

Guided Digital Medicine: The Law of Unintended Consequences and Non-Disease Treatment of Diseases – Part 2

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*"Once we recognize our
limitations we go beyond them."*

– Albert Einstein

Before we proceed further with the proposed management of this challenging case, we owe it to ourselves to learn some general lessons from it by examining the general pitfalls of the therapies administered first. Secondly, to analyze, also, the many serious and common misconceptions in our healthcare that these and other specialties reflect. The aforementioned shortcomings, as viewed by this author, were:

1. Based on virtually void data in relation to the true pathogenetic factors behind the illness.

2. They concerned themselves, instead, with multiple findings that the respective paradigms were able to register.

3. Since the true, but elusive, pathogens resulted in multi-systemic afflictions, including the immune, endocrine and other systems, the aforementioned findings (parasitosis, candidiasis, allergies, impaired immune and endocrine reserves, Qi or vital force etc.), were formally correct. Yet, these findings were simply the surface so the therapies ended up addressing them at the surface level, also, according to the boundaries of the limited corresponding paradigms, and without being guided by a sound general and eclectic problem solving strategy.

4. Her seemingly diverse and multiple symptoms and ailments represented a multi-systemic invasion by just a very few pernicious toxicological and, then, secondarily, biological agents. The latter is an inevitable offspring of the former as toxicological agents are well-known competent producing factors of immunosuppressed states, chronic or recurrent infections. These yield poorly to any treatments until the toxicological agents are properly addressed.

5. The therapies carried a very low meaning value in relation to the key pathogens that caused the illness and, as a result, allowed their continuous and deeper invasion into the body.

6. Furthermore, the diverse therapies were, in essence, matter-energy inputs that entered the system without any ability on the part of the practitioners who released them, to guide their effect or intelligently monitor their tolerance and action.

In one case a bio-resonance diagnostic equipment was used (EAV – Electroacupuncture according to Voll) that has a potential to determine pertinent pathogens, projected therapeutic effectiveness and tolerance. The testing, however, was performed (common prevailing handicap of this and other similar tests) on a superficial, one dimensional level, and without being complemented by the necessary body of knowledge on the part of the practitioner. As a result, the detected information carried a low diagnostic value as a mediocre therapeutic response followed.

7. The therapies failed to properly address most of the other factors having draining effect on the system, too: environmental, dietary, insomnia, etc., which continued to contribute to the depletion of energy. This, as it was discussed in Part I, leads to rise in entropy with a concurrent decline in the quality of information processing necessary for proper physiologic functioning in many subsystems. From hence the proverbial "domino effect" often follows.

8. They also neglected to restore the channels responsible for the proper information flows and as these channels were progressively obliterating, so did her adaptative ability to tolerate matter-energy inputs or stressors in her environment (dust, molds, EMFs), diet and treatments themselves.

9. The chelating agents administered for mercury toxicity, DMPS, DMSA and others, were introduced with total disregard to the

state of her excretory organs or other organs and systems that were significantly weakened, too, and required proper support during the chelating process. Under the circumstances, these and similar interventions lead to an uncontrolled and, often, inevitable shift of toxicological agents into different organs and systems.

10. As a consequence of these general shortcomings, the majority of the treatments became iatrogenic instead of therapeutic.

One may present an argument that all these and other treatments can't be all that bad, due to their very existence that asserts a history of some positive experiences in the past. This is true but the very existence of so many modalities, on the other hand, is not to be overlooked as the sign of their prevailing inefficiency with an attempt to make up for each other's failures. The simple and obvious truth, here, is that we would not require so many diverse interventions or specialties had we had a therapeutic system that could meet most of the needs of the sick.

