George T Lewith, Professor of Health Research University of Southampton, Aldermoor Health Centre, Southampton, SO16 5ST

Send response to journal:

Re: Regulating in the public interest

No-one would agree that we should legitimise quack medicine and snake oil salesmen as Colquhoun seems to imply in his recent editorial(1). However, acupuncture has been rigorously investigated for a number of painful conditions in large, rigorous, randomised controlled trials and it appears to work almost twice as well as standard conventional care for chronic benign conditions such as back pain, osteoarthritis of the knee, migraine and headache (2) . Furthermore, there is some evidence that it is cost-effective (3) as well as being safe. The science therefore supports its more widespread use.

The main thrust of the House of Lords' Report (4) with respect to regulating herbal medicines and acupuncture was to ensure public safety with appropriate and safe standards for clinical practice and herbal medicine provision. The process of regulation and consequent improved standards of practice has been part of the development of clinical medicine for the last 100 years and in this instance has been actively supported by the Royal College of Physicians, the MHRA and the Health Professions' Council (HPC). There was no suggestion in the original House of Lords' Report or from Professor Michael Pittilo that these therapies would be automatically provided by the NHS without a proper assessment by NICE. It is interesting, however, that NICE now recommended the provision of acupuncture for back pain prior to the regulation of acupuncturists. Ernst suggests that there is no evidence for Chinese herbal medicine (5), but the systematic review that he co authored failed to search or review the available and substantial volume of Chinese literature when coming to this conclusion. This happened in spite of the fact that there is an excellent Cochrane Centre for Traditional Chinese Medicine in Beijing that is more than willing to cooperate in such endeavours and is actively promoting evidence based practice.

If we fail to adequately regulate the provision and practice of herbal medicine and acupuncture we place vulnerable patients at greater risk from quacks and charlatans. This is particularly important for those who practice traditional medicine among ethic minorities in the Asian and Chinese communities. The MHRA is also very concerned about the

illegal import of unregulated and potentially unsafe herbal product and the HPC is happy to regulate these professions. It was never intended this issue should be a debate about evidence from randomised controlled trials or indeed a turf war about legitimising practice. The proposed legislation for both product and practitioners could do much to safeguard public safety, both in the UK and throughout the EU; indeed that is the whole point of this process.

Reference List

- (1) Colquhoun D. Secret remedies: 100 years on. BMJ 2009; 339:b5432.
- (2) Cummings M. Modellvorhaben Akupunktur a summary of the ART, ARC and GERAC trials. Acupuncture in Medicine 2009; 27(1):26-30.
- (3) Wonderling D. Acupuncture in mainstream health care. BMJ 2006; 333:611-612.
- (4) House of Lords Select Committee on Science and Technology. 6th Report, Session 1999-2000. Complementary and Alternative Medicine. 6. 2000. London, The Stationery Office Limited. Ref Type: Report
- (5) Guo R, Canter PH, Ernst E. A systematic review of randomised clinical trials of individualised herbal medicine in any indication. Postgrad Med J 2007; 83:633-637.

Competing interests: None declared

Secret remedies: 100 years on

Herbal medicine and acupuncture: protecting patients

6 January

Robert M Pittilo, University Vice-Chancellor and Principal, Aberdeen AB10 1FR

Secret Remedies: 100 years on Time to look again at the Robert Gordon University, efficacy of remedies

Send response to

journal:

Re: Herbal medicine and acupuncture: protecting patients

In the editorial 'Secret Remedies 100 years on', Colquhoun makes assertions about the Department of Health (DH) Steering Group and its recommendations (1) that are unfounded. Given that a public consultation has only recently closed, Colquhoun's views should not be seen as representative.

He states, as he has done before (2), that decisions must be taken on whether or not disciplines being considered for

statutory regulation represent "nonsense" or are sufficiently grounded in science and evidence- based practice to justify regulation. If acupuncture and herbal medicine are "nonsense", his view is that statutory regulation may give official endorsement to treatments that have no proper evidence base. Colquhoun wrongly asserts that the steering group and the DH lost this important point. On the contrary the report states clearly that NHS funding should only be available to CAM where there is evidence of efficacy, safety and quality assurance (3) and considerable attention was directed to a review of how best to implement meaningful research. My own view is that both statutory regulation and the quest for evidence should proceed together, and in the interests of patient safety, the latter should not be an absolute prerequisite for the former (4). After all, in conventional medicine, many treatments prove ineffective as research proceeds, but for the protection of patients, practitioners are regulated while they practise according to current evidence. Lastly, public demand for CAM indicates that as many as 10.6% of adults in England have accessed the more established therapies. Regardless of the views of orthodox practitioners, there is high demand and regulation to protect the public is a priority.

