

HealthWatch Newsletter no 25: April 1997

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HealthWatch poses questions on complementary medicine to BMA

Health Watch chairman, Professor John Garrow, met the BMA's chairman of the Board of Science & Education, Professor J Howell, on 21st January 1997 to discuss the Association's view on the relation of Complementary Medicine (CM) to mainstream medicine.

The discussion was opened by John Garrow. "The 1993 BMA report *Complementary Medicine: new approaches to good practice* takes a very different view of CM from the 1986 report. The new report says, 'There should be a single register of members, open to public scrutiny, entry to which is limited to competent practitioners'. However the 1993 report ducks the problem of the efficacy of CM therapies, and I do not see how you can distinguish between a competent and an incompetent practitioner of a therapy which cannot be shown to have a therapeutic effect."

Howell: Firstly, I would deny that we ducked the question of efficacy: that was dealt with in the 1986 report "*Alternative therapy*". It concluded that the evidence of efficacy was scanty, to put it mildly. Our job was "to consider the practice and use of complementary medicine since 1985 throughout the UK and the European Communities and its implications after 1992." We knew many of the public were seeking CM, and (more relevant to the BMA) large numbers of doctors were referring patients for CM. We therefore enquired what quality standards could be expected-not in terms of efficacy, but in terms of training, accountability for personal and professional behaviour, confidentiality, and so on. We also considered where responsibility should lie when an NHS patient was referred for CM.

Garrow: I see that a register of practitioners who subscribe to standards of personal and professional behaviour, confidentiality, etc. would identify those who were unlikely to do harm, but is that a register of competent practitioners, or just a register of nice people?

Howell: To meet the requirements the register would also include criteria of education and training.

Garrow: Let us suppose that a therapy is based on a belief that certain lines of energy can be redirected by pressure or needling at particular points. Let us also suppose that meta-analyses of controlled trials shows that there is no difference in outcome if the treatment is directed at the prescribed points, or anywhere else on the body. In this case years spent learning the prescribed points would be time wasted, but would you still consider it "training" justifying registration?

Howell: On the assumptions which you make, that the training is based on nonsense, then I agree that this training would not be relevant to the efficacy of the treatment. However, if a therapy has a training scheme, and a register of qualified practitioners, then at least we can say to the public, and members of the profession: "This is what the therapy involves, and the training which the therapist receives. That is the sort of protection which we wish to see for members of the public, and to inform medical practitioners who wish to refer patients. We are not thereby making any statement about efficacy. At present the only therapies which are approaching the standards which would be required for a register are the Chiropractors and Osteopaths. They have a 4-year training programme, they are taught with models of the body with which we can identify, they learn about pathology, and they have rules of behaviour which identify conditions outside their competence to treat."

It is not easy to see which of the other forms of CM is next going to be ready for registration: perhaps Acupuncture or homeopathy.

Garrow: May I now turn to another matter? The report says: "The advent of degree courses for certain non-conventional disciplines should encourage the development of a research ethos into the main therapies." Is there any sign of this happening?

Howell: Yes, there is. For example I have visited the Anglo-European College of Chiropractic in Bournemouth to see how they were taught and their library facilities, and they do indeed study chiropractic in a rigorous manner.

Garrow: I accept that there are indeed some serious academic departments of CM, and Professor Ernst's department in Exeter has (to the discomfiture of some practitioners) robustly applied the conventional tests of randomised controlled trials to complementary therapies.

My concern is that, as you have mentioned, the evidence of efficacy for many forms of CM is very poor' yet there are degree courses (for example at the University of Westminster) which teach students how to perform the therapy, rather than how to find out if it is soundly based.

Howell: I agree that there are too few studies which really test the basis of CM, but the reason that there are few is that most practitioners do not know how to perform a properly controlled trial. The Research Council for Complementary Medicine exists to give advice, but it is very difficult to get these things started. Some medical practitioners with training in CM are trying to make progress, and I think the medical profession should help them whenever possible. There ought to be an organisation which informs the public which therapies are based on good evidence, and which are not.

Garrow: That is indeed the reason for the existence of HealthWatch! One last question: if a mainstream and a complementary practitioner are both treating a patient who should bear the responsibility if things go wrong?

