

## Homeopathy is where the heart is

Although light-hearted, Jeffries' essay on homeopathy<sup>1</sup> was out of step with recent moves to recognise the value of complementary and alternative therapies in medical practice,<sup>2</sup> and did nothing to address the paradox of why homeopathic remedies have such widespread use even though they are scientifically implausible.

Despite the methodological challenges inherent in evaluating complementary therapies,<sup>3</sup> over 200 randomised controlled trials of homeopathic treatments have been published, together with several systematic reviews suggesting positive results.<sup>4</sup> The conclusion of a meta-analysis published in the *Lancet* in 1997 was that the clinical effects of homeopathy could not solely be ascribed to placebo.<sup>5</sup>

There is undeniably a problem in explaining the mode of action of ultramolecular solutions. Future developments in our understanding of biophysics may or may not help. Homeopathic practice is, however, based on observational data stretching back over 200 years, and not on some theoretical construct that wilfully disregards conventional science.

Homeopathy is part of the NHS, and used by hundreds of thousands of patients in Britain each year.<sup>4</sup> Rather than repeating the well rehearsed concerns over evidence and mechanism, a more interesting debate would be to try and separate out the specific effects of homeopathy from non-specific effects, such as those relating to the nature of the homeopathic consultation.<sup>6</sup>

### Nigel Williams

General Practitioner, Sighthill Health Centre, Edinburgh  
E-mail: nigel.williams@lothian.scot.nhs.uk

Nigel Williams is a Licenced Associate of the Faculty of Homeopathy

### REFERENCES

1. Jeffries D. Homeopathy — a benign deception? *Br J Gen Pract* 2005; 55: 490.

2. Rees L, Weil A. Integrated medicine. *BMJ* 2001; 322: 119–120.
3. Mason S, Tovey P, Long A. Evaluating complementary medicine: methodological challenges of randomised controlled trials. *BMJ* 2002; 325: 832–834.
4. NHS Centre for Reviews and Dissemination, University of York. *Effective Health Care (Homeopathy)* 2002; 7: number 3.
5. Linde K, Clausius N, Ramirez G *et al*. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. *Lancet* 1997; 350: 834–843.
6. Paterson C, Dieppe P. Characteristic and incidental (placebo) effects on complex interventions such as acupuncture. *BMJ* 2005; 330: 1202–1205.

## Homeopathy — a benign deception?

Poor Dougal Jefferies, so sure of the water tightness of his logic that he needs the reassurance of an old medical friend to confirm his infallible argument. We as readers are meant to feel reassured that this 'old medical friend' is prominent, well respected, charismatic and honest. (A bit like Shipman's description before he was found out to be a pathological liar and murderer). Very scientific!

It is so easy to use or misuse science to reject what you can not believe or understand. It is of course difficult, if not impossible to make scientific sense of homeopathy. The same goes for religion where some 'truths' are a matter of faith or experience. Is this good or bad? People with faith live longer and healthier lives than those without. Is it deception or is it honestly trying to understand the miracle that is life and the magic that works in illness and healing? And by the way, if being nice is all it takes to make people better, why do we treat them with so many expensive and potentially dangerous drugs? Nonsense of course. Doctors need tools to work with. For some homeopathy provides valuable tools, for others not. I am sure even Dougal uses non evidence-based tools in his consultation without meaning to deceive. Patience, kindness and interest, sincere or not. Making fun of the way homeopaths look at patients is unwise. I marvel at the observations of homeopaths. They see so much more because symptoms are so important to them. They often end up taking better

histories and doing more thorough examinations. Even if their conclusions do not fit Dr Jeffries scientific concepts, it does not negate the fact they have actually listened and observed, something the modern allopathic GP is less and less inclined to do, being preoccupied with figures, protocols and QoFs. So, maybe not deception, certainly no more than when we create the illusion that treating blood pressure with antihypertensives is actually going to prolong your individual patient's life (with NTT of 50 or more). Treating 49 people with no benefit, nevertheless doing good, doing medicine, just differently. Why not try a different debate for a change? Not whether homeopathy is a fraud or not but for whom and in whose hands it can be healing, making people better. Just what medicine is all about.

### Peter Hanrath

General Practitioner, Maidstone  
E-mail: phanrath@nhs.net

### REFERENCES

1. Jeffries D. Homeopathy — a benign deception? *Br J Gen Pract* 2005; 55: 490.

## Screening for haemoglobinopathies in primary care

Your article and editorial about screening for haemoglobinopathies in primary care failed, to my mind, to make it sufficiently clear that we are not talking here about screening for a disease with a view to treatment.<sup>1,2</sup> Rather you are talking here about screening a fetus with a view to possible termination. Clearly, we have among our population people with very different ideas about the ethics of termination. It remains, however, quite different from treatment in its usually understood sense.

The ethical debate cannot be summarised here, but seems to hinge on what we believe the rights of the fetus to be, whether equivalent to those of an adult human being, or in some way less extensive.<sup>3</sup> Many communities

in which haemoglobinopathies are common have been associated with faiths that do not find termination acceptable. For this reason informed consent from the mother for these tests must make it clear what these tests may lead to. Her beliefs must be respected even if this is expensive for society.

