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## MHRA - NO EVIDENCE OF ACTION ON MEDICAL DEVICE COMPLAINT

**T**HE MEDICINES and Healthcare products Regulatory Agency (MHRA) is one of our most important government agencies—indeed, according to its website it is “recognised globally as an authority in its field”. The ‘field’ in question includes, again according to its website, “ensuring that medicines [and] medical devices ... meet applicable standards of safety, quality and efficacy”. Sadly, my own recent experience leads me to conclude that the MHRA is a long way from being the stout defender of the public interest that it claims to be.

In June 2015 I began a correspondence with the MHRA about a product called the Asyra bio-energetic screening system,<sup>1</sup> which is marketed by NutriVital Health Limited of Petersfield in Hampshire. This is a machine, promoted to private health practitioners, which claims to be able to help them discover the causes of their clients’ health problems by: “provid[ing] you with information about the energetic origins of your client’s challenges”. It relies on a notion called bioresonance, which the website defines as: “the concept that our organism can recognise and respond positively to informational signals that have been tuned to our own unique pattern of responses”. The company also explains that the ‘bioresonance information’ gathered by their equipment can be given back, or fed back, to the patient, a process which it refers to as ‘digital homeopathy’.

In order to use this marvellous system the subject holds a brass cylinder in each hand; the cylinders are connected by wires to an electronic device which displays various numbers and graphs on a screen. The device is said to be able to report on the body’s physical, chemical, emotional and mental state by running “a response test on the meridian points connected to the major organ systems”. It uses a database including “metabolic disturbance, TMJ stress, neurotransmitter disturbance, food sensitivity, hormonal profile” and a variety of others so the practitioner can devise a course of treatment to “help restore balance”. The Asyra website tells private practitioners: “Whatever your approach to healthcare, it can enhance your practice, improve patient outcomes and increase your revenue.”

It is obvious to anyone with an elementary knowledge of biology that this gadget cannot have the capabilities that are claimed for it—indeed, it is about as credible as a medical device as James McCormick’s notorious fake bomb detectors are in the field of security.<sup>2</sup> Having pointed this out to the person at MHRA, whom I shall call Joseph, I assumed that I would receive a speedy reply and that MHRA would be passing the details of my complaint to the Crown Prosecution Service in short order. In fact, I exchanged a

series of emails with Joseph, who, first of all, told me that the Asyra system did not fall within their remit as it was not a medical device—this opinion was based on a statement on Asyra’s website to the effect that it is not a diagnostic device, despite the fact that its website refers to the device “helping you to identify root causes of health issues” and that it quite clearly falls within the EU definition of a medical device, whatever Asyra might say. Joseph then told me that, because of ‘confidentiality’, he could not tell me anything about their investigations (and I mean not anything—process, evidence, conclusions and action were all, apparently, off limits).

**“The Asyra website tells private practitioners: ‘Whatever your approach to healthcare, it can enhance your practice, improve patient outcomes and increase your revenue.’”**

Having got nowhere with Joseph I took my concerns to the relevant minister at the Department of Health, only to receive a series of letters from a civil servant who took exactly the same line: that everything about the MHRA’s actions in respect of Asyra was confi-

dential. In case anyone is in any doubt here, let me just say that what I asked Joseph (and the civil servant) were three very simple questions:

- Does the MHRA accept that Asyra has a case to answer?
- Has Asyra provided any evidence to support their claims for their machine?
- If Asyra cannot provide evidence, what enforcement action do MHRA propose to take?

At no point did I ask for details of the internal workings of the machine, the algorithms it uses or any other technical information. Nor did I ask for the names or addresses of the directors of the company or details of its financial arrangements (which are in any case publicly available for free from Companies House) or anything else which could remotely be thought of as confidential information. As of today (8th July, 2016) the issue remains unresolved, more than a year after my initial complaint.

The internet is littered with adverts for many similarly implausi-

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## JOHN GARROW, A PASSION FOR EVIDENCE

**J**OHN GARROW died at his home in South Cave, Yorkshire, early in the morning of Wednesday 22nd June 2016. He had been in good health until he suffered a stroke six weeks before. An eminent medical nutritionist with a passion for research, John was a member of the original HealthWatch Committee when it was formed in 1988 (HealthWatch went on to be registered as a charity in 1991) and our chairman for many years.

Ever modest, he wouldn't have appreciated a lengthy or extravagant memorialising of his achievements, but they were many. Professionally, John was emeritus professor of Human Nutrition at the University of London, honorary consultant physician at St Bartholomew's, St Mark's, the Royal London and Northwick Park Hospitals; head of the Nutrition Research Unit at the MRC Clinical Research Centre, member of the UK Department of Health Committee on Medical Aspects of Food Policy, chair of the Joint Advisory Committee on Nutrition Education and chair of the Association for the Study of Obesity. He was editor in chief of the European Journal of Clinical Nutrition from 1988 to 1999.

