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# All You Ever Wanted To Know (And Not Know) About Smoking

By Dr. Meir Levin



When Columbus sailed from Spain in search of spices and gold, he hardly expected that among his most treasured finds would be... tobacco.

On October 12, 1492, Columbus landed on an island in the Bahamas which he named San Salvador, and on October 15 the natives brought him gifts of, as he wrote

in his journal, "fruit, wooden spears, and certain dried leaves which gave off a distinct fragrance." Not knowing what these leaves were, Columbus disposed of them.

Soon after, his ships reached the coast of Cuba where two of his scouts, Rodrigo de Jerez and Luis de Torres, observed the natives walking around, "with a little lighted

brand made of a kind of plant which was their custom to inhale.”

De Torres was a Marrano Jew for whom the Luis de Torres Synagogue (Reform) in Freeport, Bahamas, was later named. However, it was Rodrigo who took a puff of tobacco that day, becoming the first European to smoke. He brought the habit of smoking back to Spain and the spectacle of a man exhaling smoke so frightened neighbors that he was arrested by the Inquisition and imprisoned. Seven years later, however, smoking had become common in Spain and he was exonerated and released.

## A Brief History of Smoking

It did not take long for tobacco to spread across Europe. By 1512, it was cultivated in Portugal and by 1556 it was brought from Brazil to France, and soon thereafter to Holland. By 1570 it was grown in Germany, Switzerland, Austria and Hungary.

Yet, as tobacco spread, so did the opposition to it. In 1603, King James I of England started the first anti-smoking

campaign with his treatise, “A Counterblaste to Tobacco.” James I saw the opposition to tobacco in the context of his persecution of witchcraft. He added a law against witchcraft to the English statute books and burned some 400 witches a year during the latter years of his reign. To him, smoking was an occult practice.

As in the rest of Europe, James’ opposition to tobacco was based primarily on religious and moral grounds. At the same time, James I discovered that tobacco was good business. In 1615, he made importation and sale of tobacco a royal monopoly and taxed it 4000%, in this way sounding many of the themes that defined tobacco control ever since (e.g. even today, through high taxes the government exerts control over who can sell tobacco, inhibiting the average person from investing in such a highly regulated industry). In 1619, he forbade cultivation of tobacco around London and in the following year he extended the prohibition to the rest of England.

Others did not rely on taxation alone. The first Romanoff Czar of Russia, Mikhail Fyodorovich (1596-1645), declared using tobacco a crime, the punishment for which was slitting the lips or flogging; some offenders were castrated. In Turkey and Poland, smoking became a capital offense. In 1650, the opponents of tobacco were able to persuade Pope Innocent V to issue a Papal Bull against smoking. Peter the Great (1689-1725) of Russia, on the other hand, smoked and publicly supported smoking.

The anti-tobacco forces were ultimately unsuccessful and support for smoking gradually grew. By 1725, Pope Benedict XIII allowed snuff-taking even inside St. Peter’s Basilica. Smoking soon became a part of daily life for millions of Europeans. When World War I broke out in Europe, it became almost universal, spreading especially among the millions of ex-soldiers who found in tobacco an instant relief from the stresses of battle as well as relief for hunger that they often suffered on the front lines.

By 1931, the number of smokers increased so dramatically that Count Corti, in his book “History of Smoking,” could write as follows: “A glance at the statistics proves convincingly that the non-smokers are but a feeble and ever-dwindling minority. The hopelessness of their struggle becomes plain when we remember that all countries, whatever their form of government, now encourage and facilitate the passion for smoking in every conceivable way, merely for the sake of revenue which it produces.”

It took about 50 years to turn this statement on its head. Now, in every advanced country, tobacco is under an active and increasingly stifling assault of governmental regulation, and the numbers of smokers are shrinking. What accounts for this remarkable turnaround?

## The Truth About Smoking

As smoking spread, a new anti-smoking movement sprung to life and the evidence of the negative effects of tobacco on health began to accumulate. The argument against tobacco was now couched in terms of science and health.

Epidemiologists, scientists who collect and analyze statistics about health and disease, in the 1930s, 1940s and 1950s began to notice increased lung cancer mortality in smokers as well as an increase in emphysema, asthma and heart disease. The increase in lung cancer was particularly striking. From being a medical curiosity that deserved a case-report in a medical journal, lung cancer became increasingly prevalent, going on to become the leading non-skin cancer diagnosis both among men and women by the 1980s. On June 12, 1957, Surgeon General Leroy E. Burney declared that the official position of the US Public Health Service was that the evidence pointed to a causal relationship between smoking and lung cancer.

However, the bombshell was to drop seven years later!

Already in June, 1961, the American Cancer Society, the American Heart



A lengthy study conducted in order to establish the strong association necessary for legislative action.

Association, the National Tuberculosis Association, and the American Public Health Association addressed a letter to President John F. Kennedy, in which they called for a national commission on smoking, dedicated to “seeking a solution to this health problem that would interfere least with the freedom of industry or the happiness of individuals.”

In response, Surgeon General Luther L. Terry convened a committee of experts on June 7, 1962, to conduct a comprehensive review of the scientific literature on the smoking question. Meeting from November, 1962, through January, 1964, at the National Library of Medicine on the campus of the National Institutes of Health in Bethesda, Maryland, the committee reviewed more than 7,000 scientific articles with the help of over 150 consultants. Terry issued the commission’s report on January 11, 1964, choosing a Saturday to minimize the effect on the



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