Alzheimer's can be arrested and reversed in the early stages - say the first four years. Coconut oil is an excellent source of MCTs and the body converts MCTs to ketones, an alternative fuel for the brain. Why and how ketones work will be explained. A now famous case study "What If There Was a Cure for Alzheimer's and No One Knew?" by Mary Newport, MD will be passed out and discussed. Next month, Part 2 on "Prevention of AD". Questions will be answered for both parts by Steve Fowkes.

Meet Len Saputo, MD

Len is a board-certified internist with 35 years of experience. He has pioneered the development of an integrative, holistic, person-centered, preventive healthcare model called “Health Medicine.” He is the founder and medical director of the Health Medicine Forum, a non-profit educational foundation, and the Health Medicine Center in Lafayette, CA. Len is an author, motivational speaker, television and radio personality, and two-time world senior singles tennis champion.

He co-authored “A Return to Healing: Radical Healthcare Reform and the Future of Medicine” (Origin Press, 2009), contributed two chapters to other books and edited (or co-edited) five others, and contributed 10 articles to various magazines. Dr. Saputo has given many lectures to both medical schools and lay audiences on topics including: fibromyalgia, asthma, digestion (dysbiosis & leaky gut), inflammation, immunity, and mammography.

He hosts a call-in radio talk show, “Prescriptions for Health,” heard daily on KEST 1450 AM and two weekly cable TV shows on health. He is Vice President of the National Orthomolecular Health Medicine Society. Dr. Saputo earned his MD at Duke University Medical School (1965) and his BA from the University of California at Berkeley.

Main Presentation

As laid out in "A Return to Healing", Dr. Saputo advocates a pragmatic approach to healthcare:

- Comparative research into all possible treatments, traditional and alternative
- Paradigm change for medicine—favoring an integrative treatment
- Non-invasive, natural treatments as the first line of defense
- An ambitious five-point national plan for disease prevention and wellness
- National healthcare insurance for all, including coverage for “alternative” treatments

Our healthcare system is broken, because we’re obsessed with curing symptoms once disease occurs—rather than focusing on prevention. Our medical-industrial complex searches for the symptoms that can be most profitably treated, leaving huge gaps in coverage where less money can be made.

If the twentieth century brought us unsustainable “disease-care” medicine based on profit, the twenty-first century will witness its replacement by integral health medicine based on genuine service.
**Commerce Triumphs**

Dr. Saputo feels that commercial values have overtaken mainstream medicine, almost obliterating the central mission of medicine. The quality of healthcare in the United States has plunged so far as to be rated among the lowest levels in the developed world. Healing of whole persons has been replaced by the corporate bottom line, resulting in a dysfunctional system focused almost entirely on disease care. The physician’s original focus on the health needs of an individual have largely been replaced by a model that reduces each person to his body, his body to a machine, and his health needs to a set of symptoms to be treated mainly with drugs—too often ignoring the patient’s mind, emotions, spirit, environment, and lifestyle.

At the heart of the problem is a medical culture based on a one-dimensional, reductionistic and mechanistic model of health, along with the costly healthcare system that has grown up around it. With the rise of for-profit managed care in the last three decades and the increasing dominance of a pharmaceutical industry and large hospital chains in search of profit, our often counterproductive healthcare system has become entrenched, even as ordinary Americans have become sicker. The result is that the soul of medicine is being lost, left behind in a system that largely treats symptoms for profit. Meanwhile, Americans are apparently paying much more money to become less healthy.

It is heartbreaking to be a practicing physician at a time when the medical system itself has arguably become a leading cause of death, and when far too many people are sick in all age groups. “Big Pharma” corporations, impersonal insurance companies, and overpaid HMO (health maintenance organization) bureaucrats have created a Frankenstein system that is no longer affordable for ordinary Americans. It doesn’t have to be this way.

It would seem that Government can not or will not regulate the healthcare industry properly, and has so far failed to come up with a national health insurance model that works for all Americans. Millions of Americans go without any medical care coverage at all. Single-payer national health insurance is a necessity, but it is not a sufficient solution. National healthcare reform built around the old disease care model of medicine may reduce some costs, but will not in the end create much better health for Americans.

Top medical and science professionals are also part of the problem: serious conflict of interest is rife in research medicine, a fact well documented even at its highest levels—in universities, regulatory agencies, and prestigious medical journals. Indeed, even today’s average doctor can be part of the problem: any doctor who has practiced over the last several decades has witnessed a steady deterioration of the general state of medical practice, both in the quality of care that doctors are able to provide to patients and in the satisfaction they experience in practicing medicine.

