

# Your Health

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## Throne Speech Commitment to Complementary & Alternative Medicine

February 08, 2005 – A Throne speech commitment to bring alternative medicine into the mainstream of BC health care won praise today from the BC Naturopathic Association (BCNA).

BCNA President Dr. Garrett Swetlikoff said: "For many years naturopathic physicians (NDs) have been unable to provide their patients a full range of services that reflect their education and training. The provincial government's undertaking in today's Throne speech tells us we are embarking on a new era of health care that will provide more choices for British Columbians.

In the speech, Lieutenant Governor Iona Campagnolo stated: "As your government continues to improve health care, it will devote new energy and new resources to prevention. It will explore new ways to integrate alternative health care options into our mainstream health care system."

Dr. Swetlikoff said: "This will be very good news for the more than 150,000 BC patients who rely on a naturopathic physician for their primary health care.

"Naturopathic medicine is the most comprehensive of the range of complementary medical services available to British Columbians. As such, we have an obligation to be a strong and reasoned voice in the dialogue about patient choice. Our determination to do that is reinforced by the message contained in the Throne speech."

The BCNA President said: "Our members are pleased that government caucus support for increased patient choice has been growing stronger and stronger. I particularly want to thank Management Services Minister Joyce Murray for her unwavering belief that complementary medicine has a significant role to play in the future of health care delivery.

"BC's 200-plus NDs go to their clinics every day with a core belief that prevention, wellness and science-based patient-centred care is just what the doctor ordered.

"British Columbians want and need naturopathic physicians to be fully engaged in mapping the future of health care because we focus on disease prevention and wellness. They also want us fully involved because, increasingly, we are their family physicians and a critical first point of contact in the health care system."

Dr. Swetlikoff said that some substantive work with government has already begun. For several months the BCNA has been working constructively with officials in the Health Services Ministry to ensure NDs' scope of practice truly reflects education and training.

In 2004, with the support of Ministry officials, a Naturopathic Scope of Practice Gap Analysis was prepared. It found that as a result of their exceptional and extensive training, the profession has an exemplary safety record both in BC and in North America.

"The report was commissioned to resolve scope of practice issues and allow naturopathic physicians to better serve their patients. We're talking about common sense things like having access to BC's medical laboratories, being able to directly refer our patients to specialists and use our medical training to prescribe naturally derived drugs that are controlled by prescription."

Dr. Swetlikoff added: "The association I represent is determined to be productive and proactive, to be part of the health care delivery solution. We know we can help reduce system costs, eliminate needless duplication of services, speed up the delivery of patient care and improve the quality of life of those British Columbians at risk of chronic disease."

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# Preventing Cardiovascular Disease

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The exact number of Canadians who have cardiovascular disease is unknown. It is estimated that one in four Canadians has some form of heart disease, disease of the blood vessels or is at risk for stroke accounting for the death of more Canadians than any other disease.

The Lancet predicts that an epidemic of high blood pressure will occur over the next 20 years.

The silent killer: One-third of the world's population will have high blood pressure but not even know; 42% of Canadians with high blood pressure are asymptomatic. The Framingham Heart Study found that 50% of men and 63% of women who died suddenly of coronary heart disease had no previous symptoms of this disease.

The predictors: The well-known risk factors of heart attacks and strokes include heredity, being male, advancing age, cigarette smoking, high blood pressure, diabetes, obesity (especially excess abdominal fat), lack of physical activity, elevated blood levels of homocysteine (a sulfur containing amino acid), elevated salivary levels of the adrenal hormone cortisol (released in response to chronic stressors) and abnormal blood cholesterol levels. Modifying these factors can lower the risk of having a heart attack. Many NDs offer their patients comprehensive cardiac risk assessments, as well as Genovations, a genetic test which allows you to "look" at your genes—enabling you to more actively, and more accurately, improve your health.

