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## Risks of fringe medicine are ignored

*Acupuncture is by no means completely safe, a survey of the literature has shown.*

Patients run the risk of infections (including hepatitis), dislodged needles, trauma and hepatitis from the practice. There is also a long list of contraindications, according to Edzard Ernst, professor of complementary medicine at Exeter University.

Practitioners need the expertise to diagnose the myriad contraindications, Professor Ernst told the HealthWatch annual general meeting.

"Who is going to diagnose arrhythmia, for example," he said. "Non-medical acupuncturists take full responsibility but this is only acceptable if they can show full competence."

He said that there is no such thing as a no-risk therapy: "Any therapy can be harmful. It can be applied incompetently which can be indirectly harmful. Or it can be unnecessarily expensive".

The potential for harm was the reason why therapies should be investigated despite the views of uncompromising sceptics who regarded them as too "absurd" to need investigating and "evangelical" believers who go to the opposite extreme.

"There are promising results but there's also lack of evidence and there's lack of evidence of safety. We need to look very urgently both into the efficacy issue and into the safety issue."

The potential hazards include contaminated or poisonous herbal remedies; and fatal stroke following spinal manipulation, he said.

There are also indirect risks, such as delay of a medical diagnosis. Professor Ernst told the meeting that there is little evidence of dangers in complementary therapies. But, he said, there are few studies of complementary therapies. It is a common mistake to equate "absence of evidence" with "evidence of absence", he said.

One way in which Professor Ernst's department is tackling the problem is through a pilot study of a yellow card scheme for reporting adverse reactions to herbal medicine "where the most direct danger might stem from". He called for proper training of practitioners. The Labour party has called for training, he said: "This sounds promising and I am sure it's a step in the right direction but one has to ask what the training is - three years training in nonsense?"

But Professor Ernst also reviewed promising research into alternatives to orthodox medicine.

In a study of non-specific back and neck pain, GPs did worse than a placebo treatment. Manual therapy and physiotherapy rated about the same as placebo.

In homeopathy, 80 per cent of trials done before 1991 gave a positive result. But a review of trials done since 1991 is showing that most with good methodology give negative results for homeopathy and those with poor methodology tend to give positive results.

A good quality trial of sham versus real acupuncture in the treatment of sympathetic reflex dystrophy resulted in the "real" group faring better.

And a randomised controlled trial of reflexology for pre-menstrual syndrome showed a significantly greater improvement in the experimental group.

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## Drop travel jabs for homeopathy, says author

***Foreign travellers can avoid all vaccinations by using homeopathic remedies instead, according to a worrying new book.***

The book describes alternatives to polio, tetanus, hepatitis and yellow fever protection. The author, Susan Curtis, who has no medical training, says that many homeopaths hand out lists of their remedies to patients as alternatives to immunisation when travelling abroad. In ***"A Handbook of homeopathic Alternatives to Immunisation"*** the author uses as evidence for the success of her remedies a single, meagre anecdote from own three-month trip to India. She took no inoculations and suffered only a head cold and a bout of food poisoning. Instead she took "Echinacea tincture for a couple of weeks until I felt more confident about my body's ability to adjust to new conditions".

She praises avoiding inoculation for children: "I have been able to observe first hand the incredible vitality of an unvaccinated child".

Occasionally Ms Curtis recommends finding a doctor, for example if there is any suspicion of paralysis in a case of diphtheria. Elsewhere she appears to feel that homeopathy will do the trick:

"If the deterioration of health is very rapid then do not wait for a whole day but change the [homeopathic] remedy".

Polio vaccine is dismissed as being "the most common cause of polio in the developed world". There is no discussion of the number of polio cases it has prevented.

Homeopathic prophylaxis for polio is "Poliomyelitis 30: One dose a week for three weeks if there is an epidemic or contact with the disease is suspected".

Tetanus immunisation "has caused death due to anaphylactic shock and also causes cases of Guillain-Barre syndrome, which causes paralysis". No attempt is made to assess how many lives it has saved.

