

Tests that cause huge troubles

By W. GIFFORD-JONES, M.D.

It has been aptly said that all would be well if there were no "buts." Today 20th century medicine has provided us with many positive advantages. But it has also given us some minor and a few major "buts."

Recently, two separate reports show why it's so difficult for medical consumers and doctors to make the right decisions due to conflicting evidence.

A recent report in the British Medical Journal contained shocking news. Dr. Richard Ablin states that doctors should stop using the PSA (prostate-specific antigen) test to diagnose early prostate cancer.

It's reasonable to ask what gives Dr. Ablin the right to make such a dramatic announcement in such a prestigious medical journal. The answer? He discovered the PSA test!

Dr. Ablin says that the test is not specific enough for cancer diagnosis. The cutoff point that separates benign from malignant growths is usually set at 4 ng/ml. But 80 percent of men with PSA values of 4-10 ng/ml have noncancerous growths.

Rather, these men have either an enlarged benign prostate or a prostate infection, have taken a drug such as ibuprofen, or have had sex before the test. (The PSA test shows elevated values for 48 hours following ejaculation.)

He cites other reasons for his controversial remark. In the event the test definitely proves the elevation is due to cancer, this poses a major problem. The test has no way of determining whether the malignancy is a slow-growing, not-life-threatening, pussycat growth or a raging tiger that kills.

Equally important, Dr. Ablin says that for one life saved due to PSA screening, 48 men would have to be treated. This would leave 47 men with treatment that might put them in diapers for life due to urinary incontinence, leave them with impotence, or both.

What triggered Dr. Ablin's public outburst? He believes that financial motives, particularly in the United States, have spurred a tsunami of testing. He goes on to say that the medical community must confront this reality and cease inappropriate testing, which would save billions of dollars and rescue millions of men from unnecessary and debilitating treatments.

Critics would say that doctors have to use existing tests until better ones become available. But Dr. Ablin's remarks illustrate how tests can get out of hand, particularly when dollars are involved. And in the United States, medicine has become business driven.

The British Medical Journal also had disconcerting news for women. The blunt message, one that this medical journalist has also stressed, is that breast-screening programs seem to have no significant effect on mortality from breast cancer.

A further study in the British Medical Journal claimed that although screening was not perfect, it does save lives. The Cancer Society and other women's groups also support this thesis. So who are women to believe?

Dr. Cornelia Baines, professor emerita at the University of Toronto, has always cast doubt on the overall benefits of mammography. For instance, if 2,000 women had regular screening for 10 years, this would only save one woman from dying of breast cancer.

But 10 women would undergo needless treatment due to false positive results. Then consider the emotional turmoil, needless surgery, and wasted funds that this causes—far from a minor problem.

Today early diagnosis has become so ingrained in our psyche that criticizing mammography is like damning motherhood and apple pie. Moreover, no one ever stresses that it is totally impossible to diagnose early breast cancer by mammography.

How could it when mammography is a "lump" diagnosis? Since it takes several years to form a lump big enough to be detected by mammography, this provides time for cancer cells to spread. It's not like the Pap test that can see individual cells. There is a huge diagnostic difference.

Unfortunately one needs the wisdom of Solomon to answer these questions. But at least men and women should be informed of not only the positive benefits of early diagnosis but also the negative effects.

Dr. Gifford-Jones is a medical journalist with a private medical practice in Toronto. His website is mydoctor.ca/gifford-jones.



EPA SOURCE: Salmon is a good source of EPA. YOSHIKAZU TSUNO/AFP/GETTY IMAGES

EPA in fish oil best for major depression

By DR. JOHN BRIFFA

Fish is sometimes described as brain food. Why? Well, at least part of the explanation may be that certain types of fish are rich in omega-3 fats that appear to have benefits for the brain.

Research published in *Psychiatry Research* in March 2007 suggests that omega-3 fats can normalize brain function and protect against certain mental disorders, including psychotic illness and depression.

There are two principle omega-3 fats found in fish: eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). Recently, scientists have attempted to decide which of these two major fats gets the nod in terms of antidepressant action.

Researchers based in Cambridge, England, recently reviewed 28 placebo-controlled studies (the gold standard of studies for determining if a treatment works or not) in which omega-3 fats were used in the treatment of depression. The results were published in the *Journal of the American College of Nutrition* in October 2009.

