

# ***THE SKEPTICAL INTELLIGENCER***

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ASSOCIATION for SKEPTICAL ENQUIRY



*Edited by Michael Heap*

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- ASKE is committed to challenging the uncritical promotion of beliefs and claims which are unsupported or contradicted by existing objective and scientific knowledge.
- ASKE opposes the misinterpretation and misrepresentation of science for purposes which deceive the public.
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- ASKE accepts the rights of individuals to choose for themselves their beliefs about the world.

Membership of ASKE costs £10 a year or £30 for 3 years, which includes a subscription to the *Skeptical Intelligencer*. For an application form or further information, contact ASKE at [aske1@talktalk.net](mailto:aske1@talktalk.net) or you may apply for membership on line at the ASKE website: <http://www.aske-skeptics.org.uk/>. (Please note that the ASKE PO Box has now been closed down.)

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The *Skeptical Intelligencer* welcomes formal and informal contributions on any subject within the ambit of the Association for Skeptical Enquiry (ASKE).

Formal articles should be aimed at the intelligent layperson, and authors should take particular care to define or explain unusual terms or concepts. Equations, statistics or other numerical and symbolic tools may be employed whenever required. Articles should be as succinct as possible, but may be of any length.

Authors of contributions to the *Skeptical Intelligencer* should take care to ensure that texts are temperate in tone and free of vituperation. They should also ensure that arguments are either supported by express evidence/arguments or identified as speculative. 'Do not pretend conclusions are certain that are not demonstrated or demonstrable.' (T.H. Huxley).

Before being accepted for publication, submitted texts will be reviewed by the Editor and any appropriate advisors. Where improvements or changes are desirable, the editorial team will work with authors and make constructive suggestions as to amendments.

Whenever possible, authors should submit a printed, double-spaced, hard copy of their article or letter, together with a 3.5-inch DOS-formatted floppy disk to the address shown on the front cover. Alternatively, contributions may be sent by e-mail direct to the editor at: <m.heap@sheffield.ac.uk>. Texts should be in either ASCII text-only; Rich Text Format; or MS-Word.

When referring to another work, authors should:

- Cite only the surname, year, and (where appropriate) page number within the main text: e.g. '...according to Hyman (1985: p. 123), the results of this test were not convincing...' or '...according to Bruton (1886; cited in Ross, 1996)...'
- List multiple references in date order: e.g. '...a number of studies have thrown doubt on this claim (Zack, 1986; Al-Issa, 1989; Erikson, 1997)...'
- In the case of electronic material, give the author and the date the material was accessed on line
- Place Internet addresses URLs in angle brackets: e.g. <http://www.nothing.org>

A complete list of references in alphabetical order of authors' surnames should be given at the end of the article. The list should be compiled using the following conventions:

- *Articles*: Smith, L.J. (1990) An examination of astrology. *Astrological Journal*, **13**, 132-196.
- *Books*: Naranjo, X. (1902) *The End of the Road*. London: University of London.
- *Chapters*: Griff, P. (1978) Creationism. In D. Greengage (ed.) *Pseudoscience*. Boston: Chapman Publishers.
- *Electronic material*: Driscoe, E. Another look at Uri Geller. <http://www.etc.org>. Accessed 21 April 1997.

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For further information contact the editor, Dr. Michael Heap at <m.heap@sheffield.ac.uk>.

For details of back issues of the *Skeptical Intelligencer* contact the Editor as above. For members, back issues are available in the Members' Section of the ASKE Website

# ARTICLES

## NON-STANDARD ASTRONOMICAL THEORIES

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### Mark Newbrook

*Mark Newbrook is currently a research associate affiliated with Sheffield University. His main areas of research interest are dialectology, controversies in historical linguistics and skeptical linguistics generally.*

In this paper I survey various recent and contemporary non-standard (amateur, ‘fringe’) astronomical theories and claims. Many non-standard ideas of this kind have been discussed previously by skeptical writers with astronomical backgrounds such as Moore, Oberg and Plait, and/or by the more critical ‘fortean’ writers such as Corliss. I myself write as a skeptical linguist and a general skeptic with a keen amateur interest in astronomy, and my intention here is to summarise, with some personal observations.

Many works are cited here, and a full bibliography would add unduly to the length of the paper; but references will be provided on request from the author:

[morcusporcus@btinternet.com](mailto:morcusporcus@btinternet.com).

Here I do not discuss ‘maverick’ views held by individual professional astronomers, still less the controversial views of minorities among professional astronomers such as Arp and those who agree with him. Some clearly ‘fringe’ ideas in this area are also omitted here, simply because they are large and/or adequately discussed in the existing skeptical literature:

- (a) Astrology
- (b) UFOs
- (c) ‘Ancient astronauts’ (other than the specific claims as discussed below)
- (d) Items associated with Christianity, notably the ‘Star of Bethlehem’
- (e) Claims about links between star formations and ancient monuments such as the Pyramids, and the amateur side of ‘archaeoastronomy’/‘astroarchaeology’
- (f) Claims to the effect that the Apollo moon-missions were hoaxed
- (g) ‘Scams’ such as commercial star-naming (covered especially by Plait)

For yet further topics in this area, involving linguistics as well as astronomy: what I have written, I have written (as someone else once reportedly said!). The most important of these topics is that of alleged extraterrestrial languages. Again, references to pieces by me and others will be provided on request.

Typically, those who advance non-standard ideas in this area, like their counterparts in other fields, regard themselves as superior to established academia; some,

indeed, identify with past, now revered revisionists such as Galileo or Einstein, believing that in the long term their views too will replace current ‘orthodoxies’.

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### **I once corresponded with a British amateur who held (to all appearances sincerely) that the movements of the planets are partially determined by giant hermit-crabs living in space!**

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In some cases, the views involved are truly extreme. I once corresponded with a British amateur who held (to all appearances sincerely) that the movements of the planets are partially determined by giant hermit-crabs living in space! This person was clearly unstable: she later tried to commit suicide while online with me and I was able to save her only by emailing her ex-partner who I knew lived near her home. Another example of extreme ideas is Rabolu’s book *Hercolobus Or Red Planet* (2000), which presented a prophecy involving the imminent invasion of the inner Solar System by a huge planet which astronomers were allegedly ignoring. Cases like this illustrate the ‘extreme deep fringe’; but the less extreme cases still contain many ideas which may seem ‘crazy’ to those trained in the discipline.

### **Temple and Sirius**

The case which initially aroused my own interest in writing on such matters was that of Temple, whose 1976 book *The Sirius Mystery* I reviewed in 1994 as part of a longer piece on fringe historical linguistics. Briefly, Temple (relying largely upon French-language anthropological treatises which he himself could not read) argued that the Dogon, a tribal people of Mali in Western Africa, possess traditional knowledge of the Sirius star system, and in particular of the white dwarf Sirius B (not discovered by astronomers until 1862). He attributes this knowledge in part to the unrecognised existence of telescopes in ancient times, but principally to cultural diffusion from Egypt and Mesopotamia; these civilisations were allegedly visited in the remote past by space-faring beings from Sirian planets,

who are supposedly described in the relevant myths. I became interested because much of Temple's 'evidence' for this diffusion was linguistic in nature: unsystematic superficial similarities of the type frequently adduced by diffusionists, in this case between words in Dogon, Egyptian, Greek and other ancient languages.

Many critics found Temple more sophisticated than most other writers on 'ancient astronauts'; but it was (and is) far from clear that there is really anything to explain here, still less that **his** explanation is correct. It is not agreed by all commentators that the Dogon really do possess knowledge of Sirius; the information is mythical in character and much is couched in obscure, mainly botanical metaphors, for example metaphors involving the seeds of locally important plants, seen as representing stars and planets.

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**In one study of a nearby tribe, it emerged that 19<sup>th</sup>-Century French books, kept by the tribe's elders, were the source of some local ideas.**

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And, even if some of the knowledge really is genuine, there are often other, less dramatic explanations, notably the influence of French scholars in modern times (in one study of a nearby tribe, it emerged that 19<sup>th</sup>-Century French books, kept by the tribe's elders, were the source of some local ideas).

In 1998, Temple published a revised, considerably larger version of his book, partly because of a paper by two French astronomers reporting a third, very small star in the Sirius system; he believed that this confirmed some specific points in the Dogon myths. He also included more extensive linguistic arguments, including a seriously flawed attempt to offer a new analysis of a problem in Indo-European philology (at least he had read in the discipline, unlike most such writers!). Along with an anthropologist and an astronomer, I was asked by Australian Skeptics to review the new book. The astronomer was ultimately unavailable, and in consequence I reviewed (as best I could) Temple's astronomical points as well as his linguistics. Some of the astronomical claims appeared highly implausible, not to say bizarre.