John's work was characterized by intellectual rigor and honesty, and he wrote with a simple but precise elegance. Edzard Ernst, in his blog of 23 June 2016,<sup>1</sup> recalls with pleasure working with him on what may have been the first ever randomised controlled trial of the peer-review system. Sending dummy manuscripts to 400 unsuspecting reviewers solicited a wide range of responses, and the conclusion that reviewers showed a small bias towards the orthodox.

Peter Wilmshurst remembers John as a champion of the highest ethical standards in medicine and research. They met in 1977 at Northwick Park Hospital—John designed and funded a study that Peter was researching, but when it was finished John declined to put

his name on the paper. He said that he thought that he had not contributed enough. John's scruples over the amount of contribution required for authorship were admirable and, sadly, unusual. A decade later, when Peter was sued for libel after flagging misleading reporting of the results of a clinical trial, John had Health Watch set up a whistleblower support fund, priming the fund with a large personal contribution, and attending the High Court hearings to give moral support.

John had himself had problems with libel issues. Ben Goldacre's 2008 book "Bad Science" reproduces a courteous letter from Professor Garrow inviting the celebrity nutrition guru Gillian McKeith to subject her "living food powder" to a simple controlled trial of efficacy, adding a gentlemanly wager of £1000 to boot. The response from the McKeith family was a telephone call from her lawyer husband with a threat of legal action for defamation. John, who Goldacre describes as "an immensely affable and relaxed old academic", shrugged it off with the words, "Sue me". She never did.

Past and present members of the HealthWatch Committee have been swift with their tributes and recollections. Caroline Richmond: "I'll remember John for his humour, directness and fine sense of  
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## Sugar tax debaters win by narrow margin

**A**LIVELY evening was had at King's College on 23rd May, and the audience at this year's HealthWatch Debate was split almost exactly down the middle. After hearing arguments for and against the motion: "This house believes sugar is harmful so all sugary foods should be taxed, not just soft drinks" the voting was so close that our chairman, the comedian Robin Ince, had difficulty counting the raised hands for each side, before concluding the "Aye's had it"—just.

First on had been cardiologist Aseem Malhotra, of the National Obesity Forum, with a barrage of statistics on the dangers of sugars. Richard Tiffin, University of Reading, calmly cited evidence that taxing undesirable health behaviour is ineffective. Carwyn Rhys Hooper of St George's Medical School took a philosophical perspective, and our own David Bender seconded Professor Tiffin's argument against.

The audience discussion threw up contradictory views. One of the most persuasive was from medico-legal expert Diana Brahams

who suggested that it is not so much the tax itself, but the existence of such a tax, which sends out a message to all that regular consumption of sugary food is not to be encouraged and so implicitly lends support to measures which would otherwise be opposed, such as improving the quality of food in schools and hospitals.

Our thanks to our invited speakers, and to our patron Robin Ince, for giving up their time and giving us all an entertaining evening and sending us away with—literally—food for thought.

*Mandy Payne, HealthWatch newsletter editor*

### NEWS IN BRIEF

JOHN ILLMAN WAS a winner in this year's Medical Journalists' Association awards, walking away with Feature of the Year (Specialist Audience) for his "superbly written" piece titled "The danger in a second opinion", published in the British Journalism Review. The article is about the concept of balance in journalism. The judges described it as "thought provoking on an issue that is vitally important for medicine and medical reporting."

ANOTHER WINNER is Dr Ken Harvey, of Friends of Science in Medicine (FSM), who's just been awarded the Australian and New Zealand Association for the Advancement of Science (ANZAAS) Medal for 2016. The medal recognises services for the advancement of science and its teaching. Dr Harvey publicly champions evidence-based medicine and treatment—see his article in HealthWatch Newsletter 83, October 2011, on his legal bat-

les over the weight loss product SensaSlim.

NEVER RESTING, FSM have published "Is there any place for acupuncture in 21st century medical practice?", an expert assessment of the evidence around needling therapy at [www.scienceinmedicine.org.au/images/pdf/acupuncturereview.pdf](http://www.scienceinmedicine.org.au/images/pdf/acupuncturereview.pdf). They have also written an open letter to Australian private health insurance companies, calling for an end to funding for treatments that do not have a strong evidence base. FSM took action in the wake of outrage over a distressing video of a Melbourne chiropractor manipulating the spine of a premature 4-day-old infant which was seen by 1 million people before being removed. The Victorian Health Minister has called for action against "rogue chiropractors". Read more in FSM's latest newsletter: <http://www.scienceinmedicine.org.au/images/pdf/newsletter13.pdf>

# THE POWER OF PEOPLE STORIES

**A**BLE TO COMMUNICATE with anyone from politicians, dignitaries and world leaders to the poorest beggars, Mother Teresa of Calcutta is reported to have said: “If I look at the mass, I will never act. If I look at the one, I will.” This observation coined a new phrase—the Mother Teresa effect—about the power of people stories. It has been cited in research into what persuades donors to give to charity. The results may disappoint researchers and clinicians who rely on the power of numbers—the statistical, the methodological, the analytical and the objective.

One study found that the better statistically informed donors were, the less money they gave. Those who read a short emotional appeal—a story—about an African child at risk from hunger gave twice as much as those who just saw raw statistics about the threat to millions of Africans. The facelessness of statistics, a major strength in science, may be an abject weakness in public relations.

