SPECIAL NEWS FEATURE

College? No, 'quackery', say CAM critics

A short report in the *British Medical Journal* on the fund-raising activities of the new College of Medicine, which aims to promote integrated health care in the NHS, has been followed by a storm of feedback in the *BMJ*. * This has included a comment from Dr Edzard Ernst headed "College of Quackery" and the statement "this is not 'excellence' but outright quackery which has the potential to kill patients". **Michael Ash**, BSc, DO, ND, F DipION, responds to the commentary.

Alternative and integrative practitioners must feel at times as though their career choice is suddenly less than ideal in the face of relentless attempts to diminish their role in assisting and improving the health status of their clients and patients.

The pressure comes from self-styled skeptics and vocal opponents of CAM, as well as a plethora of EU legislation. Finding a way forward can be daunting, and even significant organisations such as the recently formed College of Medicine are seeing their mission mired in ego-driven rhetoric and scientific racialism.

The Holy Trinity of patient-centred outcomes: satisfaction, functionality and cost, are well met by alternative/integrated/functional medicine practitioners. What else do patients care about?

Integrative and alternative therapies (CAM) are most effective for patients who have already developed chronic illness, or who have risk profiles suggesting they will.

Despite efforts in the *BMJ* to inappropriately compare homeopathy with acute medicine interventions, emergency medicine is not the ground on which CAM's allegedly unsubstantiated and evidence-deficient therapies predominately operate and deliver most benefit.

Mainstream medicine development

Mainstream medicine (dominated by drugs and surgery) has in the main continued to evolve by remaining heavily reliant on its early 20th century model and its success in attacking infectious diseases, rather than in the resolution and prevention of chronic, complex diseases. It has been remarkably successful and we have much to be thankful for, albeit that mainstream medicine's "seek and destroy" mentality may be a significant contributor to the current evolutionary drift towards illnesses such as allergy, autoimmunity, diabetes and cardiovascular disease, which are now so common. (1)

Helping people change is no mystery

It is no mystery that what motivates patients to make the lifestyle changes that appear to be so crucial for managing and/or lowering the risk of serious chronic disease is having

attention lavished on them. That means longer, more frequent visits; more focus on what's going on in their lives; more effort spent ameliorating anxieties, instilling healthy and positive attitudes, getting patients to take responsibility and engaging in their well-being; and concerted attempts to provide hope. (2) Our current understanding of chronic disease origins is that they emerge from a complex interaction between the genetic uniqueness of the individual and his/her lifestyle and environment. (3) Modifying gene expression to diminish risk, promoting and sustaining positive lifestyle changes, requires an increasingly personalised approach to lifestyle and nutritional inputs that is likely to exceed recommendations delivered by public health care providers. (4)

to an "alternative" practitioner. Instead of passively or actively supporting polarised positions, doctors and researchers might wish to keep their minds open and show tolerance or even praise for the alternative approach, for these practitioners mostly fill the gaping holes in modern medicine. Patients do not care about the mechanism; they want improved health.

The Holy Trinity of patient-centred outcomes – satisfaction, functionality and cost – is well met by alternative/integrated medicine practitioners.

There is regular anti-CAM posturing from a small group of well-recognised and vocal skeptics. The main players include Prof David Colquhoun, a respected researcher but not a physician; Prof Edzard Ernst, a recently retired professor of complementary medicine

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A *New England Journal of Medicine* paper by A.L.Barabasi suggests that the future of medicine lies in the systems approach, which views disease as arising from complex alterations in our pliable physiological network, drawing connections from genetic inheritance, expression, environment and social factors. (5)

Skeptics – what do they add to our future health needs?

We are all aware of the almost rabid attacks on alternative strategies and practitioners (by self-appointed skeptic experts). We also know that patients are frequently challenged by their GPs or consultants when the patients ascribe marked improvement in their health

who is long since removed from daily clinical practice; Dr Steven Novella, a neurologist with disproportionate levels of blogging time; and Dr David Gorski, a surgical oncologist with a corybantic (frenzied; agitated; unrestrained) writing style. If, however, we were to seek support from all the physicians and researcher-physicians who remain open-minded and actually employ or tolerate "alternative medicine" because they see and experience patient benefits, this journal would need to double in size to accommodate them all.

