

# THE USE OF UNPROVEN REMEDIES FOR ARTHRITIS: PART I

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### Scope of Unproven Remedy Usage

At one time or another, an unproven remedy is tried by every patient with a chronic rheumatic disorder. Conditions highly linked to persistent usage include the chronic pain from degenerative spinal disease, local soft tissue overusage or chronic

arthritic conditions. It is far less likely for unproven remedies to be used in acute musculoskeletal states than in chronic conditions.

Formal studies conducted on particular patient groups, such as those with rheumatoid arthritis, show that about 80 to 90% of patients attending specialists in arthritis care will be using an unproven

remedy in conjunction with conventional medical treatment. A recent Australian survey showed a mean usage of 4 unproven remedies per patient for a mean duration of 1.4 years per patient [1].

The cost of such approaches in the USA is estimated to exceed \$600 million per year; presumably proportionally similar figures apply to Australia.

Table I shows the broad range of unproven remedies used. There is usually a hierarchy of treatments, ranging from simple and cheap dietary manipulation to naturopathic techniques with high cost and prolonged usage.

Although unproven remedies may begin at the patient self-help level, they may also be a component of treatments used by doctors for a wide variety of musculoskeletal complaints. It is fair to say that every doctor, whether a GP, specialist or pseudospe-

In the first part of this 2-part article, the authors discuss the scope and nature of unproven remedies for arthritis. In part II they will describe the reasons for the use of unproven remedies in arthritis, their disadvantages and means of curbing their use.

*At one time or another an unproven remedy is tried by every patient with a chronic rheumatic disorder*

The rheumatic diseases are the most common conditions that affect the human body. Symptoms arising from these disorders are usually acute and short-lived but may, in many cases, be chronic or recurring. As a consequence, the rheumatic diseases result in the highest usage of health resources in the western world.

Many rheumatic diseases cause pain, particularly with movement, and significant disability may result. This might affect routine recreational or work activity. While these conditions are usually well managed by current treatment strategies, it is fair to say that a large number do not have a definitive cure.

*About 80 to 90% of patients attending specialists in arthritis care will be using an unproven remedy in conjunction with conventional medical treatment*

Because of their commonness, persisting and distressing symptoms, and several other reasons to be outlined later, it is to be expected that these disorders account for one of the largest single patient groups who use unproven remedies.

**TABLE I. UNPROVEN REMEDIES FOR ARTHRITIS**

Cheap	Patient in control
Simple	Dietary manipulation Copper/magnetic bracelets
Expensive	Therapist in control
Complicated	Pritikin diet Physical therapies Acupuncture Naturopathy Chelation therapy Environment modification

cialist, will at some time use treatments for rheumatic diseases that have not been proven by scientific study. Thus we may eventually find the 'legitimation' of unproven remedy treatment in the form of invasive and often expensive medical treatments. For example, these might include:

- epidural injections for nonspecific low back pain
- hospitalisation and 'pain management programmes' for chronic pain patients
- intravenous chelation

- desensitisation
- removal of patients from 'allergies' to the 20th century
- gammaglobulin injections
- local injections.

Interestingly, the use of unproven remedies is often supported by third-party insurers, such as providers of workers' compensation and medical insurance. In situations where patients themselves do not pay, there is often widespread abuse of scientific principles in regard to cause and treatment. Management of the condi-

tions is attributed to the responsibility of the third-party insurer, and often nonmedical persons may approve prolonged courses of treatments which have no scientific validity.

#### What Is an Unproven Remedy?

To answer this question we must first look at what is a proven remedy or treatment. Many treatments which were later found to be of use for rheumatic conditions, were initially found purely by chance or serendipity:

- gold injections were given for the treatment of tuberculosis and were found by chance to help patients who also had rheumatoid arthritis
- hydroxychloroquine was used for malaria and was found to be useful in the treatment of milder, inflammatory joint disease.

#### Clinical Trials

Because of the unknown cause, variable outcome and significant symptomatology of inflammatory joint disease, rheumatologists were the first to develop clinical trials to establish the usefulness of any one treatment regimen.

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*'Good ideas' for treatment remain ideas only until they are proven by scientific evaluation*

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The sophistication of these studies has increased over the years along with our ability to measure appropriate disease activity variables and outcomes. It is these scientific principles which have proven that the 'good ideas' can be scientifically validated.

This is crucial to an understanding of the whole area of unproven remedies. There are an extraordinary number of 'good ideas' for treatment. However, they must be validated by appropriate double-blind, placebo-controlled studies, involving large groups of patients, with appropriate measurements of efficacy, over an appropriate and clinically meaningful period of time.

Such approaches are difficult, time-consuming and expensive. However, through these means a large number of treatment approaches have been shown to be scientifically valid and are now available for many rheumatic diseases.

## Unproven Remedies for Arthritis from page 7

These are the treatments chosen by the bona fide treating doctor.

### Disease Classification

Concomitant with the development of appropriate clinical trial methodology has been the significant improvement in classification criteria for defining the wide variety of inflammatory joint and soft tissue inflammatory disorders. The American College of Rheumatology has been in the forefront of this area.

