# The use of unproven remedies for rheumatoid arthritis in Australia

Mark Kestin, Louise Miller, Geoffrey Littlejohn and Mark Wahlqvist

**ABSTRACT** It is important for a medical practitioner to be aware of his or her patient's use of non-prescribed, unproven remedies. This is especially so in a chronic relapsing disease of unknown cause such as rheumatoid arthritis. We selected 90 consecutive patients with classic or definite rheumatoid arthritis who attended the rheumatology clinic of a teaching hospital in 1982. The patients were asked about their previous or current use of an unproven remedy; 82% had used more than one unproven remedy since the diagnosis was made and 52% were currently using an unproven remedy. In all, 352 separate unproven remedies were used, with a mean of 4 ± 0.3 remedies per patient. Avoidance of a particular food substance or use of a copper bracelet were the most common of such remedies. Fourteen per cent of remedies were deemed to be useful and 3% were felt to have resulted in an adverse effect. (Med J Aust 1985; 143: 516–518)

**Department of Human Nutrition, Deakin University, Waurn Ponds, VIC 3221.**
Mark Kestin, BSc (Hons), DipDiet, Dietitian.
Louise Miller, BSc, DipDiet, Dietitian.
Mark Wahlqvist, BMedSci, MB BS(Adel), MD(Uppsala), FRACP, FAIFST, Professor, and Physician-in-Charge, Clinical Nutrition and Metabolism Unit, Prince Henry's Hospital.
**Prince Henry's Hospital, St Kilda Road, Melbourne, VIC 3004.**
Geoffrey Littlejohn, MB BS(Hons), FRACP, FACRM, Head, Rheumatology Unit.
Reprints: Professor M. Wahlqvist.

Rheumatoid arthritis (RA) is a common, chronic, inflammatory joint disease which can cause severe joint damage; the disease is characterized by pain, is cyclical and of unknown cause. Current medications control inflammation and the disease process in many patients, and, thus, the outcome is now greatly improved over that achieved in previous years. In spite of this, it is perhaps not surprising that patients with RA often use unproven remedies in addition to their prescribed treatment regimen in an attempt to ease the symptoms of RA.[1] It is claimed that such unproven remedies offer a quick and effective way that is free of side-effects to achieve help without intervention by conventional medical personnel.[2] It has been estimated that in 1983 three billion dollars was spent on unproven remedies for arthritis in the United States alone.[3]

The use of unproven remedies may be financially damaging to patients, may undermine doctor–patient relationships, may alter an appropriate medical treatment plan or be associated with unfavourable side-effects.[1] Conversely, knowledge by doctors of the use of unproven remedies may lead to better doctor–patient communication, may allow for the observation of a potential favourable effect and will result in the best possible proposed treatment programme for the patient. We have studied the unproven remedies used by a well-defined population of patients with RA who attended a hospital outpatient clinic.

## Patients and methods

We developed a list of unproven remedies that was based on previous observations, a knowledge of the literature and of media reports and patient interviews. Patients were also asked to nominate any other unproven remedy used. "Dietary categories" included special diets; special foods; food avoidance; supplementary vitamin preparations; and the use of mineral supplements. "Non-dietary categories" included external applications and the use of practitioners of "alternative medicine".

Ninety patients with classic or definite RA[4] of over one year's duration were selected for study. All patients were attending an outpatient clinic of a teaching hospital and all those who were seen by one clinician (G.O.L.) over a 10-week period were interviewed in a structured questionnaire by one of us (M.K. or L.M.).

For each unproven remedy that was nominated by a patient, we asked for the patient's source of information about the remedy, the duration of its use and the patient's view as to its efficacy or adverse effects (unless trivial).

## Results

### *Demographic characteristics of patients*

Table 1 details the age and sex of our group of patients with RA, compared with those of persons with chronic conditions in the Australian Health Survey (1977–1978),[5] and their country of birth compared with that of the general population in the 1976 Census of Population and Housing.[6] It is seen that the populations compare well, and that our group therefore is representative of the general Australian population with RA.

The mean duration since the diagnosis of RA was made was 12 ± 1.3 (SEM) years (range, 1–35 years). Eighty per cent of our patients were receiving a "disease-remitting" agent (gold, penicillamine, azathioprine or hydroxychloroquine). All were receiving non-steroidal anti-inflammatory drugs.

