

“I commend Julia Schopick for spreading the word about these remarkable, yet overlooked therapies that can improve the lives of so many.”

—JULIAN WHITAKER, MD

Founder, Whitaker Wellness Institute, Editor, *Health & Healing* newsletter

Honest Medicine

MORE THAN 100,000 PEOPLE WORLDWIDE HAVE BEEN HELPED

Effective, Time-Tested,
Inexpensive Treatments
for Life-Threatening
Diseases

INCLUDING MULTIPLE SCLEROSIS, EPILEPSY, LIVER DISEASE,
LUPUS, RHEUMATOID ARTHRITIS AND OTHER DISEASES

JULIA SCHOPICK

AWARD-WINNING BLOGGER ON HEALTH CARE AND HEALING

It Could Happen to You ...

One early October morning in 1990, a 41-year-old man, Timothy Fisher, underwent brain surgery to remove a life-threatening tumor the size of an orange. Over the next ten years, he endured a series of treatments, chemotherapy, more surgeries, radiation, horrible side effects and complications that changed his life forever.

And mine.

Tim was my husband, and he lived fifteen years post-surgery—twelve years beyond the three years his doctors had originally predicted. We both felt we owed a large portion of his post-surgical longevity and quality of life to lots of non-standard-of-care treatments that included diet and supplements. But in 2001, he had a recurrence of his tumor, and after this surgery, his skin wouldn't heal. Ten months later, it finally did, due entirely to a little-known treatment called Silverlon. But by then, because of the cumulative effect of all the invasive surgical treatments his doctors tried that had failed, Tim was already brain-injured and paralyzed. How I wish we had found Silverlon ten months earlier!

This book is written because of Tim.

And this book is written for you and your loved ones.

Because I want you to find the potentially lifesaving treatments your doctor probably doesn't know about—treatments like those that helped Tim live years beyond his doctors' prognoses—so that you can find them before it's too late.

Because thousands upon thousands of patient success stories about using such treatments show they have a high probability of working. In fact, in many cases, they work far better than the

standard-of-care treatments doctors are used to prescribing. More on that in Sections 2 to 4.

Because there are more resources out there than you may know about. Please see all the links in this book and on my website, www.HonestMedicine.com.

And finally, because, frankly, you've got nothing to lose by informing yourself and your loved ones that there may be a better way.

You don't have to take my word for it. Please take some time to visit all the links I share in this book, in the Appendix, and on my website, and study the information for yourself.

A word about the Internet links in this book: *Honest Medicine* is full of resources, many listed as links to websites and to PDFs. Due to the challenge of formatting electronic links in a printed book, you may find it difficult to use these links as published here. If you do, go to <http://www.HonestMedicine.com/hyperlinks.html> for a complete list. All links were correct at the time of publication.

This book is comprised of several personal stories—stories by patients and medical experts, as well as my own experiences and observations.

The patient and medical expert stories that follow will be of special interest to those of you who have life-threatening diseases, such as multiple sclerosis, rheumatoid arthritis, childhood epilepsy, lupus, liver disease and many other serious conditions—even some cancers. I hope you will also share the true stories in this book with your relatives and friends who have these diseases.

Why Listen to Me?

In addition to this book having a deeply personal meaning to me, I have been an interested and concerned health writer for many years. I've written for *American Medical News*, the AMA

publication; *ADVANCE*, the professional publication for physical therapists; *SEARCH*, the National Brain Tumor Foundation newsletter; and *Alternative and Complementary Therapies*, a publication for holistic health practitioners. My work and essays have also been featured in the *British Medical Journal*, *Modern Maturity*, and the *Chicago Sun-Times*. In addition, I have been a public relations professional for the last twenty-plus years. And since Tim's death (and especially for the past three years), I have used my considerable know-how to get the word out about promising but not-so-well-known treatments via my website, www.HonestMedicine.com.

Why I'm Writing This Book

In addition to sharing real-world practical information and stories with you, there is another reason I'm writing this book.

During his long illness, Tim and I both came to believe that the medical profession (or "medical industry," as we often referred to it) was in dire need of change. Naïvely, I vowed to be personally responsible for making some of these changes single-handedly. In fact, one day, I confidently announced, "Before I die, I intend to change the medical system!"

