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BC Medical Journal

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Re: Second-generation antipsychotic medications

We read the article "Prescribing second-generation antipsychotic medications: Practice guidelines for general practitioners" [*BCMJ* 2012;54:75-82] with great interest and applaud the efforts of Ms Horn and colleagues on their practical and useful guide for practitioners concerning a class of medications that are increasingly being prescribed for a wide variety of psychiatric and behavioral conditions.¹

We feel, however, that older adults with dementia deserve particular emphasis. Second-generation antipsychotics are widely used in this group, but the evidence supporting their use remains limited. The two second-generation antipsychotics that have been studied in randomized controlled trials (risperidone and olanzapine) demonstrate only modest benefits in the context of a short duration ranging from 24 hours to 12 weeks.² This comes at the cost of an increased risk of mortality from meta-analyses (odds ratio of 1.54 to 1.7), and possibly an increased risk of stroke.^{3,4} For these reasons, second-generation antipsychotics have black box warnings cautioning their use in older adults and do not have formal approval by the US Food and Drug Administration for treatment of behavioral and psychotic symptoms in patients with dementia.

Clinicians need to be aware of these risks and discuss them with patients and families before initiating therapy. Before ascribing the behav-

ior to the behavioral and psychotic symptoms in patients with depression it is essential to screen for and treat other conditions such as delirium, agitated depression, pain and infections. Nonpharmacological interventions such as anticipating unmet needs, avoiding triggers, and use of music therapy may be helpful.⁵

We recognize that managing behavioral symptoms related to dementia is often challenging. When second-generation antipsychotics are used they should be reserved for severe symptoms when the benefits are felt to outweigh the risks and for a defined period of time with frequent reassessment.

—Mark Fok, MD
—Larry Dian, MD
Vancouver

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lines for general practitioners. *BC Med J* 2012;54:75-82.

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Re: Homeopathic medicine

Dr Wong's comments about homeopathy [*Homeopathic medicine (arsenic and aconite)* and Health Canada, *BCMJ* 2012;54:66] in which he quotes himself as a source, contain a number of inaccuracies and misconceptions. The quoted *Cardiology* 1999 article by Guha and colleagues reports the toxic effects of aconite tincture (italics added), which is not a homeopathic ultradilution. In fact, there are several studies that confirm the safety of homeopathic medicines.¹⁻⁴

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An excellent case series report from Israel using homeopathic *Aconitum* and *Arsenicum album* 200 CH potency revealed excellent benefit for acute anxiety during emergency room treatment of patients injured in the collapse of a wedding chapel in which 500 people were killed.⁵ Eighty-nine percent of patients treated homeopathically reported reduced anxiety within 24 hours.

Several animal and human studies have shown the benefit of homeopathic *Arsenicum* in potentized (diluted and succussed) form in stimulating the excretion of arsenic in poisoned individuals.^{6,7} One such study compared the results in two villages in India, one of which had an arsenic contaminated water supply. The published results (and pictures) were quite dramatic.

The effect of homeopathy on a large scale can be seen in the Cuban study of leptospirosis (2007), in which a highly diluted solution of bacteria was given to 2.3 million inhabitants.⁸ In response to a growing epidemic, with only 15 000 doses of the regular vaccine available, the government decided to use a homeopathic oral medicine prepared from the inactivated causative organism by the Cuban National Vaccine Institute. Within weeks of administration, the number of cases fell from the forecast 38 to 4 per 100 000 per week, while in the neighboring provinces the incidence was as forecast. Furthermore, there was an 84% reduction (without further medicine) in the treated region in the following year, while the incidence in the untreated region actually increased by 22%. This remarkable study should make Canadian Public Health officials sit up and pay notice.

There have been several meta-analyses supporting the effectiveness of homeopathy, and Dr Wong can find these with minimal effort on the Internet or through the College library.⁹⁻¹²

—Stephen Malthouse, MD
Denman Island

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Dr Wong responds

I am pleased that Dr Malthouse took interest in my letter on homeopathic medicine. The safety of homeopathic medicines should be expected because of their extreme dilutions.

In regard to aconite *tincture*, homeopathic *tincture* is the undiluted form of homeopathic medicine, and is not an ultradilution. One of the principles of the practice of homeopathy is that the more diluted the homeopathic preparation, the more potent it is. Dr Malthouse may consider the undiluted aconite *tincture* (which is still a homeopathic medicine) being too weak in potency.

The case report described “A 40-year-old male patient, homeopathic pharmacist by profession, presented to the emergency room with heaviness in the chest following self-medication by consuming 8 drops of the ‘tincture of aconite’ (homeopathic medicine) for indigestion...”¹ The aconite *tincture* was considered by the homeopathic pharmacist patient and the authors to be a homeopathic medicine.

