

References

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Alternative medicine

Sir,

The letter from Dr Grogono (July *Journal*, p.326) has stimulated me to give an account of my own experience of complementary medicine. I am a founder member of the College, and retired to Italy after nearly 30 years in National Health Service general practice in London. I am now nearly 76 years old and still work as a part-time consultant in primary health care in the Italian health service.

In January 1987 an ultrasound scan revealed a mass in the region of the pancreas following some years of chronic diarrhoea. Subsequent laparotomy at the Whittington Hospital in London confirmed the presence of a tumour in the head of the pancreas — 'the size of a cricket ball' — which on section proved to be an adenocarcinoma. A double by-pass was done to reduce the risk of obstruction but no attempt was made to resect the tumour. My hospital specialist advised no chemotherapy or radiotherapy, although they gave me tamoxifen on the basis of some favourable reports of its use in cancer. They also gave me pancreatic enzymes but could offer no further orthodox medical care.

By chance I heard of macrobiotics, the revival of Japanese traditional medicine, based in Boston, USA. I read anecdotal reports that patients with inoperable cancer believed they had been helped by the macrobiotic diet and way of life. After a consultation with Michio Kushi, the director of the Kushi Institute in Boston, I decided to follow his advice on diet, exercise and positive thinking.

Now, some 17 months after my operation, I feel extremely fit, with more energy than I have had for years. Fortunately my hospital consultants are open-minded and accept my decision to try complementary medicine since they had nothing else to offer. I still see them regularly when I go

to London, and still continue to take the pancreatic supplement and tamoxifen. Periodic blood examinations have revealed no abnormality and subsequent ultrasound scans suggest that the tumour is shrinking and may be liquifying in the centre.

I do not know why I appear to have joined the scanty ranks of those with 'spontaneous regressions' of pancreatic carcinoma. I can offer no scientific evidence that this is due to macrobiotics. Nor am I equipped to analyse the theories and practice of traditional Japanese medicine. I have not abandoned 'scientific medicine' which clearly has many dramatic achievements to its credit. However, accounts of recent research, in particular in physics and neuropsychology, suggest that some of the Cartesian mechanistic science I was taught at medical school may need to be modified.

Meanwhile I make a plea for further research and cooperation with our colleagues in complementary medicine. I am sure that some of them are helping some of our patients with problems we have not yet solved. Attitudes such as Dr Grogono's can only rob our patients of such help or drive them to reject orthodox Western medicine completely.

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Sir,

Dr Grogono reproaches us for failing to criticize an article on homoeopathic medicine (March *Journal*, p.119) and goes on to attack various forms of alternative medicine, voicing a point of view which is less strongly held now than it formerly was. In regard to chiropractic and acupuncture, Dr Grogono should first have considered the British Medical Association's report on alternative therapy,¹ which states in regard to manipulation, osteopathy and chiropractic 'Subject to this [ordinary precautions] properly trained and registered lay practitioners can provide a safe and helpful service' and in regard to acupuncture 'There is a scientific basis for claims that acupuncture is effective as an analgesic'.

I have no personal experience of acupuncture, but following instruction in dowsing by the late Dr R.J.F.H. Pinsent, I can now use dowsing² without instruments to locate acupuncture points and acupuncture meridians. The method I use could have been available to the an-

cient Chinese originators of acupuncture.

It appears to me that many of the apparently bizarre forms of alternative medicine may have an acceptable scientific basis in biophysics, in contrast to our familiar medicine which is largely biochemistry based.

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Trimethoprim for urinary tract infection

Sir,

Trimethoprim in a single dose of 100 mg for urinary tract infections (July *Journal*, p.320) sounds an excellent idea. As the authors say 'why give more?' However, I wonder what my patients would feel about £2.60 for one tablet (basic National Health Service cost 3p)?

I would be interested to hear of any comments on this question.

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Mobility and attendance allowance

Sir,

Two errors in the article on mobility and attendance allowance in the *Members' reference book 1987*¹ have already been pointed out by Anne Grafton.² There is a further error which I should like to correct.

Car parking priorities are obtainable by those in receipt of mobility allowance, but this is dependent upon receiving the orange badge issued by the local authority social services department.

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