How Scientific Is Scientific Medicine?

Modern medicine is not living up to its claim of being evidence based and seems to be at war with nature, but an integral science of medicine that focuses on strengthening the body's defences rather than attacking the invaders is producing powerful healing results.

by Len Saputo, MD
with Byron Belitsos

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What would you think if there were an inexpensive, safe, simple and highly effective treatment for easing pain and speeding up healing by about 50 per cent, but it was not yet approved by the US Food and Drug Administration (FDA) which was ignoring it? Could this be because of a conspiracy against the technology? What if there was good research behind the new treatment, and yet mainstream medical journals made ridiculous excuses for refusing to publish it? Have I piqued your interest yet?

Further, could there be such an all-encompassing conspiracy resulting in millions of people continuing to suffer needlessly because they were being deprived of a treatment that could reduce or eliminate the need for drugs? Would the makers of more than 40 blockbuster drugs object if these drugs were no longer in such high demand? And if all this were actually happening, would you not be morally outraged?

A revolutionary technology ignored by mainstream medicine

Let me tell you an amazing personal story, and let's see what you think.

In 1999, I contacted an electrical engineer named Maurice Bales after reading an ad that his company, Bales Scientific, had placed in a medical journal. The ad seemed a bit outrageous in its claims, and I was about to toss the journal into the wastebasket when I noticed that his phone number was local. Curious, I called him. Maurice said he had invented a device, called a photon stimulator, that emitted near-infrared light of a certain frequency, which he claimed could relieve most kinds of pain. I didn't believe him at first. If what he was claiming was correct, then why wasn't something this impressive already being used in clinical practice?

Yet Maurice seemed honest. And he wasn't trying to sell me anything; he only wanted the chance to show me that it worked and see what I thought. He invited me to bring patients suffering from pain to his office for a free demonstration. Reluctantly, I agreed. I didn't have time to waste on something I suspected was much overrated, but I was curious. If somehow he was correct, I wanted to know about it.

I invited two patients with severe pain to try the treatment. One had multiple sclerosis (MS) and was for the most part bedridden with pain and unable to walk without crutches. The other patient had a ruptured lumbar disc that was causing intractable pain in his lower back. To my shock, both patients were substantially improved in just one 15-minute treatment with Maurice's light! Over the next couple of weeks, the man with MS remained in far less pain after a total of eight treatments. He was up out of bed most of the day, could walk more upright and even returned to full-time work. The treatments did not change the overall progression of his disease process, but for a year he was much improved and was very appreciative for what they did. The other patient had significant but only temporary relief of his symptoms after a similar number of treatments.

I was by now becoming captivated by Maurice's technology. He invited me to bring two or three of my patients to his office after work from 5.00 to 7.00 pm on Mondays, Wednesdays and Fridays for the next three months. These patients had a wide variety of painful conditions that included disc problems, carpal tunnel syndrome, tennis elbow, sports and other traumatic injuries, neuropathic pain, headaches, TMJ problems (inflammation of the joint that connects the jaw to the skull) and much more. The device worked to some degree on each one!

By the end of this period, I began to expect that almost anyone with pain would be helped by Maurice's "magic" light. Maurice thereupon generously set me up with a lot of expensive equipment so that I could help people and also bring the technology forward. He was passionate about disseminating his light therapy, but I was the only MD he could persuade to try it.

Over a decade, my practice in pain management treatment has grown to the point that it now consumes about half of my time. Along the way, Maurice also coached me regarding the importance of using varying combinations of other adjunctive disciplines, such as physical therapy, many styles of bodywork, chiropractic, guided imagery, acupuncture, psychology and applied kinesiology in conjunction with near-infrared light therapy through photonic stimulation. Since we got started with this work in 1999, I have treated literally thousands of patients. The vast majority are very appreciative of what this technology has done for them, and they have enthusiastically referred many of their friends to become my patients.