Why, one may ask, are these positive experiences not consistent, and are the case in some but not in the majority of others? Why can't they be successful most of the time? In order to answer these questions we have to expand our discussion further and make it inclusive of some additional factors. One of them deals with another, and abnormal, property of living systems – *strain*. Strain is a direct byproduct of stress, but the distinction between the two lies in the fact that stress can be sustained by the system without sacrificing stability of its homeostatic variables, whereas strain already implies a deviation from the norm in one or several variables. These can be body temperature, pH, transmembranous electric potentials, the balance of leukotriens that assure certain immune stability, likewise, one of the neurotransmitters or hormones and others.

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A system experiences stress, in general, due to two general factors: excess or deficiency of matter-energy inputs that it ought to or is being forced to receive or being deprived of. The former might be in the way of emotional, mental or physical overload or, also, from the exposure to environmental or biological agents or even food intake. The nature of the deficiencies may occur in the form of emotional (lack of validation or love, unfulfilled desires), mental or physical inputs (lack of adequate stimuli), proper nourishment, oxygen, light, etc.

Whenever the system can no longer compensate for stress factors they culminate in strain(s).

Every illness, before it results in a progressive deterioration of energetic and histologic tissue changes, begins with strain(s). Strain is invariably accompanied with diverse ailments – symptoms that vary in the discomfort level, and they can be very few or numerous and encountered, literally, from head to toe. An exception to this, one must note, are the individuals afflicted with syphilitic miasm, depicted in the ingenious doctrine of the founder of homeopathy, Samuel Hahnemann, MD, that concerns certain general patterns of constitutional infirmities in humans. This category is known, just to mention it briefly, for sudden death or fulminant pathologies that are sparse in initial symptoms and even routine diagnostic findings. The notorious, “He’s never been sick in his life and passed all these doctors’ check-ups, but just died young” exemplifies both the unfortunate plight of these individuals and severe shortcomings within our healthcare system.

In one way or another, the entire practice of medicine deals with combating strain(s). In order for a therapy, technically, to claim even if it’s formal success, all it has to accomplish is to eliminate or reduce strain. Even though this certainly constitutes the desired, but not the sole objective, but paradoxically enough, another medical peculiarity, therapy does not have to be the best or even sound to relieve strain. It can be quite superficial or even harmful and still accomplish this unlike a sound therapy, or a better term *therapeutic system*, that besides taking note of the nature of a strain and its

accompanying ailments, probes much deeper in its assessment and focuses, even more so, on many important issues that concern the foundation (pillars) of the entire state. These are genetic or acquired constitutional weaknesses and *true* pathogenic agents that brought them to the fore (i.e., toxicological, biological, iatrogenic agents, emotional or physical negative matter-energy inputs, etc.), a possible continuous source of exposure of an occupational, environmental, lifestyle or iatrogenic origin; whether there are organs or tissues that have also been affected yet remain dormant at the time; how many channels and subsystems are compromised, the remaining energy reserves, how to elicit diagnostically the information of the highest meaning in relation to the state that sustains disease, and how to address it most effectively therapeutically without compromising other systems and subsystems in the process. One might also add that it guides the system away from the destructive matter-energy inputs: dietary, environmental, emotional and inclusive of an overall lifestyle. Many medical approaches, however, do not have to concern themselves with all of the complexities that a sound therapeutic system does, for they can be just a fix, i.e., quite superficial or even harmful and still succeed in diminishing strain by merely correcting some numbers (variables) and bringing about whatever measure of a symptomatic relief for the time being.

This is what constitutes the very nature of allopathic practice of medicine in the chronic care, suppression of symptoms and findings and, contrary to popular belief, these are not limited to just “drugs and surgeries.” This can and commonly is accomplished with “natural” means also: megavitamins, herbs, allergy desensitization via NAET or drops against foods, chemicals, molds or “allergic hormones and neurotransmitters”; cholesterol lowering or sex drive boosting fads, ozone, ultraviolet light or hydrogen peroxide infusions, seemingly sophisticated “the latest” bioenergetic machinery, raising low body temperature with thyroid hormones, or merely landing a stack of magnets on one’s head in order to improve sleep or

a headache. Strictly speaking, any therapy can have an allopathic component whenever the therapy fails to identify and address the true culprits regardless of how simplistic or elaborate its doctrine is. Even such noble ones and from which we can all learn a great deal of important knowledge as TCM (Traditional Chinese Medicine) and classical homeopathy. Yet, it would be inaccurate to classify these two as allopathic on the whole.