Homeopathic prophylaxis includes substances to be taken once a week during high risk activities or for three weeks following a deep, penetrating wound.

For cholera, she says that homeopathy has been "spectacularly successful" whereas the mortality rate is "still about 50 per cent" under orthodox medicine.

Many homeopaths, including virtually all medically trained ones, are alarmed that some homeopaths are advocating avoiding immunisations.

A recent letter printed in the medical journal *The Lancet* warns readers that "homeopathic vaccination left children unprotected against serious and potentially fatal diseases". The letter continues: "It is important that parents are informed that senior homeopaths support the use of conventional vaccines".

Ms Curtis' qualifications are that she "has worked with natural medicines since 1979. She originally trained as a homeopath and has since studied and used other forms of natural healing. For several years she practised homeopathy professionally".

The book also deals with influenza, malaria, measles, meningitis, mumps, rubella, typhoid and whooping cough.

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## Mixed results for homeopathy trials

***Homeopathy failed to work in a trial on respiratory tract infection but did better than placebo for allergic asthma sufferers.***

Researchers gave individually prescribed homeopathic medicines to children in a trial approved by homeopaths and medics. The remedies were constitutional medicines for improving general health long-term and acute

medicines for acute upper respiratory tract infections. The trial was double-blind, placebo-controlled and randomised on 170 children who were followed up for a year. The researchers, found no significant differences between the groups (*BMJ*, 19/11/94). But a study in *The Lancet* on

24 allergic asthma patients showed improvement in those who took homeopathic treatment rather than placebo. The researchers, led by David Reilly, honorary senior clinical lecturer at Glasgow University, followed the patients for four weeks.

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## Herb degree launched

***A degree in herbal medicine has been launched by Middlesex University. The four year course was set up with help from the National Institute of Medical Herbalists, whose president, Andrew Chevallier, is lecturing on it.***

The programme leader is John Wilkinson, who has a PhD from Imperial College London. He used to run a "natural product consultancy" for the cosmetic, herbal and health care industries.

The organisers claim that the underlying principle of the course is to teach students safety by making them aware of the limits of the field and of their competence.

They say that the degree includes plenty of material from medical degrees, such as pharmacology. They say that it has a strong research bias, which is aimed at encouraging those who graduate to do research in herbal medicine.

However some people are disappointed that the course has been set up in the faculty of social sciences, rather than in a science faculty.

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## Acupuncture trial begins

***A study of acupuncture that aims to avoid defects of previous trials is beginning at Southampton University.***

Norma Waite, former GP and honorary research fellow at the university is setting up a single-blind, placebo-controlled study of acupuncture as an aid to giving up smoking.

The trial, of 80 people, will use dummy acupuncture as placebo. Dr Waite said: "I'm very open-minded as to whether it may work or not".

Her study will follow patients for six months - longer than many other studies. It will test nicotine levels in patients' urine so as not to rely on their testimony that they have given up.

The study is overseen by a senior lecturer in paediatric respiratory medicine Joanne Clourh.

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## Doctors' healthcare opinions often wrong

***Ignorance about studies is one reason why doctors' opinions about health care are often wrong, according to the director of the UK Cochrane Centre.***

Iain Chalmers has criticised the lack of hard-hitting reviews of research and the poor training of his generation of doctors in techniques for assessing conflicting medical opinions. He was speaking at a meeting of the Medico-Legal Society.

"It was while I was practising as a doctor that I found out that while applying things I had been taught at medical school in particular circumstances I was actually killing my patients," he said. "That is not an exaggeration: they were dying unnecessarily because I was doing what I had been told to do at medical school.

"So once you have been through an experience like that as a doctor or perhaps even as a physiotherapist or a social worker, you start really to wonder: 'Where is the evidence coming from that I am being taught with?'"

"Perhaps I am not the only person who has been through medical school who greatly resents not having been given the scientific equipment to judge an opinion and to judge whether it can be relied upon or not."

He highlighted scientists who do meticulous research but forget their rigorous principles when they do reviews.

"They don't write a protocol, they don't use scientifically defensible materials and methods to go about doing the review of evidence," he said.