Unless there is an accurate diagnosis of a disease subset, it is impossible to compare the outcome of different therapies, e.g. one drug may be used in a more seriously ill group than another and therefore appear to be less effective.

Because of the wide variety of clinical manifestations of any one particular condition, it is extraordinarily difficult

for a single clinician, lacking a sufficiently large study group, to prove whether a proposed 'useful' treatment is in fact scientifically valid.

Essential to the understanding of the usefulness of the scientific method is the correct choice of outcome measures. Are we trying to render a patient pain free? Are we trying to measure his or her ability to do routine recreational or work activity or perform other social roles, or are we looking at a global measure of total wellness?

A related consideration is that scientific method may only demonstrate a plausible mechanism for a desirable outcome with a putative remedy, raising interest in it, without therapeutic application reaching definition - omega-3 fatty acids and inflammatory pathways would be an example of this.

### Placebo Response

About 30 to 50% of patients, regardless of the treatment they are given, will register improvements in any of the

outcomes being measured. This placebo response is particularly powerful when a patient wants pain above any other symptom 'fixed'.

The placebo response derives from the interaction between patient and therapist/doctor and has been evident since responses were observed in ancient times between the healer and the sufferer.

For the placebo response to be effective there usually needs to be a vehicle by which the response is transmitted to the patient. This vehicle varies and appears to be the essential ingredient behind the usage of unproven remedies.

For instance, the administration of a 'treating medication' together with the reassurance, explanation and positive attitude of the treating doctor, will induce significant improvement in many patients regardless of their condition.

The family doctor is the most cost-effective vehicle. Their knowledge of the

patient's family, social situation, the disease process under discussion and the trust and belief of the patient in that doctor's judgement are all part of the placebo package, separate from any specific treatment.

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### *The most powerful and cost-effective source of treatment is the family doctor*

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Unfortunately, all too often medicine in the late 1900s is pushing patients away from the source of the most powerful and cost-effective treatment available to them - their family doctor.

Proven remedies are those that conform to our current scientifically valid approaches; those which separate the treatment vehicle from the placebo response. However, the placebo response is often used as an integral part of the management strategy.

An example of this approach is the use of the Dong diet. This diet has been used for over 40 years, based on Dr

Dong's observations of the improvement in his own rheumatic symptoms while on the diet. It has been used extensively throughout the USA. In 1983 US research workers performed a scientifically validated study on the diet, comparing it to placebo in patients with rheumatoid arthritis. There was no change in a wide number of outcome measures found between patients on the diet and those on a placebo diet.

With the huge number of dietary suggestions available to patients with rheumatic disorders it is very difficult to perform adequate studies on all of them. However, this particular study has lessons which can be extrapolated to other advised dietary manipulations. ■

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1. Kestin N, et al. Medical Journal of Australia 143: 516, 1985

*The second part of this article will appear in the next issue of General Practitioner.*

# THE USE OF UNPROVEN REMEDIES FOR ARTHRITIS: PART II

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In the second part of this 2-part article, the authors discuss the reasons for use of unproven remedies in arthritis, their disadvantages and means of curbing their use.

*Unproven remedies represent primitive and current myths and philosophies relating to beliefs about the human psyche and health*

### Why Are Unproven Remedies Used?

Unproven remedies will always be used in chronic conditions, particularly those which are painful and markedly impair human function. These remedies represent extensions of primitive and current myths and philosophies which relate to belief systems and the unknown effect of internal and external forces on the human psyche and health systems. It should be remembered that the development of the scientific method is a recent phenomenon in the advancement of medicine.



Many patients have prefixed beliefs and perceptions relating to their own illnesses, not all of which are evident to the treating physician. Recent studies show that physicians treating rheumatic diseases have a poor understanding of their patients' beliefs. In one such study 45% of patients attending a self-help rheumatology group believed dietary change would help their arthritic symptoms, while only 16% of physicians believed

this would be the case. However, three-quarters of the physicians believed that their patients thought that dietary change would help. This represented a dramatic discordance between patients' and physicians' beliefs about this issue.

*Patients' perceptions and beliefs about the illness process can be dramatically changed by improved communication and education programmes*

Such perceptions and beliefs about the illness process can be dramatically changed by improved communication and education programmes, even though the cause of the condition may be unknown.

The majority of people are most influenced by advice from friends and acquaintances. In the field of the rheumatic disease this advice is given easily because 'everyone' knows something about this topic. Although the advice is given to help the sufferer, it often leads them down the wrong path.



Other sources of advice about unproven remedies include alternative medical practitioners, books and magazines, family members and various less usual sources including doctors, health shop proprietors and newspapers. The electronic media are also particularly powerful tools for promulgating advice. However, this advice is often biased or unopposed because standard and rational thinking is usually less newsworthy.

Just as over-the-counter medications are used in extraordinarily large numbers, so 'over-the-fence' advice is used and appropriate balance difficult to achieve.