Howell: It is necessary to distinguish between delegation and referral. If a GP works with a therapist who is skilled in (for example) manipulation, then he can delegate that treatment to a non-registered practitioner, but he retains clinical responsibility for the outcome. What he must not do is to try to hand over clinical responsibility for the patient. But of course the patient has a right to choose to be treated both by a registered and an unregistered practitioner. However, when Osteopaths and Chiropractors have their own register and statutes, then it will become possible for GPs to refer patients as appropriate, and clinical responsibility will then lie with the Registered Chiropractor or Osteopath.

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No increased leukaemia risk from transmitters

People living close to radio or television transmitting masts are not at increased risk of developing leukaemia, say the results of a national study published recently. Controversy over this subject was the subject of a HealthWatch Newsletter feature last year ([issue 21, April 1996](#)).

The new findings come from an independent unit funded by government departments, the Small Area Health Statistics Unit (SAHSU). They investigated the incidence of leukaemias near 20 high power TV/FM transmitters in Great Britain and reported that there was no observed excess risk of leukaemia within 2 kilometres of all the transmitter sites looked at as a group.

After considering the study, the Government's expert advisory Committee on the Medical Aspects of Radiation in the Environment (COMARE) advised: "Overall, these data do not indicate that residence close to a radio-TV transmitting mast is associated with an increased risk of leukaemia. In our opinion, these new data do not change our advice, given in 1994, that there is no firm evidence of a carcinogenic hazard from exposure to very low frequency electromagnetic fields, as far as this advice relates to TV and radio mast emissions."

At the same time the SAHSU published the results of an investigation by into a cluster of leukaemias and lymphomas near the Sutton Coldfield TV/FM transmitter in the West Midlands, which confirmed an excess of adult leukaemia cases in the vicinity between 1974 and 1986, with risk levels declining with distance from the transmitter. No causal implications could be drawn from this finding, say the SAHSU, based as it is on a single 'cluster' investigation.

Reference: Dolk et al. Cancer incidence near radio and TV transmitters in Great Britain. 1. Sutton Coldfield transmitter and 2. All high power transmitters. *American Journal of Epidemiology* 1997; 145 (1): 1-9 and 10-17.

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"Active Asparagus" claims challenged

A Complaint About a product that claims to produce weight losses of up to a kilo every 24 hours has been upheld by the Advertising Standards Authority (ASA).

A mailing, sent by the company Direct Home Shopping, was designed to promote Active Asparagus tablets. The leaflet claimed, "Researchers at Heidelberg University (in Germany) claim that a certain variety of asparagus contains substances which have an astonishing slimming effect.. All you need to do in order to lose the equivalent of 800 grams to 1 kilo every 24 hours is to take three Active Asparagus Tablets before each main meal".

Weight Watchers (UK) challenged whether the tablets worked as claimed. Although the advertisers produced copies of testimonials from satisfied customers, they did not submit evidence for the weight loss claims. They have assured the ASA that the mailing would not be used again.

ASA Monthly Report, February 1997

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Asthma charity appoints expert in complementary therapies

The National Asthma Campaign (NAC) have appointed Professor Edzard Ernst of Exeter University's Department of Complementary Medicine as their Medical Adviser in Complementary Therapies.

The move comes as more and more of the UK's 3 million asthmatics turn to complementary therapies to control their symptoms. Professor Ernst is, says the NAC, concerned about the lack of evidence regarding the benefits of some complementary therapies. The NAC aim to make clear which have been scientifically proven, and to give reassurance where a therapy is safe and the practitioners have undergone asthma education and training.

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Traditional methods facing modern scrutiny

Health Watch Newsletter's editor attended a conference on Traditional Chinese Medicine and was baffled by mysticism but encouraged by a willingness to allow methods to be subjected to clinical testing.

The Second Annual Conference on Complementary Therapies, held at Middlesex University in November last year coincided with the announcement of Europe's first degree course in Traditional Chinese Medicine, being developed at Middlesex in collaboration with Beijing University of Traditional Chinese Medicine (TCM). The first students are expected to be admitted onto the 5-year full-time BSc (Hons) course at Middlesex University later this year.

Hence the subject of this year's conference: Traditional Chinese Medicine, The Way Forward.

