

CAMPAIGN AGAINST HEALTH FRAUD

NEWSLETTER

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The Campaign Bashers

The past three months have seen some bad publicity for the Campaign. We have been accused of existing solely to bash alternative medicine, and even of being in the pockets of a drug company. Most of these accusations have come from journalists whose insight and accuracy is so acute that they have not even felt the need to contact us. For example, Dr Ellis Downes slated us in the Sunday Times without, so far as we know, contacting any of us. This sort of journalism is cheap and easy. Why was he afraid to contact us?

Private Eye 'revealed' that we are in the pay of the Wellcome drug company. Nothing could be further than the truth: we have not taken any money or favours from Wellcome, and indeed they have not offered any. The 'Institute' of Optimum Nutrition - which is not recognised by any established academic body - picked up the story, saying "Private Eye recently revealed that the Department of Health declined to give any funding to *Quackbusters* because of their reluctance to reveal their other sources of finance. The Department said it could have no confidence that the drugs industry was not involved in back-door financing." This is untrue. We did approach the DoH when we were first established but were told that they did not fund new organisations; they suggested that we reapply after we had been running for a year or two. The 'Institute' goes on to denounce us as "notorious opponents of complementary medicine and optimum nutrition!"

Meanwhile, the Campaign needs money badly to run an office from which it can give a better service to members, the public, and the press. At present, callers rarely get through to a live human being and are asked to leave a message on an answering machine. This is a great pity, as it means that media enquiries are rarely dealt with promptly enough: most newspapers need information immediately.

We continue to support valid medicine and to criticise unsound medicine, whether orthodox or alternative, NHS or private. In December the Campaign supported the British Chiropractic Association in their attempts to get State Registration for their members. We felt that this was justified for several reasons. The BCA's training course, at their College in Bournemouth, is recognised by the Council for National Academic Awards for a BSc. This shows that the chiropractors have opened up their training course for independent assessment and not been found wanting. Secondly, they are taking part in clinical trials organised by the Medical Research Council. Most important of all, we think that the public are entitled to be able to believe that if they go to a chiropractor they are going to one who is properly qualified and registered. At present, anyone can put up a sign saying they are a chiropractor, even if they don't know a jot about it.

Caroline Richmond

'Body-building' health foods: *a challenge*

If athletes, sportspeople and body builders are to attain optimum performance, adequate nutrition is essential. On this basis, many health food shops offer special preparations formulated for such people. A survey in a Holland & Barrett store in September 1989 found the following preparations, made by Healthlink, Weider Health and Fitness, Quest Vitamin Supplies, and 'Ultimate Nutrition' sold by Europa International Sports Aid. Healthlink's 'Maximum exertion pack' (£16.50 for 10 days supply) contained zinc, manganese, liver and vitamins C and E. Quest 'Amino complex' (£11.99 for 30 days) and Weider 'Liquid aminoacids' (£8.49 for 11 days) provided a mixture of aminoacids and vitamins. Weider 'Crash weight gain' (£5.49 for 540 g) and 'Myogenics' (£8.45 for 420 g) were all powders providing protein with some vitamins and minerals. Ultimate Nutrition 'Premier lean burn muscle growth pack' (£14.99 for month supply) provided the aminoacids ornithine and glycine, and also chlorophyll/carnitine. 'Smilax officinalis plus' (£5.99 for 17 days) was described as "the herb from which testosterone is derived". The 'Anabolic sterol pack' (£16.97) was said to provide "natural steroids for athletes, bodybuilders and sportsmen", but the contents listing showed that these 'steroids' were in fact plant sitosterols, which have no anabolic effect in man.

These preparations are not medicines as defined in the Medicines Act, so do not need a product licence from the Ministry of Health. I do not suggest that they are unsafe, but they are a waste of money.

CHALLENGE

I believe that none of the preparations listed above have any beneficial effect on sportspeople that could not be achieved at less than half (often much less than half) the cost by taking ordinary foods such as wholemeal bread or semiskimmed milk.

If the manufacturers or retailers of these foods can show that I am wrong I will issue a public apology in the CAHF Newsletter, and will pay £500 to the charity of their choice.

However, if I am not wrong they should stop making and selling these preparations, since they are in effect defrauding the public.

