



Selected articles from
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Anatomy of an Investigation into a Miraculous Medical Claim

By [Gary P. Posner, M.D.](#)

Last November 18, I received an e-mail from someone describing himself as "a Christian who believes that God can heal [and who] would like to believe those who say He does. However, the more I look for reasonable documentation of miraculous healing, the more skeptical I become."

He cited [this article](#) which, as he said in his e-mail, "appears to be a real news story from a small paper, but I could find no evidence on the Internet that anyone other than the original doctor has seen the 'evidence.' I would like to see an expert look into this to see if there are obvious reasons to disbelieve this report."

Titled "Doctor verifies healing 'miracle,'" the article ran (as its URL indicates) in the *Cadillac News* (the daily Cadillac, Michigan newspaper) on March 28, 2006. Its opening sentence: "This is the story of a spontaneous healing, the miraculous disappearance of a brain tumor." The patient, pictured in front of a cross and identified as Donna Sikes, "has the faith . . . that it was Jesus who performed the miracle in her truck" as she was praying on her way "last year for a doctor's appointment in Dearborn . . . for a final MRI before scheduling surgery [to remove] an 8-mm tumor on her brain . . . a risky procedure that could possibly leave her blind or paralyzed."

The article goes on: "Two neurosurgeons in Florida recommended the surgery after Sikes suffered a concussion in a car crash and subsequent MRIs revealed the tumor." But, miraculously, "When her doctor read the results of the [recent MRI], he told her, 'There's an empty pocket of nothing in your head' [where the tumor had been]." Continuing:

Dr. Alicia Elmore of Family Practice of Cadillac confirmed the mysterious disappearance of Sikes' tumor and documented the case in a letter written to the *700 Club* dated July 8,

2005.

"We have her old MRIs here, two of them," Elmore stated in an interview. "I can see [the tumor] there."

The letter states, "I reviewed the films and the reports myself and have no medical explanation for this except to call it a miraculous healing."

Dr. Elmore also mentions that the patient told her that she had received no medication to shrink the tumor. And reporter Mardi Suhs announces this exciting news: "Producers of CBN's *700 Club* will be in Cadillac [later in the week] to tape interviews and create reenactments of events in Sikes' life leading up to her healing."

My investigation began on November 23 by mailing a letter to Dr. Elmore, an osteopathic physician board certified in Family Medicine, requesting her kind assistance by releasing to me "a copy of Ms. Sikes' MRI reports, neurosurgical consultations, and any other records documenting the presence of the brain tumor and its subsequent medically unexplainable disappearance." Her December 6 e-mail reply informed me that Ms. Sikes had "agreed to come in and sign a release of records for me to send you her neurosurgery, endocrine and MRI reports regarding this. . . . Do you want actual [MRI] films or just the reports? I hope this will be helpful. Please let me know if you find evidence contradictory to our claim of a miraculous healing." I responded that, for now, I did not need the actual films, and in short order I received the promised records via fax.

The first record is an April 17, 2001, report of an MRI of the pituitary gland. The "Indication" (reason for being performed) reads, in its entirety, "Prolactorrhea." *There is no such medical term.* However, MRIs of the pituitary gland are standardly performed in patients found to have an elevated blood level of the hormone "prolactin," to check for the presence of a hormone-secreting adenoma (benign tumor) of the pituitary. An elevated prolactin level typically causes "galactorrhea" (inappropriate milk production and leakage), and the initial clinical presentation is usually that of a female who is lactating when she should not be.

It turns out that, indeed, Ms. Sikes had presented with galactorrhea, and the pituitary gland happens to be situated in the brain, so this is the apparent reason for an MRI of the "pituitary" having been ordered (as opposed to an MRI of the "brain" to check for damage due to the concussion sustained in the car crash, as the newspaper article had indicated).

The MRI was read (by a neurologist in Melbourne, Florida, per my Internet search -- his letterhead is for some reason missing from the faxed medical records) as revealing "changes in the pituitary consistent with a pituitary adenoma . . . 8 mm in vertical height. . . . Otherwise normal MRI of the pituitary."

So, from this first report, it appeared that this was a typical, textbook case of a woman presenting to her doctor with galactorrhea, getting the standard blood test documenting hyperprolactinemia (elevated prolactin) as the cause, and consequently undergoing an MRI of the pituitary looking for -- and finding -- an adenoma.

