

Letters to the Editor

Dubious Uses of Paper, Postage and Reader's Time

Editor:

Your planned price increase "due to recent increases in paper cost and postage" raises a sore point with me. As a subscriber since 1985, I have a friendly suggestion.

I wish *TLfDP* would decrease use of paper and postage by being more selective about what it publishes. Too much of *TLfDP* is rambling, half-baked, unreferenced or otherwise of low use. This problem is getting worse - or my patience for it is going down (or both) - as the size of the magazine has expanded over the years. *TLfDP* becomes less welcome to me as it takes longer to search through the chaff. To pay more for less is doubly unwelcome. I understand your ideas about peer review (July 1993, p. 740), but for me they are now colliding with too many pages.

What I like best about *TLfDP* includes literature abstracts with brief commentary, news of many kinds, brief hypotheses, and the more factual, thoughtful book reviews. What I like least are windy essays, overly long letters and inadequate references.

Here are two examples of dubious uses of paper, postage and readers' time: 1. "Enzyme Therapy. An Effective Alternative for Musculoskeletal Problems," by Anthony Cichoke, Nov. 1994, p. 1183-85. The first 90% discusses the dangers of corticosteroids, with 26 references, but with no mention of the title subject. The last 10% dealing with enzyme therapy cites not one reference. Yet the author concludes with a straight face that "Enzymes are a proven and effective" alternative to steroids.

2. Article on coconut oil, by Ray Peat, June 1995. Page 156 (last paragraph) says, without references, "The anti-obesity effect of coconut oil is clear in all the animal studies." Intrigued, I looked for such studies in Medline. I found none. So I wrote to Peat 7 weeks ago asking for key references, including for his additional claim of cholesterol lowering. I've received no reply to date.

Communication and information are valuable. Bluster and unreferenced "facts" are not. I wish *TLfDP* would increase the ratio of the first to the second, or print fewer pages, not more. I don't have unlimited time for an unlimited, unselective *TLfDP*, and I doubt that many practitioners do either. I suggest you poll readers about the growing size of *TLfDP* and what parts they value most. For me *TLfDP* has become too large to be so unselective.

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Ray Peat, PhD Replies

Thanks for passing on the comments from D.R. Davis, PhD I haven't received his letter asking me for references, and I assume it's because my Mexican address was listed with the coconut oil article. (I'm back in Eugene, Oregon).

Davis mentions that he looked in Medline for references to the animal studies I wrote about. Practicing physicians, who put in long hours with their patients, and who work in the context of an often authoritarian profession and an oppressive bureaucratic culture, need to find out in an efficient way what other physicians are doing, and they probably find Medline and Index Medicus very useful. But for a research scientist working in a college of natural sciences, in a university with a good library, there are more appropriate ways to search - especially since I emphasized that some of the work was done more than 50 years ago.

I decided to take a random sampling of Medline's information. (I noticed that the library's machine advised that Medline not be used if you are looking for information on non-human animals). I looked at their entries for 1984, where

I found F. Berschauer, et al., "Nutritional-physiological effects of dietary fats in rations for growing pigs. 4. Effects of sunflower oil and coconut oil on protein and fat retention, fatty acid pattern of back fat and blood parameters in piglets." *Arch. Tierernahr* (East Germany) 34(1), 19-33, 1984. [Fat content in the coconut oil fed animals, after only 34 days, was 15.9%; in the control group, 18.6%; and in the sunflower oil fed animals, 21.1%.]

So, I saw that Medline does include an animal-nutrition journal, and decided to check another year. J. Yazbeck, et al., "Effects of essential fatty acid deficiency on brown adipose tissue activity in rats maintained at thermal neutrality." *Comp. Bioch. Physiol. A* (England) 94(2), 273-276, 1989, suggested that the observed increase in resting metabolic rate produced by using coconut oil to create an essential fatty acid deficiency, is partly the result of increased heat production in the brown adipose tissue. The weight of that fat decreased by 28%, while its ability to produce heat increased 69%.

If Davis checked a data-base that was designed for animal research, he could find an abundance of publications relevant to the question of coconut oil's effect on body fat. I don't know of any computerized data systems for biology that go back 60 years, but manual searching of the printed sources is only a little slower than the electronic method, and infinitely more precise. Over the years, I have noticed that science libraries seem to be off limits to most professors, so any information they can get from computers should be significant, but the reliance on computer-retrieved information puts an awful burden on the people who choose the keywords.

