

# **Transitional Emergence Measures For Protecting Human Lives and Health**

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## **A. Summary**

I have discovered several root reasons that medicine is unable to find cures for chronic diseases, cancer and are unable to extend people's lives to the potential limits. I have proved that Randomized Controlled Trial is invalid for developing medical treatment, conclusions are greatly biased or invalid, and real risks from using medical treatments are grossly underestimated or simply ignored over decades [Each point is discussed in original articles] and true benefits are exaggerated. Only wise health care wisdom can protect individual persons.

## **B. Medicine Cannot Find Cures for Chronic Diseases**

Medicine discovered a great deal of medical knowledge, but fails to find cures for chronic diseases. It regards all chronic diseases as incurable diseases. The Oxford Health Alliance regards the situation as "epidemic of chronic diseases." According to a MILKEN INSTITUTE study, the economic burden of the most common chronic disease is calculated to be more than \$1 trillion, which could balloon to nearly \$6 trillion by the middle of the century. Despite the repeated and failed promises, the chance of solving cancer is non-existent. The chemotherapy's contribution to five years survival is only about 2.1% to 2.3%, and surgery benefits are presumed without real proof. Our own comprehensive study shows that surgery, chemotherapy and radiotherapy in most cases produce negative impacts because all known evidence shows they can dramatically promote cancer growth rates and shorten patient lifespans. As I showed, clinical trials are wrong methods that can exaggerate the short-term benefits, but are unable to correctly determine long-term side effects and unable to detect their contributions to the causes of deaths. Target drugs have provided hopes since 1980, but they cannot be predictable cures. Most of this class of drugs may or may not extend life by several days to several months at very high costs. They cannot stop cancer return, nor prevent new cancer. Numerous surveys show that doctors would not use radiotherapy on themselves and 75% surveyed doctors would not consider using chemotherapy on

themselves. Those two facts imply that the benefits of medical treatments cannot be delivered to real patients and harms are more than what are disclosed in research articles. By decades of thinking, I have finally found why medicine fails and will continue failing to find cures.

### C. Discoveries of Medical Model Flaws

The failure of medicine does not prove that diseases are really incurable. All diseases can heal naturally. For example, there are hundreds of well documented cases where cancer naturally heals and there are potentially millions of undocumented cases. Instead, the failure to find cures is strong evidence that the research model and treatment model in medicine are wrong. In my two decades research, I have found that the foundation of medicine is flawed. Since foundation flaw cannot be proved by using performance data, I prove its flaws by comparing its research and treatment models with Health Optimization Engineering by using model data. I will show the summary of a few flaws in medicine.

Table 1. Comparisons Between Medical Model and Health Optimization Engineering

Elements	Medical Model (RCT)	Health Optimization Engineering (HOE)	Advantages of Health Optimization Engineering (HOE)
Population Approach	Randomized Controlled Trial	Optimizing a plurality of factors.	Avoiding indiscriminate application of a treatment
Number of Factors	Normally one	Several, tens to hundreds	HOE is 10 to 1000 times more powerful than RCT.
Treatment Speeds	Fast and instant	Slow or extremely slow (based on rate balance)	Fast action can only fix symptoms but cannot cure diseases.
Role of Mind	Treat person like a coin or chemical reactor.	Using emotional state as critical part of cure	Central Nervous System has a commanding role in regulating diseases and healing.
Exercises	Ignored or rarely used	Used as essential ingredient for healing	To improve the harmony between the body and mind. Exercise is a versatile super medicine.
Binary System	Yes and no status were	Solely based on qualitative	Medical model introduces great inaccuracies due to

	assigned to disease and the control.	differences.	arbitrary classification of two statuses, which do not exist [common sense].
Treatment options	Surgery, drugs, and radiation, etc.	Diets, natural products, physical conditions, exercises, etc.	Surgery reduces organ usable capacity; man-made drugs have drug resistance and side-effects [2].

