

## MODERN ALLOPATHIC MEDICINE

DR. C. V. S. COREA, Sri Lanka

Since the large majority of the public as well as the institutionally qualified homœopaths are under the impression that Allopathy is the most scientific system of medicine in the world today and is far superior to Homœopathy which is entirely due to their ignorance of medicine and its curative methods little realizing that no medicine by itself is curative and that all that a medicine could do is to give the necessary stimuli to the vital force to overcome disease which Homoeopathy and Homoeopathy alone could do, I am herewith giving you what Peter Stalker has to say on this subject of modern medicine. He says:

There is considerable difference between a good doctor and a bad one but hardly any difference between a good doctor and none at all.

This ungenerous reference to the medical profession by Francis Galton was made in the 17th century. But it sums up the assessment of many critics of medicine today. The writings of Thomas Mckeown and Ivan Illich among others have served to deflate the medicine men to the size of normal human beings (in some cases below) and throw into question much of our reliance on medical prowess and wisdom.

Such reliance, if in retrospect unwise, was at least understandable. When it comes to the crunch we know that we have just one weak vulnerable package of flesh and bones to last out our lives. So it is comforting to believe that, although the structure may be weak, there are people who understand such things who can tinker with the machine when it starts to stutter, and pour in some health.

From the earliest days doctors have seized and retained the role of professional dispensers of health, establishing it as a commodity which we all want and which they say they can supply.

The severest critics like Illich however, argue that they don't supply us with health and that such control over our bodies that they do have has been wrongly taken from us. Indeed his overall message is that doctors are a menace—an alarming conclusion but one with a lot more truth to it than we might care to admit.

You may find that difficult to believe because, compared with previous generations, we all seem healthier and brighter-eyed and live much longer. Over the last century or so death rates in the U.K. for example has been reduced by about 75 per cent. But how much of the credit can the medical profession take? The answer is not much.

Thanks to the diligence of the Registrar General for England and Wales, we can see which diseases declined sufficiently to produce that cheering statistic. The figures given against the list below are the percentage of the

reduction in death rate for which each disease is responsible.

"Tuberculosis 18 per cent; bronchitis, pneumonia, 'flu 10 per cent; cholera-11 per cent; convulsions, teething 8 per cent; typhoid, typhus 6 per cent; diphtheria, scarlet fever 6 per cent.

But the really interesting point is that all these diseases had been falling away long before the medical profession had discovered the cures. The most significant fall, that of tuberculosis, is illustrated graphically below. It was well on the way out in the U.K. long before the cure—'streptomycin'—and the preventative vaccination—'B.C.G.'—were introduced.

Similarly for pneumonia, the American writer Magill concluded: "The rapid decline in pneumonia death rates began in New York State before the turn of the century and many years before the miracle drugs were known."

The same was true of most of the other infectious diseases. Their decline was partly due to improved standards of nutrition which made the body better able to resist attack and partly to improvements in the treatment of sewage and the handling of food which restricted greatly the movements of the micro-organisms responsible for disease. Widespread drug treatment did not become available until the invention of sulphonamides in the 1930's and the antibiotics in the 1940's by which time many of the enemy had quitted the field. And even since then it is doubtful that medical intervention has been the major factor in disease decline.

That is not to say that research has not had an important role to play in identifying the micro-organisms responsible. But the real heroes physically defeating disease have been the engineers and sanitary inspectors although the medical profession is the one which bathes in the reflection of our glowing health and tends to walk off with much of the credit.

History apart, you might think that today with our environment so much improved, doctors would now be the major influence on health. That is at least very unlikely. There are yet more factors to take into account. It has been calculated for example that, for the mature male, smoking wipes out for him half the advantage gained from the improvement in Western health over the last century. And it is likely that diets of low fibre and lack of exercise can similarly be major influences.

And one should not assume that poverty as a cause of ill-health has been wiped out in the rich countries. No one would be surprised to learn that Harlem is not the healthiest place to live in New York. But even in Britain where everyone has roughly equal access to health care, there are disturbing discrepancies in health between social classes.

Having read this far you may be willing to concede that the medical profession will probably come second to environmental and social factors as a determinant of health. The human body, it seems, is not just an independent machine buzzing around the world, with occasional breakdowns, but responds continually to environmental and social pressures. You may still feel, however, that doctors have a useful if comparatively minor role to play.