Attending were a mixture of traditional Chinese practitioners and orthodox health professionals - including midwives, physiotherapists and hospital consultants-who were involved at various levels with techniques such as acupuncture and Chinese herbal medicine.

A lecture from Professor Wei Min of Beijing University made challenging listening, even with the help of the 16-page handout that gave an almost verbatim record of the talk. In attempting to explain TCM in a nutshell, he raced through such concepts such as "yin and yang", "climatic evils", "holistic nature-society-physiology-psychology medical mode" and "Qi (pronounced *chee*) and Blood syndrome differentiation" before going on to link a lengthy list of clinical conditions with such states as "yang deficiency of both spleen and kidney". There were tantalising mentions of experimental research work demonstrating successes using traditional Chinese pharmacy techniques in conditions ranging from cancer and AIDS to diabetes and coronary heart disease, but no detail was given-was the work carried out in the laboratory, in animals or in patients? Were these controlled trials? This talk left listeners with many more questions than answers.

In complete contrast was an excellent presentation from Dr David St George, consultant in clinical epidemiology and public health medicine at London's Royal Free Hospital. He talked about the use of acupuncture in stroke rehabilitation. Three randomised controlled trials" (1,2,3) albeit with relatively small patient groups, have shown that patients given acupuncture in addition to Western treatment recovered significantly faster and more completely than controls given Western treatment only. There is no indication of whether such an effect results directly from the acupuncture, or from some kind of placebo effect. But, given that stroke is the leading cause of severe disability in this country, any approach which has the potential to improve outcome is surely worth putting to the test and so further research including full-scale, properly controlled trials should be welcomed.

The subject of controlled trials emerged once more, when Professor Kelvin Chan of Liverpool John Moore's University referred to a study of the use of herbs in atopic eczema. A double-blind controlled trial, in which the efficacy of a Chinese herbal recipe compared favourably with that of a similarly evil tasting mixture brewed up as a placebo, has been published in the British Journal of Dermatology (4). Professor Chan's call for regulation of the quality of TCM products to make it possible to demonstrate safety and efficacy is also to be welcomed, especially in view of recent concerns about the use by some practitioners of herbs with toxic side-effects.

The afternoon was devoted to workshops. I attended a session run by John Tindall, an NHS physiotherapist who went on to train in acupuncture and Chinese medicine and who now runs the Gateway clinic, a self-financing

operation which is attached to Tooting Bec Hospital and where he claims success in treating patients with symptoms resulting from HIV infection, also drug addiction, asthma diabetes, hepatitis C and various other viral conditions, using a combination of acupuncture, herbal medicine and Qi Gong (pronounced chee gung). The latter process involves, I gather, no physical contact between practitioner and patient but rather some kind of exchange of energy forces with the practitioner standing in front of the patient.

Tindall gave out some impressive data on the economics of these treatments compared to those for conventional medicine. And the idea of a clinic in which, he says, 30 patients are simultaneously treated by an acupuncturist who moves from person to person twiddling needles in various parts of their bodies was fascinating. He also says that, from originally aiming to improve the well-being of patients infected with HIV, his clinic now receives referrals from London consultants to treat many physical aspects of the infection.

I wanted to believe him, I really did. But it was difficult to reconcile the practical information with the idea of patients being treated with invisible psychic forces; likewise his suggestion for why a needle in the ear should help relieve a drug addict's cravings (I recall it went something like, "the ear resembles an unborn baby in appearance-you're treating the child inside) stretched my credibility to the limit.

More science please.

Mandy Piggot

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2. Hu H-H, Chung C, Liu TJ et al. *Neuroepidemiology* 1993; 12: 106-13.
3. Sallstrom S, Kjendahl A, Osten PE, Stanghelle JK. *Tidsskr Nor Loegeforen* 1995; 115: 2884-7
4. Sheehan MP, Atherton DJA. *Brit J Dermatol* 1992;126:179-184

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Book review: The Which? Guide to Complementary Medicine

by Barbara Rowlands, London: Consumers Association 199, 270 pages. £9.99. ISBN 0 85202 634 X

Streets ahead of most of the avalanche of current writing on this subject, comes this useful book from the Consumers Association. Given the constraints of popular attitudes - and the danger of offending many of its supporters if it is too critical - it has much to commend it.

