

AUTHORS' REPLY

Dear Sir,

In response to the Letter to the Editor, "Hazards of Complementary and Alternative Medicine", we fully agree on the emphasis on safe and cautious administration of complementary and alternative medicine (CAM). CAM, at the very least, is widely practised in Asian culture. We have no doubt that CAM, through the past thousands of years, has established its own merits in the management of different medical conditions. The benefits derived from CAM are also clearly documented. Several aspects of Chinese medicine, in particular acupuncture, have been proven to be extremely efficacious whether it is being utilised individually or as an adjunct to western medicine. However, we would like to highlight that not every CAM physician is certified in issuing treatment to patients. The potential hazards caused by non-qualified CAM practitioners who are not proficiently trained can be rather intense and potentially lethal.

In the Asian culture, most patients seek medical advice from CAM practitioners based on rapport developed from past generations or from recommendations by family or friends. Medical qualifications of the practitioners are usually not considered nor required as much by patients when compared to that of western doctors. Consequently, they are subjected to various potential jeopardy implemented by these unqualified practitioners.

In addition, certain forms of CAM therapy have been faithfully passed down from generation to generation, as in the case of "*berdiang*". However, these therapies are often carried out in an erroneous setting without any reasonable guidance.

Another case that was encountered in our department was a 43-year-old woman who had undergone mitral valve replacement three years ago. Recommended by her friend, she visited a Chinese acupuncturist at an old shophouse to "improve her energy and strength" by acupuncture. A few days later, she was admitted with prosthetic valve infective endocarditis which was complicated by multiple cerebral and brainstem emboli. She suffered a fatal outcome.

This case, coupled with cases of bilateral pneumothoraces caused by acupuncture and "*berdiang*"-related smoke inhalation injury merely expose modestly some of the many adverse complications related to CAM. We hope that, through the discussions, we are able to alert all the medical practitioners, including our CAM colleagues, of these potentially hazardous yet preventable complications. We strongly believe that educating both medical practitioners and the public on CAM are of utmost importance, to provide insights into these problems and thereby reduce the incidence of tragedies associated with CAM.

Yours sincerely,

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