The culprits and progressive story to a broken heart: Coronary artery disease is the most common cause of heart attacks, which occurs when blood flow to the myocardium (muscular wall of the heart) is interrupted. Coronary artery disease is the end result of a complex process called atherosclerosis ("hardening of the arteries"). This causes blockage of arteries (ischemia) and prevents oxygen-rich blood from reaching the heart. The story begins with cholesterol and sphere-shaped bodies called lipoproteins that transport cholesterol. Cholesterol is a white, powdery nutrient that is found in all animal cells and in animal-based foods. It is critical for many bodily functions, but under certain conditions cholesterol can have harmful effects.

The lipoproteins that transport cholesterol are referred to by their size. The most commonly known are low-density lipoproteins (LDL, often referred to as "bad") and high-density lipoproteins (HDL, or "good"). The

damaging process called oxidation is an important trigger in the atherosclerosis story.

A chemical process occurs in the body caused by the release of unstable particles known as oxygen free radicals. This is a normal process in the body, but under certain conditions (such as exposure to cigarette smoke or other environmental stressors) these free radicals are over-produced and released in artery linings oxidizing low-density lipoproteins (LDL). The oxidized LDL is the basis for cholesterol build-up on the artery walls.

For the arteries to harden there must be a persistent reaction in the body that causes ongoing harm, an immune process known as the inflammatory response. This eventually causes arteries to calcify/harden becoming narrower. The end result? A heart attack

## Heart health goals and alternative treatments

### Heart-Healthy Eating

The goals of a heart-healthy diet are to eat foods that help obtain or maintain healthy levels of cholesterol and other lipids (fatty molecules) by achieving the following:

Reducing overall cholesterol levels and low-density lipoproteins (LDL), which are harmful to the heart.

Increasing high-density lipoproteins (HDL), which are beneficial for the heart.

Reducing other harmful lipids (fatty molecules), such as triglycerides and lipoprotein (a).

Choose fiber-rich food (whole grains, legumes, nuts) as the main source of carbohydrates, along with a high intake of fresh fruits and vegetables.

Avoid saturated fats (found mostly in animal products) and trans fatty acids (found in hydrogenated fats and many commercial products and fast foods). Choose unsaturated fats, particularly omega-3 fatty acids (found in vegetable and fish oils).

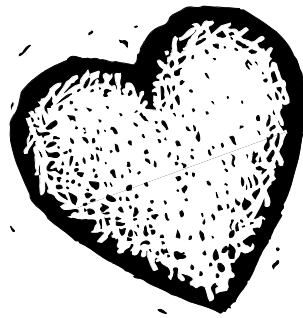
In selecting proteins, choose soy protein, poultry, and fish over meat.

Weight control, quitting smoking, and exercise are essential companions of any diet program.

### What are the *Friendly Fats*?

The essential fatty acids omega-3, omega-6, and omega-9. Omega-3 fatty acids are found in fish oil (docosahexaenoic and eicosapentanoic acids) and plants (alpha-linolenic acid). Omega-6 polyunsaturated fatty acids are found in corn, safflower, soybean, and sunflower oil.

Omega-9 monounsaturated fatty acids are contained in canola and olive oil, Most benefits are obtained from a balanced combination of all three fatty acids.



## Sugar: Think Twice About a Valentine Treat

### Beneficial Antioxidants

Antioxidants, vitamins A, C, and E, beta carotene, CoEnzyme Q10 and many phytochemicals can neutralize free radicals. It is clear that such vitamins are required to prevent deficiency diseases. In addition, foods rich in antioxidants are important disease fighters.

Important minerals and vitamins include potassium, magnesium, and calcium. These help to regulate the tone of the muscles lining blood vessels. B vitamins, such as supplementation with folic acid, vitamin B6 and/or B12 can reduce elevated homocysteine levels in most patients.

### Other Considerations

Surprisingly, a number of studies have found heart protection from moderate alcohol intake (defined as one or two glasses a day). The benefits reported have been higher HDL levels, blood clot prevention, and anti-inflammatory properties. Although red wine is most often cited for healthful properties, any type of alcoholic beverage appears to have similar benefit. On the negative side, an estimated 10% of hypertension cases are caused by alcohol abuse.

