

Medicine versus Science

Mario Ciampolini*

Preventive Gastroenterology, Department of Pediatrics, University of Florence, Italy

***Corresponding Author:** Mario Ciampolini, Preventive Gastroenterology, Department of Pediatrics, University of Florence, Italy.

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I consider Science as a collection of findings that show associations of facts and events in time, in space, in sounds or in whatever continuum. Facts and findings sustain each other in the collection. Contradictions may emerge from inside the collection or in the confrontation with supervening events. The contradiction(s) show partial or total failures. Leonardo da Vinci said: find the rule (association) and you shall not need experience! Thus Science has a predictor value and may be confirmed or dismissed in time, space or in whatever continuum it lays.

So Science has huge value in Medicine. Here, I include all operation to improve our life. We saw already a difference between Science and Medicine: Science was considered by Feyerabend (and by my initial presentation) as the tyranny of truth [1]. Science develops independently from our wishful opinions. Medicine is an opinion and cannot subtract itself from being an opinion! Incomplete documentation is sufficient in Medicine to change conclusion from Science. I submitted a manuscript for publication to NEJM and the manuscript was rejected. Both I personally and the Editors knew that submitted statements (including findings on associations) were objective [2-8]. This means that corresponded to events and facts that subsisted independently from our description, opinion or consensus. Unfortunately this discrepancy between Medicine and Science is frequent although Science might produce unbelievable advancements in Medicine. Take as an example the Obesity epidemics [2]. You may instead consider the NCS study promoted by the US senate [3]. The study was catalyzed by rising rates of chronic diseases in children - increases in asthma, autism, birth defects, dyslexia, attention deficit-hyperactivity disorder, schizophrenia, obesity, and diabetes that were too rapid to be of genetic origin. There was the fear that exposure during vulnerable stages of early development to hundreds of new and untested chemicals. The goal of the NCS, like that of the Framingham study, was to identify preventable risk factors for disease.

The risk may not reside in new chemicals. A new molecule may be consumed by few people with different effects now here and there. The millions of different new molecules cannot produce generalized increase in the same disease like fattening and high preprandial Blood Glucose. Fattening/diabetes is widespread and is followed by subclinical inflammation that includes the promotion of the other disorders [7-24]. Errors in energy balance are easy, generalized and increasing. These errors consist in higher efficiency of weight production. This increased efficiency improbably depends on pollutants. Current trends in energy intake promote fattening and diabetes in all countries. An increased attention on personal energy balance might be insufficient to stop the epidemic fattening/diabetes [10], yet this direction is scientific and has scientific consensus. Are there political or economic reasons for abstinence from informing the population? Stating a new explanation for an unchanged and persistent problem evokes at least distrust in the audience. Changing a treatment for an unresolved illness produces distrust. Unfortunately, Science is similar to life, projects can be wrong and require substitution, although this is associated with loss of prestige and power. Authorities in Medicine are not scientists as we explained. These authorities defend their power position than working for population health. They maintain order and this maintenance is necessary. I think that Journals with large audience need to survive and maintain their power to prevent chaotic developments. Even erroneous engagements require to go on until either a failure or a success has been clearly reached. With time, information accumulates and changes may slowly be accepted.

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