I have proved that health optimization is tens to 10000 times more powerful than randomized controlled trial used in medicine, depending on the number of factors used. Even just comparing one single factor such as chemotherapy and exercise, chemotherapy's contribution to five years survival is only about 2.1% to 2.3%, whereas exercises could reduce cancer death rates by nearly 50% over a control and could be cure for nearly all chronic diseases [Tens of thousands articles have been published]. Several problems in RCTs are as follows:

### 1. Indiscriminate application of a treatment

When a chronic disease is caused by imbalance in body chemistry and structure, a cure for the disease is to correct the imbalance. The correction must be in right amount. If one's chronic disease is caused in part by too much omega 6 fatty acids and too little omega 3 fatty acids, a correct cure must be one that can lower the omega 6 fatty acids and increasing the omega 3 fatty acids in right amounts. However, if such a treatment is applied on patients who have a perfect or lower omega 6 to 3 fatty acids ratio, the treatment will make their conditions worse. When a treatment is evaluated in a randomized controlled trial, the treatment is INDISCRIMINATELY applied to all patients. Some patients experience positive effects and others negative effects. The positive effects on some patients are canceled out by negative effects on other patients within a treatment group, thus resulting in a lower statistical average. This statistical operation results in failure to identify the weak treatment's effect in all such studies [1].

### 2. Unable to detect weak treatment

In treating a subtle imbalance in the body, it is impossible to deal with a large number of interfering factors [1]. A treatment for cancer may be evaluated by measuring the survival time of patients, but the survival time depends on a large number of factors such as age, personal health, sex, genetics, disease condition, exercise, diet, activity level, emotional conditions, chronic stress, etc. If a trial is used to study a special diet,

the effects of the diet are randomly interfered by many other factors. Thus a clinical trial is unable to correctly determine the true effects of the diet. Medicine is unable to identify each of the weak treatment effects. Thus, medicine consistently rejects all lifestyles factors as potential cures because clinical trials naturally yield “no evidence” that lifestyle factors can cure diseases. In reality, the true effects of health optimization is sum of all correctly used factors.

### 3. Interfering factors ruin clinical trial outcomes by statistical analysis

When clinical trials are used to study one single factor, a large number of other uncontrolled factors work like interfering factors [1]. A statistical analysis is used to determine if treatment effects exist. However, trial final resultant data normally comprise an averaged performance (such as survival time) for the treatment group and an averaged performance for the control. To determine if the treatment has real benefit, the researcher compares the difference (the net treatment effect) between the treatment average and the control average, with the differences within the control and within the treatment. In doing so, the analytic method actually “bundles” the effects of all interfering factors as an apparent experimental error. In conducting the statistical analysis, the net treatment effect is compared to the experimental error. Only if the net treatment’s effects is sufficiently larger than the experimental error, does the statistical analysis affirms the treatment’s effects. If the net treatment’s effect is closer to or even smaller than the experimental error, the statistical analysis just “regards” the treatment’s effect as being caused by “the experimental error”, thus failing to recognize the treatment’s effect [1].

### 4. Failure of Including Mind as Cure

A large number of recent medical studies indicate that Central Nervous System plays a critical role in diseases process and healing process [2]. I have proposed a theory on the unique role of the CNS on chronic diseases. The CNS not only commands the body but also remembers the state of tissues and organs. In other words, the brain remember the diseased state and does its best to protect this diseased state. This implies that chronic diseases cannot be cured without retraining the brain, and healing needs more time than what can be achieved by using fast fixes [3].

### 5. Excessive inaccuracies in medical conclusions

To prove the seriousness of the those flaws, I constructed a simple model to compare a clinical trial with an optimization trial [1]. In the optimization trial, ten factors are used as a treatment package which is applied to only matched patients. If each factor has one unit of beneficial effects, the optimization trial would have 10 units effect. In the clinical trial, the research focus is on one single factor with other nine similar-strength factors being present randomly and the treatment is INDISCRIMINATELY used on all patients. If I assume that only 10% matched patients will get benefits, the statistically averaged treatment is only one tenth unit. The difference between the two trials is  $10/0.1=100$  times [1]. If too many patients experience negative effects, the averaged results could come out negative. In addition, the statistical analysis also inflates the variances of the experiment error. The optimization trial results in 3.2 times larger computed statistics that is used to determine hypothesis test outcomes. Thus, optimization trial is about 320 times more sensitive than the randomized trial (if same sample sizes are used) [1]. This shows that randomized controlled trial is a wrong method for studying weak effects. The use of population method is the main reason for failure to find cures and failure to find weak harmful effects of toxic pollutants and failure to find long-term drug side effects.

I must conclude that medicine cannot and will never find cures for any of the chronic diseases. If a disease is cured, the true cures cannot be those used in medicine.

