**BOOK REVIEWS**

**TITLE:**

**SANTANU DUTTA, STHABIR DASGUPTA**

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* **Manu Kothari and Lopa Mehta. *Much Ado About Coronary Artery Disease & Heart Attack: Myth and Realities of Cause, Cure and Prevention*Mumbai: Bhalani Publishing House, 2017. Rs 551, ISBN-10:** 9381496439
* **Manu Kothari and Lopa Mehta*.Coronary Artery Disease and Heart Attack: A Demystifying Perspective for A Common Man’* Mumbai: Bhalani Publishing House, 2017 Rs 311 (Paperback) ISBN-10:** 9381496447

These books are the outcome of about four decades of researchand deliberation on the subject by the authors. Long known for their unorthodox outlook and background as erudite teachers and retired heads of the department of Anatomy at Mumbai’s GS Medical College, the authors have maintained their usual lucid, illuminating and yet thought-provoking style of explaining the grammar of the coronaries and heart attack in the present work. They have questioned the conventional wisdom of interfering with the coronary system in order to set the circulation right, one of the cherished certainties of modern medicine. They have clearly asserted that such ideas are based largely on false premises.

Modern medicine relies on solid evidence. Evidence makes rules. Manu Kothari and Lopa Mehta have first explained elaborately the basic anatomy and physiology of the coronary system, and then shown that the conventional rules governing the cardiac sciences are riddled with loopholes. The loopholes, however, were shown by James Bryan Herrick much earlier in 1912 (in *Journal of American Medical Association*) and also by J. Willis Hurst in 1983. Petr Skrabanek and [James McCormick](https://www.sciencedirect.com/science/article/pii/S014067368892795X" \l "!) also raised relevant questions on coronary heart disease in *The Lancet* in 1988. Very recently, in the Editor’s Note (‘Overuse of Percutaneous Coronary Interventions’), published on January 16, 2018, in *Journal of American Medical Association*, it is clearly reasserted that coronary interventions neither benefit in reducing symptoms nor improve the quality of life, when compared with a placebo procedure.

This is the most pertinent point the authors have brought forth. They have explained the reasons for the failure of such an interventionist philosophy, and stressed that even with a broader perspective, it fails to prevent “untimely” death. While explaining it, the authors have taken recourse to a holistic philosophical outlook that teaches that Death has its own mathematics, governed by Pascalian probabilities, and thus, it simply disregards our pious methods of prevention, diagnosis and treatment of intrinsic diseases. The authors have discussed these issues as intellectual mavericks with their usual wry humour and cheerfulness. Their biophilosophical outlook may immensely enlighten modern surgeons, physicians, anaesthesiologists, as well as those lay persons who are really anxious about ischaemic heart disease

Having thus gained an insight, the readers are obliged to reconsider the aggressive approach to changing the grammar of the coronaries, which will ever remain a will-o’-the-wisp. This is because blocks do not produce cardiac dysfunctions; it may simply be the other way around. This reminds us of a Heisenbergian aphorism that the very act of observing may alter what is being observed. In this way the authors have indeed made an epistemic break with the conventional stance of modern medicine. These ideas will certainly raise some common and relevant questions in the minds of readers. The authors have also addressed them most lucidly. It is not surprising, therefore, that the authors assert that ‘the so-called Coronary Artery Disease (CAD) is a vertebrate feature, a part of ageing and one’s biological trajectory; unrelated to any cause, having no cure, and not keen on causing death’.

The readers may wonder why and how, interventional procedures are flourishing in our time. However, the curious know that this question was answered way back in 1997 in an editorial in *New England Journal of Medicine* by Prof. Harlan Krumholz. He argued that our health care system survives in an environment that prefers commerce over science. This environment compels us to regard the human body as a sophisticated car that is reparable part by part, as and when required. Thus, ‘prevention’ becomes the most loveable term in medicine. To this, we can add what E Fuller Torrey said in 1974 in ‘The Death of Psychiatry’

: ‘Prevention is powerful, efficient, and American’!

Nevertheless, we feel that there is room for disagreement. For example, readers may remain confused about the benefits of ‘the juice of sweet gourd (*Dudhi)*’. The authors certainly do not claim that it unblocks the artery, but assert that it improves ‘the performance of heart’. They have also discussed the ‘success story of Hridaya-Mitra Mandal’. The lay and the learned would, however, be more informed and illuminated in this regard if more scientific analyses are provided in the future. We must not fall into the old trap of the‘naturalistic fallacy’, thinking that something is acceptable only because it is natural, or whatever is unnatural is undesirable.

We also feel that healthy and democratic discussions on the questions and assertions made by the authors should prevail in our academics and conferences, for we should not forget the famous saying that knowledge advances ‘by refuting dogmas’, naturalistic or reductionist.

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