Well, not exactly. A letter dated three days later from the same neurologist to the patient's primary

physician says, "I am concerned with her recent galactorrhea that she may have hyperprolactinemia and [if not already] done, I recommend an endocrine workup and possible bromocriptine therapy." So, the physician who read her MRI (for which he or the transcriptionist had garbled the indication as "prolactorrhea") wanted to make sure that her blood prolactin level was drawn, documented to be elevated (as it would be in a patient with galactorrhea secondary to a pituitary adenoma), and treated.

The third record, dated May 2, 2001, is the subsequent endocrinology consultation report. In it, the doctor notes, "She did have a prolactin level that was normal at 8.2 on 03/14/01. She has no stigmata of increased hormone production." Translation: No hyperprolactinemia. Her galactorrhea must be from some other cause. Thus, in retrospect, there had been no reason to order an MRI looking for a pituitary adenoma -- but we now have an MRI report indicating that she has one!

The next record is from a May 30 follow-up visit with the same neurologist, in which he says, "As mentioned on previous note, her pituitary tumor was found to be stable when compared to her previous MRI dated 4/17/2001." This implies that I am missing an intervening visit note and a second MRI report (but see the next paragraph). He further indicates that he concurs with the endocrinologist that Ms. Sikes should have the adenoma surgically removed, and that she is agreeable.

Next is the June 19, 2001, consultation note from a neurosurgeon at Shands Hospital, a renowned teaching facility at the University of Florida College of Medicine in Gainesville, to whom the patient was referred. Unfortunately, page 3 of this 4-page note is missing (Dr. Elmore told me that she would ask the patient if she has a copy). But from what I do have, the doctor notes that the patient's endocrine workup was entirely negative for any abnormal hormone levels from a pituitary adenoma. And he mentions awareness of only a single "MRI scan of the head, which revealed a maximum diameter 8 mm *probable* pituitary adenoma." (Emphasis added.) He apparently (as would normally be the case) had the actual films in hand -- he would not depend upon someone else's interpretation to decide if and how to proceed with surgery -- and sounds less certain of the presence of a definite adenoma than was the neurologist who had made the initial reading.

At the very top of page 4 is this intriguing continuation from his Recommendation #2 that began on the missing third page: "identified, this might be responsible for her galactorrhea, which would make this pituitary lesion symptomatic and would explain the source of her galactorrhea." Presently I can only wonder if that sentence might have begun something like this: "If she were to have a follow-up blood test confirming an elevated prolactin level, and a follow-up MRI with a definite adenoma . . . "

His Recommendation #3 reads, "Continued work-up for her galactorrhea including her scheduled mammogram and further evaluation by her family physician to rule out primary breast disease." He apparently suspects the possibility, if not the likelihood, of an intrinsic breast cause for her galactorrhea, as opposed to anything related to a pituitary adenoma. In Rec. #4 he notes that "Since her prolactin level is not elevated, bromocriptine is not indicated." And in Rec. #5 he advises "conservative management with serial MRI scans to determine if there is an interval enlargement in the pituitary lesion."

The neurosurgeon then states, "I have discussed the benefits and risks of each of the above options in detail with the patient. She has elected to proceed with conservative management" (i.e., no surgery at this time). But, in the patient's own handwriting toward the bottom of the page, she writes for the benefit of Dr. Elmore, "This doctor is only 38 years old and did not want to do the surgery. I went on

this 4-hour trip to Gainesville for a 2nd opinion. The doctor that was going to do the surgery . . . is in Melbourne, Florida."

The last of the medical records provided to me are from two follow-up MRIs that were read as essentially negative, i.e., no adenoma was identified. The first one is dated April 17, 2002 -- a year to the day from her initial scan -- and the second March 3, 2004. Though both initially describe a "normal" MRI, the first comments that "the pituitary gland is noted to be plump in appearance," and the second -- which was "unchanged when compared to the previous study of 06/10/03" (which I did not receive a report of) -- says the "pituitary gland is somewhat full in appearance with a convex superior margin." The initial MRI that showed an apparent adenoma did not mention the rest of the gland as appearing "plump" or "full."

The April 2002 report's indication says, "Evaluate for pituitary mass based on abnormal CT findings," implying that somewhere along the way the patient had had a CT scan, though this seems extremely unlikely. In any event, there is no mention that this new MRI was compared to an abnormal CT scan or even to an abnormal MRI from the previous year. Similarly, the March 2004 MRI, though compared to another done in June 2003, was not compared to any "positive" MRI or CT scan.

