

Photo somewhere out at sea by Dr Vasquez

Medical Ethics • Medical Ethics • Scientific Integrity • Medical Education • Physician Suicide

We are Unhappily Lost at Sea, and We must Swim Back to the Shore of Medical Ethics to Avoid Drowning in Self-Inflicted Denigration and Moral Injury

Alex Vasquez DO ND DC FACN

The paradoxical discord of studying medical sciences while avoiding adverse effects of medicines

Among the many topics insufficiently detailed in medical school and post-graduate medical training is that of adverse drug effects, except for those adverse effects that might appear on medical licensing exams, with those in particular being rather bland and of low consequence, e.g., reversible constipation resulting from certain calcium-channel blocking drugs. Rather than avoiding the topic of risk, I propose here that Medicine (as an educational process, a discipline and a profession) should embrace the truth of risk, obviously but not simply for the benefit of our patients, for the inner peace and intellectual clarity that such a relationship to truth can provide.

Focusing on false dichotomies distracts us from better options

More and more, public "news" and professional conversations (journals, continuing education programs) about certain classes of drugs are failing to account for **risks of harm, risks of inefficacy and risks of distraction**.¹⁻¹² While risks of harm are clear and concrete (see hyperlinked citations below) and can be calculated as real numbers (assuming the researchers are honest and the numerators and denominators are accurate¹³), the distractive risks of inefficacy of medical interventions hardly receive discourse other than the bipolar extremes of "it works" or "it doesn't work."

Is Drug X better than placebo? How will we ever know if the researchers used a fake placebo¹⁴, the journal accepted their overt lies¹⁵ and subtle absurdities¹⁶ for publication then refused to publicize disclosure of the grossest error¹⁷, and then the story was repeated *ad nauseam* throughout the pharma echo chamber¹⁸ via news and headlines that directly impacted more than 10 million

people? If Medicine allows the degradation of the very science that underlies and supports the profession¹⁹, then medical journals function as nothing more than drug catalogs²⁰ and Medicine as a profession has allowed itself to be rightly denounced as a cult of drug-pushers.

Between and beyond the false dichotomies of placebos/interventions and efficacy/inefficacy is a conversation that matters: discussing options, some of which may be far superior to the treatment being discussed in terms of availability, safety, affordability, efficacy and **collateral benefits**, such as those common to nutritional interventions, such as using the amino acid (acetyl)cysteine in the prevention and treatment of viral infections (recently reviewed in video presentation²¹). Would not the study and practice of Medicine be more satisfying and efficacious if we empowered ourselves with detailed knowledge of how to provide maximum benefit by giving the patient what he/she needs, rather than whatever drug correlates with whatever diagnostic code and pharma-friendly demographic?

Lost in a Sea of Pro-Pharma Oversimplification

Medicine as a profession, especially in America, is increasingly lost, inefficient, depressed, suicidal²², "morally injured"²³, industry-controlled²⁴, overly attached to electronics²⁵ and catastrophically detached from its ethical core—*multifaceted yet singular*—mission of

- 1) **Beneficence**: providing benefit,
- 2) **Non-maleficence**: do no harm,
- 3) **Autonomy**: acknowledging the patient's the freedom to choose the course of their healthcare),
- 4) **Education, informed consent**: patients are free to choose only if/when they have been fairly educated about the treatment risks, benefits, and alternatives; the

education of the patient is the responsibility of the physician,

5) Respect for human rights, The Nuremberg Code: doctors cannot torture people, cannot experiment on people, and cannot use coercion, intimidation, fraud, deceit, or threats,

6) Justice: ensuring fairness, such as with the distribution of resources, and

7) Confidentiality.

Nuremberg Code—the most important document in the history of the medical ethics:

"The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, **without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion;** and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision." [Shuster E. New England Journal of Medicine 1997](#)

How many practicing physicians can even name the pillars of medical ethics? How many medical students are crushed and overworked within an inch of their lives by the educational steamroller that is medical training and yet have never had a single impactful lecture on medical ethics? Medical ethics is not a dry abstraction; ethics is ultimately respecting the person in front of us. Remove any of the main pillars—beneficence, non-maleficence, autonomy, human rights—and the doctor has turned the patient into a manipulable object, degrading not only the patient but also the potential and purpose of the therapeutic relationship and ultimately the doctor's own profession, work, life and (for those capable of reflection) self-image.

Stated more plainly: When doctors passively genuflect to pharma-bribed politicians²⁶ and obviously fraudulent research (yes, even when published in big journals, i.e., following the logical fallacy of submission to authority, e.g., the genetic/source fallacy), they are denying their own autonomy and intellectuality, in effect converting themselves into slaves for an obviously corrupt machine. **This is self-degradation—the mind insulting itself for the sake of compliance, submission to authority, and the ease of not having to think but rather just follow orders. This is self-inflicted moral injury.** Further to this self-insult is the simultaneous degradation of the patient, who is now reduced to an

Drug mandates void Medicine's claim to professionalism: Per the Nuremberg Code, "the voluntary consent of the human subject is absolutely essential." Doctors cannot torture, cannot experiment on people, cannot use coercion, intimidation, fraud, deceit, or threats. [Shuster, New England Journal of Medicine 1997](#)

object to be drugged and medicated without respect, without care, and without the connection that is inherent to interpersonal responsibility. In other words, as medical physicians ("MD") submit to function as **Medical Dispensers** and patients are turned into living and breathing drug targets, the medical profession contributes to its own depression and despair by eliminating the most intimate, rewarding, and reciprocally-sustaining aspects of Medicine. The irony is that when physicians mindlessly follow pharma-bought protocols and mandates, they are not practicing Medicine but avoiding the practice of *Medicine* by practicing *mindlessness*, which is inherently self-degrading. As stated by Branden²⁷, "If we do not bring an appropriate level of consciousness to our activities, if we do not live mindfully, the inevitable penalty is a diminished sense of self-efficacy and self-respect. **We cannot feel competent and worthy while conducting our lives in a mental fog.** Our mind is our basic tool of survival. Betray it and self-esteem suffers. The simplest form of this betrayal is the evasion of discomfiting facts. ... **Consciousness that is not translated into appropriate action is a betrayal of consciousness; it is mind invalidating itself.** Living consciously means more than seeing and knowing; it means acting on what one sees and knows."

No medical student and no physician was ever inspired to practice Medicine under the rule and dictate of pharma-bought "research" and pharma-bribed politicians.