A highly critical review duly appeared in *The Skeptic* (Australia) in 1999, and potted versions were subsequently posted (in my name) on amazon.com and amazon.co.uk. The latter was later abruptly deleted after Temple tendentiously alleged misrepresentation with hints of legal action under UK libel law – which, as recent events have shown, appears over-generous to plaintiffs in such cases. (Temple, in fact, has a history of dubiously and tendentiously alleging misrepresentation of his writing,

notably in responding to criticisms by Oberg.) The review on amazon.com, however, remains available.

### **Catastrophism**

Some other theories of this nature also involve the re-interpretation of ancient myths, but in addition feature chronological revisionism and/or claims about major-planet catastrophes in historic times (often linked). The best known author of this kind is Velikovsky, who (though qualified in neither history nor science) published a series of books between 1950 and his death in 1979, commencing with *Worlds in Collision*. Velikovsky re-interpreted myths from around the world (accompanied by physical evidence) as referring (often with a degree of convenient cultural 'amnesia') to near-collisions and other dramatic events involving Earth and other planets, notably Mars and Venus. Venus indeed, according to Velikovsky, originated as a comet expelled by Jupiter.

Scientists' and historians' initial strongly negative reactions to Velikovsky were largely justified but were mishandled, giving the impression of hysterical bias and the desire to suppress unorthodox views. A few of Velikovsky's predictions as to future discoveries were confirmed, and although his **explanations** were not confirmed more followers were attracted. In 1974 a debate between Velikovsky and mainstream scientists was staged in San Francisco by the American Association for the Advancement of Science, and the results were later published. Some of the scientists, notably the then young Carl Sagan, seemed more interested in debunking the upstart than in achieving precision and accuracy, and once again Velikovsky was seen by many non-specialists as the victim of censorship and bullying.

The best fair-minded summary of the entire affair is probably the book by the maverick but intelligent Bauer (whose own views are a remarkable mixture of standard and non-standard).

Since Velikovsky's death his ideas have persisted and have indeed diversified. Two (linked) neo-Velikovskyan traditions are represented by (a) Thornhill and others with their advocacy of a model of the universe in which electromagnetic forces play a much larger role than in the standard gravitational model of celestial mechanics (as Velikovsky himself had already suggested) and (b) Talbott and his fellow 'Saturnists', who hold that Earth and the other inner planets were formerly in captive rotation about a much larger Saturn and that this situation and the catastrophe which led to the present configuration of the system are reflected in myths around the world.

Associated with Thornhill, Talbott etc. is the 'neogeomorphology'/'Tilted Earth Theory' presented by Williams, which is a neo-Velikovskyan account of the geomorphology of Earth after the alleged catastrophes.

A more recent catastrophist account of the Solar System in recent millennia is offered by Sitchin, who claims

expertise in Sumerian and other ancient languages (albeit translating the relevant texts in highly idiosyncratic ways, for instance re-interpreting a Sumerian plural marker as a noun referring to spacecraft!). Sitchin's version of catastrophism involves the invasion of the system by a large rogue planet, reported in ancient Mesopotamia as the god Marduk; long ago, this body destroyed an existing planet identified with the goddess Tiamat, thereby creating Earth and the asteroids. Further catastrophes followed, some involving the arrival of extraterrestrials described in myth as 'Annunaki', 'Nephilim', etc. The appearance of another rogue planet, Nibiru, is said to be imminent; after the failure of earlier specific forecasts, this event has now been linked with the end of the Maya calendar cycle in 2012, generating vast anxiety among the less sophisticated.

Other catastrophists include Goodavage (who accepted Velikovsky's account of the cometary origin of Venus and wrongly predicted world disaster as a result of the 1973 appearance of the long-period comet Kohoutek) and even relatively well-informed writers such as Gribbin (on the 'Jupiter Effect'). (Of course, some, including some astronomers, still uphold the 'Nemesis' theory, according to which the Sun has a distant brown-dwarf companion which periodically perturbs comets out of the Oort Cloud into the inner Solar System, thus causing devastation and mass extinctions on Earth.)

Another set of theories is associated with Hoerbiger, an amateur astronomer who was popular in Weimar and Nazi Germany; leading Nazis endorsed his views because they seemed to fit in well with their racist theories of human history. The view involves the idea that the orbits of the planets and their satellites decay systematically over time, culminating in disruption as they come within Roche's Limit of their primary or, in the case of planets, destruction by fire as they approach the Sun. This has supposedly happened over the course of prehistory and ancient history to a series of satellites of Earth; each such event obviously caused a world catastrophe, and the latest event is (again) remembered in various myths around the world. Earth's current Moon will meet with the same fate in due course, after which Earth itself will spiral into the Sun to its doom. Like all celestial bodies other than Earth and the Sun, the Moon is ice-bound; the stars, indeed, are in fact huge blocks of ice, not suns in their own right. This gave the theory its name: *Welteislehre* ('World Ice Theory').

After World War II, these views continued to be upheld, albeit with less emphasis on ice, and indeed were extended to the English-speaking world, chiefly through a series of books by Bellamy.

### **Aliens (and animals) in interplanetary space, on the Moon and on Mars**

Sitchin, Temple and other 'ancient astronauts' advocates are far from alone in claiming that extraterrestrials have been active in the Solar System in recent millennia.

Obviously, UFOs (not discussed here) are very often interpreted as extraterrestrial craft. And a completely different set of claims involves the view that mysterious signals from space are echoes or pre-programmed responses from robot craft placed by aliens in solar orbit (perhaps long ago) and now reacting to the 'noise' created by human radio and television technology. The best-known theory of this kind was proposed by Lunan, but Hals and others have more recently made similar suggestions.

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### **Leonard went so far as to argue that huge machines of alien origin are still active today on the surface of the Moon and that fixed structures can also be identified there.**

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Leonard went so far as to argue that huge machines of alien origin are still active today on the surface of the Moon and that fixed structures can also be identified there; he re-interpreted NASA photographs in these terms. But, after severe criticism from Oberg, Leonard eventually effectively withdrew his claims.

Wilson, Vasin & Shcherbakov (both works are discussed by Oberg) and also Knight & Butler have even argued that the Moon itself does not display the physical features of a natural celestial body and is in fact a gigantic alien craft, placed in Earth orbit long ago.

Better known are the claims regarding alleged artefacts on Mars, notably the supposedly humanoid 'Face on Mars' (not at all obvious in more recent, better-quality photographs!) and other supposed ruinous or complete constructions in Mars' 'Cydonia' region. The main names associated with these claims are those of Hoagland, Brennan, Crowley and also Childress and Hancock (most familiar as advocates of lost prehistoric civilisations; Childress presents himself as something of an 'Indiana Jones' figure). These authors believe that intelligent beings living on Mars (in the remote past when the conditions there were more amenable) built these monuments, in part by way of providing signals for humans on Earth as and when they became able to view the Martian surface through telescopes. Childress in particular has set himself up as a leading founder of a new discipline of 'extraterrestrial archaeology'.

In some versions of this theory (Brennan, Crowley etc.), the builders were themselves human; the species initially evolved (contrary to all appearances) on Mars and only later migrated to Earth as local conditions worsened. A very interesting writer in this vein is Grossinger, who is not altogether uncritical and whose book ranges over various disciplines, seeking connections with these ideas.

Another novel sub-field relating especially to Mars is 'extraterrestrial zoology/ cryptozoology'. One exponent

of this is Austin, whose bizarre book on the ‘sand whales of Mars’ presents photographs said to show gigantic tadpole-like creatures living in groups in the Martian deserts. In the *Skeptical Inquirer* earlier in 2010 there was a report about the ideas of Basiago and others, who claim to have found Martian creatures of various other types (some of them insectoid) captured in photographs taken by NASA surface craft. (See also ‘Alternative 3’ below on Martian animals.)

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**Some have asserted that Swift had telescopes much more powerful than those known to have existed at the time...or even that he had travelled to Mars or was himself really a Martian.**

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There are also various fringe ideas concerning Phobos and Deimos, the two small moons of Mars. The well-known 18<sup>th</sup>-Century author Swift introduced in *Gulliver’s Travels* a story about the ‘Laputans’ having discovered two small moons of Mars; the figures given correspond surprisingly closely with those found by Asaph Hall when the satellites were discovered in reality some 150 years later. Some have asserted that Swift had telescopes much more powerful than those known to have existed at the time (compare Temple on the Dogon), or even that he had travelled to Mars or was himself really a Martian. Even the astronomer Shklovski has proposed that Phobos and Deimos are in fact very large alien spacecraft; compare Wilson etc. as discussed above. (Shklovski also worked with the respected Sagan on the latter’s more speculative ideas about the spread of life through the universe, as also suggested by Hoyle & Wickramasinghe with their ‘panspermia’ theory.)

