

Big Pharma's Battle against Vitamins and Homeopathic Medicine

By <u>Wendell O. Belfield, Jr.</u> Global Research, September 03, 2017 <u>Orthomolecular Medicine News Service</u> 1 September 2017 Region: <u>USA</u> Theme: <u>Science and Medicine</u>

"It is difficult to get a man to understand something when his salary depends on his not understanding it." (**Upton Sinclair**)

(OMNS Sept 1, 2017) Now there's yet another article cautioning readers to **not take vitamins because they may somehow increase the risk for lung cancer. [1,2]**

Attacks pushing drug treatment, in preference to less expensive and more effective treatment with vitamins and other essential nutrients, have become quite common in recent years. Orthomolecular medicine has adapted to such assaults. The field now looks forward to these spurious attacks because they provide a level of comic relief from the tensions of serious orthomolecular research.

The gist of the article is the following: Epidemiologists at two American cancer research institutes (Mayo Clinic and Ohio State University) and the National Taiwan University studied 77,000 men between the ages of 50-76. The research institutes found evidence to suggest that long term (10 years) high dose supplementation with 20 mg of vitamin B6 (Pyridoxine Hydrochloride) and 55 mcg of B12 (cobalamin) – nutrients that are necessary for proper cellular metabolism throughout the body – was linked with a 3-fold increase in risk of developing lung cancer **in men who regularly smoked**.

"I think smoking is such a wild card that it can throw off many a study. To me, it would be like studying the effects of artificial colors in soft drinks . . . when served to people dying of thirst." (Andrew W. Saul)

What was not made clear during the rant was why vitamins B6 and B12 were chosen for lung cancer research. Indeed, **Abram Hoffer**, MD, PhD, has written of the great value of these nutrients, saying

"vitamin B6 should be taken for the protection against arteriosclerosis, heart disease and strokes. Vitamin B6 is one of the nutrients essential in the conversion of homocysteine to the nontoxic cystathionine. Vitamin B12 (cobalamin) is used to maintain the health of all body cells by production of nucleic acid. It maintains nerve tissue sheaths, helps in blood formation and the production of genetic material DNA and RNA and affects protein and fat cells." [3]

Modern medicine places a great deal of importance on RDA vitamin intake, believing a good

diet will somehow provide all the necessary nutrients to maintain good health. There is this ingrained belief that higher, optimal doses of vitamins are not necessary. Yet when it comes to treating pernicious anemia, conventional physicians will frequently use megadoses of B12 such as 100 mcg injections. 100 mcg is 40 times the RDA. They are inadvertently practicing orthomolecular medicine. Why can't they expand their minds to using mega-doses of other vitamins?

The authors of the above-mentioned article missed the fact that the most recent data (2015) from the United States National Poison Data System emphatically states that there were no deaths from vitamins, no deaths from minerals or amino acids, and no deaths from homeopathics or herbs.[4,5]

The article is misleading because it only showed an association (correlation) with an increased risk of lung cancer in smokers. It only assessed the amount of B vitamins that the study participants were consuming via dietary surveys, not actual blood levels. The article makes no mention of the source of B vitamins in the participants' diet. I doubt, in the smokers, that they are coming from an over-consumption of leafy greens! And the study only evaluated current or past smokers, as there were too few never-smokers to evaluate associations. Therefore one is suspicious that the problem was smoking, not the vitamin B6 or B12 reported in the diet.

Further, the risk of previous smokers was significantly less than for current smokers, implying that smoking was the true risk factor, not vitamin intake. In fact, some previous studies have found no association, or even an inverse (protective) relationship between blood levels of vitamins B6 and B12 and lung cancer! [6,7]

Said one study:

"The authors found significantly lower risk of lung cancer among men who had higher serum vitamin B6 levels. Compared with men with the lowest vitamin B6 concentration, men in the fifth quintile had about one half of the risk of lung cancer." [7]

Vitamins are not the problem. In fact, they can prevent lung cancer. The pioneering research conducted by **Indu B. Chatterjee,** PhD, demonstrates the importance of taking adequate doses of vitamin C and other essential nutrients.