**TABLE 1: Demographic details of study patients compared with those in the Australian Health Survey (1977–1978)**

| | Study population | Reference population |
|---|---|---|
| *Age (years)* | | |
| 15–44 | 20% | 20% |
| 45–64 | 58% | 54% |
| 65 and over | 22% | 26% |
| Sex | | |
| Male | 34% | 35% |
| Female | 66% | 65% |
| *Country of birth* | | |
| Australia | 73% | 78% |
| United Kingdom | 14% | 7% |
| Other | 13% | 15% |

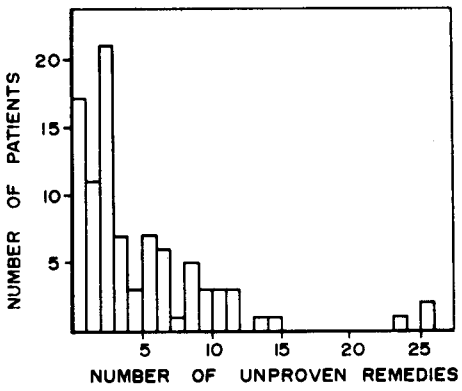


*FIGURE 1: Number of unproven remedies used compared with the number of patients using unproven remedies.*

### *Unproven remedies used*

Eighty-two per cent of the 90 patients had tried at least one unproven remedy at some time since their disease was diagnosed. Fifty-two per cent of patients were using such a remedy concurrently with conventional medical treatment at the time of assessment. Three hundred and fifty-two different remedies were used with a mean of 4 ± 0.3 (SEM) per patient (range, 1–26 remedies; Figure 1). The most commonly used unproven remedies are detailed in Table 2.

### *Duration of use*

The mean duration of use of all unproven remedies was 1.4 ± 0.2 (SEM) years (range, one week to 32 years). Treatments deemed helpful by the patient were not associated ($r$ = 0.23; n = 20; NS) with a high total unproven-remedy-years score (number using an unproved remedy × mean duration of use of the remedy) (Table 2).

### *Subjective efficacy of the treatments*

Of the patients who tried unproven remedies, 30% found at least one to be helpful and 31% reported at least one adverse effect. Of all 352 unproven remedies used, 14% were reported to be helpful and 3% to have adverse effects. The helpful remedies are shown in Figure 2.

### *Source of information*

The most common sources of information

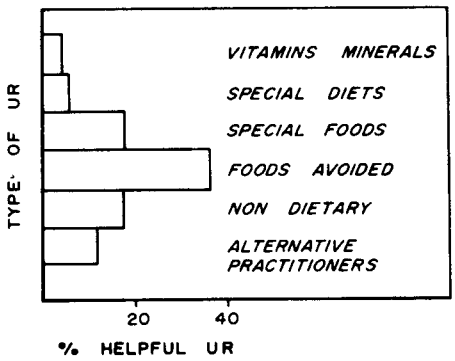


*FIGURE 2: Types of unproven remedies (UR) deemed to be helpful by the patient.*

**TABLE 2: More commonly used unproven remedies**

| Unproven remedy | Patients using remedy (n = 74)* | Helpful response | Adverse response | Mean duration (years) | Total unproven-remedy-years† |
|---|---|---|---|---|---|
| *Dietary* | | | | | |
| Multivitamins | 19% | 7% | 0 | 2.4 | 34 |
| Cod liver oil | 19% | 0 | 7% | 0.4 | 7 |
| Cider vinegar and honey | 19% | 0 | 14% | 0.6 | 6 |
| Ascorbic acid | 18% | 8% | 8% | 1.9 | 24 |
| Kelp tablets | 18% | 8% | 0 | 0.6 | 8 |
| Avoidance of "acid foods" | 15% | 27% | 0 | 1.8 | 19 |
| Avoidance of "orange juice" | 14% | 30% | 0 | 3.2 | 32 |
| B-complex vitamins | 14% | 0 | 0 | 0.9 | 8 |
| Calcium | 12% | 0 | 0 | 0.9 | 9 |
| Avoidance of sugar | 12% | 11% | 0 | 3.0 | 35 |
| Avoidance of tomatoes | 11% | 25% | 0 | 3.0 | 25 |
| Avoidance of alcohol | 11% | 0 | 0 | 3.0 | 23 |
| Avoidance of red meat | 11% | 50% | 0 | 1.0 | 9 |
| Cider vinegar | 9% | 0 | 0 | 0.1 | 1 |
| Avoidance of wheat products | 8% | 0 | 0 | 2.2 | 13 |
| Lecithin | 8% | 0 | 0 | 2.3 | 14 |
| *Non-dietary* | | | | | |
| Copper bracelet | 61% | 13% | 0 | 1.8 | 83 |
| Seatone (green mussel extract) | 25% | 10% | 10% | 0.4 | 8 |
| Epsom salts | 9% | 0 | 14% | 0 | 7 |
| Rheumatic herbal tablets | 7% | 0 | 0 | 1.3 | 8 |
| *Alternative practitoners* | | | | | |
| Acupuncture | 16% | 50% | 0 | — | — |
| Naturopath | 4% | 0 | 25% | — | — |
| Herbalist | 4% | 0 | 0 | — | — |
| Chiropractor | 3% | 50% | 0 | — | — |

*Many patients used more than one unproven remedy.
†Number using unproven remedy × mean duration of use.

about unproven remedies are detailed as follows:

| | |
|---|---|
| Friends/acquaintances | 36 |
| Alternative medicine practitioners | 11 |
| Books | 11 |
| Family | 9 |
| Doctor | 8 |
| Magazines | 7 |
| Other (workmates, newspapers, health shop proprietors, electronic media) | 4 |

*Source of purchase*

Thirty-seven per cent of unproven remedies were bought from a chemist, 31% from a health food shop and 15% from a supermarket. Ten per cent were gifts, 3% came from alternative health practitioners and 3% were from other sources.