John Garrow MD PhD FRCP
Rank Professor of Human Nutrition
University of London

Germanium still a cause for concern

Many members will have read Duncan Campbell's New Statesman expose' of germanium, picked up by the rest of the press and widely reported. It described how various 'health food' companies competed with each other to jump on the profitable bandwagon of selling germanium, a toxic heavy metal, as an 'immune system booster'. Worse, they were selling it as an organic compound, which increased its bioavailability and therefore probably also its toxicity. Germanium is a poison with no metabolic, nutritional or medicinal uses. As a direct result of Duncan's work, the Department of Health issued a press release and a letter to doctors advising the public against taking germanium, and the major health food stores, including Holland and Barratt, stopped selling it.

However, germanium is still on sale through small health food stores and mail order. If you see it on sale, please make a fuss in the shop, tell us, and your local Trading Standards Officers (at the County Council offices, except on London, where they are based at the local Council).

We have had a letter from an ME patient who, with her GP's consent daily took 50 mg of germanium, but stopped taking it after the Government advised people not to. She has now asked the supplier to refund her money, but instead they have asked her to undergo tests on her blood, urine, saliva, hair and nails at Surrey University - to vindicate germanium. We contacted Dr Vincent Marks, professor clinical biochemistry and head of the (government-funded) Trace Metals Laboratory at Surrey University. He is adamant that they have no arrangement with purveyors of germanium.

STOP PRESS: *The supplier has now refunded this person's money.*

Bogus doctors

It is an offence for a person to pose as a medically qualified doctor if they are not. This is British law, and it is a criminal, not a civil, offence. CAHF's chairman has notified Scotland Yard about a bogus doctor near Harley Street, and we also know of two other cases, in Surrey and in Merseyside, where the police have been notified. But the police have taken no action.

How is the public to be protected?

What doctors don't tell you

The last newsletter reprinted my amusing (I hope) but damning review of *What Doctors Don't Tell You*, an eight-page monthly newsletter originally launched in August to tell the lay reader about the wonders of clinical ecology, nutritional medicine, etc. It cost £39.95 a year, but early subscribers could get it at the introductory rate of £19.95. *The Times* gave it a guarded mention in a feature, and Sky Television had Dr Tom Stuttaford roast the editor alive.

WDDTY is now being promoted to doctors at the special professional introductory subscription rate of £79.95. The mail shot claims that it has been favourably reviewed in a number of publications, including *The Times*, national television, and the *BMJ*.

Here's a suggestion: if you get a promotional mailing for WDDTY, write back and ask them for copies of the favourable reviews.

Caroline Richmond

Desensitization injections for hay fever and other conditions

Dr George Lewith, of the Centre for the Study of Complementary Medicine in Southampton, complained to us about the Brompton Hospital's advertisements for hay fever desensitization courses. These cost around £520. Dr Lewith complained that, as a GP, he was no longer allowed to carry out desensitization injections let alone advertise them, and he queried the apparent double standard which allowed the Brompton's

advertisements which appeared in local papers and he says, women's magazines.

We sent Dr Lewith's letter to Dr David Pearson, senior lecturer in medicine at Manchester University; Dr Duncan Robertson, lecturer in medicine at Southampton University; and Dr John Warner, consultant paediatric chest physician at the Brompton Hospital. Each was unaware that the others had been consulted. In addition Dr Warner passed Dr Lewith's to Professor Barry Kay, who initiated the enterprise.

The replies were substantially the same: desensitization produces, on rare occasions, life-threatening anaphylaxis that can be corrected immediately if the patients are detained under strict observation in hospital for some hours, with resuscitation facilities on hand; this is not possible in general practice.

If the selection criteria are rigorous, most patients can benefit; this was shown in a placebo-controlled study (Frankland, *Lancet* 1954;i:1055) and confirmed in a recent review by Cretis and Norman (*Journal of the American Medical Association* 1987;258:2874-80).

What the papers don't say....

Extracts from letters sent to Newspapers but not published

To The Independent:

Liz Hunt's report on a patient who had survived breast cancer and Gerson therapy saddened me.

People recovering from a cancer operation need their nourishment and they also need the pleasures of the table. They are not suffering from 'toxification'. Coffee enemas are a needless cruelty, unless they have been proved effective, which they have not. There is no rational basis for believing that they might.

Only one cancer patient in three is cured by conventional therapy, the rest have to settle for a prolonged life. It is hardly surprising that patients are attracted to treatments which promise no drugs, surgery, or radiotherapy. Unfortunately, no one knows how often - if at all - such therapy works.

Cancer specialists now regularly see patients who have tried unconventional therapy and as a result thrown away their chance of cure.

We are concerned that many people will die as a result of the publicity that you have given to just two patients who have - so far - survived.

