Alternative therapies: a warning

Being open minded to different traditions often means opening our minds to other people's bigotries.
By Jon Garvey.

We have just encountered our first case of scurvy resulting from a hypoallergenic diet. The patient, a fractious and aggressive child, had given his parents little but headaches and sleepless nights from infancy. The parents, not an unreasonable pair by any normal standards, had received little respite from the usual doses of Vallergen and kind words, and at last, in desperation, had got in touch with a local self-help group for the families of hyperactive children.

This group flourishes in our town largely because of a series of quite remarkable successes in the management of several severely disturbed children by dietary means a few years ago. This was mainly at the instigation of their parents, who had heard of the approach via some women's magazine, but had the co-operation and advice of a local paediatrician interested in allergy. They tried the method, first publicised by Ben Feingold, of removing all artificial flavourings, colourings and preservatives, especially tartrazine, from the diet. It is suggested that such substances, particularly salicylates and benzoates, lead to the symptoms, and also sensitise the children to similar, naturally occurring substances in pipped fruit and other foods. The improvement in the children's behaviour was so marked, either from the diet or from the increased attention they were getting, that (following the dictum that wherever two or three are gathered together a self-help group will form) the parents decided to try and alleviate the sufferings of other similar children. And well they might, for previously these kids had received only phenothiazines and a one-way ticket to a special school.

But how does this relate to scurvy? Our patient became associated with the support group and was started on the diet by his parents. To their delight, cutting out the Suncrush and Smarties seemed to produce a rapid improvement in their son. Unfortunately, after a few weeks he relapsed. The group, which had been reading some of the growing literature on the subject; suggested that perhaps a cow's milk allergy was involved, so the parents withdrew milk from the diet. As before, the initial improvement was followed by relapse. Gluten-containing grain was then blamed and out went wheat, oats, barley, maize, and rice, leaving the patient to chew despondently at buckwheat and potato flour. Consider a child who cannot eat cereal products, milk, eggs, most fruits, and (because they are bound with corn starch and coloured with diazo dyes) most vitamin tablets. The sudden crop of boils and the general malaise that followed were hardly surprising.

More worrying was the response of the group to the news that my partner, who is by no means unsympathetic to the dietary approach, had advised abandoning this diet. It was clear to him that this therapeutic malnutrition was dangerous, and had not even been effective. But the lay enthusiasts thought his advice to stop the diet was unethical, as the child's symptoms clearly demonstrated a severe reaction to an (as yet undiscovered) allergen—the water, perhaps? And there you have it: the transition from a therapy to a religion, and from neighbourly advice to true believerism of the most florid kind: "The theory is correct, so the facts must be wrong."

This sad little case history is worth reflecting upon because we are being asked by bodies as diverse as the World Health Organisation and Health for the New Age to put alternative forms of health and disease management on an equal footing with our own discipline. But I suspect it will prove as difficult to integrate Western medicine (an odd term when one considers the relative geographical origins of, say, Professor Hashimoto and

Dr Timothy Leary) with some other systems as it would be to get the Exclusive Brethren to acknowledge the primacy of the Pope.

The religious parallel is not facetious. I recently saw a youth with a rather intractable allergic rhinitis, and brought up the possibility of desensitising injections. The parents looked aghast. "But we're homeopaths," they protested. I might as well have suggested a blood transfusion to a Jehovah's Witness.

We are asked to be open-minded to different traditions which would be admirable except that often this means simply opening our minds to other people's bigotries. Western medicine ceased to be simply another alternative when Vesalius told the students at Padua that Galen clearly knew nothing about human anatomy. At that point it became open to self-doubt, and indeed, formed by self doubt, which is a quality that alternative systems lack. Take, for example, homeopathy, because my patients brought it up. Its adherents rightly point out the difficulties of organising double-blind studies when different patients are, of necessity, given different preparations for the same condition. But who last validated the provings on which such choices of treatment are made? Look at any version of Materia Medica and it will tell you the reliable sources it derived from back to Hahnemann himself. This is more like biblical textual criticism than medical science. Similarly I have spoken to chiropractors who are trying hard to make their specialty scientifically respectable, by throwing overboard the claims of its founders that it is a complete alternative medical system rather than a type of manipulative therapy mainly used for spinal problems. However, it has taken them a century to do so, and not all supporters of chiropractic are so disloyal.

Truly scientific doctors will learn from any source, which is why I am so keen that food allergy, for example, should be rigorously researched before it becomes a completely enclosed belief system, and therefore spurned by the profession. This is not to assert that orthodoxy has not been equally prone to true believerism; such is human nature. Because it evolved from European herbalism, and because people started to invent drugs that actually worked, medicine has become hooked on the unfounded belief that for every disease there is a chemical which will shift the body's equilibrium back to normal. This is receptor theory gone mad, and is seen at its worst in general practice, where a supposed shortage of time, closely linked to increased interest in golf, has led doctors to peddle pills rather than to talk patients through their problems, or prevent them in the first place.

Nevertheless, I would refute any suggestion that this is all we do; we are only allopaths for a fraction of our time. In one surgery, for example, I might suggest steam inhalations for catarrh (folk medicine), remove an ingrowing toenail (surgery), give a hay fever injection (immunotherapy), advise bran for diverticular disease (naturopathy), send a disc lesion for manipulation (osteopathy) and heat treatment (spa therapy), counsel a depressed housewife (psychotherapy, or confessional, as you will), digitalise a fibrillating fogey (herbalism) or accuse him of malingering (reality therapy).

The only way my use of these methods differs from that of many established "fringe" groups is that if I find they don't work, I'll shift to something else as soon as I can. Western medicine is worth pursuing insofar as it is scientific medicine, not because it always offers the best approach to treatment, or prevention, or ill-health, but because when it is not the best it has a built-in mechanism for change.■