Over the past ten years there have been several reports and consultations on CAM initiated by the Department of Health, and a timeframe for implementing statutory regulation was published in 2005 (5). Some have questioned whether the recent consultation was a good use of public money given the thoroughness with which the DH has examined this issue over many years.

- 1 Colquhoun, D Secret Remedies: 100 years on: Time to look again at the efficacy of remedies BMJ 2009:339:b5432
- 2 Colquhoun, D Complementary Medicine A very bad report on regulating complementary medicine BMJ 2008: 337:a591
- 3 Report to Ministers from the Department of Health Steering Group on the Statutory Regulation of acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systems practised in the UK. http://hdl.handle.net/10059/176, 2008 (16 June).

- 4 Pittilo R M. Complementary Medicine Regulating herbal medicine and acupuncture: author's reply BMJ 2008; 337 a590
- 5 Department of Health 2005. The Statutory Regulation of Herbal Medicine and Acupuncture. Report on the Consultation. Stationery Office, London
- 6. Thomas KS, Nicholl JP, Coleman PC. Use and expenditure on complementary medicine in England: a population based survey. Complementary Ther Med 2001;9:2-11.[CrossRef][Web of Science][Medline]

Competing interests: Professor R Michael Pittilo was Chair of the Department of Health Steering Group on the Statutory Regulation of acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systems practised in the UK. He has also served as a trustee of the Prince's Foundation for Integrated Health.

Secret remedies: 100 years on

Re: Re: Thank you Professor Colquhoun

3 January 2010

Richard Watson, Craigallian Medical Centre, Glasgow, G72

Send response to

journal:

Re: Re: Re: Thank vou Professor Colquhoun

People paid for cupping and bleeding for centuries.

Your references on statins are misleading. I do not think a rapid response from a salaried GP, ref 2 and 3, is really the last word on the effectiveness of statins. I prefer to quote from your reference number 4 - "Back in the real world, the evidence shows that statins are effective: they reduce your risk of having a heart attack, and your risk of death over a given time period, but they reduce these risks as a proportion of your pre-existing risk, so if you are at high risk of having a heart attack to start with, a statin is more worthwhile than if you're moderate risk." Interesting that you suggest that Goldacre is saying the opposite. He is, of course, a big critic of quackery.

I am sorry that Dr Thomas thinks that I am being "sour". I think he needs a thicker skin if he is to enter a debate. Alternative medicine involves deceit since you must claim benefit when all trials have failed to show any. It is also not cheap. Homeopathic pills are costly - there is much succussion and dilution to pay for. It is true that on the NHS you are not fleecing the patient, just the taxpayer. The main damage is done in Africa where people are denied life saving anti-HIV

therapy and sold alternative medicines. Tolerance of alternative medicine in the UK makes it that little bit harder to combat it elsewhere.

Competing interests: Still a believer in reason.

Secret remedies: 100 years on

Horses for Courses

2 January 2010



Noel B Thomas. semi retired GP BronyGarn, Maesteg, CF34 9AL

Send response to

journal:

Re: Horses for

Courses

A recurring problem in the debate about CAM is the tendency of intelligent critics to jettison common sense and reason when their fingers hit the keyboard. Dr Peter Flegg is a compassionate, conscientous physician who would never admonish an irritating patient. Why then react to colleagues who irritate him, with the unreason that fills his second paragraph? Which of us "howling at the moon " heretics does he have in mind? Has he never heard the saying, " Horses for Courses "? Four months at a very remote Lesotho mission hospital, where AIDS/TB patients died almost daily, is a recent grim memory. Yet there were probably more "Lazarus" responses to ARVs in those months than Dr Flegg may see in a year. ARVs are wonder drugs in such a setting, given delivery systems of a sort. Homeopathy still works very well for many patients in the Welsh valleys, where we are happy to leave many problems, including AIDS, to the experts, like Dr Flegg.