**Alternative 3**

A rather different scenario involving Mars was presented in the Anglia TV ‘documentary’ *Alternative 3*, apparently planned as a 1977 ‘April Fool’ but not in the event broadcast until the June of that year and thus not immediately identified as a spoof. The show described a Soviet-American manned mission to Mars in 1959, aimed at assessing the planet for ‘terraforming’ with a view to relieving anticipated population and resource crises on Earth. One dramatic sequence appeared to show a landing, with a Martian animal visible through a window, scuttling clear of the craft as it descended. Some authors continue to regard Alternative 3 as genuine, rejecting the official position as later revealed.

**More extreme claims about extraterrestrials**

The Aetherius Society, founded by the London-based fringe thinker King, adopts a view of the cosmos involving solar and extrasolar planets populated by ‘advanced’ quasi-

spiritual beings including ‘ascended masters’ such as Jesus Christ (based on Venus) and the Master Aetherius. As the ‘ambassador’ of the Interplanetary Parliament, King was for many years the main channel for messages from these beings and the organiser of the Society’s efforts to assist them in battling various malevolent cosmic forces. The skeptical astronomer Moore regarded these ideas as unintentionally humorous and essentially harmless; he engaged heavily with the Society, at one point setting up a revealing hoax and also exposing some of King’s pretensions, including a quickly falsified claim that Aetherius/King could handle questions in any human language. (Moore famously suggested that the members of the Interplanetary Parliament, large spherical beings purportedly living ‘on Saturn’, could be described as ‘complete balls’; the humour was lost on his Aetherian interlocutor.)

In a rather different vein, the Latter-Day Saints (Mormons) believe that humans in ‘higher states’ live on various extrasolar planets, including the supreme planet Kolob, which is in close proximity to God (humans can indeed **become** gods). Because the LDS present themselves as Christians for the benefit of their mainly American target audience, such markedly non-Christian aspects of their ideas are soft-pedalled in most of their literature; but a few authors such as Heinerman expound these positions (although it is not always made clear in the titles and introductory sections of their works that LDS notions are involved).

The ‘Urantia’ cult also has expansive notions about humans in ‘higher states’ living on a vast number of extrasolar planets.

**The shape and features of Earth**

Despite its apparent absurdity (increasing in the Space Age), the Flat Earth Society, now headed by a descendant of the earlier leader Shenton, continues to advocate a return to this ancient model of the world, which was revived in the 19<sup>th</sup> Century by Rowbotham (‘Parallax’) and later promoted in the USA by Voliva, who controlled a long-vanished cult. Both Rowbotham and Voliva were also fundamentalist Christians, holding that the Bible implies that the Earth is flat. (See later on other fundamentalists who accept the standard model of Earth but **not** the standard model of the Solar System or the universe.)

The Earth is regarded by Flat-Earthers as an immobile, circular plane centred on the North Pole; what lies beyond the Antarctic circumference is unknown. Evidence of the generally accepted spheroidal shape is re-interpreted where possible and dismissed as faked where not. Other celestial bodies are said to be very small objects, moving relative to Earth at modest distances above the plane.

A special form of ‘flat-earthism’ was offered by another correspondent of Moore, Bradbury, who regarded the entire cosmos as a metal shell with a complex structure, centred

on a flat Earth with a convex underside. Bradbury used telescopes filled with small rough lenses and photographic plates coated with opaque substances, arguing that these collected more reliable data. Like the main Flat Earth group, he regarded other celestial bodies as small objects moving at modest distances (within the shell), and naturally rejected the official account of the Apollo missions (he held that – unknown to NASA – the astronauts had travelled only to Tibet).

A quite different model, ‘cosmicentrism’, was presented by Teed (who, like Voliva, controlled a long-vanished American cult based on this view) and later, in Germany, by Bender. This view is not to be confused with the theory (of only marginal interest in an astronomical context, but see below) that the Earth is shaped as is normally believed but is substantially hollow within; these authors held, rather, that the observed cosmos lies entirely on the **inside** of a sphere, with the concave inner surface forming the surface of the Earth, and is thus only 14,000 km across. The Sun and the Moon are small objects located within the inner space. Outside the sphere lies either rock extending to infinity or no space at all. Evidence supporting the standard view is, again, re-interpreted where possible and dismissed as faked where not. In Nazi Germany this model competed with the utterly contradictory *Welteislehre* (see above), with some apparently accepting both in a manner reminiscent of recent postmodernist relativism. Some cosmicentrist Nazi rocketeers actually proposed to bomb Australian cities by firing missiles directly upwards, right across the miniature cosmos. After World War II the theory survived in Germany.

Again quite differently, Thompson, an associate of the revisionist archaeologist Cremo and a convert to Hinduism, argues for the veracity of Vedantic ‘cosmology’ (and of Vedantic ‘science’, chronology etc. generally) as expressed in the Hindu scriptures and endorsed by contemporary gurus. Vedantic ideas about the universe feature planets such as Rahu not known to science and enormous quasi-physical structures including mountains larger than Earth as normally perceived, one of them (Mount Meru) being many thousands of kilometres high. These structures are imperceptible to the familiar human senses but are readily perceived by ‘adepts’, ‘demigods’ etc.. The physical body of Earth is a small feature in this vast multi-level landscape. Cosmic distances, even to familiar celestial objects, are also repeatedly different from those determined by astronomers. Thompson assumes that where Vedantic and current scientific analyses differ in these ways the former is very probably valid, and he goes through theoretical contortions attempting to explain how appearances can be as deceptive as they must be for this to be the case. In places he is reduced virtually to relativism, suggesting that distances and objects are simply different for different classes of beings. Of course, this approach cannot be deemed scientific.

Because Vedanta holds that the solar planets and the Moon are inhabited by higher beings, Thompson and his gurus are also constrained to argue that the Apollo missions to an apparently barren Moon were unsuccessful: they failed to reach the Moon as NASA reported (and the media coverage was faked, as of course many others have claimed). Alternatively, they reached only the gross physical manifestation of the Moon, failing to perceive the richly complex patterns of life and culture which are really present there.

There are also contemporary Jewish and Muslim ‘cosmologists’ who re-interpret what has been learned about the cosmos in terms of their own religions (although their models are not as dramatically different as the Vedantic models).

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**Vail and others have argued that Earth, while substantially as normally described, was once surrounded by a canopy of water or water vapour...**

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Vail and others have argued that Earth, while substantially as normally described, was once surrounded by a canopy of water or water vapour, rather analogous to the rings of Saturn but covering the entire planet. The dissipation of this canopy caused the great floods reported in myths around the world; this view thus fits in well with biblical fundamentalism.

Other fundamentalists such as Bouw and Hall, while again accepting the spheroid shape of Earth, hold to a geocentric model of the Solar System and the universe, in which Earth itself is genuinely altogether immobile.

Jacot, on the other hand, argues that Earth is moving steadily away from the Sun (the reverse of the view adopted by Hoerbiger and Bellamy), and calculates that it is therefore at most 100,000 years old.

Yet a further non-mainstream idea involves the view that the diameter of Earth is expanding over time; see for instance Maxlow’s article in *Nexus* 31 (2010).

**The nature of celestial bodies**

Another associate of Moore, the clergyman and Cambridge mathematics graduate Francis, argued that the Sun in fact has a temperate climate. It generates heat on Earth in the manner of a power station, which is not itself hot. Francis claimed that the effectiveness of vacuum flasks demonstrates that even if the Sun were hot its heat could not reach Earth. Other stars are not genuine objects but merely reflections of the Sun on the curving surface of the limit of the universe, which lies at varying but always infinite distances in different directions.

Some writers who believe that Earth is substantially hollow within (see above) have argued that the same is true of all or most other planets.



Before the Apollo landings, Firsoff argued that the Moon is more geologically active than is usually supposed, that it might have underground water, and that it might even sustain life. These strong views are seldom expressed today, except as above by 'deep fringers' – although in 2010 it **has** been found that the Moon does have more water than had been thought.

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**A number of writers have argued that both Earth and the Moon were formed elsewhere in the universe and only later came to their present location...**

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A number of writers have argued that both Earth and the Moon were formed elsewhere in the universe and only later came to their present location, arguing chiefly on the basis of the alleged contrast between the actual evidence of meteor impact and that allegedly implied by the standard model.

