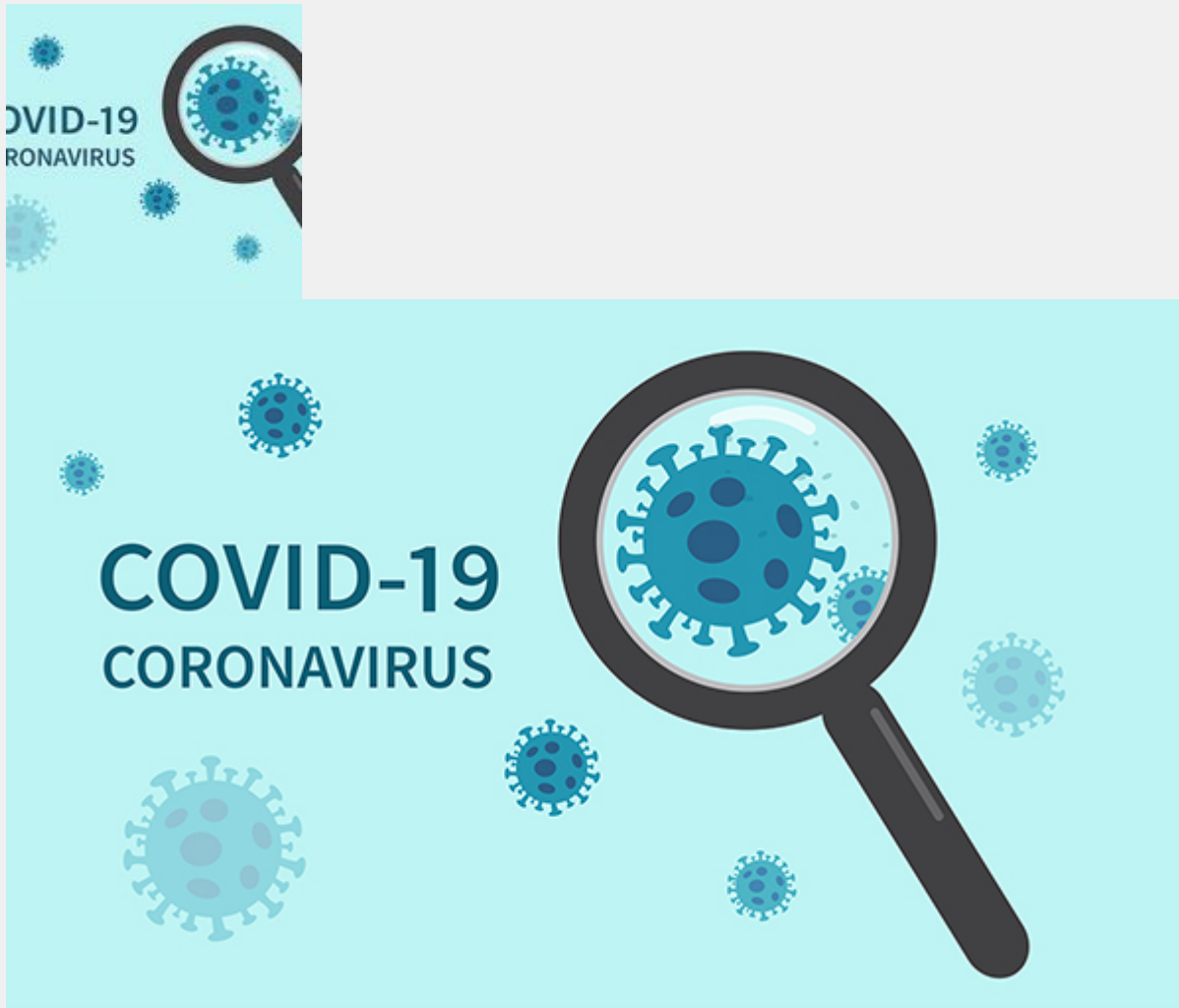


Study claims to shut the coffin lid on supplements for COVID-19



“From A to Z, Supplements Fail for COVID-19” (*MedPage Today*, February 12, 2021)

Kind of reminiscent of this headline from a year ago from the *New York Times*: “Supplements for COVID Probably Won’t Help, and May Harm” (March 31, 2020). The narrative won’t die.

For context: Last week, an article in the *Wall Street Journal* disclosed the financial windfall obtained by executives at BigPharma firms that are rolling out various COVID vaccines:

“Executives and directors at Pfizer Inc., Moderna Inc. and other companies developing COVID-19 vaccines sold approximately \$496 million of stock last year, reaping rewards of positive vaccine developments that drove up the value of the drugmakers’ shares.”

