

Journal of the Science of
Healing Outcomes

PROPHETIC THOUGHTS AND ARTICLES ON HEALTH & DISEASE BODY & MIND

VOLUME I

Journal devoted to the publication of outcomes of healing interventions, case studies, reports and research data. Super peer-reviewed publication.

by

Prof. B.M. Hegde

Published in Public Interest by the TAG

-VHS Diabetes Research Centre



Edited by Priya Ravi



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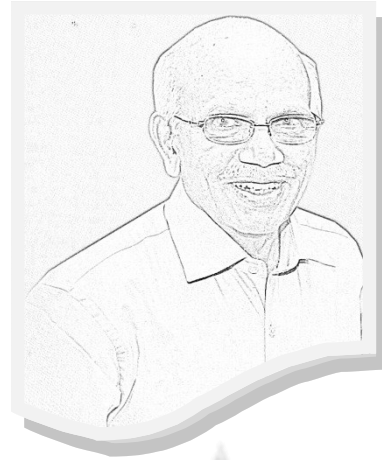


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Foreword

It is said that comparisons are odious! But when we come across two intellectuals in diverse fields, both with avowed and transparent intentions of doing good to the fellow human beings, I shall ditch the aphorism and go ahead with comparing professor B.M. Hegde, with the earlier generation political pithamah Chakravarti Rajagopalachari. Who dares to deny that it was Rajaji who said in 1950s, that we should abolish the Permit License Raj, to root out corruption in our society, that alcohol is the greatest enemy of our society, particularly for womens' welfare, that tuberculosis cannot be eradicated by BCG vaccine (he even took on the medical profession –including the redoubtable Prof. K.S. Sanjivi - by writing in 'The Lancet'!). All these crusades and more by the southern warrior a la Rajmohan Gandhi were prophetic and proven true after 6 decades. Hardly anyone sings his praise!

Similarly, in the field of medicine, my dear friend Prof. B.M. Hegde has been a crusading warrior for over four decades against the many ills of modern medicine, its approach to human illnesses, and the linear approach of therapeutics justifying with biased and reductionist statistical evidence base! Prof. Hegde is a brilliantly qualified teacher, clinician, and researcher having had experience in the best hospitals and institutions in the U.K and U.S.A. and coming back to settle in his own city to help his brethren. His wide travels, visiting lectureships and orations at various gatherings all over the country and abroad have always generated energetic debate and healthy controversies. Today I can safely say that over 90% of Prof. Hegde's medical averments

and emphatic opinions voiced and written periodically over the past four decades have been fully vindicated by the same western countries and top medical journals like the British Medical Journal, The Lancet, Journals of the Royal Colleges of physicians of London's Edinburgh and other peer medical literature. But evidently they do not give the credit to Prof. Hegde, as they are rediscovering his averments.

In the later years when these journals were reluctant to publish the "truth" of many of his clinical research findings and logic, Prof. B.M. Hegde, along with one of the greatest material scientists and researchers viz . Prof. Rustom Roy of the Penn State University, USA, started a super peer review Medical Journal and called it the Journal of the Science of Healing Outcomes in October 2008 and became its Editor in Chief, along with Rustom Roy; when the latter passed away, he got Prof. Hans Peter Duerr (Nobel Laureate and reputed Physicist of Munich Germany to accept the position of co-editor in chief of this prestigious Journal which attracts and authenticates articles dealing with a variety of approaches, all leading to human health and healing.

Prof. B.M.Hegde has been associated with the TAG-VHS Diabetes Research Centre from its concept stage, planning and later part of its clinical team as its cardiologist and physician, wellness concept leader and Director of Medical Research in the field of Energy Medicine, demonstrating its direct benefits in human health and disease. Through his Trust in Mangalore viz World Academy of Authentic Healing Sciences (WAAHS) he was able to further develop and modify the original Electro-magnetic pulsrer (EM Pulse device) first produced in the USA by Dr. Glen Gordon of Seattle, who was Prof. Hegde's close friend and gave the patent of the device to him free, to be put to

use for the benefit of humankind in an affordable and cost effective way. The WAAHS Trust thus developed the new Bio-Magnetic Pulser (BM Pulse Device) and this has been put to use at the TAG VHS DRC for the past 2 years, treating a variety of complex medical conditions including Coronary Artery Heart Disease, Ischaemic & Haemorrhagic cerebro-vascular strokes, and a host of other illnesses.

There are hundreds of articles of Prof. B.M.Hegde that have been published in various print-media like, The Hindu, Bhavan's Journal, Moneywise and other regional language papers and journals. With the help of Mrs. Priya Ravi, who has been associated with our medical information publications at TAG VHS DRC for the past 2 years, I have selected a few articles, which we feel are contemporarily relevant and highly informative and educative to the public, to help them take safe health care decisions.

TAG VHS DRC is privileged to publish this book as part of Voluntary Health Services Diabetes Department's Public Education Service. I hope this Volume 1 of Prof. B.M. Hegde's "Prophetic Thoughts and Articles on Health & Disease and Mind & Body" would not only prove useful but also spread the message of Health in its truest sense to the world at large.*

Chennai
March 2013

Dr. C.V.Krishnaswami
Chairman, TAG VHS DRC

(A unit of VHS Diabetes Department)

**Health is not absence of disease, but the presence of Energy & Enthusiasm to do one's own work and the ability to have compassion and be able to help others.*

Preface

At the outset, I must confess that as a lay-person without a scientific background, and a novice in Literature, I should never have accepted the onerous task of compiling and editing a 'Medical journal'. More so, because, Prof. Hegde is quite easily a Doctor, many times over – a Cardiologist/ Heart(y) Doctor, a Doctor of Philosophy, literally, a PhD in English literature – his articles vouch for it. But as a great fan of this 'all-rounder genius', I was so overwhelmed that I blindly took the giant leap, when Dr. C.V.Krishnaswami (CVK) reposed faith in me yet again. At that insane moment the only thought that crossed my mind was that I could get to read more of Dr. Hegde's writings in Pubmedinfo apart from those published in the Hindu!. Later I found I was spoilt for choice. I had to make heart wrenching decisions to select and ended up inserting extracts from similar topics.

My association with Dr. Hegde began about 3 years ago. An agile, cheerful person, I was bedridden due to a severe spine injury (disc extrusion). The senior-most surgeons at the best corporate hospitals in Chennai went through the tons of scans and heaps of test reports and declared that I was a "chronically ill, invalid" who might never be able to regain my old self. But then... if I were to undergo spinal surgery, the next morning, with / without an implant, I stood a decent chance to stand on

my two feet in six months to a year! I was shattered. On the eve of surgery, I called Dr. CVK and asked him for an opinion. As always, he listened to me patiently and said “a person like you should not go in for this surgery. See me at my clinic this evening.” He barely glanced at the scans and reports but examined me thoroughly and gently said, “Don’t worry, my friend and I may be able to help you without surgery. No promises, but give me 3 days time!” Sure enough, with the EM Pulser device belted on my spine, remote controlled by Dr. Hegde and under the direct supervision of Dr. CVK, I was able to climb the stairs at Isabel’s hospital, at practically no cost! The Insurance Company that had sanctioned 3.5 lakhs for the surgery, of course, refused to pay even the meager hospital bill for this treatment!

I first met Professor at a Lecture by him organized at the TAG-Centre by Dr. CVK. His extempore speech punctuated with English and Sanskrit quotes and good humour, encompassing a mind-boggling array of topics, highlighting fearlessly the misdeeds of the ‘Sickness Industry’ and the powers-that-be and lambasting his own medical community, absolutely floored me. Since then I have never missed an opportunity to listen to this great orator and I am now addicted to his brand of Medicine – kind words and compassion to fellowmen!

As the Editor of Taglines, the in-house Journal of TAG VHS DRC, I periodically get an insight into his thoughts but compiling this book has been such a pleasure particularly because I

know he is sincere about humankind, and always practices what he professes, unlike the hypocrites we see all around us.

A man ahead of his times his prophecies are coming true every-day, vindicating his confident stance, after extensive research. I shall end this with a quote by Oliver Goldsmith in the Village Headmaster a la Prof. Hegde:

*While words of learned length and thund'ring sound
Amazed the gazing rustics rang'd around;
And still they gaz'd and still the wonder grew,
That one small head could carry all he knew.*

Priya Ravi

Wisdom of the Human Body

"You know what's wrong with scientific power? It's a form of inherited wealth." Michael Crichton.

Science is, making models, mostly mathematical constructs. "The sciences do not try to explain, they hardly even try to interpret, they mainly make models. By a model is meant a mathematical construct which, with the addition of certain verbal interpretations, describes observed phenomena. The justification of such a mathematical construct is solely and precisely that it is expected to work." This was first expressed by John von Neumann (1903-1957), an American mathematician and computer scientist born in Hungary. Medical science is no exception. The present model in medical science follows the linear mathematical formula. Unfortunately, the human body is a dynamic chaotic system that follows the non-linear mathematical rules of the new science of chaos. ⁽¹⁾ That has been the fundamental mismatch between these two. No wonder that we are in this mess where most of our 'quick fixes' based on the linear mathematical models do not seem to work well. Several audits have shown our interventions in poor light. Adverse drug reactions, dangerous interventions that result in more misery for the pa-

tient and the linear assumptions leading to wrong management of chronic diseases have defied our efforts at cure.

⁽²⁾**Present human physiology:** Second curse has been the foundation of medical science based on two strong pillars, e.g. Mendelian genetics and Vesalius's anatomical divisions into organ based specialties. Mendelian inheritance based on nuclear DNAs is found wanting with the discovery of vital non-nuclear mitochondrial DNAs (mtDNA) which have the final say in the cellular function and evolution. ⁽³⁾ Darwin's hypothesis has also been found wanting in human evolution and physiology. Lamarckism is probably closer to reality in the human system.

⁽⁴⁾ Our wrong policies of running after the disease (diagnosis) model and not wellness model are the greatest tragedy for mankind. It is economically sound policy to pursue wellness and try and keep the 'well' healthy, rather than go on the reductionist disease model where the disease becomes the diagnosis. The end of the disease era is in sight.

⁽⁵⁾Human body also lives in sync with the environment. Health care should take the environment into serious consideration. The biggest blow to medical science has been ignoring the all powerful human mind from the diagnostic paradigm. In fact, most diseases originate in the mind and also get cured through the mind. The mind rules the body. ⁽⁶⁾ The mind resides in every

human body cell at the sub-atomic level. This individual consciousness is a part of the universal consciousness where we are all interconnected. Each cell would want to merge with cells in other organisms as well. But for the immune system, we would have all become a large syncytium!

⁽⁷⁾**New Holistic non-linear mathematical model of human physiology:**With this background it is easy to explain the real non-linear model of human physiology. The kingpin in the human body's working is the individual cell which functions like a universe in itself, fully self contained. In fact, it took one and half billion years for the first nerve to appear in a Jelly fish and another half a billion years for the brain to appear. But the cell lived all along quite well without the nerves and the brain.

Each human cell could be compared to a super-computer with its hardware in the structures that we are taught in medical school and the software, which runs the cell, in the ten thousand odd proteins in the cytoplasm, which form two distinct energy systems-high and low. Some of the noteworthy proteins are the HSP 70 protein (heat shock protein), otherwise called SRP (stress relieving protein), Nitric oxide synthase protein and the VEGF 165 protein.⁽⁸⁾The low energy system collects all the information from the environment and the electromagnetic energy from the Schumann rings around the globe (coming from the Sun) and transduces the latter to be given to the high energy system, which runs the mitochondria and other hardware of the cell, for us to live. The above three proteins are otherwise called

the chaperon proteins as they could direct all actions inside the cell.

The cell, whether in the brain, heart, kidney or the liver is functionally the same. Holistic non-linear science concentrates on the cell as the pivot around which the organism lives, gets unwell or dies! The inside of the cell does not work in a linear fashion. It works more chaotically with a capacity to deviate from its "so called" normal function (as defined in the present paradigm) to have enough laxity under stress. Only when the healthy attractor in phase space falls far beyond the flexibility range does the cell function get closer to the static attractor of death from where it rarely bounces back to normalcy. Majority of the deviations from the normal could be corrected by the body as the healthy chaotic attractor is a powerful force that attracts the cell function back to its original form. If, on the other hand, the cell function gets thrown too far into phase space closer to the static attractor no drug or intervention could get it back, though.

⁽⁹⁾ It was very prophetic that it was said that a physician could "cure rarely, comfort mostly, but console always."

New science of chaos and non-linearity:

The new paradigm, therefore, concentrates on the whole organism with the individual cell as its fulcrum. If the cells could do their job well, irrespective of the organ involved, we will have

achieved success in that the organ and the organism start working normally.

So it is time now to walk away from the organ based disease model to the sick cell syndrome which is both holistic and non-linear. In this universe no system is linear and regular, human physiology is no exception. Irregularity (chaos) is health and regularity (static state) is ill-health, death being the highest static state⁽⁹⁾ Because the system is lax there is flexibility in body physiology. Unlike what we are taught, the blood pressure can never be the same from one minute to another! So is the heart rate or for that matter of any other parameter. One could study this healthy irregularity to see if the person is healthy, becoming unhealthy or is seriously ill by demonstrating the degree of laxity in the system. This goes very close to the Gaia theory originally formulated in the 1960s by the independent research scientist James Lovelock, as a consequence of his work for NASA on methods of detecting life on Mars. He initially published the Gaia Hypothesis in journal articles in the early 1970s followed by a popular 1979 book Gaia: A new look at life on Earth.

⁽¹⁰⁾**Heart rate variability:**

Study of heart rate variability (HRV) using modern computer models is a very accurate assessment of cardiac function. Our own work in the last three decades strongly points in that direction.⁽¹¹⁾

CWT plots could also assist in many tricky cardiac diagnostic problems as the pattern is pathognomonic. Similar tell-tale findings will reveal the diagnosis of some difficult arrhythmias e.g. supra-ventricular tachycardia with aberrant conduction down the Bundle of His mimicking ventricular tachycardia in the surface ECG tracings. The treatments of the two are diametrically opposite. The two have very distinct CWT patterns that could be recognized even by a junior medical student.

David Eddy, a brilliant Mathematics brain and a former professor of cardiac surgery at Stanford has come up with an excellent computer model of the non-linear virtual human physiology using more than ten thousand differential equations.⁽¹²⁾ He has given a new direction to physiological research and also for newer approaches to management of illnesses. His model **www.archimedesmodel.com** could be viewed and used by any student interested in human physiology. If one uses that model and measures the outcomes of most of our present interventions in chronic diseases, we get to know how far outside the bull's eye we have been aiming at with our reductionist logic. This would also explain why there are so many iatrogenic problems today.

Consequences of our present model on patient care:

The recent IOM audit in the US and as also the audits of doctors' strike in some countries in the last 40 years show that the

medical establishment today with its hi-tech linear quick-fixes has been the greatest bane of human health and life! ^(2, 13) Before it gets worse, we better wake up to the reality that doctors as a profession should assist the human body's wisdom in trying to correct itself under most, if not in all, conditions where there is a deviation in normal body physiology. In the unlikely event we might have to perform corrective surgeries though. Most chemical molecules in the form of pharmaceuticals are known to damage the hardware inside the cell rather than stimulate the software.

⁽³⁾ Recent POISE study did show how the use of metoprolol peri-operatively (to save more lives using our reductionist logic) has only resulted in significantly higher deaths in the metoprolol group.⁽¹⁴⁾ Similarly a large retrospective audit on patients on ACE inhibitors who underwent major surgery showed that people taking ACE inhibitors had significantly higher unexplained deaths!⁽¹⁵⁾ The recent BARI II study did show how coronary revascularisation does not offer any special benefit either in death or disability in patients with coronary disease. It also showed how insulin supply in that situation does not also make much of a difference.

⁽¹⁶⁾In the holistic logic this makes sense. The autonomic nervous system is built-in to protect us in times of emergency, as for example in accidents and bleeding etc. Naturally, the autonomic nervous system could do a lot of good - redistribute circulation to the vital organs, produce vasoconstriction at the bleeding

site, set in motion the clotting cascade to arrest bleeding and many other lifesaving tricks inside the system even without any external help!

Sometimes unnecessary interventions could go against this natural protector, the autonomic system as shown by the analysis of the per capita deaths in Falklands War for the British compared to the Vietnam War where the Americans had a five star hi-tech hospital almost next door to the war theatre. Immediate resuscitation with blood transfusion and warming with blankets does interfere with nature's protective mechanism. The British did not have any such luxury in Falklands. Some of the grievously hurt soldiers were on the snow clad ground for up to 24 hours before being taken all the way to England for treatment. Despite that the per capita deaths in those grievously injured were almost identical-one in 46 in Vietnam and one in 45 in Falklands. These are just some of the examples of the hazards of over-intervention without trying to understand the wisdom of the human body.

⁽¹⁷⁾Even in emergency treatment, which is being brandied as our greatest triumph, there are large gaps in our knowledge, thanks to our reductionist logic. While there is a "dry theory" of fluid restoration in an emergency, we opted for the "wet theory" which advocates drop per drop replacement of fluid loss. ^{(18,}
¹⁹⁾ This ignores the human body's capacity for auto-transfusion and auto-infusion when needed. If we ignore that and infuse fluids according to our calculations, deaths would naturally be

more (Vietnam for example). Nil by mouth and total parenteral nutrition depletes the gut-wall of its normal environment. Gut-wall being the head quarters of the immune system, the empty gut with altered milieu could suffer in the intensive therapy units. That could even push patients into DIC and many other complications. ^(20, 21)I wonder if our scientific knowledge in the area of fluid and electrolyte balance is adequate in our reductionist logic. Take the example of potassium. While we calculate our potassium deficit based on this extracellular potassium, there is a lot of potassium in the cellular arena that could balance the need. Even biochemists have advised not to replace the entire deficit according to the King's formula. If the formula is not accurate why then follow it at all? Potassium excess or deficit could both be dangerous in critical emergencies. Human body's enormous capacity for transmutations is also not understood by us. Biological transmutation has come to stay. ⁽²²⁾ Similar is the uncertainty about crystalloid-colloid replacement debate. The last word is yet to be written.

New management paradigm: Let us look at what happens in the new paradigm where we assist the body's wisdom in managing deviations from the normal physiology. Some examples are given hereunder. While the normal electrocardiogram is only an artifact of the electrical activity in the heart, the new HRV pattern that we developed over the last three decades gives us a better assessment of the cardiac patho-physiology. The two dimensional and the later CWT (continuous wave transform)

pattern using the non-linear analysis of the Holter tracings give us a lot more information. Many a time the patterns are diagnostic of even difficult arrhythmias. ⁽¹¹⁾The electromagnetic energy device ⁽⁸⁾ mentioned above has given significant results in as varied conditions as myocardial infarction, strokes, wound healing, fracture healing, diabetic ulcers, hitherto untreatable degen-



Late Dr. Glen Gordon, the inventor, with his device and his wife.

erative diseases of the brain, bed sores, angina, and many hitherto difficult to manage inflammations.

This could easily be explained by the fact that when an ischemic or dying cell gets its adequate energy supply through the EM Probe, the cell could get rejuvenated setting in motion the repair process in all the above mentioned situations. We have a long way to go, very long way indeed, but, the beginning is so encouraging that this new technique looks very, very promising!

⁽²³⁾**The future:** More research is urgently needed to go further in this field. Unfortunately, no research dollars are pouring in here because it does not bring in rewards like our reductionist drugs

and interventions. I am reminded of a paper I wrote years ago on the unconventional wisdom in medicine which was rejected for five years by many journals to be eventually published, with my head and shoulders photo, by the Bulletin of the Royal College of Physicians and Surgeons of Glasgow. ⁽²⁴⁾ When I re-read that now I am reminded of what Robert Browning said when asked to re-read one of his poems thus: "When I wrote the poem only Robert Browning and God knew what it was, today I think only God knows." I get the same feeling today as I was only speculating those days but have made some progress now. However, God only knows where we are headed. Hope better days will dawn on the medical scientific community to visualize a brighter future for suffering humanity writ large on the distant horizon.

