

Tarnished Gold: The Sickness of Evidence Based Medicine

By Steve Hickey, PhD and
Hilary Roberts, PhD
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If you were a general and had a desperate battle to win, you would send in the best troops you had, even though you knew for certain that many would die. If winning that battle is essential for national survival, those individual deaths would be a price acceptable for the country as a whole. But that particular population-benefiting choice is bad for the combat soldier that stops a bullet. What is best for the population is not necessarily best for the individual. To assume otherwise is the ecological fallacy: the incorrect idea that all that favours the population is also good for the individual. Sometimes altruism is essential, whether it is an animal making a futile attempt defending her young against an overpoweringly strong predator, or soldier throwing himself on a grenade to save his platoon. What has overall statistical validity for a group can result in personal death. Statistics might be right for the bean-counter but they can be very wrong for grandma. I am not a physician and I am not a researcher, and heaven knows I am not a statistician. However, as an ethologist (animal behaviour biologist), this makes sense to me whether I like it or not. Evidence-based medicine does not make sense, even though it sounds right: let's get the "best evidence" and draw our conclusions from huge studies.

Summarizing *Tarnished Gold: The Sickness of Evidence-based Medicine* boils down to this:

1. The meaning of "best evidence" is selective data which introduces bias. That is bad science. Any college freshman knows that.
2. EBM misapplies statistics in accordance with the ecological fallacy. This is not trivial: it is a major statistical error.
3. EBM has little, if anything, of importance to say to individuals making rational

decisions as to whether or not an individual should use a particular therapy. Misapplied results produce inappropriate conclusions and erroneous actions.

4. EBM is unscientific, irrational, and unethical. Or, if you prefer in everyday language, just plain silly.

When you recover from this, remember who this book's authors are. Steve Hickey and Hilary Roberts, who brought us politically incorrect but scientifically precise books such as *Ridiculous Dietary Allowance*; *Cancer: Nutrition and Survival*; and *The Vitamin Cure for Heart Disease*, are at it again. Their new book utterly takes the wind out of the sails of evidence based medicine, the latest fad of pharmaceutical medicine. I confess to being biased, as I have myself coauthored two books with Dr. Hickey. But most influential of all, to me, has been my experience working in association with Dr. Abram Hoffer, who unequivocally stated:

"One would be very polite to even describe EBM as pseudoscientific. The word "science" cannot be used anywhere close to what is happening with EBM. It has become the main weapon to prevent innovation. It must be sent back to its archaic roots. Instead, we once more have to learn to think rather than calculate. Double blinds are for the birds. I have been opposed to double-blinds for decades, even though my colleagues and I were the first psychiatrists to do them, starting in 1952. I consider them a license to kill. They are a dangerous fashion. There is no evidence that anecdotal information is any less accurate than clinical information. Where are the good old days, when honest physicians honestly reported what they saw in language that any doctor could understand?" (Saul AW: An interview with Abram Hoffer. *J Orthomol Med*, 2009; 24: 122-129).

Tarnished Gold: The Sickness of Evidence-Based Medicine is especially well done, and greatly needed. Look around you: people are sick and medical costs are through the roof. How should we, and can we, fix a system like this? What treatments work best? How do we know? There have been so many conflict-

ing medical studies and equally confusing news reports about them. The professions and the public have to be able to make sense of research methods, sample sizes, statistics, and to identify bias. Indeed, it is a daunting task, and not everyone wants to try. But if you do indeed want to settle matters for yourself, you need this book. Study significance and analysis and decision science are not everyone's best friends. This is why it is good that we can turn to Steve Hickey and Hilary Roberts. They truly are skilled at making the cloudy and barely comprehensible into the clear and very sensible. As I read through this book, again and again I thought, "So that's it. Of course." The book is not difficult to read, and, I think, is very enjoyable with a good sense of humor. But the subtitle tells a more serious tale: the evidence-based medical emperor has no clothes. What Mark Twain said of Wagner's music applies to EBM: it sounds better than it is.

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Defeating Arthritis, Bone and Joint Diseases

by Charlotte Gerson 302 pages
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Every time I come across new criticism of the Gerson therapy, I also seem to notice a new book by Charlotte Gerson. She, in defiance of geriatric tradition, as so ably flouted by Linus Pauling and Abram Hoffer, continues to write and publish as she actively and healthfully approaches age 90.

