

Book Reviews

Unlocking the Mysteries of Chinese Medicine – A Reference Manual for Consumers

By Karen Pohlner and Russell Shaw

Bamboo Spirit Publishing, 2013

ISBN 9780646904368

This text on Chinese medicine, written for the consumer, begins by providing a brief overview of the increasing use and recognition of complementary and alternative medicine (CAM), including Chinese medicine, both internationally and in Australia.

Perhaps the word 'simple' could have been left out of the statement 'Chinese medicine is a simple, low-technology medicine', as some in the profession will take exception to the suggestion that Chinese medicine is 'simple' – though agreeing that it certainly is 'low-tech' compared to modern 'high-tech' biomedicine.

The statement 'Chinese medicine is essentially a preventative medicine' may also be misunderstood by the reader, as Chinese medicine has both preventative and disease resolution components. The emphasis given to the preventative component early on in the text, without similar attention being given to the disease resolving component, may lead the reader to believe that if they are

already unwell, Chinese medicine has little to offer them.

The sections on 'treating the person as a whole' and 'the root and branch approach' are well presented, giving the reader a sense of the therapeutic intent behind Chinese medicine.

The emphasis on holism – the inseparability of everything in the environment – together with the unique nature of each person, gives a clear picture of how Chinese medicine sees the individual in relation to their personal and shared environment.

The difference between Chinese medicine and naturopathy is clarified, and a useful distinction is also made between the superficial way in which dry needling may be practised compared to the in-depth way traditional Chinese acupuncture is practised.

Readers are given a glimpse of what to expect from a course of Chinese

medicine therapy, emphasising the ever-changing nature of this therapy as it is applied to the journey of recovery.

Chinese medical theory is introduced with the help of appropriate analogies, giving the reader a sense of the dynamics of the system and the way in which Chinese medicine ties together the various aspects that make up the person.

The text offers informative chapters on Women's, Children's and Men's health, and the broader topics of general and family medicine. These sections are complemented by some dietary recipes and other *yǎng shēng* measures to prevent and ward off illness and to improve one's health.

This publication makes a valuable contribution to the literature and especially so, as it aims to inform the consumer and potential consumer of the perspective of Chinese medicine and the possible benefits of undertaking a course of therapy.

Reviewed by Kerry Watson

Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare

By Peter Gøtzsche

Radcliffe Publishing, 2013

ISBN 9781846198847

The story of thalidomide will be familiar to most of us, especially those who grew up in the 50s and 60s. The drug was first marketed in West Germany under the name Contergan by Chemie Grünenthal in 1957. Although initially prescribed as a sedative-hypnotic, it was soon found to be effective for nausea and morning sickness in pregnant women and was aggressively marketed for this use. We should remember that at this time there was little regulatory control over the use of medications during pregnancy and drugs were not routinely tested for potential harms to the foetus.

Unfortunately, as it turned out, thalidomide became one of the most successful prescription drugs in the history of medicine. In the UK, Australia and New Zealand it was marketed by The Distillers Company (Biochemicals) Ltd, under the brand name Distavel as a remedy for morning sickness. The advertising literature claimed that Distavel was 'outstandingly safe' for pregnant women and nursing mothers. By the end of the 1950s, 14 pharmaceutical companies were marketing thalidomide in 46 countries under at least 37 different trade names.

As a result of this drug, around 5000 infants were born with malformation of the limbs (phocomelia) in Germany alone, and only about 40% of these children survived. Throughout the world more than 10000 cases were reported of infants with phocomelia due to thalidomide, with around 50% survival rate. In addition to limb malformations the adverse effects of thalidomide included deformed eyes, hearts, alimentary and urinary tracts, blindness and deafness.

In November 1961, thalidomide was taken off the market, mainly due to pressure from the press and the general public. Although most victims of thalidomide in Europe received compensation in the aftermath of this tragedy, it was not until December 2013 that a class action filed by over 100 survivors in Australia and New Zealand was settled.