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Coronary Heart Disease for the Lay Public

"Of the terrible doubt of appearances,

Of the uncertainty after all-that we may be deluded...."

Walt Whitman.

There is so much misunderstanding in the minds of the common man on the street about this enigma called coronary heart disease, thanks to the media hype and the misinformation spread by vested interests. The following is an effort to educate the public in the real picture so that the dogmas and myths could be demolished for the common good. The conventional health related articles are mostly covertly planted by the billion dollar business interests in this area. Mark Twain once wrote "do not read health articles; you may die of a misprint," which is more relevant today. The whole effort could be termed as medical scare system. There has not been even one per cent absolute increase in the incidence of coronary disease in the last one hundred years was the conclusion of a five year study in the US and Europe by Dr. WJ Stahebens. The apparent relative increase, being sold by disease mongers through the media, is a

business tactic. The relative increase is basically a labelling error.

What IS coronary (heart) artery disease?

When the cardiac muscle cells do not get their supply of blood either due to a SUDDEN blockage of the supply vessels by a fresh blood clot, or when there is a gradual decrease in their blood supply due to gradual failure to dilate of the millions of small perforating muscle blood vessels. Normally, these small vessels have the special capacity to dilate five times their resting size (coronary reserve) to supply blood when the heart demands more oxygen. Unlike the skeletal muscles, the heart muscle cannot extract more oxygen from the arterial blood when needed. Rather the heart muscle always draws the maximum whether at rest or under special circumstances unlike the skeletal muscles. Consequently, nature, in its wisdom, has given the perforating coronary small vessels the capacity to dilate when more blood is needed. This is unique to the heart muscle as the heart cannot rest like the skeletal muscles.

When there occurs a sudden block in an otherwise normal coronary large vessel (epicardial coronary artery) on the surface of the heart which could be seen in an x-ray photo (angiogram), the muscles in the supply area of that vessel die giving rise to a sudden heart attack which normally kills around 60% of such hapless victims within minutes. No doctor could do anything. Please note that this occurs only in those coronary arteries that are fully normal at the time the clot came. Why did the clot

come is a million dollar question begging an answer yet? When there is a gradual decrease in the blood supply due to the defective dilation of the perforating vessels due to ageing and many other factors, the patient gets chest pain on exertion which disappears at rest only to reappear during next exertion. This is the common presentation called stable angina. In between the two extremes there are multiple presentations which could all be clubbed under intermediate coronary syndromes which are fashionably called unstable angina today to make it appear serious for the patient so that s/he will agree to our pressure to have major interventions performed. Intermediate syndromes could be due to transitory clots which come and go; sometimes on their own or occasionally due to coronary artery spasm, whose existence some authorities doubt.

Can people get a heart attack without chest pain?

Yes, of course! Having said that, I must let the reader know more about chest pain-the major symptom of this disease. Curiously, the heart muscle does not have pain fibres. One could pinch someone's heart, if possible, without the owner knowing about it! There is a luxurious supply of pain fibres in the covering of the heart called the pericardium, though. The latter is a very complicated structure that lets the chambers of the heart contract without any hindrance as long as they follow the normal pattern. When the contractions are distorted (wall motion abnormalities) the pericardium gets abnormal tension on it (Shear-stress) which stimulates the pain fibres to cause chest

pain; ranging from a mild scratch to the most excruciating chest pain where the person really suffocates and gets a feeling of impending doom.

The pain also stimulates the autonomic nervous system that might present with profuse sweating, panic and vomiting etc. When the pain is severe the cardiac chamber contractions are so distorted (wall motion abnormalities) that the increased pressure which develops in the left heart gets transmitted on to the lungs on its venous side creating a temporary flooding of the lungs with water from the congested lung veins. This gives rise to severe shortness of breath. In the milder cases this sensation feels like a vice on the chest or a feeling of being tied with a rope around the chest. The shortness of breath accompanying the classical chest pain is the sine qua non of coronary heart disease. If the shear-stress is universal as occurs in diffuse coronary disease or in those patients where the neural passage of pain sensation is dulled due to other diseases like Diabetes Mellitus etc., the patient might get a “silent” heart attack.

Can people have heart attacks which heal without the patient ever noticing it?

Definitely, some do. I have seen some hearts of Polynesian Islanders who died at the ripe old age beyond one hundred years, who had many scars of old heart attacks unbeknownst to them. Obviously, they might not have seen any modern medical doctor, either. Human body has an inbuilt repair mechanism which tries its best to heal. It is only in the unlikely event of the body's

repair mechanism getting overwhelmed does the patient die suddenly following a heart attack or get severe chest pain. Even in the latter event of severe chest pain there is an attempt to repair the defect, called remodelling. In the centre of the heart attack area millions of muscle cells die (cell death), the surrounding cells immediately move to help by slipping from their positions and move to the dead cells area (cell slipping), the cement that holds the cells in place, the fibroblasts, get tickled and start proliferating to produce more fibres to be sent to the area needing repair for a strong scar (fibroblastic proliferation) and, finally, the heart cells in the distant areas of the heart, which cannot slip all the way, try and make themselves stronger to improve the heart's pumping capacity (cell hypertrophy). These four steps make the heart go back to its original function without much change. This is ideal remodelling.

The system in the human body that facilitates this process is the autonomic nervous system, purposely designed for these situations in an emergency-flight, fight, and repair. Unfortunately, in reductionist medical world when a hapless patient comes to the hospital with a fast heart rate because of anxiety basically we, doctors, give them strong drugs to knock off the autonomic nervous system-beta-blockers and ACE inhibitors. Hospitalised patients, therefore, do not remodel completely leading to future complications like aneurysms, malignant arrhythmias etc. To understand the body's innate wisdom and try and just help that process would probably save more patients. That was elegantly

shown in a study which compared heart attack patients with good risk admitted to the hospital with those that were left to fend for themselves at home supervised by their GPs in the Bristol-Sheffield area decades ago. Laterally, that practice is being condemned since it will break the rice bowl of interventional cardiology. Sadly, these divine interventionalists have no clue about the whole person healing. Curiously, one of the three meanings of the word intervene in the Webster's Dictionary is to go in between with malice!

What is an angiogram?

Angiogram is an X-ray picture of any vessel into which a radio-opaque dye has been introduced. Coronary angiogram is the picture of the coronary tree (epicardial). When done with a cine angio- machine one could see virtual movements of the vessels and their luminal obstructions, if any. However, the conventional coronary angiogram only shows the three vessels with their major branches. It also shows the collaterals developed *pari-passu* with gradual blockage of those major vessels, an attempt by nature to compensate for the gradual blocks that take decades to develop starting almost from childhood. This kind of old blocks, even the major 80-90% blocks work as a stimulant for the heart muscles to learn to live with less blood supply and also encourage new vessels (angiogenesis) to grow to bypass the block. Only the so-called HOTA (inflamed) early plaques inside coronary vessels that could crack and attract a clot are dangerous. Now there are blood tests to find out which early plaque is

HOT needing interventions. The COLD plaques, usually the severe blocks rarely ever, if ever, get totally blocked with a clot to produce a heart attack.

Many healthy elderly people, if angiogrammed post mortem have almost all the four vessel blocks. Even healthy young men in the US army in the Korean War and Vietnam War (average age 22 years) had up to 76% such major blocks in three vessels. However, their heart muscles were almost normal as they were fit to be in the US army. They were postmortem angiogrammed to study the natural history of coronary blocks, a total of 205 dead soldiers were studied. The moral of the story is that coronary artery blocks in the epi-cardial (those which could be seen in an X-ray) vessels have very little to do with coronary artery disease. The two are not synonymous as is made out in the medical business world. In fact, angiogram should NOT be done for the diagnosis of coronary artery disease except in the unlikely event of an intractable chest pain despite treatment needs relief, one might have to perform a coronary bypass where just the cutting the pericardial sac gives relief from pain. Then an angiogram is mandatory to know where to plumb. Beyond pain relief the Coronary Bypass operation does precious little to the patient!

In fact, heart muscle with preconditioning due to gradually blocking major coronary vessels, with plenty of collaterals, is an insurance against sudden death in the unlikely event of a heart

attack! Preconditioning is learning to live with less blood supply.

How does a doctor make the diagnosis of coronary artery disease?

There was a two day workshop in London some time ago on the diagnosis of coronary artery disease presided over by a very famous cardiologist from Nottingham, Late Professor Mitchell JR. At the end, while summing up, he said: "Coronary artery diagnosis is purely a clinical bedside exercise. Go home and practise the time-honored bedside examination of listening to the patient which is much better than all the scans, scopes and x-rays." This is one disease where clinical diagnosis is 100% accurate. ECGs, stress tests, and other expensive tests are only cosmetic exercise as their specificity and sensitivity are less than 50%, which means the false positives are almost 50% as are false negatives. The diagnosis of coronary artery disease could be accurately made even in a remote village by a good clinician.

Mind your heart!

Manaevam manushyanaam. Karanam bhandha mukta yoho" (man is his mind and mind is the root cause of all his troubles and their relief) is the wisdom from the Indian ageless heritage which literally means that man is but his mind. Noetic sciences (noetic=intellect or intuition) in contemporary epistemology means philosophy of the mind or consciousness studies. The term is sometimes used in the sense of "scientific study of

noetic consciousness" or "study of mental phenomena". In short, mind resides in every human cell, heart included, at the sub-atomic level. Conventional studies have now shown a very strong link between mental states and heart diseases. Both angina and heart attacks are significantly more common in people who are depressed and also in those that have the hostile bent of mind. Hostility (hatred) ranks on the top of the risk factors list for coronary heart diseases in some large cohort studies. When the mind is free of all negative feelings the heart muscle cells feel happy and are able to live with limited blood supply. Even in patients with confirmed stable angina, the numbers of anginal attacks decrease significantly when the patients' depression lifts! Materialism is the most important triggering factor for depression. In my personal experience depression was rather rare in the poorer sections of the people who are more contented with their lot compared to the rich and the powerful.

In short, it is not what you eat that kills you as long as you eat in moderation but, it is what eats you (your negative thoughts) that kills you. So please mind your heart. Modern medical reductionism does not stress this point and doctors, especially sub-specialists, treat coronary artery disease as a plumbing problem confined to the coronary arteries akin to the blocked toilet pipes. If the mind is not treated at the same time recurrences are a rule rather than exception. Whole Person Healing (WPH), a concept conceived and popularized by Professor Rustum Roy of the Penn. State University and, accepted by the Institute of Medi-

cine in America recently, is the future of modern medicine where the stress is on looking at the whole person when s/he gets unwell.

What is the best treatment for coronary artery disease?

Unlike what is being sold these days, management of coronary artery disease starts with symptoms of chest pain or shortness of breath on exertion. Sudden death due to heart attacks can NEVER be prevented by screening the whole population for coronary blocks and then bypassing all of them as the incidence of heart attacks and sudden death do not change after such procedures. In fact, there are indications that the incidence of such problems could be increased by intervention in asymptomatic healthy individuals! Positive stress test means precious little in the absence of patient symptoms.

Most complicated problems in this dynamic universe have very simple solutions. Audits have shown that medical management with CHANGE OF MODE OF LIVING would be ideal for the vast majority. The latter is vital to the success. Scientific studies have shown that a sensible diet in moderation, daily regular low pressure exercises like walking; with tranquility of mind and drugs when needed are the best bet. Only in the very extreme situations for symptom relief one might have to resort to other interventions. Both coronary bypass and angioplasties have not been shown to be useful in large scale independent studies although there are a host of sponsored small studies done by people that are directly or indirectly obliged to their pay masters to

“see what they want to see in their research” have shown them in good light. I shall quote a few authorities in the field below.

“Elderly patients in the United States underwent coronary angiography 5.2 times as often, percutaneous transluminal coronary angioplasty 7.7 times as often, and bypass surgery 7.8 times as often as older patients in Ontario. Despite these differences, the one-year mortality rates in the U.S. and Ontario cohorts were virtually identical...In a fee-for-service system; cardiac procedures generated billions of dollars of revenues each year. A high volume of procedures brought prestige and financial rewards to hospitals, physicians, and the vendors of medical equipment.” Halan Krumholz, Professor of Cardiology at Yale University. NEJM 1997; 336: 1522-1523.

"In combining the two revascularization approaches, bypass and angioplasty, we found that prompt revascularization did not hold any advantage over intensive medical therapy alone with regard to total mortality. (In diabetics)" Trevor Orchard in BARI 2D study 2009

“Multiple Studies Show that Bypass Surgery and Balloon Angioplasty Do Not Reduce Risk of Heart Attack or Improve Death Rate. With remarkable clarity and consistency . . . studies show that routine angiography and revascularization do not reduce the incidence of reinfarction or death. . .” Lange RA, Hillis, LD. Use and overuse of angiography and revascularization for acute coronary syndromes (editorial). N Engl J Med 1998; 338(25):1838-1839.

Are there any newer methods to manage these patients?

Yes, there are. Every healthy cell of the human body, be it in the heart, brain or any other organ of the body runs on the electromagnetic energy supplied by the Sun. Cells which are not healthy (ischemic cells, inflamed cells, injured cells etc) can not use that energy. Late Dr. Glen Gordon, a NASA medical physicist, has invented a new small device that runs on a 9 volt battery which could give concentrated pulsed electromagnetic energy to the unhealthy cells. A few studies done to date have shown this in very good light. It is easy and inexpensive too. Future is very bright for this new technology. There are other methods of energy healing coming into main stream medicine. As of now conventionally medical management is the best. One must have a humane, well trained, intelligent doctor to help the patient. One should have such a family doctor as an insurance against unnecessary interventions in an emergency. In the unlikely event if an intervention seems inevitable second opinion from an equally qualified doctor is a must. Management is a partnership game and the patient is as important in this game as the doctor as the former's compliance is vital. Hatred, jealousy, greed and anger should all be shunned if one wants to get over any disease, more so heart disease. So please mind your heart!

Angioplasty, Bypass Surgery Myths and Chelation Therapy Facts

This is a book, with the above title, worth its weight in gold. The author, BV Gokhale, is an alumnus of IIT Mumbai where he got both his B. Tech and M.Tech degrees. He seems to have done extensive studies of the world literature on the science of coronary artery disease and its management. He has done such an exhaustive job that lesser mortals would have succeeded in presenting this as a PhD thesis! Interestingly, he has also studied an alternative therapy for coronary, nay, for all arterial blocks anywhere in the body, by way of chelation therapy.

The book basically has two parts; one deals with chelation therapy and its scientific basis as shown by the available authentic randomized controlled studies on chelation therapy done at different centres all over the world. It also gives a detailed note on chelation therapy procedure, its benefits, and drawbacks as also the outcome studies following chelation therapy in various vascular diseases. Only after reading his details of chelation therapy I was wondering as to how big an ignoramus was I in that field!

His revelation of the greatest fraud in cancer arena was another eye opener for me and I did some work to fish out the original Benedict Fitzgerald report to the US Senate in 1953 mentioned

in Gokhale's book, which was suppressed for fifty years by the Cartel and the Government. The report came out only when the secrecy period was over and they had to get it exposed through RTI law! When the Government of the land is in cahoots with the industrial cartels the poor common man suffers. That is exactly what is happening in that arena even to this day. I do not blame the cancer specialists in the area. Their books and their teachers teach what they are practising. I have been in this area of trying to understand human wellness and illness for little over half a century. I was not aware of this conspiracy up until I read the account of it in Gokhale's book. For the last one week, after reading his book, I have been researching the area to find out how deep rooted is the conspiracy as also to find out more about the "so called" *linear reductionist science of modern medicine* which seems to succeed in fooling the gullible public and the media in addition to brain washing the young impressionable minds of medical students and their brilliant teachers. Medical teachers depend on their textbooks and the "*peer reviewed indexed prestigious*" medical journals for their continued education and their teaching purposes. In addition, they get to listen to "*experts*" and "*thought leaders*," mostly imported by the Pharma lobby from the West, who present latest data with fascinating slides and their special English accent during the conferences which are again the accepted norms, so called CME credits, for teacher accreditation for promotion etc. Richard Smith, the celebrated editor of the famous British Medical Journal for quarter of a century, wrote in one of his recent articles in PLOS

medicine that the leading journals of medicine are but the *extend arms of the pharma lobby!*

I shall quote two examples, there could be million such, one my own personal encounter with one such leading thought leader from Texas whose name brings on goose pimples to doctors all over as the Ace researcher on hypertension, and another one, of a third year medical student at Harvard. One of the leading Harvard professors of pharmacology was teaching students about the cholesterol lowering statins. One student in the class who had studied statins in great detail got up to ask a question which went like this. "Listening to you makes me feel that you are a part of the statin producing drug firm and not an unbiased teacher. We come to Harvard to have the best teaching which is not biased in any way and is the best that is available at that point in time. I am disappointed." Naturally, the student's future was at stake as that teacher was considered one of the top researchers in his field and acclaimed to be so by his peers. The student would not leave it at that. He went on to research for the next two years about this professor and his wisdom. It was revealed that the said professor had thousands of shares in that company as also was on their pay roll having received millions of dollars every year as consultancy fee, speaker assignments, and foreign travels as a research advisor! This revelation led to further research which found out that a sizeable per cent of leading US University professors were on the pay roll of the industry. Most of the Ivy League universities lost their A grade in

student assessment. The only University that did not have this kind of ties was Penn. State University which still gets its A.

The other example is my personal experience. About twenty years ago I think, I was invited to Dubai to present my views against a then new drug, alpha blocker, for treating high blood pressure, by the organizers of a conference there, the Dubai Medical College for Girls. I used to be the General Medical Council of UK's inspector for that medical college recognition; consequently, they knew about my views. Each time I visited the College I was invited to deliver a lecture. For this conference they had a great "thought leader" of America and an Ace hypertension researcher from Texas to speak for the drug. Little did I realise how "big" he was before being presented with him to speak on the dais. Luckily, his colleague from Texas knew me personally and presented me as the "only match for his University colleague, who was America's best speaker." That was my only solace as this "great" man went on to tear every argument of mine with some wonderful (company made) slides that showed the drug as the panacea for high blood pressure. Naturally, the Arab world those days had a very high opinion of anything that was American. My considered view, presented with all my capabilities, that this dangerous drug could damage the heart in the long run, did not curry favour even with the audience, leave alone my opponent. Naturally, he stole the thunder except for an English professor who made a cryptic remark at the end that the American was using company data and slides while Professor Hegde was using his own data. He added that

“Professor Hegde spoke like a mature teacher.” I survived by the skin of my teeth!

