Snake oil revisited: For doctors' eyes only

By flirting with alternative practices, orthodox medicine risks facilitating the legitimacy of the unscientific approach, making it more acceptable to the general public.

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A number of factors contributed to the genesis of this brief article. One is that I have been searching for the first article I ever wrote, which was co-authored with Dr Robin Bell-Irving and published in September, 1964 in the *British Columbia Medical Journal*.[1] It was titled "The BIP (Basic Influence and Prediction) Factor," and was based on the following premises:

1. All procedures, institutions, drugs, and interviews, apart from any anticipated therapeutic effects, have a fundamental effect on the patient and this can be measured.
2. Diseases themselves have a natural history and all procedures, institutions, treatments, drugs, and interviews have a basic predictable effect on this, and that this can be measured.
3. A placebo effect is of itself a new procedure, subject to the many variables of the clinical setting in which it is carried out, and should not be used as a sole yardstick of therapeutic effectiveness. Rather, the many available past experiences will supply a reliable measure against which the effectiveness of a new therapy can be assessed.

Using the BIP factor enables one to understand why quacks, both well meaning and unscrupulous, continue to thrive, as did their "snake oil" progenitors in our grandfathers' time. Our article was appropriately negative about acupuncture in China, which we labeled "modern day quackery on a nation-wide basis," pointing out that the government could count on 90% cure rates in appendicitis, 70% for benign hypertension, and 30% for severe angina pectoris.

I am recently retired and this has given me time to wander. In a local pharmacy I became aware that a substantial area, adjacent to the prescription counter, had been given over to "alternative" remedies. It is tended by a pleasant young woman in a white lab coat, and the shelves are stocked with a number of attractively packaged items. There are bottles of cranberry juice for $13 per litre, or if you prefer, a litre of mangosteen juice at the same price. A 283 g jar of alfalfa and barley "greens" will cost you $39. Under the sprightly slogan, "Spring has sprung, time to cleanse," you can find a "Wild Rose Herbal Extract," which contains dandelion and black radish root as at least several of the ingredients. You may be in the market for a tonic for fatigue and there is one, 250 cc of alfalfa, for only $13, or 500 g of wheat grass for a bargain $17. I ran into an old friend whom I love from the TV ads, namely the "topical joint care roll-on," with the trade name Lakota. It reminds me of the Lakota Sioux, Custer, Sitting Bull, and the battle of Little Big Horn. One of the most striking things about the alternative medicine section are the prices which range from high to outrageous, and a pharmacist friend of mine told me that the customers are particularly avid to buy these products, and even though they may have limited means will pay with their last cent.

At around this time, I ran across an article in our local newspaper entitled "Healers join hands" in the Healthy Living section.[2] This told me that the complementary and alternative health industry is about $4 billion a year in Canada, and is growing by 15% annually. Most distressing was the statement that 81% of Canadian medical schools were including the industry in their curricula. The article discussed the importance of creating a network to increase consumer confidence in their industry, and as an "important step in the process toward integration

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of the industry with conventional medicine." They acknowledged that they lacked "scientific support" for their therapies.

A Vancouver newspaper carried a column recently under Body and Health entitled "Homeopathic treatment can help cat's herpes," written by a veterinarian and a certified homeopath.[3] This was the last straw and I felt that it was a black day when even the cats aren't safe from unscientific therapy. Beginning to feel surrounded by alternative practices, I decided I had better learn something about this burgeoning field, and bought a book. My purchase was *Homeopathy* by Rima Handley,[4] an English graduate from Oxford University, a member of the Society of Homeopaths, and a cofounder of the Northern College of Homeopathic Medicine in the United Kingdom. Touted as a beginner's guide to homeopathy, I have no idea whether it is approved by the homeopathic cognoscenti, but it is well written, a good part of it being a *materia medica* of commonly used remedies. An example would be Gelsemium, commonly known as yellow jasmine or wild woodbine, and writing of its use the author states "Drowsiness and mental and physical weakness are the prominent symptoms of the person needing Gelsemium. Its plant source, the jasmine, cannot stand up without being supported on canes or trellises—so the Gelsemium person may need to lean on others for help." There is a remedy profile, which is a list of indications for its use, such as "major remedy for influenza," or "sluggish depression," or "nervous diarrhea" to name a few. There are some case histories included, and they are often amusing and, in my view, somewhat alarming in their simplistic approach.

This is not an attack on "alternative medicine" and I will not respond at all to anyone who sees me as "protecting" doctors' turf. I confess that it is difficult for me to understand why anyone who lives in a society that relies heavily on the scientific method would spend $39 for a 283 g jar of greens, which is promoted as a valid therapy without a shred of solid scientific fact to support its use. Doctors themselves are by no means immune to dallying with unproven elixirs and remedies, and I know physicians who will prescribe, for example, huge doses of various vitamins where there are absolutely no indications. Looking at the rationale for prescribing the homeopathic remedies, there is no evidence that any of them would meet the BIP criteria, and in fact the indications for each compound used is so vague as to be incapable of testing. That these *materia medica* have occasional positive results there is no question, but do they do better than any other substance given for the particular condition?

It is the patient's right to choose his or her treatment regimen. The role of the physician is clear and unambiguous, and that is to see the patient, listen to him or her, examine and do relevant laboratory investigations, and make a diagnosis, and then most importantly explain to the patient the diagnosis and suggested treatment plan. This must be well done, and then the ball is in the patient's court, and what the patient chooses to do with the information is his or her business.

The problem inherent in orthodox medicine flirting with alternative practices is that in so doing they facilitate the legitimacy of the unscientific approach and may make it more acceptable to the general public. The medical schools should acquaint their students with alternative medicine, but certainly never get into business with them. Orthodox medicine has its own problems, and its major task is the resolution of these more important issues, not aiding and abetting an unscientific approach.

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References

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