The Gerson therapy was orthomolecular before the word had even been coined. Supplements were virtually unavailable in the 1920s and 1930s. As for centuries, fresh food was the original orthomolecular program. Dr. Max Gerson famously added vegetable juices, and infamously added body-tempera-

ture coffee enemas. Juices, he believed, flood the body with nutrients, and enemas quickly rid the body of toxins. Conventional medicine is flatly opposed to the second idea, and not exactly trumpeting the first.

So brace yourself: there is an enema chapter in *Defeating Arthritis, Bone and Joint Diseases*. The idea that these are systemic problems did not originate with Dr. Gerson, but establishing a specific, systemic therapy probably did. The Gerson program can literally be summarized in a single page, and is, in the table on page 138. If you are already interested in the Gerson program, it is likely you have already read a good deal of the content of this current volume. If not, this book is a stand-alone, comprehensive introduction. And as such, it can be an annoying wake-up call. The Gerson program requires change and effort. The prescribed daily thirteen glasses of fresh juice include citrus (once) and what might politely be called a thoroughly generous intake of carrot, green and carrot-apple juices. This perceived glyce-mic challenge may be tempered with the fact that the juices are consumed a glass or two at a time, ten times all throughout the day. Labour intensive to be sure: the juice must be freshly made. . . and on top of that, you actually have to drink it.

But there are compelling reasons to do so. There are over 100 different types of arthritis, painfully affecting tens of millions of people. *Defeating Arthritis, Bone and Joint Diseases* has, in addition to osteoarthritis and rheumatoid arthritis, sections on scleroderma, various forms of lupus, fibromyalgia, myelofibrosis, mixed collagen diseases, ankylosing spondylitis, and gout. The author notes that osteoporosis is high in countries with high calcium intake, particularly if that calcium comes from dairy foods. Dairy products are forbidden on the Gerson program. Abram Hoffer completely avoided milk products. Dr. Hoffer was a supporter of the Gerson program, and interestingly, the Gerson program recommends taking 15 times the US RDA of niacin (but not niacinamide). As Dr. William Kaufman so successfully treated osteoarthritis with niacinamide, this qualifica-

tion may need to be lifted. It is likely that Dr. Gerson specified niacin to improve circulation, knowing it was a vasodilator.

There is something in the Gerson program to offend practically everybody. The menu is rigorously very-low-sodium. Not only is milk excluded, meat is too. Sprouted grains and sprouted legumes are not allowed. And other than niacin and vitamin B₁₂, neither are vitamin supplements. However, supplements of thyroid, potassium, iodine, acidophilus, flaxseed oil, and pancreatin are a scheduled part of the therapy.

The full-press, entirely-vegan Gerson therapy is unashamedly restrictive. However, it does eventually allow for some dietary latitude. After recovery, the author recommends a 90% protective (i.e., restrictive) food diet, and the rest freely chosen. To facilitate compliance, the book includes ninety pages of recipes. That may seem a lot, but they are vital to help patients stay on the wagon.

Why would any person want to go through a regimen this strict? Because it works. People that will bite the dietary bullet and follow the Gerson program have an 80 year track record to impel them. Health is still hard work. Jack LaLanne was once asked if he liked exercising, as he invariably did for two hours first thing every morning. He answered, "No." Then he added, "But I like the results." One thing that you notice when you meet Charlotte Gerson is her fine posture and fluidity of movement. She most definitely has practiced what she preaches, and it surely seems to have worked for her. I have seen persons with severe joint dysfunction improve on a vegetable-juice-dominant vegetarian diet. One woman's hands were so crippled with rheumatoid arthritis that she could not hold a pencil. In six months she had regained an astonishing 95% range of motion. Another woman, disabled from working because of osteoarthritis, was back on the job after three months of juicing, stiffness and pain now a thing of the past. And there have been others, including my mother, who have benefited similarly.

Of the Gerson program, I am inclined to repeat what Abraham Lincoln said of the

girl who reached her hand into her stocking: "It strikes me that there is something in it." The same may fairly be said about this book.

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