



Optimal Health

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Isn't It Time to Tell the Truth?

Transforming our sick care system into a health care system.

For almost two decades I have been working with orthomolecular healthcare, and in that time have witnessed the extraordinary clinical results from applying this modality to chronic diseases and conditions. Yet, I continue to be mystified; how, after decades of overwhelming evidence for complementary healthcare, are we still stuck with an outdated medical model.

Call it what you will – Functional, Lifestyle or Complementary medicine, it is a system of personalized, patient-centered care based on how our environment and lifestyle choices act on our genes to create imbalances in our core biologic systems. These imbalances appear as the signs and symptoms we call disease. Complimentary medicine is based on optimizing biologic functions in the body's core by addressing the causes of disease and not only treating its symptoms.

The current medical and scientific paradigm of acute care medicine has been unable to effectively address the epidemic of chronic disease and its associated costs. Chronic disease is an epidemic that now accounts for over 70% of health care costs.(3)

As presently structured, our health care system has absolutely zero incentive to encourage people to take control of their own health. Primary care doctors get paid to dispense medication and perform surgery. No one turns a profit from Complementary medicine; therefore it is not part of medical education or practice. Treating symptoms alone is like blowing away the smoke while the fire rages on, a focus on individualized nutrition and lifestyle puts out the fire.

We cannot arrive at the solutions for our health care crisis by simply improving access to care or reducing errors or waste while still applying century old diagnostic and therapeutic methods. We must move to a new paradigm that addresses the fundamental underlying causes of chronic disease. Over time, this will generate dramatic cost savings and improved health outcomes.



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.....**Isn't It Time to Tell the Truth? (cntd)**

All of this begs the question: how long will we continue down the same path before “main stream” medicine stops demonizing new healthcare models? How much longer are we going to be trapped by the politics of industry and our healthcare guardians? How much longer are we going to appease big industry and put their financial health ahead of the health of ourselves and our children?

Isn't it time the truth is told, that to a large extent YOU can control your health?

William O'Neill
CEO and Founder of ISM-Immune System Management

References

- (1) *Lifestyle Medicine – Evidence Review, American Journal of Preventive Medicine, June 30, 2009*
- (2) *World Cancer Research Fund / American Institute for Cancer Research – “Policy and Action for Cancer Prevention - Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective”, 26 February, 2009*
- (3) *Dr. Mark Hyman, Millions Die Due to Withheld Care, drhyman.com - as of Sept 1 2010*

Your Health – Your Responsibility

Personal health responsibility, or taking charge of one's own health, is an essential step in the prevention, healing, and recovery from disease. Although the concept of personal health responsibility seems simple, it is often overlooked when diagnosed with an immune disorder, as many individuals are seeking the “quick fix”.

Consider this: The World Health Organization notes that adherence to therapy for chronic illnesses averages only 50% and that many individuals with chronic diseases experience difficulty in following treatment recommendations.(1)



The success of any prescribed therapy hinges on proper self-administration of the therapeutic. Nobody owns your state of health - and nobody has a larger stake in it than you. ISM recognizes that there isn't a one-size-fits-all solution to everyone's healthcare, and that taking responsibility for one's health does NOT mean doing it all on your own. For this reason, ISM has introduced an exciting new initiative, the Personalized Therapeutic Plan (PTP).

Each ISM client will receive a PTP at the beginning of their 6-month phase. The PTP consists of a 6-month calendar that outlines your individual protocol and phase dates— the dates for your blood tests, reviews, custom formulations, and all other steps included in the program appear on this calendar.

The ISM Aminomics program centers on the reference and comparison of your individual health situation to thousands of other Client data inputs. Because the analysis is based on a full 6-month program cycle, it is essential that all participants adhere to the supplement protocol, have consistent blood-test intervals, and regularly scheduled reviews. Your PTP will help you through the six month phase with greater ease and peace of mind knowing that you are on-target.

Our goal is twofold. First, we aim to simplify the program for you by making it easy to stay on-track, and by removing any guess work from dates and deadlines. Secondly, we want to maximize the effectiveness of your healthcare through consistent evaluation of your special circumstances.

The ISM Therapeutic treatment is a partnership between you and ISM. Only by working together can we optimize your health.

Reference

- (1) *World Health Organization (2003) (PDF). Adherence to Long-Term Therapies: Evidence for Action. Geneva: World Health Organisation. ISBN 92-4-154599-2.*

New Cancer Drugs - What is it We're Paying For?

