

THE COLD WAR IN MEDICINE

A.B.G.

It may be doubted whether any number of *Reader's Digest* epitomizes medicine in the United States quite so well as the issue for September, 1961. On one page it headlines "Unproved Cancer 'Cures' Can Cost Lives", a thought with which it would be hard indeed to disagree, and on another page the title is, "Emphysema—Our Most Neglected Disease?", a thought that requires some elaboration. The cancer article is contributed to *Reader's Digest* by Blake Clark, perhaps a contributing editor or perhaps a staff writer, in any case a special pleader for ordinary medicine in its organized state. The article on emphysema is by Grace Naismith and is condensed from *Today's Health*, for September, published for the enlightenment of laymen by the American Medical Association.

Written on such final authority as the emphysema piece, it strikes an odd note when it suggests that under this authority any diseases can today be neglected out of which to select the one *most* neglected. It starts by reciting a definition: "Called pulmonary emphysema (em fi see ma), it is a chronic lung condition of uncertain origin, characterized chiefly by shortness of breath." The name is said to be Greek, signifying inflation, and the lungs of the afflicted puff up with air which cannot be expelled. The gravity of the problem is that breathing organs grow flabby and immobile so that the slightest exertion is a big effort, and Social Security is said to pay to persons in their 50's and early 60's more benefits on account of emphysema than for any other disease except heart trouble. Surgeon General Luther I. Terry stamps emphysema one of the growing public health problems.

According to the article, now that the medical profession is at length giving extensive study to emphysema, it behooves everyone to remember that everyone is vulnerable and so to watch out for signs of shortness of breath and coughing, then take those signs immediately to a doctor, since he may have the means of showing how to live with the malady though he has no means of cure, and the best way to live with the malady under the doctor's guidance is to secure an early diagnosis. The final conclusion of the piece is in the closing paragraph:

"Cultivate good breathing habits. Good posture allows the diaphragm muscles to work efficiently. Exercise daily. Remember the 'natural exercises that come with easy laughter, humming, singing and whistling,' says Dr. Irving J. Kane, New York chest specialist. 'They all help healthy lung function.'"

Which as a conclusion to a rather labored article might seem to leave us about where we were anyway.

Cancer, the topic of the other article earlier in the issue, is not cited as

one of the neglected maladies, nor one that has been little worked over in the sanctuaries of research, but rather the plea is to keep away from unproven schemes. Cases under masked names are cited where innocent people spent their money and lost precious time only to learn too late that they were not getting the promised cures from sources unsanctioned and methods unproven. Specific treatments are described which attract swarms of the afflicted, which have been tested and pronounced worthless. Some idea is given about the character of the tests, and the article makes a strong point of the openness of mind with which novel methods of cancer treatment are examined every day by the score to determine their merit in the field of cancer, and the article makes a further point that some of the most popular and profitable cancer treatments have never been submitted for such testing. The article states that the American Cancer Society has turned up more than 200 unproven cancer remedies in the last 10 years.

It is worth while to notice the admonitions that come near the end of the article:

"Meanwhile, for your own protection, here is a test which you can apply to anyone treating cancer:

"1. Does he claim to have an exclusive method? If so, watch out. Reputable doctors share their knowledge and experience and make approved treatment widely available.

"2. Do his 'cured' patients have only his word that they had cancer when they went to him? If so, beware. An honest medical man is prepared to provide proof if he says he has found cancer. He welcomes consultation and checking.

"3. Does he advertise? No worthy physician boasts in print or over the air of his accomplishments, or in any way solicits practice."

But the following and final paragraph seems decidedly to boast in print of accomplishments and to solicit practice. It says:

"The best procedure, if you suspect cancer, is to go to your family doctor. If he finds evidence of the disease, he will immediately take steps to verify his diagnosis and recommend the best available treatment. He can save you from wasting precious time and money. Give him a change to help you."