Statistics, it seems, encourage analytical thinking, blunt emotions, and turn people off. This is why charities invite donors to sponsor a specific child and why the media focus on individual case histories. To do otherwise would be to buck a trend as old as human life itself. The case history or anecdotes, a source of derision among many scientists, is not an invention of the modern media or of modern charities. Reliance on anecdotes, for all their shortcomings, are a big part of what makes us human.

What are the alternatives in the consumer arena? Communication via p-values and confidence intervals resonate with only a small minority. The idea that the evidence will speak for itself is extraordinarily naive. It won't. It needs a nudge. There is no better nudge than a good story.

Professor Raymond Tallis, a former professor of geriatric medicine at the University of Manchester and a distinguished writer (and winner of the 2007 HealthWatch Award), may disagree. He has written about the “curse of the media anecdote” and “the habit of giving appealing individuals with their moving stories at least as much credence and coverage as unappealing data, of preferring faces to graphs and vox pops to statistics.”

Is there a risk, as Tallis suggests, that a powerful emotional case will outweigh objective scientific evidence? Yes, of course. This was the basis of the MMR controversy, with its stories about allegedly vaccine damaged children.

**T**HE REAL PROBLEM is not the anecdote, but its misuse. Effective consumer-media case histories blend the objective knowledge of medical science with the patient's subjective experience. Such stories can save lives; help patients to learn from one another about what to expect physically and mentally; and enable healthcare professionals to take a leap of imagination into the patient's shoes—into what it feels like to feel vulnerable, at risk and dependent.

For example, Clare Oliver, 26, died from melanoma in Melbourne in 2007. In the last month of her life, she underlined the danger of sun beds in a campaign prompting about 100 press articles and nearly 400 broadcasts. Supported by the Victorian health minister, the state premier and federal health minister, Oliver seemed to achieve in days what others had been trying to do for a long time.

The BMJ reported: “The Clare Oliver story is a powerful example of one person's achievement in enlisting the media to shape

public health policy. However, as the case illustrates, it is also important that the evidence base for determining policy is in place, thus enabling stories like Clare's to resonate, resulting in swift, appropriate action by governments.” (The Victorian government had been collecting sun bed data for more than ten years.)

The strength of the Clare Oliver story is that it combined traditional storytelling with a robust evidence base. The same is reported to be true of the South African TV series—Soul City—case histories don't have to be real to have impact. Tackling a gritty range of issues such as HIV/AIDS, the series is said to have saved lives. More than 34 million people watched it, nearly 70% of the population, one in ten of whom had HIV/AIDS, according to a BMJ report.

J Douglas Storey, associate director of the Centre for Communication Programme at the Johns-Hopkins Bloomberg School of Public Health in Baltimore, Maryland, described Soul City as one of the world's best examples of entertainment education. He said: “The strategy behind successful entertainment programmes lies in bringing together scientists and artists so that they can learn to speak each other's language. As a story script develops, it should be informed by science. Soul City does this beautifully.”

Medical case histories reported in the media involve bringing together in the same article patients and clinicians to blend objective knowledge and subjective knowledge. Handling the media, of course, is not a skill that comes naturally to anyone. Interviewees need to know what the media want and what to expect. This means overcoming reservations about the media. Most reporters want to get things right and are not generally out to ‘get’ healthcare professionals. There are times, however, when they should do and do; times when they should but don't; and times when they shouldn't but do.

The vast majority of lapses, I believe, arise from honest mistakes, some from poor communication and some, lamentably from spin and distortion. But journalists are as much victims as perpetrators of spin. Vociferous lobbies and lone mavericks appreciate the importance of engaging with the media more readily than reputable, ethical experts who stand back in fear that reporters may misquote them or dumb down their work.

Medicine needs to recognise that if it does not communicate its position, it risks being misrepresented. One of the most effective ways for medicine to represent itself is to recognise the power of case histories and the Mother Teresa effect.

*John Illman, Author and Journalist, London*

This article is extracted with the author's kind permission, from his new book *Handling the media: communication and presentation skills for healthcare professionals*, by John Illman. JIC Books, £14.99. Available from <http://www.jicmedia.org/shop/>

**“Most reporters want to get things right and are not generally out to ‘get’ healthcare professionals”**

## New online tool helps people tell good science from bad

A NEW WEBSITE offers a free, interactive service to help the public better understand complex health research and “go beyond the headlines”. Understanding Health Research has been created by the University of Glasgow and academic advisors. It will be

useful for patients, carers, students, policymakers, health professionals and researchers. Users are taught critical thinking on what to look out for in research, such as funding sources, peer review, and ethics. Go to: <http://www.understandinghealthresearch.org/>

## FOODS AND SUPPLEMENTS TO BOOST THE IMMUNE SYSTEM

**I WAS RECENTLY** asked to speak to a group of immune-compromised patients about nutrition and the immune system. I fear that what I discovered and what I told them, will not have given them much hope. To prepare my talk I started, as one does these days, with a Google search on ‘foods and immune system’, then opened a serious nutrition text book that was on my bookshelf, and then searched through nutrition review journals using PubMed.

