

The Doctrine of Doubt: Unmasking Medical Scepticism Toward Plant-Based Healing

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Abstract

Despite decades of mounting scientific evidence, plant-based diets (PBDs) remain one of the most polarizing topics in medicine, so polarizing that physician debates around them often resemble religious arguments. Despite the data's compelling nature, skeptics still demand randomized clinical trials (RCTs) of biblical proportions, echoing the refrain: "Show me God, and I will believe." Meanwhile, Artificial Intelligence (AI)—with access to millions of data points and decades of research—has already reached its verdict: PBDs consistently emerge as the most effective strategy for preventing, managing, and reversing chronic diseases. At Bethsaida Hospital in Indonesia, under the leadership of Prof. Dasaad Mulijono, this theory has become a reality. Over seven years, real-world data has shown dramatic reversals of coronary artery disease (CAD), type 2 diabetes mellitus (T2DM), hypertension, hyperlipidaemia, obesity, and a groundbreaking reduction in restenosis rates to 2%—a figure far below the global average of 10–20%. Yet many physicians remain unconvinced, hindered by cultural bias, entrenched economic systems, and outdated educational paradigms. This article examines the psychological, institutional, and systemic causes of disbelief, highlights the revolutionary outcomes at Bethsaida, and proposes bold solutions—including leveraging AI—to transform modern medicine from disease management to genuine, evidence-based healing.

Keywords: Plant-Based Diet, Scepticism, Randomized Clinical Trials, Artificial Intelligence, Chronic Disease Reversal, Coronary Artery Disease, Type 2 Diabetes Mellitus, Hypertension, Hyperlipidaemia, Restenosis, Bethsaida Hospital, prof. Dasaad mulijono

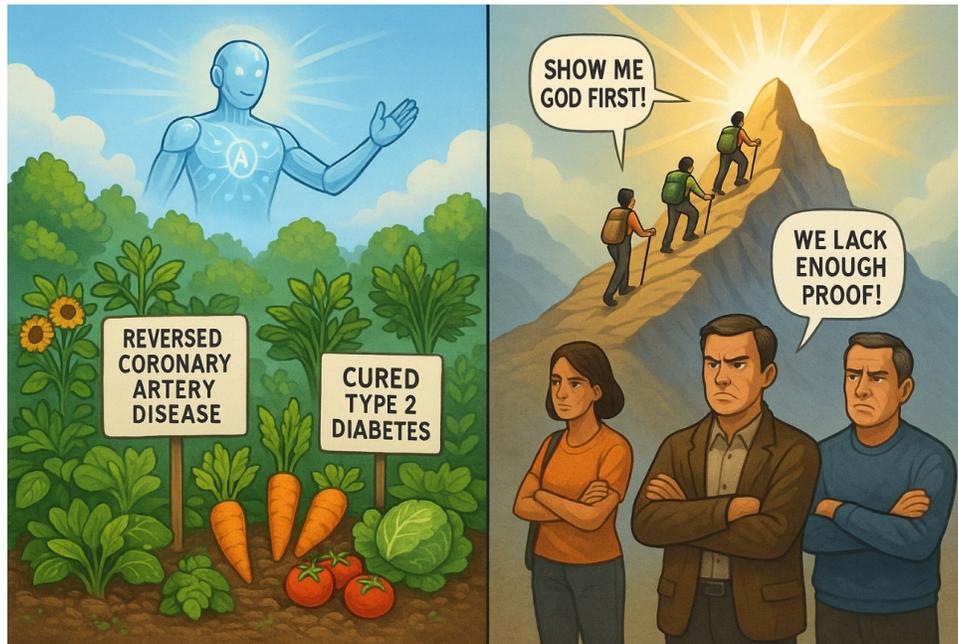
1. Introduction

The argumentation surrounding PBDs within the medical community mirrors the profound and sometimes unresolvable debates seen in religious belief systems. Many healthcare professionals remain unconvinced, despite accumulating scientific evidence from observational studies, small-scale trials, and clinical experience that demonstrates substantial health benefits of PBDs. Skeptics frequently demand definitive proof through large-scale RCTs, analogous to religious skepticism, where empirical evidence of the existence of a deity is sought but never sufficiently obtained. The resistance among physicians arises from complex socio-cultural,

educational, and economic factors, perpetuating doubt and resistance to change [1-6]. Concurrently, technological advancements, particularly AI, are revolutionizing healthcare by objectively analyzing extensive datasets to validate dietary recommendations [7-13]. AI's sophisticated analytical capabilities increasingly confirm the superiority of PBDs in chronic disease prevention and reversal, challenging existing medical paradigms. Bethsaida Hospital, under the guidance of Prof. Dasaad Mulijono in Indonesia, exemplifies how the practical implementation of PBDs, supported by AI analytics, can dramatically enhance patient outcomes, reduce the prevalence of chronic diseases, and significantly improve public

health. This comprehensive examination will highlight underlying causes of disbelief, showcase compelling clinical data, propose

strategic solutions, and explore the transformative role of AI in validating and advancing nutritional interventions [14-22].



