

Book Reviews

Controversies in Medicine and Neuroscience through the Prism of History, Neurobiology and Bioethics, by Miguel A. Faria, Jr., hardcover, 328 pp, \$132.95, ISBN-10: 1527594173, ISBN-13: 978-1527594173, Cambridge Scholars Publishing, 2023.

This precious book should be the source of an entire course offered at either an undergraduate or graduate level.

Our fascinating journey begins at the dawn of time with trephined skulls. The ancient mystery as to why so many have been discovered and over such an extended period is solved before the book's conclusion. And if in your medical school wanderings, you have never encountered the 1848 case of "pseudo-trephined" Phineas Gage, you will meet him very soon.

The book's journey covers leucotomies, lobotomies, stereotactic cingulotomies, deep brain stimulation, amygdalotomies, and their (surprising) successes and failures. It explores violent behavior and its relationship to brain structures. It follows the path of emotions: the "neural pathway proceeds from the limbic cortex of the cingulate gyrus via the cingulum to the hippocampus, then via the fornix to the mammillary bodies and hypothalamus." Dr. Faria offers the back story behind Dr. Michael Crichton's controversial lawsuit based on his bestselling medical thriller *The Terminal Man*.

The giants of neuroscience are introduced: Kandel, Huxley (who could forget action potentials?), Pavlov, Skinner, and their polar opposite psychiatrist, Thomas "mental illness is not a disease" Szasz. Golgi and Cajal are there as well, for those wishing to delve into the intracellular level. Excitatory and inhibitory neurotransmitters are explained in glorious details, as the author takes us from the microscopic to the macroscopic level, providing a working understanding of implicit and explicit memory—with a stop at Wernicke's and Broca's areas. Drosophila and our favorite second messenger cAMP make an honorable appearance. And amid the science, our author introduces the

enerated Aristotle.

For those too comfortable in conventionality, Faria brings in a Yaqui Indian sorcerer (no comprehensive controversy in medicine is complete without one), introducing the neuropharmacology of hallucinogenic compounds. He begins this unique perspective with Carlos Castaneda's book, *The Teachings of Don Juan: A Yaqui Way of Knowledge*. Dr. Faria's comprehensive research acknowledges *Plants of the Gods: Their Sacred, Healing and Hallucinogenic Powers* and selects a few major groups to provide a nomenclature.

Chapters 9–11 summarize several volumes of ancient medicine and medical ethics as researched by the brilliant but unrecognized Plinio Prioreschi, M.D., Ph.D., (1930-2014), beginning in the Neolithic and early Bronze age. Dr. Prioreschi devoted more than 20 years of his life to writing Volumes I–VI. Faria describes this as an "enchanted journey into the realm of medical history and ethics." This includes an astonishing, compelling (dare I say, controversial) perspective regarding ancient Chinese remedies and an introduction to the use of *drekapotheke*, from which I conclude I have most certainly found the origin of a particular Yiddish word.

Referring to Dr. Prioreschi, Dr. Faria weaves complex ideas around supernaturalistic medicine and monotheistic theologies progressing onwards to the Four Element theory. The Corpus Hippocraticum and the Anonymous Londinensis are admirably explored. We travel through ancient Rome, visit great emperors (Marcus Aurelius) and physicians (Galen), and interface with Christian and Talmudic studies.

Dr. Faria explores the dark and mysterious case of Joseph Stalin's death, with the clinical eye of a medical expert. It is a beautiful read that unfolds. One might be tempted to read this chapter alone, but don't.

The lessons on bioethics give a nod to AAPS executive director, Jane Orient, M.D., explaining that "the attitude of trying to compromise on what should be absolute

moral principles leads to a perilous slippery slope in the transmutation of medical ethics." The profound distinction between individual-based ethics or patient-oriented medical ethics, as organically derived from the Oath of Hippocrates, and modern codes of bioethics, which "almost universally tend to subordinate individual autonomy to the collective, be it 'the greater good of society' or the will of the state," is clearly set forth. The horrific bioethics position stating that elderly (defined as >75 years of age) patients who have lived a full life have a "duty to die" for the good of society is laid to shame.

Chapters 18–20 provide a comprehensive, intelligent, rigorous rebuttal to Dr. Ezekiel Emanuel's alleged ethical "duty to die" and population-based medical ethics position of rationing medical resources. Dr. Faria drives home the fallacy in medical service denial to aging patients. "[A] dead octogenarian found at autopsy to have microscopic evidence of in situ prostate cancer is one thing; it is quite another thing for a symptomatic but very active octogenarian to be refused treatment simply because of his age with the medical pretext that his cancer...is deemed probably not serious, probably not invasive and ignored because of age."