How do the photons work? Generally speaking, they excite electrons within the energy-producing mitochondria of cells in injured tissues. This process is thought to enable these cells to increase their production of ATP, the energy currency of our cells, and thereby stimulate the return of more normal cellular physiology. An additional effect is increased blood flow to injured tissues, which promotes both pain relief and faster healing. Finally, as a pioneering physician using photonic stimulation, I felt compelled to go the next step.

In 2004, Maurice and I, and a few others at the Health Medicine Center, self-funded a clinical trial on 120 patients suffering from advanced painful diabetic neuropathy, a debilitating condition. The trial was carried out at the VA Medical Center in nearby Martinez, California. Our team included 10 experts in pain management, who provided a variety of contributions to the study, including specific research tools.

Our objective was to show that just four treatments of seven minutes each on four successive days using photonic stimulation could relieve pain, improve sensation and improve balance.

A strong scientific article that I co-authored with VA Medical Center physicians and University of California, San Francisco (UCSF) School of Medicine researchers showed conclusively that photonic stimulation is a valuable tool in treating people with diabetic neuropathy. In many ways, this was an unprecedented result: I can't think of any new medical device that does so much for such a small investment of time, money and expertise, especially when compared with the alternatives that are now used in clinical practice. Our article, which lays out this startling evidence, has been presented to many relevant medical journals over a period of two years, but with no success. Their excuses for not publishing it have originated from either their total lack of understanding of the technology and an unwillingness to learn it, or what amounts to an unscientific bias that categorically denies that it could have benefits for our patients.

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The FDA has also refused to consider giving Maurice Bales approval for the technology's use in the treatment of any aspect of what our study showed, despite our strong data, the obvious safety of the device and the device's amazing cost-effectiveness. Could this coincide with purported severe management problems at the FDA's division that handles medical devices?

It is not legal for Maurice or me to claim that this device works for the treatment of diabetic neuropathy—although I am permitted to use it without advertising, as with any other "off label" treatment. I don't make specific claims to the public, but I have a constant stream of patients who are happy with the results. I feel a considerable amount of satisfaction when I offer photonic stimulation as part of my practice for a wide range of painful conditions, especially when it's supplemented by the work of other practitioners in my integrative clinic.

Ten years have now passed, yet this revolutionary technology is still not in mainstream medicine. At first, I had no idea that people would resist this information because it sounded too good to be true or that some might even actively interfere with its advancement into clinical practice because of economic conflict of interest. Yet, photonic stimulation is good and it is true. Several of my patients have had what should be considered miraculous cures from their pain.

My experience with photonic stimulation technology

is not an isolated instance: an amazing array of other suppressed technologies and natural treatments—all backed by strong science and overwhelming evidence like ours—are also covered in many other books. The wheels turn slowly when one is up against those with a financial commitment to a fatally narrow set of tools and concepts. It can be especially egregious when you are the purveyor of a simple, obvious remedy that has the potential to upstage and even make obsolete billion-dollar enterprises.

Just how evidence based is today's medicine?

Still, there is much hope. Even within the narrow paradigm that now prevails, many high-tech scientific achievements that are able to filter through the inertia and resistance of the modern medical establishment are simply brilliant. We have accomplished the almost unimaginable feat of uncovering the human genome and are now on the brink of making advances in stem cell research that promise to revolutionise the practice of medicine.

This exciting research notwithstanding, just how scientific is the medicine being practised in the average clinical setting today?

In 1978, a report by the US Congressional Office of Technology Assessment concluded: "No more than fifteen percent of medical interventions are supported by reliable scientific evidence."[6] Thirteen years later, in 1991, Richard Smith, editor of the prestigious *British Medical Journal*, came to the same conclusion (BMJ; 303). He went on to comment that "only 1% of the articles in medical journals are scientifically sound and partly because many treatments have not been assessed at all".[7] And David Grimes, MD, stated in 1993 in the *Journal of the American Medical Association* (JAMA; 269[23]) that "much, if not most, of contemporary medical practice still lacks a scientific foundation".[8] Houston, we have a problem!

