcare costs. The reason, of course, is the influence of the global pharmaceutical industry.

“The pharmaceutical industry in India, while enjoying an annual turnover of roughly $60 billion dollars, is not interested in putting together formulations that would prevent the incidence of chronic conditions,” he writes.
News from Chile

The people of Chile have recently become very much involved in the fight for health freedom.

Eight years ago the government tried to control our freedom to use nutritional supplements, and we took to the streets using Dr. Rath’s example as our motivation to help people realize that they were not alone. We gained immensely by doing that, but the Codex harmonization threat still looms over us, and its influence has been strong for the past 10 years.

Recently we were informed that all therapists would be medicalised, and secret moves were started to control five therapies: Naturopathy, Homeopathy, Chiropraxy, Acupuncture and Flower Essence Therapy. Natural Nutrition wasn’t considered, as they consider “nutrition” to be the property of the medical establishment.

By now we had learnt to fight, and we went to congress who were not aware of these actions. It seems that our adversaries from Codex try to operate secretly, using bureaucrats in strategic positions to push through their legislation. By the time it is being pushed through, no-one but the bureaucrats and Codex are aware of what we are getting.

We have now started a newspaper and, amazingly, after two years it is being read by nearly 500,000 Chileans and South Americans.

Much of what we have learnt was due to the initial power that Dr. Rath gave to the world when he protested against Codex meetings in Germany. We found that we could do the same, and then took it one step further and published a popular newspaper that takes the issue into people’s homes up and down the nation.

Nearly half of the Chilean population cannot afford doctors, and prefer to use natural products. Being a nutritionist, I encourage people to try improving their diet before getting on drugs, which often are only the beginning of a lifetime of secondary effects. It works for anyone who gives it a genuine try.

Obesity wasn’t a problem here until the fast food chains started arriving. Now you can see men and women in the streets everywhere who show signs of extreme toxicity and bloating. It is as though they are receiving large quantities of toxins all of a sudden.

I have noticed that foods are changing rapidly since 2000 AD. I am sure we have all noticed that it is becoming harder to find truly clean nutritious items in the big cities when you are out for a day with the family. Anyone would think that they wanted to poison us. Indeed, if you have been studying the global situation, this cannot actually be discounted.

School canteens and hospital canteens seem to be among the worst. Only chemicalised drinks and foods loaded with sugar etc. The kids and the sick don’t have a chance.

I don’t think this is accidental, and it is impossible that the big pharmaceutical interests could be unaware that the people of the world are suffering from synthetic degenerative illnesses, and that those illnesses are the result of additives in food, water and medicines that create more sickness. In fact, the same people who create sickness demand to be the only ones allowed to treat it. However, they are underestimating the world if they think that people will always go along with that.

Ronald Modra Roberts

Comment: Health insurance is available to only 3.5 percent of the population in India, driving many sick people to a life of bankruptcy and even crime. The effects of the pharmaceutical industry’s “business with disease” mirrors that of a global epidemic that robs people of health and wealth around the world.

“...The industry is well aware of the fact there are 200 million people in this country that would be willing to take such formulations. So putting together formulations based on nutrients certainly has a big market, but doesn’t offer big money. The pharmaceutical industry is concentrating on money-producing drugs, the ones that are simply palliative and thus ensure a continuous market for these products. Any nutrient formulations that would reduce the incidence of chronic maladies like cardiovascular diseases, cancer, diabetes, rheumatism and respiratory conditions would kill their existing drug market.”

But Netke also reports that there is a backlash brewing against the symptom-treating drugs offered by mainstream medicine in the country. The popularity of juice bars that serve nutritional drinks is growing, while legislation is being pushed that would require doctors to inform patients of all their healthcare options, both natural and pharmaceutical, before prescribing a course of action.

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I don’t think this is accidental, and it is impossible that the big pharmaceutical interests could be unaware that the people of the world are suffering from synthetic degenerative illnesses, and that those illnesses are the result of additives in food, water and medicines that create more sickness. In fact, the same people who create sickness demand to be the only ones allowed to treat it. However, they are underestimating the world if they think that people will always go along with that.

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Comment: Health insurance is available to only 3.5 percent of the population in India, driving many sick people to a life of bankruptcy and even crime. The effects of the pharmaceutical industry’s “business with disease” mirrors that of a global epidemic that robs people of health and wealth around the world.

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A MODERN MAJOR GENERAL EXPOSED?

The fictional Major-General who appears in Gilbert and Sullivan’s 1879 comic opera “The Pirates of Penzance” famously sings boastfully about his extremely wide general knowledge. Hardly the most modest of people, he comically claims to know about or to understand all manner of disparate subjects, and repeatedly tells the audience that he is “the very model of a modern Major-General.”

Not entirely dissimilarly therefore, the health freedom movement has recently been subjected to the increasingly bizarre claims of a real-life Major-General, a man who, rather like his counterpart in The Pirates of Penzance, claims to be an expert in all manner of things.

Major General Albert (Bert) N. Stubblebine III (U.S. Army, Retired) graduated from The United States Military Academy (West Point) in 1952, and served in the US Army for 32 years. Starting his career as an Armor officer, he subsequently rose through the ranks to lead troops at every echelon of Army command, and held several senior posts in US Army Intelligence. His commands as a General Officer included the US Army Intelligence Center and School, the Army’s Electronic Research and Development Command (ERADCOM) and the US Army Intelligence and Security Command (INSCOM). Whilst on active duty Stubblebine also redesigned the intelligence architecture of the United States Army, and restructured the Army Intelligence training curriculum. After his retirement from the Army in 1984 he served until 1990 as the Vice President for Intelligence Systems at BDM Corporation, a private defense sector contractor, and then acted as a part-time consultant to two government contractors; ERIM, and Space Applications Corporation (SAC). More recently, and along with his wife, the psychiatrist Rima Laibow, Stubblebine sits on the Board of Canadian Submarine Technologies Inc, and claims to be the designer of AEGIS, “a major Homeland Security private initiative”.

Given this background, and his resulting proximity to the US Government, eyebrows began to be raised in the health freedom community in early 2005 when, along with Rima Laibow, Stubblebine launched the website of the Natural Solutions Foundation and began to promote himself as an expert on Codex Alimentarius.

However, for a man who had previously held several senior posts in US Army Intelligence, and who as such would be acutely aware of the need to ensure accuracy in the gathering of information, it quickly became apparent to experienced health freedom observers that Stubblebine either hadn’t done his homework properly, or that he and Laibow were intentionally spreading inaccurate and misleading material on Codex and other related dietary supplement issues via their website and press releases. Moreover, despite repeated concerns being expressed by more experienced health freedom observers, Stubblebine and Laibow continued to disseminate this material, and pointedly ignored requests to remove it from their website.

The inaccuracy of their written output on Codex reached a new high in July 2005, when, following the adoption by the Codex Alimentarius Commission of restrictive new global guidelines for vitamin and mineral supplements, Stubblebine and Laibow announced that a “miracle” had taken place at the Commission’s meeting. While the health freedom community looked on in astonishment, Stubblebine and Laibow went on to claim that during the meeting a World Health Organization (WHO) Under Secretary for Food Safety had spoken “sternly, sharply and scathingly of the fact that little contribution to human health had been made by Codex” and that WHO had stated that “things would be different in the future”. Of course, the Dr. Rath Health Foundation later proved definitively, on its website, that these assertions were largely either mistaken or exaggerated; however this unfortunately didn’t stem...
what was by then becoming a growing tide of inaccuracy flowing from Stubblebine and Laibow.

Next, for example, following a meeting of the Codex Committee on Food Labelling that took place in Ottawa, Canada in May 2006, Stubblebine claimed that the meeting’s outcome was a “Stunning Victory” for health freedom, despite the fact that such an assertion had absolutely no basis in fact, as proven by the Dr. Rath Health Foundation in an article on its website and confirmed by other experienced observers who were present at the meeting, including even the Natural Solutions Foundation’s own legal council.

Perhaps not surprisingly therefore, Stubblebine did not take kindly to being repeatedly exposed in this way, and subsequently confronted Paul Anthony Taylor at the July 2006 meeting of the Codex Alimentarius Commission, in Geneva. Paul’s summary of this encounter follows below:

Immediately after the close of the meeting Bert Stubblebine approached me and positioned himself so that I could not easily walk away. His manner was somewhat aggressive, and at one point I had to tell him that there was no need to shout, as his raised voice and threatening manner were beginning to attract the attention of other delegates. He claimed that the subject of his anger was the Foundation’s “Codex meeting in Ottawa” article, as well as the ‘Miracle in Rome?’ and ‘Be Wary of the Instant Experts’ articles that had recently been revised to include his and Rima Laibow’s names. He asked me whether I wrote these articles, and I answered that the decision to name him in them was taken by the Executive Board of the Dr. Rath Health Foundation. In turn, I asked him whether he disagreed with any of the factual corrections that the Dr. Rath Health Foundation had published regarding the fictional nature of material put out by his organization, and, if so, which ones? “All of them”, he answered.

By this point we had been joined by his wife, Rima Laibow, who, seemingly white with anger, proceeded to ask me some of the same questions that Bert had just asked me. I therefore told her that I had just answered these same questions to Bert, and that as such I saw no need to answer them again. Rima then proceeded to ask me “Who are the Executive Board of the Dr. Rath Health Foundation?”, and I told her that the relevant names could all be found on the Foundation’s website. At this they both about-turned and stormed off, and Rima muttered something whilst they were walking away to the effect that they would find that information very interesting.

The Dr. Rath Health Foundation believes that the health freedom movement now needs to ask several important questions of Stubblebine and the Natural Solutions Foundation:

1. Why are Codex reports issued by the Natural Solutions Foundation repeatedly at odds with those of more experienced observers, including even those of its own Legal Counsel?

2. Why does the Natural Solutions Foundation claim that miracles and stunning victories for health freedom have taken place at Codex meetings when in reality no such miracles or stunning victories have taken place?

3. Why does Stubblebine - a man who has held several senior posts in US Army Intelligence and who as such will be acutely aware of the need to ensure accuracy in the gathering of information – continue to permit the National Solutions Foundation’s articles and press releases to contain numerous crucial inaccuracies, and why does he refuse to correct them?