Dr. Saputo believes the central flaw is that business and economics now dominate the industry, combined with medicine’s obsessive attention to treating symptoms rather than prevention and genuine healing, which have led to a general crisis in the health status of Americans—an epidemic of chronic diseases such as obesity, diabetes, heart disease, and cancer. It has also produced an unaffordable healthcare delivery system that is threatening the solvency of American government and businesses.

**A Broken Paradigm**

Also reaching a high point of crisis is the allopathic medical paradigm itself, which has been reduced to a “disease care” model. This approach is at its best in treating acute conditions, but at its worst when promoting health and disease prevention. Even where it was once strongest, allopathic medicine is now in decline because of its compromised science and its flawed systems of delivery. Knowing this to be true by their own experience, patients are voting against mainstream medicine with their feet, many abandoning it almost entirely. The old reductionistic model is losing ground to natural medicine and holistic or integrative methods of healing or treating disease. Why? Because integrative approaches work.

These new approaches begin with the increasing acceptance of alternative healing methods, lead gradually toward the model of integrative medicine (or what Dr. Saputo calls “Health Medicine”), and culminates in genuinely integral health medicine. Getting there will require the grassroots-driven resolve of the American people for structural change—indeed, radical reform of healthcare at every level, including single-payer national insurance for all Americans. It will also require a massive public education program that will lead all of us to take full responsibility for our health.

Everyone knows that America’s healthcare system is in deep trouble. Too many people are ill, too many medical treatments are dangerous and even deadly, and basic healthcare is unaffordable for many. Despite the much-vaunted invasion of healthcare by “market efficiencies” in the last few decades, the system is nonetheless approaching economic disaster. In fact, Dr. Saputo feels that the medical care system in the United States does not perform like other businesses, which must adapt to
meet individual needs and preferences with increasing efficiency. Instead, today’s managed care is increasingly impersonal and standardized, is frustrating to most patients and physicians, and relies more than ever on expensive drugs of questionable value.

It is also true that the medical market place is actually highly regulated in practice, subject to significant government intervention (often for the wrong reasons – to increase the profit of sellers of medical services, devices or drugs) and control of free information – both of which are against the interests of patients. In a real free market, buyers and sellers have good information about their alternatives, and may conclude any contract they wish. Is there really a free market when it comes to many alternative medical treatments? Some are not even legal, or are in a grey area where state medical boards aggressively police the orthodox practice of medicine to serve the best interests of the status quo.

The typical HMO physician is either unaware or unwilling to offer the patient alternatives, for example, to invasive but highly profitable procedures like heart bypass surgery, radical prostatectomy, radical mastectomy or many cancer therapies (radiation, chemo, surgery). Dr. Saputo rightly notes that radical reform in the reigning medical paradigm must come before the switch to single payer healthcare. If not, then Americans face the prospect of a monopoly supplier of medical services that are not giving customers good service.

It has also become clear that we cannot unconditionally trust medical research, the pharmaceutical industry, or the FDA to set the standards that guide our physicians to create the treatment strategies by which we live or die. Dr. Saputo notes that the commonly held assumption that allopathic medicine is always based on solid science is simply not true.

Our healthcare system is now at the tipping point of a paradigm shift. Massive change is coming, and from outside the system. It would have to come from outside, because the current arrangement is highly profitable for many key players such as insurance companies and large hospital chains who see no need to make any adjustments.

**Cultural Dysfunction**

The roots of America’s healthcare crisis have originated not only in the healthcare system itself but in our dysfunctional cultural values: a materialistic reductionism, underpinning how all of society thinks and operates.

For example, we do little to estimate our level of wellness, even though we have sophisticated tests that can assess the functional reserves of our body; sadly, these tests are generally given only to the sick. Contrary to mainstream medicine’s definition, good health is far more than “the absence of disease.” For example, medical science has documented that the precursor for the epidemic of chronic diseases we are now facing is chronic inflammation, and we also know that living a healthy lifestyle is the ideal way to prevent inflammation.

It is far easier to prevent disease than to treat it – but it is less profitable for the disease care system. However this can best be done through health education at an early age, plus preventive medicine, and the consistent cultivation of healthy lifestyle factors. Ignoring commonsense practices and relying on medical intervention when sickness occurs is how the bulk of mainstream medicine operates today. The high cost of this style of healthcare has become a serious financial challenge for patients, businesses and even the government.

