

More Fear-Mongering from the University of Calgary Neurologists

Earlier this week an anti-CCSVI paper, entitled “Complications in MS Patients after CCSVI Procedures Abroad (Calgary, AB)” and authored by a number of University of Calgary neurologists led by Jodie Burton, was published in the September issue of the Canadian Journal of Neurological Sciences. Notably absent from the list of authors is Louanne Metz, the lead MS neurologist at the University of Calgary and a staunch anti-CCSVI warrior. There is little doubt that Metz was the invisible hand behind the formulation of this anti-CCSVI initiative and she was likely a ghost writer of the article.

This article has received a lot of press and TV coverage with the standard theme being that many persons with MS who get CCSVI treatment are suffering major complications. Of course, the anti-CCSVI, right-wing bloggers such as Colby Cosh used the article as a way to bash the entire concept of CCSVI and call Dr Zamboni’s breakthrough discovery “junk” science.

Two years ago, when I first wrote about Dr Zamboni’s work and its potential importance for helping to treat MS, I noted that “In the past, non-drug treatments for MS have been marginalized, mainly for financial reasons. I predict it will be a long, hard fight to get the treatment of CCSVI from the laboratory to the clinic.” The Burton article is best seen as one more attack by the anti-CCSVI forces in the continuing “Liberation War” which pits the neurologists and their pharmaceutical and big charity allies against the MS patient community.

Over the last two years, the U of C neurologists have fought hard to denigrate the concept of CCSVI and to discourage anyone from MS from having their veins checked for blockages. The last thing they want to see is venous angioplasty becoming a part of standardized MS treatment given that it may well displace the need for the nearly worthless drugs all the U of C neurologists strongly encourage their patients to use. Most, if not all, of the neurologists have enjoyed substantial direct and/or indirect benefits from the MS drug companies over the last 15 years and they certainly don’t want the good times to be slowed or halted by a non-drug, vascular procedure.

Since news of CCSVI treatment first broke, one of the strategies of the U of C MS neurologists to discourage patients from getting CCSVI treatment has been classic fear-mongering. This was beautifully illustrated in a 2010 Alberta Health Bulletin on CCSVI to which the U of C neurologists contributed substantially. The report includes many erroneous statements, half truths and mind-boggling, fear-mongering fabrications as:

“Neurologists are not convinced that there are truly blockages in the veins of people with MS, unless the vein is frankly clotted. This latter condition is only seen in some MS patients after they have angioplasty.”

“it is hard to imagine how venous angioplasty can possibly do anything but risk injury to a vein.”

“there are *no* situations where venous angioplasty is an accepted and satisfactory treatment.”

“we can be confident that many people will sustain completely occluded veins from the procedure”

It is clear that the Burton article is simply the latest and greatest, fear-mongering contribution from the CCSVI-hating, U of Calgary neurologists. In their article, they report the complications suffered by five Calgary patients following venous angioplasty in clinics in various parts of the world (e.g. India, Poland, Mexico). These complications include venous thrombosis, a possible migrated stent, possible nerve damage, and an abdominal hematoma. No one is arguing that such complications are not serious, but the BIG question that remains is what percentage of persons having venous angioplasty and stenting suffer such complications. The fact that authors have absolutely no clue if such complications occur very rarely or very often makes this contribution TOTALLY WORTHLESS as far as science goes.

I am sure if a vascular doctor published five, anecdotal reports of MS patients having substantial improvement following venous angioplasty, the U of Calgary neurologists and the entire neurological community would strongly protest that such anecdotal reports mean nothing. They would undoubtedly lambaste the journal for publishing such junk science. I would tend to agree with such an assessment and reaction and I hope Burton and colleagues can understand why their five, cherry-picked, anecdotal reports of complications following venous angioplasty are nothing more than fear-mongering, junk science.

I would also point out that it would be easy to produce five anecdotal accounts of serious complications following any medical procedure or drug use. Somehow I don't think we will see Burton and friends publishing a paper on five serious complications resulting from the use of one of the semi-toxic MS drugs which do little, if anything, to slow long term progression. I might add it would be very easy to find five cases of serious complications following MS drug use.

If the Burton article is not science, then what is it? Basically it is nothing more than a cheap trick to get widespread exposure of completely predictable and expected, rare complications following venous angioplasty. One important question is who were the U of Calgary neurologists trying to scare with such a cheap trick? There is no doubt that the article would not cast any fear into the

hearts of the neurological community which receives the Canadian Journal of Neurological Sciences. In fact, it likely brought joy to the hearts of some Canadian neurologists because it provided them with ammunition to dissuade their MS patients from using a vascular procedure that, unlike the MS drugs, might actually help them.

There is no doubt that MS patients were a main target of this non-scientific, propaganda. Of course, MS patients do not read the Canadian Journal of Neurological Sciences but, to counter this, the U of C researchers made sure that their story-telling got extensive coverage in the media. I have no doubt that some persons with MS who are considering CCSVI treatment will be scared off by the hype and exaggeration which accompanied the reporting of the anecdotes. This of course is one of the main goals of the U of C neurologists who do not want their lucrative connections with the pharmaceutical industry to be negatively affected by persons with MS actually getting better by way of venous angioplasty.

The other main targets of the Burton article were the general public and politicians. The U of C neurologists are dead set against a proper clinical trial being done for CCSVI and MS. They know it is critical to gain public and political support against CCSVI treatment to achieve their goal of keeping CCSVI treatment marginalized. What better way to cast doubt on venous angioplasty than to try to show it is very dangerous by way a few anecdotal accounts and then add some wonderful hyperbole that such cases represent the “beginning of a wave of complications” that will overwhelm emergency rooms. You have to hand it to the U of C neurologists for their creative ways of battling against CCSVI.

In summary, the Burton and colleagues’ article is nothing more than fear-mongering, pseudo-scientific, over-hyped, propaganda which is simply one more anti-CCSVI salvo from the neurological community. I expect we will be seeing more such negative nonsense from the U of Calgary neurologists as they continue their fight to keep the pharmaceutical gravy train running at full speed.

The irony in all this is that the U of C neurologists are working hard to ensure that MS patients will have to seek CCSVI treatment outside of Canada for many years to come. Thus, they are helping to guarantee many unnecessary complications following venous angioplasty will continue to happen for the foreseeable future. Perhaps that is all part of their self serving, game plan.