Exactly a year later I was at the University of Northern Colorado for a “scholar speaker” assignment. Early morning my radio alarm news was blaring the hot news of the day: “There are one million Americans on the drug, alpha blockers, for their raised blood pressure. The drug has been shown to produce heart failure in the long run. Every one taking this drug should immediately see his/her doctor for change of the drug. They should not stop the drug on their own.” I was happy that my prediction had been proven right. I called the “great” thought leader in Texas and asked him about the radio news. His answer was very short and to the point. “Now our views seem to go together. Thank you for the call.” We will quickly look at the (in) famous Fitzgerald Report 1953 in some detail. *In the 1950’s, Congressman Charles Tobey enlisted Benedict Fitzgerald, an investigator for the Interstate Commerce Commission, to investigate allegations of conspiracy and monopolistic practices on the part of orthodox medicine. This came about as the result of the son of Senator Tobey who developed cancer and was given less than two years to live by orthodox medicine. However, Tobey Jr., discovered options in the alternative field, received alternative treatment and fully recovered from his cancerous condition! That is when he learned of alleged conspiratorial practices on the part of orthodox medicine. He passed the word to his father, Senator Charles Tobey, who initiated an investigation. The final report clearly indicated there was indeed a conspiracy*

to monopolize the medical and drug industry and to eliminate alternative options." The "Fitzgerald Report" was submitted into the Congressional Record Appendix August 3, 1953. This is what Fitzgerald wrote then: "'My investigation to date should convince this committee that a conspiracy does exist to stop the free flow and use of drugs in interstate commerce which allegedly has solid therapeutic value. Public and private funds have been thrown around like confetti at a country fair to close up and destroy clinics, hospitals, and scientific research laboratories which do not conform to the viewpoint of medical associations.'" Benedict F. Fitzgerald, Jr., Special Counsel, US Senate Committee on Interstate and Foreign Commerce, 1953. (Hon. William Langer, Congressional Record, August 3, 1953, p. A 5352.)

If this noble profession were to have this kind of "scientific" base where will the poor patient look for succour? God help mankind! I think Gokhale's book, which ideally must be read by all those that are literate, will open a new avenue for research in this great conspiracy arena in "scientific" medical field. Intelligent people should research all those areas where unscrupulous business masquerades as "science." The halo around that word, science, makes it easy for selling anything respectably under its banner. The new catch word is evidence based medicine. Recently, I had to have an unpleasant experience in a TV debate on coconut oil as the best fat for man, next only to mother's milk as the fat base of both coconut oil and mother's milk is the vital immune booster, sodium monolaurate. Monolauric acid is found

only in mother's milk and coconut oil. The young cardiologist opposing me was lost for data to match to say that coconut oil is poison but he kept on repeating that his books and "guidelines" say that coconut oil is bad! Little did he realise that all the "guidelines" and books are written by company sponsored thought leaders.

Wellness Concept Be the Change

"The establishment defends itself by complicating everything to the point of incomprehensibility." - Fred Hoyle

"And to make an end is to make a beginning " T.S. Eliot

It was in the year 1733 that Charles Scharschmidt, a brilliant young professor of medicine in Vienna, wrote the first textbook of medicine. While writing about diseases with constriction of the vascular bed and agitation of the mind he had the best prescription for those days which looks contemporary even to this day. Change of mode of living, tranquility of the mind and drugs rarely, if needed at all, were the three points in his textbook. Listening to the debate on the March 3rd 2010 morning where President Obama gave his last dose of wisdom to the people of America as also to his colleagues in all the political parties about his "so called" health care reforms. **He was talking only about disease care reforms and NOT about health care reforms.**

America is suffering from overmedication and over intervention of all sorts resulting in the abuse of the disease care facilities which cost the nation trillions of dollars; most of which could be well spent if only the powers that be understood the difference between health care and disease care. The euboxic medicine practised in the US, where all the computer boxes in the patient

case record will have to be perfect, lest someone should sue the doctor in the unlikely event of patients' death or disability, makes medical care prohibitively expensive. Market forces dictate the management and not science. The whole population of the USA needs urgent health care but a microscopic minority really needs disease care. This truth is being kept well wrapped up in pseudo-scientific jargon, myths, half truths and disease mongering efforts to earn billions from the gullible patients or their care givers. It is much cheaper to keep the well healthy rather than let them get diseases and then target the disease. This is the rule in the USA as also in other places like India where American medicine is being encouraged.

The above difference is simple enough to be understood by the lay public. However, today the common man on the street thinks that he needs pills, doctors and hospitals to remain healthy! What is to be brought to the knowledge of the population is that if they lived a healthy life style, which will be described below, they could expect to live well and healthy till they die. No one should try to be here forever as s/he will never succeed.

It is only in the unlikely event of the body's inbuilt immune guard getting overwhelmed do symptoms of diseases make their appearance. Illness is a state where one does not feel well. It is only then that the medical profession could help by: "curing rarely, comforting mostly, but consoling always", as was enunciated by the father of western modern medicine, Hip-

pocrates. There are no silent killers. All killers announce their intentions loudly in human physiology. Studies have time and again affirmed that treating diseases in their “so called” asymptomatic stage only would harm the patient since nature has built the immune guard with elaborate repair mechanisms to remodel every deviation for the normal, which is the asymptomatic stage of illnesses. Any interference at that stage from outside, that too with chemical drugs, can only harm the former and might result in disaster.

Healthy life style: No one can help another to adopt a healthy lifestyle. One has to be the change and no amount of preaching will help. One has to take charge of one’s health and wellness. The methods are simple and could be adopted by anyone in any walk of life howsoever busy one might be! Human body is a nonlinear, dynamic device, continuously run by food and oxygen with the help of the electromagnetic energy from the sun. Some physiologists believe that the body water, which forms around 80-85% of the body, needs to be stimulated (burnt) to release energy.

Human beings are not just their bodies; they have their all pervading mind and their spirit. All three of them need to be kept healthy for total health and wellness. The best bet to keep good health is to have a healthy mind which, boils down to practising universal compassion. To get into that state of mind (consciousness) Yoga and the breathing techniques there would help a lot. Yoga has very little to do with any religion and could

be practised by all. To be healthy one has to change (be the change) but one can't expect the world to change overnight. Therefore one could expect others to hurt us sometime or the other. There again the best antidote for hurt is to cultivate the greatest asset of forgiveness. "If you can fill the unforgiving minute with sixty seconds worth of distance run,.....this earth shall belong to you my son, and.....more, You shall be a MAN," wrote Rudyard Kipling years ago in his celebrated poem, IF. This is the best health advice that I have been able to find in the western literature.

Eating in moderation, the foods that please one, without too much change in the food quality from its natural state, would go a long way to help the immune system to keep the repair mechanism in excellent shape. Worrying about the micro-contents of the food is of lesser importance as long as one does not pick and choose foods, thanks to the modern food fads and corporate advertisements. Preserved foods are a curse. Let the food be as fresh as is possible. Small frequent feeds keep the metabolism on even keel. Large meals at long intervals are not conducive to body physiology.

Each region, ethnic group and race has had its own food habits that kept mankind going in 50,000 generations. The food habits evolved over thousands of years, thanks to our ancestors' observational research. Modern nutrition does not have a strong foundation and the reductionist cohort studies being fed to the gullible masses lack the backing of good science. That is exactly

the reason why we get conflicting advice now and then! If Mediterranean diet is good for them in their habitat, it does not mean that it will be good for another race in another continent. Mealtimes should be happy times and family get-togethers at meal time are the best bet to get benefit from foods. The two enemies of human health are tobacco and alcohol, both of which must be kept at a distance.

Regular exercise, moderate in quantity, the best being a daily walk for an hour, would be the ideal tonic for the immune guard. Very heavy exercise might not be good for the system. The key word in every human endeavour should be moderation in everything one does. Extremes are always dangerous. Swimming is another excellent exercise but is not universally applicable and could be expensive to the majority. There is no substitute for hard work as another good immune booster. If the hard work involves physical exertion additional regular exercise is not needed. The only qualification is that one should love one's work to get the benefit. Hating one's work and working under duress could destroy health.

Spirituality has very little to do with religion. Spirituality for good health is just sharing and caring! Sharing provokes the immune system and hating others depresses the same. A small child smiles 400-500 times in a day. If we take a lesson from that the world would be a better place to live. Natural smile releases so many healthy bio-positive endorphins from the brain.

Conclusions: If one were to follow the above mentioned simple daily routine, the wellness concept, the chance of falling ill are negligible like following traffic rules on highways reducing fatal accidents. That said, I must hasten to add that even those that follow the health rules enumerated above might get **illnesses, as diseases are only accidents. Medical science or any other science will never be able to answer the million dollar question as to why a person gets sick at a given time although we have elaborate details to frighten the gullible people as to how they get ill, in our disease mongering, medical (health) 'scare' system.**

A Nobel Laureate physiologist had affirmed to that truth way back in 1899, when Charles Sherrington, wrote that "positive sciences will never be able to answer the question why, but they will be able to say how or how much! "If we were to implement this method we would reduce the medical care budget of every country. All the same an efficient and authentic medical care system is a must under the following circumstances which covers about 5% of the population at a given time. Emergencies, disaster management, corrective surgeries, judicious authenticated vaccinations, birthing emergencies, congenital problems, and acute life threatening situations need medical help.

The need of the hour is to change our medical education system to incorporate the new philosophy of health promotion which is never taught these days. The student must be taught that the

human body could correct most of its problems without outside interventions but we must create the right environment for that to be useful. Too much intervention might put off the body's immune system. The ghost of Adverse Drug Reactions, (ADRs) staring at our face as the biggest cause of death in modern medicine, could be avoided if we follow the holistic management of illnesses to bring man back to his/her state of wellness as defined above.

Doctors are trained primarily to keep the public healthy (public health) which is not our present stress. Young doctors should be impressed that they should leave the well alone and they should never try to treat the disease but try and understand the patient better before intervening, and they should see that their interventions do not make the patient worse than his/her original disease! **While a good doctor treats the illness; a great doctor treats the patient.**

The need of the hour is for thought leaders in the field to understand that there are a host of medical care systems in the world, out with our reductionist modern medicine, that have stood the test of time over thousands of years before the advent of modern medicine. But for them humankind would have been extinct like the dinosaurs long, long ago. Modern medical system, developed in the last few centuries', in its present avatar of hi-tech stuff is only less than a few decades old. One has to take into account the recent audits in many countries on the impact of modern medicine on human morbidity and mortality. The data

is there for all to see and take corrective measures lest we should be left out in the race. Every medical student must be told that while patients could (and did) survive without modern medical doctors; we cannot survive without patients.

We need urgent research to try and scientifically authenticate many of those inexpensive methods in other systems of medicine to put together a future system incorporating the best in all the systems together-call the new system Meta Medicine (after modern medicine) if you like-to help patients and also the world governments to contain the ever mounting costs of medical care which would make people like President Obama to get sound sleep while his people remain healthy and when they fall ill they are well cared for without spending too much of the tax payers' money which should satisfy both sides of the divide. The effort of trying to put together Meta medicine is already on.

In this deafening cry for better hi-tech medicine let us not forget that the womb of all ills, ranging from common cold to cancer, is poverty. The latter is a double edged weapon in that while diseases are more common in the poorer sections, diseases further make the sufferer poorer when the bread winner gets sick the family starves and becomes poorer. The poor people with very little protein in their system suffer from a very serious illness which I call as Nutritional Immune Deficiency Syndrome, NIDS, which is many times more dangerous than the fashionable label of AIDS! It was a thinking family doctor in the poor coal mining community of Wales, Tudor Edward Harts, who

wrote decades ago: “the poor pay for their poverty with their lives.” This one line tells it all and should be taught to our doctors and politicians alike.

Long live mankind on this planet in good health and happiness. Medical profession is always needed as the doctor is not just a drug vendor but a real friend, philosopher and guide in illness. In addition, science has now shown that all the drugs or surgical methods that we use work ONLY because of the faith the patient has in the doctor, the so called placebo effect, also called the expectation effect (EE). A good doctor, humane and human full of empathy, will be God to patients at all times. Basically, a good doctor should be a good human being.

“If you want others to be happy practise compassion. If you want to be happy practise compassion.” The Dalai Lama

Age! I Adore Thee!

*WHEN you are old and grey and full of sleep,
And nodding by the fire, take down this book,
And slowly read, and dream of the soft look
Your eyes had once, and of their shadows deep; William Butler
Yeats*

Many of us, like Shakespeare, abhor old age. I am one of those who adores old age and respects it for its forbearance, compassion, understanding, and also for its maturity. Old age is a time when one has the advantage of both long standing empirical and existential wisdom (not knowledge). Some of my readers have urged me to write on old age diseases like diabetes, cancer, hypertension and heart disease etc. I normally do not replicate a medical textbook in my articles and do not like this reductionist disease concept. I agree with Professor Mary Tinnetti of Yale University when she wrote an article entitled "End of the Disease Era" in the American Journal of Medicine in 2004; 116: 179, where she says that: *"The time has come to abandon disease as the focus of medical care. The changed spectrum of health, the complex interplay of biological and nonbiological factors, the aging population, and the interindividual variability in health priorities render medical care that is centered on the diagnosis and treatment of individual diseases at best out of date and at worst harmful. A primary focus on disease may inadvertently lead to under-treatment, overtreat-*

ment, or mistreatment. "We could club them all into one class of age-related maladies.

In my experience of nearly half-a-century of treating patients, the biggest problem of old age, especially in the affluent section of society, has been the adverse drug reactions. Many of these patients have been on a long laundry list of chemical drugs for the various diseases mentioned above. Each specialist gives a few drugs of his/her choice unmindful of what his counterpart in the other specialty has given. The poor patient tries to comply with all of them at the same time, little realising that this kind of polypharmacy has no scientific evidence to support it even in this era of evidence based medical claptrap.

What is old age? Quantum physics tells us that matter and energy are but the two faces of the same coin. So the human mind is but the human body. Your thoughts are your body in that sense. If you always think that you are old and infirm, you WILL be old and infirm. If you think you are young and healthy, you SHOULD be so. Chronological age is only a mirage. Body cells die and get replaced regularly; so much so you are not the same person that you were three months ago. At any given time your true cell age is just about six months. But if you think you are old the thoughts get passed on to the new cells and make them old! Think young and remain young at any age.

In the elderly and the old elderly, diabetes is not serious disease. It is just the exhausted pancreas trying to cope with the demand. If one were to diet sensibly-eating small feeds six times

a day avoiding frank white sugar in food and eating as much raw vegetables and fruits as is possible in the diet-and avoiding sedentary life style of sitting in front of the TV all day, exercising regularly, with a positive state of mind and enthusiasm to help another human being in distress, the blood sugars can be controlled as also the other metabolic fall outs of diabetes. The best exercise in old age is a daily walk, at one's own pace for at least half an hour a day would do wonders to your health. Do not get frightened of our medical scare mongering to get you hooked on to our drugs. Most lay articles are either sponsored by vested interests or are copied from some medical textbook source and will invariably be scary.

DO NOT get your blood sugar checked daily. A quarterly level of glycosylated haemoglobin (A1c) level will do. Try and keep it below 7.5. Even if the sugar occasionally goes up do not panic, it will come down. Take good care of your feet, washing it daily at the end of the day with soap and water and drying it fully before retiring to bed. Have shoes which are a size bigger than normal lest you should develop pressure points in the feet. Should you develop any new symptom, however trivial it might be, see your family physician for guidance. Most of the time it might be of no consequence but do not self-treat yourself or take advice from other patients' experience. Do not rush to a specialist directly bypassing your family doctor. The specialist does not know you well and will be at a loss to size up the situation. You will end up in the circle of never ending tests and

scans and referrals which might not only cost you a fortune but might damage your health as well. You MUST have a humane family doctor as your friend, philosopher and guide.

Similar advice holds good for high blood pressure. The latter, however is, most of the time, a White coat effect in old people. Tudor Edward Hart followed for decades a closed group of coal miners in North Wales and found that drugs were not needed especially in women above the age of 65 for mild to moderate high blood pressure. A recent large study did show that slightly higher blood pressure is needed in the old elderly. If your doctor decides that you need drugs discuss the pros and cons with him and ask for details as to why long term drugging is mandatory. Ask for absolute risk reduction statistics and not relative risk reduction statistics. The former would most of the time show drugs in bad light. In medicine we use two types of statistics-the ones you look up and the ones that you cook up. The drug companies use the latter statistics to sell their wares but the doctors should be able to look up the right data. Having said what I said above I must hasten to add that if one is already on drugs DO NOT stop them suddenly without consulting your doctor first. If both of you decide to cut them down do it very gradually under the doctor's supervision.

This article is not a medical prescription and the writer is not your doctor. Your doctor is your boss. Follow her/his advice correctly. Mine are only suggestions for both of you to arrive at an informed decision. The take home message is that both dia-

betes and high blood pressure are not serious and dangerous illnesses in old age and are a part of living long in this planet. The human mind is the boss here and fear kills faster. Please note that the treatment of most old age illnesses is based on the following simple rules:

1) Change of lifestyle to a healthy one: Eating in moderation, exercising regularly, getting enough sleep daily, avoiding alcohol and tobacco totally, loving ones near and dear ones, trying to be of some use to society if one's health permits, and enjoying life as it comes will make you healthy and fit. Greed, jealousy, anger and pride are killer risk factors which could be avoided. Love, camaraderie, universal compassion and true humility should stimulate the doctor within all of us, our immune system. Keep your body and brain working as far as possible remembering that if you do not use them you lose them!

2) Tranquility of mind: Music, yoga, praanaayaama, listening to good deeds and words of others, helping others by being a giver and not a taker keeps one healthy. Your mind becomes tranquil. Having a good hobby helps. Keeping oneself busy also keeps the mind free from negative thoughts. Needs are a must, but greed kills. Have a heart to keep your heart healthy.

3) Drugs: Rarely ever, if ever, is the best advice.

Many of us believe that there is a pill for every ill. This concept is not only naive but dangerous. While certainly there is no pill

for every ill, there is an illness following every pill. While pills thrill they could easily kill also. So before embarking on life long drug therapy have a friendly long chat with your doctor of the pros and cons of such an action and take your final decision. Medicine today is no longer a paternalistic activity. It is a partnership between a humane doctor and his patient. In old age most people suffer from adverse drug reactions due to polypharmacy. Many of those patients do very well when we take the drugs off gradually and let them bask in the sunlight for an hour or two every day. Sunlight not only is a good germ killer but gives us the best tonic for our immune guard by supplying the pure vitamin D3 which stimulates the human immune system, the back bone of disease resistance. I have deliberately avoided two other old age maladies- cancer and the other so called disease high cholesterol. The latter would need one sentence to dispose it off. High cholesterol is not a Disease! It is a body parameter and 90 percent of it is produced in our own liver for our own good. So each one of us has different levels and the average need not be NORMAL. Change of diet to vegetarian, avoiding too much carbohydrates and regular walk would set it right for you. Drugs never! Cancer is not a disease and is an aberration of normal cell death (apoptosis) process. How I wish I knew more about it. Even the best Nobel Laureate biologist, Albert-Szent Gyorgyi, feels that he cannot say what cancer is, as he finds no difference between the working of the cancer cell from that of the normal cell. He does not think that

he could suggest any method that could selectively kill cancer cells without concurrently killing the normal body cells.

Old age is a pleasure and should be enjoyed without the fear of disease and death. Death, they say, is not the end of life but only a part of it. Our effort must be to see that death is dignified without having to go through the intensive care unit of a hospital en route to heaven. May God give wisdom to all doctors to follow the prayer of Sir Robert Hutchison:

“From inability to let well alone; from too much zeal for the new and contempt for what is old; from putting knowledge before wisdom, science before art and cleverness before common sense; from treating patients as cases; and from making the cure of the disease more grievous than the endurance of the same, Good Lord, deliver us.”

Sir Robert Hutchison, 20th century physician, British Medical Journal, 1953; 1: 671.

May mankind be happy and healthy to live long.

“Learning is an ornament in prosperity, a refuge in adversity, and a provision in old age.”

Aristotle

Are Pain-Killers the Real Killers?

"As long as people believe in absurdities they will continue to commit atrocities" Voltaire, French Philosopher.

Pain has been humankind's worst enemy in the past, present and shall be so even in the future. Doctors survive on trying to reduce pain of all kinds (comforting mostly), even the pain of sorrow. Medical research in the field of pain-killers has gone through all the drama that the whole pseudo-science of modern medicine went through in the past.