These chapters also introduce the optimistic concept of compression of morbidity and, with a glance towards Ponce de Leon, look towards fulfilling our own life extension in a meaningful way.

The final chapters address an array of complex social issues in medicine. Myths regarding medical collectivism are analytically dissected and laid to waste. Dr. Faria explains how third-party payers, in contrast to a fee-for-service model, not only increase the cost of medical care but decrease the quality of the care. Well-researched information regarding the Patient Protection and Affordable Care Act ("ObamaCare") passed in 2010 will no doubt educate readers about what occurred inside all that massive confusion. Speaker Pelosi's statement, "We have to pass the bill so that you can find out what is in it," is still incomprehensible, but we'll

understand the environment in which such a ludicrous statement could not only be said, but accepted.

It seems apropos to follow this discussion with one on plagues and epidemics. This includes the bubonic plague, which peaked in 1347-1348 A.D., as “justifiably the worst pandemic to afflict mankind,” causing 25 million deaths and lasting 15-20 years. He contrasts these events with the coronavirus pandemic, which the author states “comes nowhere close to causing the morbidity and mortality of those serious pandemics.”

The epilogue is brief and succinct. Dr. Faria recommends *The China Virus: What is the Truth?* by James I. Ausman, M.D., Ph.D., and Russell L. Blaylock, M.D., leaving readers to “inescapably posit the important and pivotal role China played in the pandemic—a pandemic that was then purportedly manipulated by various world governments to trample on the rights of citizens.” Provocative indeed!

Controversies in Medicine and Neuroscience is not a simple beach read. It is an entire summer read. It is a summer event. It provides an organized, intriguing, daring, inclusive, complex, current event and historical dive into all that is medicine. It is true to its title, including delicious controversies with satisfying endings, and it invites all readers to think autonomously. This book as a basis of study for all pre-medical students could only enhance the current educational curriculum. It is that important—and that interesting.

Renée S. Kohanski, M.D.
Somerset, N.J.

The War on Ivermectin: The Medicine That Saved Millions and Could Have Ended the Pandemic, by Pierre Kory, M.D., 290 pp, hardback, \$32.50, ISBN: 978-1-5107-7386-8, eBook ISBN: 978-1-5107-7387-5, New York, N.Y., Skyhorse Publishing, 2023.

This is a very important book—less so because of what has already occurred regarding a safe and effective drug, but more as a warning about the future and our reliance on our “trusted” information sources.

The War on Ivermectin is a factual document about the personal experiences of a highly trained, multi-specialized physician who stays informed, communicates with other renowned specialists, analyzes statistical outcomes, and comes to independent conclusions.

He then treats his patients and finds exceptional value measured in markedly less morbidity and mortality—by using a safe, inexpensive, time-tested medication, ivermectin. In fact, multiple countries successfully controlled the COVID-19 pandemic by widespread campaigns distributing this inexpensive medicine to their populations.

Note the word “inexpensive.” Sadly, there is profit to big pharma only for non-generic, i.e., brand-name medications. Sadly, our political system does not allow “emergency use” of a new big-pharma med unless there are no viable alternatives. Therefore, ivermectin cannot be deemed to be effective—or a massive profit opportunity will be lost. Thus, the war on ivermectin.

Dr. Pierre Kory presents a step-by-step personal history of his experience with ivermectin and especially his worldwide experience with the powers that usurped physician judgment with misleading and false narratives, which influenced most of the world’s treatment protocols—in favor of big-pharma meds. Somehow, nearly every major world, country, and state decision-maker, including our own specialty medical associations and societies, chose to ignore massive data regarding the success of ivermectin in preventing and treating COVID-19, and instead bent to the financial domination of big pharma. In the U.S., this represents federal regulatory capture.

We can’t change the past. But we have a solemn duty, as physicians, to use our expertise to gather data and make independent decisions for the benefit of each of our patients, irrespective of the political and media narrative. Physicians need to be thought leaders, not followers.

Dr. Kory writes a powerful, easy to read, informative, important, well-documented book, which holds your interest throughout. Thank you, Dr. Kory, for your passion and morality in the face of opposition.

Frederick J. Gahl, M.D.
Loves Park, Ill.