**Big-Bang denial**

There is a tradition of amateur/near-amateur 'Big-Bang denial' (Lerner etc.). Of course, the astronomer Hoyle upheld his steady-state model until his death, but mainstream astronomy rejected this model as contrary evidence accumulated. Of more contemporary interest are the views of Arp, Burbidge and some other current/recent astronomers who deny that quasar red-shifts are cosmological in nature and therefore reject the Big Bang as generally described. (But, as noted, the views of minority groups of professional astronomers are not at issue here.)

**Conclusions**

This survey of less familiar non-standard astronomical theories and claims has necessarily been rather perfunctory, and, while wide-ranging, it is inevitably incomplete. I hope, however, that it will encourage other skeptics, including those with the relevant training, to study (and criticise) ideas of this kind.

**References**

References are available on request from me:

[morcusporcus@btinternet.com](mailto:morcusporcus@btinternet.com)

My Amazon.com review of Temple 1998 can readily be located under Temple: The Sirius Mystery at:

[http://www.amazon.com/Sirius-Mystery-Scientific-Evidence-](http://www.amazon.com/Sirius-Mystery-Scientific-Evidence-Contact/dp/089281750X/ref=sr_1_1?s=books&ie=UTF8&qid=1292311549&sr=1-1)

[Contact/dp/089281750X/ref=sr\\_1\\_1?s=books&ie=UTF8&qid=1292311549&sr=1-1](http://www.amazon.com/Sirius-Mystery-Scientific-Evidence-Contact/dp/089281750X/ref=sr_1_1?s=books&ie=UTF8&qid=1292311549&sr=1-1)

My review written with Colin Groves is in *The Skeptic* (Australia) (1999) **19:4**, 56-60 or (under 1999) at:

<http://www.skeptics.com.au/publications/magazine/>

My main piece on alien languages is: The Aliens Speak – and Write, in: *Magonia* (2004), **85** 3-8 (also on the Magonia website:

<http://magonia.haaan.com/2009/the-aliens-speak-and-write-examining-alien-languages-mark-newbrook/>

**Note**

This paper is based on a talk given to Furness & South Lakeland Astronomical Society, in Barrow, on 5 March 2010. I am very grateful to Bob and Diane Blake and most of all to Joanne Keenan for their help in organising this presentation.

 *Call for Contributions*

If you have attended a conference or presentation, watched a programme, or read an article or book that would be of interest to readers, why not write a review of this, however brief, for the *Skeptical Adversaria* or the *Skeptical Intelligencer*?

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## MEANDERINGS ON THE THEME OF PSYCHIATRIC DIAGNOSES AND RELATED MATTERS

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### Michael Heap

*Michael Heap is clinical forensic psychologist in private practice and Chairman and a founding member of ASKE.*

In September and October 2010 newspapers and radio news broadcasts carried sensational stories of a 'breakthrough' in the understanding of Attention Deficit/Hyperactivity Disorder (AD/HD) in children. According to these accounts, scientists at the University of Cardiff have now debunked the myth that AD/HD is caused by diet or bad parenting and have established that it is a genetic disease. The researchers examined 'large rare chromosomal deletions and duplications' known as 'copy number variants' and found that proportionately more children diagnosed with AD/HD had these (*note 1*).

The following quote was attributed to one of the paper's many authors, Professor Anita Thapar: 'Too often, people dismiss AD/HD as being down to bad parenting or poor diet. As a clinician, it was clear to me that this was unlikely to be the case' (*note 2*). On radio and television, representatives of support groups for parents of children diagnosed with AD/HD expressed their delight at the announcement; apparently the study's findings allows those parents to say that their children are suffering from a medical illness and not bad parenting and that the scientists are now working on it to find the right treatment.

It is my contention that what is stated in the previous paragraph reveals a way of thinking about and addressing what are genuine problems in life that is misguided and unhelpful to all concerned. To put it bluntly, it is truly, truly dreadful!

### Our Billy

Many years ago in my extended family there was a boy whom I shall call 'Billy' who unquestionably fulfilled the criteria for AD/HD, though we did not have such a thing in those days. He exasperated his parents, the rest of the family, his schoolteachers and the neighbours and I still recall many upsetting instances of his uncontrollable, impulsive behaviour. He was well cared for and there were no obvious reasons why he behaved in this way. It seemed that he was 'just born like this'.

We all did what we thought was best. If smacks were the answer then there wouldn't have been any problem: he got plenty of these, from me included (until he was big enough to hit back). In the case of his headmaster, a thick leather strap was recruited for this purpose - a painful experience, as I had earlier discovered. But it was to no

avail. Unkind jibes and name-calling were likewise ineffective.

We loved Billy. I started babysitting for him when I was 12. We would both squeeze into his little bed until he tumbled out and then he would toddle off to his parents' room. These were happy days. He belonged to us and his problems were ours to deal with or, more realistically, to put up with; that is, family, school and community *absorbed* the shocks of his unruly behaviour. He was no scholar but he had some talents. In his teens he quietened down. Now, well into middle age, he has enjoyed a normal, happy, fulfilling life.

### Stigmatisation

What we never did was *stigmatise* Billy. When people use this word it is often with reference to a group of people who share a certain characteristic - e.g. those who are mentally ill, ethnic minorities, homosexuals, and, in former times, single mothers and their offspring. Such groups were regarded, or still may be regarded, with opprobrium, usually because their particular attribute is not shared by the majority of the community and often, for no good reason, is regarded as denoting unacceptable qualities. They are identified as *different* and hence do not really belong to the community. This kind of stigmatisation is unjustified and cruel and has a malign effect on our society.

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**'Now we can say with confidence that AD/HD is a genetic disease and that the brains of children with this condition develop differently to those of other children.'**

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Now listen to the wisdom of Professor Thapar. According to her, as a result of her team's efforts, 'Now we can say with confidence that AD/HD is a genetic disease and that the brains of children with this condition develop differently to those of other children. We hope that these findings will help overcome the stigma associated with AD/HD (*note 2*)'.

Not with our Billy! Labelling him with a disease caused by his having a brain that was different from those of his classmates would guarantee stigmatisation - official

confirmation that he was 'mental'. So would his having to be 'on tablets' and his occasionally absenting himself from school to see 'a specialist' to check if the treatment was working.

### Illness and society

Children like Billy who, despite their best efforts, are limited in their attention span, appear to be so full of energy that they cannot sit still for any length of time, and have little control over their impulses, have real problems in life and they present real problems for their parents and others. They deserve understanding and help, and a caring, healthy family and community ought to be able to provide this. You cannot detach these types of problem from the nature of the environment and the society that the person with these difficulties grows up in, in particular the requirements and expectations that are demanded of them and the stresses placed upon them.

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### Labelling a problem, particularly a psychological one, can create the illusion that we thereby understand it.

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In fact the above is true of many illnesses that have an obvious physical basis. For example I have assessed for compensation purposes hundreds of people who have suffered psychological problems due to road traffic accidents (RTAs) and similar incidents. Most RTA claimants have some form of 'whiplash' injury, the symptoms of which often include back pain. The severity of the injury may be assessed purely by physical means, but for claimants a major determinant is its effect on their life. A person who earns his or her living by heavy manual labour will be more seriously affected by an injury than a person who does not.

### The case of dyslexia

There are many physical ailments to which you could apply this kind of reasoning (*note 3*) but it is psychological problems that are of interest here. Let us consider reading and writing difficulties. Children vary according to how easily they learn these skills and to what level of proficiency. This may simply be related to their level of intelligence but not always, and some have inordinate difficulty in relation to what one would expect from their intellectual endowment.

It seems sensible to think of a shorthand way of referring to such 'reading and writing difficulties', hence the term 'dyslexia' (Greek *dus* [abnormal] + *lexis* [word] from *legein* [to speak]). This labelling, though innocent of any malign intentions, has far-reaching consequences that are more to do with the way our society functions than the needs of those with these problems.

One consequence is that the problem becomes medicalised; that is, it is regarded as a disease that people have and receive treatment for (or very often they or their parents complain that they have never received any treatment for it). People are identified as *being* 'dyslexic'. They are said to 'have dyslexia' or even 'suffer from dyslexia'. In certain circumstances, such as with students, allowances are made for people diagnosed with this disability.

I well recall seeing a young girl professionally in the 1970s when the term was not so commonly used. Almost the first thing she said to me was, 'I've got dyslexia'. I was used to hearing children say, 'I've got asthma/epilepsy/diabetes...and so on' but I was a little alarmed by what this girl said; it struck me as very unhelpful for her to talk about herself in this way. I felt the need to correct her by way of reassurance but could not think of a way of doing this.

