

Modern Medicine

Most doctors, medical researchers and drug companies like to persuade all present and potential consumers of health care that medicine is a science and has advanced far beyond the mystical incantations and witch doctor remedies of the past. But modern medicine is still far from employing existing scientific knowledge and thought processing. Modern clinicians may use advanced scientific instrumentation, but in the way that they treat their patients, most of them are still quacks.

The foundation of modern, 21st century medical thinking is the Cartesian principle that although the mind and the body are linked they are essentially separate entities. Accordingly, doctors treat the lesion or the organ that they believe to be failing to function properly rather than the patient, his or her fears, and symptoms. They organize laboratory tests and then believe that by treating abnormalities they are acting scientifically.

But since doctors have very little idea of what 'normal' blood levels are (since they always measure the blood levels of people who are ill) the success of treatment is usually measured by how successful the doctor is at changing the laboratory results rather than at making the patient better. When a patient complains of pain the doctor does tests to find out why, but doesn't treat the pain because that would interfere with the results of the tests. Meanwhile, the patient suffers so much from the pain that s/he becomes even more severely ill. With that sort of background it is hardly surprising that the reputation of allopathic medicine as a healing branch of science is crumbling rapidly. Too many modern doctors neither cure nor care.

Most modern clinicians and medical researchers base their opinions and conclusions almost exclusively on subjective observations and wishful expectations which are likely to be based on inaccurate historical perspectives and experimental experiences with members of another species.

Superstition and suspicion are the principal foundations of both 20th and 21st century medical science. Error is built upon error and unproven theories are used as building blocks for new ideas. Assumptions, prejudices and hearsay compete with subjective observations and personal interpretations of symptoms and signs for the doctor's attention and allegiance. To be truly scientific, doctors would have to subordinate their personal opinions to impartial knowledge, gained by analysis and experimentation; but if they did this, doctors would lose the mystique and authority which has traditionally been a part of the medicine man's armory. By becoming scientists, doctors would become technicians and lose their god-like powers. The advent of Nanomedicine forces us to subordinate all opinions to facts that are gained on a daily basis, sometimes hourly from labs and Universities throughout the world. The internet has effectively brought down the mystique and authority that the modern and ancient shamans have enjoyed traditionally.

In true science, an idea is born and then tested before conclusions are drawn. Without testing there can be no science and an idea can never be more than an opinion or a hypothesis. True scientists will do everything they can to disprove their hypotheses, excluding probability, chance, coincidence and the placebo effect, and ignoring pride, vanity and all commercial pressures in their search for the truth.

Sadly such devotion is indeed rare within the world of medicine. All too frequently doctors use case reports as testimonials. They will admit that all patients are different and then they will draw conclusions about the treatment of thousands of patients from single case reports published in a medical journal. Statistics are essential for determining probabilities, for making predictions and for choosing the best possible remedy, but doctors frequently use their own interpretations of statistics. A doctor will say: "I have seen 300 patients with this disease over the last 5 years and

this treatment or that remedy is best." He will forget that or probably never considered, or he will ignore the fact that some of his patients may have died and many of them may have got no better. When case histories are viewed subjectively the mind of the viewer can and often will lie and distort in order to protect the viewer's pride and vanity.

Most patients probably assume that when a doctor proposes to use an established treatment to conquer a disease he will be using a treatment which has been tested, examined and proven. But this is not the case. The savage truth is that most medical research is organized, paid for, commissioned or subsidized by the drug industry (and the food, tobacco and alcohol industries). This type of research is designed, quite simply, to find evidence showing a new product is of commercial value. The companies which commission such research are not terribly bothered about evidence; what they are looking for are conclusions which will enable them to sell their product. Drug company sponsored research is done more to get good reviews than to find out the truth.