Therapy can be defined as harmful whereby a matter-energy input it introduces into the body in order to reduce a dominant strain, forces it to seriously compromise other systems, subsystems, their variables and functions elsewhere. Examples: X-ray treatment of acne in the past induced a high incidence of thyroid cancers, antibiotics produce multi-systemic candidiasis and mutated antibiotic-resistant bacterial strains, anti-candida drugs or long-term natural supplements cause dangerous mutations within the candida genus, B-blockers produce fatigue, insomnia, depression and impotence, prednisone for autoimmune diseases leads to diabetes, hypertension, osteoporosis, immuno- and endocrine-suppression and a host of other serious ailments, antidepressant Serzone leads to liver failure and death, anabolic steroids, or hormone replacement therapy in women have proven to be tumorigenic, chemotherapy may cause secondary malignancies, etc.

Many of the superficial treatments, due to their lack of valid information concerning the true origin of strain and pathological state as well as the condition of other affected dormant subsystems carry an inherent risk of inflicting harm. An example of this is a recent study published in *JAMA* in February, 2004, linking frequent antibiotic use to breast cancer in women, or ten leading anti-depressant drugs and Acutane ointment for acne, being implicated in causing suicide, anxiety or depression.

“Holistic” interventions, in spite of popular belief, aren’t free of side effects either. Even though the formal studies are sparse, the clinical examples will not remain obscure to an impartial observer. Only a few examples: Some highly acclaimed algae “detox” induced chronic and constant ear pulsations in one patient, severe arthritic pains in another and face swelling in someone else. The “rich in vitamins” and containing “special concentrate from

organically grown fruits" fancy formula has totally depleted the energy of even a young man of 30. High colonics and rectal ozone insufflations destroy normal bacterial flora that is vitally important for normal functioning of the GI system and immunity, the herb Ephedra induced fatal cardiac arrhythmia. A young woman treated very successfully with ultraviolet light (UV) infusion therapy came down with severe multiple chemical sensitivities as soon as the "treatment" came to an end. A patient with prostate cancer, whom I strongly advised, based on my bio-resonance testing, against removing his allegedly bad "root canal tooth" that was "impairing his prostate meridian," could not resist some seductive alternative approaches on the subject, and did just the opposite. After the "holistic dentist" yanked the tooth, the patient's PSA had tripled instantly and his disease spun out of control. A woman who was making progress on the treatment for multiple environmental sensitivities decided to "speed up things" and opted for a more aggressive "detox" by a naturopathic doctor. Soon after, she became a total invalid. A chiropractic adjustment for lower back discomfort ended up with symptoms of peripheral neuropathy. A study has found higher incidence of strokes in an older population group that underwent chiropractic neck manipulations.

A middle-aged woman, quite toxic and non-compliant with the treatment, proceeded instead with an "anti-aging specialist's" program (a dangerous and rapidly growing idiocy these days). It consisted of numerous fads, including the much misused growth hormone. I strongly advised her against the growth hormone knowing her *state* or she would develop cancer. And she did. Enough examples.

The lesson to learn here is not that the algae, chiropractic, alternative dentistry and other treatments are laden with harm and side effects but, it is the absence of prudent and, often, necessary *information* in relation to the state of an individual to whom they are being administered. Inevitably, these interventions wind up carrying a low or altogether wrong therapeutic meaning in relation to the true culprits of one's pathological *state* at the time.

