

Feature Health

# Back Pain : Does Complimentary Medicine Offer a Better Alternative?

**B**ACK pain, that grumbling sensation deep in the spine, caused 46.5 days absence from work in 1988 — a little more than heart disease and much more than strikes — according to new reports.

The Back Pain Association in Britain says the figures are 40 per cent up on totals for 1982, and the days lost cost the economy £2000 million. The price of treating those aching backs would have built at least a dozen hospitals.

The analysis also shows that over 3 million Britons a year consult family doctors because of back pain, and approaching 100,000 will be referred to hospital, mostly for a "non-specific" disorder.

Not surprisingly, the Office of Health Economics has branded back pain "an enormous financial burden", especially as an accurate diagnosis and successful treatment course is found in only one in five cases.

"We believe that the cause of 90 per cent of back pain is not diagnosable," says Vi Gilman of the Back Pain Association. "Doctors simply don't know what is wrong, and have no way of finding out what is wrong."

The Association has complained that doctors spend too little time at medical school learning about the spine, and as a result are equipped to offer little more than sympathy, advice to rest, and pain-relieving drugs.

"But we're against drugs and against excessive rest," says Vi Gilman. "We think it's much better that sufferers keep moving and don't let strained muscles get too relaxed and slack. We believe in exercise, not lying down."

NHS medicine's failure to come to grips with back pain is underlined by the fact that more and more sufferers are trying alternative treatments. One survey showed that 39 per

cent of hospital outpatients receiving treatment for the condition has also been to a complementary practitioner — usually an osteopath to massage painful tissues.

And the friction between alternative and establishment medicine became a little warmer a few weeks ago when a study reported in the British Medical Journal showed that in the long term back pain was treated more successfully by chiropractors than by hospital out-patient clinics.

Chiropractors adjust and manipulate bones which are misaligned and out of joint.

The study, conducted by the well respected Medical Research Council, prompted the chiropractors to renew calls for recognition from the Department of Health.

"We are still seeking a government registration system" says the British Chiropractic Association. "Then the public

will be protected from cow-boys and anyone else wanting to set up as a non-qualified Chiropractor."

Established medicine, however, remains largely unconvinced by alternative treatments. "They can only be recommended with circumspection," scoffed one doctor reviewing back pain in a medical journal.

However, one in 12 of us will see a doctor each year for pain in the back. Disc, arthritis and inflammation disorders will account for many of the causes — but most will remain "non-specific". And in many of these cases the pain will just go away of its own accord.