Proven benefits of integrative approaches

A popular target, Dr Dean Ornish, MD, has repeatedly demonstrated that

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→ integrative medicine approaches may stop or even reverse the progression of coronary heart disease, diabetes, hypertension, obesity, hypercholesterolemia, and other chronic conditions. (6) Many of these are recognised to be the leading cause of morbidity and mortality in the Western, and increasingly the Eastern, world and are essentially diet and lifestyle related illnesses. (7)

But for skeptics, randomised, controlled clinical trials (RCTs) are the only approved method for demonstrating efficacy (often assumed to be the same as real-world effectiveness). It comes as a surprise to many, therefore, to learn that RCTs published in the *New England Journal of Medicine* (8) and elsewhere have shown that angioplasties and stents – common surgical procedures used to treat heart disease – do not prolong life or even prevent heart attacks in stable patients (ie at least 95% of those who receive them). Coronary bypass surgery prolongs life in fewer than 2% of patients who receive it.

Lifestyle changes have profound effects on people's health, and yes, those of a skeptical persuasion will argue that all medical professionals advocate eating well, exercising regularly and reducing daily stresses. However, the reality is that they have little time or motivation to manage what are very difficult changes to sell to the patient, especially when both patient and clinician have bought into the over-simplistic "pill-for-every-ill" drug solution.

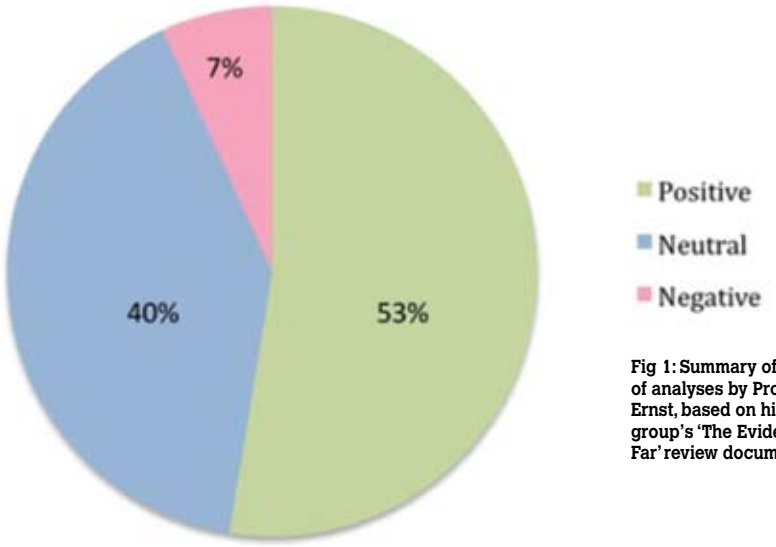

Fig 1: Summary of results of analyses by Prof Edzard Ernst, based on his research group's 'The Evidence So Far' review document.

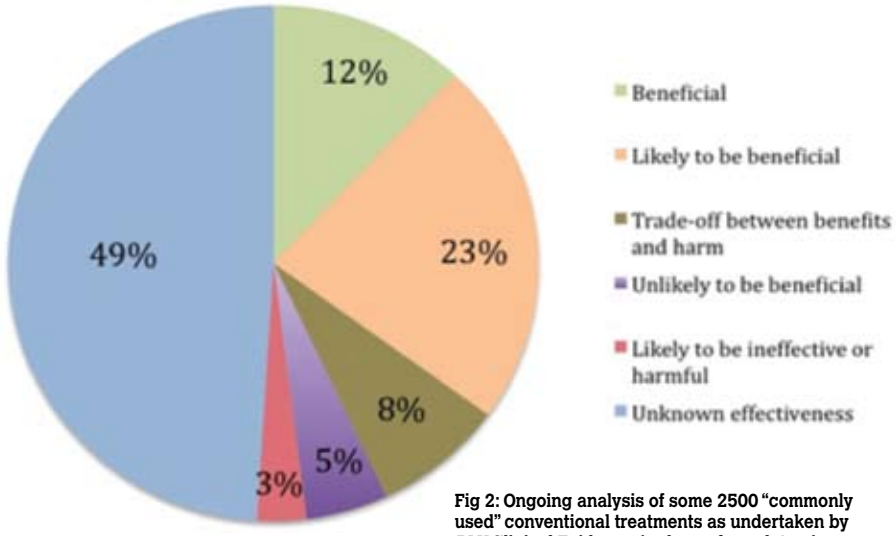

Fig 2: Ongoing analysis of some 2500 "commonly used" conventional treatments as undertaken by *BMJ* Clinical Evidence (redrawn from data given at http://clinicalevidence.bmj.com/ceweb/about/knowledge.jsp)