Another comment concerning the finger-pointing at our conventional medicine colleagues on the part of many alternative practitioners. Notwithstanding the fact that conventional

medicine does suffer from the serious logistical handicaps, but the truth is that the majority of holistic doctors have turned themselves into "holistic pharmacists" or "natural allopaths" as they follow the identical conceptual allopathic path that boils down to "this" treatment for "that" disease. Admittedly, they introduce natural substances into the body but in the quantities and dosages, that no one familiar with the subject, by any stretch of imagination can define as natural. These products, vitamins, minerals, trace elements, amino acids, and many others in the category "for this" or "for that," are administered, usually, in the doses that most of the time far exceed the physiologic assimilating capacity of the body for these substances. Considering the fact that the therapeutic/toxic range for many of these are narrow and, in addition, the genetic and acquired *state dependent* requirements for many of them fluctuate from individual to individual even on a day-to-day basis in the same person, such a "natural" bombardment leads often to the opposite effects and represents in essence a pharmaceutical Russian roulette. This also concerns much touted and popular nowadays antioxidants that have the propensity just as easily, as studies have demonstrated, to become pro-oxidants. Here, the well-known law in pharmacology, *Arndt-Schultz law*, stating that low doses or stimuli excite physiologic activity, moderate ones favor it, and high – retard or even arrest it, hold much truth. Furthermore, another scientific principle, one of *Le Chatelier's*, states that chemical systems in equilibrium tend to resist the imposed external effects. Such a counteraction has its costs in extra, and unnecessary, energy expenditure.

If anyone attempts seriously to use lab tests (blood, hair, urine, saliva, etc.) in order to place the supplementation process on a really firm "scientific" foundation, one has to be aware of the several major flaws in this respect, too. One is that laboratory tests, more often than not, do not reflect what counts the most, the intracellular status of most of these nutrients; two, even if they did, with days or even hours following the supplementation, laboratory tests become obsolete, and another serious shortcoming is that the delicate and

countless feedback loops, mutual interactions and the ratios between the nutrients in the body are impossible to predict or monitor.

Perhaps the best source of nutrients we have are the old fashioned items – foods, even if not organic. Unlike supplements, foods contain, also, the vital background substances that assure the foods' derived nutrients of maximum bio-availability.

The idea that foods today, excluding junk foods, aren't good enough to keep us healthy cannot be taken seriously even if for no other reason that there are plenty of people nowadays who consume the purest foods and, in addition, take numerous supplements and who remain very ill or are not enjoying good health. Just as challenging for this platform that claims nutrient deficiencies behind all ills is to explain why people who take the supplements fail to prevent or cure them.

Walter A. Heiby, PhD, in his excellent book on the subject, *The Reverse Effect: How Vitamins and Minerals Promote Health and Cause Disease*, (MediScience Publishers, 1988), gives the most documented and balanced account on the subject. An even more important lesson to be learned from this work, if one is to look beyond the immediate subject itself, that there is something fundamentally wrong with trying to manipulate the body's homeostasis at a level of body chemistry. Likewise, herbal or other considered natural preparations for medical purposes are not free of similar and other potential side-effects and cannot be taken seriously in the care of chronic diseases.

Returning to our analysis concerning strain, one has to emphasize again the great conceptual disparity to, even, the point of self-deceit on the part of the medical profession that concerns the actual treatment of *diseases* on one hand and treatment of *strains* on the other. This emphasis is necessary because in our medical culture it implies the same thing but, for the reasons already discussed, it isn't. It matters not whether you read the latest textbook of medicine or the popular nowadays "how to" "natural" bestseller aimed at whatever the named disease(s) that they attempt to address: Heart, Alzheimer's, fibromyalgia, multiple



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➤ sclerosis, arthritis or depression. These are not the diseases themselves, these are mere strains. It is of a paramount importance to any clinician to discern the main differences between these two entities. The *true disease* is nothing short of always a *general state* that comes to the surface or expresses itself more prominently through certain subsystems. The strains, however, are perceived as merely local phenomena only.