Of course, scientific method requires that we test any and all claims or new discoveries through the use of clinical trials. Conducting research that is randomised, double blind, placebo controlled and crossed over is the very stuff of genuine modern-day science. Unfortunately, scientists and their sponsors have not always applied this tried-and-true methodology in a way that was scrupulous, careful or even honest. One indicator of the problem is that too many conflicting outcomes emanate from different laboratories or teams of scientists who are studying the same issues. What on earth causes such large discrepancies in results?

How is one to know where the truth lies? Further, in too many cases, short-term and incomplete studies are used as the primary or sole basis for clinical treatment protocols. This tendency to use shortcuts for getting new drugs or procedures to market has led to the adoption of many dubious treatments that have later been removed from clinical practice because of adverse and sometimes lethal side effects.

The problem is also easily traced to conflicts of interest, usually involving relationships between researchers in universities and the sponsors funding their studies. The amount of money spent by industry in medical research and development was nearly US$60 billion in 2000, or 60 per cent of the total, far greater than the roughly $25 billion spent that year by the federal government. Today, about 70 *per cent* of all funding for clinical drug trials originates from the pharmaceutical industry itself. Remember, these are the folks whose own products are supposedly being objectively and scientifically tested!

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It is not uncommon for drug companies to "supervise" the studies they fund at universities, giving them the right to determine what gets published. They reserve the prerogative to write the summaries of the articles themselves, rather than the scientists who did the research. In fact, in some published research articles, the principal investigator had nothing to do with the study except to allow her name to be used—for a fee.

In January 2007, Harvard researchers published an article in the prestigious PLoS *Medicine* online journal, published by the Public Library of Science, that considered the influence of those who paid for a particular study on the outcome of the study.[9] They reviewed 111 studies, some paid for by independent groups, the rest funded by industry. They reported these results:

- Industry-funded studies were four to eight times more likely to favour industry interests.
- Thirty-eight per cent of independently funded studies ran against the interests of the funder.

Consider, in addition, this article published in the January 20, 2007, issue of the *British Medical Journal*, titled "What Have We Learnt from Vioxx?" The lead author, Harlan M. Krumholz, the Harold H. Hines, Jr, Professor of Medicine at Yale University, claimed that the

pharmaceutical company Merck had not only obscured critical data on the drug's toxicity but had also given a biased presentation of its research and had used ghostwriters to write papers on it. He went on to state that "its [Merck's] behavior may not be any different from that of others in the pharmaceutical or biotechnology industry".[10] Vioxx®, as you may remember, was withdrawn from the market in 2004 after massive litigation and a media uproar resulted when this drug, used as a painkiller worldwide, was linked to many thousands of heart attacks and cardiac deaths and strokes.

Dozens of other cases are almost as blatant. In 2001, for example, TAP Pharmaceuticals pleaded guilty and agreed to pay $875 million to settle criminal and civil charges brought under the False Claims Act over its fraudulent marketing of Lupron, a drug used for the treatment of cancer.[11]

To get a sense of proportion, contrast this with evidence for the use of vitamin D as a cancer deterrent. Almost 90 scientific studies over many decades have shown that vitamin D is the cancer-protective factor generated from direct contact with sunlight, reducing cancer risk by up to 50 per cent. A definitive, carefully controlled study published in 2007 on the effect of 1,000 IU/day of vitamin D (with calcium) on cancer incidence showed, after four years, that the cancer risk was 60 per cent lower than with a placebo and 77 per cent lower when corrected for participants who had already had cancers present.[12] Other studies have shown equally significant associations of vitamin D with the reduction of diabetes, number of falls by the elderly, MS and other maladies. Yet, as with the case of the simple technology of photonic stimulation, how much have you heard about this astounding scientific evidence?

