

THE LIBERATION WAR

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A recent documentary referred to “The Liberation War” which has engulfed the multiple sclerosis world. I thought it might be helpful if I looked at various aspects of this conflict which is causing great distress and hard feelings. First of all, the war is between the MS patient community that wants testing and treatment for CCSVI made available in the near future and neurologists who want the availability of such testing and treatment delayed for a long time. Below I look at the reasons why each group has taken the position they have.

The MS patient community has adopted their position of immediate, positive action for a number of reasons. Most importantly, there is now solid scientific evidence that CCSVI is a key part of the MS disease process.

This interpretation is derived from four established scientific points.

- 1) CCSVI is associated with MS as has been documented in centres around the world, including Italy, USA, Kuwait, Jordan and Poland.
- 2) CCSVI has been established to be present at birth and thus it definitely precedes the MS disease process.
- 3) CCSVI is associated with plausible biological mechanisms which can explain aspects of the MS disease process.
- 4) There is abundant empirical evidence that these biological mechanisms are occurring in MS.

These four points demonstrate beyond a reasonable doubt that CCSVI is part of the MS disease process. Thus, it is only common sense to want to have a key factor in MS treated as soon as possible.

An additional push has been the numerous, well documented accounts of substantial improvements of MS symptoms, including fatigue, brain fog, balance and walking ability, enjoyed by people with MS have had CCSVI treated. I have personally witnessed such improvements in people and have no doubt that they are real.

An additional consideration is that it will take at a minimum 7-10 years to complete research on the efficacy of CCSVI relief. Given that substantial permanent disability can accumulate in 7-10 years, persons with MS do not have the luxury to wait for such a long time for even more proof that CCSVI treatment is probably of benefit.

Finally, it must be stressed that the recommended treatment for relieving CCSVI is balloon angioplasty. This is a very safe procedure which carries very low risk.

In summary, persons with MS are seeking to be tested for a serious pathology which is strongly associated with MS - blocked veins which drain the brain. They also want to have a very safe, well established, endovascular procedure done if such pathology is found. It only seems sensible to ensure such testing and treatment are available.

Unfortunately, the availability of CCSVI testing and treatment for persons with MS is being strongly opposed by neurologists. The obvious question becomes, why would neurologists, who are charged with helping persons with MS maintain the best possible health, adopt such a seemingly harmful position when it comes to CCSVI relief.

Neurologists claim they are against CCSVI treatment at this time because they do not know if such a treatment is of benefit for persons with MS and that endovascular treatment carries some, albeit minor, risk. On the surface, such a rationale seems to have some merit. However, a logical examination of the situation shows that it is very misleading and not in the best interests of persons with MS.

Given the current data, there is a very good chance CCSVI relief will provide substantial benefits for persons with MS. Thus, if such treatments are available soon, persons with MS will experience a major gain. If the treatment is delayed, they will suffer a major loss. Of course, there is a chance that the treatment may not be of value and in this case persons with MS will suffer either a minor loss if treatment is made available (very rare, adverse effects of the treatment) or no loss or gain if it is not done.

Persons with MS are far better off with the option provided by treatment being available - a major gain versus a minor loss - as opposed to the option offered by no treatment - a major loss versus no loss or gain. The fact that the neurologists are recommending the latter option which is not in the best interests of persons with MS is troubling and needs an explanation.

One might have thought, given the very low effectiveness of the current drug treatments, the neurologists would have welcomed a new, safe, low cost and potentially effective option for MS treatment. However, I have yet to hear anything positive from the neurological community regarding CCSVI. Ever since the CCSVI cat was let out of the bag by that exceptional documentary, neurologists have mounted a venomous, anti-CCSVI campaign based on fear, half-truths and outright false statements. For example, one prominent neurologist publicly called CCSVI a hoax, implying that Dr Zamboni, an internationally recognized vascular researcher, is a fraud. Another neurologist publicly called the CCSVI documentary shoddy journalism and said the health reporter had no interest in the truth. Recently, CCSVI treatment was performed on a person in Canada and she has enjoyed major clinical improvements. The reaction of the neurologists to this event has been to demand for professional censure of the interventional radiologist who relieved the major blockages in the person's veins and improved her health.

I could relate many more accounts of incredibly negative actions of neurologists and they all add up to the conclusion that, when it comes to CCSVI, neurologists are concerned about more than just the

health of their MS patients. So what is another plausible explanation for the neurologists being so adamantly against CCSVI treatment?

When one is looking for motivation, it can be helpful “to follow the money”. It is reasonable to assume that a person or profession will be in favour of actions which will enhance their opportunities to increase their intake of money. On the other hand, they will understandably be against actions which have the potential to decrease their future earnings.

Given that, if CCSVI treatment results in major improvements in their patients, it will replace the current drugs as the first line of MS treatment. In fact, CCSVI treatment holds the potential for many newly diagnosed people to not have to ever use an MS drug. Most importantly, interventional radiologists will replace neurologists as the primary care physicians of persons diagnosed with MS.

There can be no doubt that neurologists are aware of the above possible outcomes, all of which will negatively impact neurological practices. The other factor that has to be mentioned is that most neurologists have very close ties to the pharmaceutical industry which is currently raking in almost ten billion dollars a year from MS drugs. Such ties include substantial funding from the pharmaceutical companies and company sponsorship of most neurological scientific and social events. Any decrease in drug sales would negatively impact the neurologists.

In summary, it is clear that the prevention of testing and treatment for CCSVI is in the best interests of neurologists and thus their actions are rational and understandable. The question for government bodies, which will ultimately decide on the availability of CCSVI treatment, is whether or not the physical health of MS patients is more important than the financial health of the neurologists. That is what the “Liberation War” is really about. Persons with MS have to remain very vocal and proactive in order to win this war.