A 65-page general review is followed by 28 chapters, one for each of 28 different therapies (including massage and hypnotherapy which I would have thought were more a part of mainstream medicine). Each covers such points as theory, history, what the treatment consists of, evidence for benefit (and for harm), how to choose a practitioner, how to complain and, finally, cost. All in all, plenty of information, carefully and thoroughly researched.

My main criticisms would be these. Should not the history, nature and ideals of what we now call complementary medicine (CM) have been briefly compared with those of mainstream medicine? For example, in both camps, history shows that waves of enthusiasm have always come and gone for treatments that make the patient feel better, but have little or no consistent effect on the prognosis of any serious disease. History also makes it clear that virtually all the real progress and problem solving, leading to far fewer premature deaths and to far better health than ever before, have come from mainstream medicine. Linked, of course, with all kinds of reasoning from evidence, in other words good science in its broadest sense.

And might not more have been done to reduce some popular misconceptions? Just two or three paragraphs. After all, the Consumers Association is supposed to be all about informed choice. Anyone turning the pages of the BMJ can see how misleading it is to accuse mainstream medicine, though often failing to live up to its ideals, of being interested only in diseases rather than in patients. Or of always being "orthodox" rather than pragmatic. Or of thinking that the state of the patient's mind is of little importance. Or of not realising that in many conditions the body has amazing powers to heal itself (even if, in other conditions it seldom manages to do so). Yet there are many who seem to harbour such misconceptions-and many CM practitioners who encourage them.

Secondly, I would have liked to have seen more discussion of the need for reliable evidence as to which treatments (mainstream or complementary) get the best results in which conditions-regardless of the *mechanism* of benefit. There is quite enough needless guess work in mainstream medicine about what's best, let alone in CM. You don't have to be a science graduate or to have been trained in statistics to see that results need to be compared. And this can include anything you want to compare, such as the *percentage* of patients who *feel* better. It doesn't always need to be something "scientific" in the laboratory sense.

By the same token, little more than common sense is needed to appreciate the risk of coming to false conclusions if the groups being compared are not as alike as possible apart from how they are treated. This leads on to the need for patients to agree as often as possible to their treatment being randomised. With all

appropriate safeguards they lose nothing by agreeing to this. All doctors and nurses, when ill, should set an example. We badly need more comparing and less theorising. In not explaining this better to the general public, the Consumers Association - so keen to compare cars, toasters or washing machines - misses a golden opportunity.

Thirdly, quite apart from placebo effects, there is hardly any mention here of the fact that many acute non-serious conditions seem to get better in about the same average time whatever is done or not done. Or that in many chronic conditions spontaneous remissions are common, thus making assessment very difficult unless formal comparisons are made.

In some ways this must have been a difficult book to write. Fashionable beliefs, especially if tinged with mysticism or with the sort of starry eyed enthusiasm that goes with a new political party or a new religious movement, can stifle free speech. A lot of critical points that almost certainly would have been stressed in a book of this kind not so long ago are now fairly quietly tucked away in different parts of the text, so as not to threaten current political correctness too much.

That said, it has to be noted that in the present climate it is quite brave of the author to discuss various "unsatisfactory aspects of complementary therapy". Examples given include a frequent belief in the blocking and unblocking or an "energy" for whose existence there does not seem to be any evidence; or in 'toxins' in the bowel that must be eliminated - the latter being an old idea in mainstream medicine, long since discredited.

It also makes a refreshing change to read that "believing that a therapy is good, because it is either natural or old, is unwise"; and that "natural substances are not always safe." And there are a very few really blunt and hard-hitting statements, such as "spending five years learning about a treatment which is essentially nonsense does not make it any more worthy or efficacious", and later, "it is dangerous to rely on iridology for diagnosis - if you feel ill, see a doctor, not an iridologist."

The other side of the coin is such uncritical comments as "many of these remedies have little science to back them up, but seem to work none the less." And one example of a claim that seems to have been accepted by the author rather too readily is that "homeopathy is often criticised as imprecise, but actually requires great precision for it to work". It seems unlikely that either Boots or their customers believe this. A huge sale of over the counter homeopathic remedies goes on without any sign of the aura of precision which is such a feature of homeopathic consulting rooms.