To which Tim replied, with that wonderfully skeptical stare of his, "Jule, you know that's ridiculous." Then he paused, looking quite terrified, and said, "Knowing you, I think you may actually do it!"

I have long ago given up on the idea of changing the medical system. Frankly, I no longer think it's possible. But now, many years after I made that confident (no, arrogant) promise to Tim, I still fervently believe that I can help people by educating them and giving them confidence and knowledge, so that they will be able to change the way they relate to the medical system, and to their doctors.

The truth is that nearly every patient or loved one I've spoken with over the years, including the contributors to this book, has had to face down his or her gut-wrenching fear about confronting doctors, and thus, making them angry. Many times I, too, found myself feeling like a chastised child in front of my husband's doctors. I am grateful that I was finally able to overcome my fear to the point where I could confront Tim's doctors enough to get him better care. I hope that this book will encourage you, my readers, to do the same.

When patients and their families become more knowledgeable and more proactive, I strongly believe they won't need to use this flawed medical system so often; and when they do need to use it, they will be in a more educated, powerful position, and will be able to evaluate and choose treatments for themselves—including treatments like those I feature in this book—even if their doctors don't approve of their choices.

That's what I hope to accomplish with my website, www.HonestMedicine.com, and with this book.

The Focus of This Book: Why These Treatments?

Specifically, this book addresses three treatments, all available in the United States, the United Kingdom and Canada: Intravenous Alpha Lipoic Acid, the Ketogenic Diet and Low Dose Naltrexone. Some of these treatments are also available in other parts of the world, including Italy, Israel, India, Australia and many Asian countries.

In Chapters 2 and 3, I also cover a fourth treatment—Silverlon—mostly to highlight Tim's story. I include this treatment because our experience with it in 2002 exposed me to the bias of conventional doctors against inexpensive, innovative treatments they don't know about—treatments like the ones I am profiling in this book.

People often ask me, “Why are you writing about these particular treatments? What do they have in common?”

My answer: The treatments I found all have similar, very compelling characteristics.

1. They have been around for many years, ranging from “only” twenty-five to over ninety years.
2. These treatments have benefited hundreds, sometimes many thousands, of patients, as documented by many experts.
3. These treatments have all benefited extremely sick patients with life-threatening illnesses ranging from epilepsy to multiple sclerosis, and even HIV/AIDS and cancer. The results have been stunning and documented by the patients (e.g., seizures stopped, MS patients being able to walk, etc.).
4. The treatments all have medical practitioners—and in most cases, MDs—who prescribe the medications, and openly champion them.
5. In most cases, the patients who have benefited from these treatments are extremely passionate about helping others to learn about them. The patients often devote a great deal of their time, mostly unpaid, to holding fundraisers and educating the public.
6. These treatments all work for conditions for which conventional medicine often does not have adequate solutions.
7. And finally, while some are natural treatments, such as diets or supplements, and others are off-label uses of generic drugs, they all have one thing in common: No one is making large amounts of money from these treatments—especially when compared to the amount of money that is made from the treatments championed by the pharmaceutical industry. To back up this fact, I provide links and statistics in the Appendix and throughout the book.

Contributors to This Book

In the following four sections of *Honest Medicine*, you will learn more about the three featured treatments, as seen through the eyes of two groups of people: (a) professionals and (b) patients and their family members. You will discover their missions, and in some cases, their life's work.

Professionals—doctors and dietitians—whose patients have been helped by these treatments:

- Burt Berkson, MD, MS, PhD (Intravenous Alpha Lipoic Acid [ALA] and Low Dose Naltrexone [LDN])
- Millicent Kelly, RD (The Ketogenic Diet)
- Beth Zupec-Kania, RD, CD (The Ketogenic Diet)
- David Gluck, MD (LDN)

and

Patients, and patients' family members, whose lives have been changed, and even saved, because they found one or more of these treatments:

- Jim Abrahams, Ketogenic Diet champion, Founder of The Charlie Foundation to Help Cure Pediatric Epilepsy: <http://charliefoundation.org/>
- Mary Jo Bean, Intravenous ALA
- Paul Marez, Intravenous ALA and LDN
- Emma Williams, Ketogenic Diet Advocate, Founder of Matthew's Friends, <http://site.matthewsfriends.org/>
- Jean McCawley, Ketogenic Diet Advocate, Founder of The Stevens Johnson Syndrome Foundation, <http://www.sjsupport.org>
- Linda Elsegood, LDN Advocate, Founder of the LDN Research Trust, www.LDNResearchTrust.org

- Mary Boyle Bradley, LDN Advocate, author, Internet radio talk show host
- Malcolm West, LDN Advocate, co-founder, LDN Aware, <http://LDNaware.org>

How to Use This Book

If you are pressed for time, I urge you to start by reading this section, Section 1, so that you'll understand the main point of the book. Then, go to the sections and chapters that are of most interest and relevance to your personal situation.

After you read those sections that have the most relevance to your personal situation, I hope you will then backtrack and read the other sections, too. After learning about some of these other treatments you didn't know about before, you may be surprised to learn that you know other people who might be helped by these treatments. If you do, please pass this book on to them. (Or better yet, buy them a copy!)

How This Book Is Organized

Section 1: Welcome to the World of Low-Cost, Innovative Treatments that Work

Section 1: This section provides an overview of the book—with an introduction, some background and a general synopsis of the treatments I am profiling.

In this chapter (Chapter 1), I give an introduction to the book, including my reasons for writing it and what I hope to accomplish with it. I also include my credentials, the book's focus, an introduction to the treatments I am profiling, and why I chose them. You'll meet the people whose stories I include and my reasons for

choosing each one. The concept of patient-based evidence is introduced and explained here, as well.

In Chapter 2, I tell Tim's story, to share with you how my love for him led me to do online research to find out-of-the-box treatments that extended his life. Here, I concentrate especially on the dramatic way in which I found Silverlon, the product that closed up Tim's non-healing suture line, literally overnight. As you read Chapter 2, I hope you will realize that it is also possible for you to find similar treatments that work, especially when it becomes obvious that your doctors are not finding successful resolutions to your medical problems, or to those of a loved one.

Chapter 3 tells the rest of our personal story, about how our doctors responded to our experience with Silverlon with an almost total lack of interest. You'll see how stunned and upset I was by their negative reactions. It was my first personal experience with this kind of uncurious response of doctors to learning about treatments they hadn't learned about in the traditional way—i.e., from medical school or medical journals. Most importantly, our experience with Silverlon provided my motivation for writing this book.

Finally, in Chapter 3, I describe how I chose the other three treatments that form the crux of this book.

Section 2: Intravenous Alpha Lipoic Acid

Section 2: An intravenous antioxidant therapy, also known as lipoic acid; a naturally occurring compound. Its therapeutic uses include diabetes, atherosclerosis, neurodegenerative disorders, liver diseases, and other conditions. (<http://www.umm.edu/altmed/articles/alpha-lipoic-000285.htm>)

Intravenous Alpha Lipoic Acid was pioneered by Dr. Burt Berkson (MD, MS, PhD); he first used it in the 1970s for regenerating organs, especially livers.

In Chapter 4, Dr. Berkson tells his story in his own words: how he went against his hospital superiors, who were upset with him because the treatment he was using was not “standard of care.” (http://en.wikipedia.org/wiki/Standard_of_care#Medical_standard_of_care)

In addition to Dr. Berkson’s contribution to this book, two of his patients have written chapters. In Chapter 5, Mary Jo Bean tells how her combination of two liver diseases—hepatitis C and cirrhosis—would have killed her, if she hadn’t found out about Dr. Berkson. And in Chapter 6, Paul Marez describes how his Stage IV pancreatic cancer was cured by Dr. Berkson. Both patients had been given a death sentence by their conventional doctors. Neither patient had been medically sophisticated beforehand. Yet both Mary Jo and Paul were determined not to die, and therefore, found the wisdom and curiosity to look beyond the advice of their conventional doctors. They both found Dr. Berkson; they are both alive today.

Section 3: The Ketogenic Diet

According to Epilepsy.com, “The Ketogenic Diet is a special high-fat, low-carbohydrate diet that helps to control seizures in some people with epilepsy. It is prescribed by a physician and carefully monitored by a dietitian.” (http://www.epilepsy.com/epilepsy/treatment_ketogenic_diet)

In Section 3, I focus on the Ketogenic Diet, which has cured tens of thousands of children of their seizures for over ninety years at Johns Hopkins and other prominent medical institutions. However, in the 1940s, with the advent of anti-seizure medications, its use declined considerably.

Then in 1994, Hollywood film writer/director/producer Jim Abrahams became the diet’s champion, soon after it stopped his infant son Charlie’s seizures within forty-eight hours. This, after many medications, and even one surgery, failed to have any effect.

Jim created The Charlie Foundation to Help Cure Pediatric Epilepsy to spread the word about the diet: <http://www.charliefoundation.org>. Thanks to Jim and The Charlie Foundation, numerous hospitals in the United States and around the world are using the diet today. And thousands and thousands of children are now seizure-free.

Jim contributed Chapter 7 and the Foreword to this book. And together, dietitians Millicent Kelly and Beth Zupec-Kania contributed Chapter 8. Their hard work and dedication have also helped to keep the diet alive.

Lastly, two parents share their unique stories about using the Ketogenic Diet with their children, both of whom were plagued with intractable forms of childhood epilepsy. In Chapter 9, Emma Williams describes her six-year battle to convince doctors in the UK to let her try the Ketogenic Diet for her son Matthew. Year after year, they turned her down, telling her that drugs were the best way to treat him. Sadly, because of years of seizures—and perhaps partly because of the side effects of the drugs themselves—by the time Matthew was put on the diet, he was already severely brain injured. He remains so today. However, the diet reduced the number of Matthew's seizures so greatly that Emma is able to keep him at home with her, rather than having to put him in a residential home. She created an organization called Matthew's Friends to spread the word about the diet in the UK, so that other parents would be able to find it early in their quest for answers. (<http://site.matthewsfriends.org>) Emma is convinced that if Matthew had been put on the diet years earlier, he wouldn't be brain injured today.

In Chapter 10, Jean McCawley tells a similar story about her daughter Julie—except that Jean found the diet while Julie was still an infant. Unfortunately, before she found it, Julie had already been irreparably damaged by Phenobarbital, the very first anti-convulsant medication doctors gave the baby to stop her seizures.

Anti-convulsants and other medications can cause a rare disease called Stevens Johnson Syndrome. In Julie's case, SJS caused her skin to peel off and left her blind in one eye, and nearly blind in the other. (Click on "Julie's Story" at <http://charlifoundation.org> under the photo of Meryl Streep.) Jean has created a not-for-profit organization, The Stevens Johnson Syndrome Foundation, to educate parents about this debilitating and life-threatening condition, which she believes is much more common than doctors like to admit. (<http://sjsupport.org>) She is also deeply involved in educating other parents about the Ketogenic Diet, so that they won't suffer the way she and Julie did.

Section 4: Low Dose Naltrexone (LDN)

Low Dose Naltrexone: The drug naltrexone, used in doses approximately one-tenth the dose prescribed for drug/alcohol rehabilitation purposes, is being used as an "off-label" treatment for certain immunologically related disorders. The use of LDN for such diseases as cancer was first proposed by Ian Zagon, PhD, and LDN's broader clinical effects in humans were proposed by Bernard Bihari, MD. (For more on LDN see http://en.wikipedia.org/wiki/Low_dose_naltrexone. For a definition of "off-label," see http://en.wikipedia.org/wiki/Off-label_use.)

While working with drug addicts in Brooklyn in the 1980s, Harvard-educated neurologist, Bernard Bihari, MD, discovered that a very low-dose, off-label use of the drug, naltrexone, could be used just as successfully to modulate the immune system. At a much higher dose, naltrexone had already been approved by the FDA to get addicts off drugs. Used at a very low dose, naltrexone was able to stop the progression of such autoimmune diseases as MS, lupus, rheumatoid arthritis, Crohn's disease, and even HIV/AIDS and some cancers.

