



Smart Life Forum

Phil Jacklin, PhD

*Mini-Reports, Disaster Stories and Best Choice Medicine:
What to do!*

Thursday, May 18, 2006
7:00 PM

Cubberly Community Center
4000 Middlefield Road, Room H1, Palo Alto, California



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Future Speakers:

- April 20, Dean Bonlie, DDS- *Magnetism and Health*

Dr. Bonlie is President of the Advanced Magnetic Research institute International which

currently has seven clinical research centers functioning, including a facility at Jonathan Wright's offices.

FMBR Meeting Notice: Friday, March 24, 2006 at 8:00 pm at ITP, Palo Alto (See fmbr.org for details); **Dr. Keith Scott Mumby, M.D.**, PhD. will present hard scientific evidence that underpins energy medicine. He is well known in the field of allergy medicine and nutrition. He is the author of the book *Virtual Medicine* and is a professor at the Open International University for Complementary Medicine.

Meet Phil Jacklin

Phil Jacklin has a Ph.D in philosophy, Yale 1967. He taught philosophy at the University of Connecticut and at San Jose State. While at San Jose State, he achieved national recognition as a media reformer, the founder of the Committee for Open Media and the father of the Free Speech Message. An original Board Member of the Smart Life Forum, he has been President since 2000. Phil is older than the Golden Gate Bridge . He hopes to finish his book *More Than a 100 Medical Disasters* before he forgets everything.

Main Presentation

Part I. Mini-Reports

The Smart Life Forum exists so that we can learn things we aren't likely to learn from our doctors. Strange to say, there are lots of things that mainstream doctors don't know about.

For example:

1. Vitamin B12 as a treatment for fatigue and senile dementia.
2. Anti-Acid Drugs and Pills, a treatment hoax with many consequences.
3. Lack of sunlight, vitamin D deficiency and the risk of cancer, osteoporosis, and multiple sclerosis.

4. Heart Surgeries, usually unnecessary (the CASS research on outcomes).
5. Tambucor, a killer drug to treat an innocuous kind of arrhythmia.
6. Vioxx, a killer drug sold as safer than aspirin.
7. Norvasc, expensive but not as good as “the old water pill” (the ALLHAT comparative study)

Phil will be presenting these mini-reports for several reasons: first, so that people will know some things they need to know, second, to show that mainstream medical practice is often disastrous, third, to remind ourselves of the kind of medicine we all want, namely, “Best Choice Medicine”, and fourth and last to introduce some proposals about what we in the Smart Life Forum can do to protect ourselves and our friends and, at the same time, help to reform medicine in America.

The average American trusts his doctor and does what he says. When family or friend has a problem and we suggest something, we always hear the same thing: “If that is what I need, why hasn't my doctor told me about it?” This question is supposed to end the discussion. It is not really a question but an assertion. The assumption is: “If there is something I need, my doctor will tell me about it.” The mini-reports are exhibits about mainstream medical practice. They show folks that, once again, the world is not as it ought to be and we need to be prepared to look out for ourselves and those we love.

1. B12 and Fatigue

Research shows that 30 % of people over 60 to 79 have a vitamin B12 deficiency. 37% of those over 80. In 2006, there are about 40 million Americans over 65. 10 to 15 million have a B12 deficiency. This deficiency is common among older people for two reasons. Most older people have too little stomach acid to break down meat. Dairy, eggs, tempeh and seafood are also good sources of B12. And, as we age, our stomachs make too little ‘intrinsic factor’. Without adequate intrinsic factor, very little B12 is absorbed from food or oral supplements. B12 deficiency expresses itself as fatigue, poor memory, senile dementia, dizziness and imbalance, high homocysteine and risk of heart attack and stroke. It is estimated that 25 % of elderly patients with non-Alzheimer's senile dementia could be returned to normal function in 24 hours. All in all, 10 million older Americans are suffering unnecessarily. Some doctors are informed about this and give B12 shots but most go untreated. B12 is totally safe. There is no known toxic dose. And, it is cheap. Furthermore, it can be taken sublingually, held in the mouth and absorbed through the membranes of the mouth. So even persons with low stomach acid and/or low intrinsic factor can get the B12 they need just by going to a health food store. Everyone over 60 needs to know this.