The thalidomide tragedy led to the development worldwide of more structured regulations and control over drug use and development, and many countries, including the US, EU, Australia and Canada introduced much more stringent rules for the testing and marketing of pharmaceutical drugs. In the US, which had never granted approval for thalidomide, President Kennedy honored the FDA pharmacologist, Frances Kelsey, with the President's Award for Distinguished Federal Civilian Service for her key role in denying Richardson-Merrell approval to market thalidomide (despite intimidation from company representatives). The well-publicised 1962 ceremony provided a powerful symbol of the resolute will of governments and their agencies to protect the general public from the profit motivated malevolence of pharmaceutical companies.

To most people, these regulatory changes, which ushered in the 'enlightened' age of evidence-based medicine, were enough to restore trust in doctors and the drugs they prescribed. However, the alarming stories around such drugs as the COX-2 inhibitors (e.g. Vioxx), the SSRIs (e.g. Prozac), and more recently the statins (as exposed on ABC television) show us that these tough new regulations and

the institutions charged with enforcing them may not be up to the task. In fact, prescription drugs are currently the third major killer after heart disease and cancer. In the introductory chapter, the author of this book notes that if this were a new type of disease, a cancer or some sort of epidemic, killing people in such large numbers, surely there would be a great deal of media attention focused upon it, with patient groups raising money and lobbying governments to act urgently to eradicate this scourge. Why is there such silence and resigned acceptance when it comes to the widespread harms caused by pharmaceutical drugs?

In this landmark publication, researcher and physician Dr Peter Gøtzsche traces the sorry history of deception, bribery and corruption that has allowed this extraordinary situation to develop. Dr Gøtzsche is co-founder of the Cochrane Collaboration, of which he is still a director, and also founding director of the Nordic Cochrane Centre. Since 2010 he has been Professor of Clinical Research Design and Analysis at the University of Copenhagen. He has published over 50 papers in the major peer reviewed medical journals and participated in 40 meta-analyses and systematic reviews published in the Cochrane Database of Systematic Reviews.¹ Moreover, judging by the way he writes, the man is a true scientist with an innate respect, indeed love, for truth and disdain for falsehood in all its forms.

As the title of the book suggests, Dr Gøtzsche draws a parallel between the drug industry and the mafia. In examining the world's 10 largest drug companies he has exposed activities generally associated with

organised crime, such as fraud, federal drug offences, bribery, obstruction of justice, obstruction of law enforcement, tampering with witnesses and political corruption. However, in addition to finding the law to be a major impediment to their pursuit of unlimited profits, the pharmaceutical industry has also faced another annoying obstacle that the mob doesn't need to negotiate: scientific integrity.

Also unfolding within these pages is the story of the artful seduction of medical professionals by the industry: how legitimate payments for representing their interests at live events and in print gradually, almost imperceptibly, morph into frank bribery, stripping these so-called 'industry whores' of their professional integrity and reducing them to the level of circus animals. The numbers of such paid professional spokespersons for Big Pharma is both staggering and alarming!

Dr Gøtzsche describes the lengths to which one has to go in order to retrieve scientific information, which should be freely accessible, both to the profession and to the public. These data remain the commercial-in-confidence 'property' of the drug company that sponsored the clinical trial of their drug – while enlisting the help of medical staff and volunteer patients who believe they are contributing towards scientific advancement for the benefit of humanity. We are also shown how such trials are in most instances improperly conducted in order to minimise or hide harms and exaggerate clinical efficacy. As Dr Gøtzsche explains in a recent interview:

'There are very little high-quality published data. Neither the drug industry nor publicly employed researchers are particularly willing to share their data with others, which essentially means that science ceases to exist. Scrutiny of data by others is a fundamental aspect of science that moves science forward, but that's

not how it works in healthcare. Most doctors are willing to add their names to articles produced by drug companies, although they are being denied access to the data they and their patients have produced and without which the articles cannot be written. (This is called 'ghost writing' and is usually denoted as 'editorial assistance' in the list of authors for a trial or review paper.) This is corruption of academic integrity and betrayal of the trust patients have in the research enterprise. No self-respecting scientists should publish findings based on data to which they do not have free and full access.' After elaborating on such activities by the drug industry, government regulators and the medical profession, together with the devastating consequences for patients, which are largely foreseeable if you have access to all the data, several of the following chapters focus on specific drugs or classes of drugs. Here we are given an in depth examination of 'popular' drugs that have very little or no effect but very real dangers (i.e. potential harms outweigh potential benefits) or have been marketed mainly for off label uses (which is both illegal and unscientific as there is no evidence of efficacy) or that should be used in a very restricted way but are targeted for widespread use. Topics covered include 'slimming pills', Neurotonin, NSAIDs (specifically the COX-2 inhibitors), anti-diabetic drugs, the SSRI 'antidepressants', and antipsychotics.