Since the 1980s, LDN has become a cause célèbre. So much so, that many of the patients who take LDN, and their family members, have written books. For instance:

- *The Promise of Low Dose Naltrexone Therapy: Potential Benefits in Cancer, Autoimmune, Neurological and Infectious Disorders* by MS patient, SammyJo Wilkinson and medical writer, Elaine Moore (<http://www.amazon.com/Promise-Low-Dose-Naltrexone-Therapy/dp/0786437154>)
- *Up the Creek with a Paddle: Beat MS and Many Autoimmune Disorders with Low Dose Naltrexone* by Mary Boyle Bradley (<http://www.amazon.com/Creek-Paddle-Autoimmune-Disorders-Naltrexone/dp/1413765998>)

LDN patients have also raised money to fund studies, as have some doctors. None of these people are getting vast sums of money for their efforts, which makes them unique in the conventional medical landscape, where “follow the money” is so often the rule.

Three patients and one physician have contributed their stories to this section. In Chapter 11, Dr. David Gluck, Dr. Bihari's childhood friend and colleague, gives us his take on the importance of LDN to the world of medicine. MS patient Linda Elsegood (Chapter 12) tells how her difficult journey to finding LDN led her to create the UK charity, the LDN Research Trust, in order to fund research and help other patients find LDN more easily than she had. And in Chapter 13, Mary Boyle Bradley tells the dramatic story of how she found LDN for her husband Noel, and how she, too, became determined to spread the word.

Finally, in Chapter 14, Malcolm West describes how he used the toxic pharmaceutical drugs his doctors prescribed for many years, only to have his multiple sclerosis get progressively worse. Finally, he became so ill that he lost his job, and with it, his health insurance. Malcolm had to find a less expensive treatment. So he went online and found LDN. Almost immediately, his MS improved—

and very dramatically, at that. He, too, has become a most enthusiastic and vocal LDN advocate. With other LDN advocates, he has created an umbrella website that contains information about the use of LDN throughout the world: <http://LDNaware.org>.

In all three cases, these patients' doctors discouraged them from using LDN. Also, like the other contributors to this book, all three of these patient advocates wish they had found this treatment sooner.

Why These Champions?

People often ask me what characteristics these champions share in common. I have thought long and hard about how to put into words what I have always intuitively known.

First, all these champions have as their mission to get the message out about treatments that have saved many, many lives.

Second, not one of these professionals and patients—most of whom are now volunteer advocates for the treatments—makes a huge profit from them. Their primary motivation is to help others who need these treatments to find them.

Third, these champions all followed their instincts, even when their superiors, colleagues or physicians told them that their successes with the treatments they were championing were “only anecdotal.”

In other words, with all three of these treatments, my heroes would not let people keep dying or get worse by using the standard-of-care treatments their other doctors were encouraging them to use.

For example, instead of following his superiors' orders, Dr. Berkson (Chapter 4) decided to go his own way, and cure more people of end-stage liver disease outside institutional medicine than he ever would have been allowed to cure if he had remained

within the university setting. Dr. Berkson saw with his own eyes that, with his treatments, patients were outliving the time they had been given by their doctors. He saw that the first patients he treated with intravenous ALA, Eunice and John Goostree, recovered from their terminal liver disease, as did many, many patients after them. Dr. Berkson wrote articles about these successes, including one article with Dr. Fred Bartter from the National Institutes of Health (NIH), in which seventy-five out of seventy-nine patients with end-stage liver disease got better. (<http://honestmedicine.typepad.com/BERKSON-1980-amanitin.pdf>)

Jim Abrahams (Chapter 7), too, learned to trust and follow his own instincts, over the advice of his son Charlie's doctors, all of whom were well-known leaders in the field of pediatric epilepsy. Jim saw with his own eyes that the Ketogenic Diet worked for Charlie. He soon learned that the Ketogenic Diet worked better than drugs for countless other children, too.

