Sir,

Edwards et al. provide a useful reminder that traditional Chinese remedies are sometimes adulterated by the addition of substances more familiar in conventional medicine. It is disappointing that this topic is not by now more common knowledge.

We described in 1979 a patient treated by us for rheumatoid arthritis the previous year. During the first five months of observation and treatment, she had been getting worse and then suddenly got better. The degree of improvement and timing were unexpected and coincided with her taking a Chinese herbal remedy (‘Chuei-Fong-Tou-Geu-Wan’) on the advice of friends in Holland. She was entirely open about this, and stopped our treatment, although she continued to attend for assessments. After 3 months our suspicions, based on the abrupt clinical improvement and steep falls in acute protein levels, were confirmed when she began to become Cushingoid. Plasma cortisol concentration was low and it seemed certain that the tablets contained a corticosteroid.

Within months we heard that public interest in Holland had led to analysis of the tablets by the Dutch Government Institute of Medicines. The
results of the analysis were published in the Dutch press under the headline ‘Hong Kong-pill Chinese roulette’. The pills had been found to contain dexamethasone and indomethacin.

Like Edwards et al., we noted the reports from the San Francisco Bay area of other substances, notably aminopyrine and phenylbutazone, in tablets with the same name as those our patient took. There had been four cases of agranulocytosis, one fatal. The authors commented that there were no instances of agranulocytosis in Chinese patients and made the interesting suggestion that the adulteration of such remedies might be specifically for the Western market. Edwards et al.’s patient, being Chinese, seems to cast doubt on this idea.

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References