I am reminded of what Chakravarthi Rajagopalachari, one of the greatest brains of India and a true freedom fighter, wrote about the Mahabharata. He said "what is not in the Mahabharata, is nowhere". *If I were to say "what is not in the history of pain-killers is nowhere in the medical world", it would not be an exaggeration!* That is precisely because pain killers are the real till-movers for the drug industry, thanks to pain being the biggest enemy of humankind.

For the common man on the street pain-killers are a panacea as they relieve pain immediately, some of them at least. Advertisements for pain-killers are very attractive and most of them, are freely available across the counter. The number of people using and abusing pain killers could run into millions. This is my

worry, as all, mark my words, all pain killers could turn out to be killers in the long run!

The research in modern medicine about pain-killers speaks of all the ills that plague our science. First is the court case between University of Rochester and Searle (later Pfizer) over patent rights for Cox2 inhibitors, the then ace pain-killers. While it is the University that had a patent on that drug, the Court ruled that there were some technical flaws in their patent application and so the patent, already granted years ago, is not valid. Powerful people and clever lawyers win the case always!

Next is the interesting case of how drug companies manage their researchers. One of the biggest frauds involving data fabrication in the medical field of the papers published in reputed peer reviewed journals was the work of Dr. Scott S Ruben of the Bystate Medical Center in Springfield, Massachusetts working on a Cox2 inhibitor manufactured by Pfizer. Between 1996 and 2008 this gentleman had published 72 papers of which 21 papers had dangerously fabricated data and he was found guilty of fraud. These 21 papers have dealt a body blow to the science of post-operative pain management, predominantly in orthopaedics.

Pain-killer research (so called) has had the most number of studies with acronyms like SUCCESS, ADVANTAGE, CLASS, VIA and what have you. Despite all that the sales of pain-killers went up exponentially but, luckily, the dangerous side effects also came to light pretty fast after a few thousand people died of

serious illnesses like heart attacks (which could come after a gap of even six months), strokes and many other kidney related causes.

The earlier pain-killers were blamed for being the cause of upper gastrointestinal bleeding deaths. To avoid those, the dangerous new class, called COX2 inhibitors, was introduced. How genuine scientific concerns are ignored for the sake of money is seen in this field again. Another example of what goes wrong in reductionist medical research. COX-2 also blocks one of its products, the vasodilator and platelet inhibitor prostacyclin, according to Garret FitzGerald, MD, of the University of Pennsylvania in Philadelphia. They reported their observations online in Science Translational Medicine. Long before any of the COX-2 inhibitors were approved, investigators led by FitzGerald suggested they might increase cardiovascular risk, based on the observation that they reduced urinary production of a metabolite of prostacyclin. The suggestion was dismissed as happens many times when big money is involved and powerful companies are also in the fray. If only people had taken the cue we would have saved thousands of unnecessary deaths. Who bothers, when deaths here are only statistics?

Adverse Drug Reactions (ADRs) are the leading cause of death in the present day medical world, anyway. Cox2 inhibitors were sold in preference to older known pain killers mainly because they resulted in less GI bleeds. "In a meta-analysis of eight osteoarthritis studies, the incidence of withdrawal because of ad-

verse gastrointestinal events was 3.5% for Cox2 inhibitors, compared to 4.8% for ibuprofen, diclofenac, or nabumetone. Endoscopic studies of patients receiving Cox2 inhibitors for 12–24 weeks found rates of upper gastrointestinal complications similar to placebo and significantly lower than naproxen 500 mg twice daily and ibuprofen 800 mg three times daily, but not statistically significantly different from patients receiving diclofenac 75 mg twice daily. The analysis found that Cox2 inhibitors provided significant gastrointestinal benefits in patients both at high risk and at low risk of developing gastrointestinal problems; patients at low risk still had 88% fewer gastrointestinal problems with Cox2 inhibitors,” showed the CLASS study

.Now there is a ray of hope for those suffering from pain. According to a new study just reported in the *Journal of Pain*, published by the American Pain Society, daily doses of raw or heat-treated ginger effectively relieve muscle aches and discomfort and even severe pain following strenuous exercise. Several studies have shown that ginger appears to have anti-inflammatory and analgesic properties similar to non-steroidal anti-inflammatory drugs, but without the side effects mentioned above. Researchers from the University of Georgia and Georgia College and State University (GCSU), have found evidence that ginger is a potent muscle-pain reliever. The scientists worked with seventy-four student volunteers who were divided into three groups. One group was given raw ginger, one group re-

ceived heated ginger and the third group received a fake ginger placebo.

Some of us still believe that pain killers like paracetamol frequently used even for minor headaches is safe in small doses. On the contrary, in a small country like the UK, Paracetamols kill – as many as 15000-20000 people die due to liver damage! Still more surprising is that these deaths were not dose-related! Lots of us are made to believe that aspirin in small doses not only relieves pain but saves one from a future heart attack. John Cleland, professor of cardiology from Southampton, did an audit some time back, on aspirin and heart attack prevention. He came to the following conclusions. “While aspirin in small doses might or might not reduce the incidence of non-fatal heart attacks marginally, aspirin definitely increases death due to cerebral haemorrhage by 10%” On the balance it is better not to use it. Aspirin use in small children is also fraught with danger of Rye’s syndrome.”

Pain relief being the Numero Uno obligation of the medical world, the above facts might dampen the spirits of both patients suffering from pain and their doctors. Obviously, they will try to dismiss all this as “unimportant” as long as the pain gets relieved by any means.

Now we come to the light at the end of the tunnel. A recent multicentre study of severe pain relief using a morphia analogue did show the future path. This study was directed by Professor Bingel at the Oxford University’s teaching hospital along

with Cambridge, Hamburg and Munich Universities. The study was published in the famous Science Translational Medicine in March 2011. This is a very sophisticated hi-tech study using MRI scanning of the patients during the 'drug-taking' period.

The belief that treatment cannot and does not work can be a very strong motivator to make the treatment useless, so called Nocebo Effect. The converse is also true. Strong faith in the doctor and his/her treatment would work the same way, called the Placebo effect which physicists call as expectation effect (EE). The above mentioned research guided by Professor Bingel and her colleagues found participants' pain levels fluctuated when told that they are not receiving REMIFENTANIL, a powerful pain killer related closely to morphine. When they were told that remifentanil had been discontinued, their pain levels shot up despite the fact that the drug and dosage remained unchanged. "Subliminal conditioning" brought on by positive thinking could control mechanisms involved in bodily processes. Placebo effect has been seen in depression relief with placebos. MRI scanners did show the release of powerful opioids from the forebrain when the patients believed that the drug was flowing in the drip while only normal saline was flowing! Mind is the best pain reliever. Most powerful drugs in the world are the two kind words of a good doctor.

Candace Pert, at the NIH in USA, who showed that opiate receptors existed outside the brain, was to have got the Nobel for that work. She writes in her book *Molecules of Emotion* that the

time is now ripe for us to avoid the drug cupboard for pain-relief but to sit and meditate to get to that state of mind where your forebrain manufactures the most powerful opioids to relieve any pain! What a relief? Mind your mind to relieve your pains.

“People who change AFTER change -SURVIVE.

People who change WITH change - SUCCEED.

People who CAUSE the change - LEAD.”

Anon

AIDS and the Ghost of Unanswered Questions!

*“Lies, damned lies and statistics...” - Benjamin Disraeli
(Popularized by Mark Twain)*

Researchers are excited about AIDS as there are lots of research funds available if one could get on to their bandwagon. Infancinophiles, both rich and the powerful, are bending over backwards for AIDS charity. Of course, the drug companies are laughing their way to their banks. With all these frantic activity around AIDS, a so called disease, many fundamental questions still await answers from the powers that be. Some one had listed those questions some time ago but I have modified them a bit and hope some responsible person in the seats of power, both in the great “science” field and the government machinery that patronises AIDS research, should answer these questions to set the records straight. Sooner it is done the better as the drugs in question against retroviruses are potentially highly toxic. Nobody bothers about a greater disease NIDS (Nutritional Immune Deficiency Disease) as there is no money involved and the victims are helpless, anyway. World load of AIDS is about 30 millions. India’s load of NIDS is 67 million, mostly children.

The discovery on the viral cause of AIDS was announced in a press conference for the first time. Why was it not done through a science paper in a peer reviewed journal, as usual? Montaigner's first paper in Nature was only a case report where he found the virus in the bone marrow of the first victim of this disease. Bone marrow of AIDS patients contains many organisms anyway. How was it proven to be the cause? HIV was found ONLY in 40% of AIDS patients. Does that fit into the Koch's postulates? Chimpanzees that were infected with the HIV virus did not develop AIDS, another lapse in Koch's postulates. Why hasn't the HIV Antibody Test been validated? There is no control study that proves what percentage of people testing HIV-Positive have been confirmed to have active HIV virus in their blood by a viral isolation culture and what percentage of people testing HIV-Negative have been confirmed not to have active HIV in their blood?

Trevor Lawley and his colleagues at the Wellcome Trust Sanger Institute, near Cambridge, hope to replace faecal transplants as a way of dealing with a bug called *Clostridium difficile*. This is a particular scourge of those being treated in hospital with oral antibiotics that, as a side-effect, kill many gut microbes and thus let *C. difficile* run wild. Faecal transplants are effective, but Dr Lawley wanted both to understand why they work and to see if a more tailored version of the treatment might be possible.

To the best of my knowledge there is no scientific basis for the CDC of America to take an arbitrary decision in 1987, that a positive HIV test means current infection. Why are there three different testing standards like Western Blot, CDC standard and the Red Cross standard? How is it that Britain does not depend on Western Blot? "Why does the HIV viral load test use "probes" and "primers" based on the same invalidated, non-specific proteins that are used in the HIV Antibody Test? Some HIV negative individuals have heavy HIV viral load. This is intriguing indeed. The vital question is as to why are toxic drugs still being given for an unproven viral disease? Liver failure from the side effects of the antiretroviral medications is the number one cause of death for AIDS patients.

What worries me more than all these is that we, as human beings, have trillions of viral genes in our meta-genome among which nearly 8% are retroviruses, while we have just about 25,000 human genes. Our own retroviruses could react with the HIV test to give a false positive test result! Our scientists being so reductionist in their vision, the wider whole picture misses their radar. While this story of viral origin of AIDS was developing little did the concerned scientists know about the existence of viral genes in our own meta-genome? Are we endangering a whole generation based on our wrong scientific presumptions is worrying me. I would love to be proven wrong, but, if I were right, we are committing a great sin on humankind, thanks to the ego, greed, and short sightedness of our so called scien-

tists, the industry and the medical establishment which zealously guards its rice bowl.

Our meta-genome has a retrovirus, HERV-W, which is vital for the placental attachment to the mother's uterus. When a girl gets pregnant there is a spurt in the number of these retroviruses in the system. Could that be one of the reasons why many pregnant ladies tested for HIV during pregnancy (as happened in Africa) become HIV positive? Dangerous question to ask but ask we must as we are treating such women with a very powerful antiretroviral drug, which works by tricking the DNA to break up! This process of breaking up of DNA could lead to mutations, cancers and nerve damage in the long run. The drug is a DNA chain analogue, indeed!

Now I realize why a Nobel Laureate chemist, father of the PCR test that identifies viruses in the laboratory, Kary Mullis of Berkeley University, writing in the foreword for that epoch making book by his illustrious colleague, the best virology professor in the USA, Peter Duesberg, entitled *Inventing the AIDS Virus* had this to say: "Peter and I do not know what causes AIDS.....but we know one thing for certain, which no one could dispute, as I am the inventor of the PCR test to identify viruses and Peter is the best brain in Virology alive today. HIV virus DOES NOT CAUSE AID Syndrome."

Whenever a new disease crops up, the scientists are pushed to the wall to find a cause. Most of the time they lean on some virus or the other. We have made people suffer because of this.

SMON, sub-acute optico myeloneuropathy, was one such fatal mistake that we did. It was declared to be a slow virus disease like KURU. Eventually it proved to be an adverse drug reaction to a commonly used anti-diarrhoeal quinolone derivative! Berry-Berry was treated with arsenic in the mistaken theory that it was a bacterial disease. So was Pellagra till they were shown to be deficiency diseases. Little do we realize that this world is full of trillions of viruses including our own genes which harbor trillions of them! Blaming a virus is easy but human kind might have to pay a heavy price for wrong science. For the scientists it might all be in the game. If we put ourselves in those hapless patients shoes we will know how it feels to be let down by our saviours. God save mankind!

*"The world is too much with us; late and soon,
Getting and spending, we lay waste our powers;
Little we see in Nature that is ours;
We have given our hearts away, a sordid boon."
William Wordsworth.*

Editor's Note: The top headlines in 'The Hindu' dated March 5, 2013, screamed: 'U.S. baby's HIV "functionally cured"'. Two days later in The Hindu (dated March 7), Dr. R.Prasad, the Science and Technology columnist, asks "Was U.S. baby infected with HIV at all?"! Readers may draw their own conclusions...!

Cancer Myths

“Choose being kind over being right, and you’ll be right every time.” – Richard Carlson.

The word cancer brings on goose pimples in many of us. We are being bombarded with so many myths in this area; most of them make the gullible public believe in them and get scared. It is not for nothing that this is done. Cancer management in modern medicine is one of the multi-billion dollar business opportunities both for the medical establishment and the pharmaceutical companies.

Open a newspaper or look at the TV, chances are that one gets to hear a celebrity – a film star, an athlete, or even a VIP goading you to get yourself screened for one or the other cancer. I have been consistently warning the powers that be and our own medical profession that our linear thinking about cancer and its treatment are at best out of tune with reality and at worst are downright dangerous. Who cares? Instead they have been consistently condemning me for writing such warnings.

Here are a few facts on the King of diseases – Cancer:

Cancer biology: Cancer is a mutated rogue human cell which outlives its message to die a natural death- apoptosis. Consequently, each of us would have hundreds of cancers daily inside us. They rarely, if ever, develop over a period of months, years, decades to a clinical cancer. Thus, when a doctor detects a cancer during screening and calls it early, that cancer would have lived inside that patient for decades. Only when the internal environment is conducive for its rapid growth does it show up as a disease. Doctors could help a patient ONLY when it shows up through symptoms as before that the body's immune system was keeping it under control lest it should do any mischief. The hype of cancer screening really puts fear into the patient's mind; fear kills. The external factors that help our natural rogue cells to become cancer are food plenty internal environment and the negative thoughts in the mind, leading ones there being depression and frustration. Love, compassion, altruism and philanthropy help keep the rogues cells under control.

Cancer screening: Chief cancer investigator Gary G. Schwartz, Ph.D., M.P.H., an associate professor of cancer biology, epidemiology and prevention at the Wake Forest University School of Medicine, in a statement to the press. "Inflammation and other factors can elevate PSA levels. If the levels are elevated, the man is usually sent for a **biopsy**. The problem is that, as men age, they often develop microscopic cancers in the prostate that are clinically insignificant. If it weren't for the biopsy, these clinically insignificant cancers, which would never develop into fatal

prostate cancer, would never be seen." So the American Cancer Society has finally opened its eyes and recognized the elephant in the room, and the New York Times reports that they are crafting a new policy on screening that all but admits they were wrong. "We don't want people to panic," Dr. Otis Brawley, the organization's chief medical officer, told the New York Times. Dr. Brawley added **"I'm admitting that American medicine has over-promised when it comes to screening. The advantages to screening have been exaggerated."** He is a few years too late. Cancer turned into panic when everyone started getting screened and found out that, in many cases, they had cancer. Too often, those were cancers that people have always had, but didn't know about. These cancers grow so slowly or have such a slow risk of spreading that they rarely put anyone at risk. **What the patients didn't know didn't kill them.** But now, an entire generation of men and women has had to live with the "trauma and side effects of cancer diagnoses and surgeries that they never needed, to begin with." That's not a mistake, but an intentional act, through cancer screening. Epidemiologists are famous for creating epidemics, anyway. The present media hype about cancer epidemic is manmade by over-labeling. *Incredibly, although it is rarely reported in the mainstream media, the new study follows on the heels of several others that have already sounded the warning that mammograms may cause breast cancer. For example, Natural News covered a John Hopkins study published earlier this year in the Journal of the National Cancer Institute (http://www.naturalnews.com/025560_c...) that warned radiation exposure*

from annual mammograms could trigger breast malignancies in women with a strong family history of breast and/or ovarian cancers who have altered genes (identified as BRCA1 or BRCA2). And it may not be only women with a familial risk for breast cancer who are at extra risk from mammography radiation. As Natural News covered last year, a report published in the American Medical Association's Archives of Internal Medicine found breast cancer rates increased significantly in four Norwegian counties after women there began getting mammograms every two years. In fact, the start of screening mammography programs throughout Europe has been linked to an increased incidence of breast cancer. (<http://www.naturalnews.com/024901.html>)."

David Eddy, a cardiac surgeon turned mathematician and health economics professor at Stanford, contributed a lot to reduce human misery by showing, using his mathematical model, www.archimedesmodel.com that most of our present treatment paradigms work. His judgment pertains to a shocking number of conditions or diseases, from cardiovascular woes to back pain to prostate cancer. "During his long and controversial career proving that the practice of medicine is more guesswork than science, Eddy has repeatedly punctured cherished physician myths. He showed, for instance, that the annual chest X-ray was worthless, over the objections of doctors who made money off the regular visit. He proved that doctors had little clue about the success rate of procedures such as surgery for enlarged prostates. He traced one common practice -- preventing women

from giving birth vaginally if they had previously had a cesarean -- to the recommendation of one lone doctor. Indeed, when he began taking on medicine's sacred cows, Eddy liked to cite a figure that only 15% of what doctors did was backed by hard evidence."

Management of cancer today Today's three pronged attack on cancer (navy, army, and air force-mutilating surgery, dangerous chemicals and radiation) reminds me of the same logic that our medical forefathers used to brand every conceivable disease with a red hot iron, or blood-letting, which even killed some Kings and Queens. I agree with Professor David Weatherall, an oncologist himself and an Oxford professor, which our future generations might not forgive us for this sin. The so called alternate medicine fraternity is equally culpable as they also saw the gold mine in cancer management. "Charitable cancer hospitals are on the rise and their owners, who are looked up to in society as great messiahs of altruism, are all in the same business. Research into alternate methods of management is not encouraged, nay, downright discouraged, both by the industry and the government for their own benefit. Pharma industry is the most powerful godfather of politicians and vice versa. No government makes serious efforts to go into the thousands of cancer inducing chemicals being released into the sub- soil water tables that eventually get into the human system: all in the name of development and GDP growth. Background radiation is at its height now thanks to Chernobyl, Fukushima and many other

areas where it is not so dramatic to attract media attention. Cold fusion, which is much more economical and totally safe from radiation, is discouraged. The food industry adds its share of carcinogens by over processing the junk food and using dangerous colours in foods for attraction. I am told, I have no personal knowledge, that there are over one thousand studies that have shown cooked meat to be a danger, but this fact is never given any publicity. Modern life style discourages physical activity, an excellent cancer preventing tool, thanks to the entertaining industry and the present white collar job market. Pharma industry does not want to lag behind, either. Some of the modern drugs to lower cholesterol etc. are known to increase the cancer incidence. They only advertise the surrogate results of better laboratory data with those drugs but they do not tell the truth that at the end of the day these drugs increase total mortality, most of the time due to cancer!

I was so gladdened yesterday, the 12th of May, 2010, when the very prestigious American "President's Cancer Panel" (PCP), mandated way back in 1971 to oversee cancer research and management, surprisingly came down heavily on the cancer industry (medical, pharmaceutical, and chemical industries). This panel has spent millions of dollars over these years, but the present panel's report for

2009 published last week is anything but a clear indication that the vested interests are blocking any progress in this area as the

status quo earns the above-mentioned partners in the cancer industry billions of dollars profit day after day.