#### **D. Other Evidence: Health Optimization Is A Better Approach**

In my science career, I did research in medical chemistry and biophysical chemistry for several years in the University of Illinois at Chicago and National Institutes of Health. When I studied for law degree, I learned the concept of legal presumptions. In 2001, a lucky strike, I was able to heal my own diseased joint which had hurt me for three decades. This personal experience led me believe that chronic diseases can be cured without using any drugs. I naturally connected legal presumptions to medicine. Based on the time window for curing chronic diseases and my special knowledge of chemical kinetics, I believed that the inaccuracies from research and treatment models are responsible for failure to find cures for chronic diseases and cancer.

In the years followed, I wrote articles on the flaws of medical foundation, but those articles are unable to produce convincing evidence. My challenge is directed to the crown jewel of medicine which has been used for more than a century. I cannot prove my hypothesis by showing

medical poor performance, analyzing experimental data, or providing descriptive reasons that the presumptions are invalid. My endless attempts have helped establishing dozens of elements. I eventually connected those elements one by one, and reduced my proof in my article [1].

Health Optimization Engineering is a science version of the ancient medicine used in many nations for least least four thousand years. After the flaws in Randomized Controlled Trial are exposed, all key concepts such as the mind-body model, holistic approach, and dialectic diagnosis and treatment methods will be the true science. The mind-body model has been validated by tens of thousands of modern studies [3], the holistic approach is like system optimization method using multiple factors, and dialectic diagnosis and treatment method is close to personalized medicine [5]. I could find abundant evidence in support of health optimization approach.

## **E. Two Examples Show Medicine's Poor Performance**

### **1. Humans Can Live only A Fraction of Potential Lifespans**

There are long debates in human lifespans. I found that the statistical life expectancy does not really exist in population because actual deaths were often caused by chronic diseases but few deaths were truly from exhaustion of biological potential; life expectancy is found under inferences of a large number of uncontrolled variables such as usable organ capacity decline rates, a large number of life stresses, and changing thresholds of death of organ functions; population-based life expectancy bears no relevance to specific persons; and potential human lifespans are at least 200 plus, based on excess metabolic capacities, while individual persons' lifespans can vary by great extents [4].

Personal lifespans are influenced by hundreds of factors [4]. Among the factors, the biggest factors attributed to lost lifespans are diseases and infections, drug side effects, disuse of body functions, and excessive life stress. Currently, people can live only a fraction of their potential lifespans. The culprit is still the flawed research model that is unable to accurately evaluate weak influencing factors. In a model with one hundred of weak similar-strength factors, a randomized controlled trial focusing on a single factor a time will detect only a fraction or none of the true effects that can be seen in an optimization trial. A randomized trial will reject each of the factors, but an optimization trial will detect 10000 times of the nominal values determined by controlled trial [1]. The

only way to achieve longest lifespans is optimizing as many influencing factors as possible. It would be delusion that a 200-plus lifespan is achievable by using one factor like a magic pill.

## 2. Medicine Cannot Find Reliable and Predictable Cures for Cancer

Clinical trial is mainly responsible for the failure to find cure for cancer. All cancers are different and all patients are different. However, clinical trials mean INDISCRIMINATE application of same or similar treatment to different patients with different cancers. This standard essentially confines the treatment strategy to “killing cancer cells” but ignores the alternative options of controlling cancer growth rates [5]. However, killing cancer cells does not work for two reasons [2]. First, when a drug is administered, cancer cells mutate or the body tissue changes influenced by the Central Nervous System so that the tumor will defeat the same drug later. While the drug cannot kill all cancer cells, the drug resistance develops. Moreover, new tumors will grow at much faster speeds. Second, cancer treatments have severe side effects. They are responsible for increasing cancer growth rates. The rate constants, which define cancer growth speeds for returned cancer and future cancer, will be raised by one or more orders of magnitude, and cancer will return with increased malignancy [3].

Medical research has not found any method for stopping both drug resistance and avoiding drug side effects. It cannot accurately determine drug side effects because they are slowly realized under the influences of a large number of factors. The true side effects cannot be determined in clinical trials [1], but may be estimated by tracking the lives of cancer survivors and examining changes in cells and tissues. Cancer drugs can shorten lifespans by 30%. Because both trials and statistical analysis introduce great inaccuracies, actual adverse impacts may be more than what is estimated. Based on how people die, I safely assume that chemotherapy is extremely hazard to patients, and may actually be responsible for death [2]. Many cancer patients die by combination effects of cancer burden and “invisible” drug side effects. They both can push the usable organ capacity below the thresholds of death [4]. Some patients may actually die from the side effects rather than damages caused by cancer cells.