The Google search threw up lots of delightful nonsense, starting with several sites that stressed the importance of drinking water to boost your immune system. The boost-immune-system-naturally website<sup>1</sup> tells us that water is the:

*“single most important nutrient, helps your cells to properly communicate the healing messages, critical for an effective detox, vital for all your body systems to function correctly to boost immune system, helps maintain healthy energy, dehydration promotes cancer cell growth, drink ½ your weight in ounces of pure water, if using distilled water add minerals back to it”*

I have a problem here. To me, who once trained in chemistry, pure water is distilled water, although I know that the chlorinating tablets I take with me when travelling in countries where the tap water may not be safe to drink, are known as water purifying tablets.

The fitday.com website<sup>2</sup> tells us that:

*“water oxygenates your blood ... drinking plenty of water ensures that your blood will carry plenty of oxygen to all the cells of your body. This means that all of your body’s systems will function adequately, because they’ll be getting plenty of oxygen. Your immune system functions best when your muscles and organs are functioning best”*

Oh dear. You can generate oxygen (and hydrogen as well) from water by passing an electric current between electrodes, but surely that is not what is going on when I drink water. It goes on to say:

*“Water helps you digest your food. You need adequate nutrition to maintain a strong immune system. One of the benefits of drinking plenty of water is that it keeps your digestive system strong so that you can properly digest your food. If you don’t drink enough water, you could become constipated, or develop even more severe digestive problems”*

But wait, dietary fibre is more important to a healthy digestive system than water. And finally, we are told:

*“Drinking plenty of water helps keep you healthy in the long term. A surprising number of illnesses can be treated or prevented simply by drinking eight to ten glasses of water a day. They include: arthritis and joint problems, since drinking water helps lubricate the joints [surely not]; depression, since without adequate amounts of water your brain can’t produce enough serotonin [sic]; insomnia, since your brain needs water to produce melatonin [I agree that the enzymes and precursors needed to form serotonin and melatonin have to be in*

*solution, but you would have far more serious problems if the amount of water in your brain fell too low for their synthesis]; leukemia and lymphoma, since drinking plenty of water ensures that your body produces adequate amounts of blood cells and immune cells, and that they circulate appropriately”*

Then we come to the websites recommending foods that will apparently boost your immune system. Here there is a delightful range of supposedly super foods. The dummies.com website<sup>3</sup> recommends acai berries and goji berries, then five types of seaweed: dulse, hijiki, kombu, nori and wakame.

The Mercola.com website<sup>4</sup> lists 12 foods, including:

- Unpasteurised grass-fed organic milk. “Raw organic milk from grass-fed cows contains beneficial bacteria that prime your immune system and can reduce allergies.” But, unpasteurised milk, whether organic or not, whether from grass-fed cows or not, may also contain serious pathogens such as *Listeria*.
- Fermented foods. These provide “friendly bacteria”. Yes, there is evidence that lactic acid bacteria have beneficial effects, and can out-compete potentially pathogenic bacteria in the gut.
- Raw organic eggs from free-range chickens. But organic chickens and their eggs can, like any other chickens and eggs, also contain *Salmonella*, so eating them raw is not advisable.
- Locally grown organic vegetables appropriate for your nutritional type. It shames me as a professor of nutrition that I have no idea of what my nutritional type is, and unfortunately the website does not offer any help in finding out what it is.
- Chlorella: “is a single cell freshwater alga that acts as an efficient detoxification system by binding to toxins such as mercury, and carries them out of your system”. There have been experiments using chlorella and other algae to take up mercury and other heavy metal salts from contaminated water—I very much doubt that eating chlorella will be of any use—if nothing else, it will be digested in the gut and hence unable to process anything. We are further told: “It is the chlorophyll in chlorella that makes it so powerful. Chlorophyll helps you process more oxygen [only if you are a green plant!], cleanses your blood [whatever that means] and promotes the growth and repair of your tissues.” If you really want to consume chlorophyll, why not eat any green leafy vegetable, green beans or peas?

Two sites (rodalorganiclif.com<sup>5</sup> and webmd.com<sup>6</sup>) recommend chicken soup. The webmd.com site tells us that “If you do come down with a cold or the flu, a bowl of chicken soup can help you get well faster, one study shows.” Unfortunately, we are not given a reference for this study. Grandma’s chicken soup is a comfort food, much beloved among the Jewish community, and sometimes called “bubamycetin”, with no evidence of any antibacterial, antiviral or immune-strengthening actions. Not that I have anything against chicken soup, preferably with lokshen (fine pasta) and kneidlach

(matzo meal dumplings), and I often make it – for pleasure, not for any therapeutic actions.