4. Was it Stubblebine’s intention to try to intimidate Paul Anthony Taylor at the July 2006 meeting of the Codex Alimentarius Commission in Geneva?

5. Given that Stubblebine once admitted in a court of law that his “real expertise is government, primarily intelligence”, and, when asked whether he had any other skills, answered “Not particularly”, what does he expect the health freedom movement to conclude regarding his spreading of inaccurate and misleading material on Codex and other related dietary supplement issues?

Is Albert Stubblebine “the very model of a modern Major-General”? We’ll leave you to make up your own minds on that one, and can only but wonder what Gilbert and Sullivan might have made of him. One thing is for sure however, in that the fictional Major-General in “The Pirates of Penzance”, with his “pretty taste for paradox”, would probably find a man with a background in the Intelligence Community, but who can’t seem to get his facts right, most interesting indeed.
What is Codex?

The Codex Alimentarius Commission (Codex) is the main global body that makes proposals to, and is consulted by, the Directors-General of the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO) on all matters pertaining to the implementation of the Joint FAO/WHO Food Standards Programme. Established in 1963, the Commission’s main purposes are stated in its Procedural Manual as being: protecting the health of consumers; ensuring fair practices in the food trade; and promoting coordination of all food standards work undertaken by international governmental and non-governmental organizations. Unfortunately however, and as we shall see, its activities do not protect the health of consumers and the international food trade is anything but fair.

How does Codex affect you and your health?

Whilst the adoption by countries of the various standards and guidelines developed by Codex is theoretically optional, the creation of the World Trade Organization (WTO) on 1 January 1995 essentially changed their international status, in that they are now increasingly used by the WTO as the benchmark in the adjudication of international trade disputes involving foods. As such, the potential threat of becoming involved in - and losing - such a dispute now effectively makes the adoption of

Codex standards and guidelines now exist for virtually all foods.
Codex guidelines and standards mandatory, in that it leaves WTO member countries little or no option but to comply with them.

Given therefore that a total of 149 countries are currently members of the WTO, and also that Codex standards or guidelines now exist for virtually every food one can name, this effectively means that the activities of Codex now directly affect the vast majority of people on the planet.

In addition to dealing with ordinary foods, however, Codex also sets standards and guidelines for, amongst other things: vitamin and mineral food supplements; health claims; organic foods; genetically modified foods; food labeling; advertising; food additives and pesticide residues. Significantly, therefore, and as we shall see below, in all of these areas the evidence is now inescapable that Codex is increasingly putting economic interests - and particularly those of the pharmaceutical and chemical industries - before human health.

Codex Guidelines for Vitamin and Mineral Food Supplements

The Guidelines for Vitamin and Mineral Food Supplements were adopted by the Codex Alimentarius Commission as a new global standard at its meeting in Rome, Italy, in July 2005. Drafted using the restrictive EU Food Supplements Directive as a blueprint, the Guidelines mandate the setting of restrictive upper limits on the dosages of vitamins and minerals, and the prohibiting of claims that vitamin and mineral supplements are suitable for use in the prevention, alleviation, treatment or cure of disease. As a result, and bearing in mind the growing mountain of evidence demonstrating the impressive health improvements that can be achieved via the use of nutritional supplements, it can be seen that far from protecting the health of consumers, the global enforcement of these guidelines would ensure that the sale of curative, preventative, and therapeutic health products remains the exclusive province of the pharmaceutical industry.

Health claims

There are already several Codex texts in existence that place restrictions upon the health benefits that can be attributed to food products, and perhaps the most significant of these is the Codex General Guidelines on Claims. Adopted in 1979, and revised in 1991, these guidelines are in some senses the very root of the Codex problem - in terms of placing severe restrictions upon natural forms of healthcare - in that they effectively seek to ensure that the only products that can make claims relating to the prevention, alleviation, treatment, and cure of disease are pharmaceutical drugs. Specifically, and amongst other things, the Codex General Guidelines on Claims prohibit all claims implying that a balanced diet or ordinary foods cannot supply adequate amounts of all nutrients, and all claims that food prod-
CODEX ALIMENTARIUS

Organic foods

Organic foods have been receiving increased attention from Codex in recent years, and it is now increasingly clear that it is attempting to water down global organic standards to permit the use of substances such as sulphur dioxide, which can cause allergic reactions in some people; sodium nitrite and sodium nitrate, which are potentially carcinogenic, and have been implicated in hyperactivity in children; and carrageenan, for which there is evidence that it is associated with the formation of ulcers in the intestines and cancerous tumors in the gut. Worse still, however, the Codex Alimentarius Commission recently gave the go-ahead for work to begin on the inclusion of ethylene in the Codex Guidelines for the Production, Processing, Labelling and Marketing of Organically Produced Foods. Ethylene is used to artificially induce fruits and vegetables to ripen whilst they are in transit, and as such its approval for use on organic foods would represent a disturbing step towards WTO-enforced acceptance of the same dubious and unnatural agricultural practices that non-organic foods are already subject to.

Why does Codex want to water down organic standards in this way? On a basic level it is simply because organic foods fetch higher prices than ordinary, non-organic, foods, and that as such the large non-organic food producers see an easy opportunity to break into the market for organic foods and make larger profits. On a deeper level, however, organic foods promote better health than non-organic foods, by virtue of the fact that they contain higher levels of micronutrients. In addition, of course, organic foods don’t contain pesticides, residues of veterinary drugs or genetically-modified organisms either. Bearing in mind therefore that good health is not in the interests of the “business with disease”, this ultimately makes the increasing demand for organic foods a threat to the pharmaceutical and chemical industries; not only because organic foods promote good health, however, but also because they result in a lower demand for pesticides, veterinary drugs and GM foods – and thus in lower profits.

Moreover, and unlike genetically-modified seeds, organic seeds cannot be patented. As such, given that some of the major players in the pharmaceutical and chemical industry, such as Bayer and BASF, are also major players in the biotech industry, it can easily be seen that the rising popularity of non-patentable organic foods is in fact a serious and growing threat to the profits of the pharmaceutical industry’s “business with disease”.

Genetically-modified foods

The Codex Alimentarius Commission adopted its first guidelines and principles for genetically-modified (GM) foods in 2003. These texts subsequently became instrumental in the United States, Canada and Argentina launching, and winning, a trade dispute at the WTO against the European Union (EU), where it was argued that the EU had been applying a moratorium on the approval and importation of foods containing GM material.

Further guidelines and standards for GM foods are now in the process of being drafted by Codex. The eventual adoption of these texts will further contribute to making the approval, and importation, of GM foods that comply with them mandatory for all WTO member countries. Crucially, therefore, the United States, Canada and Argentina are also pushing for there to be no requirement for manufacturers or exporters of GM foods to disclose the presence of genetically modified organisms on their product labelling. This is exactly what the big GM food manufacturers want, of course, as they have long realized that growing numbers of people are opposed to GM food products, and moreover that they will not be able to change public opinion about these products anytime soon.

Unlike the seeds for regular foods, the seeds for GM foods can be patented.
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This, essentially, is the real key to why biotech companies are so desperate for these foods to be forced onto world markets, as the potential long-term profits are so colossal as to compare quite favorably with the market in pharmaceutical drugs. Given therefore that some of the major players in the pharmaceutical industry, such as Bayer and BASF, are also major players in the biotech industry, it can be seen that the pharmaceutical industry is once again positioning itself as a key beneficiary at Codex.

As such - so far as the pharmaceutical industry is concerned - the only products that are worth producing are those that are patentable. Because of this, the rise in the popularity of food supplements, natural health practices and even organic food represents a serious threat to the pharmaceutical industry. The financial interest groups behind the Codex Alimentarius Commission know this only too well, of course, and as such are now engaged in a desperate struggle to maintain their monopoly upon the healthcare industry and expand into GM food production.

Food labelling

A specific Codex committee to deal with food labeling issues, the Codex Committee on Food Labelling (CCFL), has been in existence since 1965. The issue of food labelling is particularly crucial to the further spreading of lifesaving natural health information, as restrictions upon the written content of food labels contribute, along with those on advertising, to preventing nutritional supplement manufacturers from informing people of the proven benefits of dietary supplementation. Crucially, therefore, CCFL has repeatedly refused to acknowledge the role of optimum nutrition in the prevention, alleviation, treatment and cure of disease, and, as such, rather than protecting the health of consumers, can be seen to be acting in the interests of the pharmaceutical industry’s “business with disease”.

Advertising

Arguments as to how or whether Codex should deal with advertising issues have been going on since at least 1972.

These arguments continued at the recent CCFL meeting, in Ottawa, where they centred around whether or not work on a definition for advertising should be initiated, and if it should, where (i.e. within which Codex text) such a definition should be placed. After considerable discussion regarding this issue CCFL decided that work on a definition for advertising should indeed be initiated. From a natural health perspective, however, the definition proposed is far from satisfactory:

"Advertising: any representation to the public, by any means other than a label, that is intended or is likely to influence and shape attitude, beliefs and behaviours in order to promote directly or indirectly the sale of the food."

The wording of this proposed definition raises several key questions.

Food additives

Codex has a specific committee that deals with the safety of food additives, one of the main functions of which is to establish their maximum permitted levels. In all, the Codex Food Additive Index currently lists a total of around 300 individual additives - both synthetic and natural - that it permits to be used in foods.

However, whilst it may be the case that some artificial additives are essentially safe when consumed in small amounts and in isolation from one another, the reality is that no substantive considera-
tion has been given by Codex to the fact that such chemicals are consumed not in isolation, but in tandem with each other. As such, and to the benefit of their manufacturers, the cumulative long-term effect that the consumption of multiple patented chemicals and artificial additives has on the health of consumers is largely being ignored.

Revealingly, therefore, many of these additives are being manufactured by some of the same pharmaceutical and chemical companies that would like to ban vitamin supplements and force GM foods onto our dinner plates. And, as similarly the case with pharmaceutical drugs and GM seeds, the main reason why many of these substances exist is because they can be patented - and patents equal higher profits.