Though I admittedly have no predisposition to embrace supernatural conclusions (quite the contrary), I can envision a prosaic scenario. Perhaps a "plump" or "full" pituitary was initially overread -- as an otherwise normal-sized pituitary containing an adenoma -- by a neurologist unaware of the patient's normal prolactin level. Perhaps the patient's pituitary was initially even somewhat "plumper" than it was subsequently -- unlike brain tissue, the pituitary is a gland that can undergo some degree of cyclic enlargement and involution.

I e-mailed my above impressions to Dr. Elmore "in the hopes that you will reply and clarify/correct any misconceptions/errors contained in my analysis to date." In addition, I asked if any physician other than herself had compared the "positive" and "negative" MRI films to each other. I also asked, "And is there more to the story? For instance, did the adenoma reappear before disappearing again [since no adenoma was seen in her 2002-2004 MRIs]? The 2006 newspaper article mentions proposed surgery 'last year' (2005) in Dearborn. Am I missing those pertinent records? Or was the article terribly inaccurate about that, as well as about 'two neurosurgeons in Florida' recommending surgery, and the 'empty pocket of nothing' where her adenoma had been?"

In her reply, Dr. Elmore stated, "I do think I have a comparison of films from one of the doctors down south and from our local radiologist. . . . [The old records that Donna] has brought to me are not well organized. Let me look through again and see if I can find anything more [of relevance]."

She added, "When I first saw [Donna] I feared that she may have had a tumor which had not had adequate follow-up. Or that the previous evaluation had been only a CT scan. So, I had her get the old films and we sent those to Mercy Hospital here and got an updated MRI. After the last reading, I spoke to the radiologist myself to confirm the change from the previous MRI. I should be able to find that last report."

She also informed me that although Donna originally consented to have her records released to me, she was now "hesitant to cooperate. . . . She fears that you are trying to prove her miracle did not happen. . . . [But] I will talk to Donna and see if she will agree to release the actual films." However,

she further indicated that this was complicated by the fact that "Donna sustained a closed head injury from a car accident *after all of this happened* and she does not have a good memory." (Emphasis added.)

In the intervening month since that communication, I have heard nothing further from Dr. Elmore, despite my reminder e-mail advising her of my deadline.

Perhaps Donna Sikes did experience a genuine religious miracle that cured her of a "brain tumor," as she and Dr. Elmore have proclaimed to the media. But though they certainly may be convinced of that, based on the records I have seen, I remain highly skeptical.

Florida finally enters the 19th century

By [Terry A. Smiljanich](#)

On February 19, 2008 -- just one week after the celebration of Darwin Day -- the Florida Board of Education voted 4 to 3 to adopt new statewide science standards that mention evolution for the first time. The new standards had been proposed by an appointed committee of scientists and educators, who defined evolution as "the fundamental concept underlying all of biology" and "supported by multiple forms of scientific evidence." Because of the intense controversy generated by the proposed adoption of these standards, mainly from people who wanted creationism or its begotten son "intelligent design" to be given equal time, the final standard altered this wording and attempted to placate the anti-science crowd by simply adding to the standards the term "scientific theory of" every time "evolution" is mentioned. Presumably, since evolution is called a "theory," and since many people think a theory is just a hunch or a guess, this makes the standards more palatable to the ignorant.

Interestingly, two of the three voting against the new standards did so because they believed this new wording, although strictly accurate in using the scientific meaning of the term "theory," watered down the importance of the significance of evolution as a fundamental concept supported by many different avenues of scientific evidence (fossils, microbiology, genetics, geology, biogeography, etc.). The third member of the minority, Donna Callaway, voted against even this amended version of the original standards because she believed that academic freedom required the teaching of the supposed controversy surrounding evolution in the scientific community, and the alternative theory of creationism.

Another change in the newly adopted standards eliminated the reference to human beings as having evolved from earlier species, and instead generally references "living things" as having evolved from earlier species. The Adam and Eve story has thus been saved from the chopping block, unless students themselves are smart enough to make the connection between "living things" and humans.

When Darwin first posited the evolution of species through natural selection, he had only mid-19th century science for support. Thus he devoted whole chapters to such subjects as the mating of domestic pigeons to create new pigeon varieties. He was missing a key future discovery of biology,

the makeup and role of genes, DNA and mutations. Darwin's theory, although fully scientific (as opposed to creationism), was in need of further testing and development. Modern biology now has such new tools, and evolution is as ensconced in modern science as are the theories of gravitation and the atom. The new Florida standards, however, will not refer to the "theory" of gravity or the "theory" of atoms.