In our misguided fight against disease, 50 percent of healthcare costs is spent on terminal illnesses during the last year of life, and yet at the same time, modern medicine believes it does not have the “luxury” of adequately tending to the psycho spiritual needs of patients or the promotion of healthy lifestyle practices. Instead, managed care pressures physicians to treat diseases rather than human beings; after all, time is money, and given the high cost of high-tech medicine, there simply isn’t sufficient money to pay for more than the bare minimum required to get people on their feet and back to work.

The responsibility of a healer, however, does not end with providing properly functioning biochemistry and physiology—or simply curing disease. Curing is merely the process whereby true healing often starts. Healing is a much deeper process that uncovers the role of underlying illness, not only in relation to physical ailments and a given set of psychological challenges, but also in the context of the patient’s entire life story. These answers are usually buried deeply within, and they often take great wisdom to identify and seasoned skill to resolve.

Look deeper into the causes of our failing healthcare system. Dr. Saputo believes you will find that these same causes are expressed in the fatal fundamentalism that plagues every aspect of our culture, whether it be healthcare, business, politics, law, government, or religion. Before we can heal our healthcare system, we
must heal our culture, and we cannot heal our culture unless we are first willing to heal ourselves.

**Medicine is a Leading Cause of Death**

Studies published by researcher Jason Lazarou et al. in *JAMA* in 1998 estimated that there are over two million adverse drug reactions in hospitals and 106,000 inhospital deaths in the U.S. every year that are attributable to the expected “side effects” of pharmaceutical drugs.

Medical mistakes account for another enormous number of deaths. The Institute of Medicine in Washington, DC, estimates 98,000 such deaths each year. However, Dr. Lucian L. Leape’s December 1994 article in *JAMA* titled “Error in Medicine” cited some remarkable statistics: as far back as 1964, a previous researcher, Schimmel, reported that 20 percent of hospital patients suffered iatrogenic injury, with a 20 percent fatality rate. In 1981, Steel reported that 36 percent of hospitalized patients experienced iatrogenesis, with a 25 percent fatality rate, and adverse drug reactions were involved in 50 percent of those injuries. In 1991, Bedell reported that 64 percent of acute heart attacks in one hospital were preventable and were mostly due to adverse drug reactions. Leape went on to point out that the Harvard Medical Practice Study published in 1991, using a very conservative 4 percent iatrogenic injury rate for patients and a 14 percent fatality rate on data reported in 1984 from the state of New York, would allow one to project that 180,000 Americans would die each year at least in part as a result of iatrogenic injury. Had he chosen to use the higher percentage rates mentioned in the list above, this number could be increased to well over a million deaths.

As a point of comparison, in 2007 the Centers for Disease Control (CDC) reported that 652,091 Americans died of heart disease and 559,312 died of cancer.

Given its posture of a war on nature, it is evident that modern medicine takes far too many risks for too much money. Dr. Saputo’s antidote is to adopt a hierarchy of treatment modalities, which takes into account safety, effectiveness and cost, and holds the least invasive therapy should be utilized first in all cases.

Lifestyle strategies such as a healthy diet, adequate sleep, and exercise, stress reduction, weight control, avoidance of toxic exposures, and securing emotional and spiritual balance in life should come first. They would be followed by noninvasive complementary and alternative (CAM) services such as acupuncture, herbal medicine, chiropractic, bodywork, homeopathy, energy medicine, natural-medicine, approaches based on orthomolecular medicine, functional medicine, bioenergetic research and advanced forms of testing. Finally, sparing use of pharmaceutical drugs, surgery, and other invasive strategies are the last line of defense.

**Costs**

Healthcare spending rose to $2.4 trillion in 2008, a 9 percent increase over $2.2 trillion in 2007, according to the Centers for Medicare and Medicaid Services. This was more than double the rise in GDP that year, which was 3.5 percent in 2008. We easily spend twice as much per person as any other industrialized country, even though we slid to last place among these same countries in preventing deaths through timely and effective medical care.

According to a widely noted article in the September 2000 issue of Archives of Internal Medicine, our unsustainable healthcare costs are directly related to excessive administrative services (31% for administrative overhead, vs. 17% for Canada) resulting from a fragmented system, escalating malpractice insurance costs passed through to patients, uncontrolled use of expensive technologies, over-treatment at the end of life, lack of continuity of care, and excessive pharmaceutical drug use. America’s doctors and nurses, he says, “spend between one-third and one-half of their time completing paperwork.” 74% of doctors complain of too much paperwork. Dr. Saputo’s analysis pins the problem on overkill treatment of symptoms with an irrational system of health insurance. Americans buying private insurance have far less power to negotiate for lower prices, compared with single-payer systems such as that in Canada, which buy on behalf of the entire population.