Although it contains caffeine, tea, both black and green, is often cited for its health benefits. Green tea especially is rich in chemicals that offer protection against damaging forms of LDL.

### Other Therapies

Chelation therapy uses "chelating" agents which bind heavy metals and minerals that contribute to arterial blockage, increasing the arterial diameter and therefore decreasing blood pressure and hence heart disease risk.

Hawthorn is a herb used to treat either high or low blood pressure by strengthening the action of the heart. Hawthorn helps the heart in several ways. It may open (dilate) the coronary arteries, improving the heart's blood supply; increase the heart's pumping force; eliminate some types of heart-rhythm disturbances (arrhythmias); and it may help limit the amount of cholesterol deposited on artery walls. It does, however, take one to two months for maximum effect and should be considered a long term therapy.

Carnitine, an amino acid (building block of protein) dilates arterial walls, and reduces blood and tissue lipids—the 'nasty' cholesterol that clogs arteries.

There are eight tablespoons of sugar in one can of Coca Cola. Double the amount of epinephrine is released in children that consume refined sugar. Epinephrine is a hormone that causes stress response symptoms such as anxiety, increased heart rate and restlessness. One tablespoon of sugar decreases a person's immune system function by 40% for six hours. The average North American consumes 125g sucrose plus 50g of other refined simple sugars each day!

Professor Kaare Norum, leader of the World Health Organization's (WHO's) fight to prevent millions developing diet-related diseases, has sparked an international war of words with his grave concern over American opposition to the WHO's blueprint to combat obesity. He accuses the US of making the health of millions of young Americans "a hostage to fortune" because it has failed to take action over the fat epidemic as a result of its business interests, particularly the sugar lobby.

Norum is the most senior scientist involved in an attempt to formulate a worldwide policy to fight heart disease and diabetes resulting from a junk food diet. An estimated 60% of disease worldwide is now due to cardiovascular illness, which causes 47% of deaths.

US President Bush insists fighting fat is a matter for the individual, not the state. But [England's] The Observer reveals how he and fellow senators have received hundreds of thousands of dollars in funding from "Big Sugar." One of his main fundraisers is sugar baron Jose 'Pepe' Fanjul, head of Florida Crystals, who raised at least \$100,000 for Bush's re-election campaign in 2004.

The Bush administration particularly opposes a recommendation that just 10% of people's energy intake should come from added sugar. The US has a 25% guideline.

Sources: The Guardian; Dr. Nina Lange, a naturopathic physician practicing in West Vancouver—link to [www.biobalance.ca](http://www.biobalance.ca)

## Major US Health Report on CAM

More than a third of American adults report using some form of complementary and alternative medicine (CAM). Depending on how the definition of CAM is determined in surveys, between 30% and 62% of US adults use CAM. In fact, total visits to CAM providers each year now exceed those to general practitioners.

Perhaps the most extensive, in-depth study on CAM ever collaboratively written, "CAM in the United States" was recently published by the National Academy of Sciences. The authors included a diverse range of health professionals/providers, analysts, observers and managers from both the "conventional" and CAM sectors. The considerations and recommendations in the report covered virtually the entire breadth of CAM use.

The report began with the premise of widespread CAM utilization as noted above.

Drawing from that widespread use, the report focused on incorporating the same principles and standards of evidence of treatment effectiveness to all treatments—regardless of whether they are considered CAM or conventional. Standardized evidence, commonly referred to as randomized controlled trials (RCTs) has both a benefit and a downside.

On the downside, RCT cannot effectively test many facets of CAM, most obviously medicines specifically tailored for individuals, or energetic medicine, such as acupuncture. RCT also draws on what is statistically significant. If a remedy heals one patient that may be statistically significant to a CAM provider; but in a pool of candidates being tested using RCT, one healed patient among dozens of unhealthy patients is statistically insignificant.

On the plus side, the report included recommendations for a wide variety of non-RCT trials such as: observational and cohort studies, case-control studies, preference studies which compare randomized and non-randomized results.

