

If you truly want to raise your blood levels of selenium, eat a healthy Mediterranean diet. Use supplements that are made from nutrient-dense foods that are rich in selenium. The best of these also contain many of the *cardiofactor nutrients* that we recommend to help people cure their heart and blood vessel problems. These nutritional complexes, produced by Standard Process, are: *Cardio-Plus*, *Cataplex B*, *Cataplex E*, and *Cataplex E2*. As for the “consensus of medical opinion” that you should take 400 mcgs (or more) of selenium supplements daily, I will side with Michael Crichton in stating flatly that *this is not science*.

NOTES

1 The Cochrane Collaboration, Cochrane Library: <http://onlinelibrary.wiley.com/doi/cochrane/clsysrev/articles/CD005195/frame.html>

MOST PRESCRIPTION DRUGS DON'T WORK MOST OF THE TIME FOR MOST PEOPLE

*“What you really want is **the math**. For example, with a statin drug, what is your risk of having a heart attack now, and how much of that risk will be lowered by the drug? What are the odds that you will be damaged by the drug? And how long will you have to take the drug to derive any benefit? And finally, **what is the number of people needed to be treated (nnt)** with the drug to statistically show any benefit at all?”*

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If you knew these numbers, you would know that most drugs don't work for most people. And most drugs cause harm. But you won't get these numbers from your doctor. Instead you will get the *relative risk numbers provided by the drugmaker*. And these are *equally misunderstood by you and by your doctor*—exactly what the drug company wants.

Examples are that osteoporosis drugs cut your risk of fracture by 50%. Or blood pressure drugs cut your risk of stroke by 45%. Or statin (cholesterol-lowering) drugs cut your risk of heart attack by 50%. These numbers, however, are completely misleading because they are *relative risk reduction numbers*. For example, blood pressure drugs, taken daily for life, for people with marginally high blood pressure, are almost completely useless. In real life, perhaps two people out of 1000 with untreated marginally high blood

pressure will have a stroke in their lifetime. If the same people took the drug for their entire life, about one in 1000 of them would have a stroke. One compared to two is 50% less, so the relative risk benefit is 50%. In reality, one less person out of 1000 would have a stroke for the *absolute risk benefit* of 1/10 of 1%! In other words, 998 people would derive no benefit but would put up with the prescriptions' side effects and costs for life. This is the scenario for most prescription drugs, or put another way—most prescription drugs don't work most of the time for most people.

Remarkably, studies have shown that even physicians don't understand the relative risk compared to the absolute risk. When they read a study, they simply see, just like you, that there is a 50% benefit. Sounds good until you discover that the real benefit is something more like 1/10 of 1% to 2%, that tens of thousands of people need to be treated for life to get even that benefit, and that many of these people will be injured by the drug. Pretty good trick if you are a drug manufacturer.

Luckily, and thanks to The Cochran Collaboration, you can find the absolute benefit numbers you need for most commonly prescribed drugs, even if you can't get these numbers from your own doctor. Just go to www.thennt.com. There you can plug in a condition or drug and get the real numbers. Once you do, I guarantee that you will be shocked to discover that indeed most drugs don't work most of the time for most people.

When you need a drug, such as an antibiotic for an infection that is serious, we can thank medical and pharmaceutical research. And indeed, there are times when prescription drugs are lifesavers. What we need is to simply get the flim-flam out of drugs. And now you can with www.thennt.com.

BABY BOOMERS GETTING ARTIFICIAL HIPS, KNEES, AND MORE

I am a baby boomer—born in 1947. I have no joint problems to date, even though I know that joints can simply wear out. And surely if you have a deteriorated joint that causes constant pain, a joint replacement surgery may be wonderful for you. But boomers by the tens of thousands are routinely getting joint replacements, many of them even before the age of 60.

The medical community views this as a simple price to pay for years of sports and activities—for