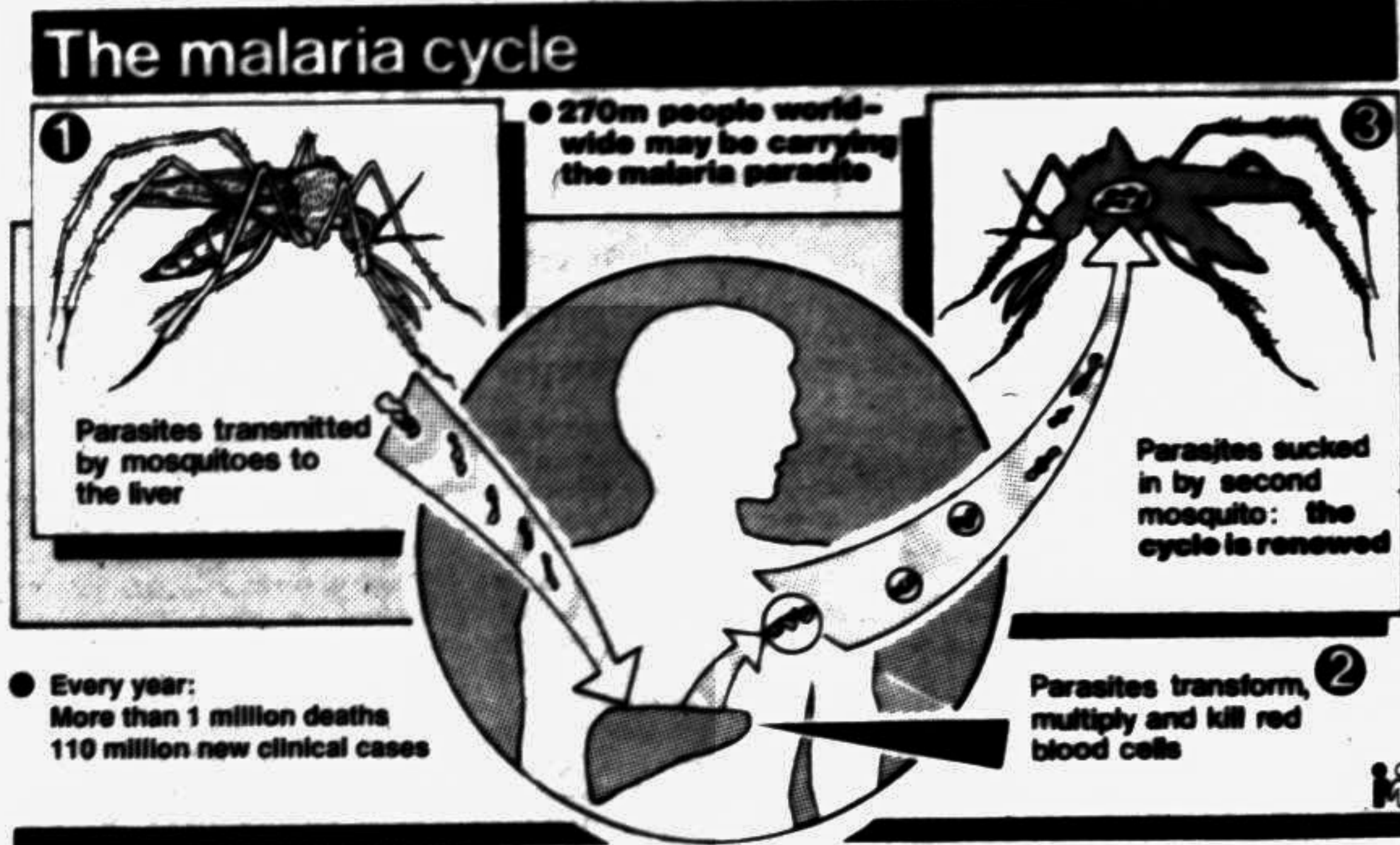
This, however, is of little present comfort to the 100,000 of Britain's back pain sufferers known to be handicapped and impaired by the condition. How many others are simply sitting at home suffering in silence is not known.

Their problem, says the Back Pain Association, comes down to diagnosis. "What can't be diagnosed can't be treated. So among our priorities are better tools for diagnosing the cause of the pain."

There have been some developments in diagnosis — particularly in the wider use of magnetic resonance imaging, which is able to detect disorders in soft tissues. However, there have been few developments in treatment.

Meanwhile, back pain sufferers continue to hope the pain will just go away; others find rest, physiotherapy, osteopathy, chiropractic, acupuncture or painkillers useful.

The Association also encourages prevention, by instruction in lifting, sitting and carrying. And it advises that the first port of call for sufferers should be the GP — at least to rule out any more serious complaint. — Family Health.



# Ancient Cure Yields New Anti-Malaria Treatment

Traditional medicine is increasingly viewed in developing countries as an alternative to the high-priced drugs made by Western-based pharmaceutical companies. Now new evidence has emerged about the potential of traditional remedies to cure modern diseases. Gemini News Service reports that an ancient Chinese herbal tea has been found to yield derivatives showing great promise in treating malaria. by Gamini Seneviratne

**A** 2,000-year-old Chinese herbal remedy may hold the key to defeating malaria. The challenge now is to test, approve and distribute the drug before the disease outpaces science once again.