A general state is a complex entity consisting of the numerous components and factors: genetic, acquired, toxicological and biological agents, other pernicious matter-energy inputs of the dietary, emotional, iatrogenic, electromagnetic, physical and overall lifestyle. For every person the constellation of these factors cannot possibly be identical, but is always distinct. So is the state. It is, therefore, always heterogeneous, *individual*, unique, so is each disease.

Strains on the other hand are interpreted as homogeneous, alike, *same* as they focus exclusively on the lesions, variables, subvariables, parameters, lab and machinery findings, which indeed have similar appearances, test results or manifestations.

States are always dynamic and can change from day to day or even hour to hour. Strains are perceived as fixed labeled entities, i.e., "you have *this condition* yesterday, today and years from now."

States – true diseases – call for individualized assessments and interventions, not for the labels as "Alzheimer's," not for "heart disease," not for "ulcerative colitis," "fibromyalgia" or "kidney stones" and others, but for Mrs. Merry Smith, Mr. Ted Johnson or a boy, Ricky Davis.

Strains, to the contrary, are satisfied with and demand treatments for the labels. And even if some therapeutic philosophies (classical homeopathy, TMC) do dispense with such a near and shortsighted notion, they often are not capable of altering the state radically enough.

Treatment of states requires a sound, fundamental and eclectic platform, treatment of strains will suffice with a few pages of information concerning "how to" bombard a given label.

Addressing states skillfully results invariably in an overall improvement in health, because the treatment strides deep, at the very foundation of a strain, whereby both are addressed efficiently. Fixing strains proceeds and ends on the top only and, as a rule, leads in the long run, to a deterioration of health. Dismantling states, depending on an individual, may be more or less time consuming, but the results are usually gratifying. The bondage of disease dissipates, the treatments and costs decline progressively, greater quality of life and health reserve ensue, new diseases or states that are not infrequently worse than the original ones do not develop. Suppressing strains may yield "quick and positive results"; but these require often continuous therapeutic bombardments as new strains and worse diseases invariably ensue down the road. When addressing states, therapeutic dependency progressively diminishes and the treatment can be discontinued even if for long intervals without untoward effect. With the treatment of strains, the original ailments often return promptly following cessation of the treatment.

The understanding of and addressing states assures a true and sound preventative medicine for it realizes that behind the popular phrase, in our medically bewildered society, "I am healthy, I just have hay fever, eczema or sciatica," there are often dangerous and even life threatening toxic agents, including carcinogens themselves, that will lead tomorrow to Parkinson's, diabetes, heart disease, leukemia or cancer. As the recent popular example to this kind of a health "assessment," the democratic presidential frontrunner, Sen. John Kerry of Massachusetts, has just been pronounced to be in "excellent health" by his prominent physician. He, the doctor states, just has "occasional episodes of bronchitis, laryngitis, pneumonia and seasonal allergies"?! Isn't this somewhat of a misnomer, "excellent health" but four medical conditions that come, one might ask, from where? Certainly, from the inside, from the unhealthy state. Incidentally, hasn't the "healthy" candidate already had a prostate cancer, too? And, according to this logic, one has to assume that there is no connection

between the "seasonal allergies" and his prostate cancer? There is, as we will discuss this later, in Part III, but the paradigm precludes from seeing this, because it merely registers split-up strains, not the global state.

A brief autobiographic discourse as it relates to this subject further. Sometime in the course of my residency I found myself being tormented by a quite obvious observation. As I was rotating along with my fellow residents from one specialty clinic to another, I kept encountering familiar patients' faces. I saw them in the diabetes clinic receiving sophisticated tests and the "latest" diabetes pills, then in the rheumatology clinic, then hypertension or heart or the other while undergoing the same and seemingly impressive process. "If what is being done in these sophisticated, 'state of the art' clinics is based on such a good science, why do these people keep visiting more and more clinics, and acquiring more and more diseases?"

The answer came many years later after realizing that the simplistic philosophy of suppression of strains can be pursued with quite sophisticated, hi-tech, impressive and expensive means. This, as was mentioned before, can be accomplished with any means, "natural" included.