As I stated in 2005/2006, "A clinician who is unaware of the political forces that shape healthcare policy and research is analogous to a captain of an oceangoing ship not knowing how to use a compass, sextant, or coastline map. Medical science and healthcare policy are influenced by a myriad of powerful private interests which are motivated by their own goals, at times different from the stated goals of medicine, which purports to hold paramount patients' welfare. Scientific objectivity and the guiding ethical principles of informed consent, beneficence, autonomy, and nonmaleficence are subject to different interpretations depending upon the lens through which a dilemma is viewed. When this "dilemma" is the whole of healthcare, what first appears as order and structure now appears as the disarrayed tug-

of-war between factions and private interests, with paradigmatic victory often being awarded to those with the best marketing campaigns and political influence with less importance given to safety, efficacy, and the economic burden to consumers. To be ignorant of such considerations is to be blind to the nature of research, policy, and our own biased inclinations for and against particular paradigms, assessments, and interventions.”—quote from Dr Alex Vasquez, *Inflammation Mastery: Textbook of Clinical Nutrition and Functional Medicine*, quote originally excerpted from Vasquez A. Web-like interconnections of physiological factors. *Integrative Medicine* 2006.²⁸

Conclusion

Medicine needs to right its ship, re-prioritize the patient, and honor the pillars of medical ethics that distinguish the *Medical profession* from *drug sales*. Embracing the truths of biomedicine can help alleviate the **institutionalized cognitive dissonance** (forced upon medical trainees, mandated by bribed politicians) and **self-inflicted moral injury** to produce more competent, flexible, and happy (or at least less suicidal) physicians, and I am quite sure this will help physicians to provide better and more ethical care to their patients. ☒

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About the author and presenter: Alex Kennerly Vasquez DO ND DC (USA), Fellow of the American College of Nutrition (FACN), Overseas Fellow of the Royal Society of Medicine: An award-winning clinician-scholar and founding Program Director of the world's first fully-accredited university-based graduate program in Human Nutrition and Functional Medicine, Dr Alex Vasquez is recognized internationally for his high intellectual and academic standards and for his expertise spanning and interconnecting many topics in medicine and nutrition. Dr Vasquez holds three doctoral degrees as a graduate of University of Western States (Doctor of Chiropractic, 1996), Bastyr University (Doctor of Naturopathic Medicine, 1999), and University of North Texas Health Science Center, Texas College of Osteopathic Medicine (Doctor of Osteopathic Medicine, 2010). Dr Vasquez has completed hundreds of hours of post-graduate and continuing education in subjects including Obstetrics, Pediatrics, Basic and Advanced Disaster Life Support, Nutrition and Functional Medicine; while in the final year of medical school, Dr Vasquez completed a Pre-Doctoral Research Fellowship in Complementary and Alternative Medicine Research hosted by the US National Institutes of Health (NIH). Dr Vasquez is the author of many textbooks, including *Integrative Orthopedics* (2004, 2007 2012), *Functional Medicine Rheumatology* (Third Edition, 2014), *Musculoskeletal Pain: Expanded Clinical Strategies* (commissioned and published by Institute for Functional Medicine, 2008), *Chiropractic and Naturopathic Mastery of Common Clinical Disorders* (2009), *Integrative Medicine and Functional Medicine for Chronic Hypertension* (2011), *Brain Inflammation in Migraine and Fibromyalgia* (2016), *Mitochondrial Nutrition and Endoplasmic Reticulum Stress in Primary Care, 2nd Edition* (2014), *Antiviral Strategies and Immune Nutrition* (2014), *Mastering mTOR* (2015), *Autism, Dysbiosis, and the Gut-Brain Axis* (2017) and the 1200-page *Inflammation Mastery 4th Edition* (2016) also published as a two-volume set titled *Textbook of Clinical Nutrition and Functional Medicine*. "DrV" has also written approximately 100 letters and articles for professional magazines and medical journals such as *TheLancet.com*, *British Medical Journal* (BMJ), *Annals of Pharmacotherapy*, *Nutritional Perspectives*, *Journal of Manipulative and Physiological Therapeutics* (JMPT), *Journal of the American Medical Association* (JAMA), *Original Internist*, *Integrative Medicine*, *Holistic Primary Care*, *Alternative Therapies in Health and Medicine*, *Journal of the American Osteopathic Association* (JAOA), *Dynamic Chiropractic*, *Journal of Clinical Endocrinology and Metabolism*, *Current Asthma and Allergy Reports*, *Complementary Therapies in Clinical Practice*, *Nature Reviews Rheumatology*, *Annals of the New York Academy of Sciences*, and *Arthritis & Rheumatism*, the Official Journal of the American College of Rheumatology. Dr Vasquez lectures internationally to healthcare professionals and has a consulting practice and service for doctors and patients. DrV has served as a consultant, product designer, writer and lecturer for Biotics Research Corporation since 2004. Having served on the Review Boards for *Journal of Pain Research*, *Autoimmune Diseases*, *PLOS One*, *Alternative Therapies in Health and Medicine*, *Neuropeptides*, *International Journal of Clinical Medicine*, *Journal of Inflammation Research*, *BMC Complementary and Alternative Medicine* (all PubMed/Medline indexed), *Integrated Blood Pressure Control*, *Journal of Biological Physics and Chemistry*, and *Journal of Naturopathic Medicine* and as the founding Editor of *Naturopathy Digest*, Dr Vasquez is currently the [Editor \(2013-\) of International Journal of Human Nutrition and Functional Medicine](#) and [Editor \(2018-present\) of Journal of Orthomolecular Medicine](#), published for more than 50 consecutive years by the International Society for Orthomolecular Medicine.

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Tutorial & Editorial • Scientific Writing • Journal Editing • Professional Experience • Video

How to Improve Scientific Writing and Journal Editing: A Short Narrative-Video Guide, Part I

Alex Vasquez DO ND DC FACN

Introduction

“Hello everyone, Dr. Alex Vasquez here, and today I'm going to start a different series of videos, and this time the conversation is going to focus around journal editing and writing. I'm calling this “*Editing and Writing Tips #1*”, and I'm going to start with a few of my own perspectives and experiences, then I'll talk about a few basics, and a few influential ideas. In later videos, I will talk about some more specific examples, and then perhaps at some point we will have a review and conclusion.

Early Experiences and Influences

Very briefly I'll talk about some of my own experiences, and the reason for my doing this is to share with you and segue into some examples that I think are very important. Basic though they might be, a lot of our success in various fields of life actually comes from respecting and appreciating and utilizing those basic concepts.

Let us start here with some of my initial experiences. I started becoming aware of language and the fact that I had some facility for it, first, when I was about 12 years old. I remember writing a poem in class, and again this is somewhat peripheral to the main topic of today, but I do remember that early on, in that kind of my entryway, I think, in that our assignment was to write a poem, and I remember writing this poem in class, on and on, and—compared with some of the other students—I just realized that writing for me was not a struggle.