Labelling a problem, particularly a psychological one, can create the illusion that we thereby understand it. Consider the following imaginary exchange:

- Mrs Smith:** Doctor! Doctor! I'm terrified of spiders.  
**Doctor:** Calm yourself Mrs Smith; you have arachnophobia.  
**Mrs Smith:** At last, somebody understands!

Merely referring to a problem by a label in this way also implicitly provides the person with the reassurance that he or she is not the only one so troubled. Thus what is essentially, in the case of dyslexia for example, a difficulty *doing* an activity becomes a thing or entity in itself that people *have*. It is a reasonable assertion that this makes it easier for people to get together and from self-help groups, including national associations, lobby for more help and so on. Thus people start talking about 'the dyslexic population' and the 'non dyslexic population'.

Another consequence is that it facilitates the development of an industry around the problem. People become experts in dyslexia and earn a living thereby. Some are paid money to 'do research on dyslexia'; they publish papers, chapters and books on dyslexia and attend conferences on it, sometimes in exotic places; they construct theories about dyslexia and argue interminably about which is the correct one; some devise and market treatment packages for dyslexia; and so on.

One of the least helpful developments is the rival claims of ownership of the problem and its treatment. Psychologists may declare that it is caused by subtle cognitive impairments that impede the reading and spelling process. Geneticists look for genetic markers and when they do so, unlike their previously mentioned colleagues, they may even get a mention on the 'Today' programme on BBC's Radio 4, preceded by the announcement that 'scientists have discovered a gene for – (*fill in this space – Ed.*). Neuroscientists put people with these problems in brain-scanning machines and proclaim that they have

discovered that the brains of people who have dyslexia are different from those of people who don't have it (which may also qualify them for a mention on Radio 4). Educationalists may declare that it is a problem caused by the way reading and spelling are taught at schools. Sometimes ophthalmologists dip their oar in and come up with their own theories (*note 4*). I have even heard psychoanalysts offer explanations based on Freudian or neo-Freudian theories. Sociologists may weigh in by declaring it to be a social construct.

As with chronic medical problems, famous people become identified as role models when they achieve outstanding successes despite 'having dyslexia'. No doubt this gives hope to people diagnosed with dyslexia. Somehow, for no good reason, their accomplishments would not seem as heroic if they were described as 'having problems with their reading and spelling'.

In contrast to this, there are ways in which people in society use the term 'dyslexic' that makes it easier for people so labelled to feel even more upset about their problems. For example it is much easier to make up jokes about dyslexia than it is about 'reading and writing difficulties'. I am fairly certain that a joke that begins 'Have you heard the one about the dyslexic policeman?' (*note 5*) is more likely to succeed than one that begins 'Have you heard the one about the policeman who couldn't read or write very well?' If, on reading a piece of writing I were to exclaim, 'Whoever wrote this must be dyslexic!' I would be more likely to be expressing my annoyance at the quality of the spelling than providing a neutral and carefully considered professional opinion. To make such a statement or to tell the above joke in the presence of someone diagnosed with dyslexia would be regarded as insensitive and unkind.

In fact because of its fuzziness, some people feel able to say, 'Dyslexia does not exist'. Not only some psychologists and educationalist think so: journalists and members of the public may say the same. Thus we have a backlash against the concept – 'It's an excuse that middle class parents use when their children turn out to be dumb or lazy'.

### **The stories we tell**

We all tell stories about our life that account for the way we are, what we do, how we think, and so on. Our story is not just based on the raw facts of our lives: some facts are given more weight than others, likewise certain interpretations of these facts. Because of this there is more than one story that we can tell while remaining true to the facts. Some stories are more useful to us than other stories and it may benefit people who are unhappy in their lives to help them tell themselves and others better, yet still realistic, stories.

The same is true of stories other people tell us about *us*; and sometimes the story that gets told is the one most useful to the storyteller (*note 6*). The story told by, for

example, a geneticist about children who have difficulties learning to read and write or controlling their attention and behaviour, is likely to be one that benefits the geneticist. These kinds of stories may provide these children and their parents with a seductive account of the problems that each of them faces but not necessarily the most helpful in the long run.

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### **Some of the inmates who passed the investigators' test for dyslexia, when interviewed seemed delighted by the outcome...**

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I recall a television programme about some psychologists who were researching into the prevalence of dyslexia amongst young criminal offenders. The thesis under investigation was that dyslexic children are more likely than others to become offenders, presumably because of educational failure and the greater difficulty they have undertaking vocational training programmes and securing employment. Some of the inmates who passed the investigators' test for dyslexia, when interviewed seemed delighted by the outcome but also expressed resentment that their dyslexia was not detected at school and the opportunity to deflect them from the route of offending was thereby lost. The story that is being told about these offenders has a history long predating the investigation and I shall have more to say about this later.

Perhaps the simplest stories sometimes yield the best outcomes. I have not specialised in the assessment of literacy and associated problems but it seems to me that there ought to be a much less involved and complex way of addressing all of this, but one whereby we have to sacrifice this word 'dyslexia' and much of the industry that attaches itself to it and just talk about people who have serious problems learning to read and write relative to their other intellectual abilities. Such individuals experience real problems that are not of their or anybody else's making. Being able to read and write is important in order for people to reach their educational potential and to embark on and succeed in their chosen career. Others may underestimate the abilities of those affected when their problems become evident, and this may have serious consequences for them. For the majority of the population none of this happened until relatively recently in our history, since it was not a requirement to be able to read and write well, if at all, for most people. In modern developed societies it certainly is.

It is very likely that the possible reasons for literacy problems are multiple and associated with the different facets of these skills. A careful assessment of where the problems lie is therefore important and a variety of techniques and ploys to help the person should be available

and not just one approach. Hence research into literacy skills is important to develop these techniques. Some people with these problems feel unduly anxious when asked to read or write and this in itself can make matters worse.

### **Attention deficit/ hyperactivity disorder**

Nearly everything that I have said about dyslexia can be said of AD/HD. Children vary in their ability to sit still and maintain their concentration and those who, for no fault of their own, have the most difficulty are at a great disadvantage because of the demands and expectations of modern society, not least the education process, which requires them to sit in a desk and give their constant attention to the teacher or reading matter. Their problems are compounded if they are not academically able in the first place and hence often find that what they are made to attend to and learn is difficult and uninteresting. Where this is the outcome of a child's experience of school it is society's failure and not the child's. Perhaps in a different society or at a different time in our history such children would find life less of a struggle, and what appear to us to be problems may even prove, or have proved, to have some advantages. But the state condemns them to many years of this experience. (To be fair I should say that my impression is that those who attend 'special schools' often have a much better times of it.)

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### **There are 247 ways in which a person may qualify for a diagnosis of borderline personality disorder and 848 ways for antisocial personality.**

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### **Fuzzy diagnostics**

Like dyslexia and many psychiatric diagnoses, AD/HD is a fuzzy concept – i.e. its boundaries are blurred (*note 7*). Why these labels are fuzzy can be understood from the procedures used to establish the diagnosis. Diagnoses according to the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) and the International Classification of Diseases of the World Health Organisation (ICD-10) typically differ from those in general medicine in that they rely, not on the identification of some underlying pathology that gives rise to the symptoms, but on a tally of the symptoms themselves. To fulfil a diagnosis of AD/HD (code 314.00 or 314.01 in DSM-IV) the person must have exhibited over the previous 6 months at least 6 out of 9 specified manifestations of inattention or 6 out of 9 for 'hyperactivity-impulsivity'. He or she must have shown some of these before the age of 7 years and they must be evident in two or more settings (school, work, home, etc.) In common with most of the mental and personality disorders in DSM-IV an essential criterion is '*There must be clear evidence of clinically*

*significant impairment in social, academic or occupational functioning*'. This relates to what I said earlier about whether some characteristic or difficulty is deemed to be a disorder may relate significantly to the requirements, expectations and stresses that society and the environment place on people.

Another feature of DSM-IV diagnoses is that there are usually many different configurations of symptoms that result in the same diagnosis, and two people who are diagnosed with the same disorder may have very different profiles. The diagnosis of 'personality disorders' brings this out very clearly: for example, there are 247 ways in which a person may qualify for a diagnosis of borderline personality disorder and 848 ways for antisocial personality disorder (*note 8*).

In theory if the patient does not have the full quota of symptoms he or she has not got the disease. So what happens if a child is clearly having behavioural problems (or parents and teachers are having problems with the child) but he does not fulfil all the criteria for AD/HD? Try squeezing him under another diagnostic label – e.g. Conduct Disorder (code 312.8), Oppositional Defiant Disorder (code 313.81), or Intermittent Explosive Disorder (code 312.34). But if you really must insist on AD/HD then why not go for the diagnosis Attention Deficit/Hyperactive Disorder Not Otherwise Specified (code 314.9)? '*This category is for disorders with prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention Deficit/Hyperactive Disorder*'.