The spiraling cost of cancer care, in particular the cost of cancer therapeutics that achieve only marginal benefits, is under increasing scrutiny by current cancer news coverage. The majority of the exposure focuses its attention on new "targeted therapies", or the "magic bullet" drugs we've been hearing about for years that will expand cancer treatment beyond the long-standing triad of surgery, radiation, and chemotherapy (often derisively called slash, burn, and poison).

Traditional chemotherapy drugs are indeed poisons, most often killing all dividing cells in addition to cancer cells. The affected dividing cells often include hair follicles and the cells lining the intestine – this is why during chemotherapy a patient's hair often falls out and he or she becomes desperately nauseated.

A few of these new targeted therapy drugs have recently come to market with a price tag that appears exorbitantly high; many patients who might benefit from these therapies will not get them. Here are some examples to ponder:

Cetuximab (brand name Erbitux) is a drug used to treat lung and colorectal cancer. Treatment costs \$80,352 (U.S.) and increases survival by 1.2 months.

Bevacizumab (Avastin) is used to treat lung, colorectal and breast cancer. A course of treatment costs \$90,816 and it extends survival by 1.5 months.

Erlotinib (Tarceva) is used to treat lung and pancreatic cancer. Treatment costs \$15,572 and the drug extends survival by 10 days.

Sorafenib (Nexavar) is used to treat kidney cancer and advanced skin cancer. A course of treatment costs \$34,373 and it extends survival by 2.7 months.

The stated cost for a drug is often misleading. Typically, the cost of the drug does not include the time of health professionals, related tests, or the cost of treating any probable side effects.

Isn't any price worth it to save a life? Perhaps, but these drugs often accomplish far less. Every one of the cancer drugs cited is essentially a drug of desperation. They are used only after many other surgical interventions and drug treatments have failed. As with all drugs, there are also side effects. In many cases debilitating effects reminding us that survival needs to be measured in more than days kept alive.

Why are these drugs so expensive? It's hard to know exactly, since drug pricing remain shrouded in trade secrets. But the simplest answer is that drug companies can charge whatever price they want. Typically, production costs amount to few dollars a dose at most. Pharmaceutical giants cite research costs and the huge risks involved in drug development (many drugs fail; clinical trials are expensive) as explanations for the high prices of their drugs. But the real reason is that market forces do not apply to drugs.

Our public healthcare system, which does not cover most medications, does pay for cancer drugs, and insurance companies tend to follow guidelines for reimbursement set by the federal government. Price is not a consideration when approving a drug for public use. Yet, the government does control most medical costs by setting the fees paid for almost all physician and hospital procedures (which private insurers then follow). A marketplace with absolutely no price control will only propel the drug companies to charge even more for future drugs, some of which may offer even less benefit.

Every life is precious and of infinite value, but if these "miracle drugs" are only providing minimal false hope, could our scarce healthcare funds be used in other ways? Undoubtedly, even to more effect?

References:

Tito Fojo, Christine Grady, *How Much Is Life Worth: Cetuximab, Non-Small Cell Lung Cancer, and the \$440 Billion Question*, *Journal of the National Cancer Institute*, June 29, 2009

Robert Bazell, *Why are the new cancer drugs so expensive?* *Slate Medical Examiner*, June 23, 2004





ISM believes - and is supported with overwhelming scientific evidence - that synergistic nutrition has a direct and fundamental bearing on the quality of our health. Thousands of epidemiologic studies have consistently shown that nutrition plays a crucial role in the prevention of chronic diseases.

ISM's new nutraceutical research database "Nutraview" - is a portal into hundreds and hundreds of abstracts, from peer-reviewed literature, on the positive impact that nutraceuticals have on various diseases and chronic conditions.

Go to: www.aminomics.com/nutraview.htm

Optimal Health

"**Optimal Health**" is released by staff, associates and friends of Immune System Management Inc. We aim to share up-to-date news, information and diverse views for the growing integrative, alternative and complementary medicine movement, particularly as it applies to cancer and other chronic diseases.

It is our philosophy that diverse health care modalities can work in conjunction with each other as part of a unified team rather than in competition. Such an integrated approach ultimately will lead to safer and more effective healthcare.

Your comments and article contributions are welcome.

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