Cancer research has found a large number of causal or influencing factors that can affect cancer outcomes. I found that hundreds of factors such as mutations, inflammation, infection, virus, foreign matter, diet, exercise, gut flora, emotional well being, etc. affect cancer risks and

outcomes; when humans get older, the chance of getting cancer is unity; there are a large number of cancer self-resolution cases [5]. I found that the cancer growth rates can be altered by adjustments to a large number of lifestyle, environmental, physical and emotional factors. By focusing on only one single factor in a trial, researcher will NOT see benefits due to canceling effects of positive and negative effects [1]. By choosing to use randomized controlled trial and statistical analysis, research community has precluded health optimization method which is potentially tens of thousands times stronger. By betting all research funds on killing cancer cells, no body can explore new methods and strategy for slowing down cancer growth and reversing growth direction [5]. If my cancer theory is correct, the CNS plays a decisive role and the adaptive changes in the brain stored information is responsible for the cancer-prone body. Thus, this population-based medicine is most probably responsible for failure to find cures for cancer.

## **F. Immediate Correction of the Medical Flaws Is Impossible**

Medicine is heavily regulated by law. RCT is viewed as the crown jewel of medicine and even used as final arbiter for resolving medical controversies. It has found its way into every fiber in the medical system. RCT is directly or indirectly written in the federal tax law, food and drug law, professional law, hospital regulations, NIH funding policies, FDA's drug regulations, state professional law, etc. Even U.S. patent law advances the spirits of the RCT. RCT has become the gold standard in research and has been accepted by FDA, NIH, NAS, Legislature, federal administrations, etc. It has been accepted by all peoples, all organizations, and all nations in the world. It is viewed as irrefutable truth as reflected in books, magazines, novels, movies, digital contents, other media, etc. It is used as a sign quality in peer review of articles. Medical journals depend on their clients that support, use, or defend this crown jewel. To fix this flawed medical system is as difficult or impossible as the effort to overthrow the geocentric theory.

The medical system is like the Egyptian pyramid. If its foundation is wrong, it cannot be repaired. All components of medical research and healthcare services have used same standard, same research method, and same evaluation criteria, all of which have incorporated RCT. All components are connected in the chain of medical research and service delivery. NIH cannot abandon RCT in its funding policies. Any change will clash with FDA's drug approval protocols, federal tax law, federal medicare policies and laws, ongoing research activities, medical journal



review standard, etc. Reforming the foundation of medicine is much more difficult than building a new medical system. Many medical research plans may run many years to several decades. A change in any aspect of those components may ruin such research plans. Many policies and laws are written with long-term impacts. Some obsolete laws cannot be changed in hundreds of years. A large number of private transactions may have incorporated current medical practices, standards, and policies as basic assumptions. Radical changes in any aspect of the medical system will frustrate the transactions. The existence of many corporations might have relied upon current medical system or practices as factual assumptions. Those companies might have spent massive investments; and any change in the foundation of medicine will cause catastrophic adverse impacts.

I cannot find any start point nor proper order of reforming the medical system. A forced change in any part of the system may result in series of undesirable chain reactions. Forced changes may result in inconvenience to patients, disrupted medical services, halted medical operations, service uncertainty, legal disputes, personal disasters, lost company revenues, lowered national productivity, etc. No body, no government agency, no research organization can do anything to fix this systematic problem. This is the reason that a non-performing medical system can survive even after it has failed to find cures for chronic diseases and cancer for more than a century.

The medical system does not have any known channel for reforming. It protects itself by controlling money. Federal, state, public research funds are not available to support research that is to challenge its foundation. By recognizing flawed RCTs as quality standards, NIH, FDA, medicare, other federal agencies, federal legislature, private organizations, and other non-profit organizations naturally discriminate and suppress competing or conflicting health arts. When the gold quality standard is exactly what I want to overthrow, no body knows what can be done. In the last five years, I did not receive one penny from any source of funding organizations, and even could not find anyone pay for publication fees. My websites, all articles, and all research works were financed by personal money for years. I have sent massive email to federal agencies, the House, selected senators, and non-profitable organizations, general media, medical journals, etc, the only thing they are capable of doing is silence!

Medicine has sophisticated protective mechanisms. It is like a self-

propelled ship which is capable of traveling on the wrong track perpetually. The great comfort medicine can bring have misled the mankind for more than a century, while the long-term harms are hidden in the inaccurate performance data. When its flaws are exposed, nothing can be done now.