In routine clinical practice, for many mentally ill patients the consensus amongst staff emerges that 'The diagnosis remains unclear'. In my experience this means the diagnosis is likely to *remain* unclear, particularly the longer it is has already been unclear. I have attended many case conferences, often held for teaching purposes, in which my psychiatric colleagues have fretted over whether the patient in question has schizophrenia, bipolar affective disorder, major depression, a personality disorder, and so on. Such a patient, if he or she remains in the mental health services, is likely to accumulate many or all of these diagnoses over time. (At such case conferences, advocates of 'schizoaffective disorder' will usually put in a bid; this diagnosis requires a combination of symptoms of schizophrenia and a major impairment of mood.)

Should we throw DSM-IV away? Certainly not! It is the product of decades of accumulated knowledge of many wise and experienced individuals. However, in my opinion it would be helpful if we could all resist the urge to adhere to a strict medical model and thus always to feel obliged to come up with an explicit diagnosis.

In fact, so far as clinical practice is concerned, all this is something of a straw man. Unlike the rest of medicine, failure to arrive at an agreed psychiatric diagnosis is often far from catastrophic, as psychiatric treatment tends to be pragmatic; i.e. it is symptom- rather than pathology-based

and often proceeds by trial and error: if something doesn't work, try something else. Recently I interviewed a defendant in a criminal case who had also had the benefit of an independent psychiatric report. The psychiatrist concluded that this person was *not* suffering from a psychotic illness; nevertheless he prescribed him antipsychotic medicine (Olanzapine). The reason for this was that the person was complaining of hearing voices telling him to harm himself. I am not saying that the psychiatrist was at fault; in fact the person reported that the medication was proving helpful.

Unfortunately in legal cases the expert is often required to answer the question 'Is this man/woman suffering from a mental disorder and if so, what?' Hence, unlike in routine clinical practice, which is all about helping suffering people, DSM-IV and the ICD-10 are indispensable for meeting the demands of the legal system.

### **AD/HD in forensic practice**

What I have been saying here I more or less said earlier for the diagnosis 'dyslexia' and I suggest the same applies to AD/HD. You will often read that people with ADHD 'are over-represented in the criminal justice system'. In fact my own professional experience in this area is assessing defendants in criminal cases who were diagnosed with AD/HD, and often learning difficulties, in their childhood. (A third diagnostic label that often comes up is 'autistic spectrum disorder', which positively reeks of fuzziness.) Often they took Ritalin for many years and later Concerta, but few if any are doing so when I see them.

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### **A third diagnostic label that often comes up is 'autistic spectrum disorder', which positively reeks of fuzziness.**

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I can recall only one such person who was unduly restless or inattentive and for that reason was unable to complete the battery of cognitive tests that I administered. Nevertheless I always assume that the diagnosis of AD/HD was made for good reason; that is, whatever the cause, these individuals had much greater difficulty than most of their peers in controlling their behaviour and maintaining their concentration.

It is important to point out that the people I am talking about were not just handicapped by their hyperactivity and low attention span. In most cases their intellectual endowment was well below average and many were deemed to have 'learning difficulties'. Hence for them education, as I have described earlier, meant that they had to engage in activities that were difficult, unrewarding and meaningless; thus they were made to feel unhappy and had instilled in them a sense of inadequacy and failure. They were frequently picked on and bullied by their peers. They misbehaved and were often suspended, truant regularly,

and often gave up completely in their final year or two, without gaining any qualifications. The story then continues with a lifestyle characterised by unemployment, alcohol and drug abuse, and persistent offending.

But more often than not these people have also had more fundamental adversities to contend with. Most have not enjoyed the basic needs and entitlements of all children, namely loving parents, a stable home life, and protection from malign and traumatising influences. Some never knew their fathers, or their fathers, who were often violent, cleared off when they were still at a tender age. With all this to contend with it seems somewhat perverse that, when they do get into trouble, their defending lawyers so readily summon experts to comment on their 'having AD/HD' or 'learning difficulties' as mitigation for their misdemeanours.

I have not noticed much tendency for the individuals themselves to excuse their excesses in this way. However, their parents – usually their mothers – often do. A common story is 'For years I tried to get help but nobody would listen and then they discovered he had AD/HD... etc.'. Now I know that it is all too easy for someone like me, who has never had to contend with these disadvantages and deprivations, to be critical and judgmental; but my heart sinks when I hear something like this. The story –which arguably is as much the work of the professionals as the storyteller – may not be wrong. But it is one that is devoid of hope. At least it needs a further chapter: 'Yes, I have had to shoulder all of these burdens but I am dealing with them' and ultimately '...I dealt with them'. This is indeed a story one hears from people whose lives have been blighted in these ways and yet are eventually able to make good.

### **Is AD/HD a genetic disease?**

So, let us return to our heroes, the scientists who have, so we are led to believe, shown that AD/HD is related to certain chromosomal features known as 'copy number variants' and children thus diagnosed should be considered to have a genetic disease. Exactly how many children with these features does the study indicate will be diagnosed with AD/HD?

The investigation found that out of 366 children so diagnosed, 57 (15.56%) had CNVs compared with 78 out of 1047 (7.45%) who did not have this diagnosis. The paper reports that AD/HD affects around 2% of children (a rather conservative figure but let's run with this). Hence, out of 10,000 children 200 will be diagnosed with AD/HD and of these, 31 will have CNVs. Of the 9,800 children not diagnosed with AD/HD, 730 will have CNVs. This makes a total of 761 children in 10,000 with CNVs. It follows that of all the children with CNVs, roughly 4% (31 divided by 761) will have AD/HD while 96% (730 divided by 761) will not.

To me this shows that the investigation found only very weak evidence of a chromosomal effect. Surely the

message should be this: 'If a child (sex unspecified) has CNVs there is only a 1 in 25 chance that he/she will be diagnosed with AD/HD'. This is hardly the kind of announcement that's going to have people leaping from their beds in the morning thinking that the world is now a better place. Neither is it going to encourage funding bodies to hand over more money to the scientists who made this discovery to enable them to carry out further research (*note 9*).

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**'Please, please, please! Keep these people away from your children!'**

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But now look what these scientists have in store for children like our Billy. The concluding sentence of Williams et al (2010) is this: 'Our results suggest that routine referral to clinical geneticists and screening for such mutations could be helpful for children with ADHD and intellectual disability'. Brave *New* World? Does this not bring to mind pictures of schoolchildren in the Third Reich having their heads measured?

Those of you who, unlike me, enjoy all the privileges, responsibilities and burdens of parenthood I beg you: 'Please, please, please! Keep these people away from your children!'

**Notes**

1. Williams, N.W. et al (2010) Rare chromosomal deletions and duplications in attention-deficit hyperactivity disorder: a genome-wide analysis. *The Lancet*, **376**, 1401-1408.

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61109-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61109-9/fulltext)

2. <http://www.sciencedaily.com/releases/2010/09/100929191312.htm>

3. There is also the person's reaction to the illness, including his or her ability to cope with pain and any anxiety or worry that the symptoms cause including, in the case of children, parental anxiety.

4. <http://www.childrevisions.com/dyslexia.htm>

5. I did not know there was such a joke until I Googled 'dyslexic policeman joke'.

6. 'If you believe the doctors, nothing is wholesome; if you believe the theologians, nothing is innocent; if you believe the military, nothing is safe.' (Lord Salisbury)

7. For this reason I wonder how successful efforts can be to link it to such precise entities as gene configurations and brain structure.

8. McMurrin, M. (2008) Personality disorders. In K. Soothill, P. Rogers & M. Dolan. (Eds) *Handbook of Forensic Mental Health* (pp. 375-399). Cullompton, Devon: Willan Publishing.

9. Around the time this research was being proclaimed by the media, a paper presented at a conference in Sydney by Wendy Max, Professor of Health Economics at the University of California revealed (once again) that children exposed to passive smoking have double the rate of AD/HD. Clearly 'passive smoking' is not as newsworthy in this context as chromosomal 'copy number variants'.

<http://www.theage.com.au/national/smoking-adhd-link-found-study-20101008-16b1m.html>

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## OPEN UNIVERSITY PERSPECTIVES ON COMPLEMENTARY AND ALTERNATIVE MEDICINE (K221)

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**Niall Taylor**

*Niall Taylor is a veterinary surgeon in general practice in Somerset, England who has an interest bordering on obsession in complementary and alternative medicine, in particular when applied to animals. This article is from his blog <http://aillas.blogspot.com/>.*

**Introduction**

At the time of writing it is the end of September 2009 and I have just completed the Open University (OU) faculty of health and social care course number K221 'Perspectives on Complementary and Alternative Medicine (CAM)' (Open University, 2009a). It is a 10 month long course and

I have greatly enjoyed the experience although it wasn't quite what I was expecting for a number of reasons.

