

To the

House of Lords
Science and Technology Committee

Sub-Committee III
Complementary and Alternative Medicine

Response to the Call for Evidence

From

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Summary

This paper considers that a paradigm shift in thinking is required to do justice to any consideration of complementary/alternative medicine, and uses nutritional therapy/medicine as an example. Nutritional medicine achieves its successes not by targeting disease but by promoting good function. It is a procedure and so cannot be judged by the criteria applicable to pharmaceutical medicine. Despite this, useful information can be gained by researching individual nutrients, but the results need a radically different interpretation if their clinical usefulness is to be maximised.

Strategies used to prevent nutritional medicine clinical trial results from bringing about a change in medical practice are briefly discussed, and the paper calls for government support for outcome studies and clinical audits to be accorded full scientific credibility for procedure-based complementary/alternative therapies.

An Internet source of useful information on nutritional medicine books is suggested.

An NHS-administered scheme of pilot projects set up in GP practices, and assessed by clinical audit, is proposed, and the merits of publicising this are discussed. The pilot projects can be funded by savings on drug bills.

Networking between natural medicine organisations and medical schools etc. is discussed with a view to training considerations.

Regulation and risk factors relevant to nutritional therapy/medicine are discussed from the author's own experience with two organisations with whose work she has been involved.

Questions of NHS provision are referred to other relevant parts of the paper.

The author lists her credentials and adds her background and career summary.

Figure I (final page) is a flow chart comparing orthodox and nutritional therapy protocols using the treatment of asthma as an example, to illustrate the procedural nature of complementary/alternative therapies compared with the pharmaceutical model.

What Is Natural Medicine?

1.1 Natural, or alternative and complementary medicine, is normally defined as any therapies which do not fall into the category of “conventional”, “orthodox” or “mainstream” medicine. Accepted in many quarters as unsatisfactory, this definition also reflects a poor understanding of the paradigm shift in thinking which—compared with orthodox—natural medicine calls for. While focusing on nutritional therapy/medicine¹, which is the author’s primary area of expertise, this paper hopes to promote clarity in considering the questions posed by the Call for Evidence, by fostering a pragmatic understanding of that paradigm shift.

1.2 Nutritional therapists use a very common-sense approach to treating ill-health or physical (and sometimes mental) ailments. Health is not just the absence of disease, but a state in which all the organs and functions of the body are working efficiently. A sense of wellness is experienced, with good energy, good hair and skin condition and good resistance to infection. In any system of medicine, the basic formula is “Good Function = Good Health”.

1.3 But many factors can impair or reduce this good function, including emotional stress, genetics, faulty nutrition and pollution. Reduced function in one system of the body can affect other systems, so if the liver is a little sluggish, metabolic waste products and pollutants can build up and interfere with cell chemistry in the blood, brain or other organs. If the digestion is not good, undigested food can encourage the over-proliferation of toxin-producing bacteria in the intestines, allowing the absorption of endotoxins into the bloodstream. Such interactions can become quite complex.

1.4 These are undisputed facts. Up to this point there is no difference between orthodox and complementary medicine. But while orthodox practitioners are taught not to consider factors such as these relevant to normal medical practice, complementary practitioners (in this case nutritional therapists) are taught that an individual’s compensatory mechanisms against such functional stressors can in time break down, leading to gross malfunctions of the immune, nervous, cardiovascular, endocrine or other functions. It is at this point that orthodox medicine steps in, and gives names to the resulting symptoms and clinical pictures, such as “Parkinson’s disease”, “Alzheimer’s disease”, “arthritis”, “autism”, “coronary heart disease” and so on. The pharmaceutical treatments devised are almost always palliative, that is to say they are considered effective if they help the individual to *cope* with these chronic diseases (and others listed in paragraphs 1.5 to 1.7 below), while allowing them to progress. This is in direct conflict with what the patient wants, which is a *cure* - i.e. to reverse the disease process, with a return to good function.

¹ While these terms are generally considered synonymous, Nutritional Therapy is applied by non-medical practitioners and Nutritional Medicine by doctors. Nutritional therapists have usually undergone 2-3 years’ training in the philosophy of natural medicine (naturopathy), as well as in nutrition, physiology, biochemistry and pathology. Most doctors who describe themselves as Nutritional Medicine Specialists have little knowledge of naturopathy and do not consider themselves to be alternative or complementary practitioners.

1.5 Unlike their orthodox counterparts, nutritional therapists believe that the cure for chronic illness is within our grasp right now; that the answer lies not in searching for better palliatives, but in encouraging better function; and that specific solutions can often be arrived at simply by applying a radically different interpretation of current scientific knowledge and research. While we are still limited by the state of our current knowledge, testing facilities and financial resources (patients must pay for everything out of their own pockets), we have a particularly high success rate against the following problems.

- Anaemia
- Angina
- Chronic fatigue
- Enlarged prostate
- Fluid retention
- High blood pressure
- High cholesterol
- Irritable bowel syndrome
- Menstrual, premenstrual and menopausal problems
- Pre-diabetic states
- Pregnancy problems
- Recurring cystitis
- Recurring migraine and headaches
- Sinusitis
- Skin ailments (acne, eczema, psoriasis).

1.6 More variable but often excellent results can be achieved with

- Arthritis
- Asthma
- Colitis and Crohn's disease
- Depression and other types of mental illness
- Polycystic ovaries and endometriosis.

1.7 Due to the advanced state of functional degeneration involved in the following diseases, their treatment outcomes are more unpredictable

- Alzheimer's disease
- Cancers
- Motor neurone disease
- Multiple sclerosis
- Parkinson's disease.

1.8 Encouraging good function is something which people can do to help themselves. Using simple language, nutritional therapists help them to understand how

and why. For instance—if we use the examples of disease-promoting conditions given in paragraph 1.3 above—levels of detoxification enzymes produced by the liver can be tested, and the synthesis of those produced in insufficient amounts can be increased by improving the patient’s nutritional status. If the problem is due to the inadequate absorption or assimilation of certain key nutrients, these can be given in supplementary form. The clearance of endotoxins can be enhanced by ensuring regular bowel motions. The endotoxin-producing micro-organisms can be eliminated with a course of herbal products and probiotics (beneficial micro-organisms). A course of digestive aids will help to prevent the problem from returning. The nutritional therapist can also investigate the presence of food intolerances, which may disturb gut function and food assimilation by encouraging inflammation in the digestive system.

1.9 Despite making good sense, none of these practices or the many others used by the nutritional therapist form a part of standard medical practice.

Evidence

What criteria should be used to evaluate the effectiveness of complementary and alternative treatments and to determine availability? Do all interventions have to be backed by the evidence of controlled clinical trials and by orthodox scientific thinking?

2.1 Natural medicine is often attacked for its so-called lack of “evidence”. Again, these attacks are based on a poor understanding of its principles. While the ground rules for clinical trials in orthodox medicine require extremely simple treatment protocols such as the administration of a single pharmaceutical agent to bring about what amounts to only a temporary reduction in blood pressure, for instance, natural medicine almost invariably has quite complex treatment protocols, which will vary from one individual to the next, as shown in Figure I. An individual with asthma may, for example, be given a dozen different homoeopathic remedies, in different potencies and at different times and schedules, depending on how he or she responds. Another individual, also diagnosed with asthma, may require quite different remedies and schedules. The nutritional therapist may discover that the asthmatic individual has a magnesium deficiency or a sensitivity to certain foods which is aggravating his reaction to inhalants. Such approaches do not easily lend themselves to research by “randomised, double-blind controlled trial”. Those trials which have attempted to take one simple step or remedy out of the normal protocol, and test it using conventional rules have usually had a poor outcome, which merely serves to reinforce adverse opinions.

2.2 In fact, the natural medicine practitioner is not treating the “disease” at all, but trying to improve function, by assessing what the individual’s nutritional and other needs are, and fulfilling them. In this way, rather than temporary pain relief, or a reduction in blood pressure which only lasts as long as the patient is taking the drug, a lasting cure can be achieved.

2.3 This is not to say that conventional trials cannot tell us anything. In those carried out using individual nutritional supplements against premenstrual syndrome (PMS), for instance, we can see that some women only improve when given magnesium supplements, others when given vitamin B6, yet others calcium or evening primrose oil. To the nutritional therapist, this should clearly be interpreted as meaning that some women with premenstrual syndrome have higher than normal needs for one or more of these nutrients. That each woman with this problem should be tested to ascertain in which nutrient she is deficient, with a view to prescribing this to relieve her deficiency symptoms, which are manifesting as premenstrual fluid retention, mood disturbances, breast tenderness and so on. We find it quite extraordinary that medical scientists do not agree with us, and view nutritional status as irrelevant to PMS.

2.4 Academic arguments aside, a recent television programme (Channel 4, 19/10/99) reported that the orthodox treatments of choice for premenstrual syndrome are now hysterectomy or Prozac. Considering the drastic nature of such treatments—not to mention their expense—is it not disturbing that while very few women who consult a nutritional therapist are not cured of PMS, their comparatively harmless treatments are considered worthless by the medical profession because individual components, given one at a time to undifferentiated groups of women diagnosed with PMS, do not produce statistically significant results often enough?

2.5 Yet more disturbing are the strategies used to discredit those nutritional research studies which do manage to fulfil the orthodox criteria. The following is a real exchange of correspondence which took place between a nutritional medicine expert (NME) and a professor representing conventional medicine and nutrition (PROF) after the latter stated in a national newspaper that there was “no evidence” that vitamin B6 supplements were effective against premenstrual syndrome:

NME: There are in fact at least six research studies suggesting that vitamin B6 supplements are effective for a significant proportion of PMS sufferers.

PROF: Yes, but they cannot be taken into account since they were not double-blind, randomised, placebo-controlled clinical trials.

NME: That is not correct. Two of them were double-blind, randomised, placebo-controlled clinical trials. I enclose copies of these research papers for you to read.

PROF: I see that I am still right. Too many of the women taking the vitamin B6 supplements stated that they felt better when they took them, therefore they knew that they had not been given the placebo (the dummy vitamin). This meant that the trial was not properly blind and was therefore invalid.

NME: So you are saying scientific procedure dictates that if a nutritional supplement works then that research must be discounted?

PROF: No comment.

2.6 Most disturbing of all was the recent campaign mounted by the Government's own scientific advisers, to remove vitamin B6 supplements of therapeutic potency from free sale in case, rejecting their doctor's advice, premenstrual women should attempt to treat themselves.

2.7 The accepted "ground rules" for clinical trials give a very clear advantage to pharmaceutical medicine. Cynics cannot help but remark that it is also a very profitable advantage. "Procedure-based" therapies simply do not fit into these rules, which allows their opponents to claim that they have "not been properly tested" and are therefore not medically acceptable.

2.8 It is generally accepted that outcome studies and clinical audits, where individuals who have been treated using a particular procedure are simply compared with those who have not, are probably the most appropriate methods for evaluating the effectiveness of a procedure-based therapy. This means that orthodox medical groups and consumer groups who demand "clinical trials" for individual vitamin, herbal and homoeopathic products, among others, must be encouraged to shift their thinking away from the pharmaceutical model and to acknowledge that natural medicine is procedure-based, with largely functional aims. Without support from orthodox medical organisations, we need strong support from government quarters for outcome studies and clinical audits to be seen as the most appropriate research methods for complementary therapies. Once the appropriate scientific footing has been established, the whole issue of natural medicine could in this way start to become more acceptable to the medical establishment.

Information

What are the best sources of information for patients and doctors regarding complementary and alternative medicine? Is it desirable or possible to control the quality of public information available on such treatments?

3.1 Numerous excellent books are available on natural medicine, and particularly on nutritional medicine/therapy. I have developed an internet web site with reviews of many recommended books, at www.waterfall2000.com/recommen_eur.htm.

3.2 In this author's view, there are already substantial controls on public information in this area, in the form of the Advertising Standards Authority and the Medicines Control Agency, which makes it illegal to claim that a product can prevent, cure or treat a disease unless it has a pharmaceutical licence.

Research

Should research funding for evaluations of complementary and alternative medicine be increased? If so, where should the extra money come from? What types of additional research would be most useful?

4.1 Research funding must be increased if natural medicine is to take its rightful place in mainstream medical practice. In this author's view, a *well-publicised*, NHS-

administered scheme of pilot projects set up in GP practices, and assessed by clinical audit, would be most beneficial. Publicity and press coverage are important for natural medicine research, since they ensure that medical decision-makers cannot ignore the results. There is already a great deal of research which is assumed not to exist because there was no pressure for decision-makers to use it as the basis for changes. Accordingly it was buried and is now out of date.

4.2 The costs of natural medicine research could be met from NHS savings on pharmaceutical products. The amount of funds which it is possible to save could be estimated by asking each GP who currently employs natural medicine practitioners to calculate the annual saving on his or her drugs bill. In my experience, working as a part-time nutritional therapist for a South London GP in the early 1990's, this was approximately one third. A report of the clinical audit conducted over this three-year period (*entitled Nutritional Therapy in the Treatment of Common, Minor Health Problems*) is enclosed herewith.

Training

Should the increased interest in complementary and alternative medicine be reflected in medical training and training of other healthcare practitioners?

5.1 Certainly networking between natural medicine organisations and medical schools, nursing colleges, and nutrition, public health and health promotion courses, should be more seriously fostered with a view to the provision of lectures and course material. At present the self-funding status of natural medicine organisations makes it difficult to employ liaison staff, especially in the current climate of resistance to and deprecation of alternative concepts (certainly in this author's experience in relation to nutritional medicine/therapy).

5.2 Once this climate can be changed, perhaps by introducing some of the measures suggested in this paper, there is likely to be more enthusiasm for natural medicine training to form a part of the medical curriculum

Regulation and Risk

Are there areas of complementary and alternative medicine where lack of regulation causes unacceptable risk to the public? Are there practicable forms of regulation that would provide protection without unduly restricting patient choice?

6.1 This author has been involved for some years in work to self-regulate the nutritional therapy profession, through the Society for the Promotion of Nutritional Therapy, and also in founding the British Association of Nutritional Therapists. Clearly the risks of over-dosing a client with dietary supplements or prescribing inadequately nourishing diet regimes constitute the main risks as far as nutritional therapy is specifically concerned. However, the safe upper limits for dietary supplements are now fairly well established, and manufacturers are careful not to sell products which could constitute any serious risk unless their dosage instructions were grossly disregarded.

6.2 In addition, the British Association of Nutritional Therapists accepts on its register only practitioners who have graduated from one of the best available training courses, conforming to a set of minimum training standards. The media regularly warn the public not to seek practitioners through advertisements, but by contacting a professional body of this type.

6.3 While self-regulation is currently working with few problems, it would be helpful if the Government were to introduce a voluntary code of practice which organisations and training colleges could adhere to if they wish. If the institution did so wish, perhaps it could, after inspection, be awarded with a certificate of compliance. This would also help the public to make safe choices and reassure media critics who are concerned about safety standards.

6.4 Three of the most important requirements are as follows:

- That the practitioners' training courses should require in-class attendance for a minimum number of hours,
- That all the course tutors and lecturers have recognised qualifications in their field (especially in physiology, anatomy, biochemistry, pathology (the study of diseases), and nutritional science, which comprise a large proportion of many complementary medicine courses)
- That practitioners should recommend to all patients/clients that they also consult an orthodox medical practitioner if they have not already done so.

NHS Provision

Should public health care attempt to integrate elements of complementary and alternative medicine into the mainstream? How might this be done? Should access to complementary and alternative treatment through the NHS be limited to those areas that have (a) an established evidence base and (b) formal regulatory systems, and can minimum required standards of evidence and regulation be defined?

