

Anthroposophic therapy of respiratory and ear infections

Sir, I fear in their letter in the last issue of *Wiener klinische Wochenschrift* Hamre et al. confuse rhetoric with openness and my general arguments with the details of their specific study [1]. The first sentence of my Editorial should have made this clear; it stated that I used the study as “a welcome occasion to remember a few essential points about the conclusiveness or otherwise of clinical evidence” [2]. Similarly I did not find their study “annoying, worthless, fatally flawed or a waste of resources”. What I did say and feel is correct are my following full quotes from my Editorial: “the inconclusiveness of the study is annoying”; “trials which use pragmatism as an excuse for inconclusiveness are not pragmatic but worthless” and “fatally flawed studies can be more than just a waste of resources and opportunities; they can be worse than no evidence at all”. Citing people out of context is not a becoming nor a constructive habit.

I also believe that Hamre et al. are not correct in several further points they make. For instance, they state in their comment (as a “fundamental” point) that “for the objective of this study, randomisation would not have been possible”. In the original trial they wrote that the objective of the study was “to compare anthroposophic treatment to conventional treatment” [3]. I honestly fail to see a reason why this objective precludes randomisation.

Hamre et al end by reminding us of the “truly outstanding finding of [their] study”, i.e. the fact that antibiotics were used in 1% in the AM group and 27% in the conventional one. Am I missing a point here? In a non-randomised trial, this is akin to finding that in McDonald’s most people eat burgers while in the vegetarian restaurant next door no one does.

Edzard Ernst

References

1. Hamre HJ, Fischer M, Heger M, Riley D, Haidvogel M, Baars E, Bristol E, Evans M, Schwarz R, Kiene H (2005) Anthroposophic therapy of respiratory and ear infections. *Wien Klin Wochenschr* 117: 500–501
2. Ernst E (2005) On the inconclusiveness of “evidence”. *Wien Klin Wochenschr* 117: 241–242
3. Hamre HJ, Fischer M, Heger M, Riley D, Haidvogel M, Baars E, Bristol E, Evans M, Schwarz R, Kiene H (2005) Anthroposophic vs. conventional therapy of acute respiratory and ear infections: a prospective outcomes study. *Wien Klin Wochenschr* 117: 256–268

Correspondence. Prof. Edzard Ernst, MD, PhD, FRCP, FRCP (Edin.), Complementary Medicine, Peninsula Medical School, 25 Victoria Park Road, Exeter, Devon EX24NT, England, E-mail: Edzard.Ernst@pms.ac.uk, Dept. website: www.pms.ac.uk/compmed