Some of the findings from this review include the facts that omega-3 supplements were more effective when:

- Treating major depression and bipolar depression.
- The omega-3 supplements were used as an adjunct to other treatments rather than being the sole treatment.
- The omega-3 was used to treat depression rather than prevent it.
- Additionally, a major focus of this study was whether EPA or DHA appears to have the most potential as an antidepressant.

The results of this analysis showed that when EPA was the sole or main omega-3 fat used, there was evidence of significant antidepressant action. The same, however, was not true for DHA. In studies where DHA was the sole or main omega-3 supplement, no significant antidepressant action was found.

The authors of this review call for larger, well-designed studies of sufficient length, but at this stage, the results suggest that if it's mood enhancement we're looking for, EPA gives more bang for our buck.

Dr. John Briffa is a London-based physician and author with an interest in nutrition and natural medicine. His website is Drbriffa.com.

Thoughts on sickness and healing (Part 1)

By PATRICIA A. MUEHSAM, M.D.

While doing research for a book project, I happened upon some inspiring writings that I'd like to share with you: thoughts on sickness and healing. What follows are some of the words of wisdom.

In part 2, I'll share a few suggestions on how you might apply these ideas in your daily life.

ON SICKNESS

"All Sickness Is Homesickness" is a book written by Dianne Connelly on illness, healing, and living. She

is a scholar and practitioner of five-element acupuncture.

She writes: "All sickness is homesickness; homesick for ourselves and for each other. ... It is a call home to the ground of being. ... All of our daily events, events born of the day, are our journey manifest, our call to come home."

Rachel Naomi Remen, M.D., a physician with spiritual leanings, suggests that for Westerners without a spiritual framework or practice, illness can be a "form of meditation"—an opportunity to become quiet, to reflect, and to reevaluate our lives.

ON HEALING

The etymology of "heal" comes from the Anglo-Saxon root meaning "whole." I like to think of healing as a returning home to a state of wholeness. We are always whole, but we may not feel whole.

We may feel broken, incomplete, in need of mending. Healing is that process of allowing for our return to wholeness, this mending of our brokenness.

From Ted Kaptchuk, O.M.D., a scholar of traditional Chinese medicine and author of "The Web That Has No Weaver," writes: "Genuine

healing is a journey ... into a broken and hurt self, the purpose of which is to encounter a depth of humanity deeper than the tragedy of any illness ... into disorder and brokenness, whether it is curable or incurable, to find an intactness and reconciliation that profoundly reflects and manifests the genuine self. ...

"Healing is a crucible to encounter the source of our being in worst times; it is our genuine and potentially intact response to chaos, anguish, and suffering ... an opportunity to uncover the truth of who we really are. ... Healing is not something we do

only when we are sick; it is part of the process and journey of life."

Lovely, prosaic, and poetic as these notions may seem, they may seem difficult to apply, given the practical realities of our daily lives.

In Part 2, I'll offer suggestions on how to experiment with these ideas, on ways to be with sickness and to find healing—all paths to finding your way home.