Then again, when I was in a military school, I remember in our

being asked questions, and I remember just how the answers to understanding grammar and language just came very easy to me, and I do remember feeling like I had some facility for the structure of language.

Another influential experience I had when I was about 11 years old, totally unrelated to language, is that we took, in the late 1970s or early '80s, a Computer Science class in our elementary school, and I remember that class also specifically having some influence on me, in terms of structuring logic. We basically had to write our own computer programs and this was back when computers were very new. Obviously today everybody has computers; back in the late '70s, computers were a novelty. I consider myself lucky to have taken this Computer Science class; it was obviously extremely basic, but we did have to write some code and what I remember from that is just the sequential manner in which communication has to take place in order to be successful. In this case, we were writing programs for computers and doing basic

“Writing comes from the entirety of one's experience.”

Dr Alex Vasquez

PDF articles: Full-text archives of the author's articles are available:

- <https://ichnfm.academia.edu/AlexVasquez>
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- **See original video here:** <https://vimeo.com/318326979>



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Mini-Review • Continuing Education • Microbiome • Dysbiosis • Infectious Disease

Translating Microbiome (Microbiota) and Dysbiosis Research into Clinical Practice: The 20-Year Development of a Structured Approach that Gives Actionable Form to Intellectual Concepts

Alex Vasquez DC ND DO FACN

Experience and Perspectives

Many years ago when I published my first books^{1,2} and articles³ detailing "dysbiosis", the word could hardly be found in the Medline index, the topic was controversial at best and ethereal at worst, the term "microbiome" (first published in French in 1949 and in English in 1988) was virtually unknown, and I spent most of the time and space in my lectures and articles substantiating and defending the condition's existence. These days, everyone is talking about microbiome, dysbiosis, "leaky gut" (thanks largely to Leo Galland MD), and my 1996 article on "Silent Infections and Gastrointestinal Dysbiosis" has been downloaded at least 4,000 times and is one of the top 1% most popular articles on Academia.edu.⁴ In the preparation of my dysbiosis lecture at a major functional medicine conference in 2010, I found that only 180 Medline articles indexed the term "dysbiosis", and now—slightly less than five years later—more than 1,200 articles index that term. Obviously, the dysbiosis concept has

become popular, but to do with it in *Functional Medicine*, the complete Project, the that live in to anxiety a tantalizing therapeutic being integr

"Dysbiosis" is an important concept, but doctors cannot treat concepts.

We have to define, describe, and deconstruct the microbes, molecules, and mechanisms into their components, then rebuild a conceptual scaffold and intellectual structure that becomes a useful tool that, with study and experience, can be used in a clinical setting to effective benefit.

practical application is a bit indelicate and cumbersome beyond the most commonly repeated advice of advocating probiotics, avoiding antibiotics, perhaps delving into using botanical antimicrobials and laboratory testing. Breath testing (an insensitive test for only one subtype of gastrointestinal dysbiosis) and microbiologic testing have become popular to the point of overuse as doctors grapple for clinical clues. (Noteworthy in the conversation on functional laboratory testing is that one functional medicine laboratory in particular used inaccurate proprietary microbe-identification methods to extract

they only to suffering and

PDF articles: Full-text archives of the author's articles are available:

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- See various videos and course excerpts here: <https://www.ichnfm.org/image-gallery-dysbiosis-course>

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Editorial • Informed Consent • Medical Politics • Industry Influence • Direct to Consumer Advertising (DTCA) • Ethics • Military-Industrial Complex • Private and Industry Influence in Education

Pharma Echo Chamber, Sociopolitical Matrix, and Power Vortex: A Diagram-Centric Conceptualization

Alex Vasquez DO ND DC FACN

Current Status of Vortex Diagram and Descriptions

Due to escalating political misbehavior in March 2019, the main diagram has been updated and is now being further developed and more widely distributed. This version was updated on March 3, 2019, and updated versions will be periodically uploaded to the archival website: <https://www.academia.edu/38476348>

Previous versions

1. This diagram originated spontaneously during the production of a review—titled “Introduction to #Cardionutrition: Kidney Stones and the Ketogenic Diet”—published in [video](#) and [text format](#) in 2018.
2. The diagram was again published with additional explanation in a peer-reviewed editorial published in 2019: [Vasquez A, Pizzorno J. Concerns About The Integrity of The Scientific Research Process—Focus On Recent Negative Publications Regarding Nutrition, Multivitamins, Fish Oil And Cardiovascular Disease. Integrative Medicine 2019 Feb; 8-15](#)

Commentary

The recent censorship of information that has occurred—originating from the United States but also influencing access to information worldwide—requires commentary, context and concrete documentation of its existence. **Perhaps the most important contribution of this article is the demonstration of the interconnectedness of the systems that originate and sustain thought-control and intellectual censorship in what otherwise might appear to be democratic societies.** This article contends that information requires context and that while isolated facts may be very important by themselves they cannot be more important or influential than their overall context and the resulting synergistic-exponential influence they produce; furthermore, the appreciation of these components that occur over time establishes that these events are systematic and coordinated rather than incidental and isolated.