Alison Rose Levy, a friend of mine and a great American health science journalist, advocate, and a best-selling writer wrote a comment on the PCP report 2009 which adds spice to the report and can never be bettered. I have drawn very heavily from her article in the Huntington Post for this article of mine, which, in short, sums up all my articles about cancer in the last four decades! The major points made out in the report (Professors Lifall Jr of Harvard and Kripke of Texas University are the chair of this group) are the following:-

1. Billions of dollars have been poured into cancer research in tested institutes featuring intense and costly treatments but they failed to increase survival if one factors-in reduced cancer-deaths due to smoking reductions.
2. The American Cancer Society runs massive PR campaigns to sell their ideas to the gullible public – spending on an average \$17 million per year. The American Cancer Society and the pharmaceutical lobby were very critical of the recent PCP report, understandably. They are surprised that the government sponsored panel could criticise their business. Incidentally, why would the American Cancer Society need advertisement in the first place?
3. The ACS overlooked numerous studies that showed a wide range of cancer causative factors, including pesticides, toxins,

metals, pollutants, food additives, industrial chemicals, endocrine disruptors and other carcinogens 80,000 of them being in wide use today.

4. "Agriculture, manufacturing, transportation, the medical industry, the military, gas and oil companies, and food producers are given carte blanche to pour billions of tons of chemicals and pollutants into everyone's food, personal care, home, baby bottles – whatever – not to mention the public common of air, water and earth" (PCP).

5. The next point is the one that I had been trying to make for years without success, and the PCP has been able to drive that point home in its report very effectively. We use "one size fits all" policy in treatment – be it drugs, surgery, or even chemotherapy. And we use multiple drugs in one single patient (polypharmacy) for which there is absolutely no scientific basis! The drug interactions killed lots of people. This is not confined to cancer therapy alone. It runs across the whole gamut of drug therapy.

6. "People who receive multiple scans or other tests that require radiation may accumulate doses equal to or exceeding that of Hiroshima atomic bomb survivors." (PCP).

Suzanne Somers is an American activist and a cancer survivor who has written a beautiful book, *KNOCKOUT: Interviews with Doctors Who are Curing Cancer – and How to Prevent Getting It in*

the First Place. I am not authenticating the book but shall present some of the salient features of the book here. Current treatment of cancer is full of collateral damage to the human system. I also think it is true. Surgical removal of the primary helps metastases to grow easily. Chemotherapy is a big racket except in some testicular tumours, some lymphomas, and childhood leukaemias. Cancer death rate has not changed in the last half century. Unnecessary surgeries for breast and prostate cancer make life miserable. Suzanne brings out evidence to show that if one treats cancer as a chronic disease like diabetes, one could live a happy life.

If we have the method to detect a cancer on the first day of its birth, each human being on this planet will have a cancer and all of them would need treatment. In addition, time evolution in a dynamic system like the human body is non-linear, and future predictions using a few parameters of the initial state of the organism can NEVER come true. In this context mammograms become one of the greatest myths of our time. We, doctors, have been predicting the unpredictable future of mankind. Just like astrologers, we are also responsible for much human misery. An astrologer or a weatherman can afford to make mistakes and get away. But, we doctors predict the wrong future for man and get him scared to death which, in fact, could kill him in the long run. This is a shame indeed. Now that the American President's own Panel on Cancer has found large holes in their cancer management strategy, lesser mortals in India, parading themselves

as cancerologists, would take note and tone down their rhetoric for cancer screening and managing the so-called cancers in the most destructive way. Cancer deaths have not come down proportionate to our claims of success, but cancer-phobia has certainly gone up, thanks to our efforts at disease mongering. Let us hope that sanity will prevail, now that the holy water has come from the horse's mouth!

"A lie gets halfway around the world before the truth has a chance to get its pants on."

– Sir Winston Churchill.

Headache

“The ultimate lesson all of us have to learn is unconditional love, which includes not only others but ourselves as well.”

Elisabeth Kubler-Ross

Pain has been humankind’s greatest enemy from times immemorial. It is the most important curse even today and shall remain so for all times to come. Doctors of all hues, ranging from the mother of all healing wisdoms, Ayurveda, to the most modern hi-tech ultra specialty medicine, have only been fighting this menace without much success to date. Pain of all kinds brings man to a doctor for relief. “Knowledge” wrote Karl Popper, a great thinker of England, “advances not by repeating known facts but by **refuting** false dogmas.” The world will never progress unless people can think out of the box. History of medicine is replete with experiences of human suffering due to our **not thinking** but, only following false myths in medicine. Progress needs to be encouraged. Change is life and stasis is death. Knowledge should change to evolve. Let us **think** together about this enigma called headache.

When a patient with headache confronts you either in your office or hospital; first think of him/her as a headache. One does not get a headache. On the contrary, most of the time, one becomes a headache for himself and his doctor! This takes us to the crux of the headache dilemma that most, if not all, primary

headaches are in the human mind. There **are three basic types of primary headaches-migraine, tension headache and, cluster headaches** (also called suicide headaches as the pain and its frequent clustering could become unbearable to the patient). There are umpteen other known causes of headaches ranging from **common cold to cancer**, which fall outside the purview of this write up, together classed as secondary headaches.

The problem for mankind has been the unravelling the secrets of human mind which is at the root of all headaches. Where is the mind? Never mind! What is the mind? Is it matter? If it is matter, where is it? Finally what is matter? Mind is everywhere and, if one thinks of it as matter, it is nowhere because there is no matter. Hans Peter Durr, the present President of the Max Planck Institute of Physics in Munich, the greatest living physicist at 86 years, had shown that “matter is not made up of matter.” Matter and energy are the two faces of the same coin. The mind, otherwise called individual consciousness, is only a part of the universal consciousness. We are all interconnected although looking solid and distinct for our outward appearances. The non duality of mind and matter is called a-duality by Hans Peter Durr, who admits that he is “only a child playing on the sands of the beach while the vast sea of Indian wisdom of yore stares at me”. They had termed it as “advaita”, thousands of years ago.

Another great German physicist, Fritz Albert Popp, had elegantly shown that every human atom inside every cell emits photon

lights which he has been able to record. Even if he applied a small amount of ointment on his palm the photon lights in his brain and leg also changed simultaneously. This synchrony is what is called health. When our cells are not in sync, we get illnesses-headache is one such illness. Be that as it may, Popp also showed that our photons vibrate with the photons of others when we interact with them. We are all parts of the same whole:

**ओं पूर्णमदः पूर्णमिदं पूर्णात् पूर्णमुदच्यते ।
पूर्णस्य पूर्णमादाय पूर्णमेवावशिष्यते ॥**

(Om poornamadhah poornamidham, poornath poornamudhachyathe.

Poornasya poornamadhay, poornamevaavshishyathe.)

Now you will be able to understand what I said in my first sentence that the patient IS a headache when he says s/he HAS a headache. Tension headaches, cluster headaches, as also, the syndrome of migraine, initially get born in the human mind. Our efforts at making them tranquil by the conventional methods, many times, do not work since we follow the reductionist idea of relaxation which is relaxation of the body to relieve muscle tension etc. That has its limited role but, the relaxation of the mind goes much farther than all that yoga asanaas and praanayama of the commercial variety. You need to go deep into your "praana", the real spirit, the essence of the human being. Even the heart has its mind! The only way to be truly relaxed is to have genuine "universal compassion, including compassion

for one's own self." To be truly compassionate it is as important to forgive others as it is to forgive oneself for the past deeds good or bad, as otherwise, in the deep recesses of the mind, the past keeps haunting you. The new definition of health, therefore, is "enthusiasm to work and enthusiasm to be compassionate." In the correct sense of the word that is true health. One could have any disease and still be healthy. Sharing and caring is the meaning of genuine spirituality. Spirituality, thus defined, has very little to do with ritualistic religion.

Modern medicine's concept of organ-based diseases has come to an end. In her beautiful paper entitled *The end of the disease era*, published in the *American Medical Journal* (2004; 116: 179) Dr. Mary Tinetti writes: "The time has come to abandon disease as the focus of medical care. The changed spectrum of health, the complex interplay of biological and non-biological factors, the ageing population, and the inter-individual variability in health priorities render medical care that is centered on the diagnosis and treatment of individual diseases at best out of date and at worst harmful.

Pain killers of all kinds are dangerous and are one of the leading killers amongst the 2.5 million that die annually in the US alone of Adverse Drug Reactions. Nearly 2 lakhs die due to gastric bleeding alone according to Late Glen Gordon. Local ointments (in the US patches) of analgesics are available for all pains including headaches. For the poor man the best I have found is an ointment made up of black pepper made into a paste with

curds. When applied on the forehead this works wonders for the pain along with the doctors' empathy works wonders at the immune system level, in addition. Rich patients can go for the US patches of capsaicin which is the same that black pepper has. The mainstay of all headache treatments boils down to making the patients' mind truly tranquil, if one could! Washing out hatred, greed, jealousy, super ego and pent up anger is not an easy job, but is doable if one tries hard. With that kind of cleaning one develops universal compassion that soothes all aches and pains in the mind: consequently, in the body as well.

Nutritional Immune Deficiency Syndrome. NIDS

“Our lives begin to end the day we become silent about things that matter.”Martin Luther King, Jr.

Immune system is the one that keeps us alive in this complicated world, dominated by human greed as the driving force. That is our inbuilt doctor that could correct any deviation from the normal if we look after the immune system well. Good nutrition is an essential part of immune system health. Poverty, with the associated hypoproteinaemia, is at the root of all immune deficiency. India, unfortunately, has the highest load of childhood immune deficiency resulting in all kinds of illnesses in our children sending them to meet their maker in heaven prematurely in thousands almost daily. I had labeled this as Nutritional Immune Deficiency Syndrome (NIDS) ten years ago in a paper in a leading journal to attract the attention of the powers that be and the well meaning general public. Since then I have been talking and writing about it on innumerable occasions. Except for two thinking Chief Ministers of Indian States, no one could care less. Those two States, which took my advice seriously, are on the way to improving their children's immune status whose efforts, unfortunately, begin almost from the time the child is made in the mother's womb!

Irony of it all is that the whole world knows and worries about AIDS whose total universal load is only about thirty to thirty-three million in all in contrast to the Indian load alone of NIDS of 67 million: it is on the rise! The whole of Sub Saharan Africa has a load of forty two million. There is a reason for this anomaly. While drug companies are pushing their costly drugs to treat the evanescent AIDS costing millions of dollars, and billions of dollars are available for people who claim to be AIDS researchers, the poor NIDS has no sponsor at all. The man who reported the first case of AIDS in 1981 got the Nobel Prize recently for just an ordinary case report where his group showed a virus in the bone marrow of that young man who died due to the disease in Paris. There is no proof that the said virus is the cause of that syndrome as immune deficient patients could harbour all kinds of germs in their body. One would now realise as to how disease mongering goes on in this era of prospering sickness industry.

Poverty, with its consequent nutritional deficiency, does not seem to be easing in the near future, either. Economist Utsa Patnaik in her lecture recently in Chennai testified that between 1991 and 2001, the first post-liberalisation decade, the per capita consumption of food grains had gone down by at least 25 to 30 Kgs. 75% of protein and calorie energy come from food grains for the rural poor; the fall in consumption will have serious impact on their nutritional status. This, as explained later, will impact the childhood malnutrition load seriously. The liberaliza-

tion policy has reversed the trend of improvement of per capita consumption achieved in the first 40 years post independence. National Sample Survey showed that while official records were used for the published nutrition norms of 2004-2005, the actual poverty lines were almost double the official ones. The situation for the rural poor is very bleak indeed what with official inflation rates in double digits! The poor, even today, pay for their poverty with their own lives! Please be warned that our rich kids are having a new epidemic of malnutrition due to junk food habits which could be our next problem in the years to come. While the poor suffer from protein sub-nutrition the rich kids suffer from protein malnutrition. In the latter case liver damage will be a curse in addition.

To compound this we have an exclusive education system that makes the successful students that manage to fill our administrative posts as also those that go to make our thought leaders oblivious to the needs of their peers who are denied even primary education for want of food, clothing and shelter. Adult malnutrition as depicted above seriously impacts the lives of young children. When a lady becomes pregnant, if she falls into the malnutrition class, her growing foetus in the womb suffers irreparable, life- long damage, especially in the first trimester. All the human organs are made before the 20th week of gestation. If at that time the mother is impoverished most children die in the womb (stillbirth). Many a time nature tries to keep these children alive at the cost of their development by enlarg-

ing the size of the placenta which could supply some extra blood to the child from the mother. Such a child, when born alive, will be too small and would have all the organs less well developed. The vital organs here are the hippocampus major in the brain needed for learning, creativity, memory etc, and the heart and vascular tree and the pancreas. When these children grow up they are liable to die young of heart disease, diabetes and, more than all that, they will not be able to achieve any academic goals as their hippocampus major is very small to begin with. These are called prenatal causes of adult diseases. Feeding these kids after birth will not be of much use in changing that position as shown by the governmental efforts through ICDS for decades.

Very good news for all Indians and the WHO is that India has been officially declared free from Wild Polio for one long year and hope that Wild Polio will join history books for ever. I am not that enthusiastic about it as we have to keep vaccinating our children for some more years to come. Even today in India we have vaccine related serious Polio disease and deaths recorded. While the official figures are not alarming they have to be taken seriously. The target is the poor child that is malnourished. Even the textbooks of medicine proclaim from roof-tops that a malnourished child **should never** be given attenuated live polio virus by mouth that is exactly what we are doing. We have given more than 30 such doses to the children, majority of whom are malnourished. In such children the virus, instead of enhanc-

ing immunity, will only make the virus mutate in the child's gut into the serious P1 and P3 variety to be excreted in their faeces. Our sanitation being what it is in the slums and villages, other malnourished children could be easy prey for those deadly viruses. If I remember right, Dr. Pushpa Bhargava had written some years ago that we had several thousand such cases even then. Much more must have been added to the list. I was told that we had seven such cases recently. Let me make an earnest appeal to the powers that be that at least now let us spend a little extra money to give our poor children dead virus vaccines by injection so that **India will be free of all kinds of polio**. After all, for the hapless patient and the family it does not matter what virus causes the disease. It is sad for them in any case. Let us save some money that our people in power are supposed to eat instead to save a few lives.

In conclusion, one could say that malnutrition and the attendant NIDS are our major problems in the health care arena. India needs clean drinking water, three square meals for every one which are free from human and/or animal excreta, a roof on top at night, in place of the star lit sky (which could save poor from the ravages of bitter cold), proper sanitation to avoid deadly hookworm infestation and many other water borne infections, opportunity for every one for good primary education, avoiding cooking smoke with carbon monoxide from coming into the house (which kills children below five of pneumonia and women of heart attacks), and finally economic empowerment of vil-

lage women with job opportunities for all. Curiously, even the deadly chronic diseases are more prevalent among the poor. We need not have such expensive hospitals in such large numbers if we had the above mentioned facilities in all villages. Health care is not synonymous with disease care. Our present efforts are all aimed at disease care and we do not even think of health care.

“He is ever manifest as Love in all beings. What other God — the creation of your mind — are you then going to worship! Let the Vedas, the Koran, the Puranas, and all scriptural lumber rest now for some time — let there be worship of the visible God of Love and Compassion in the country. All idea of separation is bondage, that of non-differentiation is Mukti. Let not the words of people dead-drunk with worldliness terrify you. — Be fearless” “Ignore the ordinary critics as worms!” Swami Vivekananda

The God Within

"Is it so bad, then, to be misunderstood? Pythagoras, Socrates, Jesus, Copernicus, Galileo, and Newton were all misunderstood... To be great is to be misunderstood." Ralph Waldo Emerson

Jill Bolte Taylor is a brain scientist at the neuropsychiatry department of Harvard University. She learnt her first lesson in true brain function when, at the age of 38, she came down with an intense headache one morning. The pain was so unbearable and soon made her lose all her left brain functions like speech, comprehension, use of the right half of the body and self-consciousness. But what she discovered that morning was so profound which no one could ever have found, which the world needs to know. Jill had the unique opportunity to learn the brain functions inside out. She was acutely aware of the two distinct brain parts, the right and the left connected only by millions of axons through the corpus callosum.

The right brain is a parallel processor, while the left brain is a serial processor, if you like. While the left brain thinks linearly, the right thinks holistically. The left brain understands the present, past and the future, the reason why we all feel miserable. The right brain, on the contrary, connects us with this whole universe as a speck in the omnipotent universal consciousness.

That morning, Jill felt real “nirvana” in her own words. However, now and then her dying left brain would kick her back to the mad world, reminding her “Hey Jill, you have a problem, you need help!” Soon she will fall back into that blissful ‘satchitananda’ of the disconnected right brain, that connects her only to her maker, the universal consciousness.

Doctors at the Mass General Hospital removed a large blood clot in her left brain caused by a vessel bursting open. It took her eight years to get back her normal functions, to go back to work again on the human brain. She goes round the world telling people how she felt that fateful morning which transformed her whole life and gave her a new perspective. She has learnt to forget those two most dangerous days of the year — yesterday and tomorrow. God presented her with a present — “today” to enjoy.

Yesterday has been a dream and no force on earth can undo that: tomorrow is only a mirage which no one could predict. Why then worry about those two days and make life miserable? One could live blissfully in the present trying to help others live well too. Happiness comes in search of you when you help make another person happy. “Thena thyakthena bhoonjithaaha” — “rejoice in giving” is the advice of the Ishopanishad.

One need not get brain haemorrhage to realise God. We could do that by stimulating our right brain functions through praa-

naayaamaa regularly. David Schanoff Khalsa, a neuro-psychiatrist in San Diego University, had been working on the benefits of left nostril breathing (Kriya Yoga) in treating mental ailments such as depression, epilepsy, obsessive compulsive neurosis and other anxiety disorders. Human mind is intangible but is a wonderful wonder. Mind is not an organ in the conventional sense; it is not situated in the brain or any other organ. Brain is a computer coordinating all the body functions. Mind is only energy at the subatomic level of every single human cell of which there are one hundred thousand billions in all.

Matter and energy are the two sides of the same coin; they are not two distinct entities at the subtlest level, opines a great physicist, Hans-Peter Duerr, Emeritus President of the Max Planck Institute in Munich, who succeeded Albert Einstein and Werner Heisenberg. Trying to look at matter at its subtlest level for the last 55 years, Hans-Peter recently realized that there is no matter distinct from energy at that level. That vast omnipotent energy is the universal consciousness (or God) and we humans are but a tiny bit of that consciousness, the individual consciousness.

One need not go in search of God in all temples, churches and mosques, while our own God resides within all of us as universal compassion and friendship. Why not try and develop that God who is attainable to each and every one of us? One need not even be literate to do that, one has to be educated though, to

know that God resides inside each of us. We need to transform ourselves from the manliness of “getting and forgetting to the godliness of giving and forgiving.” One could attain godhood easily by meditation and praanaayaamaa, not overnight but by constant practice.

It's Your Environment, Stupid!

Geneticists are yet to recover from the shock of a human meta-genome which has trillions of genes that it will take another century at least to unravel, even if all the science institutions in the world were to work only on those genes. Science should limit itself to unravelling the mysteries of nature and never try to teach nature a lesson or two, based on whims and fancies.

"The moving finger writes; and, having writ, moves on....." Omar Khayyam

The medical profession has to move with the times if it wants to be compassionate and reduce iatrogenic suffering. Science is not the gospel truth for all times. If that were so, science would have been another dogmatic religion; not that it is any less dogmatic now! All scientific laws are true until proven otherwise. Let us look at some of them which are vital for human physiology and, consequently, for human welfare.

