

Medical Research, Part 1

Why you shouldn't believe everything you read

By Patricia A. Muehsam, M.D. Last Updated: November 28, 2010 Created: April 5, 2010

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In this two-part series, I'll share some thoughts that came to me one early spring morning in New York City. I hope you find them interesting and useful.

These thoughts were inspired by a recent piece in The New Yorker (March 2) that detailed the challenges that depression presents for modern psychiatry. A salient point was raised: that antidepressant drugs may be no better than placebo.

This possibility was also suggested in the Jan. 6 issue of JAMA, a weekly professional journal that physicians often read.

I'm not here to write about antidepressants, but rather, to highlight an issue that has plagued (or perhaps teased) us in the medical field for a long time: the placebo effect.

About Drug Studies

We often read about the results of drug studies in the lay press, citing the benefits or disadvantages of this pharmaceutical for that condition. Usually we read about the benefits.

More studies are published that yield positive drug effects than negative ones. Perhaps the drug companies don't like the bad press of negative ones.

These drug studies usually take the form of randomized clinical trials, or RCTs. Typically, subjects are given either the drug under study or a placebo.

Sometimes, the investigators don't know who's getting the drug and who's getting the placebo. This is called a double blind RCT.

Even though subjects are blinded to whether they are getting drugs or placebos, they may know. Because the drug under study often has side effects, and the placebo usually does not, the subjects may experience side effects and be able to infer which they are on.

This knowing is a placebo effect at work. And it is this knowing effect that can increase the drug's effect and lower the placebo's effect when all the statistical number crunching is done. Thus, statistics deems the drug more effective when, in fact, it may not be.

How we study what we study is the realm of research methodologists. Interestingly, the potential flaws of placebo control trials have long been the debate of methodologists, aired in their scholarly journals and at their professional conferences.

However, physicians don't read these journals nor attend their conferences, so we are naive about these issues. We all too often accept the results of what we consider the "gold standard" of clinical research, when the methodologists have been questioning their measuring devices for decades.

So, here's my take-home message: Keep in mind that your health care practitioner's clinical decision-making might have been influenced by a questionable study.

In Part 2, I'll explain how these qualms about research studies apply to more than drug studies, provide more details about the placebo effect and the power of our thoughts, and leave you with some practical suggestions on how to make use of all that I've shared with you.

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Medical Research, Part 2

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The results of medical research need to be questioned. (Photos.com)

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Returning to the points I raised in Part 1 regarding the fallibility of drug studies, I need to digress a bit to mention that drug studies are not the only studies potentially felled by placebo possibilities.

I'm not singling out Western pharmaceutical research. In fact, many "alternative" and "natural" medicine approaches use the same methodology, and study results are similarly vulnerable.

Studies of herbal medicines, supplements, acupuncture protocols, and other treatment regimens may be called into question. I often hear or read of this study or that study touting the next natural cure for this or that condition. I'm equally cautious and careful to suspend my belief and consider the hows of the study.

Back to the notion of placebo, that elusive effect that may be plaguing our studies. Before the advent of pharmaceuticals as major players in our armamentarium of medical therapies, the placebo effect might have been just another way of describing a natural healing law.

This effect is merely an example of the power of thought. And we can extrapolate this effect to real-life healing relationships—the belief or expectations of the practitioner and the practitioner-patient relationship, for example.

This returns me to a theme of my earlier writings: The mind is a veritable and potent mediator of all sorts of doings in our bodies and our lives. (See my "The Power of the Mind" series, theepochtimes.com/news/6-7-17/43996.html)

Perhaps these suppositions seem unscientific and immeasurable. Yet a wide body of research by basic scientists has explored the veracity of consciousness and of "experimenter" effects, directly applicable to the notion of placebo in our studies and in our healing relationships.

We also have history to look to. We find these tenets deeply embedded in the ancient roots of healing traditions throughout the globe, including those of Western medicine.

Still today, many older physicians, at least a generation or more older than I (I'm half a century at this writing), who weathered the pharmaceutical and hi-tech advancements of modern medicine, hold fast to the notion that how a patient thinks and feels is the most important element in his or her recovery from illness and in staying well.

The French philosopher and writer Voltaire opined on medicine and the mind: "The art of medicine consists of amusing the patient while nature cures the disease."

Some final thoughts to ponder: Being amused can be helpful, and don't believe everything you read.

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Part 1 can be seen here: theepochtimes.com/n2/content/view/32767

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