Such a plea, coming at the close of an article ostensibly on high authority, is on behalf of that body of physicians who see nothing of cancer in the cancer patient until there is riotous multiplication of cells and a malignant tumor, and who further assume that when this has been removed violently by cutting or by radiation the case has been cured. Such a plea is for the practice of that body of physicians who have said that at least for the present one of only three measures is available in cancer: surgery, x-ray and other radiation, and, having said that, rule out as unscientific everything else. Such a plea is in support of that body of physicians who test all proposed treatments solely by their effect on cancer growths, as if

these of themselves make up all there is of the disease, who are unable to see that the patient was sick before there were any growths and who have no way of defining that prior sickness or reaching it with treatment. Such a plea conceals from the mind of the reader that there may be any alternative to these views, any broader and more scientific concepts, and groundwork in principle on which to erect a better therapy. Such a plea is an advertisement for a type of treatment to be patronized by all cancer subjects, when the fact of the matter is that in cancer, as in other situations, what is to be cured is not the local malignancy but the patient who suffers with it, so that instead of three choices for a case of cancer there are almost as many remedies as there are patients and the best chance of success lies in separating patients for the individuals that they are and seeing how they individually differ.

In the entire repertory of the homœopathic materia medica there is not a mention of cancer. The reason is simple. There is not a remedy for cancer. Nowhere, in Homœopathy or elsewhere, is there a remedy for cancer. But instead of one remedy, or three, there are scores of remedies for individuals who suffer with cancer. They are never specific to cancer. The task of the physician is to determine which one, out of these scores of choices, most closely fits the particular person. That being so, the astronomical sums being spent in *research on cancer* are altogether beside the point and needlessly wasted, as are also the uncounted sums for advertising this type of research and soliciting money for it.

Running down the ways in which one person differs from another, though they may all suffer with cancer, an important field of inquiry is the history of the individual. That field is so little cultivated in researches directed at cancer as to be quite insignificant. But a great deal lies in that field to explain why cancer occurs and why it is affecting the young in growing proportions, and even babies. In that field are to be discerned the links connecting one sickness with another in the same individual or in a succession of descendants. If sickness were cured, there would be enhanced ability to stay well and diminished health liabilities. The benefits of cure, therefore, run not merely to the patient but down to his children, and show up in durable good health, the evidence being the progressive disappearance of morbid trends and susceptibilities as generation succeeds generation. This is a continued story. It is seldom sensed, and studied even less, when research focuses on the single episode in that story. Cancer is such an episode, a heavy episode, sometimes a tragic episode, and generally it comes late in the life story even if the victim be a child, for the story spans the generations.

As this continued story unfolds in the instance of any chronic disease, a thread of logic comes to light. Succeeding illnesses relate themselves to each other by this thread. The individual has his own personal set of susceptibilities. Treat the separate illnesses as separate problems and use separate therapies, without regard for the connecting thread, and the chances

are overwhelming that suppression rather than cure will result. Suppression means disappearance of the troubles which identify the malady enabling the physician to diagnose it (give it a name), but an increase of susceptibilities. Suppression means that symptoms of a certain class have disappeared but the cause has not been reached. The cause being still there and prevented from showing up in the symptoms, finds outlet later—sometimes much later—in different symptoms and more serious symptoms. According to the notion of researching and treating locally without reference to the connecting thread, these later symptoms are in turn suppressed, and still later troubles set up which are still deeper and still harder to cope with. Repeated suppressions are so common in today's medicine that degenerative states engross the flesh and organs and nervous and mental states engross the mind, before the sick have run their life course, and the trend toward states which are chronic or incurable runs strong enough to dismay all observers. Students of the medical scene who are aware of Homœopathy regard cancer as largely a result of suppression and in that way prevailing research and treatment must in their judgment be responsible.

In the cancer article, much is made of the provisions for testing and evaluating all possible remedies for cancer, as if to say that should one of them show promise it would surely be further developed, or when one of them fails it would surely be discarded. What the article does not say, however, is that these tests are strictly on cancer as a tumor or on the cells making up the cancerous tissue, without regard to any thread of logic running over the course of the case and relating to each other the succession of ills that have descended in sequence over the years to final morbid flesh. Nor do the provisions for testing make account of any other distinguishing facts about the case that would help to mark the patient as an individual, a living personality, not like any other, outside the course of the individual history. So the provisions for testing start by shutting out all chance of lasting benefit to health. Nothing is allowed to upset the fixed assumption that the way to overcome cancer is to study cancer and to leave out of the reckoning the particular and unique person afflicted.

