

## LETTER

## Adverse events associated with the use of complementary and alternative medicine in children

The deaths and treatment errors reported in the study of Lim *et al* are indeed distressing.<sup>1</sup> However, some important questions remain unanswered. First, the authors do not state who was responsible for the children's treatment and who prescribed—or did not prescribe—the medication in question. Second, there is no solution-oriented discussion of the problem as the authors' analysis was inadequate.

For example, it remains unclear whether paediatricians or other doctors were responsible for these deaths or lay people, therapists or non-medical practitioners. If the treatment was not prescribed by doctors, it is quite conceivable that the persons giving the treatment lacked the necessary knowledge for treating children and for distinguishing dangerous situations from harmless symptoms. If this was the case, the problem would not be related to the complementary and alternative medicine (CAM) or treatments as such. For example, a supposed CAM diet is nothing more than a bad diet if it leads to malnutrition and the therapist fails to notice.

Any form of treatment holds potential dangers if the therapist does not have the necessary training and competence. Even an insufficiently trained physician could cause devastating damage with conventional drugs.

Whether CAM treatments are safe and what effects and side effects they have is a question, meanwhile, pursued not only by our working group but by many scientists and doctors around the world.

In their presentation of the tables in the result section, Lim *et al* mix fact with fiction which belongs in the discussion, if anywhere.

Let us give some examples:

AE 5: Thyroxine is a conventional drug—not a CAM medicine.

AE 13: *Seizure and apnoea—Homeopathic medicines*. A seizure in connection with homeopathic medicines may be regarded as proof of efficacy of homeopathy, as conventional anticonvulsants can also precipitate seizures if incorrectly used.

AE 21: Neither accidental ingestion of InfaCalm (simethicone) nor the substance itself is CAM.

AE 34: 'Infant with Down's syndrome and regret regarding prenatal testing; 46-year-old woman advised against prenatal testing by a traditional Chinese herbalist'. What association do the authors wish to show here? Surely Down's syndrome was not caused by the mother's decision against a chorion biopsy.

AE 35: 'Confused and complex grieving process. Opinion from chiropractor regarding aetiology of disease after perinatal asphyxia.' What is the CAM treatment here? Surely not the personal opinion of a chiropractor about the aetiology of a very unclear diagnosis?

This list could be continued. With the exception of AE 22, the events cited are fatal treatment errors rather than risks of CAM.

These examples show that the authors' analysis is quite bizarre. The discussion contains no references to important publications. In an investigation of ingestion accidents in Switzerland, Zuzak *et al* found that 8.6% of all intoxications were due to CAM products and that these involved no serious side effects.<sup>2</sup> Nevertheless, deaths are always distressing and the data base on the efficacy and safety of various CAM therapies must be significantly improved. Another issue that should have been addressed is the definition of CAM. As used here, it appears to be something nebulous and undefined.

If we assume that the reported deaths were caused by irresponsible therapists

and that the children were not seen regularly by paediatricians, the problem becomes a sociomedical one rather than a problem of CAM therapies. The important messages are that (1) sick children must be seen by a paediatrician and (2) medication—whether CAM or conventional—is always in the hands of a doctor. In Germany, parents usually use CAM very responsibly and there are many paediatricians with additional CAM qualifications. This model is a good example of responsible use of CAM in children and should lead to further scientific examination of CAM.

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## REFERENCES

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2. Zuzak TJ, Rauber-Lüthy C, Simões-Wüst AP. Accidental intakes of remedies from complementary and alternative medicine in children—analysis of data from the Swiss Toxicological Information Centre. *Eur J Pediatr* 2010;**169**:681–8.