Caroline Richmond

And what they do.....

To The Journal of Alternative and Complementary Medicine

I was alarmed by the completely uncritical article on enemas in your May issue. It failed to mention the numerous deaths which have been associated with the practice, and did not mention the importance of excluding serious gastrointestinal disease before venturing into a private, non-medical enema centre.

The piece mentioned using *iridology* as a health check prior to the procedure. Iridology has been repeatedly demonstrated to be diagnostically ineffective.

Nick Beard

JACM editor replies:

This letter illustrates all there is to illustrate about the appalling 'Quackbusters.' The article was about colonic irrigation, not enemas, there have not been numerous deaths because of it.

In addition, qualified iridologists would not expect to diagnose the presence of actual disease from the iris.

CAHF comment:

Alternative, Unproven and Fraud, published by the American Medical Association describes the hazards of colonics and other dangerous practices, including reports of deaths.

Duncan Campbell - an apology

In the last newsletter, we stated that Duncan Campbell's story on 'Delta-T' health con-man Yves Delatte followed a tip-off from CAHF.

This was a mistake. Although one of the CAHF officers provided an important witness for Duncan, the bulk of the supporting evidence had already been collected.

In addition, we apologise for publishing Duncan's letter to *Hospital Doctor* without his permission.

BOOK REVIEWS

FOLLIES AND FALLACIES IN MEDICINE by Petr Skrabanek and James McCormick, The Tarragon Press, pp 170, £7.95

"Why doesn't someone put out a rational medical book that is short, readable, and straightens out everything the media gets wrong - preferably in the form of a cheap paperback?" Well, now somebody has, and this is it.

Petr Skrabanek has worked in forensic toxicology, and on endocrine oncology research and neurotransmitters. He teaches the critical appraisal of medical evidence in the Department of Community Health at Trinity College, Dublin. James McCormick is Head of the same Department, and President of the Irish College of General Practitioners.

The book is eminently accessible to the general reader, yet its arguments are properly backed by over 200 references, mostly to professional medical journals (about a dozen of the papers are by the co-authors themselves, either separately or jointly).

In the matter of evidential demands, the authors are as strict with conventional treatments as they are with that ragbag of practices known collectively as alternative medicine - a claim is either scientifically based or it isn't.

Many of us travel the world with a carrier bag of assumptions that rarely get the chance of an airing, let alone a re-examination. Prevention is better than cure; most diseases are significantly influenced by modern treatment; double-blind trials will keep both patient and clinician from knowing what is being administered; treatment in hospital is better than home treatment for heart attacks; the thin live longer than the plump; treating mild or moderate hypertension is better than not treating it; screening for breast or cervical cancers is always worthwhile; high levels of cholesterol cause coronary heart

disease; reducing "risk factors" reduces mortality.

Skrabanek and McCormick give a salutary, not to say eye-watering, jolt to all of these assumptions and others. And whether or not you agree in every case, you will at least be made to think about what you think.

"Concern for 'national health,'" they say, "is one of the hallmarks of totalitarian societies" and they are clearly concerned that the "self-righteous intolerance of some wellness zealots borders on health fascism." Matters have reached a point where "doctors increasingly blame their patients. Disease is the wages of sin."

Both authors happily plead guilty to the charge of *scepticaemia* -- "an uncommon generalised disorder of low infectivity. Medical school education is likely to confer life-long immunity."

Lewis Jones

NON-SPECIFIC ASPECTS OF TREATMENT.
Edited by Michael Shepherd and Norman Sartorius, Hans Huber, Toronto.

When assessing any treatment, it is important to consider the placebo effect. A new book, *Non-specific aspects of treatment*, explains why. It is published for the World Health Organisation, edited by Michael Shepherd (Institute of Psychiatry, London) and Norman Sartorius (Director, Division of Mental Health, WHO).

Professor Neal Miller of Rockefeller University and Yale gives examples of non-specific (placebo) effects. They are enhanced *inter alia* by the attitudes of the prescriber/provider, the patient, the expense and physical attributes of the treatment. In 1980 there were more than 1000 references in the literature on these effects.

Professor Grunbaum of the University of Pittsburgh distinguishes between characteristic and incidental factors in therapy, the target disorders, and other facets of the patient's life functions and health. He points out that placebo treatment or psychotherapy can have very specific effects on target symptoms and physiological functions, presumably mediated psychologically.