Competing interests: NHS GP, Homeopath, DTM&H

Secret remedies: 100 years on

Re: Mark Your Territory

2 January 2010



L Sam Lewis, Surgery, Newport, Pembrokeshire, SA42 OTJ

whose territory ??

Send response to

As the only Dr Lewis in this thread I just cannot understand your response, Herbert!

journal:

I proposed that we fund ALL effective medicine.. so that includes little-known but proven remedies, by my peers or my betters, I don't care. I don't expect any cash left over for

Re: Re: Mark Your

unproved medicines, except via reasearch grants.

Of course, like Prof Colghoun, I would require an objective demonstration of effectiveness, preferably blinded RCT. I am in substantive agreement with his position, and merely propose we come at the problem from the opposite direction,

Territory

ie. by demanding full support for proven medicines.

I must clarify my position on banning what I termed harmful 'medicines'. I mean by that term products with no proven benefits that are harmful (unlike homoeopathy, which is harmless but no more effective than placebo).

Blwyddyn newydd dda

sam

Competing interests: taxes and benefit

Secret remedies: 100 years on

Re: Thank you Professor Colquhoun

1 January 2010

Mark Struthers, GP and prison doctor Bedfordshire

Send response to

journal:

Re: Re: Thank you

Most people who go to see medical therapists, of whatever mark.struthers@which.netpersuasion, just want to feel better. I can't understand why any patient, gullible or otherwise, would continue to pay a practitioner, alternative or otherwise, if they weren't doing them any good. No reasonable person would.

Professor Colquhoun I wonder if Dr Watson has given any serious thought to the nonsense that emanates from the world of McScience [1] with the potential to poison both mind and body at enormous expense to the taxpayer. For instance, take the statins and the simplicity of the cholesterol hypothesis. The statin drugs will now cost the NHS over £1bn and the whole cholesterol circus around double that [2]. And how much longer can a 50 year old man expect to live if he takes a statin for 30 years? Just over two weeks – max [3]. And that's being optimistic! And what about the side-effects, thank you Professor Colquhoun? [4]

> Who's being gullible, Dr Watson? Who is responsible for a deception that is fleecing the taxpayer? It doesn't take a Sherlock Holmes to realize that it's not a homeopath, an acupuncturist – or even that humble chiropractor.

[1] http://en.wiktionary.org/wiki/McScience [2] Should women be offered cholesterol lowering drugs to prevent cardiovascular disease? No Malcolm Kendrick. BMJ May 2007. http://www.bmj.com/cgi/content/full/334/7601/983 [3] Not treating, delaying, Malcolm Kendrick, BMJ Jan 2008. http://www.bmj.com/cgi/content/full/336/7637/174-d [4] Dithering over statins' side-effects label finally ends. The pharmaceutical industry has taken almost two years to

BMJ: rapid responses to Colquhoun article Secret Remedies 100 Years On (15 December 2009)

disseminate important information. Ben Goldacre. The Guardian, Saturday 21 November 2009. http://www.guardian.co.uk/commentisfree/2009/nov/21/statinsside- effects-ben-goldacre

Competing interests: None declared

Secret remedies: 100 years on

Fact is stranger than fiction

1 January 2010



Noel B Thomas, semi retd GP BronyGarn, Maesteg, CF34 9AL

Send response to

journal:

Re: Fact is stranger than fiction

It is a shame that Dr Richard Watson ends the year with such an uncharacteristically sour response. What is his evidence for saying that alternative practitioners 'must' deceive our patients? My NHS patients are always told that the homeopathic tablets they are offered have been diluted down so far that chemists would say there is nothing left. NHS GPs who prescribe homeopathically do not 'fleece their patients'. The NHS pays, and pays far less than it would for conventional medications in comparable situations. In 2010, perhaps we will all try to be a bit more open minded and good humoured. Happy New Year to all!

Competing interests: NHS GP, Homeopath

Secret remedies: 100 years on

Re: First do no harm?



Peter J Flegg, Consultant Physician Blackpool, UK

Send response to

journal:

Re: Re: First do no harm?

It is frequently recounted that only 10% of deaths from adverse drug reactions are ever reported. I have found that pinning down any original scientific evidence for this claim has proved most elusive. Usually it is expressed as a broad estimate, with 10% representing one extreme of a hypothetical range. I'd be most grateful to Dr Leckeridge if he could provide the source for his statement.