2. Anti-Acids

A common cause of poor digestion and B12 deficiency is use of anti-acids. A billion dollars is spent on advertising to sell us and our doctors the myth of 'acid indigestion'. But most people, especially those over 60, have too little stomach acid, not too much. (Google for - "stomach acid" + "age 60") Heartburn is caused by a leaky LES sphincter valve which allows reflux. The problem is not too much acid but acid in the wrong place. Stomach acid is required for adequate digestion and good digestion is required for the absorption of the amino acids and other nutrients in our food. When daily use of anti-acids shuts down production of stomach acid day after day, several severe nutritional deficiencies result. Since amino acids are the raw materials from which most neurotransmitters are made, this often leads to depression and anxiety. Other consequences are colitis, rheumatoid arthritis and muscle wasting. Use of anti-acids, especially the acid-blockers, is often unnecessary. These drugs make millions of Americans 'sick and tired', depressed and old. "Why didn't someone tell your doctor?" See Jonathan Wright's book, Why Stomach Acid is Good For You for all the science and a natural cure for acid indigestion.

3. Sunlight and Vitamin D

Vitamin D is an essential part of our body's defense against disease. Most people living in northern cities are deficient in vitamin D. For this reason, the risk of cancer, MS, rheumatoid arthritis, and osteoporosis increases as one goes north. (Google for vitamin D cancer) Another consequence of vitamin D deficiency is bone weakness and increased risk of falls and fractures. Vitamin D is made when our skin is exposed to sunlight. Nevertheless, doctors tell us to avoid the sun and use sun screen in order to avoid skin cancer. In fact, the types of skin cancer caused by the sun are rarely fatal and easily treated. The sun is protective against melanoma, the really dangerous skin cancer and against cancers of the prostate, breast and colon. If this is true, why doesn't someone tell your doctor. See Michael Holick book, The UV Advantage. Or visit www.sunarc.org

4. Heart Surgery

There are a million heart surgeries each year – a half million bypass operations and a half million angioplasties (balloons). Nevertheless, a dozen large peer reviewed studies demonstrate that 90 % of these surgeries are unnecessary given the symptoms presented. (These studies are reviewed in books by Julian Whitaker – the most recent Reversing Heart Disease , pages 81 to 114.) The first big study, the VA study, was published by the prestigious New England Journal of Medicine wayback in 1977. NEJM,1977,(12)621-627. The biggest and best studies were the CASS studies. (Google for "Coronary Artery Surgery Study") The facts are clear: heart surgeries do not prevent

heart attacks or prolong life. The operations, when successful, restore circulation for 5 to 10 years and then the plaque builds up again. 3 % die in surgery or within a year from complications of surgery. One out of three experience some loss of cognitive function. Bypass is an operation that cuts you from stem to stern and breaks your bones. And, the operations cost on average about \$50,000. It follows that 30,000 die each year from these operations. 90 % of these deaths, 27,000, are unnecessary. And, the total cost of the operations is \$50 billion and 90 % of this, \$45 billion a year, is just wasted. Even if these operations actually worked, there are better ways to treat angina and prevent heart attacks. These include the Ornish diet and exercise, chelation, proteolytic enzymes and EECF.

5. Tambucor, a Killer Drug

In 1985, the 3M drug company introduced, Tambucor. This drug was successfully promoted and given to millions of people who went to see a doctor because they felt a funny little skip in their heart rhythm. A great many people have these PVCs, premature ventricular contractions. They are rarely anything to worry about but people do worry and go to their doctors. The 3M company promoted an unproven idea that by suppressing PVCs, one could prevent a different and much more serious event, cardiac arrest. 3M marketing and lobbying of the FDA prevailed over good science. Millions of people with no serious problem were routinely prescribed this drug and copycat drugs in the same class. In 1992, it was established that Tambucor and the others caused cardiac arrest. 5 to 6 % of the people taking one of these drugs literally dropped dead while going about their business. This was “excess mortality” beyond what would otherwise be expected. On average, 50,000 people a year died unnecessarily in the seven years from 1986 to 1992. “The result of this single medical mistake... produced a death toll far larger than the United States combat losses in Korea and Vietnam.” Thomas Moore's book, *Deadly Medicine*, is devoted entirely to the story of this disaster. This drug is still on the market - now with a black box warning label.

