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## Treatments that don't work

In May I read an editorial in the British Medical Journal with the above title. Now, three months later, after mulling it over, some commentary is warranted.

One reason is it is better to do something rather than nothing, even if it doesn't work. At least the patient feels someone has tried to help them and there is mind over matter. Another is the flawed scientific model. For example, the germ theory promoted by Louis Pasteur is that microscopic particles (bacteria, parasites, viruses, etc.) cause disease. However, those who have been practicing as long as I have know it's not really the invader, but the host response to the germ that causes disease, be it genetic, nutritional or psychological. Also, some of our treatments far outweigh the benefits, such as surgery to remove gallstones in an elderly patient who may have other causes of their abdominal discomfort.

"The Lord cures, but the doctors collect the fees." In a recent double blind study, it was found that pharmaceuticals worked effectively in less than 50 percent of the patients. However, most patients get better no matter what we do.

Diagnostic testing is done that is more ritual than useful. When a study becomes abnormal, we treat the test rather than the patient. If the test disagrees with the patient, they should throw out the study and not the patient. Some tests that can make a real difference in a patient's well-being are not even ordered by the physi-

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cian such as the hsCRP (high sensitivity C-Reactive Protein) and the homocysteine. It is these two tests that really determine atherosclerosis rather than the cholesterol. Those of us who have followed the evolution of cholesterol over the last 50 years know that it's not the cholesterol or the subfraction LDL cholesterol, or even more specifically, the oxidized LDL cholesterol, but other chemicals such as homocysteine that causes inflammation of the blood vessels.

Cholesterol itself is now considered by many scientists as an innocent maligned bystander, despite the article appearing in the July Circulation stating the LDL should be less than 70. Treatment is not just an art based in science, but it is a human activity in progress. Doctors need to question not only what feels comfortable but the scientific literature, as well as realizing that we do not know it all. What is the difference between God and a physician? God knows that he's not a doctor, but a doctor doesn't know that he's not God.