Yet it is vital that the reviews are accurate, he said: "People depend on them to cope with the massive tidal wave of reports of primary research that hit us all... we depend on reviews as a way of coping with that overload".

A proper review includes the hard work of finding studies that were not published because they gave negative results - for example side effects of a new drug. Reliable studies must be distinguished from the rest and then put together in a scientifically respectable way.

"There are people all round the world now who are profoundly ashamed that for half a century we have ignored the task of drawing together the results of existing research in a systematic way, while at the same time charging off and doing more research to add to this pile of unevaluated and improperly synthesised information."

He said that the Cochrane Collaboration is attempting to solve this problem.

There are now four Cochrane centres around the world and two more should open soon.

"The opinions that will be derived from this sort of work will at least be based on a transparent method of assembling the evidence ... certainly the method will be open to criticism and I am quite certain that some of the opinions will be misguided and incorrect in spite of the effort that will be made. But the important thing is that the effort should be made."

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## Herbal medicines go free from licences

***The £300 million-a-year herbal remedy industry can continue to sell its products without rigorous evidence that they work, following campaigns against an EU directive that would have forced it to apply for product licences.***

Britain's herbal medicine manufacturers supply 1500 herbal practitioners and five million patients.

Under the 1968 Medicines Act, herbal medicines are exempt from licences. But the Medicines Control Agency recently interpreted European directives as implying that herbal medicines would need licences from January 1st.

The herbal industry said that about four fifths of its products would have required licences.

Licensing would have cost more than the industry's annual turnover. But at present they are sold with little but age-old anecdotal evidence that they do what they are claimed to do. Worse, little is known about side effects.

The campaigns have worked: the Government has announced that herbal medicines will continue to be exempt from licences. Exempt products are those compounded and supplied by herbalists on their own recommendation, those which comprise no more than dried, crushed or comminuted plants sold under their own names and with no form of written recommendation as to their use and those made by special licence holders and supplied to herbalists.

Parts of the herbal medicine world have proposed setting up a committee to examine safety and efficacy, to which manufacturers would apply if they wanted approval for their products.

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## Vitamin A cancer puzzle

***A major trial of vitamin A supplements has baffled researchers by showing that the nutrient could increase the risk of cancer in smokers.***

The results contradict other research which has shown that supplementation with vitamins A and E can be protective. This includes a major five year study in China in which supplements were found to reduce the incidence of cancer.

Researchers in Finland studied the protective effect of vitamins A (actually beta-carotene) and E against lung cancer among 30 000 male smokers.

The men had smoked an average of 20 cigarettes a day for an average of 36 years and were aged 50 to 70. The trial was placebo-controlled and groups of men were given either carotene, Vitamin E or both for between five and eight years.

Eighteen percent more smokers who took carotene developed the disease than non-takers. Vitamin E made no difference to the cancer rate.

The carotene supplement also appeared to increase the risk of heart disease and did not offer any health benefits measured in the study.

The Vitamin E supplement appeared to offer protection against some other cancers but increased the risk of strokes.

One of the researchers, from the National Cancer Institute in Bethesda, US, is quoted in *Chemistry in Britain* (10/94) as saying: "The result was unexpected. ..we are still looking into why we obtained the result that we did".

The US Food and Drug Administration says that claims that antioxidant vitamins can reduce the risk of cancer cannot be made on food supplement labels.

The claim has been approved for foods. The decision is part of new labelling regulations in the US that make it harder for manufacturers to make health claims for dietary and vitamin supplements.

***Claims on labels must now be supported by "significant scientific agreement among qualified experts".***

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## **Folic acid message falls to get through**

***Pregnant women are being denied the health benefits of folic acid because manufacturers of the supplement cannot advertise its effects, the Pharmaceutical Journal has said.***

Virtually all claims for food supplements are untested in a rigorous way. But a rare exception is folic acid. The *Journal* says: "It is now accepted that the taking of low strength folic acid supplements before conception and in early pregnancy can reduce the risk of spina bifida".