The webmd.com site<sup>6</sup> also tells us that “eating or drinking too much sugar curbs immune system cells that attack bacteria. This effect lasts for at least a few hours after downing a couple of sugary drinks”. This message is repeated by the motherearthnews.com website,<sup>7</sup> which also advises us to:

*“Eat Like Peter Rabbit. Malnutrition impairs immune function [correct, see below]. French fries, soft drinks and bourbon don’t build strong white blood cells either. No, it’s those virtuous, self-righteous diets high in fruits, vegetables and nuts that promote immune health, presumably because they’re rich in nutrients the immune system requires. Adequate protein intake is also important; the source can be plant or animal”[again correct]*

Immunoshield™ is a supplement containing beta-glucans, which are prebiotics that act to promote the growth of Bifidobacteria and Lactobacillus species in the gut—friendly bacteria that out-compete pathogens. However, it is difficult to understand the statement on the Immunoshield website<sup>8</sup> that:

*“activated by Wellmune WGP [i.e., this product], the neutrophils are now primed for activity. Unlike other immune health ingredients, Wellmune WGP supports immune function without stimulating the immune system, which may be harmful”*

So, what scientific evidence is there?

The European Food Safety Authority has been evaluating health claims that may be made for foods and nutrients. On 31 January 2008 the Commission received lists with more than 44,000 health claims from the Member States. Regulations (2012)<sup>9</sup> established a list of permitted health claims made on foods, other than those referring to the reduction of disease risk and to children’s development and health. The specific claim: “can contribute to the normal function of the immune system” may be made for copper, folate, selenium, vitamin A, vitamin B12, vitamin B6, vitamin C, and zinc. Oddly, there is no mention of vitamin D, where the only permitted claims are for bone health. This is despite a considerable body of evidence that vitamin D has a major function in the immune system.<sup>10, 11</sup>

The chapter by Yaqoob and Calder on the immune system in a standard nutrition textbook<sup>12</sup> tells us that:

- Free radicals and products of fatty acid oxidation suppress immune function, so stressing the importance of appropriate amounts of antioxidants;
- All forms of immunity are affected by protein-energy malnutrition (i.e., not eating enough);
- Micronutrient deficiency can impair immune responses: vitamin A, vitamin D, folic acid, vitamin B6, zinc, copper, iron, and selenium and vitamin E as part of antioxidant defences;
- High fat diets result in impaired immune cell function; reducing fat to < 30% of energy intake enhances immune function;
- Deficiency of essential fatty acids (EFA) in experimental animals impairs immune function—but human EFA deficiency is very rare;
- Excess EFAs may suppress lymphocyte and natural killer cell activities;

A review by Chandra<sup>13</sup> tells us that:

- Protein-energy malnutrition is associated with a significant impairment of cell-mediated immunity, phagocyte function, complement system, secretory immunoglobulin A antibody concentrations, and cytokine production;
- Deficiency of single nutrients also results in altered immune response: this is observed even when the deficiency state is relatively mild. Of the micronutrients, zinc, selenium, iron, copper, vitamins A, C, E and B, and folic acid have important influences on immune responses;
- Overnutrition and obesity also reduce immunity;
- In the elderly, impaired immunity can be enhanced by modest amounts of a combination of micronutrients.

A review by Grimble<sup>14</sup> tells us that:

- The inflammatory response to injury and infection, although an essential part of immune function, carries the risk of severe tissue depletion and immunosuppression;
- Immunonutrition provides a means of modulating the inflammatory response to injury and infection, and thereby improves clinical outcome. n-3 Polyunsaturated fatty acids (n-3 PUFA), glutamine, arginine, S amino acids and nucleotides are important components of immunonutrient mixes;
- While animal model studies suggest that all these components may exert a beneficial effect in patients, the number of large randomised placebo-controlled trials utilising immunonutrition is fairly limited and the observed effects are relatively small.

So, in summary, the advice would seem to be very similar to the standard advice for a prudent diet: eat a sufficient amount to maintain a healthy weight, with no more than about 30% of energy from fat and 15% from protein; the remainder should be carbohydrate, with less than 10% of energy from sugars. Supplements of appropriate amounts of vitamins and minerals may be beneficial. Appropriate amounts means no more than about 1 to 3 times the RNI or RDA (the Reference Nutrient Intake or Recommended Daily Amount) which is in any case more than adequate to meet the requirements of almost everyone in the population, and most people can achieve this (apart from vitamin D) from a normal mixed diet. Antioxidant supplements should be taken with caution. A number of randomised controlled intervention trials<sup>15-17</sup> have shown increased cancer and all-cause mortality among people taking relatively high dose antioxidant supplements.

Vitabiotics markets two supplements to enhance immune function: Immunace® and Immunace Extra®. Both provide a wide range of vitamins and minerals. Most are in the acceptable range of 50 – 300% of RNI, apart from vitamins B1 (1636%), B6 (714%) and B12 (560%). Immunace Extra® also contains three carotenoids, α-lipoic acid, carnitine, cysteine, resveratrol and citrus bioflavonoids.<sup>18</sup> Immunace® is listed in MIMS, with the following indications: “Supplement for tuberculosis, wound healing (post-surgery or burns), skin infections, inflammation and sensitivity, skin and other cancers, help in slowing down of human immunodeficiency virus disease”.<sup>19</sup> There is no mention of enhancing immune function in general.