For those not familiar with the OU it is a well-respected, UK establishment started in the 1960s which facilitates university-level study at home by means of good quality, structured course materials using communications

technology, originally television and the postal service but nowadays computer based (Open University, 2009b). By studying written material, supported by the internet, email, audio-visual aids, interactive forums, a locally based tutor and the occasional face-to-face tutorial or Summer school, students can study a number of modules which can be put together to count for a degree such as bachelor of arts or science. Alternatively anyone can pick a single module and study it for pure interest as I have done in this case. It is a British institution and we're very proud of it!

The course is very well structured, based around a number of texts. The 'Learning Guide' breaks the course down into twenty manageable sections, each one of which should take about a week to complete. The learning guide takes students through the two core texts: Book One is entitled 'Perspectives on Complementary and Alternative Medicine' and Book Two is 'Complementary and Alternative Medicine: Structures and Safeguards'. The books' editors are Geraldine Lee-Treweek, Tom Heller, Hilary MacQueen, Julie Stone, Jeanne Katz, and Sue Spurr. There are also contributions from Mike Saks, Lorraine Williams, Phil Nicholls, Sheena Murdoch, Andrew Vikers, Dick Heller, Gavin Yamey, Elaine Weatherley-Jones and Dione Hills. The learning guide, both core texts, and a set of five CD-ROMs containing audio and video clips are provided as part of the course fee but it is necessary to buy 'Perspectives on Complementary and Alternative Medicine: A Reader' separately. This 'reader' is a collection of short essays on CAM from a variety of authors which the learning guide directs the student to at various points. Both core texts and the learning guide are also available to students for download as pdf files which makes searching for information in them much easier.

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**The essay titles required me to try to see things from the point of view of CAM proponents as well as my own, sceptical perspective.**

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As the course progresses the student has to submit four tutor marked assessments (TMA's) of 1,500 words and a final end-of-course assessment (ECA) of 3,000 words. It is these that the student is assessed on. One of the challenges for me in doing the course was being obliged to look at CAM from a different perspective from the one I am used to - social, ethical, regulatory and so forth - rather than from a purely scientific perspective. The essay titles required me to try to see things from the point of view of CAM proponents as well as my own, sceptical perspective. So, while this was an interesting discipline, it was also infuriating at times when I felt I was being constrained from making certain points because of the need to stick to fairly narrow topics. Hence, having finished my coursework, I am writing this essay, as a slightly indulgent

personal critique of the course from a balanced but sceptical perspective - it is something I need to 'get off my chest'!

**Development**

My first surprise was that the 'Perspectives' the course title referred to were actually mainly social, regulatory and ethical perspectives. There was a small section on evidence towards the end of the course which was mainly delivered from a CAM point of view and wasn't included in any of the course assessments, so students were never challenged to think critically about it or to develop the ideas in that section. Right from the opening chapters, the major impression was of 'putting the cart before the horse', i.e. considering all the mechanics of CAM provision and integration without actually ever asking whether it is effective or not. As someone who is used to verifying the effectiveness of all sorts of veterinary interventions on a daily basis this was a cause of considerable frustration to me.

The tone for the whole course is set right from the first chapter of the first book where the impression is given that CAM is like an empowering, comforting bubble bath waiting to envelop users and bring health and wellbeing to all, if only it was given the chance. The very first paragraph states that CAM is just one of many '*sets of knowledge and ideas about the world*' offering a '*vast array of choices in dealing with health and wellbeing*'; no mention is made of the relative validity of these choices. The reader is invited to '*consider CAM in a critical way*' but also to '*see what it can offer to society*'. CAM is presented enthusiastically as '*a fascinating and fast changing area of social life*', the only concession to the controversy behind the subject being the statement that the issue of what CAM is '*can be considered contentious and open to debate*'. So, from the outset CAM is presented in a positive light, as equivalent to other types of healthcare and the only debate is to be about what is meant by CAM, not its effectiveness.

There follows a largely uncritical account of how CAM is defined - natural, traditional, 'holistic', energy based which then moves on to an account of CAM in modern, consumerist society with consumer choice and medical pluralism, self-expression and empowerment all presented as reasons for the popularity of CAM. This 'pick and mix' version of healthcare is illustrated, bizarrely, by food and restaurant metaphors, as if science-based medicine was just another lifestyle-menu choice to be selected or rejected depending on the tastes of the diner. The admirable idea that patients should be included in medical decisions which concern them is extrapolated to the point where patients should have the right to choose whatever type of healthcare they wish in a 'healthcare market', regardless of the fact that it is later recognised that CAM ethics and provision are chaotic with public safeguards, outside criminal law, being very limited.



Such criticisms as there are are presented non-judgementally, often in the form of questions for the reader to consider - does 'traditional' mean safe or effective?; safety and efficacy must be 'borne in mind' for instance, although it is acknowledged that the subject of CAM is contentious. The only section where there is any hint of real criticism is the section covering so called 'new health experts' where the author is critical about the claims of people who set themselves up as experts in the 'new health' and points out that they inevitably have something to sell by doing so. This criticism however is presented against the background of the 'healthcare market' generally, which provides choice and is portrayed as a good thing.

Later, various models of healthcare are discussed briefly starting with the 'Biomedical model' at one end which allegedly represents orthodox medicine. This section is opened with a photograph of a group of doctors having a discussion among themselves at the bottom of a patient's hospital bed which is supposed to illustrate how orthodox medicine leaves patients isolated. The term biomedical is often used synonymously with science-based medicine in the course material so it is worth exploring how this model is portrayed by the authors. Using quotes from references it is reported that '*Biomedicine (which is also known as allopathy, conventional medicine or modern western scientific medicine) is relatively new, unlike some ancient healing systems which have been practised for several thousand years*', it has '*contributed to a narrowing of medical vision – to the reductionism, mind–body dualism and objectification of body so characteristic today of the disease perspective*'. The main function of the biomedical provider (that's 'doctor' to you and me) is to '*get people back to productive labour*'. Then, as if it is a minor consideration compared with its many offences against post-modernist equivalency, it is mentioned that '*Biomedicine provides effective treatment for many serious illnesses – for example, bypass surgery for heart conditions – which in the past may have resulted in death or long-term disability*'.

Several other healthcare models are discussed ranging from prescriptive, paternalistic models where the domineering physician decides what the patient needs (that's conventional medicine again, inevitably) to the touchy-feely, caring, holistic or alternative model (no prizes for guessing where CAM practitioners fit on this spectrum). This last model is described in woolly terms such as '*CAM therapists explore and treat underlying causes, not merely control symptoms*' and in CAM '*Self-healing is paramount, working with, not against, symptoms*'. Well, one of the 'big five' group of CAM practices is homeopathy and its core texts are almost entirely given over to great lists of symptoms which must be addressed by the correct 'simillimum'. This methodology is entirely directed towards the symptoms of disease, any 'underlying causes' from the homeopaths' point of view being largely fictitious, consisting of

'imbalances', 'obstructions to cure' and miasmas (a concept which has been outdated since the 1700s).

The statement that '*self-healing is paramount*' is so obvious as to be almost unworthy of further consideration - no health system, including science-based medicine could function without 'self-healing', yet CAM practitioners feel they have a monopoly on it. Working 'with' symptoms is a meaningless platitude (how can you 'work with' spots for instance?) derived from the homeopathic term for orthodox medicine practiced two centuries ago which included purging and blood-letting in an attempt to counteract symptoms such as a flushed skin (which was believed to indicate excessive amounts of blood). This so called 'allopathic' medicine was supposed to work against symptoms but now, two centuries later, rational medicine does what it takes to treat disease - correcting deficiencies, repairing damaged tissue, helping the body fight disease-causing organisms and so forth. There is no single dogma which can describe science based medicine yet CAM critics fail to recognise this in their desire for easy targets with which to promote their own beliefs.

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**Everything, including political, financial and professional prejudices, vested interests and racial and sexual discrimination was, we are told, responsible for keeping CAM on the margins of healthcare.**

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Early in the course we are introduced to the 'Political and historical perspectives' of CAM. This section was one I found particularly interesting but even more frustrating as this section was mainly a list of excuses about why CAM wasn't in the mainstream. Everything, including political, financial and professional prejudices, vested interests and racial and sexual discrimination was, we are told, responsible for keeping CAM on the margins of healthcare - everything but the possibility that it simply didn't work. The main difference between CAM and orthodox medicine, states author Mike Saks, '*lies in its legitimation by the state*'.