The Department of Health is anxious that women should be aware of this. But a paper in the *British Journal of Obstetrics and Gynaecology* (94/101) has said that the message about folic acid is failing to reach pregnant women.

Now, the *Journal* says that the Medicines Control Agency has told it not to carry any further adverts for unlicensed folic acid supplements if they make claims about protecting against neural tube defects including spina bifida.

This is because unlicensed products, quite rightly, must not make medical claims - and the *Journal* says that folic acid supplements "so far as we know are all unlicensed".

The *Journal* said that manufacturers of folic acid preparations are deterred from seeking licences by "excessively exacting licensing requirements".

"What else might be done?" it asks. "Perhaps the MCA could turn a blind eye. It has had some practice. It showed not the slightest interest recently in doing anything about a supplement labelled "specially for libido" when it would have been unlawful to have marketed a medicinal product in such a fashion.

"Another solution," it says "could be to allow specific claims to be made for certain unlicensed medicines where it is in the public interest."

***In the US, the Food and Drug Administration has decided only to permit health claims on supplement labels for two products, one of which is folic acid.***

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## **Drug secrecy must end**

***The public should have better access to information about medicines, the National Consumer Council says. It has called on the government to lift the "shroud of secrecy" that still surrounds prescribed medicines.***

The NCC has produced a report targeting section 118 of the 1968 Medicines Act. Under this section, government advisers on drug safety cannot disclose any information they have received from pharmaceutical companies who have applied for licences to sell a drug in the United Kingdom.

It is a criminal offence for the advisers to reveal data about toxicity experiments on animals or clinical trials of drugs on people.

The law was created to protect commercial secrets. But it even prevents the advisers explaining why a licence has been withdrawn.

The NCC report predicts that tension may arise with changes in drug licensing that started this year.

From 1995, companies who want licences to sell drugs around Europe do not need to apply to the British licencing authority. Now they can apply to the [European Medicines Evaluation Agency](#).

The new agency promises to be much more open. It will publish assessments for every drug that it approves that will include data on side effects, on toxicity tests and on clinical trials.

The agency says it will publish its reasons for withdrawing a licence if there is new evidence that shows that a drug is more poisonous than previously believed.

*New Scientist* magazine has reported that even the Association of the British Pharmaceutical Industry agrees that the law is over-secretive. The Association says that the authorities should be allowed to give the reasons why a licence has been altered or revoked.

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## Cancer quacks filmed in secret

***Peddlers of miracle cancer cures are selling creosote-like chemicals, brain power and orange juice to vulnerable people with terminal illnesses, ITV's Cook Report has revealed.***

The remedies are costly, offer false hope and are often given on condition that patients renounce mainstream treatment, Gordon McVie, science director at the Cancer Research Campaign, told the programme.

The Cook Report investigated the treatments by sending a woman with a hidden camera to visit practitioners. She pretended to be a patient with leukaemia.

The woman visited Harley Street doctor, Etienne Callebou, who was filmed offering "Daphne Primaverysol Genkwanine" to the woman.

He told her: "It's not such a difficult one - C.M.L. [chronic myeloid leukaemia]. When he was asked "Can you cure me?" he replied "That can happen - yes."

The substance cost £80 and the consultation £65, said the programme.

At the Liongate Clinic in Tunbridge Wells, Dr Fritz Schellander told the woman: "To lots of doctors it's a total anathema that diet alone can cure cancer".

He said: "I would say, yes, it's possible to improve cancers and we can cure cancers completely using treatments other than are prevailing at hospitals. But, when I say that, I have to be very, very fuzzy because if you quote me I am in trouble".

## HOT Therapy

The woman visited a practitioner called Derek Wolfe, who said he gives haematogenic oxidation therapy. "I give injections during this HOT therapy," he said "which enables individual cells to take oxygen on board better".

The Cook report said that the therapy has killed at least 10 patients on the Continent.

The woman also visited Elizabeth Marsh, who spent some time in jail last year. Mrs Marsh offered the woman Cancell.

