

Response to: [The Disease Machine: Why Drug Makers Keep You Sick.](#)

Time to go to the mat on this article. I do not know of any physician, conventional or alternative who actually wants to harm a patient or keep them sick by prescribing pharmaceutical drugs. While pharmaceutical drugs are dangerous and some are undoubtedly much more dangerous than others, medicine is a pharmaceutical driven industry. Facts are, Adverse Drug Reactions (ADRs) from pharmaceutical drugs correctly prescribed and taken as directed are responsible for more than 100,000 deaths per year with over 2 million injuries (JAMA, 1995) while deaths due to herbs and supplements are less than five a year. But, because conventional physicians are inherently limited to pharmaceutical treatment choices, the trend will continue. There are those of us who have taken their oaths "to do no harm" more seriously and have a broader base of medical treatment tools in the toolbox and who also find the necessity to prescribe pharmaceuticals when they are in the best interest of the patient. Antibiotics commensurate with a natural anti-fungal preparation and probiotics come to mind. This option is exercised when the alternative medical solution tool box will not accomplish what is needed in the time desired. Like throwing the baby out with the bath water, to summarily dismiss all pharmaceuticals as an illegitimate choice because they cause ADRs, is to limit the alternative physician in their ability to help patients and also deny to patients their range of health care choices.

What is missing is the *why* the medical profession exists the way it does. It is important for the reader of this article to understand that all licensed medical practitioners are governed by the various state medical boards and while being pharmaceutical driven as to treatment options, medicine is also insurance regulated as to reimbursement. The practice of medicine is the art of applying science to the human condition under necessity. As an art form, medicine tends to be inconsistent as clinical experience and education vary from practitioner to practitioner. Because of this inconsistency, it was decided decades ago to standardize medicine, much like they have standardized plumbing parts or electrical wall sockets.

To understand the standardization of the art of medicine one must understand medical codes which were necessary to make a complicated art form understandable to lay clerks and manageable by the medical control establishment. The steps to medical standardization was a many year process and involved much social engineering being applied to free thinking physicians. The process eventually culminated in two bodies of evidence: Diagnostic (ICD-9) and Treatment (CPT) Codes. These codes are supposed to describe every diagnosis and every procedure reasonable for any practicing physician. In function, the two work together as each diagnostic code is matched to a specific treatment code. The diagnosis gives a predetermined treatment limiting the conventional physician's choices. Because these codes are specific and written down, they are immutable because what is written does not encompass that which is not: the practice of medicine has failed to be an art.

Please picture, if you will, a physician standing in a box on the floor. It is a narrow, but tall box where the physician cannot see out but can see everything within the box which

are the written words describing standardized medicine in the tomes of diagnosis and treatment code manuals. Clinical experience, ingenuity and creativity necessary to help people because they *are* biologically unique, has been relegated to a cookbook with recipes where everyone is the same and are treated the same based upon written words captured on the written page that never can leave the box. This is standard-of-care medicine where everyone is treated identically if they have the same diagnosis. Anything outside the box is not standardized medicine - not standard-of-care - not to be seen by the physician in the box.

Conventional physicians are not allowed to have options that go outside their "standard-of-care" toolbox. For instance, if an oncologist would prescribe solely turmeric for a cancer patient, he would be hauled before the medical boards for "professional failure to practice medicine in an acceptable manner consistent with public health and welfare," because turmeric is not standard-of-care for malignant tumors.

Thus, medicine has essentially been domesticated from its true art form so that insurance clerks can process claims and predict future costs based upon treatments allowed for a given diagnosis. Medical regulators were provided a model by which to judge whether the physician performed their duty inside or outside the box.

The medical establishment still does an excellent job, for the most part, treating horizontal patients - the ones who truly require emergency care. Under many conditions, if there is life to be saved, they can do it. Where conventional medical care tends to do poorly is in resolving chronic diseases like Crohn's, Alzheimer's, MS and those others that are merely lingering, ill-defined infectious or toxic situations which conventional physicians were neither educated to recognize nor treat because the solutions are not made available to them within their medical solution tool boxes. Those of us who practice the art in this half-in and half-out-of-the-box type situation do so because we hate to see people suffer and fall through the medical-care cracks because of a simple misunderstanding of the cause of their chronic illness when there are scientifically proven solutions that will help. If it is not now intuitively obvious, the object of the art of medicine is to have as many choices in the medical solution toolbox as possible.

To educate physicians and the public to consider thinking outside the standard-of-care boxes when it comes to their own health choices and to share peer reviewed scientific research to support the options is precisely the reason this web site was established.