Commentary on "Placebo as a Treatment for Depression"

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In France, at one of the largest manufacturers of homeopathic medicines in the world, I watched technicians clad in spotless whites grind up spiders, dilute them in fluids to the point that not one molecule from the gruesome slurry could remain, and then shake the fluid vigorously, with obsessive exactness. A pill drank the fluid in and dropped into a package, directed by the most modern machine. Then off to the United States and a pharmacy that proclaimed the effectiveness of its new line of medicines. And at lunch, while munching on pate and dripping ducks, the senior managers told me of their excitement at the expanding market in the United States.

In a study we conducted to examine the patterns and prevalence of alternative therapies in the United States, we learned that there are, in effect, two systems of primary care: allopathic care given by internists, family doctors, pediatricians, and obstetrician/gynecologists, and, for want of a better name, alternative care, with its growing array of massage therapists, chiropractors, acupuncturists, homeopaths, megavitamin therapists, and so on. In the aggregate, Americans visit each system with equal frequency (Eisenberg et al. 1993).

In both systems of care, the placebo effect plays, no doubt, an important role, although few providers, whatever their trade, care to advertise this widely. The scientific method has rarely scrutinized the nontraditional therapies. When it has, it has been hard put to find effects above and beyond placebo. In part, this may reflect the fact that it is exceedingly difficult to conduct investigations that stand up under the scrutiny of sophisticated methodologists who are often better at telling the world what's wrong with a study than they are at designing one that their colleagues can't shoot down. In part, purveyors of alternative therapies argue that the scientific method, with its gold standard, the randomized, controlled trial, is just not relevant to their therapies. They argue that each patient is different, requires hand-tailored therapies, and can serve as his or her own control just so often. Grouping subjects, therefore, isn't right, and "n of 1" trials are only a halfway solution.

If the allopaths search their souls deeply enough, they too find scientific evidence all too scanty, particularly as applied to the unique complexities of the patient who just walked into the office. They recall that it wasn't so long ago that leeches cured many ills, and frozen stomachs were the answers to bleeding ulcers. And if anyone had suggested a few years ago that antibiotics might be better than antacids, H2 blockers, and stress reduction in treating peptic ulcers, peer reviewers would have laughed him or her off these pages.

Brown reminds us cogently that placebo, albeit inadvertently offered or received, has striking impact. People expect to get better, do indeed get better, are pretty sure what we recommend has something to do with their getting better, and pay the bill. Moreover, in several medically sophisticated European countries, the vast majority of homeopathic therapies are prescribed by allopathic doctors, and in some cases the government is happy to pay for them, despite lack of scientific evidence for their effectiveness or safety.

Many of my patients tell me, "Renew the prescription. I have no idea if it really helps, but perhaps it does . . ." I suspect Brown is right in expecting that depressed patients will be willing to take a placebo, even if told that the pill is an expensive, colorful capsule filled with

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pure sugar. Hope, magic, and rising expectations stand tall as metaphoric opponents of the blackness, emptiness, and despair that accompany depression. The studies he cites, flawed perhaps by the caring that accompanies the delivery of the placebo, point further to its likely efficacy.

The health professional preparing to prescribe explicitly the first placebo will have to address a few practicalities. What should the "patient package insert" detail? Granted, there are few pharmaceutical pricing guidelines that make any sense, but how much should one charge for the pills and for the ensuing (likely therapeutic) visits to obtain the next batch? What are the indications for doubling the dose? Will colleagues rise up to defend practitioners when the first patient managed by placebo jumps out of the window and his brother, the lawyer, arrives in court with plans for endowing a malpractice institute with the proceeds of the ensuing litigation?

Why the renewed interest in healing through the magic of alternative therapies and the placebo effect? Perhaps in today's frantic world, replete with fax machines, voice mail, interactive television, and the bewildering technologies of medicine, we find hope in recreating cherished aspects of the good old days. The "original instrument" movement in music, the renaissance of the portrait painter, the fascination with Wharton's "Age of Innocence," or the urban dweller's flight to the country may all represent point counterpoint to the suffocation that accompanies today's headlong rush. And the simplicity, clarity, directness, and mystery that we seek is wonderfully embodied by the placebo or a magical potion spawned by a spider's web. So, just at the time when scientific endeavor and discovery have never been richer, perhaps we should indeed look depressed patients in the eye and say, "Swallow this! It's pure, it's safe, it's magic, and it will help you face the world again. . . ."

REFERENCE

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