Time is not a luxury, but essential clinical care

Integrative practitioners commit to spending more time and more energy assisting patients to change, and benefits are seen in transitions to positive, healthier lifestyles. The conversion from self-destructive, industry-driven behaviours can be complex and riven with emotional, physical and economic constraints that far exceed the time and skills of many "mainstream" medics.

Humans, being what they are, find their own solutions; some may find a GP or private doctor with the time and motivation to counsel them accordingly, but most do not. Coming into contact with a caring health care practitioner – an alternative, functional or integrative practitioner – who spends time and engages with the individual in their choices so that decisions are mutually agreed upon, can have profound effects on that person's health status.

Unfortunately, RCTs continue to throw up spectacular failures and few successes when applied to separated aspects of the alternative armoury, rather than to the collective experience. But to deny patients the entire option of alternative healthcare is to deny the powerful effects that this interaction and mutual care generates on mood and personal belief. These benefits are dismissed as placebo by the skeptics, yet the same placebo-esque strategies are employed by their colleagues on a daily basis, where time and intellect demand fast and often abrupt communications. Medicine is not simply the delivery of technique; it also requires the art of support and development through a cooperative relationship between the participants. Employing different disciplines adds substantive healing benefit to the recipient. These benefits should be harnessed and employed as part of the therapeutic toolkit.

A future model of care

Snyderman and Hood's proposal is that future medicine – they refer to it a prospective medicine – should become focussed on improving the functional health of the individual. To achieve this medicine needs to be:

- Personalised,
- Predictive,
- Preventive, and
- Participatory.

This new medicine is then focused on systems biology rather than on disease. By altering this approach it redefines chronic disease as a functional alteration in the physiological network that in turn requires a systems approach to clinical intervention to improve both safety and effectiveness of therapy. (9, 10, 11)

Many mainstream medical colleges and scientific journals are exploring facets of alternative medicine, previously and in some cases currently dismissed as quackery, and finding evidence of measurable effect. (12) The prestigious Nature Immunology journal earlier this year included a review article in which one study stated:

"Rather than developing new anti-inflammatory drugs, it might be more cost-effective to devote more effort to new approaches, such as monitoring the human intestinal microbiota and manipulating it if required through the use of probiotics and/or prebiotics". (13)

Chronic inflammation, at least at the molecular level, is a sine qua non of most chronic diseases. Strategies outside of conventional dietetics and drugs are making promising inroads into the management and resolution of these conditions, often effectively employing principles and naturally derived agents derided by the skeptics. (14)

The incontrovertible truth is that the public and the professions are voting with their feet; they are happy to wait for the evidence that satisfies the critics, and meanwhile employ the techniques and treatments that satisfy them. (15)

Even Edzard Ernst, the controversial former professor of complementary medicine at the Peninsula School of Medicine, University of Exeter, surprised himself recently when he analysed his own assessments of alternative modalities; he found 53% of his own studies were positive (see *Pulse*, "In self-defence", April 12, 2010). This rather betters the equivalent figure of just 12%, or at best 35%, when conventional treatments have been evaluated by orthodox doctors, in the journal BMJ Clinical Evidence.

The College of Medicine, if I am not mistaken, seeks to harness this shift in such a way as to encourage interaction between care giver and receiver to enhance outcomes – however they may be measured.

Inevitably there will be protests and dissent; some CAM practitioners will feel their more philosophical/controversial interpretations will be derided, and RCT enthusiasts will see glaring errors in all projects.

Where will we be in 10 years' time? My guess is that we'll be financially driven to look to lifestyle medicine interventions over drugs and surgery. We will also be politely replying to the retired skeptics who will be experiencing the complexities of chronic ailments for which alternative interventions have solutions, but which they have no wish to experience because of their heavily self-imposed ideological barriers.

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