Jim's instincts also led him to do more research. He uncovered the fact that when one anti-seizure medication doesn't work, the chances are greatly diminished that other drugs will work. This led him to question why Charlie's pediatric neurologist had been trained to try one drug, two drugs, then three, five, nine, even twelve (and some in combination), before trying something "anecdotal" like the Ketogenic Diet. Yet, even this neurologist had to know, from his training, that after the first anti-seizure drug, and then the second, these drugs became less and less effective. It is still a mystery to me why he discouraged Jim from having Charlie try the diet. And Jim has told me recently that he heard this same doctor tell a marketing representative for a seizure medication, "We're still waiting to see ..." if the Ketogenic Diet works. This is fifteen years after he saw that the diet worked for Charlie.

This didn't make sense to Jim. And it doesn't make sense to me either.

Training Versus Education: How Conventional Doctors Are Different

But within the conventional medical culture, it does make sense. I think it has something to do with this doctor's (and all doctors') training which, it turns out, teaches them to distrust their own instincts. In Chapter 4, Dr. Berkson points out that doctors are trained, rather than educated, because education requires a certain amount of curiosity about new things, while training requires the retention and repetition of facts. In the atmosphere of medical training that Burt Berkson describes, it takes a lot of courage for doctors to trust what they see, rather than what they were taught.

Just look at some of the more conventional doctors my contributors and I describe in upcoming chapters. Even though they saw that patients were getting better with LDN, they still refused to prescribe it. Similarly, even though other doctors knew that children were doing well with the Ketogenic Diet, they often refused to acknowledge it.

In the end, I have decided that something very important must be trained out of students in medical school, and it has to do with curiosity, with trusting one's instincts. Going a step further, I believe they are literally trained to *distrust* their own instincts, and trust only what they were taught.

The Time Is Right

Unfortunately, every single person featured in this book had to find these treatments on their own. Because these treatments are not considered standard of care—and are not manufactured by large pharmaceutical companies—the patients had to find them without any help from their doctors.

Fortunately, for many reasons, I think that the time is finally right for these treatments to find greater acceptance. And I hope this book will play a significant role in causing that to happen. One of the main reasons the time is right is that, for the last several years, the pharmaceutical industry's duplicity has been making headlines. To me, this is corroboration of my belief that the public is finally ready to listen to what I, and many others, have to say.

There have been numerous media exposés about pharmaceutical companies:

- Rigging the so-called studies, which they themselves fund
- Hiding the results of those studies that actually prove their products don't work
- Heavily publicizing the studies that demonstrate their products' successes
- Hiring the researchers to conduct the studies, making it very clear to them exactly what kinds of results they are expecting the studies to show
- Hiring writers to write the articles that appear in the medical journals the doctors read
- Hiring big-name doctors—who have done very little, if any, of the actual writing—to affix their names to these studies

On [HonestMedicine.com](http://www.honestmedicine.com), there are many articles attesting to these duplicitous activities that are routinely carried out by pharmaceutical companies. The site also contains thirty-seven articles I have selected for patients to share with their doctors. See <http://www.honestmedicine.com/2008/08/financial-ties-between-big-pharma-and-the-medical-establishment-36-selected-articles-published-between-2005-and-2008.html>.

I knew the time was finally right for this book when, in April 2008, the *Journal of the American Medical Association (JAMA)* published three articles exposing duplicitous behavior by Merck

Pharmaceuticals. *JAMA* exposed the fact that Merck had engaged in such behavior in the marketing of Vioxx prior to 2004, when Vioxx was pulled from the market. *JAMA* revealed that Merck had engaged in every one of the unsavory practices mentioned above.

Here are the three *JAMA* articles:

1. “Guest Authorship and Ghostwriting in Publications Related to Rofecoxib,” by Joseph S. Ross, MD, MHS; Kevin P. Hill, MD, MHS; David S. Egilman, MD, MPH; Harlan M. Krumholz, MD, SM <http://jama.ama-assn.org/cgi/content/abstract/299/15/1800>
2. “Reporting Mortality Findings in Trials of Rofecoxib for Alzheimer Disease or Cognitive Impairment,” by Bruce Pasty, MD, PhD; Richard A. Kronmal, PhD <http://jama.ama-assn.org/cgi/content/abstract/299/15/1813>
3. “Impugning the Integrity of Medical Science: The Adverse Effects of Industry Influence,” by Catherine D. DeAngelis, MD, MPH and Phil B. Fontanarosa, MD, MBA <http://jama.ama-assn.org/cgi/content/extract/299/15/1833>

For me, the fact that *JAMA* published these three articles exposing Merck’s unscrupulous behavior exhibited a huge change in “how things are done.” Just two years earlier, in July 2006, *JAMA* itself was exposed by the *Wall Street Journal* for publishing and promoting a flawed study by medical researchers with some very questionable pharmaceutical connections. (See my three-part article, “The JAMA Controversy,” at http://www.honestmedicine.com/new_series.)