Now, I don’t begrudge the vaccine developers some sort of award for coming up with an effective preventative for an unprecedented scourge. A million or two would provide a comfortable nest egg for most Americans.

While vaccines are hailed as a panacea, subsidized with billions of dollars of taxpayer money, and reaping obscene profits, is it balanced and equitable for supplements to be relegated to the trash heap? Does it serve the public interest to

campaign against their use?

I charge the editors of *MedPage Today* with willingly promulgating fake news. Unwarranted skepticism about the value of supplements with a long record of safety and efficacy for immune support contrasts starkly with medical authorities' headlong, uncritical acceptance of novel vaccines. Their lurid headline misrepresents the study it's based on, itself riddled with glaring flaws that I'll enumerate.

Here's what the study showed:

"Patients who received usual care without supplementation achieved a 50% reduction in symptoms at a mean of 6.7 days compared with 5.5 days for the ascorbic acid group, 5.9 days for the zinc gluconate group, and 5.5 days for the group receiving both."

If you look at this data, you'll note that vitamin C, zinc, or both in combination hastened the resolution of symptoms by a day. When you're suffering from a cold or flu, or worse yet, COVID, you'll appreciate that benefit. But because the study included a mere 200 or so subjects, with four subgroups of only around 50 each taking C, zinc, or both in combination against a control group taking nothing, it lacked statistical power to confirm an advantage, although there was a non-statistically significant trend.

More accurately the study could've been titled: "Vitamin C, zinc or a combination of both shows trend toward resolving COVID symptoms, but did not achieve statistical significance in a limited study".

Curiously, after a mere 10 days of treatment, the study managers pulled the plug. They claim "futility" necessitated the cessation of their project. The term is borrowed from standard medical research protocols, where, for example, a potentially dangerous new chemo agent is investigated in a last-ditch effort to save terminal patients. When it doesn't seem to work, research subjects are spared the hazards of continued treatment by scuttling the study in midstream, because, as they say in the movies "resistance is futile".

And futility was aggressively defined in this trial. Vitamin therapy was deemed "futile" if it conferred less than a 30% advantage over usual care without supplementation. OK, 30% efficacy wouldn't cut it if you're seeking emergency authorization for a new COVID vaccine (but remember that, frequently, the flu vaccine has dropped below that threshold depending on the match from year to year). I don't know about you, but if a harmless supplement were to speed my resolution of COVID by, say, 28%, I'd take it in a heartbeat!

But what was the rush here? COVID symptoms often persist for weeks, and what would've been the harm of having patients take some relatively innocuous supplements for a few more days? Was it not possible that a longer experiment might have demonstrated a distinct advantage enjoyed by patients taking supplements? Imagine if a 400-meter Olympic track event were to be prematurely declared a "draw" when 3 of 4 contestants were merely a couple of "non-significant" lengths ahead at the 100-meter mark?

A lot of you have probably mega-dosed with vitamin C and zinc lozenges at the first intimation of an oncoming infection, only to be disappointed when your cold hasn't been stopped dead in its tracks. I know I've been bummed when the inevitable misery sets in.

That's because these nutrients are no unbreachable firewall against pathogens. They don't vaporize viruses, but they may ameliorate symptoms to a certain degree. That's why so many studies on vitamin C and zinc for respiratory infections yield conflicting results. But there's a considerable body of scientific literature that show they boost immune defenses. As with even the most powerful pharmaceutical agents and vaccines, "results may vary".

The authors admit: *"Recent studies have also demonstrated that vitamin D deficiency is associated with increased risk of SARS-CoV-2 infection and an increased risk of hospitalization, so the potential role of other supplements in decreasing SARS-CoV-2 symptoms cannot be concluded from our study."* So why was it misrepresented as "From A to Z, Supplements Fail for COVID-19"? Last time I checked, D is still a letter in the alphabet. As are D, E, K, and others with demonstrable efficacy against viruses.

It's clear that this was yet another "designed-to-fail" study, intended to deep-six the application to COVID of not just vitamin C and zinc, but by proxy, the entire nutritional armamentarium. It will not shut the coffin lid on nutritional supplementation as part of an "all-of-the above" approach to the pandemic.

For a more detailed analysis see, "Why the Cleveland Clinic trial on vitamin C and zinc failed."