A few more crucial points... Randomised, double-blind, placebo-controlled trials are not the only way to validate treatments for clinical practice. Traditional systems such as those in Chinese, Tibetan and Native American medicine are all time tested and have strong empirical value, whether they are tested "scientifically" or not; they have endured for hundreds or even thousands of years for a reason. Nonetheless, as in the case of acupuncture, strict scientific study has progressed greatly in recent years, even as experts debate the proper research methodology to be used to correct for disparities in the skill of a given practitioner and for related variables.

Finally, it should be noted that the scientific method as conventionally applied in medical research strives to measure the effect of a *single* factor, often a drug or technology, on a symptom or disease. While this approach can provide essential data, often multiple factors are involved in causing illness and many aspects of our physiology must be addressed in providing an effective treatment. For this reason, a new clinical research model has emerged, called an *outcome* study.

In these studies, many treatment modalities are simultaneously varied and the cumulative effect of different sets of variables is measured over time. For example, an integrative physician treating a patient with cancer might seek simultaneously to strengthen the patient's immunity with supplements and herbs, alkalinise his pH, support the ability of his gut to digest, absorb and detoxify what is eaten, add high-dose antioxidants and start him on a regimen of exercise and yoga. If in controlled clinical trials the patients on this protocol improved, we'd know the outcome but not the roles of each of the factors in modifying the course of the illness.

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Ethics issues for research scientists and the FDA

Next up is the issue of professional ethics among some medical research scientists. In a July 3, 2006 article titled "Stop Misbehaving!", Ushma S. Neill, executive editor of the prestigious *Journal of Clinical Investigation*, wrote: "Scientists are usually thought to be beyond reproach, but with the recent spate of high-profile ethical transgressions by scientists, the public's trust in science and scientists is deteriorating. The numerous cases of scientific misconduct that have crossed my desk in the last year leave me disenchanted, disappointed, and disillusioned."[13]

Of course, most scientists are honest and operate with the highest integrity. Yet, every year, a surprising number of scientific medical articles are published that are later found to have been falsified. This kind of ethical misconduct is often related to conflicts of interest involving financial gain, career advancement and personal fame.

Pharmaceutical companies are in business to further the interests of their investors, but doctors and medical schools have no such excuse: Their only responsibility is to patients. "The mission of medical schools and teaching hospitals—and what justifies their tax-exempt status—is to educate the next generation of physicians, carry out scientifically important research, and care for the sickest members of society," wrote former *New England Journal of Medicine* editor-in-chief Marcia Angell in *The New York Review of Books* on January 15, 2009. "It is not to enter into lucrative commercial alliances with the

pharmaceutical industry. As reprehensible as many industry practices are, I believe the behavior of much of the medical profession is even more culpable."[14]

One might claim that we have one final bulwark against an industry riddled with conflicts of interest and the commercial drive for profit: federal government regulation. So, can we trust the FDA to safeguard clinical trials of new drugs and devices to make sure they are conducted properly? It is an appalling but well-known fact that many FDA officials also engage in financial relationships with pharmaceutical and/or technology companies. No wonder that more than four of five Americans surveyed believe that the FDA makes decisions influenced by politics rather than medical science. In fact, in a study published in JAMA in October 2006, this very subject was addressed.[15] The study reported that, of nearly 3,000 FDA panel members who were anonymously interviewed, 28 per cent disclosed a financial relationship within the previous year either with the company that made a drug under discussion or with a competitor. The most common ties were consulting arrangements, research contracts or grants, and stock holdings or other investments.

In response to harsh criticism from Congress and the press after myriad scandals—most involving its approvals of drugs like Vioxx and Lupron that have cost untold tens of thousands of lives—FDA Commissioner Dr Edward von Eschenbach convened a special internal committee of inquiry that included several outside experts to assess whether the FDA is actually able to accomplish its mission. Its final report, "FDA Science and Mission at Risk", issued early in 2008, stated: "*The* FDA *cannot fulfill its mission because its scientific base has eroded and its scientific organizational structure is weak* [emphasis added]." It went on to state that "its scientific workforce does not have sufficient capacity and capability". Amazingly, it further stated: "The FDA science agenda lacks a coherent structure and vision, as well as effective coordination and prioritization." And among these shocking conclusions was this one: "The FDA does not have the capacity to ensure the safety of food for the nation."[16]

Well, at least one government agency has the honesty to indict itself for its own incompetence! But again, how many Americans or even members of Congress have *heard* about this self-indictment?