Despite its indisputable failure, medicine has made propagation to raise its merit as a science-based medicine. It will continue promoting its merit by producing data from RCTs. In addition, medicine has made an implied presumption that a cure must be one of its options and nothing else could be cure. Medicine does not compare its treatments with health optimization. It selects the best among the very limited choices like selecting a dwarf from a room full of dwarfs [2]. In addition, the treatment strategy is always based on binary statuses such as disease versus normal, or cancer versus no-cancer. This notion inevitably leads to the treatment strategy of killing all cancer cells [2]. Since all of such measures do not work, medicine uses “incurable” as an excuse, and mislead people to believe that chronic diseases cannot be cured. After I have proved the great inaccuracies in RCTs, all “evidence” in the chain of reasoning is invalid. The incurable claim is refuted.

I expect that correction of medical foundation will not happen in 10 to 50 years. U.S. slow response to health crisis is well known in asbestos injury cases. Asbestos was listed as a harmful industrial substance in Britain in 1902, the first documented death caused by asbestos was in 1906, and the first diagnosis of asbestosis was made in the UK in 1924. The causal connection between lung fibrosis of asbestos was beyond a reasonable doubt. The first Asbestos Industry Regulations was published in 1931 in UK. However, it took additional 10 years to pass similar legislation in the U.S. and asbestos is never completely banned in the U.S. The U.S. government and asbestos industry have been criticized for not acting quickly enough to inform the public of dangers, and to reduce public exposure. Asbestos industry officials knew of asbestos dangers since the 1930s and had concealed them from the public. Criminal prosecutions were made against some corporate executives. The delay in legislative action and failure in public education is in part responsible for approximately 100,000 deaths and injuries. The industry total loss from asbestos liability is about \$65 billion. However, nothing can make whole those who died and suffered. It is a no-brain guess that potential liabilities from using risk-concealed medical treatments would be several orders of magnitude more than the asbestos liabilities. Those who die can never be made whole.

## **G. Human Lives and Health Cannot Be Put On Hold**

When I do medical research, I reviewed medical literature and read patients stories on health blogs. I often read stories about personal sorrows caused by the failed medicine. Among the stories, a disease suddenly strikes a healthy person, patients make hopeless struggles and die prematurely, and cancer survivors live terrible lives. Extreme cases include multiple cancers striking the same person, multiple cancers found in one family, multiple cancers found in same working team, humans live their lives like hopeless and unpredictable journeys. Personal plans, life hopes, and even the very lives can be engulfed abruptly or several months after the diagnosis of terminal diseases. Those who survived may become different persons as judged from their body sizes, mental states, and overall health.

All medial treatments including surgery, drugs, radiation have much severe long-term effects than what were once known because RCTs are biased in favor of finding short-term benefits and unable to find long-term effects such as drug side effects and long term treatment benefits (such as diet, exercise and lifestyle changes). Compared with health optimization method, medical treatments are far less effective than measures of correcting lifestyle. The claim that only FDA-approved drugs and treatments can cure diseases is false and should be rejected. If a medical treatment is used without compelling reason, it may cause irreparable damages to patient health and shorten patient lives.

## **H. Immediate Measures for Protecting Lives and Health**

Without correcting the flaws in its foundation, medicine will never find cures, and people will continue living their unpredictable and uncertain lives. Immediate remedy is dissemination of information on the flaws in the medical model so that people will understand the truth and seek more information.

What can be done now is to restore the population's health wisdom. The key concept the population must know is that legal presumptions may compel individuals to comply with legal authorities, but cannot force human physiology to comply with legal wish. The legal presumptions have forced medicine to select from limited options, use the wrong model, or advance commercial interests, medicine is accountable to law. The consequences from relying on legally-correct but scientifically wrong medicine are chronic diseases, structural damages, pain and suffering, and shortened lifespans. A good medicine must be judged only by the

merit of curing diseases with no excuse like “incurable diseases.”

Medical findings from the flawed model do not represent the reality of the human body; all chronic diseases are curable; man-made drugs cannot give health, but can have drug resistance and adverse side effects; adjusting lifestyles can be cures if they are used correctly and persistently; natural products and natural compounds that exist in the food chain are safer; the claims that lifestyles cannot cure diseases can be false; exercise is a super medicine which can be used to reestablish the mind-body harmony; and multiple factors optimizations can be tens to hundreds of times more powerful than one single treatment; and the clinical trials are biased in favor of finding short-term benefits (such as chemotherapy and surgery) but is not good at finding long-term effects (such as slowly delivered drug side effects).