6. Vioxx

Vioxx is the now infamous drug recently withdrawn. It was originally sold as safer than aspirin for arthritis pain because it is less likely to cause stomach ulcers. In November 2004, David Graham, an FDA scientist disobeyed his superiors and testified before Congress “that between 88,000 and 139,000 people in the United States had suffered heart attacks or stroke as a result of taking Vioxx and that as many as 40 % of those, or about 55,000 died as a result.” (Google for <Vioxx + “David Graham”>). Worstdrugs.org estimates that of the top selling 200 drugs, more than three dozen are killers or crippers which should not be sold.

7. Norvasc and ALLHAT

Norvasc is a drug for high blood pressure. One in 8 Americans is being treated for high blood pressure. In 2002, Norvasc was the fifth best selling drug in the world. It costs \$715 a year and has sales in the billions. In 1993, NIH undertook a big 8 year study to compare drug treatments for hypertension. They called it ALLHAT, short for Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial. The ALLHAT comparative study is a rarity. Such studies are at government expense and they are simply not done. In 2002, the results were published in JAMA, the Journal of the American Medical Association . Four types of drugs were compared and the most effective drug was “the old water pill”, a diuretic that cost \$37 a year. Why weren't the doctors prescribing it rather than the new marketing phenom. Because they didn't know which drug was best. Rarely, do doctors have good information that would allow them to compare the costs and benefits and risks of the various drugs available. And that isn't all. Not included in the ALLHAT Study were non-drug treatments. There are effective, safe and inexpensive treatments for high blood pressure in nutritional and herbal medicine, according to.....

Part II. From Mini-Reports to Stories of Medical Disaster

Each of the above mini-reports provides information which might be useful sometime to someone trying to stay healthy and trying to help friends and family do the same. But, there is also something disturbing about those reports. In each case, what is reported is a part of a story of disaster. In each case, we know that what we are learning is information somehow excluded from mainstream medical practice. In each case, ignorance of the research reported is the cause of unnecessary suffering and death for a large number of people. 10 million seniors endure fatigue or dementia or legs and feet that tingle in a most distressing way. There are 30,000 deaths a year from unnecessary heart surgeries, and so on.

Phil is writing a book entitled, A Hundred Medical Disasters . By “medical disaster” he means any medical treatment plan in mainstream medical practice, or omission of a treatment plan, which causes unnecessary suffering or death on a large scale – any medical practice which kills more than 10,000 people in a year or causes great suffering or loss to over 100,000. (Email him for the whole list of 100: [pjacklin @ ix.netcom.com](mailto:pjacklin@ix.netcom.com)) These 100 disasters will not surprise regular members of the Forum. We learn surprising things here month after month. Not everything we hear about is supported by good science, but lots

of it is good science and it is science which is not a part of mainstream medicine. In a country of 300 million, every failure of mainstream medicine to promulgate 'best choice' medical practice is a disaster. It is useful to distinguish two kinds of medical malpractice:

1. Malpractice type 1 – failure to correctly perform a treatment plan. A doctor fails to remove the scalpel before sewing up the patient and the patient bleeds to death. A nurse fails to wash her hands and a patient suffers through a hospital infection.

2. Malpractice type 2 – use of the wrong treatment plan. The mini-reports above involve malpractice of the second type: reliance on something other than a best choice treatment plan. For example, a doctor correctly and skillfully performs a quadruple bypass – and he remembers to remove the scalpel - but the angina and arterial blockage could have been resolved through diet and exercise or by treatments not a part of mainstream medicine. Another example, a doctor fails to recognize the symptoms of B12 deficiency and prescribes drugs that do no good. Or, a doctor prescribes Norvasc when the best choice treatment plan is “the old water pill”. Similarly, Tambacor, Vioxx and other drugs that sometimes kill or cripple are seldom “best choice treatments”.