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Book review: Complete nutrition: how to live in total health

Dr Michael Sharon PhD, London: Prion Books Ltd 1997, 491 pages. £9.99. ISBN 1 853752258

"Another major cause" (of obesity) "is poor oxygenation of the blood. Cider vinegar improves oxygen levels in the blood, and therefore improves the rate at which food is converted to energy" (p 147). This is one of many astonishing statements in this book, for which HealthWatch received a particularly enthusiastic press release by the publisher.

The book is endorsed by Gloria Hunniford with the quote: "This is a household bible, and every home should have one." The book is said to be "widely respected by nutritionists and is used as a text book on several nursing and medical courses." We are also told that Dr Sharon is "author of the bestsellers *Eat to live* (1979) and *Food and Health* (1981). In 1983 he received his PhD from the International University for Nutrition Education in California." This was formerly known as Donsbach University in Huntington Beach, California. The Foreword of the book is written by Kurt W Donsbach PhD, and in the Preface Dr Sharon records his thanks to "the nutrition researcher and author, Dr Kurt W Donsbach who helped me through my nutritional path".

The Press Release stated: "The author is available for interview". HealthWatch called Catherine Vallely at Prion, and Dr Sharon kindly agreed to meet for half an hour at the Royal Society of Medicine to discuss his book.

He had not seen the Press handout: he did not know Gloria Hunniford. He wrote the book to make the public aware of the potential benefits of nutritional supplements: in this respect the UK. was lagging behind the US. He believed that people could benefit very much from taking supplements, but each person should be professionally advised about which supplement was appropriate for their problems. He took a full history for about one hour to reveal evidence of nutritional deficiencies or allergies, which he could then treat with supplements. His research had taught him that the most reliable test for food allergy was the Pulse Test: if you eat a food you are allergic to, then automatically your pulse will rise.

Responding to a question about the problem of excessive doses of supplements, he agreed that this might happen if people tried self-diagnosis, but his history would warn him of such dangers. Yes, he did take supplements himself, but was (quite properly) unwilling to tell HealthWatch what they were. We then asked about the cider-vinegar quote at the beginning of this review: what evidence had he that this was true? The evidence, said Dr Sharon, was traditional rather than scientific: he had quoted the part about oxygenation from a book by Cyril Scott called *Cider vinegar* published in 1968, but he did not claim to understand the exact metabolic

pathways involved.

Finally we enquired about his PhD: was it the type of research degree to which we are accustomed in the UK? Yes, it was a proper degree, with a thesis. What was his thesis? It was *Eat to live* (a bestseller published 4 years before the award of the PhD) which was about how we convey nutrition information to the public, plus some research of his own, mainly about herbs. And where were the nursing and medical courses which used his book as a text book? He did not know: we should ask the publishers, who had written the press handout. At that we parted, on most cordial terms.

We asked the publishers, who were unable, off hand, to identify the medical schools using *Complete Nutrition* as a textbook: they would check their records and let us know.

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Has your body been modified yet?

One unusual therapy that has come to the attention of HealthWatch recently is Total Body Modification. A HealthWatch member who is a practising osteopath passed us a letter he had received recently from a fellow practitioner.

Total Body Modification, the letter says, "has opened a new way of working with the body's bio-computers. . .we can now combine our extensive knowledge of the nervous system and vertebral column to correct allergies, faulty blood sugar metabolism, flu symptoms, correct learning disabilities and treat hyperactive children.. If you are bored with the manipulation side of our profession.. then TBM will open a whole new vista for you."

The accompanying leaflet explains that TBM deals with "the body's biocomputer" - if its "programs" are running too fast or too slow, pathology can develop. TBM uses soft tissue or bony manipulation to restore these programs to normal.

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Earthquakes and MS

Another interesting letter was forwarded by a patient with multiple sclerosis who had been in contact with Geo-Rheological Survey Co. Ltd. of Alba in Scotland.

The letter's writer offers to calculate where earthquakes occurred at a time prior to the patient's birth. It says, "In all previous cases of MS I have tested, the date and time of the earthquakes, and location, allows me to determine the causative elements of your illness."

Allergies to Chernobyl ionisation, Bovine allergies, Amalgam tooth fillings and "strange allergies more common in the Far East, Italy, Greece, Africa and South America" are also listed as being implicated in illness.

