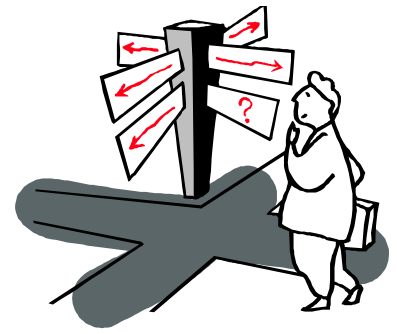


# THE SIGNPOST

Newsletter of the General Council and Register of Naturopaths

Issue 4

January/February 2002



New President Ron Bishop presents Jon Leigh, retiring from Council after over 20 years of service, with a commemorative engraved silver salver at the GCRN's Annual General Meeting on 1st December 2001

## Harald Gaier describes how to petition the European Parliament

In the light of the EU's recently stated wish to be more 'citizen-friendly' by adopting a policy of glasnost, MRN's should be encouraged to use the EU's own official petitioning system in a concerted attempt to achieve the rejection of the Food Supplements Directive. This they can do using the European Parliament Petition System as described below.

Send in a petition on-line using the form at:  
[http://www.europarl.eu.int/petition/petition\\_en.htm](http://www.europarl.eu.int/petition/petition_en.htm)

You may also send in a written petition. Full instructions are at:  
[http://www.europarl.eu.int/petition/help\\_en.htm](http://www.europarl.eu.int/petition/help_en.htm)

Any EU resident can send an individual petition to the EU petition office. The Petitions Committee of the EU must consider it. The Committee then decides whether it is admissible. If admissible, it gets discussion time and is listed in a plenary session. The Committee will often refer the

issue canvassed, or question posed, to other bodies or committees.

Of course, you can also send a group petition (consisting of more than 1000 signatures) but these are in the minority.

In the past the system has been getting only about 1000 petitions a year.

If an individual is being deprived of an existing right of access to supplements, this constitutes a suitable topic for a petition; likewise, if the EU seeks to ban an ingredient on capricious or political grounds, or if a smaller business is threatened by unnecessary regulation.

Whether the topic is accepted for action or not is, tactically, of secondary importance: the Petitions Committee will be forced to take note a large number of submissions.

As an example here is the text of my personal Petition to the European Parliament.

## The Food Supplements Directive

Please consider moving the rejection of this measure as it seeks for no established good reason to ban from trade numerous food supplement ingredients which have been safely used for many years. Furthermore, the Commission, through the intermediacy of this measure, purports to refer some of these substances at manufacturers request to the Scientific Committee for Food for safety assessment, which assessment, if not negative, would give those substances a temporary permission for use after which they would then be banned.

I contend that the EU has never banned a food except on safety grounds and that this Directive sets an unwelcome precedent in

that regard; and that the proposed "arrangement" whereby innocent substances will eventually be banned is patently unjust and, indeed, nonsensical.

Moreover, the measure in its current form proposes that upper permissible levels of vitamins and minerals be set by a political process in the Standing Committee on Foodstuffs where scientifically established upper safe levels will form only a part of the deliberations. I ask you to consider that questions of safety or otherwise are not appropriate to political horse-trading and should be established on scientific and epidemiological grounds alone.

I submit this petition as a resident of Great Britain and a citizen of the EU, who is a consumer of food supplement and a registered practitioner of complementary/alternative medicine.

### **NatFor Update**

The third plenary meeting of NatFor was held at Regents College on Saturday 1<sup>st</sup> December 2001. It was emphasised at the NatFor meeting that if NatFor does not move quickly, the Department of Health threatened that they would be regulating the naturopathic profession instead. Either way, naturopathic medicine would be statutorily regulated and there would be no "lone rangers" or "outlaws" beyond the bounds of the regulated. NatFor should move fast to be given the opportunity to self-regulate the profession. NatFor are concentrating on looking at this in a way that will bring the naturopathic profession together.

NatFor is under pressure because the Department of Health (DoH) Council, which would be mandated to oversee revalidation of CAM practitioners, is being formed in April 2002. Harald Gaier had recently attended a Foundation for Integrated Medicine (FIM) seminar, in which Michael Fox, FIM's CEO, stated that there were 150 separate groups representing Complementary and Alternative Medicine (CAM) interests. Harald commented that many of these 150 are too small to be

economically viable to register and may be taken care of by DoH and would be regulated for, rather than be self-regulated. If smaller groups with compatible modalities were to get together and establish joint Councils but were to leave themselves free to run their own internal matters separately, this could be a way of overcoming the low numbers of individual therapeutic groupings that could make SSR economically non-viable. A minimum of 1000 individuals would make SSR financially viable.

NatFor are considering forming an Educational Council. This will include a group formed by the NatFor Colleges and a NatFor Education Council formed from suitably qualified naturopaths and an educationalist from outside the profession, but excluding any links to the colleges. They are also looking at forming an ethics committee and proposing a constitution.

### **Registration Admission Procedures**

The GCRN have been looking at utilising services from the Criminal Records Bureau (CRB) as part of its admission procedures for practitioners applying for registration. The CRB, an executive agency of the Home Office, is set up to help organisations make safer recruitment decisions. By providing wider access to criminal record information, the CRB will help employers and other bodies in the public, private and voluntary sectors identify candidates who may be unsuitable for certain work, especially that involving contact with children or other vulnerable members of society. The CRB will help us protect the public through a new service called Disclosure.

