

## BOOK REVIEW

# Uncovering the grammar of the coronaries

SANTANU DUTTA, STHABIR DASGUPTA

- **Manu Kothari and Lopa Mehta. *Much ado about coronary artery disease & heart attack: myth and realities of cause, cure and prevention*. Mumbai: Bhalani Publishing House, 2017. pp 511, Rs 551, ISBN-10: 9381496439.**
- **Manu Kothari and Lopa Mehta. *Coronary artery disease and heart attack: a demystifying perspective for a common man*. Mumbai: Bhalani Publishing House, 2017. pp 186, Rs 311 (Paperback) ISBN-10: 9381496447.**

These books are the outcome of about four decades of research and deliberation on the subject by the authors, Dr Lopa Mehta and (the late) Dr Manu Kothari. Long known for their unorthodox outlook, and as erudite teachers and retired heads of the department of Anatomy at Mumbai's Seth GS Medical College, the authors have maintained their usual lucid, illuminating and thought-provoking style of explaining the grammar of the coronaries and heart attack in the present works. They have questioned the conventional wisdom of interfering with the coronary system in order to set the circulation right, one of the cherished certainties of modern medicine. They have clearly asserted that such ideas are based largely on false premises.

Modern medicine relies on solid evidence. Evidence makes rules. Long back in the late sixties and early seventies of the last century, Manu Kothari and Lopa Mehta had explained cancer as a causeless, intrinsic and temporal phenomenon. Such an opinion was, of course, against the "rules." In the present books also, they have steadfastly maintained their unconventional outlook. They have first explained elaborately the basic anatomy and physiology of the coronary system, and then shown that the conventional rules governing the cardiac sciences are riddled with loopholes. The loopholes, however, were shown by James Bryan Herrick long back in 1912 (1); and again, by J Willis Hurst in 1983 (2). Petr Skrabanek and

James McCormick also raised relevant questions on coronary heart disease in *The Lancet* in 1988 (3). Very recently, it was clearly reasserted that coronary interventions neither benefit in reducing symptoms nor improve the quality of life, when compared with a placebo procedure (4).

This is the most pertinent point the authors have brought forth. They have explained the reasons for the failure of such an interventionist philosophy and stressed that even with a broader perspective, it fails to prevent "untimely" death. The authors have taken recourse to a holistic philosophical outlook that teaches that Death has its own mathematics, governed by Pascalian probabilities, and thus, it simply disregards our pious methods of prevention, diagnosis and treatment of intrinsic diseases. They have discussed these issues as intellectual mavericks with their usual wry humour and cheerfulness. Their biophilosophical outlook may immensely enlighten modern surgeons, physicians, anaesthesiologists, as well as those lay persons who are really anxious about ischaemic heart disease.

Having thus gained an insight, the readers are obliged to reconsider the aggressive approach to changing the grammar of the coronaries, which will ever remain a will-o'-the-wisp. This is because blocks do not produce cardiac dysfunctions; it may simply be the other way around. This reminds us of the old aphorism that the very act of observing may alter what is being observed. In this way the authors have indeed made an epistemic break with the conventional stance of modern medicine. These ideas will certainly raise some common and relevant questions in the minds of readers. The authors have also addressed them most lucidly. It is not surprising, therefore, that the authors assert that "the so-called Coronary Artery Disease (CAD) is a vertebrate feature, a part of ageing and one's biological trajectory; unrelated to any cause, having no cure, and not keen on causing death" (p.115). They explain later that "the isonumerality of DEH (Death Every Heartbeat), and DEBs (Death Every Breath) amongst animals including manimal is a vertebrate feature endowed by whatever you want to call [sic]" (p.369).

The readers may wonder why and how, interventionist procedures are flourishing in our time. However, the curious know that this question was answered way back in 1997, in an editorial in the *New England Journal of Medicine* by Professor Harlan Krumholz (5). He argued that our healthcare system survives in an environment that prefers commerce over science. This environment compels us to regard the human body as a sophisticated car that is reparable part by part, as and when required. Thus, "prevention" becomes the most

Authors: **Santanu Dutta** (dr.santanudutta14@gmail.com), Cardiothoracic and Vascular Surgery, Institute of Post Graduate Medical Education and Research and SSKM Hospitals, Kolkata, INDIA; **Sthabir Dasgupta** (sthabir@yahoo.com), Medical Practitioner, Kolkata, INDIA.

To cite: Dutta S, Dasgupta S. Uncovering the grammar of the coronaries. *Indian J Med Ethics*. Published online on June 13, 2018. DOI:10.20529/IJME.2018.047.

Manuscript Editor: Sanjay A Pai

©Indian Journal of Medical Ethics 2018

loveable term in medicine. To this, the authors quote from E Fuller Torrey (6) that "Prevention is powerful, efficient, and American"!

Nevertheless, we feel that there is room for disagreement with some of the premises of the authors. For example, readers may remain confused about the benefits of "the juice of sweet gourd (*dudhi*)" as proposed by the authors. They certainly do not claim that it unblocks the artery but assert that it improves "the performance of heart." They have also discussed to a little extent their success story with *lauki* (bottle gourd) at Hridaya-Mitra Mandal, an organisation based in Nagpur. The lay and the learned would, however, be more informed and illuminated in this regard if more scientific analyses are provided in the future. We must not fall into the old trap of the "naturalistic fallacy," thinking that something is acceptable only because it is natural, or that whatever is unnatural is undesirable.

We also feel that healthy and democratic discussions on the

questions and assertions made by the authors should prevail in our academics and conferences, for we should not forget the famous words of Karl Popper that "Knowledge advances not by repeating known facts but by refuting false dogmas," naturalistic or reductionist.

#### References

1. Herrick JB. Landmark article (*JAMA* 1912). Clinical features of sudden obstruction of the coronary arteries. *JAMA*. 1912 Dec 7[cited 2018 Jun 6]; LIX (23): 2015-2022. Available from: <https://jamanetwork.com/journals/jama/article-abstract/433082>
2. Hurst JW. Obstruction of the coronary arteries. *JAMA*. 1983 Oct 7; 250(13):1763-65
3. McCormick J, Skrabanek P. Coronary heart disease is not preventable by population interventions. *Lancet*. 1988 Oct 8;332(8615):808-62.
4. Redberg RF. Overuse of percutaneous coronary interventions. Editor's Note. *JAMA Intern Med*. 2018;178(2):247. doi:10.1001/jamainternmed.2017.7828
5. Krumholz HM. Cardiac procedures, outcomes, and accountability. *N Engl J Med*. 1997 May 22;336(21):1522-3.
6. Torrey EF. *The Death of Psychiatry*. New York: Penguin Books; 1975. 234 pp.