A final question to ponder is the message these screening programs give to those many individuals in our society who live with one of these haemoglobinopathies. The point has been eloquently put by the sociologist Shakespeare that a policy of termination of disabled fetuses gives the disabled in the community a strong, if unintended, message that they are not valued.<sup>4</sup>

#### Gervase Vernon

General Practitioner, Essex

E-mail: gervase@jth.demon.co.uk

#### REFERENCES

1. Marteau T, Dormandy E. Haemoglobinopathy screening: an end to institutional racism? *Br J Gen Pract* 2005; **55**: 419–420.
2. Thomas P, Oni L, Alli M, *et al*. Antenatal screening for haemoglobinopathies in primary care: a whole system participatory action research project. *Br J Gen Pract* 2005; **55**: 424–428.
3. Vernon G. Can there be a moral dialogue between doctor and patient? *Catholic Medical Quarterly* 2001; **51**(3): 5–11.
4. Shakespeare T. Choices and rights: Eugenics, genetics and disability equality. *Disability and Society* 1998; **13**: 665–681.

## Steam inhalation treatment for children

Nasal inhalation of steam has been proposed as treatment of viral colds on the assumption that increased intranasal temperature will inhibit replication of rhinovirus.<sup>1</sup> Some clinical trials looking at the effect of inhalation of steam on rhinovirus infection have used machine-generated heated humidified air.<sup>2</sup> Most people at home use the old fashioned way of head over a bowl of steaming hot water.

During January 2005, three children were assessed in our burns unit following scalds with steam inhalation. All were under the age of 5 years. Two children had burns to the feet as a result of kicking the hot bowl of water. The other child had

burns to the chest as a result of water spilling from the bowl. The total body surface area of the burn ranged from 1–3% superficial partial thickness and none of them required hospital admission. The parents of all three children claimed they were advised by their GP to use steam inhalation for symptomatic relief.

There is insufficient evidence in the literature to support the use of steam inhalation as a treatment. A Cochrane review of the use of heated, humidified air for the common cold found only three trials demonstrated beneficial effects on the symptoms of the common cold.<sup>3</sup> Other studies have shown steam inhalation has no effect on viral shedding as well as a failure to improve symptoms.<sup>2,4</sup>

The number of scalds in children has risen over the last three decades according to a Welsh study.<sup>5</sup> Scalds also remain the most frequent type of paediatric burn admissions in Denmark where majority are due to hot beverage spillage.<sup>6</sup> Murphy *et al* have reported seven cases of burns needing admission, caused by steam inhalation treatment for the common cold. In their report, two of the parents claimed they were advised by their GP to use steam inhalation treatment.<sup>7</sup> The patients in our series were fortunate not to have sustained more extensive burns. However the morbidity of the pain and distress, possibility of wound infection, parental anxiety and several trips to the dressing clinic can not be ignored.

Scalds from steam inhalation treatment are entirely avoidable. It is perhaps time to start discouraging patients from using this form of home remedy, as there appears to be no significant benefit from steam inhalation. GPs are in prime position to educate parents on how to care for their coryzal child and avoid the risky business of steam inhalation therapy.

#### MA Akhavan

SHO, Burns and Plastic Surgery, Mount Vernon Hospital, Northwood  
E-mail: mo@doctors.org.uk

#### RHJ Baker

SHO, Burns and Plastic Surgery, Mount Vernon Hospital, Northwood

#### REFERENCES

1. Tyrrell D, Barrow I, Arthur J. Local hyperthermia

benefits natural and experimental common colds. *BMJ* 1989; **298**(6683): 1280–1283.

2. Hendley JO, Abbott RD, Beasley PP, Gwaltney JM, Jr. Effect of inhalation of hot humidified air on experimental rhinovirus infection. *JAMA* 1994; **271**(14): 1112–1113.
3. Singh M. Heated, humidified air for the common cold. *Cochrane Database Syst Rev* 2004(2): CD001728.
4. Forstall GJ, Macknin ML, Yen-Lieberman BR, Medendorp SV. Effect of inhaling heated vapour on symptoms of the common cold. *JAMA* 1994; **271**(14): 1109–1111.
5. Eadie PA, Williams R, Dickson WA. Thirty-five years of paediatric scalds: are lessons being learned? *Br J Plast Surg* 1995; **48**(2): 103–105.
6. Sheller JL, Thuesen B. Scalds in children caused by water from electrical kettles: effect of prevention through information. *Burns* 1998; **24**(5): 420–424.
7. Murphy SM, Murray D, Smith S, Orr DJ. Burns caused by steam inhalation for respiratory tract infections in children. *BMJ* 2004; **328**(7442): 757.

## Hepatitis E and meat carcasses

I would like to report an interesting case of hepatitis. The patient is a 54-year-old butcher who presented in January with nausea and vomiting. On examination he was mildly jaundiced and reported dark urine. Biochemical profile confirmed jaundice with a bilirubin of 76 and an ALT of 560. The patient had had no recent foreign travel, no blood transfusion and no history of IV drug use. His only risk factor appeared to be his occupation. Discussion with a consultant medical microbiologist suggested testing for Hepatitis A, B, C and E plus other viral antigens. Hepatitis E IgG was present, while antibody tests for Hepatitis A, B and C were negative. The patient recovered after 6 weeks and his liver function tests have returned to normal.

Hepatitis E is prevalent in large parts of the world though it is uncommon in the UK. It is usually associated with contaminated water supplies but is known to occur in animals, particularly pigs. The patient spent much of his time butchering pork carcasses imported from the European Community and the Far East. It is likely he became infected while eating his lunch without appropriate handwashing. One other patient who worked as the same butcher's was found to have hepatitis E