I know a few of my patients who suffer daily because of our ignorance in this field. The area is so vast that I am sure millions out there suffer for the same reason. One of my patients, a mother of a boy, makes life miserable for the boy and the whole family fearing that he will be a diabetic soon, as his father and uncle are diabetics and one cousin also has diabetes. She is lit-

erate and obsessed with learning about diabetes from the health “scare” articles in the lay magazines.

“Genes play a vital role in diabetes and cancer and many of the modern day killers,” threatens an article in one of the popular weeklies. “Doctors should be aware of family history of a disease,” prints the medical textbook even

Jean-Baptist de Lamarck, (1809), distinguished biologist from France, presented his theory of life nearly 50 years before the evolutionist Charles Darwin. He was the first to show in his book that the present system of animals is a product of evolution. Unlike Darwin, Lamarck wrote that organisms acquire and pass on adaptations necessary for their survival in a changing environment. His theory fits with new the age biologists' finding that immune systems adapt themselves to their environment for survival. Darwin's *Origin of Species* has a chapter that talks only of “struggle and violence” for survival behind evolutionary advancement — survival of the fittest. Biology has changed a lot since then but diehard Darwinists hang on to his coat tails. Even people write books to sell Darwinism today (Dawkins' *The Blind Watch Maker*).

Be that as it may, let us look at how diseases get passed on from one generation to the next. As I have been writing for a very long time now, the human genes play only a secondary role in that scenario. The overambitious geneticists were boasting that they would find a gene for every human ill but ended up with just 1,000 more genes compared to a small round worm in the

human gut. (human 25,000 vs. the round worm's 24,000 genes). Of course, those scientists are the ones that get all the grants and the research papers in the “respectable” peer reviewed journals. Those who tell the truth get brickbats! This has a lesson for all of us.

Science should limit itself to unravelling the mysteries of nature and never try to teach nature a lesson or two, based on whims and fancies. Now, one understands how thousands of women having the BRAC1 gene, etc., are dying daily with the fear of breast cancer and might even get that cancer solely owing to fear. There are efforts to unravel the human genome and make life miserable for everyone. The poor gene is innocent. Geneticists are yet to recover from the shock of a human metagenome which has trillions of genes that it will take another century at least to unravel, even if all the science institutions in the world were to work only on those genes. There are human genes, germ genes, viral genes and their metabolites genes (germinomes, virinomes, and metabolomes, together called the human metagenome) inside the meta-genome.

Human metagenome should teach mankind that every action of mankind could only be accomplished with the permission of those foreign genes along with our own. This brings us to the Indian wisdom that education is *humility* and humility is the best genetic characteristic.

The gene requires its environment for penetrance to show its prowess. The last action depends not on genes but on proteins

that are more powerful than the genes. This new science of epigenetics is growing by leaps and bounds and soon we will unravel the secrets of happy living with camaraderie and cooperation in place of bloody wars and struggle to come up in life. At the cellular level, every human (animal) cell is an independent “person” with feelings and capacity to survive all by itself. Soon, the cells in evolution learned that cooperation (differentiation) and living together in colonies is easier and more productive.

Cornell University evolutionist, C.H. Waddington, in his book, *The evolution of an evolutionist* (1975) writes that Lamarck was shabbily treated even after a century of development in biology that upholds Lamarckism. Balter wrote a paper in the “prestigious” journal *Science* in 2000 AD with the ticklish title, “Was Lamarck just a little bit right?” This tongue-in-cheek heading speaks for itself. The environment is also vitiated by gene transfer not only in a single species but genes could jump from species to species in the environment, the inter species and intraspecies gene transfer mechanisms bring to fore the dreaded fear of genetic engineering. There are studies now that show that genetically engineered foods alter the intestinal bacterial flora by transferring their artificially injecting genes on to those beneficial gut germs! This could alter our immune system for ever, creating a new immune deficiency syndrome deadlier than AIDS! (*Heritage, J. (2004). The fate of transgenes in the human gut. Nature Biotechnology 22: 170 -172. doi:10.1038/nbt0204-170 http://www.nature.com/cgi-* & *Netherwood T., Susana M Martin-Orue,*

SM., O'Donnell, AG., Gockling, S., Graham, J., Mathers, JC. and Gilbert, HJ. (2004). *Assessing the survival of transgenic plant DNA in the human gastrointestinal tract. Nature Biotechnology 22, 204-209.*)

Epigenetics — control over the genes — has completely uprooted our conventional beliefs. Epigenetics literally means that our life experiences control our biology and not vice versa. Genetically-modified foods in this context could mean real disaster. Genetically modified tomato, for example, in the gut could transfer its newly acquired gene to the healthy and friendly intestinal bacterial genes to produce deadly germs and undo our immune system. Unlike what we think, it is not biochemistry that rules the human physiology but the human life experiences that run the show. There are few single gene transfer diseases but they form a microscopic minority of congenital genetic disorders.

Each cell in our body, of which there are $10^{+1}{+4}$ in all, is a complete organism and is capable of doing almost all the functions of a man including locomotion. Evolution, however, taught the vital lesson to the cell to live in harmony and friendship with others in the community for safer and more productive life. This life experience of a single cell applies not just to individuals but to societies, nations and the whole world. The Indian wisdom of *Vasudai eva kutumbakam* (World is but one large family) is a very, very scientific concept in today's new biology.

The god concept also has a place because it is the faith and the belief thereof that is what keeps mankind tranquil. New physics tells us that our bodies are not solid matter but bundles of energetic ever-dancing energy particles (leptons). They are dancing in synch with each other and also in tune with their surrounding nature and humans. It is wise for us to love everyone to be healthy as ayurveda suggested (*aapthopasevi bhaveth aarogyam*). Hatred begets hatred and disease. Diseases are not organ-based entities but mind-body based. Human mind is in every cell and hatred might even make our own cells hate our other cells. (autoimmune diseases)

Health, therefore, is enthusiasm to work and enthusiasm to be compassionate. The era of diseases and diagnoses has come to an end. (Am J Med 2004; 116: 179) Whole person healing is the only salvation for mankind. (Roy R, 2010, www.thejsho.com). There is no cure but healing is possible. Healing is simply making the person whole again. “

“Science is a series of judgments, revised without ceasing” — Pierre Emile Duclaux (1840-1904)

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Where the Prescription Looks Like the Laundry List!

“All good is hard. All evil is easy. Dying, losing, cheating, and mediocrity is easy. Stay away from easy.” — Scott Alexander

The foundation of modern medical science is shaky. The gold standard of medical science is only statistical, Randomised Controlled Trials (RCTs) used to test drugs and instruments. In short, if there is a science (I have shown elsewhere that there is no science of man), it is just statistical science and does not meet the strict standards of either science or technology as defined by the National Aeronautics and Space Administration’s Technology Readiness Levels (NASA-TRL) or modern systems engineering (MSE). I have extensively written about the unscientific base of the RCTs in both my books and articles over the past four decades.

Even the President of NICE, which is the highest body to oversee drug research in the U.K., Sir Michael Rawlins, in his Harveian Oration at the Royal College, had this to say about RCTs: “That Randomised controlled trials (RCTs), long regarded as the ‘gold standard’ of evidence, have been put on an undeserved pedestal.” Sir Michael outlines their limitations in several key areas, arguing that a diversity of approaches should

be used to analyze the whole evidence base (Rawlins M. The Harveian Oration of 2008, De Testimonio), while taking decisions about the use of therapeutic interventions. (Royal College of Physicians, 2008). This is bad news for the conventional thinkers, coming as it does from the highest level in their own backyard.

Using this kind of science, **industry tries to exploit the public to make money with all kinds of chemicals passed off as effective drugs!** History tells us that Nujol, the useless byproduct of petroleum extraction, was the first anti-cancer drug; and chlorpromazine, (Largactil), used extensively in psychiatry, is a byproduct of rocket fuel extraction! Many of the present expensive anticancer chemicals have not even gone through the inadequate RCT test! Now my friends who hate me for writing that a routine check of healthy individuals is dangerous will understand why I wrote what I wrote. Check-up means labelling, which is followed by drugging or intervening by other means. Most modalities of treatment, **using both drugs and surgery, have no scientific base**, although many of them seem to work through a very powerful placebo effect. Corrective surgery is an exception.

Most body parameters do change as there is need for them to do so for reasons unknown to us at the moment. Sugar, cholesterol and blood pressures belong to that category. The surest way to get them back to **what we think** should be the normal is to change our unhealthy lifestyle. Interventions with drugs have a dubious reputation in this field. Lifestyle change is something

that is universally useful. Instead of going for a check-up when one is **healthy**, it is safer to change one's lifestyle and try to live as close to nature as is possible, keeping one's mind filled with universal love, devoid of hatred, greed, jealousy and anger.

Heavy smokers and alcoholics need check-ups as their body warning signals of diseases fail anyway. The rest of us could make do with seeing doctors only at the first symptom of any change in our body. Symptoms denote the failure of our inbuilt repair mechanism, the immune guard. This also is due to the wrong lifestyle these days.

The pharma industry could go to any extent to fool even the governments to sell its wares. A recent revelation in the *Guardian*, London, exposed one such heinous act that could have endangered and/or extinguished many lives already. (<http://www.guardian.co.uk/society/2010/nov/17/drugs-companies-exorbitant-profits-nhs>). The European Union has defined some diseases as 'orphan diseases,' where the drug companies are not interested in finding a cure, since the financial return might not be attractive. Companies finding newer treatments for such orphan diseases' would get special incentives from the governments. **Please note that the industry is keen only on imaginary diseases (the so-called silent killers) that need lifelong drug therapy;** the latter are their cash cows. Blood pressure, sugar and cholesterol are the three biggest milch cows.

Presumably no one wants to reduce his/her resources on life's necessities in preference to spending extra on the never ending battle against death, pain, and disease. Ivan Illich is right that in doing so we destroy our humanity. The rich world today wants more and more of medicine thinking that will keep them live longer happily while the poor world would want to have the undoubted benefits that come with simple measures like sanitation, clean water, clean food thrice daily and judicious immunization.

Disease and death are part of being human. All parts of the world in all cultures did develop means and methods to cope with all these for centuries but today we seem to tell all of them that our modern medicine is the best and all else is not evidence based science. Health could be defined as mankind's capacity to cope with disease, death and pain. **The best definition of health would be: "enthusiasm to work and enthusiasm to be compassionate."** "Modern medicine has unfortunately destroyed these cultural and individual capacities, launching instead an inhuman attempt to defeat death, pain, and sickness. It has sapped the will of the people to suffer reality," write Richard Smith and Ray Moynihan. "People are conditioned to get things rather than to do them . . . They want to be taught, moved, treated, or guided rather than to learn, to heal, and to find their own way,".

The analysis is supported by Amartya Sen's data showing that "the more a society spends on health care the more likely are its inhabitants to regard themselves as sick" . It is always better to get to recover our capacity to self-cure coupled with the use of

hi-tech medicine for emergency care. People must learn to take charge of their life and health in the midst of this medical clap-trap's cacophony. With better information in this internet era they could be useful partners in their care along with their doctor's advice. People today are capable of understanding the establishment's efforts to medicalise their lives.

Simple things like birth, pregnancy, sex, and death are all so intensely medicalised that not a single soul today departs from this world in the rich west without first going through the tortures in the intensive care units of their five star hospitals. The real value of medicine's never ending regimen of tests and treatments could be assessed there if one keeps his eyes and ears wide open. A recent audit did show that 90% of the profit of any fee for service system hospitals would come from keeping dying patients in the ICUs for the last ten days of their lives! Why would they not 'medicalise' death?

Global pharmaceutical companies have a clear interest in medicalising life's problems, and there is now an ill for every pill. It has now been discovered that some companies have repackaged some of the old drugs in a new format and called them new cure for 'orphan diseases' and have milked the National Health Service of millions of pounds! The *Guardian* article gives graphic descriptions of the fraud going on. These so-called **new drugs** could easily pass the RCT test to qualify them as having evidence base.

With this background we could reevaluate some of the medicine's most malignant myths to reduce the cost of medical care. Myths in the field of modern medicine are not only plenty but they could be very dangerous to the common man as they might even send him/her to meet the maker in heaven prematurely. While many of the drugs in use help human beings, they are also an important cause of premature death due to adverse reactions. How do these myths get perpetuated? Medical profession seems to have conveniently forgotten the Hippocratic aphorism: "Primum Non Nocere" -first do no harm!

The talk of evidence-based medicine is as hollow as are many of our claims to superiority to all other modalities of treatment such as **Ayurveda and homoeopathy. In fact, most of them have a better scientific base than our modern medicine.** While U.S. medical schools teach for six months, out of their four-year MD course, **the basis of other complementary systems**, in India, the cradle of the best medical wisdom, Ayurveda, we seem to be averse to teaching anything other than **the unscientific modern medicine.**

The result is that most of our graduates become good technicians mastering a couple of interventions to make money. The rest of them become researchers, doing RCTs for western drug companies, making tons of money in the bargain through the new CROs. One has only to see one of the prescriptions, which reads like a laundry list, with one beta blocker, one ACE inhibi-

tor, one blood thinner, one sugar lowering drug, of course, one cholesterol-lowering drug and many others for every patient.

There is NO science base for this kind of poly-pharmacy, not even the imperfect RCT to back such practices. Recent studies show that patient compliance with such poly-pharmacy is less than 23 per cent. Seventy seven per cent of the recipients are, therefore, safe as they forget to take those tablets! God alone can save mankind from human greed, which has invaded every sphere of human activity ranging from 2G spectrum to patient care. *“Do not make money in the sick room,”* wrote **Hippocrates**. We take our oath in his name when we graduate only to become **hypocrites in later life!**

“It is double pleasure to deceive the deceiver.” — Niccolo Machiavelli

The Truth: There's No Pill for Every Illness

This morphologically young woman in her early 50s, let us call her Gita, called me the other day in great hurry and she was palpably agitated, to say the least. She was not even coherent. "I am truly down and feeling so low that I feel I have a serious problem. I feel very low after my evening walk." I asked her "what happened?" She shot back, "My doctor told me my pressure is way too high at 160/100. She immediately asked me to take a tablet, which I took."

"You must be feeling fine now," I interrupted her. "No, No, No. I am feeling worse now. My doctor told me a couple of days later that my pressure is still way above normal at 130/80. She gave me a new tablet and asked me to swallow it right there as she wanted the pressure down to 110/70 as fast as possible." In addition, my doctor asked me to urgently see a cardiologist to have a complete work up."

"What happened then? I asked. "My doctor's last advice put me off and I thought I better talk to you." I could see her almost in tears. To cut the long story short, I had to talk to her at length to counsel and convince her that the blood pressure reading that she was worried about was all in her mind! The reader might

think it is very easy. It is easier said than done. I can assure you that it would have been easier to give birth to a baby had I been pregnant than to successfully counsel an agitated 50-year-old postmenopausal, morphologically young lady to cool her down on the phone.

Let us take a look at Gita, in-toto, to know her better. *“Know your patient better than his disease,” wrote Hippocrates.* He was dead right. Gita was educated in the U.S. Her husband, a brilliant and capable scientist, was the one who put together one of the most successful business groups in India. She had two beautiful and intelligent kids. She also had a cushy job on hand. Theirs was a happy and perfect family. But fate willed otherwise. Her handsome, intelligent husband died one sad morning due to what doctors called ‘heart attack’. Gita was devastated and shattered. One could understand. She came out of that reactive depression slowly, but steadily, and still does her job very successfully. She brought up the children like a true Indian mother and now both are successfully placed in society. Her families on either side were a great help and so were her colleagues and her husband’s former colleagues.

Turning 50, Gita felt lousy. An informed woman, she was worried about her menopause. That needed counselling again. Just then both her children went abroad in search of greener pastures and higher education. Gita was outwardly ecstatic but subconsciously she was feeling lonely and forlorn. That mind of Gita was ‘somatising’ as “her feeling very low” which took her

to her “a good doctor” in the first place, more due to family pressure. The rest is history.

This sad story is all but lost on our modern medical business that tries to attack the palpable abnormal body parameter, which is mistaken for a disease to be drugged ruthlessly. Twenty-four hours after her traumatic experience, Gita was back to her usual confident self, with an on-top-of-the-world feeling, back on her job. The drugs are in the waste basket as she had to survive. “Thank you, Dr. Hegde, I feel fine. All in the mind — yes, yes, I now believe you.”

Let us examine the science behind this misadventure. A thinking American professor, a rarity in that country these days, Mary Tinnetti, had this to say about our obsession with a firm diagnosis and our disease concept. “The time has come to abandon disease as the focus of medical care. The changed spectrum of health, the complex interplay of biological and non-biological factors, the aging population, and the inter-individual variability in health priorities render medical care that is centred on the diagnosis and treatment of individual diseases at best out of date and at worst harmful. **A primary focus on disease may inadvertently lead to undertreatment, overtreatment, or mistreatment.**”

The drugs are being pushed irrationally and the gullible doctors who depend on drug companies for their continued education believe their advice a hundred per cent. The pharma lobby even gets research data manipulated. (JAMA 2010; 303

(20): 2058-64.) “Speaking of Big Pharma’s big, bad influence, here’s more proof they’re not interested in playing on a level field. It turns out, a controversial and dangerous hormone therapy that was all the rage a few years back, was pushed in medical journals by writers who were paid by Big Pharma,” according to court papers found in August 2009 by *The New York Times*.

The paper also found that “in one case that seemed typical, the drug company paid around \$25,000 to a third-party medical writing firm to generate one of these reports. That might sound like a lot of money to you or me, but it’s money well-spent for ‘Big Pharma’. In fact, these shady reports helped hormone treatments generate \$2 billion in sales in 2001, just before that money train was derailed.”

The whole thing looks like a stage-managed effort to keep the best treatment method, change of mode of living, for chronic diseases like raised sugar, blood pressure and cholesterol from practicing doctors as the pharma-company profits from life-long drug treatments could be mind-boggling.

This reminds me of the infamous Tuskegee experiment where 400 African-Americans suffering from syphilis were observed from 1932 through 1972 withholding penicillin treatment just to record the natural history, symptoms and complications of the disease without their consent. Sir George Pickering, a doyen in hypertension research, had this to say: “More people make a living off hypertension than dying of it.” This was written in the

1950s when there were hardly a couple of crude drugs for hypertension. What would he have said about our situation today? God only knows!

Right-thinking people in the medical profession have a tough job on hand to try and get at the truth, which in itself is a daunting task, and then cross a greater hurdle to de-school society of its firm belief that modern medicine is a true science and there is a pill or surgery for every illness!

The truth is that while there is certainly no pill for every illness, every pill is followed by a definite illness. Pills might thrill but could even kill. Change of mode of living — diet, exercise, mental tranquility, in the midst of this maddening world running after the mirage called money, universal compassion and simple nature-given immune boosters in vegetables and fruits should set right most transitory parameters. It is too late in the day to start de-schooling society to reverse the trend and help hapless patients like Gita.

Editor's note: This article was published in The Hindu dated 24/10/2010

Complementary Systems of Medicine - Are they Scientific? Integrated Medical Care System

“The only thing worse than being talked about is not being talked about.” Oscar Wilde (1854-1900)“

Science is making models, mostly mathematical constructs, which, with verbal jargon, are supposed to work,” wrote John von Neumann, a Hungarian born American scientist! With this definition modern medicine, as it is practised today, becomes most unscientific. The human body follows the holistic non-linear mathematical model in its functioning, while the modern medical model uses the linear mathematical rule of Newtonian physics with its faulty deterministic predictability model-a square plug in a round slot. Even then people claim that modern medicine is scientific. In truth the science of modern medicine is only a statistical science and not true science. Even the Institute of Medicine (IOM), the highest body appointed by the Academy of American Science to oversee and audit the medical field, has now accepted the definition of medical care as Whole Person Healing (WPH) in place of the present reductionist model of organ based sub-specialty quick fix mending, in their February 2010 meeting at Washington DC.