While I would not normally regard the *Daily Mail* as an unduly reliable source of scientific and medical evidence, there is an interesting comment by Prof Lesley Regan<sup>20</sup> in an article about dodgy health claims. She says: “and the evidence which vitamin manufacturers cite as showing the benefits can be rather more complicated than it seems. For example, Immunace, which reportedly boosts the

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## Foods and supplements to boost the immune system

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immune system, claims to have been proven in a “ground breaking trial”—but when I asked for this research, I discovered it had actually been carried out on HIV positive people in Bangkok.” Leslie Regan is a Professor in the Faculty of Medicine at Imperial College London—in 2008 she presented an excellent series of Horizon programmes on BBC TV.

Dr Bruce Henry of the University of Minnesota Medical School, in what appears to be a sound web-page<sup>21</sup> says: “Despite claims in its advertising Immunace has not been proven to improve immune function in a clinically significant way.” He was answering a question from a patient newly diagnosed with HIV, who had been recommended to take Immunace, and was asking about its side-effects. Dr Henry told the patient, “Side effects are likely to be minimal and usually involve stomach complaints if there is a problem.”

So, I could find no evidence of any benefit to the immune system from taking these supplements.

David A Bender

Emeritus Professor of Nutritional Biochemistry  
University College London

### References

1. Boost-Immune-System-Naturally.com website at: <http://www.boost-immune-system-naturally.com/boost-immune-system.html>
2. 5 Immune System Benefits of Drinking Water. FITDAY website at: <http://www.fitday.com/fitness-articles/nutrition/healthy-eating/5-immune-system-benefits-of-drinking-water.html>
3. 8 Exotic Superfoods to Boost Your Immune System. On For Dummies website at: <http://www.dummies.com/how-to/content/eight-exotic-superfoods-to-boost-your-immune-syste.pageCd-storyboard,pageNum-2.html#slideshow>
4. Top 12 Foods for Healthy Immune Response. On Mercola.com website at: <http://articles.mercola.com/sites/articles/archive/2009/12/08/top-12-foods-for-healthy-immune-response.aspx>
5. 9 Foods To Boost The Immune System. On Rodale’s Organic Life website at: <http://www.rodaleorganiclife.com/wellbeing/9-foods-boost-immune-system>
6. 6 Immune System Busters & Boosters on WebMD website at: <http://www.webmd.com/cold-and-flu/10-immune-system-busters-boosters#3>
7. 12 Strategies to Strengthen Your Immune System on Mother Earth News website at: <http://www.motherearthnews.com/natural-health/nutrition/strengthen-your-immune-system-zmaz10aszraw.aspx>
8. Immunoshield website at: <http://www.uni-vite.com/immunoshield>
9. Eur-LEX Access to European Union law website at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32012R0432>
10. Baeke F et al. Vitamin D3 and the immune system: maintaining the balance in health and disease. *Nutrition Research Reviews* 2007;20:106-18
11. Van Etten E et al. Regulation of vitamin D homeostasis: implications for the immune system. *Nutrition Reviews* 2008;66(suppl 2):s125-34
12. Yaqoob P & Calder P. Ch 13, The immune and inflammatory systems. *Nutrition and Metabolism, The Nutrition Society Textbook series*, Blackwell, 2003
13. Chandra RK. Nutrition and the immune system from birth to old age. *European Journal of Clinical Nutrition* 2002;56(suppl 3):s73-6
14. Grimble RF. Nutritional modulation of immune function. *Proceedings of the Nutrition Society* 2001;60:389-97
15. Alpha-tocopherol Beta-carotene Cancer Prevention Study Group. The effect of vitamin E and beta carotene on the incidence of lung and other cancers in male smokers. *New England Journal of Medicine* 1994;330:1029-35
16. Miller ER et al. Meta-analysis: high-dosage vitamin E supplementation may increase all-cause mortality. *Annals of Internal Medicine* 2005;142:37-46
17. Bjelakovic G et al. Mortality in randomized trials of antioxidant supplements for primary and secondary prevention: systematic review and meta-analysis. *JAMA* 2007;297:842-57
18. Immunace. Vitabiotics website at: <http://www.vitabiotics.com/immunace>
19. Immunace indications. MIMS website at: <http://www.mims.com/Indonesia/drug/info/immunace/?type=full#Indications> (registered users only)
20. Regan L. The TRUTH about all those dodgy health claims, by one of Britain’s top researchers. 2 May 2009. On the Daily Mail website at: <http://www.dailymail.co.uk/health/article-1174030/The-TRUTH-dodgy-health-claims-Britains-researchers.html>
21. Ask the experts about: managing side effects of AIDS treatment. On THE BODY website at: <http://www.thebody.com/Forums/AIDS/SideEffects/Q207895.html?ic=4003>

## John Garrow, a passion for evidence

... continued from page 2

irony. He embodied Occam’s razor, saying, ‘I’m a simple minded man ...’ and then cutting to the quick.”

Walli Allen worked with John to establish the HealthWatch Student Prize competition, which he funded personally in 2013. She remembers him as an excellent teacher, as does Diana Brahams: saying: “For many years, HealthWatch meetings were held at Barts’ premises that John arranged without any charge to HealthWatch. John had true gravitas combined with kindness, a wry humour and sharp wit and a huge fund of experience and knowledge. Those who had him as their treating clinician or tutor were very lucky.”

