

CULLING NON-SCIENCE FROM SCARCE MEDICAL RESOURCES

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Driven by urban legends and cultural mythology, Americans are reportedly spending \$34 billion annually on alternative medicine protocols and products. When Congress allocated \$2 million for a National Institutes of Health (NIH) Office of Alternative Medicine in 1992, it could not have predicted that in 2011, the NIH would be funding the marketing of distance healing, or that Americans would be paying for delivery of alternative medicine through a federally approved health care bill. In 1999 the Office of Alternative Medicine evolved into a full NIH center, the National Center for Complementary and Alternative Medicine (NCCAM), whose annual budget now amounts to \$134 million. Locating the office at NIH implied a strategy of scientifically studying the medical legitimacy of a growing unregulated industry.

But after nearly twenty years, \$2 billion of funding, over one thousand awards, and hundreds of clinical trials, it is obvious the mandate is flawed. The success of this use of scarce medical resources was measured by examining all awards by NCCAM, which were available and studying details of all awards from 2000-2011. The cost of these awards came to \$1.3 billion. This study found no discoveries in alternative medicine that would justify the current annual expenditure of \$134 million to maintain the existence of this center.

This study did reveal some startling concepts in medical thinking. Table 1 lists funds expended for eight of the most disquieting proposals for medical protocols.

Eight examples of startling concepts funded by NCCAM

PROTOCOL	FUNDING
Maharishi Vedic Medicine	\$ 0.4 million
magnetic fields	\$2 million
mushroom extract	\$3 million
distance healing*	\$22 million
soy	\$54 million
botanicals	\$72 million
acupuncture	\$78 million
mind-body	\$157 million

* Reiki, Qigong, Therapeutic Touch, and prayer

The awards for Reiki included more than a quarter of a million dollars to determine whether waving hands over fatty rabbits will decrease their cholesterol. Did it? Almost ten years later, we still don't know. The magnet awards – for carpal tunnel syndrome, arthritis and migraine – were made after the Federal Trade Commission (FTC) in 1999 forced purveyors of magnets to cease advertising claims for health. Did the American taxpayer really need to spend millions to learn that Ginkgo Biloba does not work for Alzheimer's or dementia, or that lemon and lavender oils do not affect immunological responses? Congress should ask why the federal government is funding studies for botanicals. Research housed in drug companies, which employ a range of trained scientists and are bound by legal restrictions that force the posting of negative results, would be a better use of American enterprise. A paucity of published clinical trials and peer-reviewed results leaves the science community and the taxpayer without information. Should your wellness practitioner, who is most likely covered under the health care bill, use acupuncture or magnets to treat your fibromyalgia? The example of continued

funding for magnet therapies years after the FTC’s intervention illustrates a major flaw in the present system. Nothing seems to die.

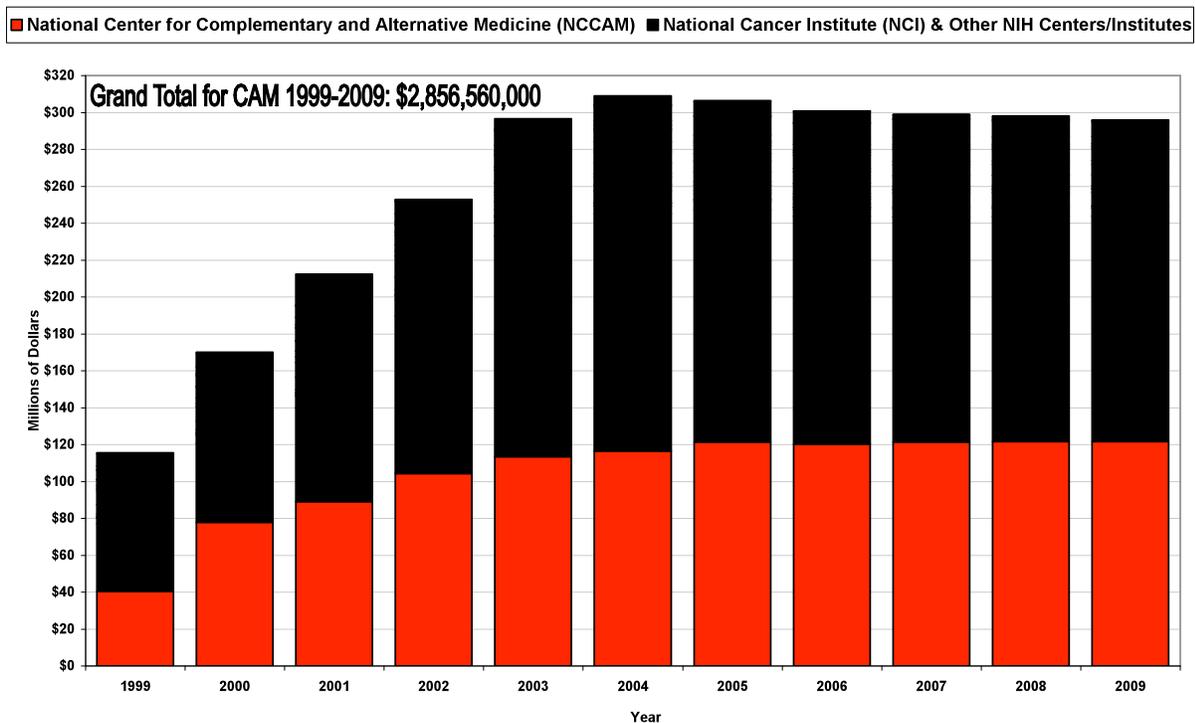
Not deterred by lack of evidence and ignorance of science, NCCAM engages in both subliminal and direct marketing for CAM, through awards (\$20 million) for development of CAM curricula in medical schools and to private entrepreneurs. Yet a study of awards that fund the teaching of alternative (integrative medicine) in medical schools, published in 2009 in *Academic Medicine* (Marcus 2009), concluded that these curricula fail to meet the generally accepted standards of evidence-based medicine.

Examples given are just the tip of an iceberg. Not generally realized is that funding awards for complementary and alternative medicine (CAM) is not limited to grants from NCCAM. The graph below shows that yearly totals for CAM from all NIH centers and offices are currently about \$300 million. Roughly half of this money was awarded for NCCAM, but the other half was spread amongst numerous other NIH centers and offices.

The lack of publications in peer-reviewed medical or science journals, and the failure to report clinical trials in scientific medical journals, demonstrates the failure of this expenditure of \$2 billion dollars over nearly 20 years to confirm cures based on cultural myths. Protests from the National Council against Health Fraud and other medical scientists have not been acknowledged by the Department of Health and Human Services (HHS) or its oversight committees in Congress. Worse, Congress has mandated into the 2011 Patient Protection and Affordable Care Act the tax burden of paying for urban legends and commercial interests.

We strongly recommend that the National Center for Complementary and Alternative Medicine be defunded or abolished, and that responsibility for scientific testing of concepts of alternative medicine (integrative medicine) be absorbed into the administrative mantle of the other nineteen institutes and institutes at NIH. Further, we suggest that the continued funding of CAM concepts that have been shown to be ineffective be immediately discontinued.

**Total Complementary and Alternative Medicine Funding by NIH Center/Institute
1999-2009**



This is a preview version of a full report that will appear in the January/February issue of the magazine Skeptical Inquirer, published by the Committee for Skeptical Inquiry.

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