Pesticides

The Codex Committee on Pesticide Residues was formed in 1966, and is responsible for setting the maximum limits for pesticide residues in specific food items or in groups of food. Once again, however, the safety or otherwise of each individual pesticide is generally examined in isolation, and the long-term effect that their collective presence might have upon the body is mostly ignored. Given therefore that many of these dangerous chemicals are manufactured by pharmaceutical and chemical companies, it is not difficult to imagine that their widespread usage may be seen by these industries as having a dual financial benefit, in that they potentially increase the size of the market for - and hence the profits to be made from - the patented drugs used as treatments for any diseases that their long-term consumption might cause.

Conclusion

Codex is not just about nutritional supplements. In fact, it is the primary political battlefield where the war is being waged about who will regulate and control the global food supply from farm to fork. This ‘war’ is being waged by an increasingly tangled web of global authorities, big business and financial interests, and, as such, trade and profit are its prime goals – not human health.

Current indications suggest that the long-term financial winners in the battle to gain control over the world’s food supply are likely to be the pharmaceutical and chemical industries; especially so given that the adoption of still further Codex guidelines for foods derived from biotechnology now seems almost inevitable. As a result, our freedom of choice, our future health and the environment itself are all now clearly at risk.

Good nutrition and optimum health threaten the pharmaceutical industry’s “business with disease” because they reduce the size of the marketplace for synthetic drugs. However, food that is free of pesticide residues, artificial additives and other contaminants can, by definition, only come about as a result of a lower global usage, or ideally the entire elimination, of these chemicals. This, of course, would not be in the financial interests of the pharmaceutical and chemical companies that manufacture such substances, as it would clearly result in lower profits, better health for entire populations, and a consequent reduction in the use of synthetic drugs.

In conclusion therefore, whilst it may have been somewhat “out of the limelight” recently, the Codex Alimentarius Commission’s support for the “business with disease” has continued unabated, and the wide scope of its activities makes it a significant danger to the future health of all humanity.

Do we want to see a world where our access to safe, nutritious foods and effective dietary supplements is restricted and controlled by pharmaceutical and chemical interests? If not then we must act now, before it’s too late.
OBJECTIVES:
Malnutrition – in particular micronutrient deficiencies – are a major contributing factor to the continued spread of the Acquired Immunodeficiency Syndrome (AIDS) in the developing world. Moreover, micronutrient deficiencies are aggravated by AIDS-related symptoms including chronic diarrhoea, weight loss, fever and opportunistic infections. The community health education programme conducted by the South African National Civic Organization (SANCO) in Khayelitsha, Cape Town, created an opportunity to evaluate the effect of a defined micronutrient programme on the course of AIDS related symptoms in HIV positive patients.

NATURAL HEALTH PROGRAMME:
One hundred community members with AIDS were selected by community health professionals in this natural health programme. The participants included adult HIV positive men and non-pregnant women with advanced AIDS symptoms (stage 2 and 3 of the 4-stage grading according to the Center for Disease Control, CDC). None of the participants was or had been taking antiretroviral drugs (ARVs). The micronutrient programme consisted of a combination of vitamins, minerals, trace elements, amino acids and polyphenols from green tea, supplied in the form of tablets. At the beginning of this natural health programme and after 4 and 8 weeks of taking the nutritional supplement, a physician examined the patients. In addition, their health status was assessed with the aid of a graded questionnaire for AIDS-defining symptoms and general health.

RESULTS:
In those participants who completed the entire 8 week micronutrient programme a substantial reduction of the AIDS-defining symptoms was observed. Specifically, micronutrient supplementation was associated with a statistically significant decrease of fever episodes, weight loss, diarrhoea, severity of tuberculosis related symptoms in those patients infected with TB as well as the occurrence of fungal and other opportunistic infections. Daily micronutrient supplementation also significantly reduced other symptoms associated with AIDS including sores, colds, nausea, fatigue, depression, headache, skin rashes, swollen glands, joint pain and numbness in the extremities (hands or feet). There were no adverse side effects related to the intake of nutritional supplements.
CONCLUSION:

The micronutrients evaluated in this pilot community health programme offer an effective, safe, affordable natural health approach to halt the progression of AIDS-defining symptoms. Moreover, unlike any other health approach currently used, micronutrients offer the opportunity to reverse AIDS-related symptoms and significantly improve the health of AIDS patients. Thus, micronutrient supplementation should become the basis of public health strategies in the global fight against AIDS. The immediate implementation of these findings by national governments as well as the World Health Organization (WHO) would save millions of lives it would provide valuable time for the international research community to find lasting solution to end AIDS.

INTRODUCTION

Vitamins and other micronutrients are essential for the adequate production and optimum function of white blood cells, hormones and other factors essential in determining optimum immune response. In particular the critical role of vitamin C, vitamin A, vitamins B-5, B-6, B-12, folic acid as well as certain trace elements such as iron, zinc, selenium, copper and others have been an integral part of textbook knowledge in all fields of biology for decades.

Amazingly, this basic scientific knowledge has not been promoted by health policy makers to fight immune deficiencies, including the AIDS epidemic. Thus far, only a limited number of clinical studies have been conducted to test the health benefits of micronutrients in AIDS patients. Despite the fact that several of these micronutrient studies showed encouraging health benefits, none of them has been translated into public health policies to fight the AIDS epidemic.

The neglect of micronutrient research in relation to developing global strategies to control AIDS is even more remarkable, since from the beginning of the AIDS epidemic, researchers noticed micronutrient abnormalities in AIDS patients. This was not surprising since chronic diarrhoea, anorexia, malabsorption, impaired nutrient storage, increased energy demands – all of which are symptoms occurring in AIDS – are known to be associated with and further aggravate these nutritional deficiencies.

An additional reason why micronutrients should have been used long ago in the fight against AIDS is the fact that the cellular mechanisms by which they strengthen the immune system are well understood. Beside the basic scientific fact that micronutrients are essential for optimizing white blood cell production and immune function, specific cellular mechanisms have been identified on how micronutrients can help fight AIDS.

One of the theories about AIDS is that this disease is caused by the human immunodeficiency virus (HIV). A combination of vitamin C and the natural amino acid lysine represents a therapeutic option to block viruses from spreading through the connective tissue of our body by inhibiting the secretion of collagen-digesting enzymes. In addition, vitamin C and other nutrients can almost completely inhibit the multiplication of HIV and induce cell death (apoptosis) in virus-induced malignant cells.

These findings are significant, since they establish micronutrient supplementation as an effective approach to fight AIDS, irrespective whether AIDS is caused by HIV or not. Thus, while the scientific debate about the causes of AIDS continues, the lives of AIDS patients are no longer compromised by it.

The need for effective, safe and affordable public health approaches to the AIDS epidemic is particularly compelling given the failure of pharmaceutical options. Despite representations by the manufacturers of ARVs and some media, these drugs can not cure AIDS. In fact, nowhere in the world have ARVs been allowed to be registered as a cure for AIDS. While ARVs are known not to cure AIDS, they are associated with severe side effects. One of the target organs of ARVs is the bone marrow where they exert direct damage to the production site of immune cells, causing or aggravating immune deficiencies. As a direct result, patients taking ARVs are prone to other infectious diseases, including tuberculosis and opportunistic infections. These diseases develop in addition to other frequent side-effects of ARVs related to their cytotoxicity, including failure of the liver, heart, kidneys and other organs.
Particularly in sub-Saharan Africa and other developing regions of the world, the neglect of micronutrients as an effective, safe and affordable approach in the fight against AIDS continues to threaten the lives of tens of millions of people and the economies of entire nations.

Given the urgency of this situation, a comprehensive approach utilizing a nutritional intervention is required to help control AIDS and – if possible – improve the health and life-expectancy of AIDS patients. Therefore, our objective was to evaluate the efficacy of a science-based micronutrient programme as the foundation of an affordable public health strategy to combat AIDS. We were particularly interested in the potential health benefits of micronutrient supplementation in people with AIDS who were HIV positive and who did not take ARV medication.

Here we document the comprehensive health benefits of people living with AIDS from short-term micronutrient supplementation provided as part of a community health programme in South Africa.

**MATERIALS AND METHODS**

**PROGRAMME SETTINGS**

In the community health education programme conducted by the South African National Civic Organization (SANCO) in Khayelitsha, a township of Cape Town, HIV positive people with AIDS were identified by community health professionals.

One hundred HIV positive men and non-pregnant women were included in the programme. They were over 13 years of age, had advanced AIDS symptoms (CDC stage 2 or 3) including ulcers, lymph swelling, skin rashes, joint pain, wounds and sores, colds and flu, nausea or vomiting, fatigue, depression, headache and numbness or tingling in the hands or feet. People who were currently taking or had been taking ARVs in the past were not included in this evaluation because their immune system was already compromised by the immune-suppressing effect of these drugs.

Of the 100 participants who initially started this programme, 56 completed all three examinations and questionnaires. This is a remarkable number considering the obstacles of conducting such documentation as a part of an open community health programme in a township. Specific challenges came from special interest groups promoting ARV drugs who tried to dissuade the patients from participating in this health programme.

The community health programme conducted by SANCO Khayelitsha is based on a broad educational approach about the role of nutrition and micronutrients in helping to improve health in general and immune function in particular. Those members of the community affected by AIDS were offered a micronutrient programme that had been donated to SANCO Khayelitsha by the Dr. Rath Health Foundation. In addition to the general educational material the participants received an information sheet detailing the role of micronutrients in the body.