While I await his response, I think I'll just go and advise all my HIV patients to try "howling at the moon" instead of taking the "toxic" anti-retroviral drugs I usually prescribe (on the basis that howling at the moon can do them no harm, although it might not do their street cred any favours).

Competing interests: None declared

Secret remedies: 100 years on

Colguboun imperils BMJ editorial policy

1 January 2010



School, Tamar Science Park Plymouth PL68BX

Send response to

journal:

Re: Colquhoun

policy

science publishing: does healthcare benefit more from passionate polemic unrestrained by peer review, or from carefully constructed argument and balanced, well informed writing?

imperils BMJ editorial Science begins with definitions. Colquhoun defines acupuncture as: 'A rather theatrical placebo, with no real therapeutic benefit in most, if not all, cases.' This definition comprises vague, ambiguous terms and is internally inconsistent. Either it is intended as a joke, or it is opinionated bombast. It is not a serious contribution to a debate on health care, and would never have passed peer review. It may be appropriate for the Boy's Own Journal, but it is alien to the kind of scientific debate we expect in the BMJ.

> In fact, this definition fits Colguboun's own criticism of the homeopathic literature, a few lines higher in the commentary. I quote: '... a parody of scientific writing, in a style that Ben Goldacre calls 'sciencey'. It reads quite plausibly [well, that bit doesn't fit!] until you check the references.' So check the references, and Colquhoun cites – his own blog! That source of balanced debate well known to be based on reasoned argument and critical analysis. When I contributed some data to the blog, in the form of standardised mean difference and confidence intervals from a systematic review of acupuncture, it met the predictable two responses: Doh (as in 'I haven't actually read the studies or meta- analyses on acupuncture'); and, And Anyway (as in 'And anyway, acupuncture can't work because gi and meridians don't exist').

Colguhoun's view on the role of blogs is summarised succinctly in his book review, Trust me, I'm a scientist [1]. Again I quote: ' ... individual scientists have found they can write their own blog. It costs next to nothing, and you can say what you think.' Great, no need for those tricky peer reviews, then, to restrain these vital contributions to the scientific debate.

So this blogger now spreads his bombast onto the hallowed turf of a respected scientific journal. Is generating interest and a response – in whatever way is necessary – so crucial that the BMJ can sustain its policy of publishing commentaries without peer review?

Adrian White

1. Trust me, I'm a scientist. BMJ 2009;339:b3658.

Competing interests: Adrian White is editor of Acupuncture in Medicine

Secret remedies: 100 years on

Thank you Professor Colquhoun

31 December 2009



Richard Watson, General Practitioner Craigallian Medical Centre, G72 8DQ

Thanks to you and the BMJ for standing up against nonsense.

Send response to

The incoherence of the responses against you speaks volumes. The point about the many harms resulting from active medicines seems initially tempting. But you answer it

journal: Re: Thank you

yourself - "Alternative medicine is unlikely to poison your

Professor Colquhoun body. But it will poison your mind."

I fail to understand why it is though compassionate to deceive your patients as alternative practitioners must do.

It is bad enough that alternative practitioners are allowed to fleece gullible patients. It is intolerable that they should be funded out of taxpayers money.

Competing interests: Believer in reason. It is striking that none of the above practioners of "CAM" give that as a conflict of interest.

Secret remedies: 100 years on

Mark Your Territory

28 December 2009



Dr. Herbert H. Nehrlich. Private Practice Bribie Island, Australia

Send response to

journal:

Re: Mark Your **Territory**

How silly to wipe away some of the very foundations of Modern Medicine, surely Dr. Lewis does not believe that huge steps forward have been accomplished by his peers.

There are many "secret remedies" around, sodium bicarbonate, iodine and others being the frontrunners. Their efficacy is not widely known and this writer is convinced that the good reason for that state of affairs rests with the folks from Big Pharma. They are quick to claim their stake.

Competing interests: None declared

Secret remedies: 100 years on

First do no harm?

