

# THE SKEPTIC

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+ EARTHQUAKES  
Vitamins &  
Junk Info



**MONEY for Nothing**

We investigate Australia's Health Funds



# THE SKEPTIC

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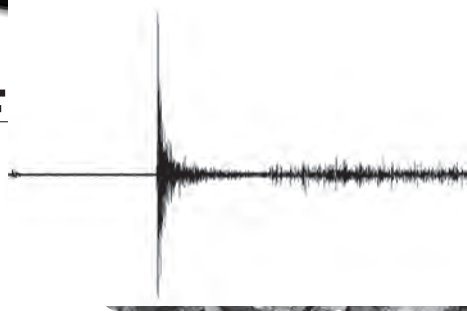
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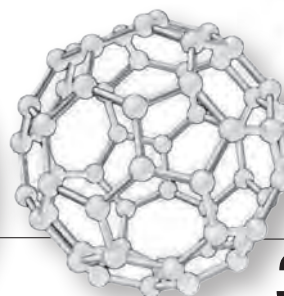
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# STRANGE BEDFELLOWS

Peter Bowditch sizes up the relationship of the Pharmacy Guild, Blackmores, and the not-so-happy companions.



Many years ago I did some stage acting, and one of the plays we performed was *Rhinoceros* by Eugene Ionesco which was part of what was known as the Theatre of the Absurd, a sort of literary equivalent to surrealist art, where what was happening was challenging to the senses and the observer's perception of reality.

I thought I had fallen into another Ionesco play in September this year when I read that an arrangement had been made between the Pharmacy Guild of Australia (the professional body for retail pharmacists) and Blackmores (the country's leading manufacturer of supplements and alternative medicines). The proposal was that when people had prescriptions

filled for certain classes of medications, the pharmacist would advise them of Blackmores' 'Companion' products to counter the side effects of the medications.

I suppose that I shouldn't have been too surprised, because the Pharmacy Guild has form on this. In 2005 they joined forces with the Complementary Health Care Council of Australia (the professional body for CAM manufacturers and distributors) to run a Natural Healthcare Expo in Sydney. In 2008 the retail pharmacists of Australia were awarded the Bent Spoon by Australian Skeptics for the practice of selling rubbish in a manner which legitimised it by association with real, tested, effective medications and

medical treatments.

This new proposal went beyond what had happened in the past. Previously, pharmacists had carried shelf loads of supplements and nostrums and if asked gave vague recommendations based on what little knowledge they had of the supposed effects of these products. The Blackmores agreement had them recommending one of four specific Blackmores products whenever a prescription was filled for one of four drug classes: zinc supplement to go with antihypertensives (blood pressure drugs, or ACE inhibitors), Coenzyme Q10 with statins (cholesterol control), lactobacillus probiotics to treat the diarrhoea associated with antibiotics,



and magnesium supplement for proton pump inhibitors (for the treatment of gastric reflux and related conditions). It is probably no coincidence that these four categories make up a very large proportion of all prescribed medicines.

The specific recommendations would be displayed to the dispensing pharmacists by the Guild software used to record prescriptions as they were filled, just in case they forgot.

Opposition to the arrangement appeared almost as soon as it was announced. In particular, serious objections and media interest were raised when the chief executive of Blackmores, Christine Holgate, told the *Pharmacy News* magazine that the company could provide “the Coke and fries” with prescription drugs, giving pharmacies “a new and important revenue stream”. The implication of persuading customers into buying more than they wanted or needed, purely for the sake of increased profit, was not the best choice of words to be associated with a self-professed ethical profession like pharmacists.

One significant blow came from the pharmacy chain Chemist Warehouse, who placed signs on the front windows of all their shops saying “Our pharmacists’ recommendations are not for sale. Chemist Warehouse will not participate in the Pharmacy Guild’s Blackmores Endorsement program. Chemist warehouse will never instruct our staff to automatically recommend a complementary product with your prescription. Chemist Warehouse Pharmacists – Professionals Practising Professionally.”

*[Not that Chemist Warehouse is entirely without sin – it has been noted to sell ear candles, homeopathic treatments and Power Balance wristband. – Ed]*

Blackmores claimed to have scientific evidence to back up the recommendations, but this research was hard to locate. The company said that the research would be made available on its web site, but this took some time.

While we were waiting for Blackmores to make the research available, the National Prescribing Service (<http://www.nps.org.au>)

## NPS STATEMENT ON COMPANION PRODUCTS

People shouldn’t take complementary medicines just because their prescription medicines could cause nutritional deficiencies or side effects. Evidence of effectiveness and safety with complementary medicines is often limited.

### **Evidence for using zinc supplements with antihypertensives**

Routine use of zinc supplements is unnecessary for people taking blood pressure lowering medicines (or ‘antihypertensives’). There is evidence that long-term treatment with certain types of antihypertensives may reduce zinc levels, but it is unclear how often this causes zinc deficiency.

### **Limitations of evidence**

Evidence for any benefit of zinc supplementation in the absence of zinc deficiency is limited. People taking antihypertensives should only be considered for a zinc supplement if they are deficient in zinc.

Results from the only trial investigating zinc supplementation with an antihypertensive (hydrochlorothiazide) were inconclusive.

### **Evidence for using Co-enzyme Q10 with statins**

Evidence does not support the use of Co-enzyme Q10 to prevent myalgia (muscle pain) during treatment with a statin.

### **No clear evidence of benefit**

No trials have shown that taking a Co-enzyme Q10 supplement with a statin prevents myalgia. Randomised controlled trials of Co-enzyme Q10 to manage statin-associated myalgia have conflicting results and do not support routine use with statin therapy.