Over the years many drugs have been developed to treat malaria, a parasite spread when female mosquitoes bite people to feed blood to their eggs. Powerful insecticides have also been used to try to eradicate the disease by wiping out carrier insects.

Campaigns against the disease were so successful in the Sixties and Seventies that the World Health Organization declared malaria would soon be eradicated. Success was short-lived. The parasite has become resistant to drugs such as quinine and chloroquine and the mosquito equally resistant to insecticides.

In October the Geneva-based WHO estimated that 270 million people worldwide were infected with malaria. The annual death toll — most of it among children in Africa — was put at more than one million. Worse, the disease has developed severe forms such as cerebral malaria, which damages the brain. Moreover, increased world travel has led to more people from malaria-free regions becoming infected.

The good news is that the ancient Chinese remedy has yielded injectible drugs that are quick-acting and effective against the severest forms of the disease. Dr Tare Godal, director of WHO's tropical diseases research programme, says the remedies are entirely different from classical drugs, such as chloroquine or quinine, against which the parasite has developed resistance.

"And what's more," says Godal, "these molecules are much faster acting, which is of great interest for more serious forms of malaria, such as cerebral malaria," since patients commonly go into a coma and die within days.

The herbal remedy uses the leaves of a common plant called Artemisia annua — called qinghao and pronounced ching-hao in Chinese — to brew a tea known as qinghaosu.

The tea would have remained an obscure folk remedy but for a Chinese government programme begun in 1960 to study ancient books on traditional medicine for plants from which modern science could extract new drugs. Researchers came across records that prescribed qinghaosu as effective against the chills and fever associated with malaria.

By 1979, when WHO first heard of it, Chinese scientists had isolated the active compound artemisinin from the plant and developed derivatives which could be used in injectible form.

As WHO doctor David Davidson explains: "The compound has very nice activity against malaria but is difficult to work with pharmaceutically. It is not soluble in oil or water. It's like cement. There's not much you can do with it. So the Chinese had come up with two derivatives."

One was called arte-mether. This molecule, soluble in oil, has been developed in China in a form that can be mixed with peanut oil and injected into the human muscle. The other derivative, called Arte-sunate, is water-soluble and developed in a form that can be injected into the veins. By the late Seventies the two derivatives had been tested on humans and were being widely used in China to treat malaria.

All the evidence from the Chinese trials has indicated these are excellent drugs. Davidson says: "The initial injectible dosage forms are particularly interesting because they produce a very rapid clinical response."

"In severe malaria cases... in patients in imminent danger of losing their lives, the Chinese clinical experience shows very

clearly that the drugs appear to have the potential of producing much better effects compared to standard therapy. They clear fever more rapidly, clear parasites from blood more rapidly, and patients unconscious with cerebral malaria recover consciousness much more rapidly."

Still, WHO faces difficulties in making the remedies available outside China. Davidson says drug regulatory agencies in both developing and developed countries require many of the safety tests already administered in China to be "expanded and to an extent repeated. We are in the process of doing that, focussing initially on arte-mether."

Another critical hurdle relates to manufacturing. WHO has set out Good Manufacturing Practices Guidelines, which aim to assure that every dose is effective and safe, but China is not a signatory to the guidelines.

As a result, WHO has been working with the main producer of arte-mether, the Kunming Pharmaceutical Factory in southern China, which will be the exclusive maker of the drug for export. It is urging the company to conform to guidelines for international marketing and registration.

Clinical trials are due to start soon in Kenya, Nigeria, Papua New Guinea and Vietnam. Davidson says: "We are very close indeed to the point at which arte-mether at least will be made available."