The *Townsend Letter*, especially with your new title, is obviously a journal of viewpoint, and not of technical data. As such, much of its function is to clarify goals, orientations, and beliefs, and possibly to encourage people to have more imaginative, flexible, and critical attitudes toward medical ideas. When a publication purports to be objective and "scientific," then there is a problem with unsupported assertions. If Davis

had complained, for example, that an article in the July/August *Scientific American Science and Medicine* by D.V. Spicer and M.C. Pike was doctrinaire, ideological, and promotional, and failed to support most of its important assertions, I would think his letter was constructive. But I think he misunderstands the *Townsend Letter's* reason for existence. Although it isn't at all the sort of "alternative health" journal I have imagined publishing, its openness is important in this increasingly repressive medical-bureaucratic environment.

The refereed journals are not great critics of themselves. Some appalling things happen at the "great journals," but the scientific-medical reader generally assumes that the editors fairly select representative experts to review the submitted work. Venality, bigotry and plagiarism are probably just as well represented in the main-line professional journals as in other parts of our society. The greatest abuses are possible when the referees are anonymous. A series of shocking experiences with journal referees over a period of 15 years led me to stop submitting my work to professional journals in the U.S. There are only a few small journals that I think are respectably free from the corrupting influence of corporate power.

In 1981, I began a newsletter to keep my friends informed of my progress. Occasionally, these almost private communications get wider distribution, as when the *Townsend Letter* picks them up. I am glad to offer a few readers some background sources and occasionally some additional material I didn't cite in the newsletter, but when someone is making their first approach to an area of research, I think the best method is to ask a science librarian to help them.

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Enzyme Therapy: An Effective Alternative For Musculoskeletal Problems

Editor:

In response to Donald R. Davis, Ph.D.'s letter I would like to offer the following comments.

A review of my article ("Enzyme Therapy: An Effective Alternative for Musculoskeletal Problems") indicates that his statement regarding a lack of references in the enzyme therapy section of that article is correct. Somehow, the references which substantiated enzyme therapy did not appear in that article. I honestly don't know how this happened. But I am the author, and the buck stops here.

The *Townsend Letter for Doctors* is a vital, essential avenue for presentation of information on alternative therapies. Therefore, when a concept is presented, the readers have the right to know the source of this information and to be presented with substantiating references. This is an extremely valuable periodical, one which has the strength to present new information and controversial topics. Therefore, each author has an extreme responsibility - a trust to document all statements he or she makes and to be able to defend his or her position, based on the articles referenced in the manuscript.

Although subsequent enzyme articles have substantiated many of the points made in the November, 1994 article, each article must stand on its own.

Therefore, I apologize to the *Townsend Letter for Doctors*; to its fine readers; to my research mentors at the University of Minnesota, University of Rochester, Eastman Dental Center, and Case Western Reserve University; the Ph.D.s and M.D.s (in universities and research institutions) throughout the world who did not have the opportunity to substantiate their concepts on systemic enzyme therapy through the referenced bibliography, and finally to Dr. Davis.

The hundreds of research articles on systemic enzyme therapy verify its effectiveness for a multitude of conditions. Each reader has the right

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to know why and where to go for further verification.

For additional substantiation, please see previous and future *Townsend* articles on enzyme therapy, my book: *Enzymes and Enzymes Therapy: How to Jump Start Your Way to Lifelong Good Health*, and the article in this issue of the *Townsend Letter for Doctors*.

The following is a referenced rewrite of the section, *Enzyme Therapy: An Alternative Course of Action*, that appeared on page 1185, *Townsend Letter for Doctors*, November, 1994:

Enzyme Therapy: An Alternative Course of Action

In recent years, researchers have offered alternatives to the use of cortisone therapy for musculoskeletal problems.²⁷⁻⁵⁰ Systemic enzyme therapy appears to be a viable alternative with none of the serious side effects so often noted with cortisone.⁵⁰

Conservative health care and systemic enzyme therapy can help contain costs and provide a greater sense of patient satisfaction.

Enzymes are effective in treating various conditions (both acute and chronic)^{51,52} because they:

- Inhibit edema^{53,53}
- Activate fibrin degradation^{54,55}
- Interact with prostaglandin synthesis^{55,59}
- Degrade complement-activating immune complexes⁶⁰⁻⁷¹
- Stimulate the function of antibodies⁷¹⁻⁷⁴
- Improve plasma viscosity^{51,71,73,75-78}
- Reduce atherogenic lipids^{73,79}

Conclusion

Although adjustments and soft tissue techniques are the prime chiropractic tools, their success can be greatly influenced by musculoskeletal and total body health.⁸⁰ Cortisone therapy can interfere with the body's innate capacity to maintain health and to fight disease.⁸⁶

Enzyme therapy seems a viable and natural alternative in caring for musculoskeletal problems when compared to the serious and long-term side effects of cortisone. Enzymes are a proven and effective tool that should be implemented by practicing alternative