Where professional uncertainty exists, however (and scientific enquiry almost requires that in some measure it should), explanation and deliberation by patients about alternatives may itself be 'healthy' and by no means unsophisticated.

### Self-Help Groups

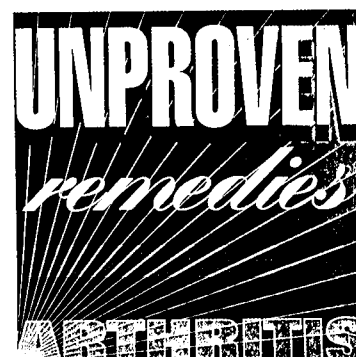
In recent times education programmes have been partly driven by self-help groups. Many such groups are initially established by 'sufferers' of a disease that may be previously unknown to the patients and alarming in its possible outcome and consequences. Names of conditions such as systemic lupus erythematosus, scleroderma, fibromyalgia, rheumatoid arthritis and other disorders are unfamiliar, and literature in local libraries about these conditions may be extraordinarily frightening and out of date.

In this context self-help groups often emerge, usually with the initial aim of educating the involved persons. In the initial stages these groups are often characterised by an

antidoctor' philosophy, and it is only later in the development of such a group that more sophisticated approaches to the problem emerge. It is at this stage that monies are generally raised and directed towards research as much as towards educational and social programmes.

As a self-help group matures the most effective symbiotic relationship is seen between clinicians, research workers and patients, all working as a team in well coordinated and sophisticated ways. The Arthritis Foundation of Australia is a good example of this.

During the evolution of this self-help concept, patients often seek ways in which they can manipulate the external environment to their benefit. Thus issues such as exercise, diet, spa and massage therapy and other simple treatments are greatly used.



### Does the Use of Unproven Remedies Constitute a Problem? (table I)

#### Cost

As noted in part I of this article, unproven remedies may be costly; their annual cost in the

**TABLE I. POTENTIAL DISADVANTAGES OF UNPROVEN REMEDIES**

- Costs
- Side-effects
- Replacement of conventional management
- Iatrogenic illness

USA is estimated to exceed \$600 million, for instance [1]. Naturopathy is particularly expensive, and many patients arm themselves with several treatments with different medications that cost an extraordinary amount of money compared with conventional, proven treatments. For some people this is part of the treatment. 'The more you pay the more you get.' The burden is often a financial one, occurring on top of the medical, social and personal costs of the disorder.

Some treatments are funded by third-party insurance systems, so the cost is borne by society and benefits the few who promote various 'medical' schemes for their profit.

### Side-Effects

Many patients do not appreciate that unproven remedies may induce their own range of side-effects. Many of these are largely unknown and poorly documented. Quality control is not a word used by the manufacturers of natural prod-

ucts, vitamins and othesimilar compounds in this category.

### Replacement of Conventional Medications

Patients often replace their regular treatment with unproven remedies. This may lead to significant medical problems, with loss of control of the basic disease process or delay in treatment which may result in joint or other organ damage which would, if treated early, have been preventable.

### Iatrogenic Illness

Many unproven remedies induce dependency and poor health management principles. There may be a false perception that patients taking such treatments are not using drugs but rather 'natural products'. This is far from the truth.

### How Do We Deal With the Problem of Unproven Remedies?

The doctor-patient relationship is a 2-way street. Doctors must know what their patients are taking in addition to

the prescribed medication and what other advice they are being given. Conversely, patients must be educated about the disease process, the expected outcome and management principles that will be undertaken over the course of the illness. Doctors should also explain the general principles of the scientific approach, and why advice is given. This approach will generate patient confidence in the doctor, thereby allowing maximal results to be achieved.

### Explain to patients why you are critical and wary of short-term, 1-day, magic cures

It should be emphasised to the patient that alternative treatments are not rejected but do require testing and fitting into the existing clinical models of the disease, even if the cause is currently unknown.



Patients should be made to realise that doctors are themselves inquisitive and always looking for a new approach to management. At the same time they are also critical and wary of the short-term, 1-day, magic cure. The effects of new anti-inflammatory or disease modifying agents, or any new approaches to treatment, are generally observed over time, and when validated can then be rightly prescribed with cautious optimism. With this will come the power of the placebo and thus the doubling of the effect of this approach.

### Summary

Unproven remedies are widely used in the rheumatic diseases. Community beliefs dictate to a greater or lesser extent this usage, and this is counteracted with careful education programmes focusing on the disease process and the principles of scientific evaluation of treatments.

This approach should preserve the doctor-patient relationship, which is extremely powerful in the management of conditions characterised by chronic pain and subsequent disability. □

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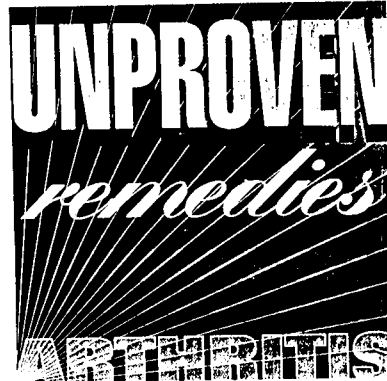
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