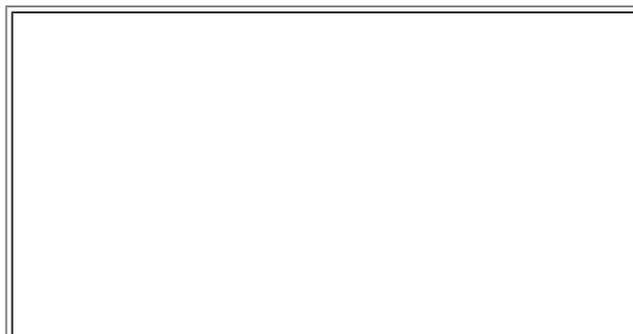
If students pay attention, however, they will also be learning, under separate standards, the actual meaning of calling something a "scientific theory," and will even learn the difference between science and pseudoscience. There's hope yet.

Florida schools had until now been stuck in the 18th century, ignoring the dreaded word "evolution" in its biology classes for fear of upsetting the religious beliefs of some students and their parents. It has now entered the mid-19th century, recognizing evolution as a scientific theory. Now if we can just persist in teaching our students the difference between a *scientific* theory and an *everyday* theory, and students can understand why evolution is a fact and natural selection is a fully scientific theory, perhaps they will then comprehend why creationism or "intelligent design" is *not* a scientific theory. The artificial "debate" about these alternative ideas can then be relegated to courses in religion and philosophy. Meanwhile, some students can go on to college and learn about 20th and even 21st century biology.

Renier/Merrell Update

Noreen Renier's Chapter 7 bankruptcy petition ([see Winter 2007-08](#)) has yet to be adjudicated. Both John Merrell and the U.S. Trustee's office have filed motions to extend Renier's discharge for an additional 30 days (until late March). According to Merrell's attorney, the Trustee is sending out a Notice of Assets to Renier's creditors, indicating an initial determination that Renier may have assets (if only her book rights) that could be sold, with the proceeds distributed to her creditors. Merrell contends that her assets far exceed those listed in her court filings, and hopes that the additional 30 days will allow time for further light to be shed upon this.

Snippets





The economy *must* be in the tank if you can't even get \$5,000 for a piece of granite containing a pattern somewhat resembling Jesus on the cross. That was the predicament that a Pinellas County granite distributor recently found himself in. Not even St. Petersburg's Tom Finkbiner, owner of iSoldit on eBay, could scrounge up any bidders for that treasure at that price, though more than 800 people at least sniffed the bait. Oh, well. If only the image had been on a potato chip.

(*St. Pete. Times*, Feb. 2)

Do you know this man?

If so, please contact NASA immediately!

Until he is positively identified, NASA will continue to claim that he is simply a randomly wind-carved feature of rock, standing a mere two inches high, as its rover "Spirit" has phoned home from Mars to report.



While he eludes capture, this man remains armed (with what appears to be a club) and presumably dangerous. Watch out, [Mr. "Face"!](#)

(WKMG-TV 6, Orlando, via the Internet, Jan. 24)

Letters to the Editor

Editor: I am 19 years old and would like to enter your "[\\$1,000 Challenge](#)" to be the first person in the world to empirically prove that psychic capabilities exist. The biggest problem surrounding me in my life right now is that I have discovered that I have psychic capabilities, and it is out of my means of control. I was hoping that by doing this I could not only prove that this type of phenomenon exists, but also that you might be able to help me find the information necessary to get order back into my life. Up to this point, this has done nothing beneficial for my life and has only caused me harm.

I suppose the easiest thing to do would be to work with my capability of telepathic connections. I could have someone else in another room and tell them what to write down.

--William A. Blake, III
Orlando
wab3armstrong@aol.com

Editor's note: We have offered William a 12:30 slot at our March 29 TBS Quarterly Meeting to demonstrate his telepathy.

Editor: were can i get someone to bye the stamps right me back

--hitman098@verizon.net

Editor's note: The above, reprinted verbatim in its entirety, must refer to the "Face on Mars" stamp set endorsed as a sound investment by Richard Hoagland ([see here](#) or page 24 of the [Nov/Dec 2000 Skeptical Inquirer](#)). Our e-mail reply (also verbatim in its entirety): "eye donut no"

UFO Abduction Insurance and Location Earth Dog Tags

TBS members may be aware that you are covered by our \$10,000,000 [UFO Abduction Insurance](#) policy. But in anticipation of such an unfortunate circumstance, you might want to consider purchasing [Location Earth Dog Tags](#), which contain a replica of the Pioneer 10 plaque to inform any extraterrestrial rescuers of your Earthly origin.

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