**HEALTH AND NUTRITIONAL ASSESSMENT**

Upon entry into the nutritional programme, the participants were examined by a physician. In addition, their health status was further assessed with the aid of a bilingual questionnaire grading their symptoms on a scale of 0 to 4 (0 = no symptoms, 1 = mild, 2 = medium, 3 = advanced, 4 = severe). The symptoms included fever, diarrhoea, cough, weight-loss, TB, and opportunistic infections associated with AIDS-defining diseases for Africa. Among other physical symptoms assessed were: swollen glands, joint pain, numbness in the hands or feet, nausea or vomiting, headache, bloating, irregular heart beat, oral sores and discomfort, gum bleeding, loose teeth, eyes burning or itching, eyes sensitive to light, blurred vision, wounds that would not heal, dry or itchy skin, skin bruises, muscle cramps, cold hands or feet, sweating without work or exertion, unusual thirst, and colds. Indica-

**MICRONUTRIENT PROGRAMME**

The nutritional supplement programme consisted of a defined combination of micronutrients:

**VITAMINS:**
- vitamin C (ascorbate),
- vitamin B-1 (thiamine),
- vitamin B-2 (riboflavin),
- vitamin B-3 (nicotinate),
- vitamin B-5 (pantothenate),
- vitamin B-6 (pyridoxine),
- vitamin B-12 (cyanocobalamin),
- folic acid, biotin,
- beta-carotene,
- vitamin D (cholecalciferol),
- vitamin E (alpha-tocopherol);

**MINERALS AND TRACE ELEMENTS:**
- magnesium, calcium,
- potassium, phosphate,
- zinc, manganese, copper,
- selenium, chromium,
- molybdenum;

**AMINO ACIDS:**
- L-lysine, L-proline,
- L-arginine, L-carnitine,
- L-cysteine, N-acetylcysteine,
- taurine;

**OTHER MICRONUTRIENTS:**
- green tea leaf extract,
- citrus bioflavonoids,
- inositol, coenzyme Q-10;

This micronutrient programme is freely available to all governments in developing countries.
tors of general well-being recorded were: nervousness, irritation, anxiety, depression, insomnia, loss of appetite, fatigue, dizziness, memory loss.

At 4 and 8 weeks participants were re-examined by a physician. Their current health status was reassessed on the graded questionnaire described above. The participants were also questioned about the composition and frequency of their daily meals. These included among others corn, white bread, brown bread, rice, noodles, milk, fish, chicken, red meat, cereals, hot chips, sweets, sweet potatoes, green peppers, salads, lemons, oranges, tomatoes, bananas, apples, grapes, and nuts.

The daily micronutrient supplementation was associated with a statistically significant decrease of fever, diarrhoea, persistent cough, weight loss and TB symptoms. This is a highly significant fact since these five symptoms were defined by the 1985 WHO reference conference in Bangui, Central Africa, as “AIDS-defining”.

The specific results for each of these symptoms were as follows: Micronutrient supplementation was associated with a rapid and statistically significant reduction (p=0.0001) in the severity of fever, chills and excessive sweating which decreased by 52% after 4 weeks and continued throughout the 8 week period. These findings are summarized in Figure 1.

Daily intake of micronutrient supplements decreased diarrhoea by 50% after 4 weeks and 51% after 8 weeks, which was also statistically significant (p=0.003). These results are documented in Figure 2.

As shown in Figure 3, weight-loss in people with AIDS who supplemented their daily diet with micronutrients was significantly reduced by up to 70% after 8 weeks of intake (p= 0.0001).

Micronutrient supplementation was associated with a significant decrease in

All five key symptoms of AIDS markedly diminished in the course of several weeks’ micronutrient programme:

**Figure 1:** Changes in severity of fever, chills, and excessive sweating in people with AIDS before, after 4 and 8 weeks of micronutrient supplementation (n = number of participants experiencing these symptoms before and during the programme). p = statistical significance*

**Figure 2:** Changes in severity of diarrhea in people with AIDS before and after 4 and 8 weeks of micronutrient supplementation.

**Figure 3:** Changes in severity of weight loss in people with AIDS before and after 4 and 8 weeks of micronutrient supplementation.
the severity of coughs by 33 % after 4 weeks and by 39 % after 8 weeks (p=0.007) as presented in Figure 4.

In those participants who were also infected with TB (18 patients), the daily intake of micronutrients decreased the severity of TB-related symptoms by 40 % after 4 weeks and 61 % after 8 weeks (Figure 5), which was also a statistically significant result (p=0.02).

In addition, fungal and other opportunistic infections frequently accompanying AIDS were present in 9 participants of the micronutrient programme. Severity of these opportunistic infections was 76 % lower after 4 weeks and 89 % lower after 8 weeks of micronutrient intake. This result too was statistically significant (p=0.009), as represented in Figure 6.

Other AIDS related symptoms – outside those of the Bangui definition – also significantly improved under the micronutrient programme. These results are summarized in Table 1. The severity of colds decreased by 45 % after 4 weeks and 35 % after 8 weeks of vitamin intake (p=0.001). Lymphadenopathy (swelling of lymph nodes) decreased by 57 % after 4 weeks and by 67 % at the end of 8 weeks of nutritional supplementation. This change was statistically significant (p=0.006).

AIDS is also accompanied by mental health problems, especially depression, fatigue as well as frequent headaches. The results presented in Table 1 indicate that all these symptoms improved after 4 and 8 weeks on the vitamin programme. After 4 and 8 weeks of micronutrient supplementation the severity of depression decreased by 48 % and 47 % respectively (p<0.0001). Occurrence of fatigue decreased by 60 % after 4 weeks and 68 % after 8 weeks on the micronutrient programme. These results were statistically significant as well (p<0.0001). Headaches decreased by 38 % after 4 weeks and 35 % after 8 weeks on the micronutrient programme.

* The p-value (significance) is a statistical value. It expresses whether a result is accidental or not. The smaller the p-value, the more certain it is that the measured findings are not due to chance occurrences, but can be regarded as scientifically proven. p-values smaller than 0.05 are highly significant, that is, unequivocal. p-values lower than 0.001 are statistically significant and are regarded as certain.

### Table 1: Changes in Severity of Symptoms

<table>
<thead>
<tr>
<th>Severity of Symptoms</th>
<th>Before Nutrient Program</th>
<th>After 4 Weeks on Nutrient Program</th>
<th>After 8 Weeks on Nutrient Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent Cough</td>
<td></td>
<td>33 %</td>
<td>39 %</td>
</tr>
<tr>
<td>TB-Related Symptoms</td>
<td></td>
<td>40 %</td>
<td>61 %</td>
</tr>
<tr>
<td>Opportunistic Infections</td>
<td></td>
<td>76 %</td>
<td>89 %</td>
</tr>
</tbody>
</table>

**Figure 4:** Changes in severity of persistent cough in people with AIDS before and after 4 and 8 weeks of micronutrient supplementation.

**Figure 5:** Changes in severity of TB symptoms before and after 4 and 8 weeks of micronutrient supplementation in people with AIDS who had also been diagnosed with TB.

**Figure 6:** Changes in severity of fungal and opportunistic infections in people with AIDS before and after 4 and 8 weeks of micronutrient supplementation.
**RESEARCH**

**Table 1. Changes in severity of Other AIDS-Related Symptoms Before (0 Weeks), After 4 Weeks and 8 Weeks of Taking Nutritional Supplements**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Number of Participants Affected</th>
<th>Symptom Severity Before Taking Nutritional Supplements Score</th>
<th>%</th>
<th>4 weeks Score</th>
<th>%</th>
<th>8 weeks Score</th>
<th>%</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colds and Flu</td>
<td>39</td>
<td>2.25</td>
<td>100</td>
<td>1.25</td>
<td>45</td>
<td>1.50</td>
<td>35</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Swollen Glands</td>
<td>13</td>
<td>2.24</td>
<td>100</td>
<td>1.50</td>
<td>57</td>
<td>1.43</td>
<td>67</td>
<td>0.006</td>
</tr>
<tr>
<td>Skin Sores</td>
<td>6</td>
<td>3.00</td>
<td>100</td>
<td>1.75</td>
<td>59</td>
<td>1.42</td>
<td>84</td>
<td>&lt; 0.004</td>
</tr>
<tr>
<td>Skin Rashess</td>
<td>13</td>
<td>1.92</td>
<td>100</td>
<td>1.51</td>
<td>37</td>
<td>1.25</td>
<td>64</td>
<td>0.04</td>
</tr>
<tr>
<td>Depression</td>
<td>47</td>
<td>2.65</td>
<td>100</td>
<td>1.30</td>
<td>48</td>
<td>1.41</td>
<td>47</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Fatigue</td>
<td>45</td>
<td>2.75</td>
<td>100</td>
<td>1.18</td>
<td>60</td>
<td>0.90</td>
<td>68</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Headache</td>
<td>44</td>
<td>2.45</td>
<td>100</td>
<td>1.55</td>
<td>38</td>
<td>1.62</td>
<td>35</td>
<td>0.06</td>
</tr>
<tr>
<td>Numbness in extremities</td>
<td>43</td>
<td>2.70</td>
<td>100</td>
<td>1.23</td>
<td>54</td>
<td>1.20</td>
<td>56</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Joint Pain</td>
<td>37</td>
<td>2.80</td>
<td>100</td>
<td>1.40</td>
<td>49</td>
<td>1.31</td>
<td>54</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

Column one documents the number of participants associated with each symptom. Column two reflects the average severity of these AIDS related symptoms expressed as the average values of the symptom scores as assessed in the questionnaire and described in the section Materials and Methods. Column three shows the percentage decrease in severity of AIDS-related symptoms after 4 weeks and 8 weeks of taking nutritional supplements. The last column shows the statistical analysis from the evaluation of the improvements of symptoms from the beginning of the programme to week 8. Values with p<0.05 were considered statistically significant.

Signs of neuropathy, such as pain and numbness in the fingers and feet was scored lower after 4 and 8 weeks on the micronutrient programme (54 % and 56 % respectively) compared to the programme entry (p<0.0001). Also joint pain score was lower by 49 % and 54 %, respectively after 4 and 8 weeks of vitamin supplementation and these changes too were statistically significant (p<0.0001).

During micronutrient supplementation there was a notable effect on the healing of wounds and sores that had persisted for months prior to entering the vitamin programme. The severity of these lesions decreased after 4 weeks of taking micronutrients by 59 % and after 8 weeks by 84 %, which was a statistically significant difference (p=0.004). In addition, the severity and appearance of skin rashes decreased by 37 % already after 4 weeks and by 64 % after 8 weeks on the programme, which also reached statistical significance (p=0.04).