James May, our current chairman, said: “Despite being a great man, he had the heart of a servant, and would routinely ensure that wine cups were kept topped up throughout our meetings. He would say, ‘to prevent blood alcohol dropping to dangerously low levels’, and who was I, given his credentials, to ignore these dire warnings?”

I was privileged to join his family for a small memorial service after his funeral, where I learnt that he had for many years indulged his scientific curiosity by using himself as a n=1 trial subject—when he first met his wife Katherine he was experimenting with the azo dye Evans blue as a tracer for human plasma albumin. It had turned his skin blue. And that it was he who conceived the chart which has, since the 1980’s, been used to assess obesity by body mass index

(BMI), though he never sought credit for it. And that he played the cello—not well, by all accounts.

We toasted John Garrow with cups of tea (he liked it with plenty sugar) and his favourite meal—a mountain of deep-fried scampi followed by freshly baked scones heaped with jam and fresh cream.

A final tribute from HealthWatch’s president Nick Ross: “He was a fine clinician and a popular teacher; a loyal, astute and knowledgeable comrade, a good-natured but forceful colleague. Perhaps the trait I liked and admired the most was his ability to see through bullshit as bats see through the dark.

“For all of us in HealthWatch this is a death in the family.”

For those who wish to pay their respects to John Garrow, an informal memorial toast will be held at 17:30 on 20th October at the Medical Society of London, 11 Chandos Street, London W1G 9EB before the start of this year’s HealthWatch AGM.

Mandy Payne

Editor, HealthWatch Newsletter

### Reference

Edzard Ernst’s blog, 23rd June 2016. <http://edzardernst.com/2016/06/john-garrow-1929-2016/>

# 31 CAM SECRETS REVEALED

*Real Secrets of Alternative Medicine: An Exposé by Richard Rawlins*

Placedo Publishing, Dartmouth, Devon

375 pp, ISBN-13 151934-585-1, available from Amazon (£12.99) and as a Kindle ebook (ISBN-13 978-84396-2, £5.99)

**R**ICHARD RAWLINS is both an orthopaedic surgeon and a magician and member of the Magic Circle. He is also, as is obvious from this book, very widely read. The first part of the book is an account of how modern medicine developed from traditional magicians and priests—a combination of sleight of hand and faith that underlies much of CAM.

I was amused to read that at one time these practices were collectively known as Supplementary, Complementary and Alternative Medicine. Presumably the acronym was felt to be unflattering to practitioners and patients.

The second part is an account of the development of many of the CAM practices. In both sections we are treated to delightful thumb-nail sketches of the originators and developers of conventional and CAM practices. As someone interested in etymology, I was pleased to see notes on the origins of many terms in conventional medicine and CAM and amused by the author's coining of a new term—placedo, by parallel with placebo, derived from the Latin placere to please and the Japanese dō meaning the way (as in judo, which translates as the way of gentleness). We are told that the

word placebo was originally applied to the Medieval placebo singers at funerals—"placebo Domino in regione vivorum" meaning: "I will please the Lord in the land of the living".

The final section of the book is an account of how CAM works—the real secret of alternative medicine. Obviously, as we are told repeatedly in this book, it does not work through any physical, physiological or biochemical mechanism. Rather it is a placebo mechanism, and Rawlins gives us 31 of these secrets, ranging from magic through faith to compassion. I read the book with interest and pleasure.

David A Bender

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University College London*

# AN INSPIRATIONAL WOMAN OF MEDICINE

*Beulah Bewley: My life as a woman doctor by Beulah Bewley, edited by Susan Bewley*

Published by SilverWood Books Ltd (9 March 2016)

252 pp, ISBN-10: 1781324190, ISBN-13: 978-1781324196, from Amazon as hardcover (£25.00) and Kindle ebook (£3.99)

**B**ORN IN 1929 in Derry, Northern Ireland, Beulah Knox knew very early she wanted to be a doctor, and her local GP nurtured her interest by letting her accompany him on home visits to sick children. Beulah disliked the prevailing notion that women were second-class people. When an uncle advised her to do dentistry as it would be difficult to manage family responsibilities as a doctor, she said she would prefer medicine.

She qualified as a doctor in 1953 and went on to juggle a career in paediatrics while raising five children with her husband, the psychiatrist Thomas Bewley. Then she turned to public health and academic research, rising to become Treasurer of the General Medical Council (GMC) and appointed a Dame of the British Empire for services to women doctors.

Realising that their distinguished mother's memory was failing, Dr Bewley's grown-up children have helped her to collect and record as much of the story of her life as possible. The narrative can at times seem disjointed, with characters and threads of stories being introduced only to fade away like

wisps of smoke. But this, coupled with her matter-of-fact voice, frank comments on family, friends and colleagues, and unsentimental recollections of past times, adds an intimacy which makes it feel sometimes like reading a letter from an older dear friend. In an attempt to gather some of the scattered threads, her family have included copious footnotes, and these make gorgeous and sometimes poignant reading in themselves, even out of context.