Douglas C Wallace, a noted American professor of genetics, in his classic, Mitochondria as Chi, in the journal, Genetics (2008;

179: 727-735) has shown that all reductionist chemical molecules used in our therapeutics being dextrorotatory, while the body molecules are levorotatory, destroy body cells. Whereas all the Eastern herbal drugs are accepted by the body as food (they are also levorotatory) and help the system!

My former teacher at Harvard, a Nobel Laureate cardiologist, Bernard Lown, wrote recently in a letter to the New Yorker, along with his junior colleague, Graboys, thus: "'We believe the modern medical model has become increasingly reductionist: human beings are seen as repositories of malfunctioning organs that need repair. This view results in an onslaught of tests and uncertainty. Doctors often take refuge behind technology because it is easier and less time-consuming than talking with a complex human being who is their patient.'" [The New Yorker 5/17/99].

Modern medicine has become a costly chaos with no end in sight. We now have significant problems that beg urgent solutions. As Albert Einstein once observed: "The significant problems we have cannot be solved at the same level of thinking with which we created them", we obviously need a new approach in medical science to solve our health problems. The solution to the present human-made and drug-industry-protected health problems of society can only be physiology-based. Integrated systems of medical care, where the scientifically proven safe methods of treatment from other complementary systems should form the basis of future medical care system along with

corrective and trauma surgery from modern medicine; the latter together have saved many lives.

One look at the common coronary bypass surgery from one of the best brains in cardiology, Bernard Lown, tells it all: "our experience and research, and those of others, demonstrate that a very significant percentage of patients undergoing bypass surgery -- perhaps as many as two thirds -- can safely defer or altogether forego these procedures by managing their heart problems with medication. Regrettably, much of the rush to invasive procedures is driven by non-medical factors -- principally economic ones.

"Perhaps the most valuable result of all education is the ability to make yourself do the thing you have to do, when it ought to be done, whether you like it or not; it is the first lesson that ought to be learned; and however early a man's training begins, it is probably the last lesson that he learns thoroughly." wrote Thomas H. Huxley while philosophizing on human ethical values. Medical ethics is nothing but good human ethics. Recent Northwick Park tragedy is still fresh in our mind about the fallacy of extrapolating animal data to humans, while the tragedy of similar data in the case of milrinone, which worked totally differently in rats vis-à-vis humans, is all but forgotten from recent memory.

The question of complementary systems of medicine being unscientific is a figment of imagination of those that want conventional medicine to flourish forever, as it has become the biggest

milch cow for the industry, by destroying anything that might endanger its supremacy. Exhaustive studies of all the “statistical science” of modern medicine shows that most of it cannot stand the test of strict validation as shown by David Eddy using his new computer model ARCHIMEDES, at least in chronic illnesses to begin with. Even in the field of emergency care, where modern medicine seems to be a blessing, there are large gaps in our understanding of the management strategies! Outcome audits of such use in Vietnam and Falklands Wars leave much to be desired in emergency grievous trauma care. Many complementary systems that are being scientifically studied by the Whole Person Healing Group of scientists based in Washington DC (1) have shown the existence of vast amounts of observational research going back thousands of years in some systems like Ayurveda. It will be easy to authenticate these data using the modern “scientific” methods to bring the best in those systems to main line medicine. The database available could shorten the drug invention and could totally eliminate our “wrong” method of extrapolating animal data to humans. In addition we have also been using reductionist science to study a chaotic non-linear dynamic human system, wherein arrhythmia could be healthy while rhythmia could be illness!

Just as quantum physics upset the Newtonian Laws of deterministic predictability, complementary systems might upset modern medical foundations. Newtonian Laws should result in the electrons destroying their own nucleus at the atom. Electrons also do not follow the electromagnetic forces at that level!

Medical science has to learn a lot from quantum mechanics but, that would need a quantum leap in the thinking of our established “leaders” in the monetary economy.

Ayurveda proclaims that the “well” should be preserved and only the “ill” should be treated (leave the “well” alone wrote William Osler) as there is no way to predict the future of a dynamic organism like the human body using phenotypic data alone! Ayurveda also shows how, at the quantum level, energy and matter have no difference-most advanced quantum physics! (Matter is not made up of matter-Hans Peter Durr)

Homeopathy has been found to have a sound scientific base in that all homeopathic medicines are either in the nano or piko forms; consequently, cannot be detected by the conventional chemical analysis. Since they are in nano forms they are obviously safe to the human system.

The bench mark of modern medical research, the Randomised Controlled Trials (RCTs), has now been torn into bits as unscientific by many studies. “Emblematic of the later history of clinical trials is the fact that the streptomycin study, extolled then and since as a breakthrough in medicine (first ever RCT), in fact yielded disappointing results: the treated cases showed improvement only for three months and thereafter began to deteriorate. (MRC 782)”

The new integrated system should only concentrate on symptomatic patients. There are no silent killers in human illness scenario. The screening for occult diseases is a new trick of the

trade in modern medicine for economic reasons! This applies especially to cancer which is being increasingly detected at its pre-symptomatic stage these days. The five year relative survival rate is thus improved! But the lives of the patients are not extended by even ONE day. Nothing new has been done to affect the course of the disease, and although the patient is not living longer, it appears that there is improved five year survival if one measures the survival from the date of diagnosis. Early diagnosis only makes the life more difficult to live with fear and the unpleasant side effects of cancer treatment methods in vogue these days!

Efforts are on in some centres to authenticate healing methods in many other complementary systems of medicine scientifically to be included in the new integrated WPH system. It is also mandatory to abandon the "disease care" model of today which has far outlived its usefulness in favour of preserving the wellness of human beings. Thinkers even in the West have felt that the disease era, with its labelling human beings, has come to an end. Writing an article, "End of Disease era" Mary Tinnetti and her colleague T. Fried from Yale University had this to say: "The time has come to abandon disease as the focus of medical care. The changed spectrum of health, the complex interplay of biological and non-biological factors, the ageing population, and the inter-individual variability in health priorities render medical care that is centered on the diagnosis and treatment of individual diseases at best out of date and at worst harmful. A primary focus on disease may inadvertently lead to under-

treatment, overtreatment, or mistreatment."Integrated system with new classification of illnesses, suggested by me, years ago, should be the future. To cap it doctors must become human and humane in their approach to patients in distress as their role in medical care delivery is more potent than all the medicines put together. The placebo doctor can provoke the human immune system much more powerfully than all medicines put together. This has now been shown to be very scientific. The forebrain secretes powerful chemicals with a good placebo response. The latter can now be studied using fMRI and also blocking the chemical release with Naloxone injections. (For research only).

May the future reinvent modern medicine as the best integrated system of human illness care.

"Men stumble over the truth from time to time, but most pick themselves up and hurry off as if nothing happened. " Winston Churchill

The School Bag Syndrome

The work of the doctor will, in the future, be ever more that of an educator, and ever less that of a man who treats ailments."

Lord Horder

In this era of disease mongering this new diagnosis will be welcomed both by the medical community and the drug lobby! Unfortunately, it is a curse on the growing younger generation whose life is gradually being damaged by this process. I met a young lad, aged about 13 years this morning while going for my daily walk. He was small made but looked healthy. He was walking like the Hunchback of Notre-Dame with a huge sack of books on his back, like a gunny bag of cement people carry from the large trucks. When I took the bag in my hands it appeared to weigh nothing less than those eight kilos! For a boy of his BMI (small) this load on the back is quite dangerous in the long run. The children could get their backs permanently damaged.

Science behind this Syndrome : In the year 1895, Dr. DD Palmer created the science of chiropractic. He was of the view that the flow of energy through the nervous system was the key to good health. His main concern was the spinal column, its posture and strength as all the information for the body comes through the spinal cord for the body. It is the conduit through which information (energy) flows. Over the years he developed skills to assess and correct the backbone stresses and pressures.

The conventional medical profession felt threatened. Along with radioaesthesia, another easy method of disease management using energy, homeopathy, and other drugless methods were taking away much of modern medicine's business! Soon enough The Carnegie Foundation funded and published the so called the (in) famous Flexner report on 1910 which advised the government of the day to ban all such methods other than the one's using drugs and surgery as unscientific. Thus came the end of all good systems of medicine in the USA. Naturally, we ape the west and followed suit.

However, in the early 1990 the chiropractors won a major legal battle against the American Medical Association wherein the Federal Judge opined that modern medical establishment (AMA) had fought an unfair and false battle against chiropractic which was a better science. So now we have plenty of schools teaching the subject. Similarly, a prominent member of the AMA, Dr. J.N. McCormack, had recorded that the AMA had used unfair means to fight homeopathy when he said: "*We must admit that we have never fought the homeopath on matters of principle. We fought them because they came into our community and got the business.*" One can now understand scientifically how important it is to maintain the normal posture and shape of the spinal column, the backs of children. If Palmer were to be alive today, seeing these poor kids with bent back, he would have jumped into a well!

What is primary education?

Education, especially the primary variety, must change for better sooner than later if we do not want this world to be totally destroyed, this time round from within. We will be our own enemies thanks to man's preference for greed over need. All the base human qualities of negativity are not inherited but built in after conception. Genes do not make a man but the environment does. Education starts in the womb right from the time the child is first made. Preschool years are the most important in this respect. Child learns from its environment, parents, and others in the house as also the day today habits of the parents. By the time the child starts school, healthy to start after six, major part of his early education will have been over. Even in the school the child spends a few hours of the day; the rest of its education is in the family itself and from society at large. Both inside the school and out with it the child learns by example and not our preaching. Every single healthy new born child is a genius but could be converted into an idiot in school, if the education system is not correct. Dr. Alexis Carrel, a Nobel Laureate himself had opined on these lines. I am sure now you will agree with me.

Education is anything but stuffing information into the fertile brain of the child. Education must aim at bringing the best out of the child which has perfection already inside. It is not my idea to pontificate on education in the short article. Suffice it to say that school books play a very small role in education at this

stage and they could be kept to the minimum. Whatever books the child needs should all be kept in his/her personal locker in the school and never ever taken home to be brought back the next day. Let the child have good education at least outside the school at home. What about the children who have no homes. It is the responsibility of the power that be, for what they are worth, to provide a home for every child with a roof on top in place of the star lit sky, drinking clean water, three meals a day and sanitary facilities. Of course, loving parents, the government will not be able to provide. In this respect society needs de-schooling to know how to be the true builders of their children instead of their genes. Parents are the genetic engineers of their children.

Management: Once we have accepted that the child should not carry books etc. to school the main cause of the school bag syndrome gets eliminated. What to do with the children, millions of them, with varying grades of this syndrome? Our quick fix methods will do further damage. The knee jerk reaction of the parents, when the child complains of pain in the neck or back, is to take the child to the hospital. Depending on the needs of the hospital the child will possibly have an x-ray (or X-rays) first, which in itself is very dangerous and then the child will get pain killers. The last are the true killers of mankind. They not only kill pain they could truly kill the patient as most pain killers have been shown to be very dangerous, to say the least.

We need to develop a cadre of good chiropractors in India who could gently manipulate the spine to get the energy flow back to normal and make the child healthy once again. They will also teach the children some healthy exercise regime that will keep them fit for ever. Regular scientific yoga sessions in schools would be a boon to the future health of the nation. Provide the children with children's library of important books and encourage them to develop the reading habit. The TV box viewing has been scientifically shown to be unhealthy. Too much of that could shorten even the life span as shown by new research. Books are a great source of influence on the child in addition to a healthy family environment and natural healthy food, unspoilt by the vagaries and tastes of the human palate.

"Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship to restrict the art of healing to one class of Men and deny equal privileges to others; the Constitution of the Republic should make a special privilege for medical freedoms as well as religious freedom."

Benjamin Rush, MD., A signatory of the Declaration of Independence and personal physician to George Washington

How Safe are Our Canned Drinks?

The craze for drinking bottled drinks, the fizzy thirst quenchers, seems to have overtaken the young and the old alike. Daily more than 1.6 billion cans and bottles of one of the leading brands of those sickly brown liquids are gulped down making it the world's leading brand! The first concoction of this drink in the USA by Asa Chandler in 1886 was sold as a brain tonic for "sick headaches, neuralgia, hysteria and melancholy." Chandler's formula is still a secret as he did not write it down. The list of ingredients is safely locked in a bank locker. Only two living individuals know the secret and they never travel together. The formula was under scrutiny in the USA with the news that one of the ingredients in it, 4 methyl diazole (4MI), could be carcinogenic in larger doses. Coca Cola therefore has changed its formula in the US but not elsewhere as in Britain the authorities do not think that it is dangerous in the dose that the drink has it. This is the chemical that gives the drink its colour. They have refused to change the formula elsewhere. Pepsi also has done similar changes in America only but refused to do it elsewhere.

In their press statements recently (28th June 2012) the companies said that they changed the formula because of the "scientifically unfounded "food law in California. Both Coca Cola and Pepsi averred that their products are absolutely safe.

“All the ingredients in our products are safe as we have a commitment to product safety and quality” was their answer to questions in press conferences.

Sugar is the culprit: Too much sugar causes obesity which is the major cause for cancer in the western world today. Sugar also increases the risk of stroke, heart attack and type II diabetes. Over consumption of sugar has even been linked to depression, memory loss, and learning disorders. Each regular can of those drinks contains eight spoons of sugar. This large sugar load overwhelms the body with the sugar rush. Cane and beet sugars used in these drinks, while producing an acute sugar level increase then lead to low sugar inducing more craving for sugar.

Many sophisticated people drink Diet version of the drink in the fond hope that they are safe. Research now shows that the sweeteners in diet drink might trick the brain and confuse it to distinguish between real sugar and aspartame and saccharine. The person might thus over eat and gain weight. There is more research to show that low calorie and sugar free drinks are more dangerous than the regular ones, especially for type II diabetes and obesity.

Caffeine is the next culprit: One can of the drink contains 40 mg of caffeine, double the dose of a mug of tea and one third that in filter coffee. Working on the central nervous system caffeine at this level can trigger an acute rise in blood pressure and heart rate. But as of now there is no evidence to say that

caffeine produces chronic hypertension or heart disease. Caffeine interferes with iron absorption from the gut and might result in anaemia in heavy users. Pregnant mothers and hypertensives better stay away from this chemical.

Phosphoric Acid: This chemical gives the drink its tangy taste. It masks the sugar taste of such large doses of sugar in the drink. Phosphoric acid is a good stain remover. Your drinking glass gets cleaned in the bargain free. NIH researchers found that drinking more than two cans a day could lead to kidney stones. Women who drink this regularly have less bone density.

Citric Acid: This acid gives the drink its bite. However, it destroys the enamel in the teeth. This makes the drink four times more dangerous to the teeth compared to fruit juices. Every drink increased the risk of teeth decay.

Hormone-like Bisphenol A (BPA): This chemical mimics the female hormone oestrogen thus altering the balance in the body. This could be bad for the foetus in the womb, as also fertility problems.

All is not well with these fancy drinks. More information could be got from a nice article in Daily Mail, London of June 29th by David Derbyshire from where I have drawn heavily for my piece.

A Dream for India

ARISE and awake! Six thousand young children in this country of ours are dying every day for want of proper nutrition! Where is our societal obligation-our dharma? We are a great nation praised by some of the great brains in the west like Voltaire, Einstein, Henry David Thoreau, Mark Twain, Max Mueller, Bernard Shaw, Adam Smith, Rudyard Kipling, Ralph Waldo Emerson and many others. What has happened to us, the literate masses? Why have we become so insensitive to others' plight?

With our proclivity for comforts and our greed we seem to delude ourselves in this monetary economy trying to ape the west which, in fact, seems to be looking to us for moral and spiritual guidance. Indians have a dharma, our obligation to fellow citizens. Dharma has nothing to do with religion. Even the word secularism is being abused now. True secularism simply means respect for others' religion. There will be peace on earth if secularism is correctly understood.

Our educational system, completely distorted by James Babington Macaulay, is at the root of making our literate people to forget our own hungry brethren and live in a make believe world of the English educational system brought here to produce "a class of Indians who are Indian in color and blood but British in thinking, morals, ethics, and action." Hungry mothers who are pregnant produce children, if the latter survive the prenatal pe-

riod, which are endowed with small vital organs like the heart, blood vessels, pancreas, brain etc. These children, if they survive infancy, do not become normal even if we feed them adequately afterwards, as was being done in the last ten years through the ICDS scheme of the government. The latter did not bring down the prevalence of childhood malnutrition in the ten years with thousands of crores of rupees spent. Nutrition of the pregnant mother coupled with good sanitary facilities in our slums and villages with toilets for everyone will bring forth a new generation of healthy children.

Next curse on the hungry millions is the preset medical care system that is prohibitively expensive and not patient friendly. Poor can never access this system. We have thousands of well-trained doctors in India, many of whom had their training in some of the best centres in the world. If they could spare some of their very, very busy time to put together a new system of medical care which incorporates the emergency methods of modern medicine with the best inexpensive methods in many other systems of medicine after duly authenticating them through hard modern scientific methods of testing, our hungry millions could access the new integrated system to get well when they fall ill.

What surprises me is the attitude of the star medical performers, who proclaim from house tops and through the media that they are for the poor. The star performers could do a lot in this direction as they have easy access to the powers-that-be and could influence the decisions of the latter to put in place a poor-

friendly policy to change the face of India. Demographics show that in the next 50 years, 70% of the Indian population will be below 20 years! If that were so we cannot afford to have such poor health for the majority of them, anyway. We have to act now and the star medical performers would do well to do their best.

The media, couldn't care less as the hungry are not sponsored by any wealthy organization! While the NGOs and the government bend over backwards to push vaccination down the throat of these hapless children not realizing that the vaccine needs good blood protein level to induce anti-body production to prevent the disease! The reason is not far to seek. Vaccines have their Godfathers! Vaccines would be protective in well fed children but could be a curse for the malnourished child.

Society needs to be deschooled from their firm belief that doctors and hospitals keep the people healthy, courts give us justice, and the police protect our honour. While all these three institutions are vital when one is ill, has had injustice done to him/her, or when one's honor has been trampled with, they are of no use in normal circumstances.

Sleep not! Until you realize the dream of a hunger-free India, nay hunger-free world order. May truth prevail over untruth and mystery? Let India lead the world again. It was Arnold Toynbee who wrote that if mankind has to survive on this planet mankind will have to look to India for guidance! The Twenty-first Century belongs to India, to lead the world to sanity!

APPENDIX I – Fiona Godlee Writes in the BMJ...

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Last week's BMJ Group Improving Health Awards gathered an inspiring cast of finalists and produced 12 worthy winners (doi:10.1136/bmj.e3773). Among them was Bernard Lown, who won our Lifetime Achievement award (see interview on [bmj.com](http://bit.ly/K6t9Vg) at <http://bit.ly/K6t9Vg>). As well as his international achievements as a cardiologist, inventor, and peace activist, Lown has recently given his support to efforts to prevent unnecessary medical treatment, as Elizabeth Loder recently reported (<http://bit.ly/KPYfKz>).

Concern about the harms and costs of overtreatment is gaining momentum. So too is concern about arguably the most important driver of overtreatment, overdiagnosis. As Ray Moynihan and colleagues explain (doi:10.1136/bmj.e3502), there's growing confidence that overdiagnosis is actively harmful. New technologies mean that ever more sensitive tests can detect "abnormalities" and "incidentalomas," while widening definitions of disease and falling treatment thresholds capture more and more previously unmedicalised people in their net. The result is that people at ever lower risks are given permanent medical labels and lifelong treatments that will benefit only a few of them.