The business contingent of our healthcare system is the only sector that seems happy with the present state of affairs. And why shouldn’t they be happy? They’ve made serious money. They promised to make healthcare a profitable business enterprise, and to “do what they could” for patients. They have largely succeeded in their mission. Even the most well-intentioned physicians could not stand up to the severe economic pressure exerted by the lower prices for service and insurance offered by HMOs to individuals and organizations. Doctors had to joined giant HMOs or risk losing their patients to the lower-cost managed care providers. That aspect of a competitive market worked well.

Medical costs were lowered to some extent by reducing hospital stays. Next, providers systematically reduced payments to physicians, physician groups, and hospitals. At the same time, services were reduced by making it difficult to access specialists and expensive tests, treatments, and medications.
The only way Medicare costs could be held in check was to cut reimbursements to physicians, other healthcare providers, and hospitals. Doctors then spend less time per patient to try and make the same money they were making before, and service quality declined.

The nation needs radical healthcare reform based on the integral-health medicine model, dominated by a philosophy of prevention and wellness, and financed by a single-payer universal health insurance system. Dr. Saputo assumes that Integral-health medicine as a system would permit maximal freedom to choose one’s therapeutic approach according to personal preferences and the sacred bond between patient and physician.

The key reason for America’s healthcare cost dilemma should by now be clear: Disease care usually involves fighting the wrong war, or what might be called after-the-fact warfare. We are devoting vastly more resources to treating ill health than to health promotion and prevention—at least 25 times more. Essentially, we’re not focused on the true causes of our health problems.

Many of these inflated costs occur at the meeting place of two implacable forces: our disease care obsession and our medical system’s addiction to an expansion (in hospital and HMO settings) of new drugs, devices, tests, and procedures that might offer incremental or even no improvements to some, but which turn a high profit.

A prime example: One major study of mainstream cardiology showed that angioplasties and stents do not prolong life or even prevent heart attacks in stable patients (i.e., about 95 percent of all such patients who receive them), and that bypass surgery prolongs life in less than 3 percent of patients. Yet these procedures cost $100 billion per year!

**Changing to a Paradigm that Works!**

Dr. Saputo feels America has a moral obligation to guarantee healthcare coverage for all Americans—or some sort of comprehensive health safety net. Most other developed nations, such as those of Europe, have such coverage.

In addition to single payer healthcare, Dr. Saputo suggests the following:

1/ Fund programs that make exercise universally available and attractive.

2/ Tax junk food; subsidize sustainable agriculture, healthy foods, and supplementation.

3/ Fund comparative assessment research of treatments and legally require disclosure of all treatments backed by scientific evidence, including CAM approaches. In particular, such a law should mandate disclosure of all reasonable options to patients diagnosed with specific maladies. The goal of such legislation would be to support the right to know—a key premise of truly integrative medicine. Many patients are simply not aware that there are safer, natural alternatives: for example, bio identical hormone replacement therapy for women.

4/ Broadly support preventive screens.

5/ Ban direct to consumer ads for drugs; advertise a healthy lifestyle.

Other problems need to be fixed, as well. Through power of the vote, the public must “motivate” Congress to stop protecting Big Pharma from fair and proper regulation of prices and quality. And through advocacy efforts, we must make clear to our elected officials that we want them to overhaul the FDA to eliminate incompetence and conflicts of interest, and empower it to regulate pharmaceutical drugs more effectively and responsibly.

For the most part, the public is driving the paradigm shift to the new medicine. This is evidenced by the way it spends its dollars—almost all of them out of pocket—on preventive measures in daily life, on integrative clinics and spas, on scores of alternative and natural treatments, on organic and fresh foods, on food supplements, and on other products and services of the burgeoning wellness market.

The new paradigm of integral-health medicine seeks the best-evidenced solutions from mainstream, alternative, and traditional medical disciplines alike. It focuses on the causes of disease rather than just symptoms; it works in collaboration with nature for the sake of genuine healing, rather than pursuing a war against symptoms.

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Len Saputo, MD

**A Return to Healing: Radical Health Care Reform & the Future of Medicine**

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**FUTURE SPEAKERS**

**Thurs, June 18, 2009, 7 PM**

LOCATION: Cubberley Community Center - Room H1
4000 Middlefield Rd
Palo Alto, CA

July 16, James Wilson, ND
Aug. 20 F. Shallenberger MD
Sept. 17, Gar Hildenbrand
Oct. 15, Gary Taubes