24 December 2009

Robert W Leckridge, Locum Consultant Glasgow Homeopathic Hospital. G12 0XQ

The main concern about "secret remedies" was their potential for harm. Shouldn't that still be our first priority? How many deaths or hospital admissions for treatment of adverse effects

Send response to

journal:

of a prescribed medicine can be laid at the door of

Re: First do no harm?homeopathy? Ever? Well, let's just take the ten years from

1996 - 2006. None recorded. That's because nobody is known to have died or been seriously harmed by taking a homeopathic medicine (let's leave aside the issues of misdiagnosis and delayed treatment for now - those are better attended to through attention to raising the bar on regulation of health care practitioners who treat humans to that of the level of those who treat animals and through clinical governance and performance appraisal of those who are regulated) On the other hand, between 1996 and 2006 in England the number of prescriptions for pharmacological drugs issued by doctors has risen 51%, from 498 million to 752 million. Over the same period the number of reported deaths from adverse reactions to these drugs increased 155%, from 382 to 973 (actually it's estimated the number of deaths reported is only 10% of the real number – this would give 10,000 deaths a year!) Also over this period the number of serious reactions to drugs has increased 214%, from 5,022 to 15,760, resulting in the occupation of 5,600 beds by patients with these serious problems. This has an estimated cost to the NHS in England of £466 million a year. So, if reducing the harms of medicines is still a laudable goal, Prof Colguhoun, how about attending to your own discipline....pharmacology? As this is the Christmas issue of the BMJ, maybe a word from the man whose birth we celebrate at this time of year is in order....."You hypocrite, first take the plank out of your own eye, and then you will see clearly to remove the speck from your brother's eye." (Matthew 7:5. New International Version)

Competing interests: Full-time employee in NHS homeopathic hospital

Secret remedies: 100 years on

Here's a pretty state of things

24 December 2009



Mark Struthers. environment Bedfordshire

Send response to

GP working in the secure It's a very funny thing but Gilbert & Sullivan's comic opera, the Mikado, reminds me of Christmas, clowns, frivolity and general silliness, sciencey or otherwise.

journal:

Re: Here's a pretty state of things

In the past, it seems, Professor Colguboun has been inspired by Ko- Ko, the Lord High Executioner, to write a little roster, of those CAM practitioners, he considers would not be missed ... from any NHS spending list [1]

"And that deluded nuisance, whom no one understands The homeopathist – I've got her on the list! All Reiki folks, pill hucksters and layers on of hands They'd none of 'em be missed — they'd none of 'em be missed."

In his risible, Christmas, BMJ editorial diatribe, I note the professor bemoans the £10m, or so, the NHS currently spends on homeopathy. Of course, I know the professor will be similarly outraged to learn that registered allopathic practitioners have spent a similar sum, through the GMC, in putting on trial (for three years – and so far without a verdict or an execution), Dr Andrew Wakefield, and Professors Walker-Smith and Murch ... for alleged crimes against the MMR vaccine.

And no, it's not a fruitcake fantasy. Oh yes, it is, says Pooh-Bah, Lord High Everything Else!

Now "here's a pretty how-de-do!

Or as Nanki-Poo might say, "here's a pretty mess ... of antiscienceyness."

All together now,

"Behold the Lord High Executioner A personage of noble rank and title — A dignified and potent officer, Whose functions are particularly vital! Defer, defer, To the Lord High Executioner! Defer, defer, To the noble Lord, to the noble Lord, To the Lord High Executioner!"

[1] They'll none of 'em be missed. Professor David Colguhoun. February 23rd 2008. http://www.dcscience.net/?p=220

Competing interests: None declared

Secret remedies: 100 years on

Who will rid us of these turbulent priests?

24 December 2009



L Sam Lewis, Surgery, Newport, Pembrokeshire, SA42

I for one will stand with David's banner for reason and valuefor- money, against quackery.

Send response to

iournal:

It all seems so simple to me. The government does not want to upset any more people than it has already, so is unlikely to

Re: Who will rid us of ban potty practices, and will not grasp this nettle.

these turbulent

priests?

But we can approach this problem from t'other way about. The NHS most certainly should be required by NICE(- as is already the Law, I thought) to fund all evidence-based effective remedies for which it has published technology appraisals. IF (and it is a big if, given the proven-effective but very costly cancer and other remedies remaining unfunded due to NICE's cost-effectiveness threshold set near £30000) there is any cash left, then it can be spent on unproven but long-hallowed practices such as prayer, prattling, and pretension. This in my book includes those homoeopaths who believe that the way you shake the tube makes all the difference.

I for one DO expect my government to have the guts to ban HARMFUL practices.

Competing interests: Taxpayer's benefits