This delightful book includes a CV with details of Beulah Bewley's many achievements, and a bibliography listing some 70 publications.

Mandy Payne, Editor, HealthWatch Newsletter

## MHRA - no evidence of action on medical device complaint?

ble devices (see, for example, the Vega test) and many 'complementary' health practitioners are only too glad to do large wallet biopsies in exchange for applying one of these machines to the hands or bodies of gullible subjects. Yet our MHRA operates at a grindingly slow pace, and behind a veil of secrecy so opaque that the public are not even permitted to know whether they are operating at all. How can we avoid the impression that MHRA has a total lack of concern, not only about this wide range of highly

### References

1. Text quoted from Asyra website: <http://www.asyra.co.uk/the-asyra-system/>
2. Fake bomb detector seller James McCormick jailed. BBC News, 2 May 2013. <http://www.bbc.co.uk/news/uk-22380368>

... continued from front page

dubious 'medical' devices being offered to the general public but also about the basic principle that what a public agency does should be accessible to the general public?

Roger A Fiskin, Consultant Endocrinologist  
Friarage Hospital, Northallerton, Yorkshire

Note: a response statement from the MHRA can be found in the "Highlights" for this issue on the HealthWatch website:

<https://www.healthwatch-uk.org/Highlights102.pdf>

3. Nutrivital Health Limited filing history at Companies House: <https://beta.companieshouse.gov.uk/company/04283340/filing-history>
4. Roy Health Consultant website: <http://www.royhealthconsultant.com/vega-test/>

# HOMEOPATHY ON THE NHS: WITHERING ON THE VINE

**T**HANKS TO Alan Henness and the excellent Nightingale Collaboration (<http://www.nightingale-collaboration.org/>), we can happily report that in 2015 the annual number of homeopathic prescriptions fell for the 18th successive year. This was a 95% drop from its peak of 172,000. There were 8894 prescriptions in 2015, the first year in which the figure dropped below 10,000. The data are compiled by the Health and Social Care Information Centre.

The cost per item has, however, crept steadily upwards from £4.97 in 1995 to £10.60 in 2015. This is about the same as a paracetamol prescription and mainly represents admin expenses.

In contrast, an over-the-counter vial of Nelson's homeopathic pills at Holland & Barrett costs £6.25 for at 20c dilution, but only £5.25 for the harder-to-find 6c dilution, so believers can buy their own easily enough. For the sake of this article I bought pulsatilla, a dilution of fritillary flowers (or maybe seeds, stalks, leaves stem or bulbs). Fritillary flowers shake in the breeze so pulsatilla supposedly cures tremor.

The tiny vial, containing at least 82 tiny white spheres, didn't advise what it might cure but did advise on the dose: "Place 2 pills directly into the mouth without touching them. Pills to be sucked or chewed (i.e., crunched). Dose for adults and children: 2 tablets every 2 hours between meals for the first six doses, then 4 times a day for up to five days or until symptoms improve. If symptoms worsen or persist see a doctor. [This is] a homeopathic product without approved therapeutic indications. Keep all medicine out of the reach of children and stores below 25 C. Use by the end of May 2018." Just to check the tiny pills contained what they claimed, i.e., sucrose and lactose, I tasted them. They were suitably sweet.

I wonder by what arcane reasoning they worked out the dosage.

I also wonder what a proper pharmacy does with a prescription: do they slap a label onto a Nelson's or similar product, or make their own dilutions? What if it's something recondite and they can't get it from their wholesaler?

The NHS website says there are now only two homeopathic hospitals, one being the Royal London Hospital for Integrated Medicine, formerly the Royal London Homeopathic Hospital, and the main reasons people seek NHS homeopathy are asthma, ear infections, mental health conditions such as depression and anxiety, allergies such as food allergies, arthritis and high blood pressure.

On a more cheerful note: In 1998, when the French homeopath Jacques Benveniste submitted a paper to Nature 'proving' that homeopathy worked, they published it on condition that the editor and two colleagues could subsequently go to the scientists' lab and replicate the experiment. Homeopathic preparations must be shaken vigorously between dilutions. Benveniste's positive results—later disproved—showed, said one cheery correspondent, that James Bond really could tell whether a cocktail has been shaken and not stirred.

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**"Just to check the tiny pills contained what they claimed, i.e., sucrose and lactose, I tasted them. They were suitably sweet."**

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*Caroline Richmond  
Author and Journalist, London*

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We promote:

1. The assessment and testing of all medical and nutritional treatments, products and procedures
2. Consumer protection in regard to all forms of health care
3. The highest standards of education and evidence-based health care by practitioners
4. Better understanding by the public and the media of the importance of application of evidence from robust clinical trials

We challenge and expose misleading advertising of health products, the sale of unproven remedies to the vulnerable and desperate, unethical marketing by pharmaceutical companies, misconduct in clinical trials, media misinformation on health and nutrition, and government promotion of health and screening programmes unsupported by evidence.

HealthWatch welcomes membership enquiries from those who share its aims. Join at <https://www.healthwatch-uk.org/about/join-healthwatch.html>



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