The report also included a section recommending that medical research on CAM not be the exclusive domain of conventional practitioners and researchers. The authors suggested investigators with backgrounds in such diverse fields as psychology, sociology, anthropology, economics, genetics, pharmacology,

neuroscience and health services work collaboratively on research.

The authors also suggested that the US government's National Institutes of Health provide the support necessary to incorporate diverse research measures along with practice-based research networks.

Bridging the gap between the provision of distinct health services and combining these services is a fine line. Recognizing this, the authors write: "Even as CAM and conventional medicine each maintain their identities, traditions, and practitioners, integration of CAM and conventional medicine is occurring in many settings. Hospitals are offering CAM therapies, a growing number of physicians are using them in their private practices, integrative-medicine centers...are being established and health maintenance organizations and insurance companies are covering CAM."

This underscores the patient perspective on health care, that CAM and conventional medicine are not mutually exclusive.

The authors also recommend conventional health profession schools incorporate more information on CAM into standard curricula [cf the Calgary Herald article cited on facing page]. To read a 30-page executive summary of the report, link to the National Academy of Sciences website at [www.nap.edu](http://www.nap.edu)

### Research Should Look to Determine:

- The social and cultural dimension of illness experiences, health care-seeking processes and preferences, and practitioner-patient interactions
- How often users of CAM, including patients and providers, adhere to treatment instructions and guidelines
- The effects of CAM on wellness and disease-prevention
- How the American public accesses and evaluates information about CAM modalities
- Adverse events associated with CAM therapies and interactions between CAM and conventional treatments

Excerpted from: "Complementary and Alternative Medicine in the United States (2005)" Board on Health Promotion and Disease Prevention

## Alberta College Initiates CAM Program

Calgary is poised to become the national leader in research and training in the field of complementary and alternative medicine, notes the **Calgary Herald** in this February profile.

The city will be the site of Canada's first post-secondary institute dedicated to advancing complementary and alternative health, as well as the first place where information about scientifically proven alternative health options will be offered by the Calgary Health Region on its 24-hour phonenumber.

The two initiatives will be announced at a news conference today at Mount Royal College, the Herald has learned.

Pat Trottier, Integrative Health Institute chairwoman at Mount Royal, said "there is a growing demand and need for quality, trustworthy evidence-based information around complementary and alternative health.

"That has grown out of the huge demand from the general public for it," said Trottier.

"We know from previous studies there are more visits to non-conventional healers than there are sometimes to MDs.

"As it has become more and more popular, traditional medicine has looked at it and said, 'What is there about this that we can integrate into our practices?' And they are slowly doing that, but it is all based around what has been scientifically proven to work."

Complementary and alternative health care describes a wide range of therapies and products that are not part of conventional medicine as practised by mainstream doctors.

They share the common characteristic of working in conjunction with the body's self-healing mechanisms, are holistic in treating the whole person, involve the patient as an active participant and focus on disease prevention and well-being.

Therapies include everything from acupuncture to energy healing, yoga and aromatherapy.

Dr. Badri Rickhi, executive director of the Canadian Institute of Natural and Integrative Medicine, said today's announcement is very important because "there are little pieces scattered all around the place we've been trying to connect and work together."

"One of the areas is in education — doing research in education and teaching people to become researchers," said Rickhi, a clinical associate professor with the University of Calgary's faculty of medicine and vice-president of the Canadian Medical Acupuncture Society.

"Sixty per cent of people in Alberta at one time will use integrative medicine. So getting us all connected to serving them is extremely important

... People are looking at options for wellness and prevention and people are just curious on how they can better their health. We're becoming more concerned about our health than we have ever been before. In Alberta, particularly Calgary, we're extremely health conscious. It's one of the most health-conscious cities in Canada.

National polls done in 2000 estimated between 60 per cent and 70 per cent of Canadians sought some type of complementary or alternative health care in the previous year. In a 1999 Canadian survey, conducted on behalf of the Fraser Institute, 73 per cent reported using complementary or alternative health care sometime in their life.