In the mid-Eighties, WHO also set up a project to develop a drug from scratch, working from the same artemisinin base, according to practices used in developed countries. That drug, called arte-ether, has now graduated from all pre-clinical trials at the Walter Reed Army Institute of Research in Washington. Clinical trials on 23 young volunteers were scheduled to start in November at Amsterdam University in the Netherlands. — GEMINI NEWS

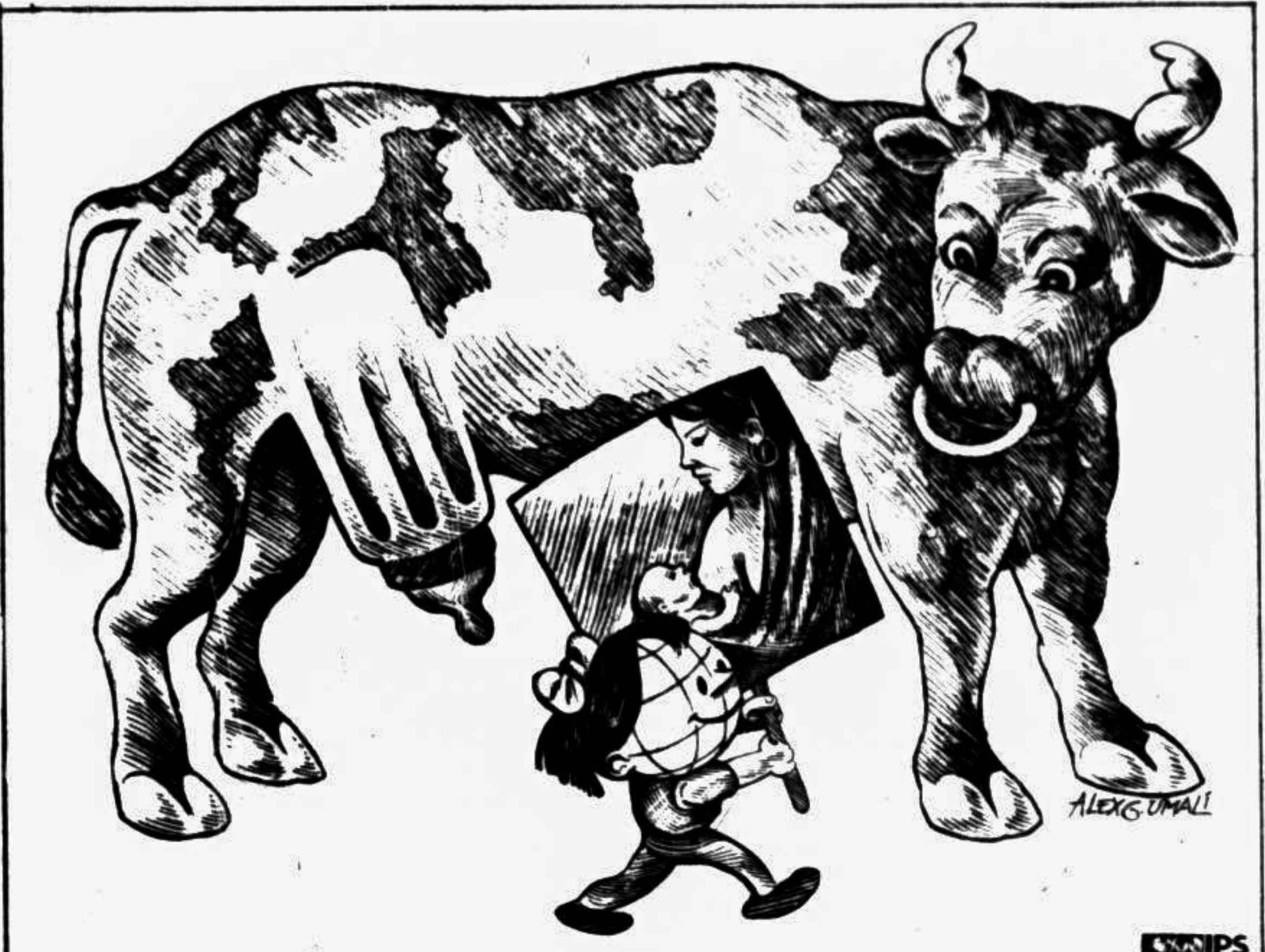
# Making Hospitals Baby-friendly

**M**ANILA: Breastfeeding activists have long attacked the aggressive marketing practices of transnational infant formula manufacturers, especially their free distribution of baby foods in Third World hospitals.