It is the bankruptcy of these approaches that later on in the life of these patients results in even more sophisticated, advanced and expensive medical heroics: bypass surgeries, portable defibrillators, stents, laser hysterectomies, radioactive prostate implants, organ transplants, chemo or gene therapy and others.

What is another additional factor, besides strain, that accounts for positive therapeutic experiences in the wide range of specialties? These occur, normally, while the energetic and histologic tissue pathology have not reached advanced stages. The successes, here, prevail in the beginning of or in mild-moderate states. The more advanced is the state, the less overall the energy reserve, the more channels become annihilated, the more strains accumulate, the less the system is able to compensate or respond to the treatment, the sharper is the decline in therapeutic successes while more drugs and, then, surgeries become necessary. Our clinical example in Part I of this article is only one among the many millions where the state has become too challenging for medical specialties. It is

these cases, in advanced stages, where the true merits of a therapy become truly tested. Many specialties can treat strains successfully that stem from milder states to be considered "good treatments." The hallmark of a true sound therapeutic system here is that it can be successful at any stage, short of someone being in a pre- or terminal state. In essence, the true efficacy of a therapeutic system ought to be measured by their ability to treat successfully, advanced pathological states and, at the same time, the key point, improving one's health by dismantling the state. What does it mean to "treat successfully advanced pathological states"? Can one cure advanced heart disease, arthritis, colitis, Parkinson's, diabetes and others? The states where perhaps as much as 40%, 50%, 60% or even more of the normal tissue cells have degenerated already? The understanding of the II Law of thermodynamics that states unequivocally that arrow of time driven by entropy moves only in one direction, bluntly says, "no," these cannot be cured. This is the price one has to pay for treating strains and missing states in the past, and, also, that is why we cannot take a pile of ashes and turn them back into a live tree or paper. How these patients can be helped then, besides being drugged or cut further or subjected to alternative specialties where the success rate becomes progressively mediocre, too? They can certainly benefit a great deal and in a number of ways and for the following reasons.

For one, behind a "cut and dried" medical diagnosis of a dead tissue or a pathological lesion, there is always a considerable body of the still compromised but viable tissue that is being undermined and kept in the state of physiological malfunction by the same pernicious agents that already resulted in the process of degeneration. This tissue, histologically speaking, can be saved from further destruction and, physiologically speaking, can be revitalized, reversed and put back to work once these agents have been apprehended and removed. "The disease," as we mentioned earlier, that is considered as fixed or "the same," but would have continued to progress and become more advanced today than yesterday, and tomorrow than today, comes to a halt. It becomes arrested. Furthermore, it undergoes, even if

partial, *regression* instead of *inevitable* entropy driven progression, i.e., it undergoes positive dynamic change as the treatment removes "the sting" (the etiological agents) out of the state at both the systemic and subsystemic levels. Circulation to the affected tissue, flow of information, energy processing and, thereby, adaptability, compensatory capacity, vitality and, as the consequence, quality of life itself, all improve and, often, in a dramatic degree. The person feels less limited, more energetic, motivated, interested, less dependent on drugs, supplements, medical machinery or other treatments and rids himself from their potential and, often, inevitable side effects. He still has the *same* disease but in a different and more benign state. Not the least of it, his physical life itself does not have to succumb prematurely due to the natural course of the disease, otherwise.

Another common aspect that often misleads the public and health professionals, too, worth exploring, is what we perceive customarily with a sense of awe, whenever someone wishes to emphasize the importance of a given discovery – let it be a drug, new procedure or just a fad – "science." "Scientifically tested," "scientifically proven," "the latest research," "scientific discovery," and the list goes on. The truth is that just about anything that is used in medicine these days has one kind or another, some element of a scientifically established principle that underpins their use. Based on these we have substances or interventions that have scientifically proven to dilate, constrict, stimulate, correct, balance, calm, excite, decrease or increase something. There were discoveries made and then, clinical studies conducted proving scientifically that all these effects are there and for real. We are all flooded, both lay public and especially the medical profession, with the discoveries made in medicine to the degree that far exceeds our capacity to assimilate even the most miniscule fraction of this information. Yet, in spite of it, today we do not have *one* single chronic disease, out of the hundreds, that we have confidently established its true etiology or managed to reverse it in a meaningful degree! What is the end result of these studies, discoveries and new and supposedly better treatments?

