

The Shape of Medicine
E. Cheraskin

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To the Editor.—Farnett and colleagues¹ should be commended for refocusing our attention to the role of the parabola in clinical medicine.

In the interest of accuracy and fairness, even the public (without scientific buzzwords) has long known that it is bad to be too tall or too short, too fat or too thin, too hot or too cold, and too mad or too glad. We took a hard look at this issue several years ago in an article entitled "If High Blood Cholesterol Is Bad . . . Is Low Good?"² It became obvious that the lipid story took on a different meaning as we switched from a dichotomy (high vs normal cholesterol-emia) to a trichotomy of high, normal, and low.

As a matter of fact, we have long studied the J-shaped curve. Specifically, the pattern has been confirmed in many areas. For example, the quasiparabolic picture applies in the relationship between blood glucose and gingival findings,³ morbidity and the total white blood cell count,⁴ and overall clinical health and the ponderal index (height:weight ratio).⁵ Interestingly, we have yet to find a biologic function that does not fit this curvilinear configuration.

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Two additional points are in order. The long and short arms of the J-shaped curve are neatly explained by the different compatible ranges of biologic operations (eg, there is more room for hyperglycemia than hypoglycemia). Second, the nadir sharpens the possible normal (ideal or optimal) range of the parameter in question.

In any case, we hope that the report from Farnett et al and these comments will catalyze greater interest in the incomplete parabola and the shape of medicine.

Emanuel Cheraskin, MD, DMD
University of Alabama
Medical Center
Birmingham

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