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Improve the impact of cancer control and population science on the health and health care of the world and promote the rapid integration of research, practice and policy. Stay up to date on everything from DCCPS @NCI ImplSci Consider these statements: “There is a evidence base for biocampal therapies.” (citing the Cochrane Review of Touch Therapies) The biggest question is what is meant by “pseudoscience” and what information is worth disclosing to the public. Should the data from our rigorous, well-conducted randomized controlled trial [of “biofield healing”] be discarded because the mechanisms are unknown or because some scientists do not believe in specific therapy? ÁThe premature rejection of the results of rigorous randomized controlled trials is as much a threat to science as the continuation of belief-based falsehoods. Therefore, as physicians and scientists, our greatest duty to patients should be to explore promising solutions with a high risk/benefit ratio, not to act as custodians of information based on personal opinions. ÁJain et al. quoted here Á ÁTactile therapies can have a modest effect in pain relief. Further studies on HT and Reiki are needed to relieve pain. Further studies involving children are also needed to assess the effect of touch on children. Touch Therapies are so called because it is believed that practitioners have touched the energy field of the client. This effect is thought to occur by exerting energy to restore, energize and balance energy field disturbances using hands-on or hands-off techniques (Eden 1993). The basic concept is that disease and disease result from imbalances in the vital energy field. However, the existence of the energy field of the human body has not been scientifically proven, so the effect of such therapies, which are thought to have an effect on the energy field, is controversial and questionable. ÁCochrane Review of Touch Therapies, quoted here ÁScience is advanced by an open mind seeking knowledge, while acknowledging its present limitations. Science does not make claims about what cannot be true, simply because the evidence that it is true has not yet been generated. Science does not confuse lack of evidence with evidence of absence. Science itself is fluid. “David Katz” When people got interested in alternative drugs, they asked me to help out at Harvard Medical School. I realized that to survive there, you have to become a scientist. So I became a scientist. “Ted Kapitckuk, quoted here. ÁIt seems that the decision about accepting evidence (both medical and religious) ultimately reflects the person’s beliefs that exist before any argument and “Ted Kapitckuk, quoted here. Together, they betray a misunderstanding of science common not only to CAM apologists, but to many academic medical researchers. Let me explain. Science: You keep using that word. L... L... L... Don't think that means what you think. In common use the word “science” has different meanings, which can or cannot be clarified in context. Two that are readily in mind are 1) the growing body of knowledge about nature, accumulated over the various centuries during which a distinctive and rational method of investigation was employed, or at least part of it; 2) that method of investigation, also known as the “scientific method”, characterized by the collective tools of science—observation, generation of hypotheses, control and repeated hypotheses tests, the use of mathematics for the generation of complex hypotheses, The most important misunderstanding of science we see in the quotes above is a conflation of the two meanings, or in some cases a complete disdain for the first. So, because some clinical studies have suggested “a modest effect on pain relief” for (not)Touch Therapies, there must be “a test basis for biocampus therapies,” and discuss otherwise is “as a big threat to science as the continuation of falsehoods based on belief.” Moreover, since “the absence of evidence” is not the same as “the proof of absence”, and since “science does not make statements about what cannot be true”, the responsible scientist must judge the “energy field of the human body” to be a real possibility, even if “it was not scientifically proven”. These notions are nonsense: science makes statements about what cannot be true. Neither clinical research can ever overthrow those claims, which are based on much more rigorous and voluminous experimental data that can be generated in the complex and incorrect of clinical studies. It is the first meaning of science, as defined above, which is the most relevant for research “CAM”. The second meaning is just applicable, for reasons I discussed earlier and can revisit here, if I have time. “What do we do over the last 300 years?” The physicist, Milton Rothman, wrote three small books that are useful for a discussion like this. One of these books, a doctor’s Guide to Skepticism, has an entire section entitled “Permission Laws and Denial Laws”. The chapter on “Laws of Denial” begins as follows: It is fashionable in some environments to insist that “nothing is impossible”, as if to admit the impossibility of some expensive goals is “to test”, have a closed mind, be a spoilsport, a pessimist. This cliché is more widespread in the inspiring rhetoric related to therapeutic, educational or sports activities. However, one of the fundamental functions of science is to determine what actions are impossible in this real world. Choosing between possible and impossible is a task done by means of the laws of negation, which bind us firmly to reality also as imagination sows unfetteredthe universe. Another trendy cliché is that “all scientific theories are provisional”, as if physics knows nothing for sure, and everything we think we know is likely to be false in the future... If all scientific knowledge is tentative, what do we do for the last 300 years? How can I be so sure that the computer I’m typing on will print the words I’m putting into it? A more accurate assessment of the situation is to recognize that one of the fundamental tasks of science is to critically examine all knowledge and to separate from tentative ideas and false notions of past facts which are so well established that thinking them subject to change is to invite desirable thought and foolishness. The laws of negation, as explained by Rothman, are the laws of conservation of energy, motion, angular motion and electric charge; the Lorentz principle of invariance, “from which follow the conclusions of special relativity: no object, energy or information