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Trial by 'phone-in

Health Watch Committee member Dr Neville Goodman took part in a local BBC TV 'phone-in programme on bizarre alternative therapies, but found that facts were in short supply and no-one seemed to mind anyway.

A company in Gloucestershire claims to diagnose illnesses from samples of blood and urine. There is indeed much information in these samples. Every day in hospitals and GPs' surgeries samples are taken, sent to laboratories, and the results awaited anxiously by doctors and patients. The Gloucestershire company is different, though. They do not measure any chemical or constituent of the samples sent to them, but instead make the diagnosis from the deposit left when the sample is dried. They make medicines from the water evaporated during the drying process, and sell them back to their clients.

BBC TV West, in their weekly regional half-hour, broadcast an excellent documentary on alternative medicine. They slipped up in places (a GP who practises homeopathy is not the best critic of a natural health festival, though he was suitably sceptical about the more outlandish demonstrations), but set about the Gloucestershire blood boilers in good style. In a hidden recording, a woman pointed at streaks in the bottom of a petri dish and declared "This patient has heavy lymphatics, and a liver problem." The man in charge of the outfit, challenged that it was completely unscientific, looked satisfyingly shifty, even though he protested loudly that his medicines were effective.

BBC West follow the weekly TV slot with an hour-long radio phone-in, asking for "Your views... on whatever the subject is, and as a member of HealthWatch I'd been asked to take part. These things are always arranged at the last minute, and I wasn't certain until that afternoon whether I'd be in the studio or waiting at home, and what exactly I'd have to do. In the event I made sure I watched the programme at home, then sat listening to the

radio and waiting for the phone to ring. After the first caller ("I had a terrible disease, no doctor could help me, until I tried..."), my phone rang. I was asked to stay on the line while they spoke to the next caller (again heavily in favour of complementary therapy), and then they would come to me.

Which they did. In three minutes or so, to sensible prompting, I mentioned controlled clinical trials, placebo effects, and mysterious energies used as explanations for everything. I thought I'd done quite well.

The next caller was a Brigadier who is coordinator for a number of nonorthodox treatments. He started by dismissing my "rabbiting on about alternative and complementary therapies", and started an exposition on the differences between them. As Thurstan Brewin, our immediate past-chair, pointed out, terminological discussions about whether iridology is alternative or complementary and whether osteopathy is complementary or alternative are pointless and sterile. A treatment, whatever label is put on it, either works or it doesn't.

I was still on the line, came back and agreed that some unproven treatments (for example, osteopathy) made better sense than others (for example, iridology) for some conditions (for example, backache), but that complementary medicine was most popular; whether it worked or not, for chronic, relapsing conditions with no easy remedies.

And that was that. The frontman said "thank you"; the line went dead; and I listened to the rest of the programme with a mounting sense of despair. Caller after caller phoned in and spouted unsubstantiated anecdotal rubbish. The nadir was a woman who took me to task for saying there had been no research, because she had been researched at a number of universities and she could produce 240 volts, which she used to heal people. The last caller was a GP member of HealthWatch who had appeared on the TV programme, but I don't suppose the electric eel lady or other listeners were any more convinced by him than by me.

Phone-ins are cheap broadcasting, with almost guaranteed differences of opinion. They are grossly unsatisfactory and the loser is the truth. They are even worse than political panel programmes, because at least on those the panellists speak with some authority. If you want to explore something that has no real answer anyway, such as economic policy, then political argument and debate are a reasonable method. But science and medicine should not depend just on who can think up the best answer and be most convincing at the time of an argument. No facts are truly value-free, but there wasn't a single fact put forward by any of the callers who phoned in after me.

The Discovery channel (cable and satellite) broadcast a wonderful programme featuring James Randi, the American magician, exploring claims of the paranormal. He attempted to test all manner of psychic claims, including psychic operations and psychocharged water, and showed that there was nothing claimed by the psychics that couldn't be done by sleight-of-hand, or that could be demonstrated under strict control in the laboratory. As he so reasonably said, this doesn't *prove* a lack of psychic influence, but which is the more likely? If you hear hooves clapping down the street in London, it could be a zebra, but your money is better put on its being a horse. We know the placebo effect is strong and that many diseases get better without any intervention; surely these are better explanations than mysterious energies. Sadly, for many people, and perhaps partly because of the attitudes and lack of time of many doctors, mysterious energies are currently in the ascendancy.