Empower-Patient Accounts: Empower People, by Robert Koshnik, M.D., softcover, 408 pp, ISBN: 978-1-7376481-2-3, St. Paul, Minn., Alethos Press, 2021.

In this book, long-time rural Minnesota family practitioner Dr. Robert Koshnik addresses the negative effects of corporatization and government interference in the medical care of

Americans. Medical professionals and the public rightly know the medical system itself is sick.

Dr. Koshnik says primary care doctors are the best value, and most people can and should pay this cost directly without a middleman. He tacitly acknowledges our expectations for “other people” to pay for care by suggesting government funding of his “Empower-Patient Accounts.” Government funding is proposed as a safety net to help the disabled and the poor, but let us remember that it is always an enticement for abuse.

Dr. Koshnik diagnoses the ills of the “healthcare industry,” and, like any good doctor, after explaining the problem he provides a prescription to reverse the disease. In his autobiographical story, he recounts his career beginning in a practice in a small office run by the doctors and ending with their practice as just another cog in a large multi-location practice managed by a corporate entity.

Accompanying this change was a change in his clinic’s priorities. The doctor-owned practice, first and foremost, cared for patients and had a sense of proportion in that earning a living did not entitle the practice to gouge patients or their insurance. Once a hospital owned the practice, administrators and clerical staff swelled, and productivity was prioritized over clinical care. Reports continuously measured the physicians’ financial performance. Staff would remind the doctors to maximize billings for each visit, and documentation to buff the chart to justify higher billing became an imperative.

Ultimately, he realized that patient-centered medicine is incompatible with practice models whose focus is maximizing financial performance. His book presents evidence to buttress his conclusion. Dr. Koshnik reminds the reader that the iron law is “He who has the gold, makes the rules.” He shows how federal law and regulations that track with private insurance company billing documentation rules compelled detrimental changes. Dr. Koshnik explains how practices turned away from patient care priorities, and why these changes not only have negatively impacted quality of care, but have also dramatically raised costs while limiting patient access.

Emblematic of these trends is the so-called Affordable Care Act (a.k.a “ObamaCare”), which is widely and rightly maligned. However, it is just another government action, albeit a dramatic one, that is a wide-ranging intervention

on the ultimately counterproductive path of forcing third-party payers between patients and their medical care. It limits choices open to both patients and physicians, along with adding costs of administrative staffers, who increasingly call the shots.

Almost a century ago, hospitals began this process by encouraging insurance to cover hospitalization costs. This was a relatively mild and seemingly good intervention to protect both patients and hospitals at a time when there was limited costly technology to aid doctors.

A decade later, World War II brought a second big step toward third-party payment dominance when the federal government declared employer-provided medical insurance would not be treated as taxable income. Then in the 1960s, President Lyndon Johnson's "Great Society" program pushed for the passage of Medicare. In the original legislation, there was an explicit statement to the effect that the Medicare act did not authorize the federal government either to set prices or to dictate medical care standards.

However, costs quickly exploded. The early 1970s saw both Republicans and Democrats responding favorably to the concept of Health Maintenance Organizations, in which primary-care doctors became gatekeepers. The rationale was more to control costs than to improve patient care. By the 1980s we saw cost controls in the form of "allowable charges" that Medicare would pay to doctors and therapists. This was the carrot-and-stick approach that Medicare would pay the doctor directly only if he accepted the fee that Medicare set.

Then Diagnosis-Related Groups or DRGs were introduced to control hospital costs. All the while, costs increased and patients expected more and more of the costs to be paid by third parties. As a practical matter, patients had to depend more and more on third-party payments, which in turn drove prices ever upward.

Dr. Koshnik clearly loved his family medicine practice and bemoans the shift from primary care to medical care dominated and fragmented by specialist care. He documents how the U.S. alone among all the nations of the world has taken this route. He cites many studies that demonstrate the advantages of a primary-care-centered medical system. Better access, lower costs, more personalized care with fewer invasive and expensive tests are benefits he sees when a primary-

care doctor knows his patients well. All this comes with equal and better outcomes and higher patient satisfaction. This book tries to find a way out of today's moral and financial morass. Dr. Koshnik brings together his insights into what ails medicine, with many suggestions about how to put patients first. To him, primary care is a necessary condition for quality medical delivery and practice, and should never be discouraged.

Dr. Koshnik was active in organizations that represent family practice, and he describes efforts to promote a central role for primary care. He recounts many introductions of resolutions at medical society meetings and adoption of many of these resolutions. Yet, these efforts had little result in the face of the existing environment of taxes and regulations, and were routinely outflanked by industry lobbyists.