Placebo treatment, then, may be effective and specific for a number of distressing illnesses and

can be regarded as a form of psychotherapy. Though deception is not always needed, a placebo treatment usually involves either deception of the patient or self deception of the prescriber. The placebo effect depends to some extent on the therapists own beliefs and convictions and therefore confidence in his treatment. Thus someone who erroneously believes that a treatment has non-placebo effects could get better results than someone who correctly believes the treatment to be devoid of such characteristic effects!

This book is a timely reminder of the complexities of therapy and the responses of patients. It raises the question whether, in the absence of life-threatening illness, there may be some place in therapy for the placebo -- the placebo *effect* is inescapable wherever there are patients and therapists.

Jeremy Powell-Tuck

THE WHOLE TRUTH: The Myth of Alternative Health by Rosalind Coward. Faber & Faber.

A dangerous fallacy is that 'natural' things are fundamentally safer and better than 'synthetic' ones. This fiction has a lighter side, such as the invariable sale of decaffeinated coffee in 'natural food' shops, but the muddle includes far more serious matters. At its core is marketing - meaningless words promoting worthless lotions and potions. The myth to which ad-writers appeal is that of a natural order, something deep and mysterious in Nature with which we tinker at our peril. One result is better sales of oatmeal facepacks. Another is liver failure in victims of untested herbal medicines. Instead of *truly* holistic solutions, people are conned into buying poisons. *The new pill pushers* are but one aspect of a complex phenomenon.

In *The Whole Truth*, Rosalind Coward surveys the whole range of thoughts and beliefs which make up *the myth of alternative health* - a set of beliefs about the body, its mind and spirit, its surroundings, and its health. She studies not just dubious therapies, but the realm in which they flourish. The result is a powerful and convincing explication of the incoherence and dishonesty of the new science on offer.

People have tried to define a *new science* before. The Nazis wanted to rid science of the 'Jewish influence,' and latterly the search for a *Muslim science* has surfaced. Such mixtures of science and religion are dangerous: science is

safest when there is a clear separation between fact and myth.

Coward does not concern herself with the efficacy of alternative therapies, but instead focusses on the inconsistencies and consequences of them. Her approach is gradually to tease apart the meanings which cluster around the alternative health movement. One of the themes of the book is the shift towards greater emphasis on personal responsibility for health. This merges with the 'return to Victorian values'. Disease (or being poor) is once more a consequence of some inner failure - which would have once been called sin. Well-being (or riches) are not just matters of good fortune in this alternative world. They are there for all, to be won through hard work, discipline and inner balance. As Coward points out, when traditional moral ideas seemed to be at their lowest ebb, they have regrouped around health.

She also draws out a subtle racism of the alternative health scene. Potions are promoted as being from Africa, India or China - which, of course, guarantees their *naturalness*. This is profoundly ethno-centric. African people are *not* "closer to nature" than the worried-well of Europe. Closer to nature once meant lower down the evolutionary ladder. Perhaps, as this subtle conservatism asserts itself, it will again.

Women occupy a special place in the contemporary obsession with natural life styles. Coward exposes nonsense here too. Witchy wise women, keening at each other in their menstrual jackets, are juxtaposed with tales of truly *natural* childbirth. She tells of rampant fevers, ruptured uteruses, inverted and dangling between legs, urine and faeces flowing freely and interchangeably through various orifices - *natural* consequences of childbirth.

Coward repeats a few pseudo-radical myths herself, such as "no one could deny the way in which conventional medicine overlooks personal and emotional factors which are likely to produce or foster illness...", or "it is harsh to draw these links [with Middle Ages humoral medicine] with homoeopathy *which is based on long standing research...*" These are minor complaints, and barely detract from the overall impact of the work. The Whole Truth is an important cultural scrapbook, gathering damning images of the careless, the dotty, the entrepreneurial and the poisonous. It is highly recommended.

Nick Beard

Reprinted courtesy of
The British & Irish Skeptic

ABOUT THE CAMPAIGN

Why not encourage your friends and colleagues to become members of the Campaign?

The aims of the Campaign are:

To promote

Good practices in the assessment and testing of treatments, whether 'orthodox' or 'alternative';

Consumer protection in all forms of medicine and health care, both by thorough testing of products and procedures, and better regulation of practitioners;

Better understanding by the public and the media that valid clinical trials are the best way of ensuring public protection;

To oppose

The use of treatments that which may be fraudulent, unnecessary, or unduly dangerous, or involve needless expense or prevent patients from receiving the best care;

Diagnoses that are misleading or false or which may encourage unnecessary treatment for normal conditions or non-existent diseases.

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