**BOOK REVIEW**

**Manu Kothari and Lopa Mehta, *Much ado about coronary artery disease and heart attack: Myth and realities of cause, cure and prevention,* Bhalani Publishing House, Mumbai, 2018, pp 511, ISBN 978 93 81496 43 5**

**Manu Kothari and Lopa Mehta, *Coronary artery disease and heart attack: a demystifying perspective for a common man,* Bhalani Publishing House, Mumbai*,* 2018, pp 186, ISBN 978 93 81496 44 2.**

This treatise is the outcome of about four decades of research, studies and deliberations of the authors on the subject. Long known for their unorthodox outlook and background as erudite teachers of medical science, 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 ideas of 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 showed that the conventional rules governing the cardiac sciences are riddled with loopholes. The loopholes, however, were shown by James Bryan Herrick long back in 1912 (in *Jornal 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 also, 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 of failure of such interventionist philosophy, and stressed that even in 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 using their wry sense of humour and cheerfulness as usual. Their biophilosophical outlook may immensely enlighten the modern surgeons, physicians, anaesthesiologists as well as the lay persons who are really worried and anxious about Ischaemic Heart Disease.

Having thus gained an insight, the readers are destined to rethink that the aggressive approach to the coronaries in order to change their grammar 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 the readers. The authors have also addressed them most lucidly. It is not surprising, therefore, that the authors will 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, the interventional procedures are flourishing in our time. However, the curious people 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 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, the present reviewers feel that there are rooms for disagreements. For example, the readers may remain confused about the benefit of ‘the juice of sweet gourd (Dudhi)’. The authors certainly do not claim that it unblocks the artery, but ardently suggest that it improves ‘the performance of heart’. They have also discussed about 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 ‘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 placed 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.

**Santanu Dutta**

**Cardiothoracic and Vascular Surgery,**

**Institute of Post Graduate Medical Education and Research and SSKM Hospitals, Kolkata**

**And**

**Sthabir Dasgupta**

**Medical Practitioner, Kolkata.**

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