criteria used in this condition. Therapeutic trials of these agents in suspected multisystem inflammatory disorders can, therefore, inadvertently eradicate a useful cutaneous physical sign.

Fellows are reminded to consider atypical skin lesions when assessing and considering therapeutic trials in patients with suspected occult inflammatory or neoplastic disorders.

Reference

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Alternative therapies for asthma: are patients at risk?

Editor – Ernst and Posadski (*Clin Med* October 2012 pp 427–9) suggest scepticism is scientific virtue, but it is important to retain objectivity. This review appears to us actively hostile. The evidence of effectiveness for complementary and alternative medicine (CAM) in asthma is inconclusive, although 'lack of evidence' should not be confused with 'evidence of lack'. Some interventions, eg breathing exercises and mindfulness meditation, have stronger evidence, and more and better-quality research is needed. The authors agree that asthma patients using CAM 'often experience symptom reduction and less anxiety'. These appear useful outcomes, not to be dismissed lightly.

The authors suggest there is 'considerable concern over the safety of some forms of alternative medicine' including acupuncture which is described as 'potentially life threatening' with a 'rare' frequency of event. Endres *et al* prospectively analysed the adverse events in over 2 million acupuncture treatments.[1] They identified 14,000 events with no deaths or serious adverse events directly or circumstantially attributable to acupuncture. Calman suggests that we should consider this risk between minimal (vaccination-associated polio) and negligible (hit by lightning).[3] We are unsure why this data was not referenced and why this prevalence is a realistic hazard to patients. The statement that 'the risk-benefit balance of these approaches is not positive' could appear the opinion of commentators with a jaundiced eye.

There is also significant contradiction; the introduction states that CAM users use these approaches alongside conventional treatment and 'there is evidence to suggest that the use of alternative medicine does not affect adherence to conventional asthma treatments'. Later the authors suggest 'some patients might use it as a replacement for conventional treatment' (unreferenced), with the emotive suggestion that CAM-induced non-adherence could result in death.

Many people with asthma are interested in exploring non-drug treatments and many report benefit. As clinicians we should listen to and understand our patients, and as scientists to undertake the methodologically challenging but important research needed to quantify the risks and benefits of non-drug treatments for asthma. Telling patients how silly they are being is unlikely to help anyone.

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References

1 Endres HG, Molsberger A, Lungenhausen M, Trampisch HJ. An internal standard for verifying the accuracy of serious adverse event reporting: the example of an acupuncture study of 190,924 patients. *Eur J Med Res* 2004;9:1–7.
2 Calman KC. Cancer: science and society and the communication of risk. *BMJ* 1996;313:799.

Response

I am, of course, pleased to see that this article attracted some attention, but I fear the authors of this comment might confuse a hostile with a critical attitude. Our brief review merely summarised the best available evidence on the subject and evaluated it critically. I strongly believe that an uncritical scientist is a contradiction in terms and I see reason to doubt that the commentators are critical in their assessments of alternative medicine.

For instance, they first cite the old chestnut that 'lack of evidence is not evidence of lack',[1] only to subsequently claim that, because there is a lack of evidence that alternative therapies are used as a replacement of effective treatments, there is no reason to worry. In a similar vein, they seem to play down the possibility of rare but serious harm from acupuncture, despite the fact that numerous fatalities have been reported in the medical literature.[2] Equally, they doubt that the risk/benefit balance of most alternative therapies for asthma fails to be positive, while dismissing an elementary fact: if a treatment is not demonstrably effective, even a small risk will tilt this balance into the negative.

Amazingly, the commentators even employ the old 'argumentum ad populum' which implies that, if something is used by many patients, it must be good. To end their comment, they then affirm 'telling patients how silly they are is unlikely to help anyone'. As our article never stated anything remotely like this, this statement has many of the characteristics of a straw man.

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References

1 Edzard Ernst: Absence of evidence is not evidence of absence, 2012. blogs.bmj.com/bmj/2012/03/19/edzard-ernst-absence-of-evidence-is-not-evidence-of-absence/ [Accessed 7 December 2012].
2 Ernst E. Death after chiropractic: a review of published cases. *Int J ClinPract* 2010;64:1162–5.