Moynihan and colleagues are keen to point out that concern about overdiagnosis doesn't preclude concern about people missing out on much needed healthcare. On the contrary, resources wasted on unnecessary care can be much better spent treating genuine illness, they say.

Other authors this week pick up the theme. Responding to Des Spence's recent column on "psychiatric oligarchs medicalising normality," (*BMJ* 2012;344:e3135) Sami Timimi describes an evidence based campaign against the latest *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) (doi:10.1136/bmj.e3534), while Parashar Ramanuj writes that "our masters now seek to reduce even normal human experience to mere collections of symptoms" (doi:10.1136/bmj.e3545).

And in his broadside against the activities of the drug industry in the developing world, John Yudkin sees overdiagnosis of diabetes as one of the barriers to appropriate care (doi:10.1136/bmj.e3018). Successive reductions in diagnostic thresholds and the creation of the condition of so-called pre-diabetes have both added to the likely harm of overenthusiastic glycaemic control, he says. "The numbers who will fail to benefit from glucose lowering are likely to be even larger in a lower risk population—such as one diagnosed by screening or at a lower diagnostic threshold."

Yudkin points the finger firmly at the drug industry as probably "the sole beneficiary" of this state of affairs. Moynihan and colleagues spread the blame more widely. They see a mixture of commercial and professional vested interests, legal incentives, and a fixed cultural belief in the merits of early detection.

So how do we move from concern to concerted action to prevent overdiagnosis? We need to understand more about the causes if we are to begin proposing solutions. To this end, the *BMJ* is supporting the international conference on preventing overdiagnosis hosted by Dartmouth Institute for Health Policy and Practice in the United States in September 2013 (www.preventingoverdiagnosis.net). Between then and now, a series of educational articles will explore the potential for overdiagnosis in specific conditions, and a call for research papers will follow later this year. We hope those of you working in the field will join us in this important endeavour.

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APPENDIX II – Aging/Geriatrics

Aging / Geriatrics []

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Aging / Geriatrics for December 1, 2012

SUMMARY AND COMMENT

Hypertension in the Oldest Old
 November 29, 2012 | Allan S. Brett, MD | General Medicine
 Among 85- to 90-year-olds, high blood pressure was associated with less cognitive and physical decline.
 Reviewing: Sabayan B et al. *J Am Geriatr Soc* 2012 Nov 60:2014

Summary and Comment

Hypertension in the Oldest Old
Among 85- to 90-year-olds, high blood pressure was associated with less cognitive and physical decline.

Although a randomized trial suggested that treating hypertension is beneficial in older patients (*JW Gen Med Feb 14 2012*), its participants were relatively healthy. In a recent observational study, systolic hypertension was not associated with higher mortality in frail elders (*JW Gen Med Aug 30 2012*). Now, in a population-based study, researchers identified 572 85-year-old residents of the Netherlands and followed them until age 90. Participants were stratified at baseline into tertiles based

on blood pressure (for systolic BP, 110–146, 147–161, and 162–215 mm Hg).

At baseline (age 85), higher systolic BP correlated with better scores on the Mini-Mental State Examination as well as an activities-of-daily-living scale. During 5 years of follow-up, higher baseline systolic BP was associated with less physical and cognitive decline. The apparent "protective" effect of higher BP was especially prominent in those with the most-pronounced disability at baseline. Results were similar in analyses limited to participants who were not taking antihypertensive medications.

Comment: These findings have several possible explanations: Higher BP might be protective in older people with stiffer arteries; disabling comorbidities might cause BP to fall; or people who are most vulnerable to the deleterious effects of high BP might have died already, leaving a relatively healthy cohort of hypertensive survivors. This observational study doesn't settle the question of who should receive antihypertensive treatment, but it does suggest that we should exercise caution when we consider drug therapies for the "oldest old."

— Allan S. Brett, MD

Published in *Journal Watch General Medicine* November 29, 2012

Citation(s):
 Sabayan B et al. High blood pressure and resilience to physical and cognitive decline in the oldest old: The Leiden 85-Plus Study. *J Am Geriatr Soc* 2012 Nov; 60:2014. (<http://dx.doi.org/10.1111/j.1532-5415.2012.04203.x>)
 Medline abstract (Free)

APPENDIX III - Proceedings of Royal College of Physician
(Edinburg)

Coronary revascularisation – time for reappraisal. Proc Roy
Coll Physi Edinb 1995; 26:421-424

"I seem to have been only like a boy playing on the seashore.....
whilst the great ocean of truth lay all undiscovered before me"

Sir Isaac Newton(1642-1727) cited in L.T.More(1934)p.664.

Ever since I wrote, in the early part of last decade, about the fallacy of believing that coronary bypass is a curative procedure, there is a spurt of interesting views expressed.¹ First reactions were all knee jerk surprises, and later on outright disbelief! The propaganda in favour of bypass surgery and angioplasty was such that people would not believe anything against that trend. One proud Harvard educated economist even questioned my logic, arguing that when there is a block in a tube, the best thing is to bypass that tube. Poor man did not know that in biology logic need not work the way it works in economics, as there is a built-in wisdom of the human body.² Slowly the truth did have its effect. Now even in the West, there is awareness about the fallacy of indiscriminate use of this procedure, especially in asymptomatic individuals.

It is true that bypass surgery is a boon to the severely symptomatic patient, whose life becomes miserable because of the pain and disability that could not be relieved by drugs alone. In addition, if the patient has a poorly contracting bag like left ventricle, he would benefit a lot more. A good surgeon could cleverly reduce the cavity size of the patient's ventricle by cutting off the non-functioning muscle wall, or correct a leaking mitral valve caused by the dilated chamber, or closes a defect in the middle wall of the ventricles. The quality of life dramatically improves and the patient could even go back to work! **Bypass surgery is a very good palliative procedure, relieving symptoms.** This surgery does not change the disease pro-

cess, or prevent sudden death, or cure the underlying cause, however.³ Many times the underlying blocks in the native vessels get worse after surgery.

Incidentally, majority of the bypass surgeries in the USA now is only re-dos, done for the second or third time, on the same patient. Even from that point of view it makes good business sense, anyway. Once bypassed, the patient is always a potential candidate for re-bypass! There are many small studies cited time and again to prove the point, that even in asymptomatic patients, bypass, in certain special situations, could prolong life!⁴Careful scrutiny of these studies shows the hollowness of their claims.⁵ They have either very small numbers to have a good confidence interval, or they are never randomized in the true sense of the word, as introduced to medical research, by Austin Bradford Hill and Richard Doll way back in 1948.⁶

Repeated audits did show that coronary artery bypass procedures were not beneficial to those who were asymptomatic. A recent one done in the USA, showed that of the 60,000 bypass surgeries done there, followed up for ten years, 84% of patients did not get even an extra day of life, while 16% of those who were symptomatic had comfortable extra life, ranging from six months to four years!⁷ In fact, studies have now revealed the secret of Nature, that silent blocks may even be protective against the sudden death syndrome of coronary artery disease (coronary pre-conditioning).⁸ Heart attack comes suddenly, due to an instantaneous clot, blocking an otherwise normal looking vessel, with an early (angiographically minimally blocked) plaque; rarely does it come on top of a large organized block.⁹

The story of immediate post-infarction revascularization, a good business proposition, is quite revealing. Two comparable large cohorts of elderly patients in the USA and Ontario, Canada, with remarkable difference in the rates of intervention, gave researchers the jitters. After a year's follow up, the mortality rates were identical in the two populations; **demolishing the myth**

that emergency revascularization gives better quality of life and prolongs life.¹⁰

The intervention rates seem to be related to the payment system in the country, rather than the scientific indications! The difference between Canada and the US are glaring. In the US between 1980 and 1992 the rate of coronary angiography increased 163 per cent. (from 154.6 to 405.6 per 100,000 population) In 1992 US cardiologists performed 10,28,000 in-patient cardiac catheterizations; 3,99,000 angioplasties and; 3,09,000 bypass surgeries. Comparable figures for Ontario, Canada were 7.7 times less often for angioplasty, 7.9 times less often for bypass surgery. Despite these the one-year mortality rates were identical.¹¹

Prof. Krumholz, a cardiologist from Yale University, recently opined that this phenomenal difference in the intervention rate is due to the fee-for-service system prevalent in the USA. "In a fee-for-service system, cardiac procedures generated billions of dollars in revenues each year. A high volume also brought prestige and financial rewards to hospitals, physicians, and vendors of medical equipment". He went on to add that his studies showed that the presence of the cardiac catheterization laboratory was a better indication for the invasive procedures, rather than the scientific indication for that procedure. The rates are much higher in the US even when compared to Germany, the topper in Europe; and of course it is much higher than in the UK. "This is the main reason why we have much higher rates than most other countries," he said in an article in the *New England Journal of Medicine*.¹¹

Writing in *The Lancet* in 1993, a leading British professor of cardiac surgery, Tom Treasure, lamented the craze for more bypass set-ups in the UK. He made a fervent plea for cutting down on these centres.¹² Despite the fact that in the UK there are no financial inducements for the operating surgeons

inside the NHS, a study in Nottingham showed that about 47% of the angiograms done for coronary interventions were **inappropriate**.¹³

The blocks in the surface coronary arteries (epicardial) have very little relevance to the amount of blood supplied to the heart muscle; the latter depending on the coronary reserve. The coronary reserve depends mainly on the capacity of the millions of smaller vessels getting into the heart muscle. (Flow Fraction Ratio).¹⁴ Heart attacks depend on sudden blood clots blocking the coronary artery. There are attempts to see why does the flowing blood clot inside the vessel in the first place?

There is enough evidence to show that the human mind has a very vital role to play in this final assault by the clot. Blood clots when the mind weeps. Studies in the West have shown that depression, anger, hostility, frustration, and greed are the important risk factors for the final assault.¹⁵ **This was proclaimed to the world by Indian wisdom of Ayurveda thousands of years ago, but very few thinkers in the West took serious note of that until their media started to ponder over it.**¹⁶ Change of life style, from the man-eating-man philosophy of the monetary economy, to that of a more tranquil existence, was found to have contributed 54.9% to the success of the war against killer diseases like heart attack and stroke in the West. All the hi-tech stuff, put together, has contributed a mere 3.4%. Despite that the media highlights for the latter are 99%. This is the inverse-law in Nature. "Truth" said Aristotle, "could influence half a score of men in a given century or time, while falsehood and mystery would drag millions by the nose". **He could not have done better if the statement were to be about coronary bypass surgery.**

While even the western experts, time and again, keep reminding that bypass and other revascularization procedures are only **palliative**, and should be reserved for the most severely symptomatic patients, in practice it is done on those having least symptoms. In India things have gone too far, what with the expensive bypass centres vying with each other for the prey! I saw an elderly gentleman the other day in Bombay. He was a very well pre-

served specimen of a 94-year-old intelligent human being. He complained of **"unexplained mild weakness following an upper respiratory viral infection"**. He is supposed to have had coronary heart disease! An angiogram was, therefore, done. His whole coronary tree was beautifully free of any blocks, except for a minor distal branch of the left anterior descending artery showing 54% block. His heart was pumping better than the best one in the market (ejection fraction 65%), and his heart muscle wall was impeccably normal. He was normotensive and non-diabetic. It was suggested to him: **"we could blow out your little vessel and see if that relieves your weakness!"** Nothing could be more unscientific than that. This is the real menace to mankind. We need to educate the public against this type of misadventure. In fact, the this 94 years young man was slightly hypothyroid on examination. That could easily account for his weakness.

We have a large series of 195 patients followed up for the last 18 years, who refused surgery when they were warned to have either bypass surgery or be doomed! Unfortunately, only three died so far. One died of an accident on the road, the other one due to cancer, and the third one died at home suddenly(could have been due to heart attack). They have all been given good medical treatment, in addition to strict life style modifications. Only four of them underwent surgery in the interval. One was advised surgery by us because of worsening pain despite treatment; the rest of the three succumbed to terrific pressure from their near and dear ones. Similar was the experience of my former chief at the Harvard, Nobel Laureate Bernard Lown, who followed up 200 patients referred for coronary surgery to the Harvard hospital. There were scientific indications for surgery in only six of them (3%). Rest of them were very well even after fifteen years, without surgery!¹⁷

Valentine Fuster, the President of the American Heart Association, was lamenting on the futility of going after the vessel blocks in this field. He opined that "less than 30% of the infarct related vessels (heart attack causing vessels) are more than 50% blocked prior to the attack". Since

then scientists have been going after inflammation (infection) as the underlying cause of the early plaque rupturing or fissuring to attract a clot. We are still groping in the dark.

Recent annual meeting of the AMA had seven papers on the new breakthrough in this field. I had written about a new gene, **VEGF**, in 1995, when a group of vascular surgeons were trying to introduce this gene plasmid into the blocked leg arteries. In my article I had mentioned that they were partially successful in growing new vessels at the site of the block in the parent artery, and were bypassing the block to supply blood to the distal leg! Now another group of workers at the Tuft's University has succeeded in using this in the coronary arteries. Some other groups have introduced the gene plasmid directly into the heart muscle, after making a small hole in the chest, with excellent results. The first 15 patients, thus treated, have all done very well and are back at work. This is the vascular endothelial growth gene. If this work finally goes to the common man, it will be a big breakthrough and a boon to mankind! However, recent re[ports are disturbing. Many of these good new vessels were blind without any open lumen in them.

Valentine Fuster was talking to the press after the recent AHA meeting and expressed his hope that this procedure would become common very soon. Hope for the best. New vessels grow so fast that the patients could get back their normal function very soon after the procedure.¹⁸ Coupled with the change in life style, based on the old Indian Ayurvedic principles, we should be able to prevent this killer disease. When it finally strikes the VEGF gene hopefully should be able to help us!

APPENDIX—IV— The Black and White of It

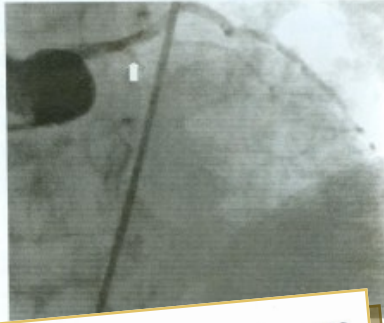
THE LANCET

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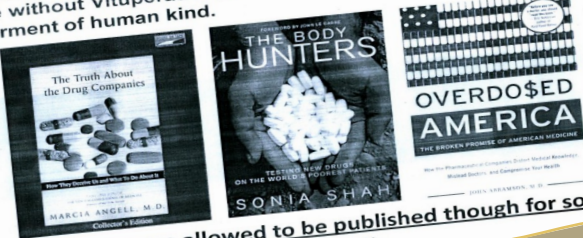
Sometimes it's a Zebra.

**When the unusual happens,
there is no substitute for the sound judgment
of a skilled physician.**

A chronically occluded and diffusely diseased LAD was asymptomatic due to collateral circulation from the right coronary artery. Yet hours after stenting of the circumflex artery the stable LAD caused an acute myocardial infarction. Why did this happen? What was done about it to obtain a favorable outcome? Why were inconsistent stents implanted in the same patient on consecutive days? See a citable example of why technology alone is no substitute for good clinical judgment. Enjoy a free read of the peer-reviewed case report below.



On the positive side.
We have the freedom of Speech & Freedom of dissent, if we use these without Vituperation, Malice or wested motives & to perceived betterment of human kind.



Books like these are allowed to be published though for some strange reason (s) not available in India.

APPENDIX – V—CURRICULUM VITAE OF Prof. Hegde

Name : BELLE MONAPPA HEGDE (B. M. Hegde)

Date of Birth : 18th August 1938

III Retired Vice Chancellor, Manipal Academy of Higher Education (Deemed University) Manipal.

University/Institution	Degree	Year
National Academy of Medical Sciences, New Delhi	FAMS	2002
Royal College of Physicians, Dublin. (Honorary Fellowship Conferred for Distinction)	FRCPI	1999
Royal College of Physicians , Edinburgh.	FRCPE	1986
Royal College of Physicians and Surgeons, Glasgow	FRCPG	1985
American College of Cardiology, Bethesda Md.	FACC	1984
Royal College of Physicians, London	FRCP	1981
Royal Colleges of Physicians, UK	MRCP	1969
King George's Medical College, University of Lucknow	MD	1962-64
Stanley Medical College, Madras University	MBBS	1956-60
MGM College, Udupi	Intermediate	1956
Board High School , Hiriadka	SSLC	1954

Awards :

- * **Pride of India Award** from Federation of Indian Associations of Northern California in recognition of Developing and implementing higher educational policies and programs, outstanding community service and promoting Indian culture, Heritage, philosophy and values issued on August 17,2003 .
- * Dr B C Roy National Award for the year 1999 in the category of "Eminent Medical Teacher"
- * Jagdish Chander Bose Award in Life Sciences for the year 1999 .
- * Distinguished Physician of India Award 1995.
- * Great Teacher Award in 1992
Gandhi Foundation Gujarat , 'Paper of the year award' for the paper published in the Proc.Roy. College, Edinburgh on Coronary artery revascularisation.
- * Gold Medal Madras University for MBBS.
- * Best Oration Award, Tamilnadu State IMA conference, Trichy 1995.
- * Special prize in Surgery in MBBS.
- * Best Communicator Award by Public Relation Society of India in 1997.
- * Dr. Deepak Banerjee Award for the ' Best Published Paper in 1995'.
- * Research Referee ship award of the Faculty of Medicine, Kuwait University.
- * Karnataka Rajyothsava Award in 1997
- * National Award for Excellence for 2000 by the All India Kannada Sahitya Parishat
- * Baliyendra Puraskar for the year 2001 on 25th November, 2001 at Bangalore
- * Presidentship, All India Kannada Meet 2003, New Delhi.
- * Stanley Alumni Award - 2003, Chennai

Padma Bhushan, Government of India, 2010

Scholarships/Fellowship :

- * Government of India Scholarship for MD Course
- * Heart and Chest Association of United Kingdom fellowship for training at Brompton Hospital, London .
- * Commonwealth Fellowship in Cardiology - TWICE - for Cardiology training at the Middlesex Hospital and National Heart Hospital, London .

Medical Training Obtained :

- * Stanley Hospital, Madras
- * King George's Hospital, Lucknow under Prof SS Misra.
- * St Helen's Hospital, Ipswich, England ,under Drs M Barry and CJ Stewart.
- * Clare Hall Hospital, Barnet, London , under Drs Malcolm Towers and Watkin Edwards.
- * Brompton Hospital, London under Dr R Gibson.
- * The Middlesex Hospital, London, under Drs Walter Somerville and Richard Emanuel.
- * National Heart Hospital , London, under Dr Richard Emanuel.
- * Peter Brent Brigham Hospital and Harvard Medical School under Nobel Laureate Professor Bernard Lown.
- * Specialty: - Cardiology

Positions held :

Position	University/Institution/Place	Period
Vice Chancellor	Manipal Academy of Higher Education, Deemed University	1999 to 2003
Pro Vice Chancellor	Manipal Academy of Higher Education, Deemed University	from 2 nd January 1998
Dean	Kasturba Medical College, Mangalore	from 13 th July 1992
Principal	Kasturba Medical College, Mangalore	since 1 st August 1990

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Power of Prayer ■ Health Scare System
Ultra-Science ■ Modern Medical Research

BM Hegde

What Doctors Don't Get to Study in the Medical School

Foreword by

Rustum Roy

*Elected Member of the National Academies
of the US, Sweden, Russia, Japan & India*

*Named to the Order of the Rising Sun with
Gold Rays by the Emperor of Japan*



Prof. B.M. Hegde with Nobel Laureate Prof. Hans Peter Duesler and the TAG VHS DRC team at the First Annual day oration on March 9th 2012.

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 IS THERE A CURE?