"For some people it's worked for them," she said, "for others it hasn't, perhaps for the simple reason because they have had too much chemotherapy or radiotherapy".

A scientist who analysed Cancell told the programme that it is dihydroxybenzene - a phenol related to creosote.

Mrs Marsh also demonstrated a "167 per cent safe" machine based on a technique called electromagnetic field therapy. The machine was for sale for about £15,000.

She said: "It does benefit people whether they have got cancer, Parkinson's Disease or what have you".

## Radio waves

Major Gordon Smith of Wincanton in Somerset, who charges £28 per month at The Maperton Trust to beam out radio waves at patients, told the woman that in some cases his treatment would cure cancer.

In others, he said that he had kept people clear of cancer after surgery.

John Carter, a veterinary surgeon, offered the woman a liquid which he said was 95 per cent successful compared with a three per cent success rate for chemotherapy. Carter told the woman that she should return to his surgery every day to take the liquid, as he would not allow her to take it away with her.

A scientist who analysed the liquid (secretly spat into a handkerchief) said that he could find nothing in it that was of any pharmacological significance but that he had detected orange juice.

When Carter was challenged about his work he said that he was doing research on the liquid and that calling something a successful treatment did not mean it was a cure.

"I'm not claiming to cure cancer," he said.

Finally Roger Harcourt Riley was filmed offering Gnosis treatment. For £320 he said he would think about the patient: "there is no need to visit us," he told the woman.

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## Avoid the Nutron diet

***"Don't be tempted by the Nutron diet - it's a con," says Which? magazine (11/94). The £135 diet is provided by the Individual Diet Company, which tests your blood and devises a personal food sheet for you. The sheet excludes foods to which it says you have an intolerance.***

Which? investigated the company's claims by sending in two blood samples from the same person under different names. The company sent back two diet sheets. One listed 20 foods to avoid, the other listed 12 to avoid - there were only five foods in common to both lists.

More dangerously, the company failed to notice that the investigator was intolerant to gluten and similar proteins because of coeliac disease.

In fact, Nutron listed gluten as safe to eat. It told *Which?* when challenged that the test could not be expected to pick up a gluten allergy.

The company also did not tell the sufferer to avoid rye, wheat and oats, all of which must be avoided in this condition.

Nutron claims that its diet will help solve problems from irritable bowel syndrome to obesity.

Experts told *Which?* that the diet may lead to loss of weight simply because it bans a lot of calorie-high foods.

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## Brain impulses for arthritis

A therapy for migraine, myalgic encephalitis, arthritis, insomnia, stress and tension, depression and allergies has been advertised by a company called Energy Medicine Developments Ltd.

The therapy is claimed to work by correcting abnormal impulses in the brain.

The company, based in Norfolk, produced a leaflet on its therapy. But the only evidence it has been able to submit to the Advertising Standards Authority that the therapy works is a pilot study and the results of a questionnaire completed by people who had used the device. The ASA has upheld a complaint against it.

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## Clinical Ecology

### Multiple allergy: where's the evidence?

***Clinical ecology is a fashionable idea that exploits fears of a harmful modern environment Here, Maurice Lessof, formerly professor of medicine at Guy's Hospital, reveals the flaws in clinical ecology while Christopher Bass, consultant in psychological medicine at the John Radcliffe Hospital in Oxford, calls for patients of clinical ecologists to be encouraged towards a progressive return to normal life.***

There are many harmful ways in which modern civilisation can affect our environment.

Ecologists warn us of the dangers of cutting down the rainforests and pouring detergents into the sea. This concern has extended into the area of health. Physicians who specialise in occupational medicine are increasingly aware that industrial chemicals and atmospheric pollutants can cause or aggravate asthma, allergies and other diseases.

But clinical ecologists put the environmental case more strongly. They believe that health problems caused by a polluted environment are common and that they are generally ignored by conventional doctors.

They believe in a much broader and less well-defined concept of what they describe as 'environmental illness' or

"chemical hypersensitivity syndrome".