Today's medical training is based upon pronouncement and opinion rather than on investigation and scientific experience. In medical schools students are bombarded with information but denied the time or the opportunity to question the ex-cathedra statements which are made from an archaic medical culture. Time and again new treatments and new techniques are introduced on a massive scale without there being any scientific support for them and without doctors knowing what the long term consequences are likely to be. Instead of experimenting and then practicing tried and trusted techniques, modern medical practitioners use all their patients as guinea pigs and practice their black art as a massive international experiment.

High dose contraceptive pills were prescribed for years for millions of patients without anyone knowing exactly what was likely to happen. When it became clear that such pills were killing hundreds of women lower dose contraceptive pills were introduced. As I pointed out in the 1960s to my sisters, and got support from the Grand-folks, we still don't know what effect the contraceptive pill is likely to have on the children of women who took it. Medicine doesn't anticipate disasters - it simply reacts to them. This sort of approach can hardly be described as 'scientific'.

Three specific examples illustrate how medical techniques are adopted on a mass scale without doctors having any idea what is likely to happen to the patients who are involved. The use of drugs to lower blood cholesterol levels, for example. If you have a high level of cholesterol in your blood should you try to do something about it - such as taking a drug? Or can lowering your blood cholesterol level prove more dangerous than leaving it alone?

For years now many doctors and patients have believed that a patient who has a high blood cholesterol level will probably be more likely to suffer from heart trouble, high blood pressure or a stroke. Millions of dollars have been spent on screening patients for blood cholesterol levels. And many patients have been frightened half to death by finding out that their blood cholesterol levels were too high. As a result of this belief the drug-industry has for some years planned to introduce implantable cholesterol lowering drugs on a large scale. The cholesterol lowering drugs are everybody's dream. The drug companies love them because they know that there is a massive, long term international market, and they love massive long term international markets. And patients love the idea of taking a pill or having an implant to lower blood cholesterol because although they believe that a high cholesterol level means a high heart attack risk they don't want to stop eating the fatty food that cause a high blood cholesterol. So I believe that the biggest growth area in this millennium for the drugs industry is likely to be in the sale of drugs which lower blood cholesterol and antioxidant levels and there is already some evidence that the explosion has already started. Between 1996 and 2007 the number of prescriptions for cholesterol lowering drugs and antioxidants increased five-fold in the U.S. alone. For the health service and for governments all around the world the prescribing of cholesterol lowering drugs and antioxidants is an expensive business to consumers. A huge proportion of apparently healthy populations are

turned into regular pill takers. The profits for the international drug companies now run into billions.

The normal U.S. Geriatric crowd is already taking between 15 and 35 pills per day, and a majority of that is Medicare. Some trials seem to suggest that simply lowering the blood cholesterol level may not always be wise. For example, a low cholesterol level may be linked to death from injury or suicide. Some doctors have even argued that a cholesterol level that is too low may lead to a high cancer risk. But doctors, encouraged by drug companies, are nevertheless busy writing out prescriptions for drugs to lower blood cholesterol levels.

Let us now look at 'surgical experiment' which involves male patients vasectomy - and one which involves female patients - breast enlargement - as two examples of widely used medical techniques of doubtful safety.

Both experiments are surgical procedures which are performed on healthy, young adults. Vasectomies have been popular for several decades and around the world many millions of men have already had the operation. It is a fairly quick and simple surgical procedure and the number of men having the operation is steadily increasing. The tubes which lead from the testes (where the sperm are produced) to the penis are simply cut or sealed and so sperm cannot get through. By the end of 2001 approximately 60 million young and healthy men around the world were believed to have had the operation. Voluntary sterilization.

In recent years, however, some doctors have started to have fears about the safety of the operation, as independent studies have indicated that the operation may be linked to cancer of the testes or prostate, to heart disease, to immunological disorders, to a lack of interest in sex or to premature aging. The possible links to cancer are particularly worrying. For example, a study of 3,000 men in Scotland who had undergone vasectomy showed that 8 developed testicular cancer within four years of the operation.