### **Evidence for using magnesium supplements with PPI therapy**

Magnesium deficiency or ‘hypomagnesaemia’ has been associated with long-term use of proton pump inhibitors (PPIs). Case reports indicate that stopping the PPI is the best way to normalise magnesium levels. Taking a magnesium supplement with the PPI may not be enough to correct the magnesium deficiency.

### **Limitations of evidence**

No studies have investigated the use of a magnesium supplement to prevent magnesium deficiency during PPI therapy. A magnesium supplement should only be considered if a PPI has caused a deficiency in magnesium that requires treatment. Evidence for using a supplement with a PPI to treat magnesium deficiency is based on case reports.

### **Probiotics with antibiotic-associated diarrhoea**

There is some evidence from trials that probiotics may prevent antibiotic-associated diarrhoea in some adults and children. But limitations with the trials mean that the true effect of probiotics is uncertain, as is the most effective product or dose.

### **Limitations of evidence**

There is not enough evidence to determine the following about probiotics:

- The minimum dose that is effective for preventing antibiotic-associated diarrhoea
- How well they work for different age groups
- Whether they prevent diarrhoea caused by *Clostridium difficile* (which can lead to more serious complications)
- How different probiotics compare in effectiveness and safety
- The best length of time to take them for
- Whether the effect of a probiotic differs depending on the type of antibiotic taken or for how long the antibiotic is taken.

*This is an edited version of the NPS’s statements on each class of drugs. The full NPS commentary can be found at [http://www.nps.org.au/topics/companion\\_products](http://www.nps.org.au/topics/companion_products).*

# Strange Bedfellows

Continued...

published a statement on the efficacy of the Companion products (see sidebar).

From this, it seems that there is little evidence to support the need for the supplements which were to be recommended to a very large cohort of prescription drug users.

Pharmaceutical Benefits Scheme statistics for the twelve months up to June 2010 show that over 72 million prescriptions were filled for the four categories of drugs. Three of the categories occupied the top three positions in the ranking of numbers of prescriptions filled, with antibiotics taking only a lowly sixth place (<http://www.health.gov.au/internet/main/publishing.nsf/Content/pbs-stats-pbexp-jun10>).

Blackmores finally published the research supporting its four Companion Products. Unfortunately, the research wasn't made available to just anybody as you had to be some sort of 'healthcare professional', although this was rather easily bypassed.

A couple of paragraphs stood out for me:

"The evidence was compiled in line with the Therapeutic Goods Administration's Levels of Evidence Guidelines for listed products, and demonstrates that some prescription medicines diminish nutrients and that supplementation can improve nutritional status.

Where the research says "listed products" it refers to a class of medical devices or preparations which do not have to prove efficacy, just that they don't do too much damage when taken according to directions. Put another way, for something to get a 'Listed' classification it does not have to be shown to work or even provide any benefit at all. Homeopathic products are 'Listed'. Real medicines

are usually 'Registered', because that classification means that evidence has been produced that they do what the promoters say they do.

The research went on to say: "In addition, evidence was sourced using two key resources identified by the National Prescribing Service as having the highest quality of information for complementary medicines: the Natural Standard Professional Database and the Natural Medicines Comprehensive Database."

Leaving aside my opinion about databases of magical preparations, the important message to be taken from this paragraph is that the National Prescribing Service cited had already issued a statement saying that none of the Blackmores Companion Products actually have any benefit at all. It is standard operating procedure for alt med proponents to refer to authorities in the almost certain knowledge that the general public will be impressed by the reference and fail to see what the authority really had to say.

On October 5 the Pharmacy Guild bowed to pressure and announced that the arrangement was not going ahead. Even then, however, they were not apologetic, and the media release consisted largely of justifications for the idea, an example being that they said that they were just responding to "some media reporting of the endorsement which was ill-informed and inflammatory".

The release also said that "The last thing the Guild would ever want to do is deplete the credibility of community pharmacists, or damage the trust in which they are held by Australians." Perhaps one day they will realise that partnerships based on unproven products and questionable motives can't possibly do anything except "deplete the credibility" of members of a scientific profession. ■



About the author:  
**Peter Bowditch** is immediate part president of Australian Skeptics Inc and one of Australia's most noted ratbags ([www.ratbags.com](http://www.ratbags.com))

## Logical Place

### Begging the Question

Setting aside for a moment whatever personal views we might have about the morality of abortion, consider the following argument:

**Premise 1:** Murder is morally wrong.

**Conclusion:** Therefore, abortion is morally wrong.

Is this argument logically valid? Probably not, but let's analyse the form of the argument to make sure:

**Premise 1:** If A, then B.

**Conclusion:** Therefore, if C, then B.

An argument of this form is logically invalid, ie the conclusion can be false even when the premises are true. Or in other words, the conclusion does not necessarily follow from the premises.

OK, how about this argument:

**Premise 1:** Abortion is murder.

**Premise 2:** Murder is morally wrong

**Conclusion:** Therefore, abortion is morally wrong.

Is this argument valid? The form of this argument is:

**Premise 1:** If A, then B;

**Premise 2:** If B, then C

**Conclusion:** Therefore, if A then C.

In this second case, the conclusion necessarily follows from the premises, so this form of this argument is logically valid.

The first argument was missing a premise, which when included, turned the argument from an invalid one to a valid one. This is an example of the fallacy known as the *Fallacy of the Unstated Major Premise* or 'begging the question'.

The Latin name for it is *petitio principia*, meaning "a request for the beginning or premise". In other words, this fallacy is committed when one makes an argument assuming a premise that is not explicitly stated. It is not to be confused with 'raising the question', as sometimes occurs in the popular media.

- by Tim Harding