Their journal, *Clinical Ecology*, contains this definition:

**"Ecological illness is a multisystem chronic disorder, usually polysymptomatic, caused by adverse reactions to environmental excitants, modified by individual susceptibility and specific adaptation. The excitants are present in air, water, food, drugs and our habitat."**

It is postulated that almost any symptoms can occur. Diagnostic labels have included 'total allergy', 'brain fatigue' and 'chemically induced immune dysregulation'.

Despite the absence of abnormal laboratory tests, the immune system is said to be depressed by environmental chemicals. Immunological tests are frequently carried out, but have never been shown to support this thesis.

In spite of the lack of a scientific basis, clinical ecology has supporters who are prepared to pay substantial fees for the service it offers.

This service is particularly welcome to patients with vague symptoms - whose own doctor either insists on a psychiatric diagnosis that is unacceptable to the patient, or offers no diagnosis at all.

The offer of an instant diagnosis may be attractive to the patient who is not looking for science but wants reassurance about the possibility of treatment.

The problem arises when a wrong diagnosis leads to inappropriate treatment and to medical mismanagement.

If environmentally provoked illness is to be diagnosed, there is a need for diagnostic clarity which clinical ecology has yet to provide.

Fashionable medical concepts, whether proven or not, have often seemed tempting to both doctors and patients.

This century, the diagnoses of intestinal stagnation, dropped organs, chronic appendicitis, low blood sugar and vitamin deficiencies have each had their fashionable appeal. They are usually based on a modicum of science but then applied to almost any condition of vague ill-health.

Symptoms identical to those associated with each of these diagnoses are now frequently claimed to be due to multiple chemical sensitivities, hypersensitivity to candida infection or food-associated myalgic encephalomyelitis.

The need for clarity has been put in a recent Royal College of Physicians report on *Allergy: Conventional and Alternative Concepts*:

"Any scientific assessment of these claims must begin by examining the diagnostic criteria on which they are based. Doctors as well as patients have a considerable capacity for self-persuasion and self-deception. There is therefore a professional obligation to produce objective and reproducible criteria for proposed new tests, new diagnoses or new methods of treatment which impartial observers should be able to confirm."

Clinical ecology has yet to rise to this challenge. Many of its advocates have made claims through the television or the press without publishing evidence in peer-reviewed journals.

Of the very few papers which have been published in more critical medical journals, none has provided convincing results.

For the unwitting patient, a wrong diagnosis may lead to prolonged and ineffective treatment for a non-existent condition. It may lead to neglect of a more serious illness. In this controversial area, it is important that the public should not be misled.

Maurice Lessof

**Most patients with "environmental illness" and "food allergy" are in fact suffering from psychiatric illness.** This has been confirmed by systematic psychiatric studies that have used standard rating scales.

A report by the Royal College of Physicians Committee on Clinical Immunology and Allergy stated that "the public should be warned against all methods of diagnosis and treatment which have not been validated".

In a study of 28 patients who attributed a wide variety of symptoms to food allergy, hypersensitivity to injected substances was confirmed in only four.

Each of those presented with typical atopic symptoms. By contrast, all but one of the remaining 19 polysymptomatic patients had evidence of psychiatric disorder.

All of these patients were hostile to the idea that any of their symptoms were psychological; they considered that this idea could suggest that their symptoms were imaginary or that the diagnosis of psychological illness implied moral censure.

In a North American study of 18 patients with "20th Century Disease" or "Total Allergy Syndrome" only two had a documented history of allergies or atopy, but 12 had consulted psychiatrists.

All of the patients were found to be suffering from psychiatric disorder. In a subsequent study of 50 such patients there were high rates of invalidism (none of the patients was employed at the time of the assessment). They believed themselves to be seriously disabled with only 34 per cent expecting to return to employment.

Physical symptoms attributable to anxiety and depression were universal in this population.

What is the explanation for this high prevalence of psychiatric illness among patients with "environmental illness" or "allergies".

Inherent in the concept of allergy is the avoidance of any blame. Allergens exist outside us. Sufferers from allergies feel no guilt about their condition and are not subject to any moral sanction.