Health experts say such practices effectively deprive mothers the option of breastfeeding, and expose babies to gastric infections through contaminated water and unclean bottles.

It was thus ironic that the idea of governments banning milk formulas from hospitals came from the world's major milk manufacturers, particularly the Swiss-based Nestle and American Home Products which account for over half the global market.

The big milk formula makers sent word to the United Nations Children's Fund (UNICEF) headquarters in New York early this year that they would be willing to pull out of distribution in hospitals and maternity centres. But they wanted assurances that all companies would do the same — and stay out.



"They wanted a level playing field," UNICEF executive director, James Grant told IPS. The big firms feared other companies would take advantage of their move and launch aggressive promotional campaigns.

The simplest way to do that was to get governments to impose a ban and make it stick.

So UNICEF launched its 'Baby Friendly Hospital Initiative' (BFHI). In this global effort, UNICEF has teamed up with the World Health Organisation (WHO) — and the world's biggest infant formula makers.

The cutting edge of BFHI is "infant feeding reform through exclusive breastfeeding". The idea is that by end-1992 the distribution of free or subsidised breastmilk-substitutes in hospitals and maternity

clinics will be banned worldwide. Instead, mothers will be encouraged to breastfeed.

By UNICEF's count, a decisive shift to breastfeeding would prevent a million infant deaths every year and save many other children form permanent growth and development defects.

In the case of 12 'lead countries', the ban is supposed to take effect one year earlier — by end-1991 — so the expected kinks can be sorted out. These countries are Bolivia, Brazil, Egypt, Gabon, Cote d'Ivoire, Kenya, Mexico, Nigeria, Pakistan, Thailand, Turkey and the Philippines.

UNICEF's Grant said these countries were selected because they had already taken measures promoting breastfeeding and seemed willing to continue forward.

Grant met this month with Philippine President Corazon Aquino to get her endorsement. Aquino, a mother of five, said she would support it

An improbable alliance of United Nations agencies and transnational companies is pushing a campaign to kick out all infant bottle-feeding from the world's maternity wards by end-1992. Ramon Isberto of IPS reports.

Zamora.

With an informal deal in hand, the UNICEF executive board passed a resolution in May requesting Grant to negotiate with the milk companies for an end of all free distribution by end-1992.

In June, the Infant Formula Manufacturers Association passed a resolution that they would seek to end all free distribution of breast-milk substitutes by the end of 1992, and that they would cooperate with UNICEF and WHO for this purpose.

For the big manufacturers which have been hounded for years by consumer boycotts spearheaded by breastfeeding advocates, the ban makes business sense.

"They have been suffering for some time from the worldwide boycott," Grant said.

Nestle, for example, markets coffee as well and owns a hotel chain and numerous other businesses. All of these were being boycotted.

Breastfeeding activists are still wary of the manufacturers' willing cooperation. In the Philippines, for example, a ban on the distribution for free of baby formula in hospitals has been in effect since the government adopted a national code on breast-milk substitutes in 1986.

But milk companies exert a great deal of effort to get around the ban, says Adelfa Mabulay, secretary general of 'Unso', a nationwide pro-breastfeeding alliance.

"They have taken advantage of the code's many loopholes and now aggressively advertise so-called 'follow-on' formulas, for babies more than six months old that have the same effect of discouraging mothers from breastfeeding their children," she said.

Grant says pro-breastfeeding groups have "considerable reason" to be skeptical. "It's very clear that since the formula code was passed in 1981 that many companies actively opposed (the code's) coming into force, country by country," he said.

But UNICEF chief says the plan is still worth the effort despite recent findings that in some cases the AIDS virus can be transmitted by infected mothers to children through breastfeeding.

Experts say promoting breastfeeding is still the quickest, most effective and least expensive way of averting millions of needless deaths in the coming years.