A book of this nature would not be complete without a critique of modern psychiatry, tellingly described as 'the drug industry's paradise'. Nowhere are the excesses of 'disaster capitalism'²⁻³ more in evidence than within this specialty. This chapter is priceless – distressingly priceless. In addition to graphically illustrating the book's main thesis with accounts of hidden suicides in normal people taking SSRIs (e.g. in a drug company sponsored trial; this is after being screened for both depression and suicidal ideation before

being enrolled in the trial), it also makes a significant contribution to the ongoing debate regarding the validity of psychiatric diagnoses and efficacy of psychiatric interventions. The accounts of suicides in children, together with other harms caused by the application of increasingly elastic psychiatric diagnoses and the concomitant use of dangerous psychotropic drugs (the real dangers of which are hidden by drug companies), is both chilling and deeply saddening.

The unnecessary loss of human lives and the debilitating effects on patients are sorely lamentable. However, this is compounded by the fact that doctors are deprived of the information they need in order to assess risks and benefits for the drugs they prescribe, and therefore must unwittingly contribute to the ongoing harms caused by drugs. Because of the suppression of crucial information by drug companies (willingly supported in most cases by the regulating agencies), no one outside of these companies knows the true efficacy and potential harms associated with the use of their drugs. This issue was also raised by Dr David Healy in his book describing the murky story of the SSRIs and the associated shenanigans of the companies that brought them to market.⁴ He notes that it is obvious that these drugs may work quite effectively in one group of patients and that they may be extremely deleterious in another (leading in some instances to self-harm and homicidal behavior), while being largely ineffective in another. Unfortunately, due to the current state of things we will never know the defining characteristics of these three groups. Dr Gøtzsche takes these observations a few steps further, showing that this is the case for most of the drugs in current use, particularly the biggest selling ones. In effect, we are seeing the undermining of Western biomedicine by those who supply its major therapeutic modality.

The evidence presented in this book is very convincing, and we may well

wonder how the drug industry giants have gotten away with all of this for so long. Shouldn't the perpetrators of such crimes be brought to justice? Unfortunately we have only seen the dispensing of partial justice, with the imposition of relatively small fines in only a few cases, or out of court settlements with minimal publicity. Such a dire situation demands redress at all levels. But that is unlikely to happen any time soon – the system is too entrenched for that. In order to understand how we have got to this point and to grasp the extent and scope of this crisis, I will leave it to Dr Gøtzsche to elucidate

the issues and point the way towards a satisfactory resolution.

This book should be mandatory reading for both students and practitioners of Western medicine. Moreover, it will provide much needed clarity to practitioners of complementary healthcare who are working in a Western clinical setting, and dealing on a daily basis with patients who are prescribed drugs that may be ineffective and potentially dangerous, under the mantle of 'modern evidence-based medicine'.

Reviewed by Tony Reid

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Shen's Textbook on the Management of Auto-immune Diseases with Chinese Medicine

By Shen Pi'an, translated by Mao Sguzhang
Donica Publishing, 2012
ISBN 9781901149008

This book contains 22 chapters and 750 pages. The author, a Professor of Chinese medicine for more than 30 years, is a prominent clinician in rheumatology and immunology in China. In this book, he explains how to manage the autoimmune diseases with Chinese medicine. Firstly, this book systemically introduces the concept, development, diagnostics and therapeutics of autoimmune diseases from the perspective of traditional Chinese medicine (TCM). The author provides an in-depth explanation about aetiology, pathology, pattern identification and treatment of autoimmune diseases with Chinese medicine based on his many years of clinical experience. Secondly, this book has chapters of commonly seen autoimmunity diseases, such as rheumatoid arthritis (RA) and systemic lupus erythematosus, with information on the clinical manifestations and diagnosis in Western medicine as well as Chinese medicine. All of these are very useful to Chinese and Western medicine

practitioners who are interested in autoimmune diseases. Finally, this book provides lots of advice for patients with autoimmune diseases about how to relieve symptoms and control the progression of the disease. The advice should be very beneficial to the patients to guide them to live with a healthy life method for their diseases.