Likewise the fact that there might be real dangers associated with breast enlargement operations using silicone gel implants exploded into public view in early 1992 although the operation to increase breast size had, like vasectomy for men, been popular for several decades - and worries about the operation had been voiced many years before.

Right from the start, surgeons had realized that the widespread fashion, for large breasts could become big business and they struggled hard to justify what some cynics saw as little more than an opportunity to make money.

In the early 1980's, the American Society of Plastic and Reconstructive Surgeons argued that there is a substantial and enlarging body of medical information and opinion to the effect that these deformities (small breast) are really a disease. Plastic surgeons gave the disease a name - micromastia - and did their best to stamp it out. It is estimated that in the last 30 years over 2 million victims of micromastia have been identified and 'cured' by plastic surgeons in America alone.

To start with, surgeons injected silicone directly into the breast but when it became clear that this might cause problems as the silicone wandered around the recipient's body and started to trigger all sorts of reactions and possible problems (not least the fact that the enhanced breast quickly started to shrink as its silicone boost disappeared), surgeons started to install their silicone breast enlargers in small plastic bags which were thought to be safer.

At the end of 1991, however, a huge controversy blew up over the safety of these implants. On January 6, 1992, the FDA asked doctors to stop using silicone gel implants while they reviewed new evidence suggesting that the gel might cause autoimmune reactions or connective tissue

disorders leading to weakness, immune system damage, poor memory, fatigue, chronic flu-like illness and so on.

The absence of scientific evidence supporting medical practices is apparent in all areas of medicine. With a very few exceptions there are no certainties in medicine. What the patient gets will depend more on chance and the doctor's personal prejudices than on science. This problem isn't a new one, of course. In the preface to this play the doctor's dilemma George Bernard Shaw points out that during the first great epidemic of influenza which developed towards the end of the 19th century, a London evening paper sent a journalist posing as a patient to all the great consultants of the day. The newspaper then published details of the advice and prescriptions offered by the consultants. Despite the fact that the journalist had complained of exactly the same symptoms to the many different physicians, the advice and the prescriptions that were offered were all different. Nothing has changed. Even in these days of apparently high technology medicine there are many - almost endless - variations in the treatments preferred by differing doctors. Doctors offer different prescriptions for exactly the same symptoms; they keep patients in a hospital for vastly different lengths of time, with apparently identical problems.

In America, each year, 61 in every 100,000 people have a coronary bypass operation. In Britain only 6 in every 100,000 have the same operation. In Japan 1 in 100,000 patients will be made to have a coronary bypass operation! In America and Denmark 7 out of 10 women will have a hysterectomy at some stage in their lives, but in Britain only 2 women in 10 will have the same operation? Why? Are women in America having too many hysterectomies or are women in Britain having too few? In America one in five babies are born by Caesarean delivery. In England and Wales the figure is 9%. In Japan it is 8%.

Even within individual hospitals one sees enormous variations between the beliefs of different consultants. Some ear, nose and throat consultants still believe that tonsils and adenoids should be removed at the earliest possible opportunity while others believe that the operations is useless or harmful and should hardly ever be done. Some surgeons remove gall bladders through tiny incisions, others prefer massive incisions. Some doctors still recommend that ulcer patients follow a milky diet while others claim that such dietary advice should have been abandoned as a piece of pre-history. Despite all these variations in the type of treatment offered, most doctors in practice seem to be convinced that their treatment methods are beyond question.

But, you may say, even if treatments are not selected with scientific precision, surely diagnoses are made in a scientific fashion? Again, the evidence does not support that contention. After one recent survey two pathologists reported that after carrying out 400 post-mortem examinations they had found that in more than half the patients the wrong diagnosis had been made. This presumably also means that in more than half the patients the wrong treatment had been given. And since so many modern treatments are undeniably powerful it also presumably means that a large proportion of those patients died because of their treatment. The two pathologists reported that potentially treatable disease was missed in one in seven patients. They found that 65 out of 134 cases of pneumonia had gone unrecognized while out of 51 patients who had suffered heart attacks doctors had failed to diagnose the problem in 18 cases. Ignorance has become commonplace in medical practice. Or, more accurately, medical malpractice!