Besides the report of cardiac complication from a homeopathic medicine, there is a case report on thallium intoxication caused by a homeopathic preparation.²

Several reports were quoted regarding the use of homeopathic *Aconitum* and *Arsenicum* including one on management of acute anxiety. In a comparative study of placebo-controlled trials of homeopathy and allopathy, the authors conclude the finding is compatible with the notion that the clinical effects of homeopathy are placebo effects.³ In addition, there were three case reports on arsenic toxicity from homeopathic treatment.⁴

There is a sad report at Dna Tube, a scientific video site, entitled “What’s the Harm: Gloria Thomas Sam,” on the death of a 9-month-old girl with eczema receiving treatment with hom-

eopathic medicine from her homeopath father. The parents were charged and jailed.⁵ This is an example of the grave consequence of failure (or delay) in the use of conventional medicine in a relatively common and reasonably manageable disease.

As for leptospirosis, I wonder if our local infectious disease specialists would advocate the use of homeopathic medicine in the management of infectious diseases.

Dr Malthouse rested his case on several meta-analyses supporting the effectiveness of homeopathy. In his reference 10, Linde and coauthors found insufficient evidence from these studies that homeopathy is clearly efficacious for any single clinical condition.⁶

“A systematic review of systematic reviews of homeopathy”⁷ was published by Dr Edzard Ernst, the world’s first professor of complementary medicine, at the University of Exeter, England, with his medical career beginning at a homeopathic hospital in Munich. He concluded the evidence from systematic reviews does not support the hypothesis that any given homeopathic remedy leads to clinical effects that are relevantly different from placebo or superior to other control interventions for any medical condition.

I would like to return to one of the homeopathic medicines in my previous letter, Aconite 30C (Figure 1). It is an example of Dr Malthouse’s homeopathic ultradilution.

The 30C dilution was advocated by Samuel Hahnemann, the father of homeopathy, for most purposes. It is 10⁻⁶⁰ dilution. Patient would need to consume 10⁴¹ pills (a billion times the mass of the earth) or 10³⁴ gallons of liquid remedy (10 billion times the volume of the earth) to consume a single molecule of the original substance.⁸ Moreover, since even in a 15C solution there would very likely be no molecule of the original substance left, the 30C solution would probably contain no molecules of water that had come into contact with the original substance.

Figure 2 shows “A homeopathic medical product without approved therapeutic indications.”

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Figure 1. Aconite 30C

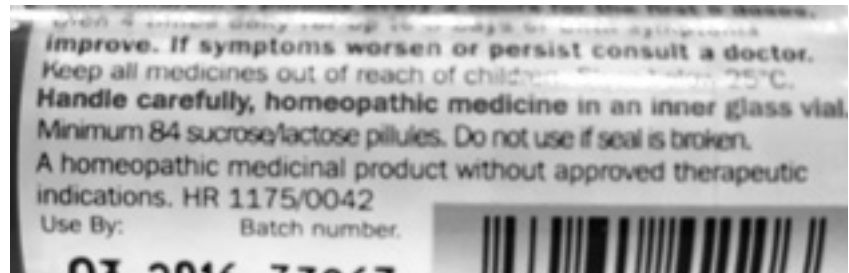


Figure 2. A homeopathic medical product without approved therapeutic indications.

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therapeutic indications.” Certainly this statement is not inserted voluntarily by the manufacturing company. It is imposed by government health authority, with thorough research in homeopathy and its efficacy.

—H.C. George Wong, MD
Vancouver

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UBC Cancer Prevention Centre (@cancerprevent), referring to “A model of cancer prevention in British Columbia: The Breast Cancer Prevention and Risk Assessment Clinic,” *BCMJ* 2012;54:130-135:
Interesting read! A model of #cancer prevention in #BC for #breastcancer by Dr.Gotay @BCMEdicalJrnl.

Suzanne Kiihne (@skiihne), referring to “Vitamin D: New D-fence against cardiovascular disease?” *BCMJ* 2012;54:136-140:
The April issue of @BCMEdicalJrnl is... all about #vitaminD. The review of #CVD studies is well done.

Josie Padro (@josiepadro), referring to “Vitamin D: New D-fence against cardiovascular disease?” *BCMJ* 2012;54:136-140:
New evidence in @BCMEdicalJrnl suggests Vitamin D is good for more than just healthy bones. Good for the heart too.

Tim Barnwell (@BarnwellPhysio), referring to *BCMJ* blog post “Now an app for Parkinson disease!” www.bcmj.org/blog/now-app-parkinson-disease:
Thanks @BCMEdicalJrnl #Parkinson patients who walk with music show improved walking speed Look fwd to seeing the published data.

BC Renal Agency (@BCRenalAgency), referring to *BCMJ* blog post “BC’s Russell Palmer early leader in dialysis world,” www.bcmj.org/blog/bc%E2%80%99s-russell-palmer-early-leader-dialysis-world:
An interesting read from @BCMEdicalJrnl RT BC’s Russell Palmer made medical history with home peritoneal dialysis.

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