People are enabled to do correct benefits and risks analysis. Only when people are empowered with truth, can they make best choices. What is important is to let people make their own choices based on right information. People should learn how to use studies findings. For example, there are at least hundred of thousands of articles on exercise. Government and medical establishment have to maintain the medical system, but individual persons have paramount interests to protect themselves. When the government and people have discorded interests, all health care decisions should be made by erring on the side of protecting personal health and safety.

There is a need to deeply rethink health risks from various sources. All negative conclusions from RCTs cannot be trusted. Many risks may cause problems that medicine can neither detect and nor cure. Negative conclusions from RCTs may be wrong. Negative findings of single toxin from RCTs is meaningless when there are tens to hundreds of other toxic substances exist.

Employers should actively provide sound health advice and wise tips to employees. Population wisdom has been ruined by the decades of propagation like “only FDA-proved treatments can cure diseases.” Medicine holds itself out as the only science-based medicine, and has gained unconditional trust in population. This patients’ trust is reflected in every fiber in the medical culture, and can cause patients to make unwise health decisions that can damage their organs, ruin their health, shorten their lives, and even cause deaths. When the government can do nothing to correct the flaws in medicine and general media can only relay inaccurate or wrong conclusions from published studies, employers

are the only entities that could protect their employees. Successful correction of this undeserved trust in medicine could require positive efforts to overcome background counteractive voices. Unwise decisions can be made at any moment and ruin personal health and cost lives.

Employers should do more to encourage their employees to question medical knowledge. To cast doubt on medicine, employers should note that medicine fails to find cures for chronic diseases, legally uses the incurable concept, delivers little benefit in cancer treatments. In addition, employers should note that U.S. population health condition is a national epidemic; other nations especially China experience similar health care epidemic; and medicine is controlled by legal presumptions to advance commercial interests. When the science dressing is taken off from medicine, what is left is a commercial enterprise with little incentive to find cures. More than 90% percents of discovered medical knowledge is lost art in medical libraries and will not become cures.

## **Our Research Papers**

1. Wu, Jianqing and Zha, Ping, Randomized Clinical Trial Is Biased and Invalid In Studying Chronic Diseases, Compared with Multiple Factors Optimization Trial (November 4, 2019). Available at SSRN: <https://ssrn.com/abstract=3480523> or <http://dx.doi.org/10.2139/ssrn.3480523>.

2. Wu, Jianqing and Zha, Ping, Surgery, Chemotherapy and Radiotherapy Promote Cancer Growth Speeds and Shorten Patient Lives (November 14, 2019). Available at SSRN: <https://ssrn.com/abstract=3487080> DOI: 10.13140/RG.2.2.17967.28321

3. Wu, Jianqing and Zha, Ping A Cancer Theory: The Central Nervous Systems Adaptive Changes Make Chronic Diseases Incurable (November 4, 2019). Available at SSRN: <https://ssrn.com/abstract=3480562> or <http://dx.doi.org/10.2139/ssrn.3480562>; <https://www.researchgate.net/publication/336775211>

4. Wu, Jianqing and Zha, Ping, A Multi-Factor Model for Estimating Relative Lifespans and Extending Health Spans. Accessed at <https://www.researchgate.net/publication/337900952>

5. Wu, Jianqing and Zha, Ping, Safe and Predictable Cancer Cures

(November 26, 2019). Available at SSRN:  
<https://ssrn.com/abstract=3493825>  
<https://www.researchgate.net/publication/337547448>

6. Wu, Jianqing and Zha, Ping. The Population-Based Medical Model Should No Longer Be Used as An Exclusive Model in Medicine.  
<https://www.researchgate.net/publication/336026313>

### **ABOUT DR. JIANQING WU AND DR. PING ZHA**

Jianqing Wu, Ph.D., J.D. is a scientist, registered patent attorney and prolific inventor named in 12 U.S. patents and many patent applications. He was born in a medicinal family in China and was exposed to medicine since childhood. He earned B.S. in China, M.S. and Ph.D, and J.D. in the U.S. He did postdoctoral research in Medicinal Chemistry at University of Illinois at Chicago and the National Institutes of Health. He started exploring Qigong in 1980 and using mind to tackle health problems and later proposed many theories on fighting chronic diseases and the special role of Central Nerve System. He and Dr. Zha developed a new health art known as Health Optimization Engineering.