Throughout the book, the author tries to establish a 'bridge' between Western medicine and TCM. The book aims to not only help Chinese medicine practitioners understand the diagnosis and treatment of autoimmune diseases in current Western medicine, but also help relevant practitioners of Western medicine to understand the management of autoimmune diseases with TCM. This 'bridge' is achieved through establishing the conceptual link between Western medicine and TCM. For example, immune function is a concept of Western medicine; the authors proposed that 'immune function' is closely related

with some concepts/theory of TCM, such as 'Vital Qi', 'Spleen and Stomach theory', 'fever due to internal damage', 'Kidney-gate of vitality theory' and 'Bi syndrome theory'. It means that all of these factors of TCM can lead to the disorder of human immune function. Such 'conceptual links' are presented throughout the chapters about various diseases.

The book's content was originally from the clinical experience of the author, therefore it is very useful for practitioners to guide their clinical practice and provide advice to their patients. In the chapter on aetiology and pathology, the author explains the aetiology of autoimmune diseases in Chinese medicine due to constitutional insufficiency with depletion of kidney and disharmony of the Ying and Wei, and their subsequent pathological products, such as phlegm-damp, and blood stasis. The resultant internal damage of the *Zang-Fu* is considered

as the final stage of pathology. In order to be understandable to other relevant practitioners with a Western medicine background, authors also use some clinical features of modern autoimmune diseases to compose the aetiology and pathology of autoimmune diseases in TCM, including how symptoms are similar to flu in the early stage of diseases and the internal damage of organs as the final evolution of the diseases. Thus, this book is easier for both Chinese and Western medicine practitioners to access than other books on the topic.

In the chapter on treatment, the author proposes combining internal and external treatment, including herbal medicine, acupuncture and moxibustion, to improve the effect. The author also proposes diet therapy. The author considers the management of diet helping patients with autoimmune diseases to control the progression of diseases and relieve the symptoms. This theory is consistent with the view of modern medicine. Many specialists believe that diet therapy is beneficial to

the control of autoimmune diseases. For example, studies have shown that diet therapy can alleviate disease activity and symptoms in patients with RA.¹ Being able to use diet to control the progression of their diseases also empowers patients to help themselves.

What I find most interesting is the whole story around a core concept of TCM, Qi. The author shows that constitutional insufficiency with depletion of *Zheng Qi* plays the key role in the dysfunction of the immune system. As the root cause of autoimmune diseases, insufficiency of *Zheng Qi* can directly or indirectly lead to the formation of various pathological factors, such as the insufficiency of Kidney Yin, the disharmony of Ying and *Wei*, the formation of phlegm-dampness, and stasis of blood and phlegm. Thus, in the treatment part of this book, the author also focuses on the treatment on *Zheng Qi*, such as enriching *Zheng Qi* and enriching Kidney Yin and Yang. Supporting *Zheng Qi* to alleviate pathological factors is the core treatment aim in this book. Traditionally, some

Chinese medicine practitioners believe that the system of *Wu*, *Qi*, *Ying* and *Xue* is the main site of TCM pathology of autoimmune diseases, but the author proposes that 'Triple Burner' is the main site of pathology. 'Triple Burner' is the passageway for the circulation of *Zheng Qi*, so this is consistent with author's view on *Zheng Qi* being the key role of autoimmune diseases.

This book will be appealing to Chinese medicine practitioners, rheumatologists, and other practitioners who are interested in autoimmune diseases. I highly recommend this book to Chinese medicine practitioners who are involved in or interested in the treatment of patients with autoimmunity diseases.

Reviewed by Yanli Zhou

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