Doctors go to great lengths to disguise the fact that they are practicing a black art rather than a science. The medical profession has created a 'pseudoscience' of mammoth proportions and today's doctors rely on a vast variety of instruments and tests and pieces of equipment with which to explain and dignify their interventions. This, of course, is nothing new. The alchemists of the middle ages and the witch doctors of Africa realized that words and spells reeked of gods and sorcery and so they created a secret and impenetrable structure of herbs, songs, dance, rattling of special bones, chants and ceremonial incantations. Today's clinicians have much more sophisticated mumbo jumbo to offer. They have laser surgery and psychotherapy, CAT scanners and serum manganese assessments to substantiate their claims to be scientists. But however

good the impenetrable pseudoscience may sound or seem to be, and however well based on scientific principles the equipments and the techniques is still little more than mumbo jumbo. Doctors may use scientific instruments but that doesn't make them scientists any more than a witch doctor would become a scientist if he wore a stethoscope and danced around a microscope!

Now, if doctors were aware that medicine was not a science and that they were pulling what is undoubtedly the largest and most successful confidence trick ever tried the damage would be fairly minimal. But the problem is compounded by the fact that the vast majority of doctors believe the lie that they are taught; they believe that they are scientists, practicing an applied science.

One result of this false faith is that doctors use the technology that is available to them with little or no thought for their patients: they have been taught to ally medieval authority and a godlike sense of superiority with 21st century gadgetry. The result is therapeutic chaos. Patients are wildly and dangerously over-investigated and treatment programs, which vary from one doctor to another, are planned and defined by guesswork rather than a scientific analysis of possibilities and consequences. In order to protect themselves from the anxieties which would otherwise accompany their ignorance and their lack of knowledge, doctors seek assurance and comfort by immersing themselves in technology. Doctors are taught that investigation is an end in itself rather than merely a signpost towards a therapeutic end. The needs of the patient are forgotten as doctors glory in their knowledge. Too many doctors obtain satisfaction not by making patients better or relieving their discomfort but by playing a series of intellectual games in which the collecting and analysis of test results is regarded as far more important than the support and comfort of a patient. Too often patients are over-investigated, over diagnosed , over treated and under cared for. 'Curing' not 'caring' has become the sole criterion and success is too often measured in the laboratory rather than the sickroom. What has happened? Why has medicine failed to become an authentic science?

The answer is a simple one. In the last century the practice of medicine has become no more than an adjunct to the pharmaceutical industry and the other aspects of the huge, powerful and immensely profitable health care industry. Medicine is no longer an independent profession. Doctors have become nothing more than a link connecting the pharmaceutical industry to the consumer.

Doctors and Drug industry have jointly killed a thousand times more persons in peace than all the war-time casualties put together in the last 500 years. There is a graphic book titled "Doctors, Drugs and Devils", which traces the grotesque history of modern medicine. There is another equally damning evidence titled "America the Poisoned" which records the evil effects of deadly chemicals destroying our environment, our wildlife and ourselves. And then there is that all-time famous treatise by Dr. Ivan Illich called The "Medical Nemesis (or Limits to Medicine)", which the drug companies bulk-purchased and burnt. The intelligent readers of Amrit Manthan may read these scholarly books to advantage and unite to protect their own health which is in great danger.

University of Quantum Dynamics will continue to speak out for the need to understand the true nature of illness. It has embarked on new frontiers of energy medicine, nanomedicine and microbiology. It respects Nature's healing capacities and the value of biodiversity. Humans, animals and plants are intrinsically interwoven into a unified life force that we need to nurture. Human life involves much more than competing with one another. As adults, our attention should be directed to the health of children and the quality of the environment we are leaving them. These are our concerns.

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