# Eternal Youth : Now Men Look at Ways of Turning Back the Time Clock

**T**HE generation of women which first planned families with the Pill is now fending off old age with hormone replacement therapy. HRT, they claim, is the miracle treatment to keep their eyes sparkling. Their skins fresh, and their spirits high. Not for them the misery of the menopause.

Men, who suffer no reproductive hormone changes or stifling hot flushes, experience no more of a male menopause than an anxious glance at a balding head, or a greater inclination to sit in a comfortable armchair.

However, news from the USA might now make men sit up.

For some of the ravages of ageing — like a thinner skin, dwindling muscles and a tendency to put on weight around the middle — may be reversed by treatment with a genetically engineered version of human growth hormone.

A test group of men in the USA aged between 61 and 81 were given injections of the hormone for six months —

with miraculous results:

- Their skin became youthfully thick again
- Body fat decreased by 14 per cent
- And they added 9 per cent extra lean body mass, principally in vital body organs — like kidneys, liver and the heart.

The doctor in charge of the study, Dr Daniel Rudman from the beer brewing city of Milwaukee in the USA, reported in the New England Journal of Medicine that the hormone treatment appeared to cause no serious side effects — unless the cost of treatment, estimated at about \$14,000 (£80,000), sparked palpitations.

Human growth hormone is produced by the body's pituitary gland to do just what it describes — encourage and provide the stimulus for growth. Toddlers who remain tiny tots may be suffering from growth hormone deficiency, and will need regular injections to compensate. The treatment has been revolutionised in the past five years by the introduction of geneti-

cally engineered hormone, which has eliminated the variations formerly found in the scantily available natural product.

However, in adults studies have linked the body's own production of human growth hormone with changes associated with ageing. Deficient production has been linked with shrinking muscles and thinning skin.

Studies have shown that as many as one in three elderly people lack growth hormone, simply because the pituitary gland has stopped producing it. The consequence is the shrivelled muscles of old age.

The six-month injection course left the American study men with stronger muscles and more youthful bodies, thus turning back the physical clock by "ten to 20" years.

Doctors in Britain are so far cautious about the claims. In the USA Dr Rudman said: "There's nothing that we know about growth hormone that suggests it would lengthen life span". And he added that anything that might make a frail heart beat more soundly