It is notable that as a result of the erroneous assumption that mainstream medicine truly is science driven, evidence based and properly regulated, physicians have held all other nonmainstream health care disciplines to standards of research that they often do not realise are far more rigorous than those to which they themselves hold. Physicians have all but ignored the salient fact that many traditional health care disciplines, notably Chinese medicine and Ayurvedic medicine, have been validated over untold generations of trial and error. Their continued use for billions of people in many parts of the world today is a strong testimonial that they do work. Plus, these and other non-western medical disciplines have also been subject to rigorous scientific scrutiny as these cultures have evolved their own scientific establishments and peer-reviewed medical journals.

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Competing scientific models for defining disease and determining treatment

A famous old argument between two well-known 19th-century scientists, Louis Pasteur and Antoine Béchamp, still goes on today. What is the most important factor in determining whether or not we will get sick or die when we are exposed to a microbe? Is it the external invading microbe itself, or is it the body's internal defences—or lack thereof—that make the most difference?

High-tech medicine, following Pasteur, has clearly taken the former position. Its signature activity is that of killing off the microbe, knocking out the cancer and, in general, battling the invasion of any and all disease by means of drugs, technology and surgery. And in a sense, its reigning attitude is that of a *war against nature herself*. This approach focuses on looking outside of ourselves to find solutions rather than looking inside.

Opposing this view, Béchamp, a scientific contemporary of Pasteur, argued that lifestyle, stress, diet and the like make us vulnerable to disease and that we can protect ourselves by strengthening our natural defences in those places where we have become vulnerable. Béchamp completely rejected Pasteur's ideas and put forward the thesis that our "biological terrain" is the cause of disease. It was Béchamp who proclaimed: "The primary cause of disease is in us, always in us."

Clearly, both perspectives are important and deserve attention. The former approach searches desperately

for magic bullets that can attack disease from the outside. The second focuses on strengthening our inner defences so that we are less vulnerable to illness in the first place. Yet it's clear that Pasteur's prejudice fits much more neatly into a culture in which people prefer to shirk responsibility for their own health.

In the emerging new model of medicine, we are awakening to the fact that primary care should not be focused merely on treating disease from the outside. In an ideal health care system, we would rarely get sick in the first place because the central objective would be to focus *on the inside*—following Béchamp—so as to maintain wellness and vitality through prevention and a strong focus on natural defences. This, again, is what I call true and sustainable *health care*, as opposed to *disease care*.

It can't be stated too often that the cornerstone of a reasonable system of true health care is healthy lifestyle. This includes eating a healthy diet, getting enough exercise and sleep, avoiding stress, maintaining a healthy weight, avoiding toxic exposures, supporting detoxification and, perhaps most important of all, having a meaningful purpose in life.

The complicated high-tech approach that underlies modern medicine's quest to triumph over nature ascribes a God-like quality to medical practitioners and researchers.

Neither Pasteur nor Béchamp was entirely right or wrong. They were simply pointing to different ends of a spectrum that explains how we get sick or remain healthy. Healthy lifestyle is on one end of the spectrum, and germs and other factors that "attack" the body are on the other. It is hard to imagine that anyone today would argue against the premise that both factors usually play a role in causing illness. And this insight is at the root of today's evolving concepts within the new discipline that I now call *integral-health medicine*, which methodically integrates insights about both the inner world and the outer environment of the patient, as each is conditioned by its economic, social and cultural contexts.

Most laypersons are unaware that medicine has only a limited understanding of the causes of most chronic diseases. As a result, doctors can rarely direct their mighty high-tech weapons to a definite target. This shortcoming has left the door open for the new, integrally informed model of medicine. This hybrid approach focuses on the premise that the body itself does the healing and that medicine should support this process as its top priority—but that the disinterested scientific search for technologies and drugs that can make people feel better still has a place.