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Official statistics answer this by stating that a meager 10-15% of all of the medical interventions have been found to be safe or effective by the OTA (Office of Assessment Technology under the US Senate). For the price tag of 1.5 trillion dollars annually, that represents an enormous burden on the national economy. In addition, close to one million Americans die every year as a result of the conventional treatments alone, notwithstanding the staggering number of the crippling side effects. The great majority of our population, 85%, do not enjoy good health and the number of chronically ill people in the US alone is over 100 million. Why? This brings us to the two major subjects.

First, what is the true value or meaning of these scientific discoveries and "proven" therapies in relation to the problems under consideration or *pathological* states that culminate in diseases? Second, is there a sound, general and inclusive of all pertinent knowledge eclectic strategy or medical system that makes an intelligent or selective use of these discoveries as it is the case in the technology, or other successful sectors? Commenting on the first subject, the "proven" or empirical approaches in one way or another are based on the countless isolated "nuts and bolts" within the incomprehensibly complex machinery that we call human. Here we can find, indeed, an abundant number of these components. Some of them are: Pro-inflammatory substances – leukotriens, cytokines, C-reactive protein, eicosinoids, prostaglandins; free radicals and their scavengers, cholesterol, with good and bad fractions, homocysteine, amino-, fatty acids and sugars; beta-, alpha- and angiotensin converting enzyme receptors; neurotransmitters: serotonin, dopamine, noradrenaline; ATP, citric acid and other components of the Krebs cycle; hormonal and pro-hormonal substances; different brain waves and immune cells and the long list goes on. From hence we have drugs, procedures, technology, devices and surgeries in conventional medicine, that act upon or attempt to correct some of these and other variables. In alternative medicine the interventions are just as numerous and we have practitioners who are engaged in the regulation of disturbed *vital force* (classical homeopathy), *Qi*



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(Traditional Chinese Medicine), spinal subluxations or cranial abnormalities (chiropractic and osteopathic medicine), or shakras. There are folks that inject scars (neural therapy), run nutritional assessments and raise body temperature, balance pH; use gem stones, spagyrics and cycles of the planets following the ancient alchemists; administer music therapy, magnetic pulsation technology, Reiki or reflexology, hydrotherapy or Fen Shu, crystal healing or meditation, radionics or therapeutic touch. There are, also, those who attempt to alter human magnetic energy, excessive catabolic or anabolic processes, raise body oxygen and temperature or match sausages with one's blood type. It is not to disparage any approaches but to reiterate the obvious – humans are endowed with countless subsystems, variables, sub-variables and parameters. There are, therefore, an unfathomed number of components one may choose to research, study, or manipulate upon in the name of science.

To make matters even more unsettling, a definition of "proven therapy" calls for some clarity. In our culture this impressive cliché is being granted to the medical interventions that won a statistical battle in a given clinical study. A few comments might be worth sharing in this regard, too. A study, let it be a pilot, controlled, double blind or otherwise, surprisingly enough does not constitute the necessary component of a scientific enterprise. The significance, or true value of a magnitude of a scientific discovery cannot be judged based merely on an outcome of a positive study. A "positive study" per se does not imply in any way that a therapeutic intervention is the best, the worst or merely mediocre. It only implies, again, a positive statistical outcome, even with a thin margin, as it often is the case, against a placebo (double blind experiments) that may be just an inert, or, simply, a "nothing" substance. The end result of a study, therefore, formally is that it fared statistically better than nothing or against another mediocre intervention or no intervention at all.