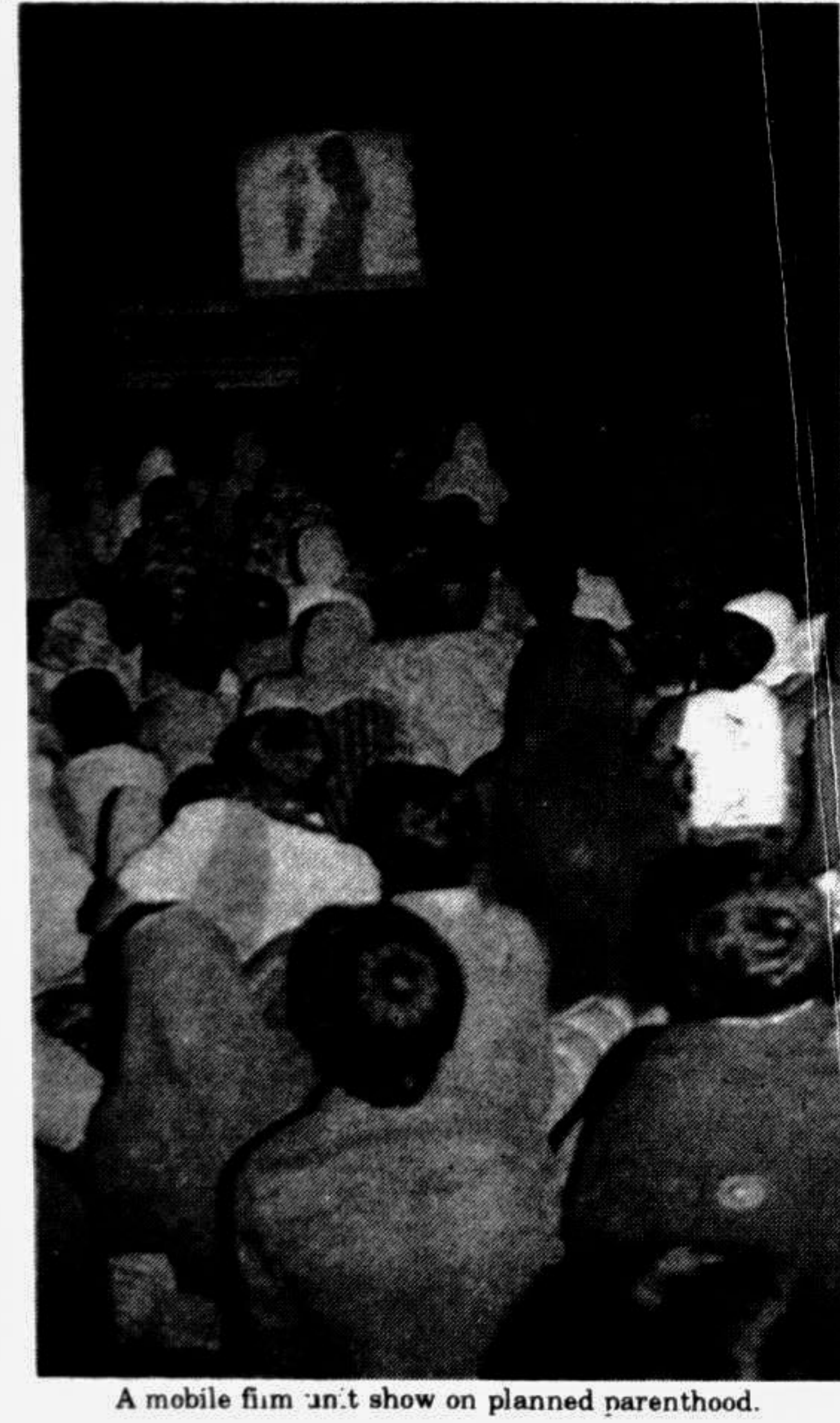
would be helpful.

However, British hormone specialist Dr John Stevenson told this column: "The body is geared to keep its hormones at a certain level — any hormone, not just growth hormone. Too little hormone production can cause problems, too much hormone production can also cause problems."

Since growth hormone mainly concentrates its impact in adult life on the body's muscles after long bones have stopped growing, the heart could be threatened by too much growth hormone. Risk of heart disease, high blood pressure and diabetes are all possible risks.

Meanwhile, and pending later results which will take two more years, American experts are predicting a block market in human growth hormone as US males continue their search for eternal youth.

In Britain, hormone treatment in the male middle and later years remains mainly confined to testosterone, the male sex hormone, which is prescribed in serious cases of decreased libido. — Family Health.



A mobile film unit show on planned parenthood.

**No EXCUSE...**

A WOMAN'S CONTROL OVER HER FERTILITY, IF SHE HAS IT, IS THE FREEDOM FROM WHICH OTHER FREEDOMS FLOW.

MOST GOVERNMENTS NOW ACCEPT THAT RAISING THE STATUS OF WOMEN, FOR EXAMPLE BY GIVING THEM EQUAL ACCESS TO EDUCATION AND JOB OPPORTUNITIES, IS A GOAL IN ITSELF.

A HIGHER STATUS ENABLES THEM TO BECOME MORE INDEPENDENT FINANCIALLY, AND MAKE THEIR OWN DECISIONS IN LIFE. AT THE SAME TIME, IT HELPS PROMOTE THE RIGHT TO FAMILY PLANNING.

GIRLS BROUGHT UP TO REGARD THEMSELVES AS THEIR BROTHERS' EQUALS DURING CHILDHOOD ARE LIKELY TO ADOPT FAMILY PLANNING AS ADULTS.

DEPTHNEWS