On the other hand, many people regard psychiatric disorder as implying some personal culpability, however unfair or unjust that may be.

Avoiding blame is therefore one of the main explanations for this process.

Wider cultural factors are also important. In these conditions symptoms are claimed to result from such agencies as car fumes, food additives and radiation.

They can be seen in the context of the widespread concern in today's society about the state of the environment and the quality of the world that we live in. These understandable fears cause people who have unexplained physical symptoms to turn to the environment as a cause for their problems.

Thus, chemical sensitivity, the total allergy syndrome and other variants reflect contemporary concerns.

Sadly, providing a false diagnosis may add to the patient's disability, reinforce maladaptive behaviour, and ensure that what might have been a brief illness for the patient becomes refractory to treatment.

Some of the techniques used by clinical ecologists, which centre on avoiding environmental stimuli, can worsen psychological distress and physical disability.

Progressive isolation from the normal environment may result in the sufferers' lives becoming increasingly restricted.

The best management of patients with these disorders at present depends on effective engagement, empathising with their distress and providing conventional treatments for psychiatric disorder when relevant.

Above all, the patient should be encouraged to a progressive return to active life rather than have social withdrawal and disability reinforced.

Christopher Bass

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## Pain and the placebo

***The placebo effect is proving to be intriguing and complicated. We report on recent investigations of its role in the healing process.***

Asking patients for informed consent can make the pain-killers they receive less effective, say epidemiologists.

But much more research is needed to untangle the placebo effect from the effect of the medication, they say. This includes the effect of the attitude of the practitioner.

The authors of the study, from the University of Amsterdam, assessed placebo-controlled trials which try to throw more light on placebo effects.

In one double-blind study, patients were given a pain-killer or placebo. But some patients in each group were asked for informed consent whereas the others were not. The study found that the pain-killer worked better in those who had not given informed consent.

In another study, patients were given an injected pain-killer or placebo. But some received their therapy via a preprogrammed pump, while others received it from somebody at the bedside. Patients on placebo did better when treated by a person rather than a pump. The pain-killer worked better than placebo when given by mechanical pump.

The authors, writing in *The Lancet* (12/11/94), described another trial in which paracetamol worked better on patients who didn't know they were in a placebo-controlled trial than on patients who knew that their tablet

might merely be a placebo.

Another experiment supported the idea that the expectations of the person giving the pain-killer can influence its effectiveness.

The researchers said: "More basic research into the mechanisms of action of what are now called placebo effects or non-specific effects [eg. the effect of the therapist or the setting] is needed and should lead to a more detailed understanding of the healing process."

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## Recent studies have confirmed that doctors themselves are powerful therapeutic agents

***An article in The Lancet (15/10/94) says that the classic concept of the placebo as a process whereby the patient is made to feel better after taking an inert potion given by the doctor is not strictly true since the same effect can follow a consultation alone.***

"No treatment" is apparently acceptable to patients. 200 patients who showed no definitive evidence of illness were given either a symptomatic diagnosis and medication or told that they required no treatment. There was no difference in the outcome between these two methods.

In another investigation some of a group of patients were given emphatic reassurance that no serious disease had been found (a positive consultation). Half of them were also given a placebo tablet. The other patients were told that the doctor was not sure of the cause of their complaint ( a negative consultation) and, again, half were given a placebo tablet.

Those who had had a positive reaction from their doctor were much more likely to recover than those who had a negative reaction.

This was regardless of whether they had received a tablet or not (two thirds positive recovered compared with one third negative).

The research also shows that giving no treatment was as effective as giving a placebo tablet

The *British Medical Journal* suggested 25 years ago that there must be occasions when an appropriately prescribed placebo will be less harmful and perhaps more beneficial than a complex and incompletely understood drug.

Arnold Bender

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## Holism: a worthy cause is hijacked

***The British Holistic Medicine Association seems to have changed as fringe medicine has taken over the rights to the word 'holistic'; reports Thurstan Brewin, Chairman of HealthWatch.***

The BHMA started more than a decade ago with mainly qualified doctors as members. It is now becoming a pressure group for unregistered practitioners (over half the membership) who hope to get academic status for as much fringe medicine as possible? Judging by a recent conference, to which I was invited, this seems a reasonable question.