So, in April 2008, it became clear to me that something new was afoot in the world of pharmaceutical company exposés. The medical journals themselves were beginning to expose duplicity within the pharmaceutical industry.

Because of the media attention given to this kind of questionable behavior, and also because of many excellent, best-selling books about it—such as John Abramson, MD’s *Overdosed America*, Marcia Angell, MD’s *The Truth About the Drug Companies*, Jay Cohen, MD’s *Over Dose: The Case Against the Drug Companies*, and medical journalist, Melody Petersen’s *Our Daily Meds*—I feel confident that our country is finally ready to be open to the treatments I am writing about (and others like them), even though they may not have multi-million-dollar, pharmaceutical company-funded studies behind them. I think the public finally understands that such pharmaceutical company-funded “studies” do not necessarily result in safe, effective treatments.

For all the above reasons, I am confident the time is right for this book. I hope that those of you who are reading these patient stories now will pass the information along to any family members and friends who you believe might be helped by reading these personal accounts. Those that can be helped include people with:

- liver diseases;
- autoimmune diseases and cancer; and
- children with intractable epilepsy.

Unfortunately, their friends and family will not likely learn about these treatments from their doctors. But they *can* learn about them from you, and from this book, and its many resources.

Patient-Based Evidence

Personal accounts like these of successful treatments are not “anecdotal.” These treatments are backed by evidence provided by numerous patients: real people who have been helped by these treatments. And in the case of the treatments I feature in this book, thousands and thousands of patients have provided the evidence.

This is what I'd like you to understand by the time you've finished reading this book. Unfortunately, far too many doctors dismiss treatments like these, calling them "anecdotal," because they have not been subjected to what they consider to be the gold standard of medical research, i.e., randomized double-blind clinical trials.

In my opinion, this displaced respect is indeed unfortunate, because, as many writers, like John Abramson, MD have observed, pharmaceutical companies, rather than the government, conduct most of today's clinical trials on their own drugs. And even in government-funded studies, there has been evidence of medical researchers with financial ties to pharmaceutical companies.

Given all this—which I call the "dirty big secret" of the pharmaceutical industry's involvement in clinical trials—it's time we gave more respect to patient-based evidence, to which this book is devoted. In my opinion, patient-based evidence may well be the only kind of evidence that is not tainted. By "not tainted," I mean that these patients whose stories are in this book are giving honest appraisals of their personal successes with these treatments. No one is paying them to say anything—unlike the celebrities who are paid huge amounts of money by pharmaceutical companies to hawk their medications.

Patient-Evidence-Based Treatments

When referring to the treatments themselves, I refer to them as patient-evidence-based treatments. It is my sincere hope that by profiling important treatments in this book—treatments that have patient-based evidence to back them up—many more patients will find them, and will be helped.

Who This Book Is For

One last word before we move on: This book is not about exposing all pharmaceutical treatments as bad or ineffective. Many aren't. And this book is not about how alternative treatments are always better than pharmaceutical products. Again, many aren't. And this book is not for people who listen to and follow every word their doctor says as gospel, or for people who listen to other people more than to their own gut. This book is not for them.

Rather, this book is for people who are discerning, who are open to doing their own research (or having someone they trust do it), who are open to being curious, and who are open to new information. This book is also for people who have chronic and life-threatening conditions that have not been helped by the conventional, standard-of-care treatments their doctors have prescribed for them. And this book is for those who realize that medicine should be patient-oriented, not profit-oriented.

Many times, I meet people who seem to think, "There is no other way. If there was an answer, my doctor would know about it." I hope that, after reading this book, you'll know that "It ain't necessarily so!" There may well be many excellent treatments out there that your doctor does not know about. So, let's get started now by looking at four of them.