Cellular health: a key concept underlying the new science of medicine

Over the past 40 years, the paradigm more in line with Béchamp's position has been gaining momentum. The importance of lifestyle factors and recognition of the body's innate wisdom concerning its own natural healing abilities are just now beginning to emerge into mainstream thinking. Again, this approach is focused primarily on strengthening the defences of the body rather than on fighting what has "attacked" the body and created malfunction and disease.

According to the model I have adopted in this light, the scientific core of this approach involves four main factors and each is addressed at the cellular level:

- nutritional needs of our cells;
- elimination of toxic substances;
- genetic defects;
- psychospiritual factors.

As surprising and simplistic as it may seem, a great deal of research and clinical observation has shown that varied combinations of these four factors are always the basis for the cause of *every* disease. It is impossible to fall sick if all your cells are functioning perfectly.

Modern medicine is at war with nature

With this brief background on the emerging paradigm of medical science—a key facet of which is based on the factors that affect cellular metabolism—let's return to the competing worldview for a contrasting look.

We've noted that the old approach to medical science is in part modelled on the metaphor of war. Its goal is to defeat illness at almost any cost, acting from a position outside the human body. This war accelerated immensely with the discovery of the germ, which was believed to be responsible for causing disease by invading our bodies. And we have remained at war with these microbes ever since Pasteur's landmark discoveries. Even after the discovery and introduction into medical practice of antibiotics to kill these microscopic invaders, we have persisted in this ongoing fight against nature. In fact, the war escalates every day, and so do the consequences.

For its part, nature has responded to every new antibiotic by developing novel adaptations that create antibiotic-resistant strains of microbes. This has led to the emergence of the lethal bacterium known as methicillin-resistant *Staphylococcus aureus* (MRSA), plus several other highly resistant bacteria such as the

P*seudomonas* and C. *difficile* pathogens. Even the once-easy-to-treat pneumococcal bacteria have become resistant to many antibiotics. Some microbes are now resistant to *all* man-made antibiotics.

Despite all this, few would argue that the discovery of antibiotics did not make a tremendous difference in fighting infection and saving lives. Yet we can see that this advancement has come at a huge price: our war against nature has catalysed a warlike response from nature.

Meanwhile, what about the other end of the Pasteur–Béchamp spectrum? Why haven't we fully addressed the obvious fact that these opportunistic infections usually attack us when our immunity is depressed? Instead, we pursue pharmaceutical and other strategies that are akin to scorched-earth warfare—engaging in battles that both destroy the "enemy" and cause collateral damage to innocent civilians—while ignoring the possibility of creating the conditions of well-being in the first place through trade, cultural exchange, negotiation and conflict resolution.

This hybrid approach focuses on the premise that the body itself does the healing and that medicine should support this process as its top priority...

It has taken more than 50 years to appreciate some of the potentially lethal hazards of using increasingly powerful medicines in isolation from other more natural and supportive strategies. Although we have long known about the micro-ecosystems that inhabit our skin and parts of our respiratory, digestive and genito-urinary systems, we have only recently come to appreciate the significance of interfering with the balances within these systems when we introduce antibiotics into our bodies. These balances are vital to maintaining good health and are profoundly disturbed by antibiotics and a multitude of other factors such as poor diet, stress, immune dysfunction, lack of sleep, poor digestion, many pharmaceutical drugs and a wide range of miscellaneous factors.

We have come to realise that whenever an antibiotic is introduced to kill a certain microbe that has caused an infection, only those microbes that are able to survive in the presence of the antibiotic will be able to remain in the body; the others, of course, will succumb to the treatment. These ecosystems will remain radically altered until each individual milieu can be restored. This is done by re-creating the delicate and sometimes tenuous balance between the defence systems of our bodies and those of the resistant microbes that still reside in the intestinal tract, skin, vagina, tears and upper-respiratory tract.

