

To: Trevathan_E@kids.wustl.edu
From: David Freels <dfreels@mindspring.com>
Subject: your hostility is sad/my hope is greater
Cc:
Bcc:
X-Attachments: :Big Mac:85973:Denays.SPECT to predict cp: :Big Mac:85973:Denays.SPECT analysis of cp:
Message-Id: <I03130302b758c8b94654@[209.86.151.56]>
In-Reply-To: <OFC71D8383.98E5A60E-ON86256A73.002FE72B@wustl.edu>

>Dear Mr. Freels,
>
>I regret that my opinions have upset you. However, the purpose of my
>rendering opinions is to do the very best I can to be honest and accurate -
>not to make people like you happy.
>
>If I really wished to make my life easier short-term, then I would tell
>people like you whatever you wanted to hear rather than the truth.
>However, if we all did so we would still probably be using leeches to treat
>pneumonia.
>
>Actually you are most incorrect in virtually all you stated in your hostile
>email to me. For example, all of the anti-epileptic drugs that have been
>approved for use in the USA over the past many years have been subject to
>randomized placebo-controlled clinical trials.
>
>I have no doubt that you love your child and love children with brain
>injury. On this topic, I'm sure we agree.
>
>However, your rage against those like me who don't agree with you is sad.
>Please refrain from contacting me again.
>
>I have great respect for Tyne and Jim Willis, and consider them life-long
>friends. Your bringing them into this discussion is, at best, more
>evidence of your lack of taste
>
>Yours truly,
>
>Edwin Trevathan, M.D., M.P.H.

Dr. Trevathan,

Thank you for writing me back.

I will try to refrain from future hostility if you will agree to open and honest dialogue.

You say you are interested in the truth. Okay. For the sake of having an intelligent discussion (not debate), I believe you.

So let's be honest.

First, whatever is discussed here will remain between you and me. All the evidence in our case has been presented. The debate now is whether or not the state of Georgia has followed the law--so anything you want to say has no bearing on our case.

I am not incorrect about anti-epileptic drugs for pediatric use. They are all prescribed off-label for children, they are not FDA approved for pediatric use. Any RCT have been on adults, not kids.

All I'm asking for is the same standard be applied to hyperbaric oxygen for brain-injured children--especially since the proof of efficacy (SPECT-scan imaging) is far more concrete and objective than a double-blind controlled study.

From what I've gathered, from the testimony given at the hearing and the post made by the father of your patient, your contention seems to be that SPECT-scans are inaccurate. Going by your standard of medicine, can you cite any peer-reviewed article that supports your opinion?

To support my belief that hyperbaric oxygen corrects brain-injury, I am sending you two pdf files on the use of SPECT-scans for cerebral palsy children. In one study they used SPECT-scans to predict cp. In the second they used SPECT-scans to analyze and monitor cp.

As you know, in Hyperbaric Oxygen Therapy they use SPECT-scans to create a before/after picture of improvements made from HBOT.

Please tell me what I'm missing here.

As for my bringing in Tyne and Jim Willis, and let's be honest, if Tyne had not witnessed our son Jimmy's incredible gains, she never would have tried HBOT for her husband Jim.

And what would have happened to him when he fell and hit his head and had a stroke? Would he have died? Would he have made such a rapid recovery from Emory rehab?

My bringing them into this is not in poor taste. These are real people that you know and love--as do I. God has brought you and me and the Willis's together and extra oxygen under pressure is the common ground we all stand on.

You're a learned man.

Keep learning.

There is truth in this, and if that is your ultimate interest then let's look at it. Don't be hostile to me and I won't be hostile to you.

Can we start with SPECT-scan imaging?