

Final Comments on E. Ernst's Systematic Review on Anthroposophical Medicine (1) and on Ernst's Reply (2) to our Critique (3).

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E. Ernst's reply fails to address the discussed topics. We add our comments after each of his reply arguments:

Ernst's arguments:

1. It is simply not true that "whole systems" have not been evaluated. For instance, two studies suggest that about 80% of UK primary (4) and secondary care (5) is based on evidence.

Comment: The two citations (4;5) are not RCTs testing the whole system of conventional medicine, but cohort studies on single treatment modalities and „convincing non-experimental evidence“. Ernst did not cite any „Whole-system-RCTs“ for conventional medicine, since – as we wrote – such data are hardly available.

2. In my systematic review, I state that "further searches were conducted ... by asking experts in the field". This does not mean that I personally wrote to them! As a matter of fact, an organisation which I am currently advising has widely consulted AM-circles, and I took the liberty to use the resulting material for my article.

Comment: The original statement was: „Further searches were conducted ... by asking experts in this field. Finally professional organisations of anthroposophical medicine were asked to contribute articles of relevance.“ (1) – The fact is: They have NOT been asked.

3. My "Desktop Guide" summarises information on adverse effects not just of mistletoe but of several other therapies used in AM. I therefore think it was legitimate to use this reference.

Comment: The horror list of adverse effects of mistletoe, as claimed in the desktop guide, is without any empirical foundation (see our letter to the editor (3)). The same applies to claims of adverse effects from "several other therapies used in AM"; as long as Ernst fails to provide empirical data, these claims remain fiction as well.

4. The quote used by Kienle et al in relation to the Swedish study is a direct quote from that publication. Can there be a fairer way of reproducing evidence than quoting the original article (as I did)? In my paper I do not make causal inferences from this quote.

Comment: The original quotation was: „However, risks of single anthroposophical remedies are well documented (6). A recent controlled (non-randomised) clinical trial in the area of cancer has shown that 'women who also chose anthroposophical therapy perceived their quality of life to be lower on admission to the hospital and showed more anxious preoccupation than the women in conventional medicine' (7) ... In other words, the anthroposophical approach may not be totally without risks...“ (1) – Contrary to Ernst's post-hoc claim, this certainly is causal inference.

5. *Kienle et al. are wrong in assuming that a systematic review cannot be narrative. A systematic review means capturing and assessing the evidence by some systematic method where all the components of the approach and the assessment are made explicit and documented (8). Often a meta-analytic approach cannot be used. In the present case, the argument is irrelevant because there was nothing to meta-analyse anyway.*

Comment: The Kaegi paper (9) originally cited by Ernst (1) as a systematic review of mistletoe in cancer is NOT a systematic review, but a narrative comment on selected studies. There is a clear distinction between systematic reviews and narrative reviews; the latter lack a stringent method of collecting and assessing the material.

6. *This is why I don't think I am guilty of "only presenting presumed negative results". The truth is, there are no studies, negative or positive, which could have been included.*

Comment: Our critique was different. In our letter to the editor we asked for a "minimum standard of correctness and reliability ... even when only presenting presumed negative results on complementary medicine".

7. *I am not ignorant of the Lancet paper (10) which Kienle et al. cite. It simply did not fit the inclusion criteria, i.e. it is not an RCT.*

Comment: Ernst had written: „... it has been noted that children who adhere to an anthroposophical life-style are considerably less likely to be fully immunised compared to children in a non-anthroposophical environment (11). In other words, the anthroposophical approach may not be totally without risks...“ (1) – Since the cited survey of immunisation rates is also not an RCT, an unbiased discussion would have to include the Lancet paper (10) reporting reduced frequency of atopy in families with anthroposophical life-style and low immunisation rates – be it an RCT or not.

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Literature

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