These general critical concepts apply to the studies conducted in both medicines regardless of the study

design. A recent example to one of these points is a successful study conducted by an alternative doctor that "proved" to be "the answer" for fibromyalgia/chronic fatigue ailment, to much excitement, I might add, of the "natural allopaths."

The "specialist" in his cookbook for the condition recommends, figuratively speaking, a bus load of pharmaceutical substances, drugs and naturals alike. It has to be obvious to even a medical student that if one keeps ingesting such a warehouse of products, one's homeostasis becomes so altered and shifted that it will be hardly the same person's body anymore. Under these circumstances, a person's symptoms of fibromyalgia or just about any illness will be utterly suppressed and changed as his/her senses become disengaged from the undoubtedly still intact pathological state.

The common pitfalls of this and similar study designs for the disease-label besides ignoring the state or failing to see the forest through the trees, is their linear "this for that" approach in dealing with complex human systems that, especially in chronic diseases, tend to defy linear responses. Although the linear approaches are very gratifying for the economic objectives that have consumed Western medicine, they remain conceptually dubious in the treatment of chronic diseases and, also, for the already aforementioned reasons brought up in the subject of states and strains. In science, as a generic rule, an intervention cannot be expected to go unpunished by merely addressing, even if formally correct, an isolated objective while violating or ignoring other important rules or concepts. The law of unintended consequences stems exactly from these kinds of practices. Just one look at the *PDR* volume where every single ingredient has been "scientifically proven" and where at least 60% of the information is devoted to the side effects, warnings and precautions, proves the point. The even bigger point is extrapolating the lessons.

One of the positive and rare examples of complex interventions was a successful study conducted by Dr. Dean Ornish on patients with severe coronary artery disease. Several interventions combined in a *sensible* blend were used: Diet, exercise,

emotional group support and meditation.

Unfortunately, the great majority of the clinical trials are performed according to the "old school" formula but with the new means. There is an appearance of progress being made in the field as the NIH generously sponsors studies, nowadays, comparing conventional and alternative interventions, but, again using linear approaches for... "the disease." In essence they generously waste the taxpayers' funds for all they end up comparing is one legged runners.

Answering the second major subject concerning the existence of the general eclectic system that guides the discoveries, the answer is – none exists as we embark upon a noble mission, these days, of integrative medicine but coming from the weak side of disintegrated knowledge.

These are the issues. We will bring to the table the proposed solutions in Part 3 of this article.

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About the Author

Dr. Yurkovsky is an author and teacher with extensive background in the thorough study of scientific principles behind the numerous alternative and conventional approaches. Having realized that the primary source of health and disease, according to physics, stems from the corresponding cellular energy fields, he adopted a new revolutionary medical model, one that interfaces the theories of biology and physics, established by his mentor, Professor Emeritus William A. Tiller, PhD of Stanford University.

This has led him to transform the often vague nature of medical specialties from "hit and miss" paradigms into a far more effective, exact and predictable science. Dr. Yurkovsky has also founded his own teaching institution, "SYI Integrated Health Systems, Ltd.," which is dedicated to sharing his medical system under the concept of FCT – Field Control Therapy.® Since 1999, he has taught this curriculum to medical doctors and licensed health care professionals with special emphasis on energy-based diagnostic and therapeutic modalities aimed particularly at toxicological, biological or nuclear agents. These, as a rule, elude conventional diagnostic methods, yet represent the primary source of all chronic diseases. His book, *Biological, Chemical, and Nuclear Warfare – Protecting Yourself and Your Loved Ones: The Power of Digital Medicine* is an excellent illustration of both the scientific basis and effective practical means to combat ravages of acute and chronic diseases in our toxic world.

At the present time he is authoring a textbook concerning scientific principles for the practice of integrative medicine: "A Textbook of New Medicine."

For information concerning his training curriculum and hands-on teaching events, contact SYI Integrated Health Systems, Ltd., web site: www.yurkovsky.com, e-mail: yurkovsky@PowerOfDigitalMedicine.com.