Unfortunately, our third-party payment system is riddled with disincentives as well as outright inducements to fraudulent billing practices that overwhelm good intentions and sincere efforts. Reform proposals to limit industry and political malfeasance appear throughout the book. I fear many of these reforms such as limiting political contributions would handicap both bad and good actors, but industry lobbyists would find ways to circumvent reforms, outpacing reformers' efforts.

Dr. Koshnik proposes that if patients spend their money directly on their care, instead of laundering it through insurance and government, then accessibility, cost, and quality will improve. Though he practiced before the development of what we now call direct primary care, he advocates for it, and for direct-pay clinics, promoting ways to remove the regulatory barriers hampering the growth of both.

Dr. Koshnik's book is a very readable and informative explanation about why primary-care doctors and their patients should tell the government and other third parties, "Thanks, but no thanks," and that we will take care of this ourselves.

Gil Robinson, M.D.
San Antonio, Texas

Walking the Tightrope—Trusting Your Life to Telemedicine, by Wayne D. Liebhard, M.D., softcover, 158 pp, \$15.25, ISBN-13: 978-0986377396, Woodbury, Minn., Alethos Press, 2022.

Dr. Wayne Liebhard states that the goal of his book is "to examine the current

pressures and issues with telemedicine [and]...corporate and government influences behind those pressures—especially as they relate to a push toward an almost unbridled use of telemedicine to provide urgent/acute care medical services." The main strength of the book is that it addresses the subject of the government/corporate push for "telemedicine."

He describes a telemedicine visit of a patient complaining of fever and severe pain. The patient died of necrotizing fasciitis. Dr. Liebhard says no physician should be willing to conduct such a visit.

The book would have been considerably strengthened by a historical perspective beginning with FDR's wish, and LBJ's success, in vote buying with Medicare and Medicaid. There is no clear explanation in the book of how we came to be in this fix, except for a discussion on p. 151 of how health maintenance organizations (HMOs) began in Minnesota. Medicare and Medicaid are un-Constitutional, but that has been studiously ignored in the U.S. for 57 years. There is no mention of socialism or its failures in the book.

Dr. Liebhard says we must call out "politicians who promote less than safe medical...practices because they [promise] a quick 'fix' to cost and access issues" (p 5), but he fails to point out that medical care is not a proper function of government. He says that timely, accessible, affordable medical care is dangerous if the diagnosis and treatment are incorrect. What is not explicit is that the physician is responsible if the diagnosis and treatment are not correct, but that it is government and corporations coercing "affordability" and "access" because the medical care is now paid for by taxpayers and corporate pre-paid medical plans.

He states that he is not anti-corporate. Why not? He quotes another physician on p. 143, who says, "Primary care doctors in managed-care corporations do not work for patients—they work for their employer....They work for RVUs [relative value units]...which is how they're paid..., billable RVUs for their multibillion-dollar non-physician employers." So, which is it? Corporate medicine is OK, or not OK? Laws against the corporate practice of medicine are ignored. There is discussion of "who controls the narrative" and "who is really in charge of medical decision-making." These things were never discussed until the past few decades. It is as though we've surrendered, and now we learn how best to

live in prison.

Dr. Liebhard discusses the difficulties in adoption of new technologies, asks whether physicians using “telemedicine” are trained to do so, and lists patients’ concerns about telemedicine. The top four are the absence of in-person interaction, technical issues, lack of a physical examination, and low quality of care. He discusses patients’ difficulties in answering the question of whether they “understand the limits of a telemedicine visit.” He notes patients’ wish for convenience, and the fact that many medical problems are self-inflicted by lifestyle choices.

The author promises to be blunt and to the point, to spare no one, and also to make no attempt to avoid humor. That sometimes falls flat, for example, in discussing nurse practitioners and physician assistants. He states that not all physicians are comfortable with acute care medicine—“or we wouldn’t have any dermatologists.” Well, some dermatologists deal with toxic epidermal necrolysis, acute graft-versus-host, HIV, Rocky Mountain spotted fever, staphylococcal scalded skin syndrome (SSSS), etc., and there may be more than one who used to be an emergency physician. There are bizarre inclusions in a discussion of acute care, such as “your mother chasing you around with a bottle of Mercurchrome.”

Various villains are named: the Centers for Medicare and Medicaid Services (CMS), Big Pharma, corporate medicine, and the American Medical Association (AMA). Dr. Liebhard includes a transcript of his heartfelt and heartbreaking speech at the State Office Building in St. Paul, Minnesota (p. 107).

