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To: [medboardconsultation](#)
Subject: Please see attached submission.
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Attachments: [MBA Submission By Vince Neil SG Review.docx](#)

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Cheers

Vince Neil

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**SUBMISSION TO THE MEDICAL BOARD CONSULTATION PAPER ON COMPLEMENTARY,
UNCONVENTIONAL AND EMERGING TREATMENTS**

Author: Vince Neil

Overview

It's my personal belief that the majority of medical practitioners have the patient's best interest at heart and are extremely caring. But like all walks of life some don't come up to scratch; for some this may manifest as leaning excessively on drug companies to mask or provide relief. In the so-called "complementary" group of medical practitioners you will see a similar problem but to a lesser degree, as my experience has found this group of doctors to be far more passionate about what they do. This may be because many of them have themselves experienced illness directly or indirectly. I believe the MBA's focus should be on all medical physicians ensuring they all "**Do No Harm**" as the Hippocratic Oath states.

The terminology and the way the questions in the consultation paper have been posed is, in my view, a worry as it would appear the MBA are not really asking the right questions. The first, and most prominent question should be the following: is there a problem with the group of medical physicians who lean towards complementary medicine? The answer is no, as long as they do no harm. Has any harm compared to the orthodox been documented or proven? Perhaps not the question that the Medical Board of Australia want to ask.

Do you agree with the proposed term 'complementary and unconventional medicine and emerging treatments'?

The question is why do we need to focus on those medical doctors who provide complementary, unconventional medicine and emerging treatments? Is it because the MBA feels threatened and like the Greens and Labour party being "in bed together", is the relationship between the pharmaceutical companies and the MBA under question?

It has come to my attention that there are three members of the Medical Board of Australia who appear to be present or past members of the Friends of Science in Medicine (FoSM) group. Perhaps the judgement of the MBA has been able to be corrupted by the agenda of the FoSM which is in no uncertain terms to eradicate any forms of medicine, not considered conventional, without solid consideration of the risks and benefits.

If not, what term should be used and how should it be defined?

We appear to be driven in a direction which is not for the benefit of the sick otherwise the proposed term would be looking at those who provide medicine which does not bring about a positive outcome and perhaps suspending the licence of those incompetent doctors, whether mainstream or other.

Firstly let's go back to basics. Conventional medicine is a system in which medical practitioners and other healthcare professionals **treat symptoms and diseases using drugs**. The clue here is treating symptoms with drugs is not based on finding or locating the cause of the illness but improving the

delivery, for instance enhancing the symptom-reducing effects of existing drugs, as that's where the real money lies.

In our world of environmental exposure, we investigate the cause, locate and remove triggers and in a lot of cases are blessed with positive results, with reduced symptoms on a number of different bodily symptoms. The clients of integrative doctors have often already seen anywhere between 10 to 30 doctors' mainstream physicians and in some cases more with no results. Yet emerging treatments can sometimes result in individuals getting their lives back and I have seen this occur on numerous occasions. Yes, we need to ensure there is no harm.

Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – 'any assessment, diagnostic technique or procedure, diagnosis, practice, medicine, therapy or treatment that is not usually considered to be part of conventional medicine, whether used in addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies.'

If not, how should it be defined?

No, I don't agree with the proposed definition- lets simply come clean and call it what it is- a witch hunt by the MBA. The good lord (who I believed may have used unconventional medicine) said ***he that is without sin among you, let him first cast a stone at her.*** Here we have conventional doctors where a percentage prescribe drugs to reduce symptoms but not help identify the causes of illness in the individual. So, we have a group of medical doctors who toe the MBA line but they are not without sin. The same will apply to the so called unconventional medical doctors - there will be some who also will do the wrong thing - but that not the group as a whole.

Practitioners of Traditional Chinese Medicine are seen as complementary and, in this case, unconventional medicine yet it has been around for thousands of years and they believe there is no separation between mind and body. They look at the interaction between **mind, body and environment**. The MBA should spend more time on the environment and what inflammatory impact that is having.

3. Do you agree with the nature and extent of the issues identified in relation to medical practitioners who provide 'complementary and unconventional medicine and emerging treatments'?

Had we left out the last line yes, I would agree, but if there are changes to be made let's make them so that individuals don't have to see 20-30 doctors and still be left without any resolution for their health concerns.

Dr Scott McMahon, a pediatrician in Roswell, NM, USA, hit the nail squarely where required when he wrote ***"in medicine, we only see what we know. Physicians and various mid-levels can only diagnose that with which they are familiar. If they were not taught about a disease entity, and they don't take the time to keep learning about new ones, they inevitably will diagnose people incorrectly. It is an inescapable fact and the practice of this principle causes many of my patients to have seen 10, 20 even 30 physicians before they learn what is really causing their illness"*** sad but true and these are the doctors that the MBA does not focus on as they are on the "conventional" team. Let's just kick the butts of those that are helping medicine to develop emerging treatments...

4. Are there other concerns with the practice of 'complementary and unconventional medicine and emerging treatments' by medical practitioners that the Board has not identified?

This does seem a little pre-judgemental. "Heal the sick" and "do no harm" doesn't necessarily mean only using conventional medicine. Chinese medicine has been around a little longer than the MBA but yet would be labelled as complementary.

5. Are safeguards needed for patients who seek 'complementary and unconventional medicine and emerging treatments'?

Certainly, safeguards are required with any medical treatment including over prescribing of simple things like antibiotics or antifungals which can all cause issues within the human body but we should not see the MBA protecting their own turf and associations with pharmaceutical companies. ***"I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being*** and when modern/conventional medicine does not look for a cause they cannot in most cases treat the sick human being but simply use drugs to mask the outcome or lack of outcome.

6. Is there other evidence and data available that could help inform the Board's proposals?

Should the board not have an agenda then I would think the thousands of accepted medical papers which show real data would have already been collected. The data as far as chronic inflammatory illness, especially that of environmental origin, is massive but as yet not completely understood or accepted by mainstream medicine. In a recent as yet unpublished study of 33 children diagnosed with PANS and/or PANDAS where 85% were able to be taken off conventional drugs and returned to a healthy lifestyle we see an example of what is possible with some unconventional approaches- certainly for the parents of those children perhaps not for the MBA with a possible agenda in place. Now we have inflammatory blood markers and gene expression testing where profiling can show which gene expression pathways are dysfunctional and whether its conventional medicine or emerging treatments, we will be able to see if those results are positive. If they work but don't make millions for drug company let's use them. Or if conventional treatments work, let's use them too.

Last year we were able to show that by utilizing purified ionized air we were able to take dysfunctional gene expression and start to refunctionalizing those gene expressions i.e by simply removing the cause.

As a submission you may deem this as unacceptable and if this submission is not accepted, we will take this submission to the media, so please simply see this as an opinion which you have asked for.