Dr Neville W Goodman Consultant Anaesthetist Southmead Hospital, Bristol BS10 5NB

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New publication welcomed

HealthWatch welcomes "FACT", an attractive new quarterly review journal produced by Professor Edzard Ernst and his team at Exeter University's Department of Complementary Medicine (25 Victoria Park Road, EX2 4NT).

The letters FACT stand for Focus on Alternative and Complementary Therapies.

Concise, structured summaries of quite a large selection of recently published articles are given, each with an editorial commentary. In addition, there is a comprehensive list of the recent literature and an exact copy of the contents pages of several relevant journals.

The subscription for individuals is £40 a year.

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Complementary medicine "should be included in medical curriculum"

A report in the Journal of the Royal Society of Medicine has concluded that complementary medicine should be included in the medical undergraduate curriculum.

In any one year 8.5% of the UK population consult an alternative practitioner; but there is currently little education in complementary medicine at British medical schools, say the report's authors, who are from St George's Hospital Medical School, Barnet General Hospital and the Royal London homeopathic Hospital.

Amongst 161 medical students surveyed, most said they would like to learn about acupuncture, hypnosis, homeopathy and osteopathy. Acupuncture was the therapy in which the greatest number of medical students expressed an interest in learning the basic principles.

Reference: Rampes H, Sharples F, Maragh S, Fisher P. Introducing complementary medicine into the medical curriculum. *J R Soc Med* 1997; **90**: 19-22.

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Science-based complementary medicine

A meeting on this topic was organised by Professor Tom Meade FRS, and held at the Royal College of Physicians on 22nd January 1997.

The first speaker was Professor R Gray from Birmingham Clinical Trials Unit who gave a very clear exposition of the power and limitations of randomised controlled trials, and could see no reason why complementary therapies should not be assessed by this method. He dealt politely but firmly with questioners who suggested that unknown confounding factors might cause the efficacy of the therapy to be masked: if the design was properly randomised, and had adequate power, and was properly analysed, then an effect (if it existed) should be demonstrated, but if any of these factors were missing then incorrect conclusions might be reached.

Prof Holgate was broadminded rather than convincing about the efficacy of homeopathy: perhaps there were alterations in the structure of the water in which the principle was infinitely diluted. Evidently the homeopathic tablets carry their message because the structure of the water inherent in the lactose in the tablet is altered. It is doubtful if any believers, or non-believers, in homeopathy altered their belief as a result of this presentation.

Dr Lewith discussed the difficulty of finding true placebos or controls for therapies such as acupuncture: if sham needling (ie. needles not on the conventional acupuncture meridians) had a beneficial effect should this be subtracted from the "true" needling result to assess the benefit of acupuncture?

Dr Hannah McGee, a psychologist from Ireland, made interesting points about disease and illness. Disease is a disorder of organs, and illness is the experience of disease, so hypertension may be a disease without illness, and neurosis an illness without disease. Complementary therapies often claim to improve quality of life, but by whom should this quality be assessed? Patients regularly rate themselves less disabled by disease than do staff caring for these patients.

Dr Greenwood stressed the need for new anti-malarial drugs as resistance to old ones developed. Artemesin was a herbal drug shown to be excellent as a quinine substitute by the Chinese in Vietnam, but as it caused neurological lesions in dogs it would not pass licensing rules today

Dr Breen presented good evidence of efficacy of chiropractic manipulation, a field to which the Chairman of the meeting was a major contributor.

Dr Ann Mackie reported a randomised controlled trial of acupuncture for hypertension in east London general practices. It had no detectable effect.

Andrew Vickers from the RCCM finished the meeting by endorsing the need for good randomised trials in complementary medicine. As several speakers had said previously, for most therapies there is some evidence of efficacy but much of this evidence is of poor scientific quality.

Professor John Garrow, Chairman of Health Watch

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Letter: Evidence-based medicine on the net

David Edwards, of St Bartholomew's and the Royal London MDS, London, writes:

Dear Sir,

Those with an interest in evidence-based medicine and with access to the Internet may like to visit the [Centre for Evidence-Based Medicine at Oxford](#): and browse the on-line journal "[Bandolier](#)":

Yours faithfully,

D H Edwards

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