The healing of AIDS related wounds during the micronutrient programme was a particularly obvious and objective observation. Figure 7 documents the changes of such an AIDS-related wound – an infected ulcer on the neck of a woman living with AIDS – before and after 4 weeks of vitamin supplementation.

**DISCUSSION**

The results of the community nutrition programme presented in this report show that a daily supplementation of vitamins, minerals and other essential nutrients significantly reversed all the symptoms that define AIDS, namely fever, weight loss, diarrhoea, and persistent coughs, and it decreased the severity of tuberculosis.

This nutritional health programme also helped to improve other AIDS-related symptoms including fungal and other opportunistic infections, sores, colds, nausea, fatigue, depression, headache, skin rashes, swollen glands, joint pain and numbness in hands or feet.

Previous intervention studies with vitamins and other micronutrients in AIDS patients have used single vitamins or a combination of a few micronutrients. Notably, in certain studies a combination of vitamins C and E was shown to reverse the damaging effects of ARVs in HIV infected adults. The same combination of vitamins was shown to reduce viral load and the damage from oxidative stress in AIDS patients.

In another nutritional study, vitamin C in combination with N-acetyl cysteine – a bio-available form of the amino acid cysteine – was reported to improve the immune response and lower the viral load in patients with advanced AIDS. Other studies conducted in Durban, South Africa examined the effects...
of vitamin A supplementation on the morbidity and mortality of HIV infected mothers with AIDS and their children. Among all children, those receiving vitamin supplements had a 30% lower overall morbidity – i.e. a 30% lower risk to develop diarrhoea, lower and upper respiratory tract infections and rashes – compared to the control group 5.

The health programme documented here differs from the above studies in the use of a defined combination of micronutrients targeting AIDS-defining symptoms. Since these symptoms determine the quality of life of people living with AIDS as well as their life expectancy, the findings reported here have a potential to halt the otherwise deadly course of this disease.

The findings of this community health programme are even more important, since no study with ARVs or any other pharmaceutical drug has ever shown the reversal of AIDS-defining symptoms. Thus, in the absence of pharmaceutical drugs that can cure AIDS, the encouraging health benefits of this pilot nutrient programme have important implications for the control of AIDS.

CONCLUSIONS

Micronutrient supplementation offers an effective, safe and affordable approach towards the global control of AIDS. In developing countries micronutrients combined with general food programmes should form an essential part of public health strategies to successfully fight immune deficiencies, including AIDS. The immediate implementation of these findings by national governments as well as the WHO and other international organizations will save millions of lives – and it provides valuable time for the international research community to find a lasting solution to end AIDS.

ACKNOWLEDGMENTS

We would like to recognize SANCO Khayelitsha and the entire SANCO organization for having launched this important community health programme. We would like to thank the following individuals for their assistance in this programme: T. Bottoman, R. Gool, M. Holtop, H. Kura, R. Langner, S. Langner, W. Maggott, S. Mkosi, N. Mkubekeli, M. Ndibongo, Dr. D. Saka, T. Xaso.

REFERENCES

Bird flu threat not so grave, CDC chief says

Federal health officials at a meeting Friday in Tacoma downplayed the risk bird flu poses to humans, contrasting earlier warnings from the federal government.

“There is no evidence it will be the next pandemic,” Dr. Julie Gerberding, head of the Centers for Disease Control and Prevention in Atlanta, said of avian flu. There is “no evidence it is evolving in a direction that is becoming more transmissible to people.”


Comment: They won’t admit it, of course, but natural health research has finally burst the bird flu bubble.

Blair urges fatties to slim down for Britain

Losing weight is the responsibility of the individual and not government, Tony Blair will say tomorrow. In a keynote speech, the Prime Minister will list the benefits of tackling the obesity epidemic which is costing the NHS £2.6 billion a year. But he will stress that it is ultimately up to the individual to get healthier by taking more exercise and cutting down on junk food. Even though there are Department of Health targets to cut obesity, Mr. Blair will say he does not want to lead a “nanny state” that interferes with personal choice.


Comment: Whilst Prime Minister Blair may claim that he doesn’t want to interfere with personal choice; restrictions on the sale of supplements - introduced by his Government over the past few years - threaten to do exactly this.

Environmental Chemicals Important in Causing Cancer

University of Liverpool scientists say they’ve found environmental chemicals such as pesticides are more influential than thought in causing cancer. Previous studies in cancer causation have often concluded exposure to carcinogenic or endocrine-disrupting chemicals occur at concentrations too low to be considered a major factor. But new research finds exposure even to small amounts of such chemicals may result in an increased risk of developing cancer.


Comment: Many of these dangerous chemicals are produced by some of the same pharmaceutical and chemical companies that manufacture synthetic drugs. Sound familiar?

Raising vitamin D intake could cut risk of many cancers

Raising the RDA of vitamin D from 400 IU to 1500 IU could cut the number of deaths from cancer by 30 per cent, say the US scientists investigating the link between vitamin D levels and cancer risk.


Comment: More evidence of the protective effect that cellular nutrients exert against the development of cancer.
**Proposals for GM crops launched**

Genetically modified crops grown in the UK would have to be separated from non-GM fields by at least 35m (114ft), under proposals announced by ministers.

The measure is designed to minimise crop mixing should the European Union approve cultivation of GM crops. Other proposals that appear in the UK government consultation paper include a public biotech crop register. Pressure groups say the measures will not give consumers the choice of eating GM-free food.


**Comment:** The UK Government’s proposals do not include a GM-free option, and assume that allowing a routine GM-contamination of crops up to 0.9% will not harm health or the environment or damage the markets for organic and non-GM products. As such, the UK Government has failed to listen to the concerns of ordinary people, and has slavishly followed the guidelines set down by the pro-GM European Commission. The only people to benefit from these proposals will therefore be the large biotech and pharmaceutical companies who produce patented GM seeds; thus demonstrating once again that the UK Government prefers to listen to the demands of the ‘business with disease’ rather than to those of ordinary people.

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**JUDGE ORDERS ABRAHAM CHERRIX INTO RADIATION TREATMENT FOR CANCER**

Attorneys for Abraham Cherrix, the Virginia teen fighting to avoid treating his cancer with chemotherapy, reached an agreement today with the state’s social services that will allow Abraham to skip chemotherapy treatments.

Sixteen-year-old Abraham had undergone a round of chemotherapy after his initial diagnosis that left him feeling sick and weak, though his Hodgkin’s disease went into brief remission. The cancer returned a few months later, and instead of submitting to another round of stronger chemo along with additional radiation therapy, Abraham chose to treat his disease using an organic diet and herbal treatments from a clinic in Mexico.

Virginia social services intervened and took his family to court, where Abraham was ordered to treat his cancer with chemotherapy. Abraham and his family appealed, and today Accomack County Circuit Court Judge Glen A. Tyler announced that Abraham’s family and social services had reached an agreement prior to the two-day hearing scheduled to determine Abraham’s treatment.

The agreement requires Abraham to be treated by a board-certified oncologist who is also interested in alternative therapies. Cherrix will now undergo conventional radiation therapy rather than chemotherapy. Abraham’s parents, who Judge Tyler ruled were not medically negligent – the previous judge had ruled they were – must update the court on the teen’s treatment and condition every three months until he is cured or he turns 18. Abraham saw his doctor of choice last week, and according to his attorneys, the doctor believes he can be cured.

“The courts continue to ignore Abraham’s fundamental human rights,” said Mike Adams, a health freedom advocate. “Ordering him into radiation rather than chemotherapy is just a different death sentence for this young man who is fighting for his life and his freedom.”


**Comment:** Like little Dominic Feld before him, Abraham Cherrix is fighting an antiquated medical system. The existence of effective, side-effect free alternative remedies threatens the financial interests of the pharma cartel, who are now getting increasingly desperate in their attempts to protect the ‘business with disease’.

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**Magnesium supplements could help asthmatics, says study**

Child asthmatics taking oral magnesium supplements decreased the severity of the asthma and used less medication, reports a randomized clinical trial from Brazil. The results, the first reported for children, suggest that magnesium has “an important beneficial effect for the control of asthma.”


**Comment:** Good news for child asthmatics, and further evidence of the effectiveness of natural therapies in treating disease.
**BASF CONFIDENT IN FUTURE OF GM FOOD**

BASF’s plans to invest $320 million over the next three years in the development of what it calls ‘next generation’ GM crops underlines where food technology is headed. The announcement demonstrates BASF’s intention to expand its involvement in agriculture and nutrition and shows that GM technology is increasingly being seen as the future of food production by big business at least. “BASF has identified plant biotechnology as the largest of five key future-growth clusters,” said Dr Hans Kast, president and CEO of BASF Plant Science.

“Through the investment in plant biotechnology, BASF is expanding its leading role with products in the area of agriculture and nutrition. By combining our advanced technology platform with our comprehensive product portfolio, BASF is shaping the future of this industry.”

Source: nutraingredients.com. 14 April, 2006

**Ban on kava kava in food to remain**

A ban on the use of kava kava – a herbal ingredient previously used in some cereal bars, teas and smoothies – is to continue in the UK. The FSA announced the decision following a review of the latest scientific evidence by the independent scientific advisory committee, the Committee on Toxicity (COT). The COT concluded that the use of kava kava in food would continue to pose a risk to health. The sale and import of kava kava in foods was banned in 2003 after the COT took the view that it was linked to liver damage.

http://www.food.gov.uk/news/newsarchive/2006/jul/kavaban

**Everyday vitamin pill stops cancer**

A SIMPLE vitamin pill could stop cancer cells forming and help the body to repair itself. Folic acid may even force cells which are beginning to mutate into cancer to shrink back. Experts believe the discovery could be vital in helping to understand how to prevent people at risk of cancer from suffering the disease.

‘The hungry can’t eat Aids messages’

Good nutrition could be the only available life prolonging alternative to people living with HIV/AIDS in rural areas, a senior officer for the UN Food and Agriculture Organisation said on Thursday. ‘Sick people can’t farm, they can’t work. Hungry people can’t eat Aids messages,’ said HIV/AIDS and food security officer Dr Gabriel Rugulema, speaking to journalists ahead of the 16th International Aids conference in Toronto which starts on Sunday. He said people who had little access to food could not be bothered with Aids warnings. Bad nutrition depressed the immune system, resulting in a higher likelihood of contracting HIV, the faster development of Aids and subsequent death.