Dr. Chatterjee was a colleague of **Drs. Irwin Stone** and Nobel Laureate **Linus Pauling**. Here is a quote from Chatterjee: "I had indeed significant contact with the late Dr. Irwin Stone and Linus Pauling. In fact, Dr. Irwin Stone sent a copy of his book **The Healing Factor: Vitamin C Against Disease** with a handwritten inscription in red ink: "In appreciation for your pioneering work on ascorbate biosynthesis," dated 13 March 1974. In an e-mail sent to me five years ago it is quite apparent that Dr. Chatterjee was a more skillful marksman and superior researcher than the epidemiologists at the two American Cancer research institutes and the National Taiwan University. He wrote:

"Besides having the importance of vitamin C in our day to day nutrition, our recent work indicates that vitamin C is really a panacea for preventing cigarette smoke-related fatal diseases like emphysema, cardiovascular disease, and also lung cancer. Although cigarette smoke contains about 4000 compounds, p-benzoquinone produced from p-benzosemiqinone of cigarette

smoke in the lungs of smokers appears to be a major factor for producing the diseases.

"All commercial cigarettes contain substantial amounts (100-200 micrograms/cigarette smoke) of p-benzosemiquinone, which is oxidized to pbenzoquinone in the lungs of smokers and denatures proteins and DNA. From lungs, p-benzoquinone goes to blood and all organs. Because these dreadful diseases have no cure, prevention should be the target. Vitamin C is a strong antagonist of p-benzoquinone and intake of a moderately large amount of vitamin C (about 2,000 mg/day) by smokers should almost completely prevent cigarette smoke-induced diseases. In support of this, I am appending below some of our recent publications." [8-13]

Conclusion

If you want to reduce your risk of lung cancer – or any type of cancer, and also of heart disease – you can **stop smoking**. The risk goes down once you stop. And don't believe the shills. You should take adequate doses of the B vitamins, and vitamins C, D, and E. [14,15]

Notes

1. We Should Never Have Told People to Start Taking Vitamins and New Research Linking One Type to Cancer Shows

Why. <u>https://www.aol.com/article/news/2017/08/24/we-should-never-have-told-people-to-start-taking-vit</u> amins-and-new-research-linking-one-type-to-cancer-shows-why/23178576/

2. Brasky TM, White E, Chen CL. Long-Term, Supplemental, One-Carbon Metabolism-Related Vitamin B Use in Relation to Lung Cancer Risk in the Vitamins and Lifestyle (VITAL) Cohort. J Clin Oncol. 2017 Aug 22:JCO2017727735. <u>https://www.ncbi.nlm.nih.gov/pubmed/28829668</u>

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4. Saul AW. No Deaths from Vitamins. None. Safety Confirmed by America's Largest Database.
Orthomolecular Medicine News Service, Jan 3,
2017 <u>http://orthomolecular.org/resources/omns/v13n01.shtml</u>

5. Saul AW. No Deaths from Supplements. No Deaths from Minerals or Amino Acids. No Deaths from Homeopathics or Herbs. Orthomolecular Medicine News Service, Jan 5, 2017.<u>http://orthomolecular.org/resources/omns/v13n02.shtml</u>

6. Johansson M, Relton C, Ueland PM, et al. Serum B vitamin levels and risk of lung cancer. JAMA. 2010; 303:2377-2385. <u>https://www.ncbi.nlm.nih.gov/pubmed/20551408</u>

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proliferation of lung cells and prevention by vitamin C. J Oncol. 2011; 2011:561862.<u>https://www.ncbi.nlm.nih.gov/pubmed/21772844</u>

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12. Chatterjee IB. The history of vitamin C research in India. J Biosci. 2009 ; 34:185-94. <u>https://www.ncbi.nlm.nih.gov/pubmed/19550033</u>

13. Banerjee S, Chattopadhyay R, Ghosh A, Koley H, Panda K, Roy S, Chattopadhyay D, Chatterjee IB. Cellular and molecular mechanisms of cigarette smoke-induced lung damage and prevention by vitamin C. J Inflamm (Lond). 2008; 5:21. <u>https://www.ncbi.nlm.nih.gov/pubmed/19014449</u>

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15. Vitamin E Attacked Again. Of Course. Because It Works <u>http://orthomolecular.org/resources/omns/v07n11.shtml</u>

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