

THE NCAHF
BULLETIN BOARD

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

**SUCCESSFUL NCAHF CONFERENCE
INFORMS ABOUT QUACKERY**

On June 23rd over eighty health professionals and consumers attended the "Healthcare Beyond the Fringe" conference held in Morristown, New Jersey at the College of Saint Elizabeth, which provided funding support. Attendees traveled to the conference from near and far, and included residents of thirteen states. Overall, attendees gave positive evaluations of the conference and the eight speakers.

Fifteen nutrition and health care management students at Saint Elizabeth attended the conference in partial fulfillment of the requirements of a one-credit graduate course on "Health Fraud and Quackery" taught by conference organizer William M. London, EdD, MPH, associate professor of health care management at the College. For five weeks following the conference, students participated in interactive, Web-based, distance learning activities. These activities included: (1) discussions of the conference, (2) discussions of assigned readings from NCAHF.org and Quackwatch.com, (3) discussions about how to give advice to a people who are considering dubious treatments for life-threatening diseases, (4) critiques of Web sites promoting quackery, and (5) policy analysis of federal funding for research to test implausible treatments (such as the National Center for Complementary and Alternative Medicine's decision to provide \$30 million to fund a five-year clinical trial to investigate EDTA chelation as a coronary artery disease treatment). The Web-based software platform for the course was Blackboard 5TM (see <http://www.blackboard.com>), which provides a course management system, content authoring tools, and tools for creating discussion forums.

The first speaker at the conference was NCAHF Past President **William T. Jarvis, PhD**, who discussed quackery as a public health problem. Legislation, law enforcement, consumer health education, and are key strategies to reduce the harmful impact of quackery, but they are not being applied. Instead, in recent years we have seen the proliferation of "alternative" medicine centers affiliated with standard medical institutions, the establishment of a National Institutes of Health Center and a White House Commission on Alternative and Complementary medicine, the invasion of alternativism into medical education, and the unbridled promotion of dubious over-the-counter medicines under the rubric of "dietary supplements." Dr. Jarvis criticized the "alternative" medicine movement for its efforts in opposition to life-enhancing, public-health advances such as vaccination, pasteurization, food irradiation, water fluoridation, and modern agricultural methods.

An expanded version of the paper presented at the conference by **Loren Pankratz, PhD** has been accepted for publication in *Scientific Review of Mental Health*, a new journal. The title of the published paper will be "Hard Times, Dancing Manias, and Multiple Chemical Sensitivity." Dr. Pankratz said that throughout history, individuals have made attributions about the cause of

symptoms in ways that are congruent with the expectations, values, and belief systems of their societies. For example, in most European countries, the dancing manias in response to the Black Death plague were attributed to demon possession or the torment of sins. However, in Italy, the dancing mania was attributed to the bite of the tarantula. Physicians were powerless in treating the victims, just as priests had been unsuccessful in managing the dancers who sought their assistance. In retrospect, we can see that cultural forces produced these outbursts and that Italians had specific advantages in making biological attributions for their socio-religious turmoil. As modern society developed, many people remain fearful of the chemicals that have assisted our survival. Indeed, some claim that even brief exposure to small amounts of chemicals gives them serious symptoms. These individuals who claim multiple chemical sensitivity also prefer biological explanations for their symptoms. Scientific practitioners must not abandon these patients to quacks but should instead use sensitive clinical skills in caring for these struggling people.

Biochemist **Saul Green, PhD** discussed how after 20 years of studying "alternative" treatments for cancer, AIDS, and heart disease, he has been unable to find substantiation for claims that the treatments are therapeutically effective. In place of evidence, he has found anecdotes. But when supposed remedies are clinically tested, time after time, the results fail to show that they altered the course of disease. Such results are no surprise to Dr. Green. He explained why several popular "alternative" methods simply don't make sense.

Many "alternative" practitioners claim that their methods are effective because they stimulate the immune system. But Dr. Green noted that although cancers are abnormalities, the normal immune system does not react to the proteins in cancer cells. The notion of immune system surveillance over cancer was intensely studied for 30 years by some of the finest immunologists in the world. They concluded that the normal immune system does not engage in anti-cancer surveillance. Cancers occur and grow in people who have perfectly normal, fully functional immune systems. People with damaged immune systems do not get any more of the common cancers than do people with damaged immune systems.

In the 1960s various "alternative" practitioners claimed that the plaque in coronary arteries was due to the deposition of calcium. They proposed that treating patients with EDTA, a synthetic amino acid, would mobilize and remove the calcium, thus removing blockages to blood flow in the arteries. The treatment was called chelation therapy. But in the 1970s medical researchers found that the plaque in coronary arteries was not due to calcium deposits, but to an accumulation of fatty material in the epithelial cells of the coronary arteries. Some chelationists changed the rationale for their treatment and claimed that EDTA was helpful to patients with coronary artery disease because it would bind to and remove free radical-generating iron from the circulating blood. They added vitamin C to their EDTA

infusion mixtures to enhance the antioxidant activity of the treatment. But combining EDTA with iron in the presence of vitamin C actually increases the generation of oxidizing free radicals in the blood and tissues.

Dr. Green noted that the world's supply of a homeopathic flu treatment called *Oscillococcinum* is made by a French company using the heart and liver of one duck. The company claims that the final product is the result of a 200C dilution. This means a 1/100 dilution repeated successively 200 times. This leads to an absurd denominator that is vastly greater than the estimated number of molecules in the universe.