2. Cause of Disbelief

Physicians' skepticism toward PBDs is multifaceted, primarily stemming from entrenched educational biases, cultural dietary norms, and economic interests deeply embedded within traditional medical and pharmaceutical practices. Medical education has historically emphasized pharmaceutical and procedural interventions over nutritional and lifestyle modifications, leaving many physicians inadequately informed or sceptical about diet-based interventions. Additionally, dietary advice challenges long-standing cultural food practices, making it socially difficult for patients and doctors to accept radical nutritional changes. The financial ecosystem surrounding pharmaceuticals and conventional medical procedures further reinforces scepticism, as dietary interventions threaten established economic interests by reducing dependence on medications and expensive interventions. Finally, critics repeatedly demand large-scale, long-term randomized controlled trials (RCTs) for diet-based interventions, mirroring the skepticism of religious adherents, who demand empirical, tangible evidence yet often find it insufficient to convince entrenched skeptics [1-6].

3. Bethsaida Hospital, Under the Leadership of Prof. Dasaad Mulijono Data

Bethsaida Hospital, led by Prof. Dasaad Mulijono, has demonstrated the extensive clinical implementation of PBDs over seven years, providing compelling real-world evidence. The hospital has documented substantial disease reversal, including regression of coronary artery sclerosis, normalization of blood pressure, improvement in blood glucose and lipid profiles, and significant weight reduction. Notably, restenosis rates post-intervention using drug-coated balloons (DCBs) combined with PBD dropped

dramatically to 2%, substantially lower than the international average (10-20%). These results robustly illustrate PBD's powerful metabolic clinical impact. Moreover, we implemented WFPBD during the COVID-19 pandemic, which saved thousands of patients from hospital admission and death.

4. Solutions to Overcome Skepticism

Addressing disbelief comprehensively requires:

1. Expanded dissemination of robust clinical outcomes and patient testimonials through conferences, journals, and accessible public platforms.
2. Systematic integration of nutrition and lifestyle medicine curricula into undergraduate and postgraduate medical training programs to establish foundational knowledge.
3. Collaboration between nutrition experts, physicians, and policymakers to create evidence-based guidelines incorporating PBDs into standard clinical practices.
4. Financial incentives and insurance policy reforms that promote preventive healthcare measures, including dietary interventions, to counterbalance the pharmaceutical-dominated economic model.
5. Public awareness campaigns highlighting clinical successes and leveraging influential medical figures to champion dietary and lifestyle changes.
6. Implementation and promotion of AI-driven analytic frameworks to objectively assess, validate, and communicate the effectiveness of dietary interventions at the institutional and national levels.
7. Encouraging cross-disciplinary research collaborations to produce comprehensive, large-scale trials and longitudinal studies that validate the long-term effectiveness of PBDs.

5. Role of AI

The potential of AI in validating dietary efficacy is profound. By aggregating and analyzing large-scale health databases and clinical studies, AI systems provide unbiased, precise nutritional recommendations tailored to individual patient profiles. Bethsaida Hospital has already demonstrated improved patient adherence, enhanced clinical outcomes, and provided empirical validation to skeptics. AI's ability to continuously learn and refine recommendations positions it uniquely to bridge the gap between skepticism and clinical reality [23-26].

6. Conclusion

The persistent skepticism toward PBDs among physicians highlights entrenched educational, cultural, and economic influences, closely mirroring the deep-rooted resistance often seen in theological debates. Comprehensive solutions that involve educational reform, policy adjustments, and the extensive dissemination of validated clinical outcomes are crucial in overcoming this resistance. The compelling evidence from Bethsaida Hospital, combined with powerful validation from AI technologies, provides a robust and objective foundation for shifting medical practice toward preventive, lifestyle-based medicine. Embracing these strategies promises significant advancements in patient health outcomes and a transformative impact on global healthcare paradigms.

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