The Fraser Institute survey suggests the Canadian population spent more than \$1.8 billion out-of-pocket on visits to providers of alternative medicine in 1997. Additional spending on books, medical equipment, herbs, vitamins and special diet programs pushed that figure to more than \$3.8 billion.

Dr. Marja Verhoef, head of the Canada Research Chair in Complementary Medicine at the U of C's faculty of medicine, said it's important to know more about the field because "people are using it a lot."

"People don't always know how effective and how safe they are, and people may not always know how to make decisions about them," said Verhoef. "Those things need to be addressed. People need to be educated about it. They need to be studied. And there needs to be information about it.

"We do need to look at how this can play a role in the health-care system . . . I think the initiative at Mount Royal College is a good beginning, but a lot more needs to happen."

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**The Institute for Ethical Leadership has published a collaborative report on health care in BC.**

**Based on input from a broad range of health professionals, care providers, patients and administrators, the report urges the government to revisit the conventional system, incorporating and promoting prevention into health policy.**

**To read press about or see a copy of the report, link to [www.ethicalleadership.com](http://www.ethicalleadership.com)**

## Govt: Can't See Forest For Trees...again

In the last issue of Your Health we noted the importance of preventive strategies in respect to preventing and treating diabetes. We also quoted statistics showing the benefits of complementary medical treatments. Since then, the government has opened the debate on diabetes and preventive strategies. The following paragraphs include excerpts from **Les Leyne's article in the February 3, 2005 Times Colonist** on the government's discussion.

'The increasingly prevalent disease [diabetes] costs the province about \$760 million a year and occupied the better part of a day at a public accounts committee meeting this week. It featured the auditor general's office—which last year criticized the Health Ministry for shortcomings in its approach to the disease—versus Deputy Health Services Minister Penny Ballem, who disagreed with the recommendations advanced to improve the picture.

"The alarming facts about the prevalence of the disease have been out for years. About five per cent of the population has been diagnosed with diabetes and there are many more people who have it and don't know it yet.

"The increase in adult onset Type 2 diabetes is widely blamed on obesity, which has tripled in Canada in the past 20 years. But other factors include longer life spans brought on by better medical care and the increased ethnic mix of the B.C. population.

"Outlining last year's report, the auditor general's office told MLAs that primary prevention efforts—stopping people from getting the disease—are limited and are falling short." But the government has failed to incorporate naturopathic doctors into health care strategy and to date have not recommended or utilized naturopathic medical resources as part of a prevention strategy.

"Secondary prevention efforts—helping people just diagnosed—are also limited, they said.

"The audit raised four questions — what information is needed to manage the epidemic, what's the best use of education centres and dedicated staff, how can continuity of care be ensured when patients are in hospital for other conditions, and how can children with diabetes be helped into adulthood?

"The audit also warned there is little hope of actually saving money. "It is likely that spending will have to increase if diabetes prevention is to be successful ... Success still needs a number of interventions, each a big enough dose applied long enough and applied to multiple targets. Unfortunately, little is being done now in B.C. that meets this standard," said the office.

"Ballem said she welcomed the independent look at the government's efforts, but disagreed with the key findings, saying the ministry is making a lot of progress.

"And the government's general thrust departs from the audit recommendations, as they are looking at general prevention strategies.

"What we have chosen to do is not work disease by disease but to focus on these very, very major risk factors, for which the mitigating strategies ... will impact across all kinds of things.'

"Ballem told MLAs that diabetes is only one of the chronic diseases that are on the rise as the population ages.

"One of the basic premises we'd like to leave with the committee is that to develop an individual strategy for every chronic disease will actually waste resources ... If we focus disease by disease by disease, we will lose resources and time.'

"Working out a general prevention and management program for congestive heart failure, hypertension, diabetes and asthma, among others, is the tack bureaucrats are taking.

"Ballem made a final telling point about where the most action is needed.

"And it's not in the Health Ministry. 'One ministry in government cannot solve these problems. You have to mobilize our communities. We cannot solve this in the health-care system alone. Everybody has to get engaged.'"

