Letters

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CAM — trick or treatment?

We write in response to Professor Edzard Ernst's critique of complementary and alternative medicine (CAM) in the April issue of the *BJGP*.¹ The article is typically well written and persuasive; however, we take issue with a number of the author's opinions.

Professor Ernst takes a very reductionist view of CAM, that is clear from his other work;² indeed, we note that 25% of the references were of his own work.¹ However, female genital mutilation and infanticide surely have about as much relevance to CAM, whether in the Western or any other setting, as the use of leeches has to modern medical practice.

Furthermore, the article is unbalanced, making no concession to the fact that many alternative remedies have useful therapeutic benefit. Just one example is that St John's Wort has very respectable efficacy in mild to moderate depression,³ and may empower people with milder illness to manage their condition without formal medicalisation.⁴

A potent argument against trying to make CAM an exact science is that mainstream medicine is hardly that. There are numerous testimonies to this in education and clinical practice. Balint's seminal analysis of the consultation⁵ was a process-based exercise dependent on experience and intuition, yet is rightly highly regarded and cannot possibly be derided as being anti-scientific or regressive. In mainstream therapeutics, biomedical factors are attenuated by psychosocial ones, the classic example being the partial placebo response to many drugs; indeed Thomas showed that a positive manner from the prescriber can

enhance placebo and, therefore, total therapeutic efficacy, without breaching the ethical framework.⁶

Indeed, one of the most interesting aspects of health care is the inherent variability of the human response, and some mystique will always surround this. No less a figure than Albert Einstein stated that: 'The most beautiful thing we can experience is the mysterious. It is source of all the art and all the science'.⁷ A true paradigm shift requires challenging the established orthodoxy. Of course CAM must be critically assessed, but a blanket condemnation risks throwing out the baby with the bath water. Rather than be taken as gospel, we hope that Professor Ernst's article stimulates further debate and research in this emerging field.

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Author's response

Lakasing and Grover state that, in my article,¹ I take a 'very reductionist view of CAM' citing my book *Trick or Treatment? Alternative Medicine on Trial* as evidence. This book is one of the few of my publications aimed not at healthcare professionals but at lay people. I have published well over 1000 articles in the peer reviewed medical literature (<http://www.pms.ac.uk/compmed/>), and that body of work would perhaps be a better measure of my research.

Lakasing and Grover also state that I make 'no concession to the fact that many alternative remedies have useful therapeutic benefit' citing St John's Wort as a case in point. Ironically, it was I who published the first systematic review of St John's Wort that showed its effectiveness.² The article Lakasing and Grover criticise¹ includes the following statement 'My team have shown repeatedly that some forms of CAM have considerable potential; in order to apply it to the benefit of patients, the best way forward is that of evidence-based medicine'. Only a few months ago, I detailed in the *BJGP* which types of CAM, according to our own analyses, are sufficiently well evidence-based to be considered for routine practice within the NHS.³

Lakasing and Grover then put up a strawman by claiming that I want CAM to become 'an exact science'. This is not true. What I was saying in my article¹ is that double standards are detrimental and