Source: iafrika.com. 11 August, 2006

**Comment: BASF’s confidence in the future of GM food is not shared by consumers, as survey after survey has shown that people remain firmly opposed to eating these products. Thus far this has not deterred BASF however, who are no doubt attracted by the fact that GM seeds, unlike their non-GM counterparts, can be patented.**
An Alberta company is now free to market a vitamin and mineral supplement as a possible treatment for mental disorders. A Calgary provincial court judge ruled Friday that Health Canada didn’t give Truehope Nutritional Support Ltd. any legal alternatives to resolve a dispute over the supplement.

“Health Canada has done everything in its power to block access to Canadian people from having this. Today a precedent has been set,” said Anthony Stephan, one of the co-founders of Truehope. “This is a literally a godsend for us — and for the many people in Canada — that require this supplement to maintain mental health.”

Source: CBC News. 28 July, 2006

Comment: This ruling represents an important legal victory for freedom of choice in healthcare. Truehope claims that its mineral and vitamin supplement, EM Powerplus, can treat schizophrenia and bipolar disorder. However, the Canadian health regulatory agency, Health Canada, had accused it of selling the product without a Drug Identification Number, or DIN. Truehope, however, say that EM Powerplus is not a drug and that it should not therefore need a DIN. In his ruling, Judge Gerald Meagher said there were no indications Health Canada would even give Truehope the identification number needed, and that taking EM Powerplus away would pose a considerable threat for the people taking the medication, including severe relapses and even death.

IT IS hard to believe that modern medicine can ever be overzealous when it comes to detecting cancer, but in the case of the prostate gland, that is exactly what the latest research suggests we are doing. According to a study in the British Journal of Cancer, around half of all prostate cancers diagnosed by prostatespecific antigen (PSA) blood tests would never have come to light during the men’s lifetime had they not asked to be screened.

Comment: While aggressive cancer of the prostate can be life-threatening, the vast majority of cases are slow-growing and pose little or no direct risk to health. However, the PSA blood test can’t differentiate between the two, and a positive test can lead men being subjected to a variety of unnecessary treatments, the more radical of which can leave them impotent and incontinent. As such, with cancer drugs making billions of dollars for their manufacturers it’s not hard to see who benefits most from their increasing use.

The Food Standards Agency is today warning consumers of the possible risk to health from excess consumption of bitter apricot kernels and is issuing advice on safe levels of use. The Agency’s scientific committee, the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT), expressed concern that, when ingested, bitter apricot kernels can produce cyanide. The COT therefore considered a safe intake is equivalent to no more than one to two kernels a day.


Comment: The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT), is already infamous in UK natural health circles for having recommended a safe maximum intake for vitamin B6 of only 10mg daily. Apricot kernels have long been believed by some to be helpful in the treatment of cancer, and, as such, the COT’s recommendation that a safe intake of them is equivalent to a maximum of only one to two kernels a day is entirely consistent with its implicit support for the ‘business with disease’.
We take vitamins, we know we need them, and we’ve been fighting for our right to use them - but do we really know what they are? In this and subsequent articles, I would like to address this important question.

The term “vitamin” was introduced in 1912 by a Polish scientist, Casimir Funk, to recognize a new food factor essential for life (vita) with a chemical form (amine). Working on symptoms of beriberi, Funk proposed that four specific diseases were caused by a lack of four different vital “amines” in the diet: scurvy (severe blood loss from leaky blood vessels – a lack of vitamin C), rickets (softening of the bones – a lack of vitamin D), pellagra (skin changes, persistent diarrhea, dementia – a lack of vitamin B3), and beriberi (enlarged and weak heart, pain in the limbs, weak muscles – a lack of vitamin B1).

Today, we know that there are more than 20 organic molecules called vitamins, each of which has a different chemical structure and role in the body.

The term “organic” means that these molecules are built from carbon, hydrogen and oxygen, and that they are formed only in a living organism - unlike minerals or trace elements, which make up inorganic matter. (Uniquely however, vitamin B12 combines its organic entity with an inorganic molecule, the mineral cobalt).

Vitamins are only required in small quantities in the diet relative to sugars, proteins or fats. Nevertheless, although critical to sustain life, vitamins are mostly not produced in our bodies. There are a few exceptions to this however, and some vitamins – such as vitamin K - can be produced by microorganisms living in our intestine. This explains why any imbalance of intestinal flora (such as caused by poor diets, taking antibiotics, or developing a disease) can exacerbate vitamin deficiencies. In addition, there are also some vitamin-like substances that are produced in a healthy body in adequate amounts, but whose synthesis can often be impaired by other nutrient deficiencies, diseases or aging. Fortunately however, some of these substances, such as choline, lipoic acid and inositol, can also be obtained from food supplements.
There are two distinct groups of vitamins: those that are soluble in water (vitamin C and all B vitamins) and are distributed throughout all watery components of the cell; and those that are soluble in fat (vitamins A, D, E and K), which are found mostly in cell compartments rich in fat, such as the membranes.

With the exception of vitamin B12, water-soluble vitamins are not generally stored in the body and are removed in the urine. You can see for yourself how quickly vitamin B2 (riboflavin) is removed from your body, because after you ingest it in a supplement the color of your urine changes into a darker shade of yellow. The time between taking the supplement and your urine changing color tells you how quickly the vitamin B2 is being processed in your body. You might be surprised how widely this varies in different people!

Most water-soluble vitamins function as an essential part of an enzyme, in which respect they are referred to as coenzymes. Converting food into biological energy, and metabolizing proteins and nucleic acids, they can be seen as the “spark plugs” of all enzymatic reactions. Without the cooperation of a small vitamin molecule and a protein enzyme, the simple conversion of one biological molecule to another would have required weeks or months, as opposed to a split second. This is why vitamins are critical for life. (“Vita” is actually the Latin word for “essential for life”).

A single vitamin can participate in multiple enzymatic reactions in the body. This is why a deficiency of just one vitamin manifests itself in so many ways; and, vice versa, why vitamin supplementation brings such a multitude of beneficial health effects. Vitamin C is a particularly good example of this, as it is essential for the synthesis and structure of collagen; the composition of connective tissue; and the production of various hormones and neurotransmitters. In addition however, and amongst its many other roles in the body, vitamin C also facilitates the absorption of other nutrients, such as iron; regulates the production of cholesterol; and strengthens immune system function. And, as if all of this were not enough, it is also the most important antioxidant in the body.

The fat-soluble vitamins (A, D, E and K) have more individualized functions in the body. These vitamins are transported in the blood, together with other fats, in lipoprotein molecules, and are present in the fatty components of the cells (i.e., membranes). The liver and adipose tissue are “reservoirs” for these vitamins.

With the exception of vitamin K, and unlike the B vitamins, fat-soluble vitamins are not coenzymes. Some of the fat-soluble vitamins, however, such as vitamins A and D, are considered to function as hormones, and can trigger changes in gene expression. Vitamin D can also facilitate absorption of other nutrients from the gut, such as calcium; whilst vitamin E is an important antioxidant.

Many people consider vitamins as only being necessary to prevent symptoms of scurvy, pellagra or rickets, and, since these diseases are rare in developed countries, do not see the need for vitamin supplementation beyond their intake from food. However, Dr Rath’s discoveries in this area, along with research conducted by us and others, increasingly confirms that long term suboptimal intake of vitamins gradually impairs bodily function, and, with time, that this leads to the development of chronic diseases such as heart disease, osteoporosis, and cancer. Many additional studies further confirm that vitamin intake in high doses (i.e. in multiples of the recommend daily amounts) can help to correct some metabolic imbalances, including those that originate at the genetic level.

Our research in cellular medicine has accelerated progress in the science of vitamins, and shifted it into a new direction. We have documented that the most effective way to achieve healthy metabolic balance is not through using single nutrients, or their random combination, but by applying the biological law of nutrient synergy. The clinical effectiveness of this approach has been confirmed not only in many of our studies, but also through other independent research.

I encourage you to learn more about this innovative and exciting health approach, and its application, from our new publication: Nutrient Synergy: What is it? How it works.
“Back on track!”

Shortly before Christmas 2002, Martin Waldoch collapsed at the wheel of his truck. A rescue helicopter flew him to Neuwied hospital where he woke up after his ordeal. The shock was tremendous, but it was also accompanied by the realisation that he needed to make profound changes in his life if he was to avoid a repeat of this alarming episode in future.

But let’s trace the story of Martin Waldoch, husband and father, and enthusiastic truck driver, back to its beginnings. As a young man of just 35 he started suffering from dizzy spells, breathing problems and cold sweats around the neck area. Like most other people he didn’t pay much attention to these problems initially, and only went to the doctor when they got worse rather than better. His GP diagnosed very low blood pressure (90 over 60) and an over-rapid pulse, and referred Martin Waldoch to the cardiologist.

He submitted to an ECG test, and to a whole battery of other modern diagnosis procedures – but all to no avail. Finally his GP advised him to go home and rest for a couple of days, and suggested things would no doubt improve. Being a compliant patient he did what he was told and rested at home for three days. But hardly had he got back in his lorry than he collapsed again, and woke up in the hospital once more.

The doctors suspected a lung embolism because of his breathing difficulties, and investigated this using a lung catheter. They found nothing. But since they’d started down this route the clinicians suggested inserting a heart catheter too, to check whether his heart was in order. The hospital had no specialist facilities for doing this, so Waldoch was sent to Aachen Clinic. But the doctors here drew a blank as well, and therefore recommended a nuclear medical test. This involves injecting a radioactive fluid (radio-pharmaceutical) into the blood and subsequently examining the heart and blood vessels by means of x-rays.

But this procedure likewise failed to provide any firm diagnosis. There was just one remaining suspicion that the doctors continued to harbour: that the patient was suffering from heart muscle inflammation (perimyocarditis), and they set about treating this with penicillin and rest. But there was still no improvement after a four-week course of penicillin. On the contrary: the health of this paterfamilias deteriorated so drastically that he had to be admitted to hospital again. Tests on the emergency admission ward revealed such a poor ECG result that the doctors thought it necessary to prescribe two weeks of strict bed-rest in hospital, and continued treatment with penicillin and other heart medicines.

Time passed but the problems remained – and if anything got worse, and were compounded by heart arrhythmia and shortness of breath, accompanied by acute panic attacks. “I was really frightened to death,” he said. “I was terrified that my wife and

Martin Waldoch is intensively interested in Cellular Health
children would soon have to fend on their own without me. Can you imagine such a feeling?” He was now also plagued by continual fits of shivering.

Because of the panic attacks, the penicillin treatment was stopped for a while and replaced with tranquillisers. First ISOKET and later MELLERIL were prescribed since the doctors now subscribed to a new theory that the complications were largely due to the patient’s state of nervousness. They therefore diagnosed a conversion neurosis and discharged Waldoch into the care of his GP.

Following the clinic’s advice his GP continued to prescribe the MELLERIL – but with unpleasant consequences: “Week on week my breathing difficulties got worse, as did my dizzy spells,” he said. “They were compounded by vision problems and a slight paralysis of my left arm. The shivering fits still occurred regularly, and severe states of depression affected not only me, but also my family. Shut off from the outside world in a darkened room, I no longer wanted to see anyone. My wife and my children suffered a great deal from my condition.”

Finally Waldoch felt that he just couldn’t go on like this. He stopped taking all the medicines and – lo and behold – after less than a week he noticed that many of his problems, the vision disturbance and also the shivering fits, improved markedly. This experience had a profound effect upon him. “From then on I took responsibility for my illness myself, and sought natural alternatives,” he said.

His first step was to change his diet. He started eating a lot of fruit and vegetables, and simply tried to live much more conscientiously. Nevertheless it took two years for him to reach the point of returning to work - and the slight paralysis in his left arm, the dizziness, the arrhythmia and the low blood pressure still remained his continual companions. He also discovered Dr. Rath’s research findings on the internet, and began to read about the concept of cellular health.

It was really just a perfectly ordinary Thursday, 12 December 2002, when Martin Waldoch was en route in his lorry once again. But it was the day, nevertheless, that radically transformed his life. Suddenly he suffered severe arrhythmia with violent shivering. With his last ounce of strength he managed to call the rescue services and was flown to Neuwied in the emergency helicopter. The consequence: admission to intensive care, and treatment with the same old medicines.

“I was given four different medicines that I was supposed to swallow without complaint, with alarming regularity,” he said. “But because of my dire experiences with the medicines I had always received until now, I just refused. I simply didn’t want to swallow this pharma stuff any longer.” Although he was on the intensive ward he asked the ward doctor to discharge him on his own responsibility. At this the medical system reacted in its old, familiar way – by trying to alarm and frighten him. “They told my wife I could drop dead at any moment if I refused further treatment. But after ten years of useless odysseys through medical practices and clinics, it was clear to us that orthodox medicine offered no solution to my problems. I certainly didn’t want to give up, though: there had to be another way to regain my health!”

Hungry for knowledge and with great confidence and trust, Waldoch immersed himself in the concept of cellular health that he had discovered shortly before his last admission to hospital. He studied Dr. Rath’s books and research findings, and began to take micronutrients himself. “I felt the first clear improvements after eight weeks, and after a further ten weeks all signs of the arrhythmia and the shortness of breath and dizziness had gone. I was over the moon,” he said. “After ten years of illness I had finally beaten it, and was able to live a completely normal life again – without fear of collapsing at the wheel of my truck and endangering not just myself but others too.”

Martin Waldoch is now ‘back on track’. His consistent intake of micronutrients, and adherence to the principles of cellular health, have given him back his life. Since the spring of 2003 he has once more been driving his 40-ton lorries through Europe. Free of health worries, and of the fear that he might collapse at the wheel again.
DEMISE OF THE PHARMA CARTEL

The Continuing Story of the Fast-Failing “Business with Disease”...

Headline: Big Pharma’s Deadly Experiments
Date: June 9, 2006
Source: AlterNet (USA)

Extract:
A newly surfaced report alleges that in 1996, drug monolith Pfizer gave an unproven drug to Nigerian children and infants suffering from meningitis — without the authorization of the Nigerian government. A panel of Nigerian health experts concluded that administering the drug Trovan to 100 patients suffering a deadly strain of meningitis was “an illegal trial of an unregistered drug.” The drug was ultimately shown to be ineffective. A lawsuit against Pfizer claims some of the children in the trial died and others suffered brain damage.

Comment:
Fascinating look at a book to be published later this year entitled: The Body Hunters. The author notes that to get a single drug to market, drug companies are forced “to convince more than 4,000 patients to undergo 141 medical procedures each in more than 65 separate trials.” Clinical investigators and the companies backing them argue that overseas trials get drugs to a lucky few and lead to faster cures for us all. But the author deftly takes that Big Pharma myth to task, tracing how drug trial exports ruin third-world health care systems, steer attention away from public health needs like clean water and sanitation, and ignore the health safety of subjects.


Headline: Eight-year-olds ‘can use Prozac’
Date: June 7, 2006
Source: BBC News (UK)

Extract:
Prozac can be prescribed for children as young as eight, the European Medicines Agency has said. It decided the benefits outweighed the risks in children with moderate to severe depression who failed to respond to psychological therapy.

Comment:
Flying in the face of safety data about this class of drug, the European Medicines Agency allows the drugging of our children to become commonplace and, at a stroke, opens up a whole new market for its friends in the pharmaceutical industry. The sheer disregard for moral and ethical values in this decision is breathtaking and once again the business with disease is illustrated in all its ugly detail.


Headline: Heart attack risk with pain drugs
Date: June 2, 2006
Source: BBC News (UK)

Extract:
People taking high daily doses of two common painkillers are at increased risk of heart attack and stroke, say Oxford researchers. Long term use of non-steroidal anti-inflammatories like ibuprofen and diclofenac have raised fears before. They are standard drugs for those with chronic pain, like arthritis sufferers.

Comment:
The researchers from Oxford University found that, in patients taking...
COX-2 inhibitors (the class of drugs to which Vioxx belongs) the odds of a heart attack or stroke increased by 42% compared with placebo. The odds were increased by 51% for high-dose ibuprofen (800mg three times a day) and 63% for high-dose diclofenac (75mg twice a day). Some of these drugs are available over the counter and many people mistakenly believe that they are therefore “safe.” Clearly that is not the case – all pharmaceutical products are inherently dangerous.


Headline: FDA’s Ok of Cervical Cancer Vaccine May Spawn Multibillion Dollar Market
Date: June 9, 2006
Source: Daily News Central (USA)

Extract:
With a green light from regulators, Merck & Co. Inc. has begun deploying 1,500 freshly trained salespeople and unleashing a huge marketing campaign around a delicate topic: cancer and sex. The Food and Drug Administration approved Merck’s cervical cancer vaccine Gardasil yesterday, inaugurating a vaccine market potentially worth several billion dollars a year, with the Philadelphia area at its core. Gardasil will be manufactured and marketed from Merck’s West Point complex.

Comment:
After its troubles over Vioxx Merck has staked its future on vaccines, which now account for around 5% of its turnover and are a growing part of its portfolio. The green light from the regulators will do no harm to these plans. Strange coincidence that don’t you think?

Full Report: http://health.dailynewscentral.com/content/view/2291/

Headline: Popular BP Drugs May Increase Risk of Birth Defects
Date: June 9, 2006
Source: Daily News Central (USA)

Extract:
A major class of drugs used to treat high blood pressure appears to nearly triple the risk of major birth defects when taken in the first trimester of pregnancy, doctors report Thursday in one of the first studies of its kind. The drugs, called ACE inhibitors, are effective and well-tolerated by most patients. But they already carry a “black box” advisory that warns women to stop taking them when they learn they’re pregnant. If the drugs are taken during the second or third trimesters, they can cause neonatal kidney failure, growth retardation and fetal death, studies indicate.

Comment:
What more can we say? The pharmaceutical companies themselves sometimes make no attempt to cover up the dangers of their products and openly state them on the product label. And these products still get authorization from the drug regulatory authorities! How does that happen?

Full Report: http://health.dailynewscentral.com/content/view/2292/
Study: Tylenol May Be Harmful to Liver

Date: July 5, 2006
Source: Daily News Central (USA)

Extract:
In a clinical study of healthy adults, Extra Strength Tylenol taken at its highest recommended dose sharply increased liver enzymes, an early sign of possible organ damage. Although overdoses of Tylenol can harm the liver, the study published in today’s edition of the Journal of the American Medical Association is the first to note signs of trouble among healthy people taking the pain reliever as directed.

Comment:
Tylenol is the No.1 brand of acetaminophen, the main ingredient in more than 200 types of pain relievers and cold remedies. As many as 100 million Americans take acetaminophen each year. This over-the-counter drug is the leading cause of acute liver failure in the US and there have been calls for increased regulation to prevent overdoses. Concerns about suicide through acetaminophen overdose led to restrictions on how many pills could be sold at one time in England. Still think pharmaceutical products like these are safe enough to be sold to anyone who wants them over the counter?

Full Report:
http://health.dailynewscentral.com/content/view/2336/

Drug Companies More Often Sponsor Research; Many Such Studies Have Positive Findings For Their Products

Date: May 24, 2006
Source: USA Today (USA)

Extract:
Drug companies fund a growing number of the studies in leading psychiatric journals, and drugs fare much better in these company-funded studies than in trials done independently or by competitors, researchers reported Wednesday. About 57% of published studies were paid for by drug companies in 2002, compared with 25% in 1992.

Comment:
Should we be surprised by these findings? Of course not!! The pharmaceutical drug manufacturers need positive results in order to successfully register and promote their products and they have the resources to ensure that these results are forthcoming. We are talking about the business with disease after all!

Full Report:

Halt Is Urged for Trials of Antibiotic in Children

Date: June 8, 2006
Source: New York Times (USA)

Extract:
A Food and Drug Administration official called in May for a drug company to halt clinical trials of an antibiotic in children because the drug could be deadly, according to internal memorandums sent to other F.D.A. officials. The drug, Ketek, made by Sanofi-Aventis, is being tested as a treatment for ear infections and tonsillitis in nearly 4,000 infants and children in more than a dozen countries, including the United States, according to postings on a government Web site. But Ketek, which is currently approved for use only in adults, has been reported to cause liver failure, blurred vision and loss of consciousness in adults.

Comment:
There is growing evidence that Ketek is unusually toxic. Twelve adult patients in the United States have suffered liver failure, including four who died; 23 others suffered serious liver injury. The safety officials wrote in their review that the agency should consider forcing Sanofi-Aventis to withdraw Ketek from the market, severely restrict its uses, even in adults, or add a prominent warning to its label about potentially fatal side effects. More than five million prescriptions for Ketek have been written in the United States since its approval two years ago....

Full Report:
DEMISE OF THE PHARMA CARTEL

Headline: Merck Admits a Data Error on Vioxx
Date: May 31, 2006
Source: New York Times (USA)

Extract:
In an admission that could undermine one of its core defenses in Vioxx-related lawsuits, Merck said yesterday that it had erred when it reported in early 2005 that a crucial statistical test showed that Vioxx caused heart problems only after 18 months of continuous use. That statistical analysis test does not support Merck’s 18-month theory about Vioxx, the company acknowledged yesterday. But Dr. Peter S. Kim, Merck’s chief scientist, said the company stood by the overall findings it reported in 2005 — including the conclusion that the drug’s heart risks were not apparent if patients took it less than 18 months.

Comment:
The 18-month issue is crucial both for the 20 million Americans who took Vioxx and for Merck’s future. Merck faces at least 11,500 lawsuits, covering 23,000 people, from patients who say that Vioxx caused their heart attacks and strokes. Merck cited the 18-month theory when it withdrew Vioxx, a painkiller, from the market in September 2004, based on preliminary findings from a clinical trial called Approve.

Full Report:
http://www.nytimes.com/2006/05/31/business/31drug.html?ex=1306728000&en=4ef1f7694250f45c&ei=5088&partner=rssnyt&emc=rss

Headline: Antidepressants may increase diabetes risk
Date: June 12, 2006
Source: Reuters (USA)

Extract:
Study findings show that there is a link between the use of antidepressant drugs and diabetes, investigators at the 66th Scientific Sessions of the American Diabetes Association announced. This is the first report of such an association, they say. Depression is two- to three-times higher in diabetics than in the general population. In addition, 10 percent to 15 percent of the U.S. population takes antidepressants, “and the numbers are increasing,” Dr. Richard R. Rubin of The Johns Hopkins University School of Medicine in Baltimore, Maryland, told meeting attendees Saturday.

Comment:
As so often happens with dangerous pharmaceutical drugs, another health problem is created with long term use of such drugs, other than the problem that the drug is supposed to deal with. Does this worry the pharmaceutical industry? Not much – in the world of the business with disease, another disease is another opportunity to sell another drug.

Full Report:

Headline: Unapproved, Genetically Engineered Rice Found in Food Supply
Date: 18 August, 2006
Source: GM Watch (UK)

Extract:
Late today in a webcast, the U.S. Department of Agriculture (USDA) announced that an unapproved, genetically engineered rice known as LL601 was found contaminating commercial long-grain rice supplies, according to information supplied by the developer of the rice, Bayer CropScience. The presence of LL601 in the food supply is illegal, as it has not undergone USDA review for potential environmental impacts required prior to marketing, nor review by the U.S. Food and Drug Administration (FDA) for possible harm to human health. LL601 is genetically altered to survive application of the powerful herbicide glufosinate, and was field-tested under permits granted by the USDA from 1998 to 2001.

Comment:
In the webcast, Secretary of Agriculture Mike Johanns professed ignorance as to how much rice was contaminated, which rice products were involved, or where the contaminated rice was found. What we do know, however, is that since 1996, the USDA has granted at least 48 permits authorizing Bayer or companies it has since acquired (Aventis, AgrEvo) to plant over 4,000 acres of experimental, genetically engineered (GE) rice. Nevertheless, the extent to which pollen or grains from these field trials have contaminated commercial rice or related weedy species such as red rice is unknown. Having already monopolised healthcare for profit, via the production of synthetic patented drugs, Bayer and other pharmaceutical companies such as BASF are now seemingly intent upon assuming similar control over the production of food.

Full Report:
http://www.gmwatch.org/archive2.asp?arcid=6911
The Truth About Statins

By Vadim Ivanov, M.D, Ph.D. and Aleksandra Niedzwiecki, Ph.D.

The hypothesis that high cholesterol promotes the development of atherosclerotic plaques in human arteries was first proposed at the beginning of the 20th century. It has been tested numerous times, but never convincingly proven. All physicians know that about one-half of heart attack victims do not have high cholesterol levels. They also agree that the cholesterol-based hypothesis of heart disease does not apply to women and the elderly.

Since the 1990s and the publication of Dr. Matthias Rath's discovery that heart disease is caused by long-term vitamin deficiency, research has increasingly confirmed this new concept, both through clinical studies and lab research.

The cholesterol hypothesis, however, has powerful supporters in the pharmaceutical industry, which exploits the hope of millions of patients to reduce the risk of cardiovascular disease by the artificial lowering of their blood cholesterol levels.

The huge amount of funding poured into scientific and clinical research - coupled with the manipulation of public opinion by lobbying and aggressive marketing of the "cholesterol dogma" - accelerated following the introduction of a new class of drugs cal-
Statins did not curb progression of atherosclerosis

The most recent example of this is a prospective clinical study on the use of standard and intensive treatment with atorvastatin (Lipitor), the results from which appeared in January 2006 in the journal Circulation, published by the American Heart Association. The study was funded by Pfizer GmbH Deutschland, the producer and marketer of Lipitor. This multicenter, randomized, double-blind trial involved 471 patients who had more than one cardiovascular risk factor and moderate coronary atherosclerosis. Patients had been randomly assigned to a standard 10-mg-a-day or a high-dose 80-mg-a-day treatment with Lipitor for 12 months. Blood cholesterol and severity of atherosclerotic calcified lesions in coronary arteries were assessed at the beginning and at the end of statin treatment.

The results of the study brought much disappointment to the sponsors and proponents of statin treatment, as the standard therapy with Lipitor did not change blood cholesterol levels, even after 12 months of treatment. Only after using an eight-fold higher dosage of this drug did the blood LDL cholesterol levels decrease by 16 percent and total cholesterol by nine percent. But this did not help to halt the development of calcified plaques in the heart arteries – just the opposite, in fact. Although the high dose of the drug did result in lower cholesterol levels, coronary calcifications in patients actually jumped by 27 percent in a year.

This clinical trial has confirmed what Dr Rath discovered and our research has validated for more than a decade: that high cholesterol is a consequence of atherosclerosis. Cholesterol–loaded plaque is a biological “plaster cast”, and is used by the body to compensate for a structural weakness of the blood vessel wall caused by long-term deficiency of vitamin C and other nutrients.
Why then are the statins still being promoted?

Therefore it is logical that the natural restoration of vascular function should occur through micronutrient supplementation, and not through the artificial lowering of cholesterol. Significantly therefore, by 1996 a clinical study authored by Drs. Rath and Niedzwiecki had already documented the natural reversal of coronary calcified deposits - without drugs or surgery. In addition, a specific vitamin program was effective in stopping the growth of calcified deposits after 12 months in patients at early stages of the disease. More research has since confirmed that by improving vascular wall structure with vitamin C, Lysine and other nutrients, cholesterol blood levels can normalize without statins or other drugs. Moreover, it is known that vitamin C regulates the key enzyme in cholesterol synthesis in the body. This is the same enzyme (HMG-CoA reductase) that is the target of statin drugs such as Lipitor, simvastatins and others. The natural solution to cholesterol has therefore been known for years, but is not explored by the pharma industry. As such, the covering up of this knowledge benefits drug companies, but not patients.

It is a well-known fact that cholesterol reduction is possible through dietary changes and supplementation with vitamins and other essential nutrients. Indeed, our research has demonstrated definitively that nutrient synergy is effective in lowering blood cholesterol levels - including the most atherogenic form of cholesterol, lipoprotein (a) - without compromising safety.

All cholesterol-lowering drugs, including Lipitor (atorvastatin), are toxic; therefore, the FDA limited Lipitor’s daily dose to 10 mg a day. Still, even at this dose more than one-half of the patients in the Circulation study (54.5%) experienced one or more adverse side effects, and serious adverse effects were recorded in every eighth participant. The side effects ranged from nausea, myalgia, and digestive problems to myocardial infarction, stroke, and cancer. And all of this risk was taken without lowering cholesterol at all! This therefore poses a question: Why, despite the serious health risks that statins pose, was a much higher (80 mg) dose approved for this study? The logical answer is: the manufacturer was presuming that increased drug toxicity would trade-off against eventual benefit in halting the progression of vascular calcifications and heart disease. Yet this did not happen, as the calcification in coronary arteries did not decrease even with a high dose of the drug. Clearly therefore, there is no future in statins.

Finally, you may be wondering why the lowering of cholesterol did not reduce the progression of coronary atherosclerosis. The logical answer is: because it can’t. Elevated blood cholesterol levels are not a primary cause, or even a significant driving force, for the progression of atherosclerosis. Dr. Rath was right. It is “the nutrient-starving wall” that is responsible for atherosclerosis (Rath M, Why Animals Don’t Get Heart Attacks…But People Do! 2003). Results of our research presented to the scientific community and the general public have now been published in numerous scientific peer-reviewed journals, and, as shown in this article, prove multiple beneficial effects occurring in coronary heart disease patients – effects that statin treatment failed to document in the Circulation study.

To learn more, or to order a copy of Why Animals Don’t Get Heart Attacks…But People Do!, email: rathinternational@rath-eduserv.com
Matthias Rath, M.D., the successor of the late two-time Nobel Laureate Dr. Linus Pauling, has led breakthroughs in the natural control of cancer, cardiovascular disease, and other chronic health conditions.

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