can travel faster than velocity.” the principle of causality, with which it is “impossible for an effect to appear first in time and in the second thermodynamic cause.” There are other statements that can be made with a much higher degree of certainty than is necessary to preclude their being overturned by clinical research, although they are less certain than the laws of negation. For example, since all known interactions can be explained by the 4 forces of the Standard Model, and since only two of these forces á gravity and electromagnetic force á explain all actions other than those at the subatomic level, there is no reason to invoke imaginative forces (the life force, the “biocamps”) that are They have never been detected and add nothing to our understanding of natural phenomena. Rothman distinguishes between “ideological skepticism” and “pragmatic skepticism”. Ideological skepticism is disbelief based on deep psychological factors... It includes disbelief in the conservation of energy and other laws of negation because you cannot hear authority figures who tell you what you cannot do. [E] encourages you to realize that we cannot know anything for a certainty, and that, consequently, anything is possible. Pragmatic skepticism is disbelief in phenomena that contradict the laws of nature that have been carefully verified by experiment and observation. It is based on a well-founded understanding of those natural laws, and their uses and limitations. It is clear that pragmatic skepticism á the kind that makes real scientists and SBM authors skeptical of ábiocamps,á homeopathy, psychokinesis, and all the rest á is based on neither áthe person’s beliefs that exists before all arguments and observation. Rothman asks: “How the laws of physics give us the power to statements about biology or psychology, evolution or human behavior? “The answer lies in the laws of denial. While we are unable to make correct predictions about what things will do by using the permission laws, we can make very precise predictions about what they cannot do. Rothman then proposes some of his negative predictions, with explanations based on the laws of denial. Summing up: I will never jump as high as the moon, at least not without a mechanical help. I will never burn suddenly. I’ll never be able to levitate suddenly and get up from the floor, as hard as I want it... No one will ever build a flying vehicle capable of getting high in the air supported by nothing but magnetic fields. Nobody’s ever gonna build an antivigrity machine. No one will ever make a murder on the stock market by predicting the future. No one will ever send a message through the space that does not decrease in intensity as it moves away from the sender. No one will send or receive any message that travels faster than the speed of light. No one will ever affect the position or movement of any kind of physical object from afar just thinking about it. No one will ever prove that astrology really works. The number 10, a reference to psychogenesis, covers a broad category of “CAM” statements, including “biological fields”, “Therapeutic Law” and “distance healing.” If you first think of P values or confidence intervals or randomization or deletion or allocation, you are misled. Some of these may be important tools for some types of research, but do not constitute science such as rulers or scales or graphic paper or chromatography constitute science, and those whose experience is limited to such tools can be intelligent and useful for some scientific activities, but are not scientists. “A subtle change in the balance of medical authority” a true biomedical scientist, Steven Goodman, who also learned Bayesian inference: There is an important problem in interpreting modern medical research data: biological understanding and previous research have little formal role in interpreting quantitative results. This phenomenon is manifested in the discussion sections of the research articles and can ultimately affect the reliability of the conclusions. The standard statistical approach has created this situation by nourishing the illusion that conclusions can be drawn with certain “mistake rates” without taking into account information from the outside of the experiment. This statistical approach, whose main components are the P values and hypothetical tests, is widely perceived as a mathematically inferencing approach. The medical community does not appreciate the fact that the methodology is a amalgam ofThis method has facilitated a subtle shift in the balance of medical authority from those who know the biological basis of medicine to those who know quantitative methods, or to quantitative results alone, as if numbers speak for themselves. This seems to explain why “further studies on HT and Reiki are needed to relieve pain” and why they will continue to be “necessary” until nausea. And now, thanks to commentator phayes, I’m going back to my new favorite treatise on how to use probability theory to make sense of incomplete information. Tip: This is not what the frequentists who now claim medical authority use. ÁThe Prior Probability, Bayesian vs. Frequentist Inference, and EBM Series: 1. Homeopathy and Evidence-Based Medicine: Back to the Future Part V 2. Previous probability: The dirty little secret of “evidence-based alternative medicine” 3. Previous probability: the dirty little secret of “evidence-based alternative medicine” Continue 4. Previous probability: The Dirty Little Secret of “Alternative Medicine Based on Evidence” Continued again 5. Yes, Jacqueline: EBM should be synonymous with SBM 6. The 2nd Yale Research Symposium on Complementary and Integrative Medicine. Part II 7. H. Pylori, plausibility and Greek tragedy; the bizarre case of Dr. John Lykoudis 8. Evidence-Based Medicine, Ethics of Human Studies, and the “Gonzalez Regime”: a disappointing editorial in the Journal of Clinical Oncology Part 1 9. Evidence-Based Medicine, Ethics of Human Studies, and the “Gonzalez Regime”: a disappointing editorial in the Journal of Clinical Oncology Part 2 10. SBM and EBM Redux. Part I: EBM Underestimates Basic Science and Overestimates RCTs? 11. Di SBM and EBM Redux. Part II: Is it a good idea to test highly improbable health claims? 12. Di SBM and EBM Redux. Part III: Parapsychology is the role model for research “CAM” 13. SBM and EBM Redux. Part IV: More Cochrane and a bit of Bayes 14. SBM and EBM Redux. Part IV, continues: More Cochrane and a bit of Bayes 15. Cochrane is starting to “GetÁ€Á SBMÁ”! 16th. What is Science?

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