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AS WE SEE IT

Dying From Neglect

I regret having to write this editorial. The reason being that it forces me to discuss elementary medicine instead of cutting-edge science. The problem is that conventional medicine has regressed to a point where I am compelled to alert members about a life-threatening situation that is supposed to be taken care of by doctors.[1] The result of this physician neglect is that tens of thousands of people are needlessly dying because an easy-to-treat disorder is being ignored.

Most people think that modern medicine properly diagnoses and treats anemia. The startling fact is that 24% to 40% of hospitalized patients over age 65 are anemic.[2] Compared to non-anemic people, these blood deficient individuals have high mortality rates from diseases such as heart failure, stroke and cancer.

When the oxygen carrying capacity of the blood is impaired (i.e. anemia), people with reduced blood flow to any organ (such as those with coronary artery disease) are at a much greater risk for infirmity and death. Cancer cells thrive in a low oxygen environment and even borderline anemia predicts higher mortality.

Anemia can be detected by a standard CBC blood test, yet busy doctors are often accepting anemia as being a normal state in aged people and are failing to treat it. Since drugs used to treat severe anemia (such as Procrit) are very expensive, many insurance companies are not paying for these drugs unless blood oxygen carrying capacity is far below the standard reference range. This means that those most in need of these anti-anemia drugs (such as cancer and congestive heart failure patients) are being denied access. Anemia greatly increases all-cause mortality risk. Health insurance companies are thus saving big dollars by denying Procrit to their sickest policyholders.

The neglect of doctors in ignoring tests that reveal anemia, coupled with insurance company refusal to pay for anti-anemia drugs, amounts to widespread euthanasia being inflicted upon the elderly. In this editorial, you will learn about natural and pharmaceutical approaches to reversing anemia.

Anemia predicts who will die from acute heart attack

In a recent New England Journal of Medicine study,[2] doctors looked at heart attack victims presenting at the hospital. Anemia was a strong predictor of who was most likely to die.

One of the tests used in this study was the hematocrit. The hematocrit measures the percentage of whole blood that is made up of red blood cells. Normal hematocrit ranges are between 36% to 50%. Below 36% indicates anemia. What follows are the shocking findings revealed in the New England Journal of Medicine study:

Heart Attack Patients Hematocrit Percentage	Odds Of These Patients Dying Within 30 days
5.0 to 24.0%	78%
24.1 to 27.0%	52%
27.1 to 30.0%	40%
30.1 to 33.0%	31%



William Faloon



The statistics presented above show that anemia sharply increases the risk that a heart attack victim will die within 30 days. The doctors also found a high prevalence of anemia among these elderly heart attack patients.

Blood transfusion reduces mortality

The doctors who published the New England Journal of Medicine study then evaluated the effects of a blood transfusion to reverse the anemic state in this large group of heart attack victims.

A blood transfusion was associated with a significant reduction in mortality in heart attack patients with low hematocrit (below 33%). In patients with very low hematocrit (below 24%), transfusion was associated with a 64% reduction in mortality. In patients with hematocrit between 24.1 and 27.0, transfusion reduced mortality by 31%. Mortality was reduced by transfusion by 25% in those with a hematocrit between 27.1 and 30.

These numbers show that the greater the severity of anemia, the more likely a heart attack patient will benefit from a blood transfusion. Mortality actually increased when transfusions were administered to non-anemic patients, possibly a result of transfusion-related complications.

Despite numerous published studies showing the lethal effects of anemia in heart attack patients, only 4.7% of the elderly patients in this study received a blood transfusion. The doctors concluded that “more aggressive use of transfusion in the management of lower hematocrit levels in elderly patients with acute coronary disease may be warranted.”

Blood Tests That Detect Anemia

When you obtain a CBC/Chemistry blood test, there are several indicators that measure the number and quality of red blood cells, along with the oxygen carrying capacity of these cells. The three most important that indicate an anemic state are:

	Reference Range Men	Reference Range Women
Red Blood Cell Count	4.10 to 5.60 (x 10 ⁶ /uL)	3.80 to 5.10 (x 10 ⁶ /uL)
Hemoglobin	12.5 to 17 (g/dL)	11.5 to 15.0 (g/dL)
Hematocrit	36 to 50%	34 to 44%

If your blood test results indicate even borderline anemia, seek professional assistance to ascertain the underlying cause. Since aging itself predisposes people to anemia, consider specific supplements, hormones and/or drugs that help boost blood cell production. What can be done to reverse anemia is discussed later in this article.

Anemia and cancer

Anemia is common in cancer patients. Conventional cancer therapies (chemotherapy, radiation, testosterone blockade, etc.) often induce anemia. Elevated levels of cytokines seen in cancer patients (such as tumor necrosis factor-alpha) also suppress red blood cell formation.

When we talk to oncologists on behalf of Foundation members, we inquire about the patient's hematological condition. Since cancer cells thrive in a low oxygen environment (hypoxia), we want to make sure the cancer patient's red blood cell count, hematocrit and hemoglobin are in the upper one-third range of normal.