Read the Deputy Minister's comments in full in Hansard. Link online to her comments using the following URL:

<http://www.leg.bc.ca/cmt/37thparl/session-5/pac/hansard/p50131a-blues.htm>



# Seeking out Sulphites

Many individuals on a detoxification protocol or dealing with allergies need or wish to avoid the consumption of sulphites. Unfortunately, this can be very difficult as they are present in many of the processed foods we frequently eat.

Sulphites, commonly used as a food preservative, are also used to maintain freshness in certain fruits and vegetables (often with grapes or peeled potatoes), and in some medications.

Unfortunately, sulphites which occur naturally in many foods, cannot be removed through washing or cooking, as they bind to protein, starch and sugar.

Even a dental anaesthetic is likely to include sulphites—as may a number of other unsuspecting dental items such as rubber gloves and dams, lubricants, fluoride pastes and filling compounds.

On labels sulphites are often listed with the prefix potassium or sodium; sodium dithionite and sulphurous acid are also considered sulphites. Some items, such as deli meats, bulk foods and alcohol are not required by law to list sulphites on packaging.



Many sweeteners contain sulphites (e.g., commercial candies, icing, glucose, dextrose, brown sugar and molasses). However, honey, maple syrup, juices and jellies made without added pectin or gelatin are generally sulphite-free.

Similarly, pure flours or grain and breakfast cereals without dried fruit or coconut are usually sulphite free. Frozen pastry, most instant cereals, canned, frozen and dried commercial pasta, dried vegetables, processed potatoes, frozen mushrooms, tomato paste and pickles almost always have sulphite content.

If looking to avoid sulphites, look out not only for “bisulphite” in the ingredient list but also corn starch. When corn starch is manufactured, the corn is steeped-soaked in hot water and mixed with 1000-2000 ppm of sulphur dioxide. This process is meant to increase the growth of favourable micro-organisms, such as lactobacillus, and destroy moulds, fungi and yeast. However, the finished product can cause reactions amongst those sensitive to sulphites.

For more information on sulphites, contact your naturopathic physician.

# Health Bytes

Cosmetics Labels To List Ingredients: Shopping for cosmetics, from shampoo to skin-softening foot creams, is about to get easier for people with allergies and chemical sensitivities. Health Minister Ujjal Dosanjh said December 3rd, that all cosmetics sold in Canada will have to list ingredients on their labels, which will increase consumer safety. The rules are being phased in and will be in force by November 2006.

Coffee may be fat free, but Starbucks' Venti White Chocolate Mocha with whole milk and whipped cream is virtually a milk shake. It totals 630 calories, has 29 grams of fat, and 19 grams of saturated fat. Even if you skip the cream and order skim milk, it's still 430 calories...

Eating your greens is important, but not all green vegetables are created equal. Green beans, for example, are not exceptionally nutritious. Green peas, on the other hand, have three times more fibre, 40% more iron and 25% more vitamin A and C than green beans.

Asparagus can have a positive impact on pesticide exposure. A study at the University of California, Davis, tested various foods to see their impact on neutralizing the negative effects of a common pesticide called malathion. While carrots, kale, spinach and broccoli all had a positive impact on reducing the effects on the nervous system, asparagus actually reduced the pesticide to a non-detectable level.

Canadian Health Conscious Consumers : Loblaw's/President's Choice funded an Ipsos-Reid survey showing that 87 per cent of Canadians “are trying to make healthier eating choices but still want to do better.” It also found that 78 per cent would prefer to make “lifestyle changes” instead of following a quick-fix diet.