Victor Herbert, MD, JD, MACP, FRSM described genuine alternatives as those that successfully answer the basic questions of safety and efficacy. Is a remedy better than placebo or doing nothing? Is it as safe as placebo or as doing nothing? If there is any question about safety, does the potential benefit exceed the potential harm?

Dr. Herbert described questionable alternatives as those that have not answered these questions. He described fraudulent alternatives as questionable alternatives represented as genuine and used to make a profit. By definition, he explained, fraud is deception for profit.

He also noted that Balz Frei, PhD, a biochemist at the Linus Pauling Institute, told Knight-Ridder newspapers in June that there is little good evidence that healthy people eating a balanced diet get much benefit from taking vitamin C supplements. Dr. Frei's admission is significant because he had previously stated in a debate against Dr. Herbert published in *Physician's Weekly* (September 14, 1998) that vitamin C supplementation helps. Dr. Frei's institute was founded by the late Linus Pauling who made unsound recommendations of massive daily doses of vitamin C to reduce the risk of developing common colds and even higher doses if symptoms of a cold appeared.

Charles A. Bender, DC discussed why chiropractors quack about nutrition. Belief in "subluxations" as a common health problem is what separates most chiropractors from the mainstream. Many chiropractors promote subluxations as conditions that affect the flow of "Innate intelligence," the name chiropractors use to describe the notion of a life or vital force, which has been rejected by science. Dr. Bender expressed concern that acceptance of vitalistic theories leads chiropractors to faulty reasoning.

Since most people do not equate subluxation with all their ills, but see the value of proper nutrition, the incorporation of nutrition into the vitalistic foundation of chiropractic is a natural fit. By associating specific nutrients with specific conditions and tying them to the philosophy that the brain controls all function through the lifeline of the spinal nerves, the linkage takes form. "Mixer" chiropractors—those who don't limit their practices to analyzing the spine for subluxations and providing manual manipulation—promote a variety of supplements and dubious methods of nutritional assessment such as muscle strength testing procedures called "applied kinesiology."

Renegade dentists claim that mercury vapor is released from amalgam fillings to cause a wide range of health problems. However, **Robert S. Baratz, MD, PhD, DDS** reassured conference attendees about the safety of amalgam fillings, which have been used in millions of people over an almost 100-year period without producing the adverse effects alleged by anti-amalgamists.

Dr. Baratz noted that these silver-colored fillings are improperly described as "mercury" fillings. Amalgam is made from

mercury, tin, silver, etc. rather than of these ingredients. When the ingredients are combined to make amalgam, the result is an entirely different material. Dr. Baratz compared amalgam to concrete, which is a mixture of ingredients such as water, sand, stone, and cement. Just as you can't retrieve these ingredients once you make concrete, you can't retrieve the ingredients of amalgam fillings. The average filling starts with only about 200 mg or less of metallic mercury before mixing. Once amalgam is formed, the amalgam would have to decompose in order to release mercury. A number of studies have shown that virtually all the mercury is still present after ten years or more. Regarding mercury vapor release from amalgams, the answer is it is not blowing in the wind.

The form of mercury used in making amalgam fillings is metallic (inorganic) mercury. Metallic mercury is a liquid at room temperature. It is the same form of mercury used with great safety in "silent" light switches and thermometers. Diarrhea is the major hazard of drinking metallic mercury. Under normal conditions, when people handle metallic mercury, they do not inhale enough mercury vapor to experience toxicity. But, for example, if you were to boil a bunch of old mercury batteries in a big kettle, and breathe in the vapors for a few weeks you might have some memory problems (as suggested by one case report). Yet even from such whopping doses of inhaled mercury vapor, there do not appear to be any lasting effects.

Metallic mercury should not be confused with methylmercury and other more toxic, organic forms of mercury. Methylmercury consumption can cause sensory and motor problems in adults and a variety of developmental problems. High levels of methylmercury accumulate in some fish species. In January FDA recommended that children, pregnant or nursing women, and women who may become pregnant not eat swordfish, shark, king mackerel, and tilefish.

The commercial success of quack methods has been accompanied by a breakdown in educational and consumer-protection standards. Licensing boards, accrediting agencies, journal editors, medical school faculties, hospital review committees, and government regulators are doing very poorly as gatekeepers. **Stephen Barrett, MD** suggested several legislative actions that could have a significant impact on quackery: (1) Passage of a law that would force multilevel companies to disclose to prospective distributors the true average income of new distributors. (2) A message from Congress asking the Mexican government to shut down the quack Mexican clinics that are exploiting American who are seriously ill and desperate. (3) Encouraging the FDA and state attorneys general to rid the marketplace of phony electrodiagnostic devices. (4) Finding out why the U.S. Postal Service stopped fighting mail-order quackery about ten years ago.

The focus of the presentation by **Clara H. Lawhead, MS, RD, LD, FADA** was on information needed to begin a grassroots campaign to influence public policy. Strategy for starting a campaign involves recognizing the problem, identifying the solution, understanding the processes necessary to make a change, and pooling resources to facilitate the process. She discussed steps needed to develop a legislative campaign including contacting local legislative representatives and legislative committees. She presented as an example how in the 2001 Florida Legislative session, dietitians defused a gubernatorial effort to reduce state government by deregulating the licensure laws of some health professions.