

BRIEF REPORT

STANDARDS — WHAT, AND BY WHOM?

LORNE PATTERSON, RMN*

NeuroElectric Therapy (NET) Research Co-ordinator

In a 1994 *Stress Medicine* Editorial, Professor Rosch, President of the American Institute of Stress, warned of a vital caveat to all the advantages being made in the field of subtle energy medicine. 'It is essential', he wrote, 'to provide a critical scientific platform that insists on objective proof to ensure the authenticity of such novel approaches. Otherwise, it will be impossible to distinguish them from the host of worthless imitation products flooding the market with spurious claims.'¹

By 1995, the Food and Drug Administration (FDA) had reversed its stance on cranial electrostimulation (CES) for stress and depression, deeming the technique not only to be of unproven efficacy, but also its electrostimulators to be of 'significant risk'.² At the beginning of 1996, two scientists vilified the Office of Alternative Medicine in a *New York Times* column entitled, 'Buying snake oil with tax dollars'.³ Those of us implicated by this entrenchment are challenged to do two things as a matter of urgent response: to question why such action has occurred, and to decide what should be done to redress the balance of the underlying issues.

First, it is essential to recognize that such action and gestures have occurred as a consequence of unresolved issues arising from alternative/complementary medicine, issues that, as warned, have directly affected the public good. It is now patently obvious where the absence of an informed, in-house review body has led.

On balance, we can say this field has been marginalized by officialdom and the orthodox medical establishment for decades. Serious and legitimate researchers have had, and still have, to

search and scrape for funding for valid research and clinical investigation as a direct consequence of that marginalization. And the lack of official supervision and discernment has created an opportunity clearly exploited by those who have brought the field into professional and public disrepute. It is appropriate to recognize that these handicaps still exist in varying degrees today.

A large part of the failure to set up a scrutinizing platform has arisen from the very real fact that there exists within the field of energy medicine little universality: within energy medicine, there is subtle energy medicine, within that, electro medicine. Electro medicine includes pulsed electro magnetic fields (PEMF), transcutaneous electrical nerve stimulation (TENS) and transcranial electro stimulation (TES) techniques. TES can be applied with techniques, equipment, philosophies and scientific hypotheses as varied as electro acupuncture (EA), cranial electro stimulation (CES — a single pulse frequency technique designed to alleviate stress and anxiety); to our own neuroelectric therapy (NET) and similar techniques, which vary the pulse frequency according to the substance of addiction being treated and which are detoxification modalities in their own right. Against a background of differing medical, socio-cultural, economic and legal approaches to treatment, ourselves and colleagues in Russia and France have areas of clinical, scientific and technological agreement and certainty, as well as those of disagreement and uncertainty.⁴

How then can a simple platform oversee such a diverse field, one that involves so many specialist disciplines? A platform that can inspire peer-professional as well as public confidence? The simple answer must be that a single platform is

according to their relevant scientific, clinical and technological characteristics.

In this regard, the FDA's recent action does not go far enough. Much more is required, for the FDA is being left to address not only technical safety, but issues as varied and demanding as pioneering approaches to clinical medicine; the nature of good medical practice in areas not accepted as traditional medicine; the assessment of scientifically unorthodox treatments; and the appropriateness and probable consequence and value of scientific pursuit in frontier areas of modern scientific investigation — the role of neuropeptides and neurotransmitters being one particular area; that of 'placebo', its nature, mechanism, potency and place in clinical practice, being another.

A further practical offshoot of these hydra-headed problems is the funding dilemma involved. Who is to say whether or what official funds deserve to be directed towards any given alternative investigation? How are the values of such different paradigms to be judged? On their potential clinical promise? On their technological standards? On their cost-effectiveness basis?

Such highly contentious issues have only just begun to be addressed by NIH's Office of Alternative Medicine. For their trouble, they have been taken to task for 'endorsing ... claims that ignore natural law ... The real question is not whether alternative medicine is good science but whether it is science at all'.³

Hippocrates, the 'father' of western medicine, believed that a patient's response to illness and treatment was crucial to clinical outcome. His view is central to the ancient argument as to whether medicine is more art than science. Certainly, the clinical power of faith, of belief, of a therapeutic relationship, has been observed for as long as written records exist. Park and Goodenough label

a vivid if limited description. But why use the term pejoratively merely because we have not yet measured scientifically what may prove to be, at its most fundamental level, innately subtle and sophisticated bioelectromagnetic/endorphinergic influences? Merely because we have not yet understood what is happening?

To counter such assaults, a platform of recognized experts must be established as a matter of urgency — and officially, if possible. Moreover, the platform must be flexible enough to deal adequately with the challenges presented, comprising disciplines relevant to all the ethical, scientific, clinical, commercial and other considerations thrown up by the inherent issues. To inspire confidence in the public at large, and in official bodies already involved in rendering judgements on the field, it is also critical that such an advisory platform must consist of creditable individuals who — unlike ourselves in NET — have no commercial or other vested interest in any one individual technique.

For its part, Western science must accept that science *per se* means 'to know', and also, cannot by definition live in arrogantly self-indulgent ignorance.

REFERENCES

1. Rosch, P. Stress and subtle energy medicine. *Stress Med.* 1994; 10: 1-3.
2. Food and Drug Administration. 21 CFR Part 882. Final rule 1995; Aug 24: 43967.
3. Park, R. L. and Goodenough, U. Buying snake oil with tax dollars. *New York Times* 1996; May 3: Op-Ed.
4. Patterson, M. A., Patterson, L., Flood, N. V., Winston, J. R. and Patterson, S. I. Electrostimulation in drug and alcohol detoxification. Significance of stimulation criteria in clinical success. *Ad.*