

Evidence-Based Medicine

**DR. OLUSEGUN OSENI. FCCP. DABSM.
BOARD CERTIFIED PULMONARY AND SLEEP SPECIALIST
FUNCTIONAL MEDICINE SPECIALIST
MEDICAL DIRECTOR, ALPHA CARE WELLNESS CENTER
www.alphacarewellnesscenter.com
817-550-6332**

Evidence-Based Medicine (EBM) is a systematic approach to clinical practice that emphasizes the use of the best available evidence from well-conducted research to make informed decisions about patient care. It's about ensuring that medical care is grounded in reliable data while also considering the expertise of healthcare professionals and the unique preferences and values of each patient.

Evidence-Based Medicine has revolutionized the practice of medicine by emphasizing a systematic approach to clinical decision-making. By relying on the best available evidence, EBM helps to reduce variations in care, improve patient outcomes, and ensure that medical interventions are both effective and efficient. It helps ensure that patients receive care that is scientifically validated and tailored to their individual needs. This approach has led to better health outcomes, more consistent care, and more informed patient choices.

EBM integrates three key components:

- **Best Research Evidence:** The most reliable and up-to-date clinical research, often derived from randomized controlled trials, systematic reviews, and meta-analyses. This evidence provides the foundation for making clinical decisions.
- **Clinical Expertise:** The skills, experience, and judgment that healthcare professionals bring to the clinical encounter. This expertise allows clinicians to interpret and apply research evidence in the context of individual patient needs and circumstances.
- **Patient Values and Preferences:** Recognizing that patients have their own unique preferences, concerns, and expectations. EBM involves engaging patients in the decision-making process, ensuring that care is aligned with their values and goals.

The practice of EBM involves several key steps:

- **Formulating a Clinical Question:** The process begins with a well-defined clinical question, often structured using the PICO framework (Patient/Problem, Intervention, Comparison, Outcome). This step is crucial as it guides the subsequent search for evidence.
- **Searching for Evidence:** Once the question is formulated, the next step involves a thorough search for relevant research. This search typically includes querying medical

databases such as PubMed, Cochrane Library, and others to identify studies that provide answers to the clinical question.

- **Critical Appraisal:** Not all research is equally valid or applicable. Therefore, the next step involves critically appraising the identified studies to assess their methodological quality, relevance, and applicability to the clinical question at hand. This ensures that only the most robust evidence informs clinical decisions.
- **Application of Evidence:** After identifying the best available evidence, it must be applied in the clinical setting. This application is done in conjunction with the clinician's expertise and the patient's preferences, ensuring a balanced approach to care.
- **Evaluation of Outcomes:** Finally, the outcomes of the applied intervention are monitored and evaluated. This step allows for the assessment of effectiveness and safety, ensuring that the treatment continues to align with the patient's needs and achieves the desired outcomes.

EBM also presents challenges, such as the need for clinicians to stay up to date with the latest research and the complexity of integrating new evidence into existing practices, availability and accessibility of high-quality research. EBM also requires adaptation, as new research constantly emerges and must be integrated into clinical practice.

By combining research evidence with clinical expertise and patient preferences, EBM provides a balanced and effective approach to healthcare that benefits both practitioners and patients alike.

Evidence-Based Medicine represents a critical advancement in healthcare, providing a structured approach to integrating research, clinical expertise, and patient values in the delivery of care. By adhering to the principles of EBM, healthcare providers can ensure that their practices are both scientifically sound and responsive to the individual needs of patients.

Chronic Inflammatory Response Syndrome (CIRS) is a complex condition that has garnered attention primarily through the work of Dr. Ritchie Shoemaker.

Dr. Shoemaker's work has been instrumental in bringing CIRS and biotoxin illness into the broader medical discourse. His methods for diagnosing and treating CIRS are now used by practitioners globally, offering relief to patients suffering from this complex condition. His contributions underscore the importance of integrating clinical observations with rigorous research to advance medical understanding and improve patient care.

One of the primary reasons CIRS is not widely recognized is the lack of exposure in medical education. Medical schools and residency programs often focus on well-established diseases and conditions, with limited time allocated to emerging or

controversial diagnoses like CIRS. As a result, most practitioners are not trained to recognize or treat CIRS, leaving a gap in knowledge that hinders its acceptance.

Medicine, like any other field, has its traditions and established norms. New concepts, especially those that challenge existing beliefs, often face resistance. CIRS falls into this category. It's not uncommon for practitioners to dismiss CIRS as "all in the patient's head," particularly when they have not been trained to understand the complexities of biotoxin-related illnesses. This resistance can stem from a reluctance to question long-held beliefs or from a lack of familiarity with the growing body of evidence supporting CIRS.

CIRS, by its very nature, questions traditional understandings of inflammatory diseases and the role of biotoxins in chronic illness. This resistance can manifest as skepticism among practitioners, who may dismiss CIRS due to a lack of familiarity or discomfort with its complex and multifactorial nature. Such resistance is compounded by the fact that CIRS requires a multidisciplinary approach to diagnosis and treatment, which can be at odds with the more specialized focus of many practitioners.

Evidence-Based Medicine (EBM) is critical in establishing new medical practices. While EBM aims to standardize treatments based on the best available evidence, it can also slow the acceptance of new ideas if those ideas have not yet been thoroughly researched and validated. Tradition plays a significant role in medicine, sometimes serving as a roadblock to the adoption of new knowledge. Physicians often cling to established practices, even when emerging evidence suggests a better approach.

In the case of CIRS, Dr. Shoemaker's protocol is one of the few that has undergone rigorous testing and peer-reviewed publication.

Another reason for the slow acceptance of CIRS is the lack of substantial funding for research. Chronic conditions that are poorly understood or controversial often struggle to attract research dollars, especially when competing with more established diseases. This lack of funding means that CIRS remains under-researched, and without a strong evidence base, it's difficult to push for widespread recognition or changes in medical education. Without significant research investment, the integration of CIRS into standard medical practice remains challenging.

For CIRS to gain wider acceptance, the medical community must embrace ongoing research, challenge traditional practices when necessary, and be open to new ideas. As more evidence becomes available, and as more practitioners see positive outcomes from treating CIRS, the hope is that this condition will eventually be recognized and treated with the seriousness it deserves.

To date, only Dr. Shoemaker's protocol has been subjected to prospective, placebo-controlled trials and peer-reviewed publication, providing a reliable framework for treatment. Standardization based on robust evidence is essential for broader acceptance of CIRS and for ensuring that patients receive the best possible care.

As the body of evidence supporting CIRS continues to grow, this condition will gain greater recognition, leading to improved outcomes for patients suffering from this complex and often debilitating syndrome.