

UNDER MY SKIN

I Have Finally Found 'The Answer'

Last year, a psychiatrist consulted me as a patient and brought some promotional material about Goji juice. He said this was a marvelous nutritional supplement and suggested I sell it in the office. As a distributor, he would get a percentage.

I read through the handsome brochures he left and listened to the accompanying CD. This presented a dozen testimonials by chiropractors, physicians, and naturopaths, all ascribing an impressive array of health benefits to ingesting the juice of the Goji berry. These included a slowing of the aging process, better sleep, better sexual function and mood, improved blood pressure and sugar, more mobility and clarity of thought, and a stronger immune system with fewer colds. Other benefits included help with allergies, psoriasis, back problems, ADHD, Parkinson's disease, and restless legs syndrome.

In addition, the speakers reported cases of amazing regression of metastatic prostate and breast cancers, and disappearance of suicidal depression, sometimes in a matter of days.

It would be easy to be cynical about all this and to see it as just another link in the

grand tradition of mountebanks and quacks, the greedy exploiting the gullible. Cynicism is too easy, though. It addresses only the question of why people want to sell Goji juice.

But why do people want to buy it? Even the best sales pitch won't work on people who don't believe in what you're selling.

Do people really want to believe that one product can cure so many unrelated conditions, not to mention reverse mortal diseases in no time? It appears that they do.

Analysis of the Goji sales approach shows several elements:

► **Scientific credentials.** All the speakers on the CD start by announcing their field of expertise: chiropractic, medical, hard science, nutrition. Then they list their degrees:

BAs in biology and nutrition, PhDs in biochemistry, MDs, diplomas in chiropractic or naturopathy. Their educational institutions range from regional schools you never heard of in the Midwest and Queensland, Australia, to esteemed institutions like Sweden's Karolinska Institute and Harvard Medical School.

► **Scientific trappings.** Several start by saying how, as men and women of science, they were skeptical at first that Goji could

be really all that good. Many say they were impressed by the many articles ("more than 50") in standard medical and scientific journals they found in PubMed searches and the like. (My own PubMed search yields 57 references from Japan, most by K. Goji, others by J. Goji, and a few by their less prolific namesakes A., H., N., and T.) Several Goji testimonials include long, scientific words, like "complex polysaccharides."

► **Ancient wisdom.** Supplementing this patina of science are invocations of ancient tradition: Goji "has long been used in the Asian highlands," may explain the storied "longevity in the Far East," and reflects "thousands of years of ancient traditions of Chinese and Ayurvedic medicine."

So this is how it is: If experts with relevant-sounding credentials use plausible words, many people are prepared to at least consider that these authorities can give not just partial answers to small questions but comprehensive ones to large questions, indeed possibly to everything.

This dynamic is not limited to exotic Asian berries with silly-sounding names. Not long ago, a friend showed me a best seller by a physician on wrinkles, specifically how to prevent and get rid of them. I read it and wondered, Would anybody be prepared to accept that a single chemical, α -lipoic acid, could solve and reverse aging practically all by itself, even if several

literature references say it's useful? Could anyone think that he can turn his life around in 6 weeks by eating salmon? Apparently, yes.

Closer to home, would anyone think that a cleanser or moisturizer is superior and capable of heaven knows what because a doctor's name is on the label? I guess so.

There were several comments among the Goji testimonials I found almost touching. One called Goji an "elixir for the ages." Another said he was sure that Goji would have a "greater impact on world health" than anything else he could think of. And most poignant of all, the man who said, "I have finally found the answer. The answer is Goji."

It's easy to mock this kind of thing, but the impulse underlying it is profound and pervasive. Life presents many problems, some complex and insoluble. That we all know this doesn't stop many of us from believing, or being prepared to believe, that someone, somewhere, has The Answer. Who can have anything but sympathy for those of our patients who think that, as relevant experts, we actually have it? ■

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BY ALAN ROCKOFF, M.D.

LETTERS

Health Insurance According to Need

Dr. Kevin Grumbach would have us emulate the Canadian health system, but fails to list the long waits for most surgeries and imaging studies—waits which most U.S. citizens would find unacceptable ("What is the best way to reform the U.S. health care system?" Point/Counterpoint, January 2007, p. 18).

Indeed, the numbers of Canadians who avoid the wait by obtaining care in the United States is impressive, but that factor also is ignored by Dr. Grumbach.

Dr. Robert Moffit's views are pertinent and accurate. In addition, we need to recognize that the "mandates" imposed by a majority of states make the cost of individual health insurance policies excessively high; therefore, this is a significant cause of many going uninsured. Health insurance policies should be like homeowners' policies, where the buyer contracts for

the type of coverage that is needed and affordable. Mandates primarily are a response to demands by special interest groups who benefit from forcing the buyers of policies to include what they may neither need nor want and often cannot afford.

A federal law which would allow national sales of health insurance, like national sales of life insurance, would help, as would a federal law that would require that states accepting federal Medicaid funds be prohibited from forcing mandated benefits on private buyers of health insurance policies.

Alan W. Feld, M.D.
Las Vegas

Physicians Lose Under Single Payer

Dr. Kevin Grumbach made several points in defense of his argument for a single payer system of health care, and he made a glib comment—"physicians in Canada do very well"—to quell the worry that this system does not adequately reward physicians ("What is the best way to reform the U.S. health care system?" Point/Counterpoint, January 2007, p. 18).

Whatever argument the good doctor makes in support of his view, the facts say otherwise. According to the most recent statistics generated at the Center for Hospital Finance and Management, Johns Hopkins Bloomberg School of Public Health, the average income for a physician in the United States is \$180,000, while in Canada it is \$100,000. Given the real estate

PAIN RELIEVERS



"I think you gave me too much Botox. I can't wag my tail."

market in San Francisco where Dr. Grumbach practices, I imagine the next generation of physicians there will be camping out in the city's Tenderloin district if we adopt the Canadian model.

Rand L. Werbit, M.D.
Stamford, Conn.

Universal HIV Test Affects Insurability

One issue that I have not seen anyone address in the discussions of universal HIV testing is what it will do to a person's insurability ("Universal HIV Screening May Overload System," January 2007, p. 71).

Giving a truthful response to the question of whether one has even had an HIV

test, regardless of the result, may make one ineligible for insurance (health, disability, life, etc.). Undoubtedly, it would take national legislation to overcome this massive problem for those who test positive, many of whom are young and currently uninsured, and may never again be eligible for health insurance. Without a resolution to this perhaps lifelong problem, I would have to recommend that if a person ever aspired to have health insurance (or life or disability insurance), he or she should opt out of the universal testing and get tested anonymously.

R. White, M.D.
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LETTERS

Letters in response to articles in SKIN & ALLERGY NEWS and its supplements should include your name and address, affiliation, and conflicts of interest in regard to the topic discussed. Letters may be edited for space and clarity.

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