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CROSSWORD

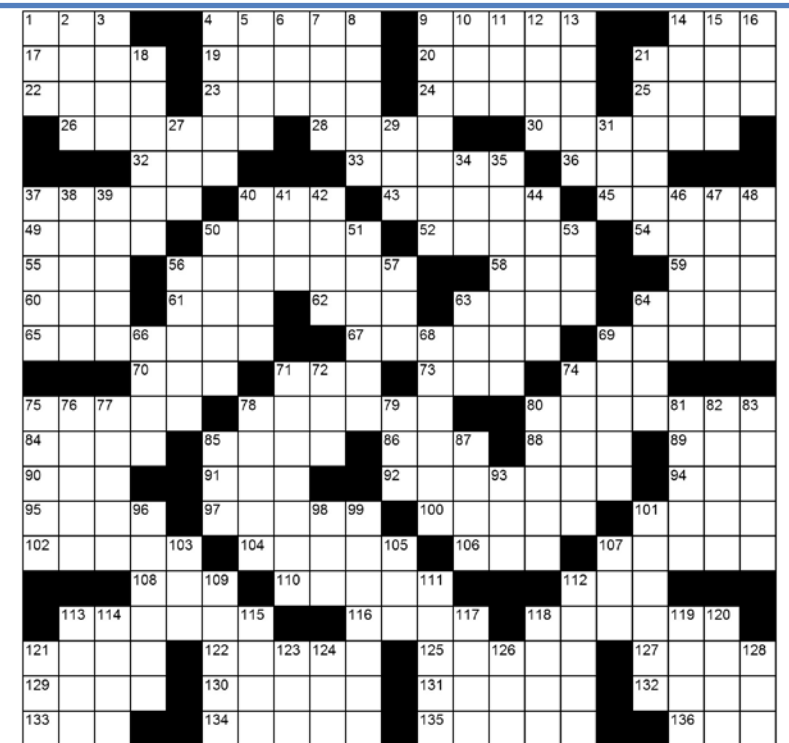
Across

- 1 South southeast
- 4 Seasoning
- 9 Adds flavoring
- 14 Football conference
- 17 American state
- 19 Tylenol's competitor
- 20 Truss (2 wds.)
- 21 Beget
- 22 El —
- 23 Shrew
- 24 Show emotions
- 25 Singing voice
- 26 Creed
- 28 Approach
- 30 Boisterous
- 32 Pluto
- 33 Winding tool
- 36 Does
- 37 Boredom
- 40 Important person
- 43 Fooled
- 45 Records
- 49 Day time tv show
- 50 Slow
- 52 Common Catholic name
- 54 Lovers quarrel
- 55 Short-term memory
- 56 Irony
- 58 Pouch
- 59 Rio de Janeiro
- 60 To be
- 61 Mr.'s wife
- 62 Hotel
- 63 Express
- 64 Air (prefix)
- 65 Jewish institute of learning
- 67 Cola brand
- 69 Make revisions

- 70 Airport abbr.
- 71 Desert
- 73 Santa's helper
- 74 W.C.
- 75 Reduce
- 78 Citizen
- 80 Quest
- 84 Weary sound
- 85 Title
- 86 Cooking measurement
- 88 Fall mo.
- 89 Compass point
- 90 Sick
- 91 Not amateur
- 92 Europe and Asia
- 94 Pallid
- 95 Excited
- 97 Large
- 100 Congealed
- 101 Deliver by post
- 102 Recently
- 104 Drops
- 106 Entrance rug
- 107 Travels on
- 108 Cause of sickness
- 110 Gulf
- 112 So long
- 113 Fish eating bird
- 116 Eye infection
- 118 — Rico
- 121 In — (together)
- 122 Sources of inspiration
- 125 Leaf moving tools
- 127 Aged
- 129 Fencing sword
- 130 Overly fat
- 131 UK members
- 132 Alack's partner
- 133 Compass point
- 134 Dapper
- 135 Nettle
- 136 Tender loving care

Down

- 1 Eat
- 2 Poke
- 3 Move gently
- 4 Ransoms
- 5 First letter of the Arabic alphabet
- 6 Rankle
- 7 Baker's need
- 8 Gain an extension
- 9 Rib connector
- 10 Point
- 11 Constellation
- 12 Skirt
- 13 Expend
- 14 Shall
- 15 Chichi
- 16 Chief executive officer
- 18 Detain (2 wds.)
- 21 Saudi Arabian citizens
- 27 Three
- 29 Succor
- 31 Free of
- 34 Certified public accountant
- 35 She self
- 37 School assignment
- 38 "— Dame"
- 39 Gives a title to
- 40 Vice —
- 41 Incorporated (abbr.)
- 42 Parent teacher groups
- 44 Goddess
- 46 Bout
- 47 Hiker's trail marker
- 48 Arose
- 50 Worm-like stage
- 51 Fish hawk
- 53 Skit
- 56 Hit
- 57 McDonald's "Big —"
- 63 Volume (abbr.)
- 64 Famous cookies
- 66 Hebrew 8th letter



- 68 Population count
- 69 Main artery
- 71 Pink —, punch
- 72 Writing liquid
- 74 Understandable
- 75 From Asia
- 76 Bottom part of a ship
- 77 Luminous
- 78 Weight measurement
- 79 Dined
- 80 Suggest
- 81 Single
- 82 Sappy
- 83 Minds
- 85 Revolutions per minute
- 87 Formal dance
- 93 Wing
- 96 Gander
- 98 Scrape
- 99 Homer classic
- 101 — Nevada (mountain range)
- 103 Yang's partner
- 105 Concord e.g.
- 107 Grain

- 109 Citrus
- 111 Asian nation
- 112 Shaggy
- 113 Cheats
- 114 Afresh
- 115 Brass
- 117 Garner
- 118 Mexican money
- 119 Slope
- 120 Opaque gem
- 121 Tailor
- 123 Jell
- 124 Time zone
- 126 Family
- 128 Escudo

Last week's solution:

