

# THE NCAHF BULLETIN BOARD

MARCH / APRIL, 1997

**The NCAHF Bulletin Board is sent to NCAHF members and complimentary media NCAHF Newsletter recipients only. It is intended to stimulate and aid in activism against health fraud, misinformation and quackery at the local, state & national levels.**

## **NCAHF AFFILIATE ESTABLISHED IN PHILIPPINES**

George Nava True, II, has been fighting quackery for 13 years through his health column which is carried by 5 newspapers in the Philippines. True's writing shows exceptional insight into quackery, and his style is excellent. True realizes that in order to serve society's enormous need with the problem of quackery, one has to do more than just write an occasional negative article. He and his friends have formed a local anti-quackery group called Health Frontiers Center for Quackery Control, Inc. Address:

51-P Le Marquis Townhomes, P. Tuazon Blvd, Cubao, Quezon City, 1100 Philippines; Tel: 723-1935; fax 723-6405; [true-health@netasia.net](mailto:true-health@netasia.net)

## **HOMEOPATHY'S \$20 MILLION DUCK**

An article in *U.S. News & World Report* (2/17/97:52-3) says that sometime this year, near Lyon, France, officials of the Boiron pharmaceutical firm will slaughter a solitary duck and remove its heart and liver. The organs will be used to make an over-the-counter flu medicine called *Oscillococinum* that will be sold around the world. The remedy will be diluted to 200C.\* According to its list of ingredients, one gram of the remedy contains 0.85 grams of sucrose, and 0.15 grams of lactose, ie, 100% sugar! From a monetary standpoint, that single duck will be the source of an estimated \$20 million or more in sales most likely making it the most valuable single animal in the world. The article states that homeopathic product sales have not kept pace with other "alternative" remedies, so drug chains decided they didn't warrant space in the "alternative" section and have mixed them in with standard medicines. Consumers may be confused into buying them because of big letters declaring them to be "All Natural" with "Homeopathic" appearing in smaller type. Charlotte Gyllenhaal, a professor at the University of Illinois College of Pharmacy believes that most consumers don't have the faintest idea of what they are buying when they purchase homeopathic remedies. It would be too obvious to point to the coincidence of homeopathy's "Law of Similia" (like is like) and a single duck being the source of \$20 million worth of quackery—so we won't. \*200C is  $10^{-20000}$ . The point at which a single molecule of its active ingredient is nonexistent is just below  $10^{-24}$  (24x in homeopathic jargon). Several physicists have said that at 200C the dilution probably exceeds the number of molecules in the universe.

## **FBI RAIDS CHIROPRACTIC CLINICS**

Ten central Ohio chiropractic clinics owned by Michael Carano were raided on March 5, 1997, as federal and local officials searched for evidence of insurance fraud. The National Insurance Crime Bureau notified the FBI last year of suspected insurance fraud by Carano's clinics after it reviewed records of various insurance companies. No arrests have been made at this time. (*The Columbus Dispatch*, 3/6/97).

Please send items of possible interest to NCAHF members for *The Bulletin Board*, or for readers of the *NCAHF Newsletter* to NCAHF, P.O. Box 1276, Loma Linda, CA 92354; Fax 909-824-4838. Provide clear (not Fax) copies suitable for photocopying, and complete references for citation purposes.

## **NCAHF BOARD CHAIRMAN CLIPS TCM**

A critical letter to the Editor by Wallace Sampson, MD, on the value of Traditional Chinese Medicine (TCM) is juxtaposed against one by TCM proponent Ka Kit Hui, MD of the UCLA School of Medicine in *JAMA*, 1997;277:714.

## **DATA ON COMPLEMENTARY MEDICINE**

The Cochrane Collaboration (CC), started in the UK in 1993, is a worldwide network of individual medical researchers committed to preparing, maintaining, and disseminating systematic reviews of controlled clinical trials of health care interventions in order to assess the effects of health care practices. In just 3 years, CC includes 43 Collaborative Review Groups conducting systematic reviews, 13 Centers coordinating and supporting work at a regional level, 10 Fields addressing methodological problems, and a consumer's network. CC has accomplished 141 completed systematic reviews and 160 protocols for further reviews. A formal Cochrane Field of Complementary Medicine was registered in June, 1996. The primary goals of the Field are to: collect the best evidence on complementary and alternative medicine by establishing a registry of randomized controlled trials in complementary medicine; facilitate systematic reviews; and, advise Collaborative Review Groups in CC on research methods and protocols to incorporate complementary and alternative medicine applications. Three systematic reviews have already published, three are completed and awaiting publication, four are in progress, and 5 protocols have been developed. (Wootton JC. "Report from the Cochran Collaboration 4th International Colloquium, held in Adelaide, Australia, October 20-24, 1996)

## **DIETARY SUPPLEMENTS HEALTH CLAIMS**

The Commission on Dietary Supplement Labels appointed by President Clinton as a result of the 1994 Dietary Supplements Health & Education Act is in the process of compiling its recommendations on ways to make labels more accurate and informative. The Commission is having a real struggle with this daunting assignment. [*Herbalgram* No.39:27] We will try to keep members posted on this very important matter.

## **MAINSTREAMING OF ALTERNATIVE MEDICINE**

The realities of the integration of "alternative" healthcare into managed care was well-described in *Healthcare Forum Journal*, Nov-Dec, 1996. Recommended for anyone wanting a complete picture. Included are succinct descriptions of the various methods being offered under the heading of "alternative" healthcare. Also, the names and addresses of organizations involved in public discussion of the issues. Please send a double-stamped, business-sized self-addressed envelope for this 13-page article.

## **MELATONIN: A COMPREHENSIVE REVIEW**

An Israeli physician, Amnon Brzezinski, MD, provides a comprehensive review of the science and speculations about melatonin in the Jan 16, 1997 *New Engl J Med*, (336:3:186-95).

## **NCAHF ANNUAL MEETING**

The 1997 Annual General Membership Meeting was held on March 16 in San Diego. In his presentation on the state of NCAHF, President William Jarvis said that there was a noticeable increase in the demands of services from the main office in the past year. This seems to be due to: (1) the explosion in the dietary supplement industry products since Congress saw fit to eliminate most of the consumer protection in that arena; (2) the legitimization of quackery that has occurred since the establishment of the NIH Office of Alternative Medicine; (3) the public relations efforts by the "mind-body" (aka, spirituality & health, prayer & healing, faith & healing) devotees; (4) and, the inclusion of "alternative / complementary" medicine into some managed care programs.

Media inquiries alone numbered 124 from 9/23/96 to 3/14/97, which is a increase of about 20% over previous years. As was noted in this issue of the newsletter, the number of people engaged in direct sales (aka, multilevel marketing programs) has increased from 222,000 in 1980 to 7.2 million in 1995. It is not known how many of these millions of people are selling health products, but the proportion appears to be substantial. Inquiries come by mail, telephone, and the internet. Easiest to fill are orders for information on the Available Resource Materials (ARM) list. However, we also receive requests for information on new or obscure health products or services that require a great deal of independent searches. Thanks to volunteers we have been able to stay within about three-weeks turn around time. Special thanks was given to Joyce Berenson, a nutrition student from Cal Poly Pomona who has served as a volunteer for nearly a year, and Paula DeSilva, MS, RD, who heads the Nutrition Quackery Prevention Task Force at the San Bernardino County Health Department and who sometimes brings along a dietetic intern to help them gain a perspective on the kinds of questions consumers are asking about nutrition-related health products and services.

Jarvis announced that he plans to retire on 12/31/98. The main office will have to be relocated as early as 7/1/98, or as late as his retirement date. The board will be looking at options on relocation, and perhaps even a major revision in the way NCAHF conducts its business. Jarvis plans to continue to be active in consumer health education, but has not decided what this will mean in terms of a role at NCAHF.

Such uncertainties has delayed finalizing the ballot for the election of the NCAHF Board of Directors and Officers for the next bi-annum. Paula Benedict has resigned as Secretary to take effect after sending out the minutes for the March 16, 1997 meetings. Paula DeSilva will, who has replaced Benedict as the director of the San Bernardino County Nutrition Quackery Prevention Task Force, will become secretary. William London has resigned as Treasurer, and Daniel Oliver was named Acting-Treasurer. John Renner, MD, has been nominated to succeed William Jarvis as President, but this will be finalized until the election is completed. The election may not be executed until this summer or fall.

Reorganization ideas being given serious consideration that the membership needs to be informed about include the following possibilities: (1) A smaller board of governors may be selected from among the board of directors that would meet more often than the twice-a-year that the directors now meet. The governors would focus more on strategy. Under this plan, the entire board would meet just once per year in connection with the annual general membership meeting. The annual meeting would be spread over two days and would include reports from the field

that now occupy a substantial amount of time in the current board meetings. (2) Sharing dues with chapters and divisions may cease. The idea of sharing dues was to encourage membership building, but it hasn't happened. As it is now, NCAHF usually operates in the red and could use the extra income, as small as it is, to close the gap. Keeping books on the shared dues requires more administrative time and effort than can be justified. Chapters and divisions could continue to charge a separate amount for their operations as now. Chapters and division would continue to be eligible for grants for special projects, so some money could be returned on this basis. Grants are far easier to administer than the present dues-sharing system. (3) Reimbursement of board members for expenses would be raised to increase the likelihood of full attendance. The current \$300 is insufficient for many of the younger board members. Hopefully, the amount could be raised to at least \$500—more if possible.

NCAHF's financial capabilities will depend on costs of operation under new conditions. Current monthly charges include \$1500 occupancy (includes photocopying, e-mail, and technical assistance); contracts for secretarial (\$1000); and, computer services (\$150). Activities performed at the main office include:

1. Collecting, sorting, and filing of information on products, therapies, personalities, marketing schemes, victims, legislative activities, enforcement activities, newspaper articles, scientific reports, trade publication reports, internet reports, books, quack publications, etc.
2. Writing, publishing, and mailing of Newsletter and Bulletin Board.
3. Selecting topics, researching, and writing consumer information statements for Available Resource Materials (ARM) list. ARM list needs continual oversight and periodic updating.
4. Maintaining membership list, including renewals, changes of address, ARM list requests. Passes book orders on to NCAHF Book Sales.
5. Developing and conducting annual funding campaign which involves sending out c. 7000 pieces of mail.
6. Answering telephone, responding to requests for information from consumers, health professions, attorneys, law enforcement and the media.
7. Responding to information requests by mail, fax and e-mail.
8. Maintaining library and museum (these are personal property of or consigned to William Jarvis). Doing media interviews, radio broadcasts, radio/TV tapings.
9. Making presentations to various groups are given upon request. Most are related to Jarvis's academic position, but NCAHF is presented as a community service outreach, and advanced as a way of enlisting members and support).
10. Keeps the list of directors and advisors up to date.

Dr. Jarvis stated that he had three main goals when he conceived NCAHF, these were to: (1) organize a network of antiquackery activists; (2) attract the attention of the media and become a source of reliable information on controversial issues from the perspective of consumer protection law and science; and, (3) develop a university-based consumer health studies program. He believes that NCAHF has accomplished the first two goals very well, especially considering its tiny resources, but the third goal continues to be elusive. LLU administrators are sympathetic to the idea, but consumer activities are difficult to fund since it is counter-productive to take money from any sources that can be construed as a conflict of interest. This excludes a wide spectrum of society (eg, agriculture, foods, drugs, cosmetics, devices, health care services). Sources outside of these areas have little interest in combating health misinformation, fraud, and quackery. Further, the "buyer beware" and "you don't need it" messages of consumer health are not appealing in a consumption-oriented society. Jarvis believes that NCAHF has shown that something effective can be done about these societal problems, and that there is no turning back. We welcome suggestions from members on how NCAHF might be remade.