7.1 If some of the suggestions in this paper are carried through, this would begin to result in a natural integration process as the successful GP pilot projects develop into longer-term schemes. It is likely that therapies with an established evidence base and formal regulatory systems will be integrated more rapidly since GPs will be more interested in taking them on for pilot projects. Minimum required standards of evidence and regulation have been considered elsewhere in this paper.

Author's Signature _____ Date _____

Nutritional health expert, author, and qualified nutritional therapist.
This evidence is submitted on an individual basis.

Author's Background

Membership of Professional Bodies

- British Association of Nutritional Therapists
- Life Honorary Member of the British Society for Allergy, Environmental and Nutritional Medicine (a doctors-only medical society)
- Associate member of the Guild of Health Writers
- Member of the Society of Authors

Publications

Books

- Principles of Nutritional Therapy, Thorsons, 1996.
- Nutritional Health Bible, Thorsons, 1997
- The Waterfall Diet, Piatkus, 1999

Articles

Numerous articles for the alternative medicine and popular press, on natural medicine and nutrition topics, including *Here's Health Magazine*, *Good Health Magazine*, *Everywoman*, *Health and Fitness*, *International Journal of Alternative & Complementary Medicine*, *Nutritional Therapy Today*.

Scientific Papers

1. Is non treatment-related anorexia in cancer patients promoted by subclinical micronutrient deficiencies? *Holistic Medicine* 4:19-27, 1989.
2. Nutritional Therapy in the Treatment of Common, Minor Health Problems. Society for the Promotion of Nutritional Therapy, PO Box 85, St Albans AL3 7ZQ, 1993. (Clinical audit report.)
3. The Safety-in-Use of Comfrey and Comfrey products (research survey). Society for the Promotion of Nutritional Therapy (address as above).

Career Summary

With a BA Honours degree in modern languages from London University, Linda Lazarides began her career as a technical and medical translator. After seeing many cases where natural medicine had resolved medical problems that conventional medicine could not, in 1985 she began to take courses and seminars in Nutritional Therapy—a complementary medicine discipline.

Qualifications after two years' study led to consultancy work, and to many successfully treated patients who had not been helped by pharmaceutical medicine. From 1990 until she moved away from London in 1993 Linda was employed by south London GP Dr Khalida Begg to treat National Health Service patients with nutritional therapy, and she developed a system to adapt the therapy to this setting, which she has taught to

other practitioners. Publication No. 2 mentioned above is a clinical audit of this clinical NHS work, and a copy is enclosed herewith.

In 1990, Linda was appointed Nutrition Editor of the *International Journal of Alternative & Complementary Medicine*. This post brought her into contact with many other practitioners, and alerted her to the great need for a better understanding of nutritional therapy, and more publicity for its benefits. So in 1991 she founded the Society for the Promotion of Nutritional Therapy, and its journal *Nutritional Therapy Today*, which she edited from 1991-99 before resigning as director of SPNT in order to devote more time to her books. During this time, she assisted the University of Westminster with the Nutritional Therapy section of the syllabus for their new BSc degree in Complementary Therapies.

Widely recognised for her campaigning work to publicise the great wealth of research that exists in nutritional medicine, Linda Lazarides is also founder of the British Association of Nutritional Therapists, and was a founding director of Consumers for Health Choice, which conducts public campaigns against potentially hostile legislation. In recognition of her work she was made an honorary life member of the prestigious medical organisation, the British Society for Allergy, Environmental and Nutritional Medicine, in 1996.

Linda worked with almost 2,000 clients and patients during her years as a consulting nutritional therapist, both privately and for the NHS. Her background has required her to have a working knowledge of general medicine as well as natural health. She also has personal experience of a wide variety of other therapies, including osteopathy, acupuncture and Chinese herbal medicine, hypnotherapy, homoeopathy, healing, kinesiology and reflexology, and is widely read on psychology.