The book identifies many issues with telemedicine, and the government and corporate influences behind them. A clear conclusion, however, is lacking. An examination of the history of Medicare and Medicaid, and of other socialist schemes and their predictable failures would be a good addition.

I think the lay public would be enlightened by reading this book.

Tamzin A. Rosenwasser, M.D.
Venice, Fla.

Lost in Trans Nation: A Child Psychiatrist's Guide Out of the Madness, by Miriam Grossman, M.D., foreword by Jordan B. Peterson, Ph.D., hardcover, 317 pp, \$32.50, ISBN: 9781510777743, Skyhorse Publishing, 2023.

It’s a JUNGLE out there!

The hunted are our vulnerable young citizens.

In the real jungle, the adults defend their young. Adult whales circle newborns to protect them from orcas. Adult birds chase away poachers. Yet with human children, predators are disguised as well-wishers. Some have succumbed to indoctrination and truly believe in a twisted ideology.

As Tarzan in an Edgar Rice Burroughs story asked, who is civilized in this urban jungle? We are in a dystopian world. Some recognize this, while others are still plugged into the Matrix, unwilling to be released with the red pill.

Dr. Miriam Grossman provides a manual for sane adults to become knowledgeable and to take defensive and offensive action to protect the next generation and possibly our civilization.

The foreword by Dr. Jordan Peterson sets the stage by comparing this psychological contagion to biological contagions such as viruses, bacteria, fungi, and protozoal parasites. He describes the environment, the vectors, and the conditions of perpetuation. Dr. Grossman takes this framework and fills it in with cases and the historical origins of dangerous ideas. She describes the various contributors to this multi-pronged attack on our most vulnerable youngsters: government, non-government “philanthropies,” social media influencers, celebrities, educational institutions, and legal and medical entities. There are also times when indoctrinated adult parents are subjecting their children to these atrocities.

We, as hard-working citizens, are fueling this through donations, tax-funded grants, and purchase of products that promote LGBTQ+ ideology. Even some physicians have become purveyors of this ideology by threatening parents and becoming wedges between children and their parents.

Dr. Grossman provides a glimmer of hope to families who are terrified and living secret lives to avoid the prying eyes of the government, and lawmakers who are bent on the destruction of parental rights. For example, in California, laws permit secrecy about “transitioning” children at schools, and allow males to use female bathrooms, with devastating consequences. In Virginia, a father was arrested and jailed for bringing to attention the bathroom sexual assault of his daughter by a boy pretending to be a girl. The governor pardoned the father, but the culprit went on and sexually assaulted another girl.

At the physician practice level, a Missouri whistleblower highlighted the lack of informed consent for puberty blockers and surgical mutilation, with blatant disregard of studies showing harm, in Senate testimony before Sen. Josh Hawley (R-Mo.) of the Senate Committee on the Judiciary's Subcommittee on Privacy, Technology, and the Law. Psychiatrists who condemn these practices have been silenced. “Woke” activists have altered the Diagnostic and Statistical Manual of Mental Disorders (DSM) to promote this ideology. Pediatricians are also compromised, using the cloak of “standard of care” to prescribe and promote these crimes against humanity. Surgeons, along with the systems they work within, have thrown out scruples and openly declare that the revenue generated for their institutions justifies irreversible physical mutilation.

The Democratic Party, which once looked out for the “little guy,” is complicit in this tragedy. The Republican Party in general is too timid to take bold steps, or is compromised. Agencies such as Child Protective Services are adversarial. The judicial system is not of great help in constraining these crimes—the most recent U.S. Supreme Court appointee, Justice Ketanji Brown Jackson, refused to testify that she knew the definition of “woman.” Schools are more concerned about loss of funding than about doing the right thing for children. School board members are either ignorant, complicit, or detached regarding the active gender “transitioning” of children. LGBTQ-promoting books are freely donated as recommended reading. It all points to one thing: citizens need to become active at all levels and make strides to prevent these atrocities.

In the appendices, Dr. Grossman provides actionable steps for those who are affected currently and for prevention. First, remove the child from the harmful environment. Second, control social media use. Give schools legal notice of parental rights. Home-school if possible. Consult a therapist if necessary. Above all, provide the firm, loving care that all children need.

This book opened my eyes and is essential reading for parents, family members, physicians, and legislators. Humanity is at stake.

Chandrasekhar Doniparthi, M.D.
Yuma, Ariz.