

Complementary and alternative medicine — remedies for a flat earth

By **Mike Price**, a freelance industrial pharmacist

Hardly a year passes when there is not a cluster of letters in this journal attacking the practice of complementary and alternative medicine (CAM), and the usual modality that pharmacists enjoy exercising their spleen on is homoeopathy. Indeed, I have been among colleagues at branch and continuing professional development meetings when conversation has drifted to remembering absent friends: not those who have died, but those who have drifted into practising CAM. Had we been alive a century ago, the tone of conversation may be compared with that of an official in the Empire who may have gone “native”. All very sad, and probably the heat, malaria and not enough tonic with the gin.

It was against this perception of the feelings of my fellow members that I found myself taking numerous precautions against being recognised slipping into the 11th Symposium on Complementary Health Care in Exeter last month. Not only did I check that no member had seen me entering the venue, but I donned one of Peter Sellars’ cast-off disguises to avoid being recognised if photographs were to be taken and published. I felt slightly grubby, that I was letting the side down and that if I had a role there it would be to heckle the presenters.

This symposium has grown in stature as one of the most important for the presentation of new research in CAM. It was attended by researchers from many different countries, and representing both academia and practice-based research. All sorts of data were presented in the oral and poster presentations — ranging from some basic research, through pre-clinical to, mainly, clinical. The pace was rapid and the quality generally high, although some of the presenters were young and still sporting their “L” plates.

I must admit, I had my preconceptions before attending. I had expected to be witness to poor quality science: poorly designed trials, doubtful results, highly questionable conclusions. I expected to meet a well-meaning bunch of parascientists: rose tinted spectacles, pony tails, sandals and body piercings. To the contrary, I found good science and a bunch of sober scientists committed to examining CAM with the rigor modern health care practitioners may reasonably expect. I felt happier, I felt that this was a group of scientists we could trust and, where out-

comes were positive, we could start to shed some of our entrenched scepticism that may be a product of our education.

The Journal reported recently that a market survey had discovered that patients needed more information on complementary medicines (*PJ*, 6 November, p672). In the same report, Edzard Ernst, director, complementary medicine, Peninsular Medical School, Exeter, and chairman of the above mentioned symposium commented: “Pharmacists should put themselves in a position where they can meet this need.” He is right; whatever opinion pharmacists may have of CAM, we are happy to promote ourselves as the experts in medicines, and in the broader context of care, are an accessible profession given no general requirement for appointments and widespread distribution. In this respect pharmacists should ask themselves whether their knowledge is sufficient to provide their clients with the information they claim to need, and if it is not, to recognise the training gap and address it through their preferred CPD channel.

A potential advantage of developing a greater knowledge of CAM is that pharmacists may benefit in other ways, some not so immediately obvious. In particular, something that is, I think, part skill and to a greater extent, philosophy. I am referring to the so-called “holistic” approach — unfortunately a frequently misused and, I guess, widely misunderstood word. It is hard to put simply, but illness can be regarded in the context that the parts of any whole cannot exist and cannot be understood except in their relation to the whole. More simply, to understand that pain in the tummy presented by the patient, you need to consider a broader picture than the anatomical diagram you remember from college. This is fundamental to most CAM practice, and developing this approach may help pharmacists to better understand their patients’ complete needs.

The availability of good quality information on CAM, especially for the areas that may be of greatest relevance to pharmacists, has improved in recent years. A good starting place may be Steven Kayne’s book¹ and Professor Ernst and colleagues’ more critical appraisal of the CAM evidence.² The latter book is soon to be extensively updated given the large amount of published data accrued in the three years since the last edition.

Last month’s experience at the symposium was reassuring. I was happier witnessing the

existence of committed scientists, many of whom were generating quality data that continued to answer the questions of safety and efficacy in relation to CAM. And in my view these questions are more important than those of the mechanisms of CAM. What was apparent to me was that, in many conversations with the participants, there appeared to be no zeal to disprove CAM as mumbo jumbo, or the contrary — they were simply seeking the truth. Yes, there are still many unanswered questions, many common CAM interventions are not supported by the outcome of rigorous scientific investigation (but this is also the case, some of the time, in orthodox medicine). However, and within the restrictions of limited research funds, progress is slowly being made, and quality data generated allowing more informed advice to be dispensed by pharmacists and other health care advisers.

And finally, homoeopathy, the thorn in the side of those wedded to the pharmacology paradigm. I am sure the revision of the latter, above-mentioned, book will review some recent positive outcomes in randomised clinical trials of homoeopathy (which are published)³. Further, readers familiar with the now infamous Benveniste research (published in *Nature* in the late 1980s) may also be aware that there has been some recent success in developing similar sensitive immunological assays. Using a basophil degranulation model,⁴ Philippe Belon and co-workers have demonstrated activity for high dilutions of histamine. They were unable to explain their findings, but the basic science may now be demonstrating the unthinkable!

What do I think? I remain sceptical, but also open-minded. I have experience of a positive effect, which may have been a so-called placebo response. The slowly mounting evidence is slowly moving me along the line that separates disbelief and belief. I may be a fool, but it was once a self-evident truth that the world was flat. I have travelled extensively, I am yet to find the edge.

References

1. Kayne SB. Complementary therapies for pharmacists. London: Pharmaceutical Press; 2002.
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3. Weatherley-Jones E, Nicholl JP, Thomas KJ, Parry GJ, McKendrick MW, Green ST et al. A randomised, controlled, triple-blind trial of the efficacy of homeopathic treatment for chronic fatigue syndrome. *Journal of Psychosomatic Research* 2004;56:189–97.
4. Belon P et al. Histamine dilutions modulate basophil activation. *Inflammation Research* 2004;5:181–8.

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