Of course, if the bacteria causing a disease are *not* killed by the antibiotic, they can be considered to be especially resilient and may have the potential to become drug-resistant super-strains. It should be remembered that these bugs live in everyone, but they become pathogenic only when their numbers increase above a certain level. When we open up the biological terrain by killing the friendly microbes that protect us, these bacteria overgrow and reach the critical mass they need to cause damage to our tissues.

Because of our inattention to these large issues, MRSA infections are now responsible for thousands of deaths every year in our hospitals. An article published in the *Lancet* in June 2006 reported that more than two million people worldwide now passively carry MRSA in their bodies;[26] thus MRSA has become part of our new "normal" microflora. Although these microbes are harmless to most carriers, when they are passed to immunocompromised people a lethal infection can occur—not only in our hospitals but also now in our communities. While MRSA bacteria are harmless to most carriers because they persist in only very small numbers, when they are passed to immunocompromised people—or if in normal people antibiotics have widened the turf for their growth in the gut—there is the possibility for their overgrowth and lethal infection.

The statistics tell the story. According to an article published in e-Medicine in January 2009, five per cent of all acute-care admissions studied between 1986 and 1998 were complicated by hospital-acquired infections. This amounted to two million infections and 90,000 deaths, at a cost of US$4.5 billion annually.[27]

The complicated high-tech approach that underlies modern medicine's quest to triumph over nature ascribes a God-like quality to medical practitioners and researchers. This belief system has tended to erode the collaboration and partnership between physician and patient—and of the two of them with nature—and has led to the attitudes of "We can take care of you, even if you don't take care of yourself" and "You can leave the treatment to us".

We have become comfortable relying on an incomplete model of science and medicine to solve our health issues and have relinquished much of our personal responsibility to live a healthy lifestyle and build an ecologically sustainable world. A vast industry—sometimes known as the *medical-pharmaceutical-industrial complex*—has grown around this one-sided model of health care, with its questionable claim of being based upon genuine science. ∞

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How Scientific Is Scientific Medicine?

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About the Authors:

• **Len Saputo, MD**, is a 1965 graduate of Duke University Medical School, is board certified in internal medicine and was in private practice in affiliation with the John Muir Medical Center in the San Francisco Bay Area for more than 30 years.

In the early 1990s, Dr Saputo began his quest to develop a new approach to healing: integral-health medicine, an emergent medical care model that is integrative, holistic, person-centred and preventive.

In 1994, he founded the non-profit educational foundation Health Medicine Forum and was its director until 2008.

The Forum focuses on integrative medicine, the nature of healing and the politics of health care.

In 2001, he co-founded the now-called Health Medicine Center in Walnut Creek, California—one of the first clinics to bring the new model of integral-health medicine into practice.

Dr Saputo is the co-author of *Boosting Immunity: Creating Wellness Naturally* (New World Library, 2002) and *A Return to Healing* (Origin Press, 2009), and the author of numerous articles in mainstream and alternative medicine and health publications.

He is also actively engaged in clinical research related to the use of near-infrared light therapy in pain management.

Dr Saputo can be contacted via his website www.areturntohealing.com.

• **Byron Belitsos** is an experienced journalist, editor, author, activist and award-winning book publisher specialising in health, consciousness, spirituality and politics. In 1977, he earned a BA (Hons) in intellectual history from the University of Chicago, and has taught English and humanities at college level.

He is the principal author of *One World Democracy* (2005), co-author with Dr Saputo of *A Return to Healing* and a founding board member of 911truth.org. He established Origin Press in 1996 and is its CEO and publisher.

His book *Radical Wisdom: A Guide to the Post-modern Apocalypse*, is due out in 2010.

Mr Belitsos can be contacted via Origin Press at www.originpress.com.

Editor's Note:

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To view the complete chapter with endnotes, go to http://www.areturntohealing.com/pressroom.html. Copies of the book can be purchased via www.originpress.com/saputo/ and Amazon.com.