

Seeing with New Eyes

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Einstein was right on when he said that we can't fix our problems as long as we think the same way we did when we created them. That holds true in lots of areas in our world, but it is especially applicable to healthcare; and the need to see our problems differently is fundamental to our view at Common Sense Medicine ®. Seeing differently is the beginning of having affordable healthcare for more people as well as making us all healthier.

Our current brand of medicine is based on the world view that we had back a bit over a century ago. We had just given up bloodletting because we found out it killed people and had to come up with an alternative to the humoral system. The humoral system defined disease in terms of an imbalance of the four humors; symptoms that indicated either too much or too little of the particular humor were treated with drugs or other treatments designed to balance them, or at least to make the symptoms go away.

So the essence of the humoral system was doing something to make symptoms go away. In the time of the humoral system the symptoms were often misinterpreted; the symptoms of too much blood, for example, were the redness, pain, fever, and swelling we know today as the inflammatory response. Of course no one knew about the inflammatory response until several decades after we stopped bloodletting so they thought that it was the loss of blood itself that killed people.

But the people doing the bloodletting were more experienced than that. They knew that people could bleed to death and they were very careful not to go that far. If they went just part of the way the symptoms of too much blood went away; you could literally watch the redness, swelling, warmth, and even the pain from the swelling go away as the loss of blood triggered the shift of blood to the central organs in what we know as shock. And they didn't die, at least right away. The research that killed bloodletting was done on people with pneumonia in the 1850s and they died only when their disease killed them. We think they died because bloodletting hobbled the inflammatory response. If you hobble the defense of your favorite football team they are going to lose and, unfortunately it's the same with us.

But most doctors still don't see things this way, possibly because they don't yet see the proper role of these defenses. What replaced the humoral system in the early years of the last Century was what is called scientific medicine. Doctors looked at how the body works to get a scientific basis for the symptoms they were treating, but that didn't appear to change things very much.

Beginning in the 1930's, not long after we finally stopped bleeding people, researchers started looking at the role of histamine, the trigger for the runny nose. They developed antihistamines in the 1940s. They were the miracle drugs of the period. In the mid 1960s they were seen as safe enough that they were made available over the counter, without a prescription. These pills are sold at the counter for cold and flu symptoms and there is a vast variety of them. It wasn't until 40 years later that some doctors got suspicious that these drugs were related to some deaths. When this was confirmed in 2007 these drugs were rapidly and voluntarily taken off the market for children.

Cold and flu symptoms are mostly a runny nose, rhinorrhea in medical language, and a fever with all the aches and pains that often accompany it. But these symptoms are defenses, just like the inflammatory response. Your nose doesn't run when nothing is bothering it, and when something is bothering it the first response is to try to

wash it out. The people who developed antihistamines were focusing only on the symptoms; together with those who use them they are still practicing humoral medicine. The symptom in this case, the runny nose, was actually made into a disease that could be easily treated with the wonder drugs of the 1940s.

I contacted the FDA in 2007 and suggested that what they were seeing, rather than the results of overdosing, was the effect of blocking a defense; I suggested that the increased mortality of children exposed to these drugs was the same thing the French researchers saw in people exposed to bloodletting in the 1850s. “That’s an interesting way to look at it,” was their only response.

It’s the way Randy Nesse and George Williams looked at it in their book, *Why We Get Sick: The New Science of Darwinian Medicine*. They look at why we have symptoms and show that they are either *defenses*, *manipulations*, or just *side effects* based on how the symptoms help us, or our invaders, in the game of survival we are constantly playing with them. *Defenses*, that help us survive, need to be honored and supported. *Manipulations*, that help the invaders, need to be blocked, best done in the ways described by Paul Ewald in his book, *The Evolution of Infectious Disease*. Ewald shows that killing bacteria (hard power in Joseph Nye’s sense of the word) pushes bacteria to adapt toward resistance and increased virulence. Soft power, on the other hand, like bed nets, condoms, hand and nose washing, blocks transmission without killing and encourages adaptation toward commensalism.

The FDA did not, and does not, see this way. In regard to nasal defenses medical researchers like Christer Svensson have looked carefully at what histamine does in the nose and concluded that it’s function is defensive; it is trying to wash out something that is bothering us and it gives us an edge in our ongoing game with the infectious agents in our environments. Defenses such as these need to be honored and supported, and certainly not just turned off as bothersome symptoms, which is what too many continue to do today.

In our book, *The Boids and the Bees*, which we see as king of a primer for Darwinian medicine (but we in Texas call Common Sense Medicine) we discuss the defenses protecting our most threatened areas—the openings to our bodies—and how to honor and support them. We think this is a much healthier way of coping with some of our more uncomfortable symptoms.