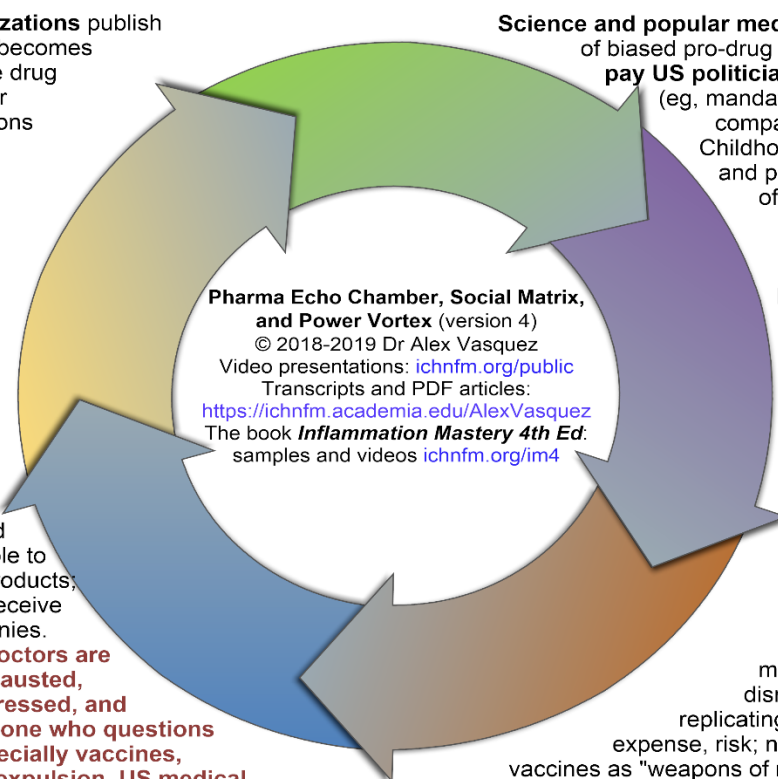
Data and Citations

1. **Medical journals are inherently biased toward publishing drug-praising articles that can also serve as advertisements and infomercials for the pharmaceutical industry, which commonly pays millions of dollars for journal reprints:** Medical journals/organizations publish pro-drug research which becomes paid advertising when the drug companies buy reprints or direct advertising for millions of dollars ([Smith, PLOS Medicine 2005](#)).
2. **Headline-making newspapers, magazines, and television programs re-publish pro-drug information to the delight of their drug advertisers:** Positive news about drugs and vaccines is headlined and featured, while actionable information about nutrition is unavailable or tainted with controversy. Medicine-positive television features “medical heroes” reinforcing medical authority, medical dependency, and the drugs-as-salvation paradigms. News stories highlighting fear of infectious diseases serve to maintain constant fear, medical dependency, and xenophobia (e.g., “Africanized” bees, Zika, El Niño, Asian flu, [Xenophobia: Ebola Stigma, Discrimination for Africans. Time Magazine 2014](#)). Many of these stories are revealed as lies after they have served their political purposes; [PolitiFact named the panicked US response to Ebola as the 2014 “Lie of the Year”, Time Magazine 2014](#).
3. **Science and popular media become an echo chamber of biased pro-drug propaganda;** drug companies pay US politicians to promote pro-drug laws (e.g., mandatory vaccinations), protect drug companies from liability (e.g., National Childhood Vaccine Injury Act of 1986), and promote international expansion of US drug sales. US politicians gag and censor free speech on topics related to medical dangers by pressuring bookstores and social media to burn books and ban documentary films. [Documentary and case report films of vaccine-induced injury and death are labeled “anti-vaccine movies” and are disappeared from bookstores and](#)

Headline-making newspapers, magazines, and television programs re-publish pro-drug information to the delight of their drug advertisers. Positive news about drugs and vaccines is headlined and featured, while actionable information about nutrition is unavailable or tainted with controversy. Medicine-positive television features "medical heroes" reinforcing medical authority, medical dependency, and the drugs-as-salvation paradigms. News stories highlighting fear of infectious diseases serve to maintain constant fear, medical dependency, and xenophobia (eg, "Africanized" bees, Zika, El Niño, Asian flu, [Xenophobia: Ebola Stigma, Discrimination for Africans Associated with Disease](#). *Time Magazine* October 29, 2014). Many of these stories are revealed as lies after they have served their political purposes; *PolitiFact* named the panicked US response to Ebola as the 2014 "Lie of the Year", *Time Magazine* Dec 15, 2014

Medical journals/organizations publish pro-drug research which becomes paid advertising when the drug companies buy reprints or direct advertising for millions of dollars ([Smith, PLOS Medicine](#) 2005)

Drug companies infiltrate media, television shows, education, and public policy. Defunding public science forces schools and journals to rely on pharma funding. Drug companies pay "researchers", professors, and editors to publish and teach information favorable to the drug paradigm and products; medical schools love to receive funding from drug companies. **Medical students and doctors are kept insanely busy, exhausted, suicidally depressed/stressed, and fearfully compliant; anyone who questions the drug paradigm, especially vaccines, is a target for censure, expulsion. US medical physicians have the highest rates of suicide.** Physicians Experience Highest Suicide Rate of Any Profession. *Medscape* May 07, 2018



Science and popular media become an echo chamber of biased pro-drug propaganda; drug companies pay US politicians to promote pro-drug laws (eg, mandatory vaccinations), protect drug companies from liability (eg, National Childhood Vaccine Injury Act of 1986), and promote international expansion of US drugs. US politicians gag and censure free speech on topics related to medical dangers by pressuring bookstores and social media to burn books and ban documentary films. Anti-vaccine movies disappear from Amazon after CNN Business report. *CNN Business*, March 1, 2019 Drug companies become more profitable and therefore more powerful than governments. Drug companies utilize US political and military power by influencing international trade agreements, eg, enforcing mandatory drug/vaccine policies, dismantling consumer protections, replicating US's healthcare bureaucracy, expense, risk; note the Orwellian description of vaccines as "weapons of mass protection" ([Milstien et al, Health Affairs](#) 2006) and the deployment of military forces under the banner of humanitarian health aid ([National armies for global health? Lancet](#) 2014 Oct 25)*

*Notice the language of such "free trade" agreements, "seek the elimination of government measures such as price controls and reference pricing which deny full market access for United States products in overseas markets... legalizing direct to consumer advertising (DTCA) via the internet: Each Party shall permit a pharmaceutical manufacturer to disseminate... information regarding its pharmaceuticals that are approved for sale in the Party's territory..." [Lopert R, Gleeson D. The High Price of "Free" Trade: U.S. Trade Agreements and Access to Medicines. Journal of Law, Medicine & Ethics](#) 2013 Apr, 199-223. "The United State seeks to redesign national health care systems in its own image... By concluding bilateral and regional agreements, the United States is gaining greater influence over the domestic health care and drug coverage programs of its trading partners... The U.S. (and Australian) pharmaceutical industry perceived a free trade agreement to present an opportunity to undermine the evidence-based, strict and effective procedures underpinning Australia's Pharmaceutical Benefits Scheme (PBS)... After the treaty's conclusion, however, drug manufacturers expressed delight with the implications for prices, profits and investment... Free trade agreements reflect the U.S.' enduring adherence to market-based solutions, coupled with a conviction that government intervention is unnecessary and unhelpful. Thus the U.S. Trade Representative is mandated to pursue "the elimination of government measures such as price controls and reference pricing which deny full market access for United States products" in overseas markets. This is despite the U.S. health care system itself exhibiting the characteristics of market failure... enabling triple damages for patent violations... The United States deploys an aggressive trade agenda to expand markets for U.S. goods and services " [Tully SR. Free Trade Agreements With The United States: 8 Lessons For Prospective Parties From Australia's Experience. British Journal of American Legal Studies](#) 2016 Dec, 395-418. "There is growing international concern about the risks posed by direct-to-consumer advertising (DTCA) of prescription pharmaceuticals, including via the internet. Recent trade agreements negotiated by the United States, however, incorporate provisions that may constrain national regulation of DTCA. Some provisions explicitly mention DTCA; others enable foreign investors to seek compensation if new regulations are seen to harm their investments." [Gleeson D, Menkes DB. Trade Agreements and Direct-to-Consumer Advertising of Pharmaceuticals. International Journal of Health Policy and Management](#) 2013 Feb, 98-100. "Opposition to Breast-Feeding Resolution by U.S. Stuns World Health Officials. When that failed, they turned to threats, according to diplomats and government officials who took part in the discussions. Ecuador, which had planned to introduce the measure, was the first to find itself in the cross hairs. The Americans were blunt: If Ecuador refused to drop the resolution, Washington would unleash punishing trade measures and withdraw crucial military aid. The Ecuadorean government quickly acquiesced." *New York Times* July 8, 2018 "Trump Stance on Breast-Feeding and Formula Criticized by Medical Experts: Global health experts say breast milk is especially important for babies in poor countries, where unsafe water supplies can make powdered infant formula dangerous. The Trump administration's aggressive attempts to water down an international resolution supporting breast-feeding go against decades of advice by most medical organizations and public health experts." *New York Times* July 9, 2018

media outlets. ([CNN Business 2019](#)). This government-representative-directed action must be noted as a violation of the First Amendment of the United States Constitution that explicitly protects “free speech” among American citizens; in the 2019 situation, the books and documentary films were effectively banned from public access when a US politician sent a “warning letter” to various social media platforms and media retailers, thereby using government influence to restrict privately-distributed access to information. U.S. Constitution, First Amendment: "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or **abridging the freedom of speech, or of the press**; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances."

4. **Drug companies become more profitable and therefore more powerful than governments.** Drug companies utilize US political and military power by influencing international trade agreements, eg, enforcing mandatory drug/vaccine policies, dismantling consumer protections, replicating US's healthcare bureaucracy, expense, risk; note the Orwellian description of vaccines as "weapons of mass protection" ([Milstien et al, Health Affairs 2006](#)) and the deployment of military forces under the banner of humanitarian health aid ([National armies for global health? Lancet 2014](#))
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6. **International political agreements are written to the favor of drug companies rather than to the citizens of those countries:** Notice the language of such "free trade" agreements, "seek the elimination of government measures such as price controls and reference pricing which deny full market access for United States products in overseas markets... legalizing direct to consumer advertising (DTCA) via the internet: Each Party shall permit a pharmaceutical manufacturer to disseminate... information regarding its pharmaceuticals that are approved for sale in the Party's territory..." [Lopert R, Gleeson D. The High](#)

[Price of “Free” Trade: U.S. Trade Agreements and Access to Medicines. Journal of Law, Medicine & Ethics 2013](#). "The United State seeks to redesign national health care systems in its own image... By concluding bilateral and regional agreements, the United States is gaining greater influence over the domestic health care and drug coverage programs of its trading partners... The U.S. (and Australian) pharmaceutical industry perceived a free trade agreement to present an opportunity to undermine the evidence-based, strict and effective procedures underpinning Australia's Pharmaceutical Benefits Scheme (PBS)... After the treaty's conclusion, however, drug manufacturers expressed delight with the implications for prices, profits and investment... Free trade agreements reflect the U.S.' enduring adherence to market-based solutions, coupled with a conviction that government intervention is unnecessary and unhelpful. Thus the U.S. Trade Representative is mandated to pursue “the elimination of government measures such as price controls and reference pricing which deny full market access for United States products” in overseas markets. This is despite the U.S. health care system itself exhibiting the characteristics of market failure... enabling triple damages for patent violations... The United States deploys an aggressive trade agenda to expand markets for U.S. goods and services " [Tully SR. Free Trade Agreements with The United States: 8 Lessons For Prospective Parties From Australia's Experience. British Journal of American Legal Studies 2016](#). "There is growing international concern about the risks posed by direct-to-consumer advertising (DTCA) of prescription pharmaceuticals, including via the internet. Recent trade agreements negotiated by the United States, however, incorporate provisions that may constrain national regulation of DTCA. Some provisions explicitly mention DTCA; others enable foreign investors to seek compensation if new regulations are seen to harm their investments." [Gleeson D, Menkes DB. Trade Agreements and Direct-to-Consumer Advertising of Pharmaceuticals. International Journal of Health Policy and Management 2013](#). "Opposition to Breast-Feeding Resolution by U.S. Stuns World Health Officials. ... When that failed, they turned to threats, according to diplomats and government officials who took part in the discussions. Ecuador, which had planned to introduce the measure, was the first to find itself in the cross hairs. The Americans were blunt: If Ecuador refused to drop the resolution, Washington would unleash punishing trade measures and withdraw crucial **military** aid. The Ecuadorean government quickly acquiesced." [Opposition to Breast-Feeding Resolution by U.S. Stuns World Health Officials. New York Times 2018](#) "Global health experts say breast

milk is especially important for babies in poor countries, where unsafe water supplies can make powdered infant formula dangerous. The Trump administration's aggressive attempts to water down an international resolution supporting breast-feeding go against decades of advice by most medical organizations and public health experts." [Trump Stance on Breast-Feeding and Formula Criticized by Medical Experts. New York Times July 9, 2018](#)

Current status of Vortex Diagram

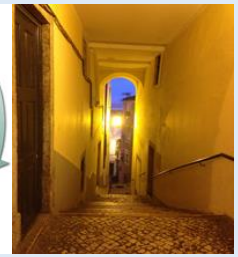
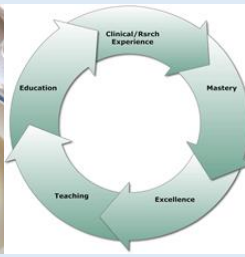
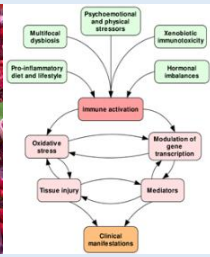
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About the author and presenter: Alex Kennerly Vasquez DO ND DC (USA), Fellow of the American College of Nutrition (FACN), Overseas Fellow of the Royal Society of Medicine: An award-winning clinician-scholar and founding Program Director of the world's first fully-accredited university-based graduate program in Human Nutrition and Functional Medicine, Dr Alex Vasquez is recognized internationally for his high intellectual and academic standards and for his expertise spanning and interconnecting many topics in medicine and nutrition. Dr Vasquez holds three doctoral degrees as a graduate of University of Western States (Doctor of Chiropractic, 1996), Bastyr University (Doctor of Naturopathic Medicine, 1999), and University of North Texas Health Science Center, Texas College of Osteopathic Medicine (Doctor of Osteopathic Medicine, 2010). Dr Vasquez has completed hundreds of hours of post-graduate and continuing education in subjects including Obstetrics, Pediatrics, Basic and Advanced Disaster Life Support, Nutrition and Functional Medicine; while in the final year of medical school, Dr Vasquez completed a Pre-Doctoral Research

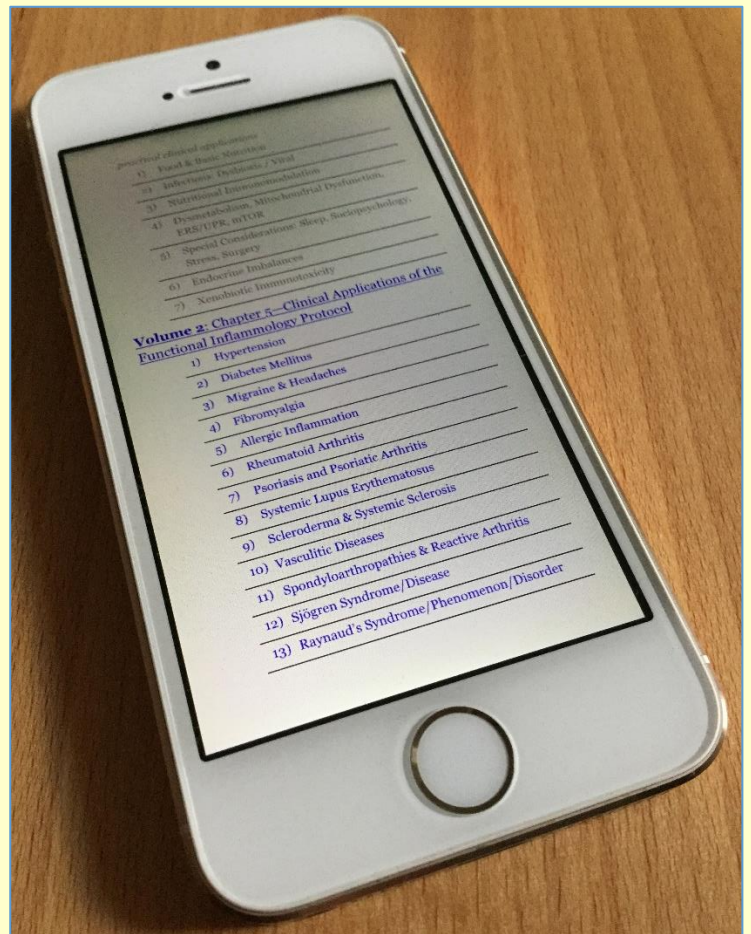
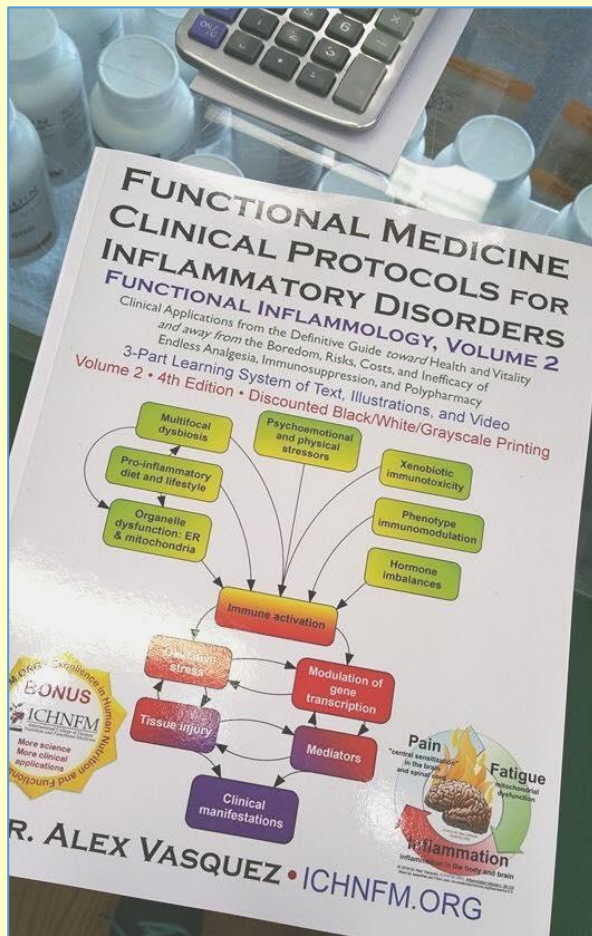


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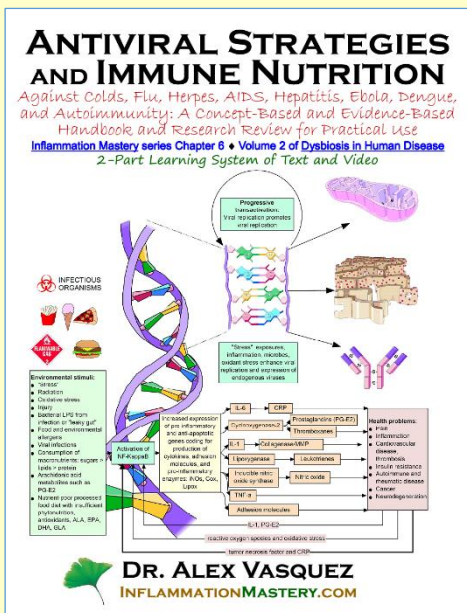
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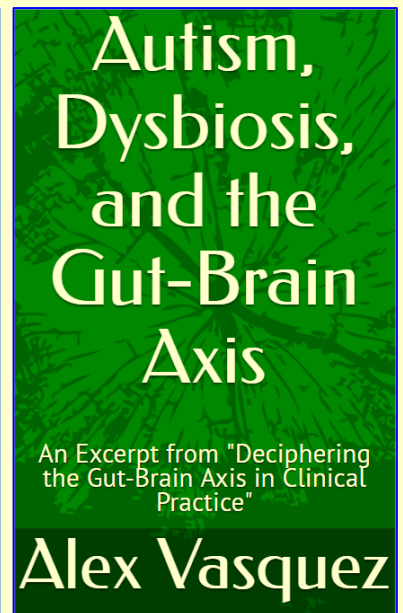
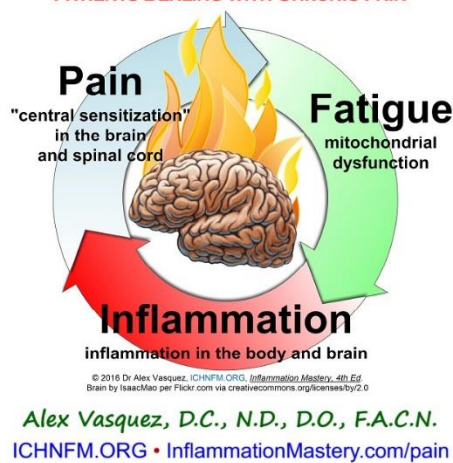
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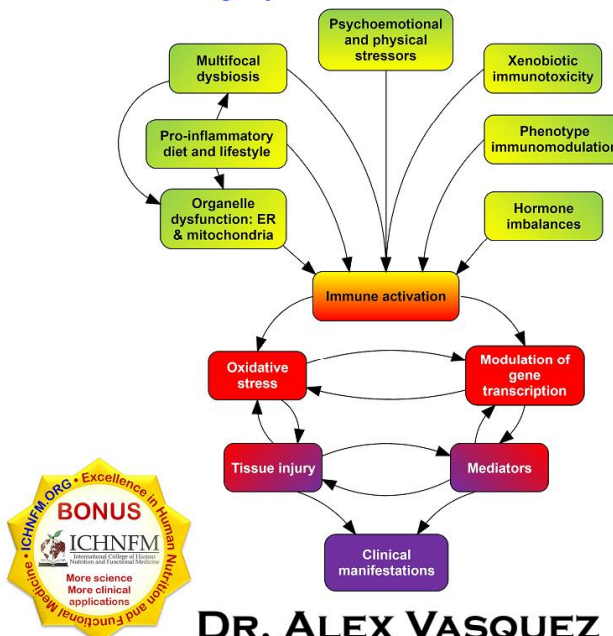
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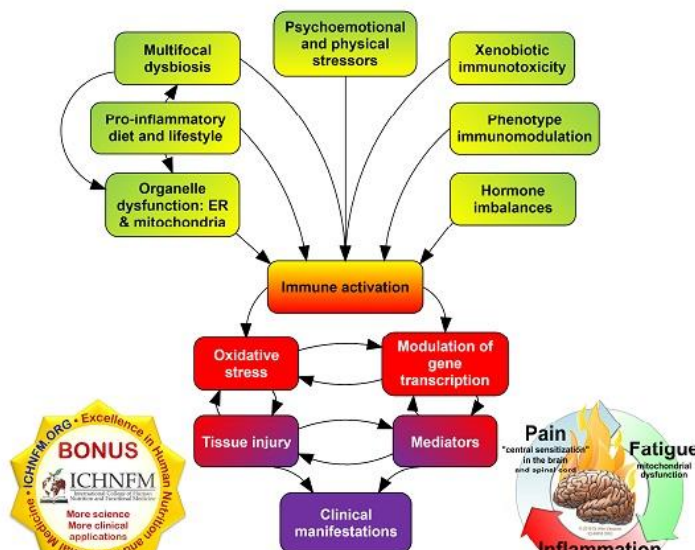
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THE PATH AHEAD

Concerns About The Integrity of The Scientific Research Process—Focus On Recent Negative Publications Regarding Nutrition, Multivitamins, Fish Oil And Cardiovascular Disease



Alex Vasquez, DC, ND, DO; Joseph Pizzorno, ND, Editor in Chief

Abstract

The next step in reestablishing credibility seems to us honesty and recognizing we all share a common goal of the health and wellness of the human community and the planet. Everyone agrees that the current healthcare system, despite its many incredible successes, is also

showing its limitations and is no longer sustainable. We believe the solution starts with us the researchers and editors. A good first step might be formally recognizing the errors and showing how we can and *intend* to get better.

Evidence-based medicine—by definition—requires objective, reliable and accurate research and reviews from which to make the best decisions in patient care and public policy. The causes of inaccurate information, ranging from presumably innocent mistakes all the way to apparently intentional fraud, affect all scientific and biomedical disciplines.¹ While these accidental and intentional errors can derail our understanding of diseases and impact tens of thousands of affected patients, such inaccuracies in the field of nutrition are worldwide.² While a specific disease human population nutrition research particularly concerning nutrition research healthcare professions nutrition. Clinical vast majority of medical training programs are obviously in gastroenterology⁷ training in clinical proclaims itself as including the entire territory of clinical nutrition.¹⁰ A major and serious problem arises when unskilled and invalid research is published by authors (including nonphysician journalists¹¹) in major journals which mischaracterizes the validity of nutrition interventions (e.g., essentially always concluding that nutritional interventions are inefficacious

or potentially hazardous) and then such research is used politically and in the media to disparage, restrict and regulate practitioners and nutrition supplement industry¹² to the detriment of human health.

Several factors disrupting the integrity of nutrition research are commonly found in studies published by “elite” universities in “top-tier” journals, which are then republished and distributed as “headlining news” in newspapers, magazines and television via which they ent policy and ons of people. examples of ulations, lists sed solutions. pendent upon stigative and ts of clinical rovements are ignorance in

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<https://vimeo.com/287650812>
- VIDEO: Bad Science in Medical Nutrition: Politics of Fish Oil <https://vimeo.com/314997927>

review recent examples of questionable or inaccurate publications related to nutrition. Perceived shortcomings are documented with both citations here and links to more detailed and authoritative reviews and video presentations. In some instances, speculations regarding the cause and consequences of identified errors are provided.

Editorial

Misrepresentations of Clinical Nutrition in Mainstream Medical Media: Growing Importance of Legitimate Expertise in Independent Peer-Reviewed Publications - Part 1

2018 As a Milestone in the Post-Truth Era

Among the various topics that have either interested or fascinated me throughout my youth and well into my adult years, Nutrition has certainly reigned supreme. My personal routine has been to read as much as reasonably and practically possible on the topic, while not doing so to the exclusion of other topics in biomedicine, psychosociology and philosophy. Thus, with roughly 30 years of experience in reading books and primary research in the field of Nutrition, I could not help but notice the radical departures that occurred in 2018 from the previous norms to which I had grown accustomed.

Of course, 2018 was not the first year during which “bad research” was published in mainstream medical journals and then replicated throughout the echo chamber of mass media; one could observe this periodically occurring throughout the past 50 years, starting not at least with the demonization of dietary cholesterol and the glorification of processed foods, especially refined grains and so-called vegetable oils. But in 2018 what many of us observed was not simply poorly performed research but, in some cases, radical departures from any attempt to present descriptions that could be considered “reasonable” by previous standard.¹ Especially related to the topic of nutrition, mainstream medical journals and the media which parrots their conclusions have begun to present overt misrepresentations of Nutrition with regard for science, logic, biomedical history and