Disclosure will provide a regulated "one stop" service for us by offering access to records held by the police, together with the Department of Health and Department of Education. It replaces the existing system of checking (available to only a certain number of organisations) and will help many more employers and voluntary organisations make safer recruitment and registration decisions. Disclosure will further the overall

Home Office objective of establishing a safer and more tolerant society.

After lengthy discussions at both Council and Home Office level the GCRN Council was satisfied that it would be a responsible decision to register for the Disclosure facility. The CRB are processing our application and we expect the service to be available from May 2002.

### **The truth behind the withdrawal of Kava Kava**

A report written by Patrick Holford, Shane Heaton and Dr Hyla Cass has delved behind the scenes and into the depths of the cases used to ban Kava. The full report can be read on the website [www.patrickholford.com/kavaconcerns](http://www.patrickholford.com/kavaconcerns). In the meantime, here is a summary.

Kava Kava, the South Pacific herb that promotes relaxation and sleep, despite hundreds of years of safe use and not one single reported adverse reaction in either the UK or the US is being “voluntarily quarantined”. This is pending an assessment of its safety that may result in a complete ban due to pressure on the herbal industry from the Government’s Medicine’s Control Agency (MCA).

The reason for this drastic move is 30 cases of liver toxicity reported in Germany and Switzerland, including one death and four cases requiring transplantation. Closer examination of the scant details available on these 30 cases reveals that this may in fact be less cause for concern about Kava Kava, and more cause for concern about how keen regulators appear to more carefully control medicinal herbs based on spurious evidence and under the guise of “protecting public health”.

Of the 30 reports provided by the German Federal Institute of Drugs and Medical Devices (BfArM):

- 3 relate to a synthetic form Kavain, not available in the UK, and are not relevant to a consideration of the safety of the natural herb Kava Kava.

Of the 27 remaining cases that do not involve synthetic Kavain:

- 18 indicate that the patients were also on prescribed drugs known to have liver damage as a side effect, and are therefore unreliable indicators of the hepatotoxicity of Kava Kava. These 18 included the 5 cases of liver failure referred to by the MCA.
- The single death reported, of an 81-year-old female who was also taking three prescribed drugs, due to toxic hepatitis with liver failure and acute yellow liver dystrophy concedes ‘hepatic impairment by alcohol not excluded’.
- One of the reports actually confirms the safety of Kava Kava, stating ‘restored to health after discontinuation of the concomitant medication and continuation of the (Kava containing) medication’.
- Of these 18 cases, only 5 confirm that the concomitant drugs are not potentially the sole cause of the problem, as while the concomitant drugs had known hepatic effects, recovery followed after discontinuation of the Kava in these cases. However, 4 of these involved acetonic extracts of Kava, not used in the UK, leaving just one case worthy of further consideration.

Of the 9 remaining cases that do not involve Kavain or known hepatotoxic drugs:

- 3 cases involve concentrations of Kava using an acetone extraction process. These very potent concentrates are not at all common in the UK, but warrant investigation. Acetone is a known liver intoxicant. One is the case of a 68-year-old female who had increased liver enzymes. However, the medical records of these were evident ‘already before the beginning of the Kava medication’.

Of the 6 remaining cases that do not involve Kavain, liver toxic drugs or acetonic extracts:

- 3 are relatively useless in an evaluation of the toxicity of Kava. One was also having 60g alcohol a day, the equivalent of 5 gin and tonics. Two further cases that reported jaundice, cholestatic

hepatitis and liver cell impairment in 72 and 75-year-old females are also questionable. They had been taking “Phyto-Geriatrikum” (which is listed in the report as containing ‘25mg dry extract Kava with ethanol’, but on the manufacturers website does not list Kava as an ingredient) for 6 months and 2 years respectively. Given the many other activities in this product, these cases may not have much relevance to the safety of Kava Kava per se. Further, the period of their using the product does not support the assumption that their conditions were related to the product, much less the Kava ingredient, if indeed there is one.

This leaves just 3 potentially relevant reports that do not involve synthetic Kavain, liver toxic drugs, or acetonic extracts. All 3 fail to provide the basic information needed to make any kind of reasonable judgement as to their relevance.

- The first case is a 62-year-old woman with liver cell impairment. Dose and duration are unknown, no concomitant drugs are reported, and no medical information is given at all.
- The second is of a woman also taking Hypericum in which increased liver enzymes are reported. The medical summary erroneously reports that there are no hepatic side effects known for Hypericum. Hypericum has known hepatic side effects, which would likely increase liver enzymes, as reported. The Kava dose is unknown.
- And the third case is of a 32-year-old man taking 240mg per day Kava Kava for restlessness for 3 months, as well as the occasional Valerian. Reported ‘necrotising hepatitis with insufficiency of the liver, metabolic-toxic-allergic drug damage’. More information would be required to know if this case had anything to do with the patient’s use of Kava Kava.

### **We want your opinions!**

Calling all members! We would love to have some discussion about the subjects we are informing you about in the Signpost. Please write to us or to the British Naturopathic Journal with your thoughts.

### **Investigations of Allegations of Professional Misconduct**

At the EGM in December 2001, the Executive Council recommended that the procedure for dealing with investigations of professional misconduct be removed from the Articles of Association and published separately. A vote at the meeting carried the proposal. Members should remember, however, that the procedures remain the same as before, but that the Council is now preparing a more up-to-date protocol. Once this has been cleared with our legal advisors, the procedure will be published.

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