Well certainly those doctors and nurses who deal with accidents, mend broken legs, fill teeth and generally patch us up are people we would be much worse off without. But there is a tendency for doctors to extend this undoubted competence into areas where they do not have anything like the same authority and in doing so, actually cause us harm.

Perhaps the simplest criticism that one can make is that they undermine our control of our own bodies. So rather than admit ignorance or say there is nothing wrong with us, they will dish out a meaningless pill of sugar called a 'placebo'. This is Latin—a useful means of mystification—for 'I will please' (although a rather more unkind translation might be 'I am a quack').

The willingness of doctors to accept this kind of role encourages many spurious and expensive contacts with their patients. A quarter of consultations in the UK, for example, are for the untreatable common cold.

The fact is that medicine is an inexact science, but doctors have sensed that this is something we don't want to know. If in doubt, they say something is wrong (we seem to prefer authorised sickness to uncertain health) and then claim to be curing it. And since as a result the connection with reality can at times be tenuous there is often quite a wide discrepancy between what one doctor and another will do in the same situation. Prescriptions for vitamins for example are seven times more common in Britain than in Scandinavia and American doctors on the average will operate twice as often as in Britain.

Take the case of tonsillectomy (removal of tonsils). A fifth of children in the U.S. undergo this operation despite the fact that in 90 per cent of cases, it is technically unnecessary. In one memorable experiment back in 1934 from a sample of 1,000 children in New York City, 61 per cent were found to have had their tonsils removed. The remainder were examined by a group of doctors who recommended removal from 45 per cent of these. Those who survived this hurdle were passed on to another group who recommended tonsillectomy for 46 per cent. Yet another group selected a similar percentage from the previous groups' rejects. In the end, only 65 children out of 1,000 had been advised to keep their tonsils. The number might have been even less had the experimenters not run out of doctors to examine them.

This result would be laughable, but for the fact that 1 in 1,000 children die as a result of the operation and 16 in the 1,000 suffer serious complications. Scientific inexactitude can easily drift into actual bodily harm and indeed there is a medical term to cover it. This time the unpleasant concept is mystified into ancient Greek as "iatrogenesis" (iatros=physician: genesis=origin) and means disease caused by a doctor.

Iatrogenesis is a charge which Ivan Illich wields with particular ferocity. Indeed to cover the kind of activity involved for example with the dishing out of placebos he uses the term 'cultural iatrogenesis', saying that it destroys the individual's ability to look after him or herself, and also the ability to suffer life and death with dignity.

But he reserves particular venom for clinical iatrogenesis: "It has been established that one out of every five patients admitted to a typical research hospital acquires an iatrogenic disease, sometimes trivial, usually requiring special treatment. Half of these episodes result from complications of drug therapy, amazingly one in ten comes from diagnostic procedures. Despite good intentions and claims to public service, a military officer with a similar record of performance would be relieved of his command, and a restaurant or amusement centre would be closed by the police".

Ilich's view is that the medical profession in rich countries has long since gone past the point of counter productivity and should be partially disbanded.

Even if the conclusion is less extreme, one is bound to admit that the medical profession has become a focus of finance and influence that has absorbed much of our own decision making power and uses a disturbing proportion of it in its own interest. The worship of high-technology professionalism channels health resources in directions that we ourselves, were we in possession of the information, might not choose.

Did you know for example that a comparison of the recovery rates of people with heart conditions who stayed at home with those in hospital in a cardiac intensive care unit (which requires three times the equipment and five times the staff needed for a normal patient) showed that there was absolutely no difference at all? Similarly for terminal-cancer patients there is no difference in life expectancy between those who die at home and those who die in hospital.

Doctors tend to vote for the glamorous (usually curative) activities which interest them with only secondary regard for society's needs. Recent surveys amongst U.K. medical students for example showed that despite the vital importance of community medicine, only two per cent of students selected this as their first choice of career.

And disturbingly it is this kind of ethos which is being transmitted from rich countries to poor. Third World medical schools reflect Western attitudes and aspirations, give much the same kind of training, and make many of the same mistakes.

A recent study of five Latin American countries showed them to be spending ten times as much on medical care as on the provision of water and sewerage systems. Scarce resources can be directed in this way because some of the most influential and persuasive members of the health system are the doctors. When this is the quality of the decision one can only say that the safest way to treat medical pronouncements is with a healthy scepticism.—*New Internationalist*

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