

# **Risk Assessment Science + Nutrition = A Toxic Brew!**

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[www.HealthFreedomUSA.org](http://www.HealthFreedomUSA.org)

The US Dietary Supplements Health Education Act (DSHEA) of 1994 classifies nutritional supplements as foods, which by definition have no Safe Upper Limit. What is the safe upper limit for lettuce, or beef or rutabagas for example? But for the European Food Supplements Directive (which Dr. Grossklaus calls the "Future face of CODEX"), Upper Safe Levels (which should not be part of nutritional regulation at all) are further moderated to become Maximum Permitted Levels (MPLs).

Here's how it works: Upper Safe Limits, which have been derived through Risk Assessment procedures to determine the highest dose any human being can take of the toxin (with nutrients defined here as "toxins"!) with no discernable effects, are then reduced by the theoretical contribution of that nutrient through the ingestion of a mythical, expectable average daily diet. This mythical global food intake is alleged to consist of the same number and types of fresh vegetables, the same kind of protein, the same mineral content in food eaten all over the world. It assumes that the diet in Equatorial Africa in mid-summer is identical to the one eaten in Northern Norway in the dead of winter. Underlying this specious set of assumptions is the incorrect notion that there is no such thing as genetic variation between humans in their need for, or ability to digest nutrients, no increase or decrease in nutrient need based on climate, exertion, demineralization of soils, lack of protein, disease or stress. There is also an underlying, scientifically and clinically fallacious presumption that humans can get all the nutrition they need from this "average global expectable diet" and everything else should be barred to them.

Risk Assessment is not part of nutritional science (e.g. Biochemistry). It is a branch of Toxicology and should not have any role in determining nutrient values since toxins harm the human body while nutrients support it<sup>1</sup>.

Toxins degrade enzymatic function while nutrients support them.

Toxins cause disease and have both side-effects and direct effects which are deleterious. Nutrients prevent and mitigate deleterious effects of toxins and other biological hazards.

Toxins, by definition, have an LD<sub>50</sub>, the dose at which 50% of the exposed animals die because of the damage to their detoxification and elimination capabilities caused by the toxin. Nutrients have no LD<sub>50</sub> since our bodies are equipped with capable and effective mechanisms for ridding ourselves of any excess in nutrients or storing them for future use.

Only one organization in the world has performed the dubious task of Risk Assessment for nutrients: the German Risk Assessment Institute (BfR). Could you live with the BfR levels below – as maximum permitted daily levels?

Vitamin	Upper Safe Levels			Max Permitted Levels
	FNB	EFSA	UK EVM	BfR
Vitamin A mg (mcg)	3000	3000	1500	800
Beta carotene (mg)	Not set (for smokers)	Not set (for smokers)	7 mg (0 mg for smokers)	4
Vitamin C (mg)	2000		1000	225
Vitamin D (mcg)	50	50	25	5
Vitamin E (mg)	1000	300	540 (800 IU)	15
Vitamin K (mcg)	Not set	Not set	1000	80
Vitamin B1 (mg)	Not set	Not set	100	1.3
Vitamin B2 (mg)	Not set	Not set	40	4.5
Niacin (B3) (mg)	35	900	500	17
Vitamin B6 (mg)	100	25	10	5.4
Folic acid (B9) (mcg)	1000	1000	1000	400

<sup>1</sup> A Risk Assessment Model - Is Access to Supplements at Risk?  
<http://www.iahf.com/codex/20020108b.html>

Vitamin B12 (mcg)	Not set	Not set	2000	9
Pantothenic acid (mg)	Not set	Not set	200	18
Biotin (mcg)	Not set	Not set	900	180

Mineral	Upper Safe Levels			Max Permitted Levels
	FNB	EFSA	UK EVM	BfR
Potassium (mg)	Not set	Not set	3700 (suppl)	2000
Calcium (mg)	2500 (total)	2500 (total)	1500 (suppl)	1200
Phosphorus (mg)	4000	Not set	250 (suppl)	1250
Magnesium (mg)	350	250	400	400
Iron (mg)	45	Not set	17	15
Iodine (mcg)	1100	600	500	200
Fluoride (mg)	10	Not set	Not set	3.8
Zinc (mg)	40	25	25	10
Selenium (mcg)	400	300	200	70
Copper (mg)	10	5	10	1.5
Manganese (mg)	11	Not set	4	5
Chromium (mcg)	Not set	Not set	10,000	100
Molybdenum (mcg)	2,000	600	0 (suppl) 230 (diet)	100

Courtesy of the Alliance for Natural Health:

<http://www.alliance-natural-health.org/index.cfm?Action=archive&categoryID=9>

Nutritional physicians focus heavily on biochemical individuality. The Risk Assessment model makes this impossible. The EFSD, and, by extension, CODEX criminalizes nutritional and natural medicine by making any but the foregoing levels illegal.

Since I am a Nutritional Physician with decades of clinical experience, I have presented here, for the sake of comparison, the values of these nutrients which I commonly use for prevention and treatment of chronic diseases and conditions (including premature aging). These levels are increased dramatically when a person has special needs or disease conditions that change the picture. These are not treatment guidelines and are presented for information purposes only, not as suggestions for treatment. Levels Commonly Used in Nutritional Medicine Protocols.

MPL = "Max Permitted Levels" (of BfR – see above)

<b>Vitamin</b>	<b>MPL</b>	<b>Common Dosage</b>
Vitamin A mg(mcg)	800	50,000 - 150,000
Beta carotene (mg)	4	25,000 - 50,000
Vitamin C (mg)	225	3,000 - 20,000
Vitamin D (mcg)	5	2,000 -10,000
Vitamin E (mg)	15	400 - 1,600
Vitamin K (mcg)	80	1000
Vitamin B1 (mg)	1.3	50 - 100
Vitamin B2 (mg)	1.5	50- 100
Niacin (B3) (mg)	4.5	1,000-3,000
Vitamin B6 (mg)	17	250- 500
Folic acid (B9) (mcg)	5.4	25,000
Vitamin B12 (mcg)	9	5,000-10,000
Pantothenic acid (mg)	18	100- 400
Biotin (mcg)	180	5,000-8,000
Potassium (mg)	2000	99-4000
Calcium (mg)	1200	1,000-3,000
Phosphorus (mg)	1250	N/A
Magnesium (mg)	400	600 -1000
Iron (mg)	15	0 - 16

Iodine (mcg)	200	150-250
Fluoride (mg)	3.8	TOXIN
Zinc (mg)	40	25-50
Selenium (mcg)	70	400-1000
Copper (mg)	1.5	2
Manganese (mg)	5	5-20
Chromium (mcg)	100	100-500
Molybdenum (mcg)	100	100

Visit [www.HealthFreedomUSA.org](http://www.HealthFreedomUSA.org) to gain more awareness about the CODEX threat and take action via an easy and effective 6-step action plan to protect health freedom in America from CODEX.