One has to be aware of a few key ironies that characterize mainstream medical discussions of nutrition: that 1) medical physicians receive essentially no education in clinical nutrition in their graduate school or in their post-graduate residency training², 2) medical physicians and organizations publish “research” and commentaries (both of which commonly conclude that nutritional interventions are inefficacious or unsafe), despite their lack of formal education on the topic, and then 3) main-

stream medical voices consistently call for “regulating the nutrition supplement industry” despite their lack of training on the topic and because of negative conclusions based on their own poorly conducted research and self-serving conclusions. As such, not only are the map-makers blind, but they mislead their blind followers, and then both groups promote themselves as expert cartographers and guides when advising the public on an area that none of them have studied or understood. We should have no surprise whatsoever when the “medical community” publishes poorly conducted and self-serving “research” on the topic of nutrition, to reach their desired conclusion that nutrition is unsafe and inefficacious, and that the profitable market needs to be managed of course by the selfsame “medical community” that is never received a decent 15 minutes on the topic of therapeutic nutrition. Pervasive and persistent ignorance on the topic of nutrition among medical physicians must be understood as intentional and strategic, because otherwise this problem would have been solved 30 years ago when it was first discussed during what was called at the time the “golden age of nutrition.”³ The easiest way to manipulate people and to keep them in a perpetual state of confusion, ineffectiveness, and dependency is to

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<https://vimeo.com/287650812>
- **VIDEO:** Bad Science in Medical Nutrition: Politics of Fish Oil <https://vimeo.com/314997927>

when pondering the probable future of intellectual integrity and the products of education.

Mitochondrial Medicine Arrives to Prime Time in Clinical Care: Nutritional Biochemistry and Mitochondrial Hyperpermeability (“Leaky Mitochondria”) Meet Disease Pathogenesis and Clinical Interventions

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MITOCHONDRIAL MEDICINE ARRIVES TO GENERAL PRACTICE AND ROUTINE PATIENT CARE

Mitochondrial disorders were once relegated to “orphan” status as topics for small paragraphs in pathology textbooks and the hospital-based practices of subspecialists. With the increasing appreciation of the high frequency and ease of treatment of mitochondrial dysfunction, this common cause and consequence of many conditions seen in both primary and specialty care deserves the attention of all practicing clinicians.

We all know that mitochondria are the intracellular organelles responsible for the production of the currency of cellular energy in the form of the molecule adenosine triphosphate (ATP); by this time, contemporary clinicians should be developing an awareness of the other roles that mitochondria play in (patho)physiology and clinical practice. Beyond being simple organelles that make ATP, mitochondria

considered on a routine basis in clinical practice. *Mitochondrial medicine* is no longer an orphan topic, nor is it a superfluous consideration relegated to boutique practices. Mitochondrial medicine is ready for prime time—now—both in the general practice of primary care as well as in specialty and subspecialty medicine. What I describe here as the “new” mitochondrial medicine is the application of assessments and treatments to routine clinical practice primarily for the treatment of secondary/acquired forms of mitochondrial impairment that contribute to common conditions such as fatigue, depression, fibromyalgia, diabetes mellitus, hypertension, neuropsychiatric and neurodegenerative conditions, and other inflammatory and dysmetabolic conditions such as allergy and autoimmunity.

BEYOND BIOCHEMISTRY

Structure and function are of course intimately related and must be appreciated before clinical implications can be understood and interventions thereafter applied with practical precision. The 4 main structures and spaces of the mitochondria are (1) intramitochondrial matrix—the innermost/interior aspect of the mitochondria containing various proteins, enzymes of the Krebs cycle, and mitochondrial DNA; (2) inner membrane—the largely impermeable lipid-rich convoluted/invaginated membrane that envelopes and defines the matrix and which is the structural home of many enzymes, transport systems, and important structures such as cardiolipin and the electron

play clinical inflammatory disease such as disorders such as stated during Nutrition and September 2014 mitochondrial dysfunction to clinical diseases must be

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ce—contains kinase and comparatively (n) and—like h active and that need to to appreciate the highest importance; just as we have come to appreciate the



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CONTINUING MEDICAL EDUCATION

THE CLINICAL IMPORTANCE OF VITAMIN D (CHOLECALCIFEROL): A PARADIGM SHIFT WITH IMPLICATIONS FOR ALL HEALTHCARE PROVIDERS

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tice for more than 35 years, he is Board Certified in Family Practice and is Associate Professor of Family Medicine at University of Texas Medical School in Houston. **John Cannell, MD**, is a medical physician practicing in Atascadero, California, and is president of the Vitamin D Council (Cholecalciferol-Council.com), a non-profit, tax-exempt organization working to promote awareness of the manifold adverse effects of vitamin D deficiency.

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OBJECTIVES

Upon completion of this article, participants should be able to do the following:

1. Appreciate and identify the manifold clinical presentations and consequences of vitamin D deficiency
2. Identify patient groups that are predisposed to vitamin D hypersensitivity
3. Know how to implement proper doses and with

While we are all familiar with the important role of vitamin D in calcium absorption and bone metabolism, many doctors and patients are not aware of the recent research on vitamin D and the widening range of therapeutic applications available for cholecalciferol, which can be classified as both a vitamin and a pro-hormone. Additionally, we also now realize that the Food and Nutrition Board's previously defined Upper Limit (UL) for safe intake at 2,000 IU/day was set far too low and that the physiologic requirement for vitamin D in adults may be as high as 5,000 IU/day, which is less than half of the >10,000 IU that can be produced endogenously with full-body sun exposure.^{1,2} With the discovery of vitamin D receptors in tissues other than the gut and bone—especially the brain, breast, prostate and lymphocytes—and the recent research suggesting

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Biological plausibility of the gut–brain axis in autism

Alex Vasquez 

Organic abnormalities with neuroinflammation, purine metabolism, neurotransmitter abnormalities, noted in autism, and many of these abnormalities are metabolites, and heightened serum levels

Keywords: gut–brain axis; autism; me

In their recent review, Sherwin and colleagues, among many other issues, the review of the gut microbiome–brain axis with a section subtitled “Microbiota-based interventions for the treatment of autism: hype or reality?” *et al.*¹ largely discuss preclinical studies and the 2017 open-label study by Karpman *et al.*² used a sequence of oral vancomycin, rifaximin, polyethylene glycol laxative, and probiotics and human fecal microbiota transplantation. The clinical benefit in subjects with au-

Readers will likely benefit from additional relevant clinical studies, including the publication by Sandler *et al.*³ showing the effect of oral vancomycin, as well as the clinical studies showing positive impact of various antibiotics (metronidazole, ketoconazole, ampicillin) in patients with autism.^{4,5} These studies have been shown to have gut dysbiosis as well as *Clostridia* species,⁶ the most common group of bacteria noted for their production of neurotoxic substances. International studies have consistently demonstrated that patients with autism have heightened production of 3-(3-hydroxypropionic acid (HPHPA), a phenylalanine metabolite of *Clostridia* in the gastrointestinal tract.^{7,8} HPHPA reportedly is involved with the conversion of dopamine to

Autism, Dysbiosis, and the Gut-Brain Axis

An Excerpt from "Deciphering the Gut-Brain Axis in Clinical Practice"

Alex Vasquez