## Discussion

This study has confirmed the clinical observation that patients with rheumatoid arthritis commonly use unproven remedies. This is in accord with the findings of previous studies in other countries[1,7-10] and in Australia.[11]

The most common unproven remedy that was used was dietary manipulation or the use of a copper bracelet. Of the patients who used dietary manipulation, most patients either added a vitamin or vitamins or deleted a specific food type; this type of remedy was often used for prolonged periods of time. This finding is in accord with the general nutritional practices of Australians.[12,13] Our study also found a low prevalence of use of the various diets that have been proposed in the popular press for rheumatic disorders,[14-18] which suggests that many patients are willing passively to alter their environment rather than actively to follow a more complicated course of dietary treatment.

The high prevalence of the use of unproven remedies implies that patients perceive that there is room for additional measures in the care of their chronic disorder, maybe because of frustration or dissatisfaction with current treatment. It may also imply that the patient has been given insufficient information about the expected outcome of the treatment programme.

In spite of the high prevalence of use of unproven remedies, perceived benefits were few. However, few important side-effects of such remedies were encountered. There is some evidence to suggest that nutritional changes may modify the inflammatory response;[14] however, limited controlled studies of unproven remedies are inconclusive.[15,19,20] Our observations of patients' perception of improvement with various unproven remedies confirm these inclusive findings.

The high prevalence of use of unproven remedies in a hospital-based population of patients with rheumatoid arthritis is notable. Doctors and rheumatological health professionals should be aware that patients often seek an improvement in their condition by alternative means. The anxieties which lead to the use of unproven remedies should be anticipated and adequate education about rheumatoid arthritis should be provided to all patients with the disease.

## References


1. Wasner CK, Cassidy J, Kroenfeld J. The use of unproven remedies. *Arthritis Rheum* 1980; 23 (suppl): S59.
2. Anonymous. Alternative medicine is no alternative [Editorial]. *Lancet* 1983; 2: 773-774.
3. Wasner CK. Patient's, physician's, and unproven remedies. *Clin Exp Rheumatol* 1984; 2: 93-96.
4. Ropes MW, Bennett EA, Cobb S, et al. Revision of diagnostic criteria for rheumatoid arthritis. *Bull Rheum Dis* 1958; 9: 175-176.
5. Australian Bureau of Statistics. Australian Health Survey 1977-1978. Chronic conditions. Canberra: ABS, 1979; cat. no. 4314.0.
6. Australian Bureau of Statistics. 1976 Census. Canberra: ABS, 1980.
7. Brown JH, Spitz PQ, Fries JF. Unorthodox treatments in rheumatoid arthritis. *Arthritis Rheum* 1980; 23 (suppl): S57.
8. Higham C, Jayson MIV. Non-prescribed treatments in rheumatic patients. *Ann Rheum Dis* 1982; 41: 203.
9. Cassidy M, Jacobs A, Bresnihan B. The use of unproven remedies for rheumatoid arthritis in Ireland. *Ir Med J* 1983; 76: 464-465.
10. Pullar T, Capell HA, Millar A, Brooks RG. Alternative medicine: cost and subjective benefit in rheumatoid arthritis. *Br Med J* 1982; 285: 1629-1631.
11. Huilgol VR, Howell CA, Higgins MJ, et al. Non-traditional medication for rheumatoid arthritis. *Aust NZ J Med* 1982; 12: 562.
12. Worsley A, Crawford D. Australian dietary supplementation practices. *Med J Aust* 1984; 140: 579-583.
13. Wahlqvist ML. Nutrient supplementation in Australia. *Med J Aust* 1984; 140: 573-574.
14. Ziff M. Diet in the treatment of rheumatoid arthritis. *Arthritis Rheum* 1983; 26: 457-461.
15. Panush RS, Carter RL, Katz P, et al. Diet therapy for rheumatoid arthritis. *Arthritis Rheum* 1983; 26: 462-471.
16. Kowsari B, Finnie S, Carter RL, et al. Assessment of the diet of patients with rheumatoid arthritis and osteoarthritis. *J Dietetic Assoc* 1983; 82: 657-659.
17. Lockshin M. The Unproven Remedies Committee. *Arthritis Rheum* 1981; 24: 1188-1190.
18. Robinson WD. Nutrition and rheumatic disease. In: Kelly WN, Harris ED, Ruddy S, Sledge CS, eds. Textbook of rheumatology. Philadelphia: W.B. Saunders Co., 1980: 337-349.
19. Gibson RG, Gibson SLM, McNeill AD, Buchanan WW. Homoeopathic therapy in rheumatoid arthritis: evaluation by double blind clinical therapeutic trial. *Br J Clin Pharmacol* 1980; 9: 453-459.
20. Sundqvist T, Lindstrom F, Magnusson KE, et al. Influence of fasting on intestinal permeability and disease activity in patients with rheumatoid arthritis. *Scand J Rheumatol* 1982; 11: 33-38.


*(Received January 7; accepted July 31, 1985)*