

Response to Interview for ePolitix by Lord Taverne

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As Chairman of “Sense about Science “, the least we should expect from Dick Taverne is to write accurately and impartially. But his piece on the regulation of practitioners of acupuncture and herbal medicine is ill-informed, highly opinionated and surprisingly inaccurate. Worst of all, by arguing against regulation, Taverne actually puts the public at serious risk since regulation will ensure the proper training of these practitioners and the quality and safety of herbal products they use. It is clearly in the public interest for statutory regulation to go ahead.

Taverne says that the Government move to statutory regulate herbal medicine and acupuncture is a response to lobbying from Prince Charles’ Foundation for Integrated Medicine (sic) but this is not true. As a member of the House of Lords, Taverne should know that the impetus for statutory regulation actually came from the House of Lords’ Select Committee on Science and Technology (on which sat several eminent scientists and doctors) that recommended in 2000 that acupuncture and herbal medicine should be statutorily regulated as soon as possible. In the light of this recommendation, the Government agreed in 2001 that statutory regulation should go ahead. Over the past eight years the Department of Health (DH) has initiated three working groups to look at implementing this policy. All three working parties strongly supported the aim of statutory regulation of this sector. In 2005, the DH ran a public consultation on the statutory regulation of herbal medicine and acupuncture. This registered a 98% response in favour of statutory regulation. Given the thoroughness with which the DH has examined this issue over the years, it is questionable whether the recent second public consultation was a good use of public money.

Taverne also says “If the government is worried about patient safety it should require practitioners of alternative medicine to undergo conventional medical training” but here too he displays ignorance. The agreed training in herbal medicine in the UK requires practitioners to be well versed in a wide range of conventional medical instruction including differential diagnosis and pharmacology.

Taverne opines that official regulation would give practitioners “a spurious respectability, as being sanctioned by official regulation, which implies that their practices are evidence-based when there is little if any scientific evidence in their support”. Here Taverne clearly misunderstands the role of regulation. Regulation is not a badge of rank but is all about public protection. Herbal medicine is enormously popular. Recent research by Ipsos MORI for the Medicines and Healthcare products Regulatory Agency (MHRA) has found that millions of people in the UK use herbal medicines and that more than a quarter of the population had bought herbal medicines over-the-counter in the previous two years with one in twelve consulting a practitioner of Western herbal medicine and about one in twenty consulting a practitioner of traditional Chinese Medicine. It also noted that 77% of adults agree it is important that herbal medicines are regulated, with this figure rising to 87% among regular users of herbal medicines (defined as those who have used a herbal medicine within the last 2 years). Is Taverne really saying that the public is foolish in its use of herbal medicine and in its clearly expressed wish to have its practitioners properly regulated?

As to evidence; those in glass houses should not throw stones. Taverne clearly assumes that mainstream medical practice is mostly based on evidence-based medicine. Recent findings published in the BMJ's on-line Journal *Clinical Evidence* shows that far from having a complete evidence base, only about 13% of 2,500 medical treatments surveyed are rated as beneficial with 46% "of unknown effectiveness"¹ But there is plenty of evidence on the efficacy of herbal medicine; there are scores of scientific papers on the efficacy of commonly used herbal medicines such as ginger, garlic, hawthorn etc. Indeed, who could doubt the medical efficacy of botanic medicines since many modern drugs are derived from plant medicines? Interestingly, it is not just plant medicines themselves that modern medicine has exploited but more recently it has come to adopt a strategy central to traditional herbal treatment which harnesses the healing potential of several medicaments together for their synergistic effect rather than using one herb at a time. These days it is common for doctors to prescribe a number of drugs together as seen in the treatment of a wide range of serious diseases like HIV, AIDS, TB, malaria, diabetes, hypertension, cancer, MRSA etc. Pharmacologists now acknowledge that the individual actions of one drug are subject to modification by a second drug and that multi-drug regimens ("combination therapy") may confer unique and beneficial new actions that do not occur when using each drug on its own.² Moreover, it has become evident that combination therapy can frequently attain the same therapeutic effect as when using a single drug, but with fewer deleterious side effects.³ Last week scientists announced that they had found that they had found that a combination of pomegranate rind, vitamin C and a metal salt gave good results in combating the MRSA superbug. Perhaps modern medicine has still much to learn from herbal medicine. The frank protectionism Taverne and his colleagues now display is yet another way that he and "Sense about Science" ill serve the public interest.

¹ BMJ Clinical Evidence, <http://clinicalevidence.bmj.com/ceweb/about/knowledge.jsp>. Accessed 3 September 09.

² Toews ML, Bylund DB. Pharmacologic principles for combination therapy. *Proc Am Thorac Soc*. 2005;2(4):282-9; discussion 290-1. Review.

³ Reid JL. Pharmacokinetic and pharmacodynamic aspects of the choice of components of combination therapy. *J Hum Hypertens* 1995;9:S19-S23