The title of the conference was "Competence and Validation in Complementary Therapies". There was little discussion of anything as mundane as effectiveness; or the advantages and disadvantages of different therapies.

### Universities

"Competence" referred to little more than training in the use of a particular therapy. "Validation" referred not to any evidence of benefit (beyond placebo and counselling benefit), but to status and academic recognition for each therapy as a "professional discipline".

Some success has already been obtained in negotiation with the new universities (previously polytechnics). Determined efforts are being made to persuade others to follow. But there was little indication from this conference that these new university posts will be dedicated to the objective, open-minded, scientific seeking after the facts of the kind that Professor Edzard Ernst is pursuing as Chair of Complementary Medicine at Exeter University. The flavour of this conference was more to take for granted the value of every kind of fringe medicine, however much their theories contradict each other; and to regard anyone who thought otherwise as an unimaginative and stony-hearted cynic.

It seems that the founders of the BHMA were concerned with mainstream medicine, which they wanted to make more holistic. By this they probably meant more emphasis on the traditional teaching of mainstream medicine that you always treat the patient and not just the disease; and that in many conditions - and in many undiagnosed patients attending doctors surgeries - psychological factors are of overwhelming importance. This is something that good doctors and nurses have always known. They probably also meant more touch, more relaxation, meditation and counselling.

## Mystical

But from the earliest days of the BHMA there were probably other members, both qualified and unqualified, for whom the word holistic always meant something more mystical, more anti-science. This wing of the party now seems in ascendance.

But there was an excellent talk by a lawyer on the legal aspects of practising medicine, especially complementary medicine. The editor of the Health Journal of the Consumers Association also talked a lot of sense and finished by making the point that HealthWatch stressed in its evidence to the Labour Party. This is that if any treatment is truly complementary, rather than alternative, then total health costs rocket, *so we must know how much difference it really makes.*

## Bland

But in general it was a very bland conference. In many of the talks there was little sign of any intellectual rigour, or debate, or attempt to sort out contradictions. No talk of disappointments or setbacks when treating patients; no mention of progress towards a better understanding of those conditions whose cause remains unknown; no curiosity or spirit of enquiry; no distinctions drawn between soft evidence and hard evidence.

Fleur Fisher, representing the BMA, has joined those who say that "the patient is the expert in his own illness." Must we, too, in HealthWatch now start talking like this? When a plumber comes to my house, I can't see that I am in the remotest way an expert - and would regard it as absurd and dishonest flattery if anyone told me I was.

Various other hazy ideas floated around that may well have been an embarrassment to some of those present, but if so, they didn't show it. Unconditional love, followed by self-healing, is all that matters, said one speaker. Illness comes about when we get out of balance with our environment, said another, apparently believing in a golden age when there was no illness. Each school of acupuncture is a *living thing* we were told. Western Medicine is *not* always successful, announced another (unconcerned by the fact that nobody ever said that it was).

## Patrons

Finally, don't let's forget, said a speaker, that in this Association "we have friends in high places". This refers to the fact that two of the patrons are Dr Kenneth Calman, the Government's Chief Medical Officer and Sir Douglas Black, a former president of the Royal College of Physicians. I wonder if they would be entirely happy with the direction the Association now seems to be taking.

Fringe medicine has not substantially changed. In general, it is stuck where it always was - in a situation not very different from where mainstream medicine was long ago. The current increase in its popularity, with its emphasis on "ancient" or "natural" remedies, is to some extent a step backwards to the superstition and magic of the past.

## The Future?

What will future generations think of us if we allow our new universities to slide into health mysticism and vague, far fetched theories, bearing no relation to all that has been learned in the past 100 years? Where does it end? Should palmistry now be recognised by these new universities? Should astrology? Will the BMA live to regret its present stance? Members of HealthWatch are not popular when they ask such questions. But it's best someone does.

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