Sources: Globe & Mail, December 4, 2004, January 27, 2005, Nutrition Action Healthletter, Our Toxic Times

## Will Disillusion Topple “Drug Lords”?

In just one week in 2004, the news included reports that drug giant Schering-Plough had pleaded guilty to cheating the US Medicaid system; New York City initiated a lawsuit against leading pharmaceuticals including Amgen, Bayer, Bristol-Myers Squibb, Eli Lilly, Johnson & Johnson and Merck, for inflating costs and defrauding taxpayers; Janssen Pharmaceutical Products admitted it had withheld from the public information about potentially fatal side effects in a schizophrenia drug it markets; and Wyeth settled (yet another) case in the multi-billion dollar lawsuits against it by patients who suffered permanent injury from the use of their weight loss drug fen-phen. *And that was just one week.*

All these “smaller” issues have been overshadowed by major recalls: Merck’s Vioxx, perhaps getting the most attention, but also Bayer’s statin drug Baycol and the diabetic medicine Rezulin, among others. Is it any wonder patients are turning to valid non-drug alternatives for their health care? The rise of interest in and use of CAM cannot be attributed to promotion, but rather disillusionment with the “conventional” system.

The hoopla over the pharmaceutical industry’s deceit is sometimes portrayed as sour grapes by a few unfortunate patients. But, in fact, “establishment” health professionals are crying foul just as loud. Former editor in chief of the New England Journal of Medicine, Marcia Angell, is author of “The Truth About the Drug Companies: How They Deceive Us and What to do About it.” Angell contends that the drug industry has polluted

the scientific basis of modern medicine with rigged market-driven clinical studies that inflate the effectiveness of new, high-priced drugs while concealing their risks to patient safety.

Marketing, not health, drives the drug industry. Angell also provides evidence to thoroughly dispute the drug company claims that \$802 million is the average cost to develop a new drug. In fact, very few new drugs are new molecular entities or novel compounds. In the years 1998-2002 the FDA considered only 14% of the 415 newly approved drugs as “a significant improvement” over existing products.

In a similarly damning title, “Powerful Medicines: The Benefits, Risks and Costs of Prescription Drugs,” Jerry Avorn persuasively argues that prescription drugs are overpriced, often mediocre, and that the pharmaceutical industry—with worldwide revenues of over \$400 billion—has enveloped itself in a self-serving mythology completely removed from the patient base it claims, on American airwaves, to hold so dear.

Severe and sometimes fatal side effects. The

The unscrupulous business practices of drug companies do not rest solely with drug marketing. In Canada, class action lawsuits were launched based on allegations of global price-fixing and market allocation for certain vitamins, including biotin, bulk vitamins, choline chloride, methionine and niacin. The lawsuits were commenced in British Columbia, Ontario and Quebec against a number of vitamin manufacturers and distributors including Merck, BASF and Roche. For details on the results of these lawsuits, link to [www.vitaminsclassaction.com](http://www.vitaminsclassaction.com)

deliberate withholding of scientific data. Fraud, government and public deception. Countless lawsuits with billions in settlements, and growing. A startling and growing array of public disillusionment, even amongst the professionals who believe in and promulgate drug use. Are the “drug lords” about to tumble?

Angell’s book is available from Random House; Avorn’s from Knopf. Another title on this theme is “On the Take: How America’s

Complicity with Big Business Can Endanger Your Health” by Jerome Kassirer, also a previous editor at the NEJM, available from OUP.

Phone us toll-free: 1-800-277-1128

PHYSICIAN REFERRALS \* NATUROPATHIC MEDICAL INFORMATION \* STUDENT INFORMATION

Your Health is published quarterly by the British Columbia Naturopathic Association, the professional association for naturopathic physicians in the province. It is compiled and edited by Glenn Cassie. The information provided herein is for educational and reference purposes only; it is not intended as a substitute for consultation and diagnosis nor treatment from a qualified doctor.

Your Health is provided free to BCNA members.

The BCNA offers patients, across the province, referrals to licenced naturopathic doctors (NDs) in their area, as well as student information to persons interested in the profession. It is the BCNA’s purpose

to advance the scientific, educational and professional aspects of naturopathic medicine.

The public is welcome and encouraged to join the BCNA. An annual membership fee of \$25 assists the BCNA in its efforts to increase government recognition and heighten the profession’s profile. Membership entitles you to a one-year subscription to Your Health and other news and information bulletins.

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