To suggest this omission might well be a mild-mannered good-natured bit of philosophy welcomed in the spirit of the scientist whose prime aim is to seek the solution to his problem. Instead, the suggestion gets a hostile reception. A cold war was directed against it at the very beginning in 1796, and continues now. When recently a whole compilation of remedies useful in individual instances of cancer was prepared, it was called "subversive". The data were documented and were homœopathic, and could have proven helpful, but they got neither sympathy nor any effort to learn the underlying reasons.

The repertory of the homœopathic materia medica makes no mention, either, of emphysema. And for the same simple reason. In any case that would be properly diagnosed as emphysema—as in any case of illness what-

ever—what is to be cured is the individual who is suffering, for he was sick first and the symptoms came after. The gravest error is to suppose that somewhere there was a disease—emphysema or any other—and that it came and hit someone. This is the very error at the base of the entire structure of costly, perpetually emblazoned, ostensibly modern medical research.

If emphysema does not appear in the repertory, a whole section of the work is on Respiration. Read it and discover the almost endless kinds, degrees and variations on disorder showing in the Respiration. These are experimental data that have been in the book for generations, and against every detail and subdivision are remedies, usually a choice of remedies, from which it is the physician's task to determine the one remedy most similar to the peculiar and unique individual before him. There will never be a cure for emphysema, but there have long been remedies for individuals. Research to enlarge the usefulness of these remedies, enhance the precision of their use, broaden the understanding of their nature and add to their number can expand the medical resources of the land and strengthen the health of the people. This is the sort of research worth supporting.

It has long been viewed as bad ethics for physicians to advertise themselves, but gathered nationwide in an organization they labor hard to shut out from the public mind all considerations except the study of diseases and empirical therapies based on it. The advertiser is most happy who can keep us from thinking about anything but his proposition—or better yet, keep us from even hearing about anything else. So in medicine, there is a highly ethical frown on advertising individually but an equally clean elation over success with advertising in the mass.

Related with advertising in the mass is the inability of the reading, listening and viewing publics to escape from the actor-peddler with a professional-sounding script plugging a pain-killer that is like a doctor's prescription, that is, a combination of medically proven ingredients which four out of five doctors recommend; a tonic which does for iron-poor, tired blood what vitamins alone cannot do; a sleeping pill that contains no narcotics, no barbiturates, is not habit-forming, and taken as directed gives one hundred percent safe sleep; a tooth paste containing a preparation of fluorine, certified effective against decay and the odor of mouth bacteria; an under-arm deodorant—well, what is the use? The list runs on and on. Actor-peddlers on TV have been made to drop their white gowns and laboratory frocks but they still make up to look professional and read their scripts as though giving considered medical counsel. Standard and almost universal in these scripts is the saving phrase, "You check with your doctor". But doctors belonging to a professional organization, successful in keeping out of print and off the air what they wish people not to hear, have up to now not been able to disapprove audibly what actor-peddlers, all but

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BOOK REVIEW

The Potency Problem—by Dr. P. Sankaran, L.I.M., F.C.E.H., D.F.Hom. (London), D-HT. (U.S.A.). Published by Dr. P. Sankaran, 13-A Station Road, Santa Cruz (West), Bombay-54. Pages 14. Price 60 P.

In this booklet Dr. P. Sankaran gives an outline of the principles for the solution of the problem of selection of potency, based on the experience of himself as well as of a large number of authorities. We believe that, this booklet will be very useful to all Homœopathic practitioners. But we think, the book would have been more easy-reading and comprehensible had the compilation of the authorities been done in a classified way viz., as advocates low potency, high potency and all potencies.—J.K.

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impersonating doctors, so unethically plug by direct implication of doctor approval.

What cannot be escaped in print and on the air under the insistence of the actor-peddlers cannot be escaped either in ostensibly serious articles like these two in *Reader's Digest* for September on Emphysema and Unproved Cancer Cures. Both styles of presentation agree on one thing: the assumption that the disease is the thing to be researched and that the disease is the thing to be cured. When another concept, involving a broader view and deeper thinking, is suggested, there is weight enough between these two styles of presentation to suppress it—almost everywhere but not quite. If it does leak through, even on a small scale, however salutary, there is war instead of welcome, waged without the first thought of inquiry.

—*The Layman Speaks, Oct., '61*