Part III. Best Choice Medicine

When we have a problem, we want the best possible treatment and, in theory, the decision is ours. The doctor can not ethically do anything unless we give our informed consent. But how can we figure out what treatment is best? How can anyone? The medical profession claims to advocate “evidence-based medicine”. But, the kind of 'evidence' we need is seldom to be found. We need comparative and comprehensive information but doctors have almost no information about which drug is best for a given condition and they seldom consider nutritional and other biomolecular options. It is not enough to be told that the drug we are to take was more effective than a placebo, that is, more effective than no treatment at all. The question is, what treatment is best? We need comparative information. “Best” is a comparative concept. Something is 'best' if it is 'better than all the others'. Our treatment options must be evaluated and compared. Second, we need comprehensive information. It must be inclusive of all the options for which there is reliable cost and outcome information. Most importantly, both mainstream options and alternative options must be considered – drugs and surgeries and also nutritional, bio-identical hormonal, herbal treatments, and others. (It follows that the best doctors do integrative medicine.) Thirdly, we need information which can be easily confirmed,

confirmation-ready information . We must be able to check out what we are told – if and when we want to do that. (More on this later.) We can identify best choice treatments when we can compare our options by considering the likely costs and benefits of each. Best choice medicine is what we get when we make rational and well-informed decisions using cost-benefit analysis – what is called in economics and applied math, the Bayesian decision model.

Part IV. Internet Health Information, the IHI Search Service and the Treatment Library.

Medical practice in America is frequently a disaster. Real people just like us suffer and die unnecessarily. Why? Follow the money. The biggest player by far is the pharmaceutical industry. Big Pharma spends billions to market drugs which are often ineffective and sometimes extremely dangerous. The primary goal of every marketing effort is to control the information used to establish “Treatment Guidelines”, the treatment plans, which doctors are expected to follow. Our doctors follow treatment plans that they themselves did not create. And, most of the information they have comes directly or indirectly from people in the employ of the drug companies. Big Pharma rules and controls medical information. (If a doctor doesn't follow the guidelines, he may be sued or lose his license. At the least, he will lose credibility, be dismissed as a maverick and lose referrals. This is not a difficult choice because, given the information provided to the doctor, the guidelines seem justified.)

In the past, when you needed medical information, you had no alternative but to “Ask your doctor”. Now the Internet makes possible a system of public access to health information. Recently, he made proposals to the Board that we seek major funding and undertake to help build the Internet Health Information (IHI) system. (Email him if you would be able to help and he will send the 15 page proposal.) Meanwhile, there are some things we could do for each other without major funding. Through the Internet and SLF, we can find the information we need to protect ourselves in a disastrous medical system. At the same time, we can help to reform medicine in the U.S.

(1) **A Search Service** . We can establish an Internet Health Information (IHI) Service to help members research problems which concern them. Members of this committee would help out in much the same way that reference librarians help at the public libraries. As we all know, the web is overwhelming – a cacophony of voices claiming all manner of things.

Nevertheless, there is plenty of great stuff too, e.g. Ralph Moss's website on cancer treatments. Ralph Moss himself is a model for the kind of search service that is needed. IHI wonks would do some searching and then refer people to sites and sources that are well-informed, honest and confirmation-ready. They would not tell people what to do but show them relevant research and help them find answers to their questions.

(2) **A Library of Treatment Plans and Options** . It is not necessary to reinvent the wheel for each person who has a problem. We can start to summarize and distill the information and research which we have studied over the last 14 years and which we discover on the web. We can start to build a library of reliable informational sources. If you are retired or are well-off or for any reason, have a little time to do some important work, send him an email or give him a call. You know what you can do. Mainstream doctors need a new system of commercial-free health information as much as the public does. When it exists, doctors and clients can work together to make the best choices possible.

Good medicine is a matter of life and death.



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