

# Editorial

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## **A Millstone in the Uphill Battle for Credibility**

What do the pharmaceutical and dietary supplement industries have in common? Plenty. They both have their share of profit seeking executives. Officials of the Food and Drug Administration (FDA) commenting on deceptive advertising say some pharmaceutical ads on TV stretch the truth by understating descriptions of side effects and overstating claims of effectiveness. The FDA annually sends out about 100 letters to drug companies demanding changes to correct what the FDA views as misleading or imbalanced advertising or promotion of products.

*Physicians routinely see patients, reluctant to listen to advice, who are convinced that these products, as marketed on TV, will forever cure them.*

This observation applies, however, not just to the pharmaceutical industry, but also to the dietary supplement industry. There has recently been a great sucking sound in the profit margin of the dietary supplement industry. With the advent of DSHEA (the Dietary Supplement Health and Education Act), a huge number of new companies jumped on the dietary supplement profit bandwagon. Not only was startup relatively inexpensive, but in many cases poor quality products were offered. And, most importantly, advertising and promotion offered the moon for products that biochemical research did not support. The consumer, in many cases, did not get the promised benefit, either because the promise was too great, the ingredient substandard, or the dosage form made in an inferior manner. As you read the quarterly reports in the dietary supplement trade magazines, the evidence becomes clear.

It is obvious to anyone that some of the pharmaceutical companies stand (or in some cases, hide) guilty as charged. It should also be obvious that when the public does not achieve “fat loss” or “increased lean muscle mass” from a simple trace mineral, promoted as such, the sales go in the tank.

Also into the tank should go the argument that only pharmaceutical products can inherently be dangerous. The dietary supplement community needs to police itself as well. There is absolutely no reason whatsoever that GHB (gamma-hydroxybutyrate), the date-rape drug, or 1,4 butanediol, a solvent which converts in the central nervous system into its chemical cousin GHB, should be sold as a dietary supplement. Ephedra concentrates, when used under the proper supervision of a health care professional, have therapeutic value and, in its native form utilized as a tea, Ephedra is relatively safe. However, it is obvious to me that dietary supplement companies should bite the profit bullet and voluntarily cease sales of Ephedra concentrates in the retail marketplace before charges of equivocal conduct destroy the wonderful opportunities that DSHEA has given us.

Continued sales of such products may help make up for losses in the bottom line engendered by Madison Avenue promotions, but I would hate to have such actions condemn the entire industry to the fate of Sisyphus.

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Publisher