The importance of avoiding anemia is well established in the scientific literature. A recent study was conducted to systematically review and obtain an estimate of the effect of anemia on survival in cancer patients.[3] This study found that the increased risk of mortality in cancer patients who were anemic was an astounding 65%!

Despite this data, most oncologists fail to adequately treat for anemia. One reason for this is that insurance companies refuse to reimburse for expensive anti-anemia drugs unless the patient is severely anemic (often 25% below the lowest number on the standard reference range).

Since anemia predisposes cancer patients to greatly increased mortality, it is in the economic interest of the insurance companies to deny reimbursement for anti-anemic drugs like Procrit. In fairness, it is important to note that the cost of Procrit is so prohibitively expensive, that if everyone in need were allowed to have these kinds of drugs, many health insurance companies could go bankrupt. So part of this problem gets back to the outrageously high cost of prescription drugs that only exists because of today's FDA-protected monopoly.[4]

It should be noted that the sickest cancer patients are often the most anemic, which makes our case even stronger that anti-anemic drug therapy should be used more often. We do not usually recommend blood transfusions for cancer patients because of potential immune-suppressing effects. Cancer patients need to maintain healthy immune function.

Anemia predicts mortality

Anemia is a strong predictor of early death in the elderly. In a recent study, anemic individuals aged 70 to 79 were 28% more likely to die over a five year time period.[5] Anemic people aged 80 to 89 were 34% more likely to die, while those aged 90 to 99 were 48% more likely to die over a five year period. Cerebrovascular disease (stroke) was the most common disease associated with anemia. If you are over age 65, it is a life or death matter to correct an anemia state.

Don't let doctors bleed you to death

Two centuries ago, doctors treated sick people by draining their blood (bloodletting). Based on what we now know, those who could afford the bloodletting procedure died much sooner than those who avoided doctors.

Medicine has not changed much over the past 200 years. Here we are in the year 2002 and most doctors still do not take anemia seriously. It is shocking to have a member send us their blood results, complain of the symptoms of anemia, and then hear that their doctor said not to worry about their low hematocrit, red blood count, etc.

Conventional doctors often tell their elderly patients that anemia is "normal." While it is true that anemia is epidemic in the elderly, this is not an excuse to leave it untreated.

I strongly urge all Foundation members to have an annual CBC/Chemistry blood test that can detect anemia and a host of other correctable life-threatening abnormalities. Those who have health insurance can sometimes have this test done for free at their own doctor's office. Members can order this test directly by calling 1-800-208-3444. The cost at this time is only \$26.00.

If the blood test reveals that you are anemic, follow the recommendation in the side bar entitled "How To Correct Anemia."

Americans are routinely dying from a deficiency of oxygenated blood, yet doctors are failing to recommend supplements, prescribe transfusions and anti-anemia drugs to elderly people most in need.

To avoid becoming a victim of this appalling neglect by the medical establishment, have your blood tested annually and if necessary, aggressively pursue the anti-anemia strategies that have been outlined in this article.

How To Correct Anemia

You or your doctor can determine if you are anemic by taking a standard CBC/Chemistry blood test. This test measures red blood cell count, hematocrit, hemoglobin and other hematological indicators of an anemic state.

If it is determined you are anemic, it is important that your doctor determine what is causing it. Sometimes anemia is the first sign of cancer or serious internal bleeding.

It is often the aging process itself, however, that causes people to become anemic. Aged men are usually deficient in testosterone and testosterone deficiency can induce anemia.[6] Aged women and men usually secrete low levels of melatonin, and melatonin deficiency has been linked with anemia.[7]

Low levels of folic acid, vitamin B12 and other nutrients can induce anemia.[8] Excess levels of the pro-inflammatory cytokines can also induce an anemic state by attacking the blood cell forming proteins (erythropoietin).[9] Supplements that suppress these dangerous cytokines include the DHA fraction of fish oil, vitamin K, DHEA and nettle leaf extract.[10] The prescription drug pentoxifylline is also effective in suppressing the pro-inflammatory cytokines that can reduce red blood

For longer life,



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production in the body.[11]

If supplements such as melatonin, folic acid, B12 and DHA fish oil fail to correct anemia, then testosterone replacement and pentoxifylline drug therapies should be considered.

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If anemia continues to persist, use of your doctor will prescribe the drug Procrit. The high cost of Procrit will keep most people from being able to afford it unless their health insurance will pay for it. If you are prescribed Procrit, it is especially important that most people take supplemental iron, as Procrit will cause iron to be utilized to help form new red blood cells. Some people fail on Procrit because their doctor forgets to prescribe an iron supplement.

It is important to note that when treating life-threatening anemia, the only effective therapy is immediate blood transfusion, as it can take six weeks for Procrit or Epoprostenol to reverse the anemic state.

You should refer to our Anemia protocols for additional suggestions. You can also review information about testosterone replacement and the off-label use of the drug pentoxifylline on our website. If you do not have access to the Internet, call 1-800-226-2370 and we will mail Foundation members these protocols at no charge.

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