This was one of the least balanced sections of the course with the authors apparently convinced that the attitudes which prevailed at the inception of the Medical Registration Act of 1858 when, arguably, CAM first came into existence, still remain today. In 1858, it is claimed, the medical establishment (physicians, surgeons and apothecaries) managed to use political and financial clout to get its foot in the door of state orthodoxy at the expense of equally deserving disciplines such as herbalists and homeopaths and that's pretty much how things remain today. The fact that orthodox medicine has, in the last 150 years, managed to rid itself of practices which were then regarded as mainstream such as bleeding, purging and treatment with heavy metals and managed to include new,

initially unpopular disciplines such as antiseptics, vaccination, psychiatry, midwifery and palliative care to name but a few isn't even mentioned.

The rather large 'elephant in the room' is that medicine incorporates things that have proven themselves effective, even things for which it is difficult or impossible to conduct scientific trials on. The reason that, say, palliative care is now accepted by mainstream practitioners whereas homeopathy isn't when both were treated with suspicion to start with is that palliative care (after 40 years) now has a proven track record whereas homeopathy (after 250 years) doesn't.

Regarding political power and influence, homeopathy in particular has always had the backing of significant influential figures. At the time of the 1858 Act homeopathy was the darling of the aristocracy at a period in British history when aristocratic and Royal patronage were a major influence in politics. The chief advocate of homeopathy in Britain at that time was Dr F. Quin, the physician of Prince Leopold of Saxe-Coburg, a close relative of the British Royal family and himself a possible illegitimate son of Lady Elizabeth Cavendish, the Duchess of Devonshire and Sir Valentine Richard Quin, 1st Earl of Dunraven whose families ranked among the five richest in the country. In those days members of aristocratic families made up the majority of parliament and further supporters of homeopathy with the power to influence legislation included William Cowper, president of the General Board of Health & sponsor of the 1858 Act (Roberts, 2009), Lord Ebury (formerly Lord Grosvenor), Lord Elcho and the Dukes of Edinburgh and Beaufort. Dr Quin was also one of the regular dining partners of Edward, Prince of Wales, son of the reigning Queen Victoria and future King (Classic Encyclopaedia, 1911; Morrell, 2008; Winston, 2009).

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**The conclusion must be therefore that patronage makes no long-term difference to what is or is not mainstream medicine; science, on the other hand, does.**

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Such aristocratic and political influence has continued right up to the present day with homeopathy being used by royalty up to and including the present Queen Elizabeth, her son and heir Prince Charles and his late wife Princess Diana. Former Prime Minister Tony Blair and his wife Cherie were advocates of all things alternative during Mr Blair's period of office (Scott, 2008).

So homeopathy, at least, has political influence in spades yet it is still not mainstream. The conclusion must be therefore that patronage makes no long-term difference to what is or is not mainstream medicine; science, on the other hand, does.

'Integration' is the new buzz word in CAM, some sceptics would say integration was just CAM reinventing

itself as it has done so often in order to present a more acceptable face (Ernst, 2009). There is however an inconsistent attitude to integration among CAM practitioners, many of whom are determined to remain firmly rooted in a fundamental 'otherness' - '*for some groups of CAM practitioners, the growth of "integrative medicine" represents an undermining of counter-cultural values*' we are told in the introduction to book one. Clearly for some CAM practitioners, philosophy is more important than the practicalities. On the other hand many CAM practitioners are keen to work with mainstream medicine, particularly the state sector, and benefit from the enhanced credibility and financial stability such a move would confer. It seems to me entirely reasonable that if CAM seeks the benefits of state patronage it should submit to the same levels of scrutiny that conventional medicine does.

Despite a desire to cling to 'counter-cultural values' rather than simply demonstrating effectiveness there are still complaints that CAM is marginalised and ignored (it can be reasonably argued that the definition of CAM is one of exclusion - albeit for good reason). So it comes as a surprise, when conventional medicine appears to be adopting a more inclusive attitude to new approaches, it is criticised for trying to 'colonise' new territories; pharmaceutical companies moving into CAM areas are accused of simply wanting to exploit new markets. So while CAM complains about being ignored, any attempts at integration by conventional medicine are derided as 'colonisation' or 'exploitation' - damned if you do and damned if you don't!

In the course material there are complaints that integration would still leave doctors in control and deprive CAM of its unique perspective, yet later it is acknowledged that the ethics of CAM are rudimentary, CAM provision is variable and fragmented and training is often inadequate. The thought of a Reiki practitioner, practising part-time to earn a bit of extra cash, having control of serious medical decisions is horrifying yet that is what the idea of the 'new-expert' suggests - all 'expertise' is equal, no matter whether that expertise has solid foundations or fictitious ones.

Later in the course there are several chapters which go into considerable detail about how CAM is used in specific areas, namely mental health and palliative care for cancer patients. There are genuinely moving accounts from patients with serious health problems in praise of centres and individuals offering CAM which provides great comfort, companionship and reassurance for conditions which are difficult to discuss with friends and family. The problem is however that the types of CAM in the case studies are being used purely as ways of providing comfort to the patients and, beneficial as it is, there is no alternative system involved. Reflexology and aromatherapy are presented simply as types of massage; no mention is made of the alternative claims of both these practices. Bowen therapy and Reiki, despite talk of 'energy' flowing in various directions, seem to be mainly a way of the patient's

getting a little relaxation and time out - no attempt is made to explore the claims of either therapy in treating specific diseases. We are, yet again, being shown a sanitised, whitewashed version of CAM, completely glossing over its many nonsensical claims and its tendency to denigrate real medicine.

The theme of CAM providing comfort is developed as CAM as a 'holistic' therapy is discussed, particularly in the section on the therapeutic relationship. There are claims that CAM exploits the placebo effect and promotes self-healing by working with the patient and that real medicine should 'look at the broader context' rather than simply concern itself with facts and figures. Scientific research in particular comes in for criticism, concerned as it is with data collection and end points. We are told that controlled trials are not appropriate to study CAM as they are specifically designed to correct for variables such as bedside manner, physical empathy and the placebo effect in order to study the specific effects of the treatment under study. If a study fails to show that acupuncture is effective for the treatment of, say, asthma then trial designers should disregard their original end points and look for other aspects which have improved such as enhanced wellbeing perhaps, or patients getting on better with their families after the trial. This technique is known as 'data dredging' and is recognised as bad practice, as researchers cherry-pick results to try to obtain the outcomes they want rather than analysing the evidence they have. It is typical of the way that CAM proponents insist on double standards in research. The authors even quote Edzard Ernst out of context and make it sound as if he is in favour of a different standard of research for CAM compared with everything else; a simple email confirmed that this view is the diametric opposite to the one he actually holds.

Finally, just a quick word about factual errors and unsubstantiated claims. The OU makes great efforts to correctly reference claims throughout the course work and students are rightly required to reference correctly in submitted work. So, when claims are made in the course books which are not referenced it has to be asked 'why not?'. For instance early on, among a lengthy complaint about some of the more negative terms used to describe CAM, we are told, '*...CAM can be used as a treatment for serious conditions (for example homoeopathy to treat acute asthma or acute infection, and acupuncture to treat addiction and help recovery from stroke)*'. This statement is not backed with references but simply presented as a fact; there is no hint of the massive controversy underlying these bold, and erroneous, claims. In Book Two, the chapter on homeopathy, after stating that scientific knowledge is a mere social construct fabricated by a conspiracy of scientists, moves on to give a highly biased account of the infamous 'memory of water' experiments of Jacques Benveniste. The follow-up investigation by a team from the Nature journal is portrayed as a personal attack on Benveniste himself and an attempt to suggest that his team

used 'trickery' to obtain their results rather than what it actually was, namely a straightforward replication of the original experiment using more stringent controls and involving people who didn't have a vested interest in the results.

Later, in the same chapter, there is an account of the BBC Horizon programme's investigation of the memory of water (BBC, 2009) which is simply factually wrong. The OU author states that in the investigation homeopathic remedies and placebos were given to participants suffering illness and the results analysed. In fact the test was another replication of the Benveniste experiment done with stringent blinding and controls (unlike the original work) and, what's more was entirely *in-vitro*, involving no human subjects at any stage. Yet this catalogue of errors is used as a justification for the belief that science and scientists are inherently prejudiced against CAM.

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**I took some comfort from a couple of fellow students who were relatively pro-CAM prior to starting but, by the end, were much more questioning of it.**

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### Conclusion

One of the first exercises in the K221 course required the student to think of a few words which, to them, best described CAM. My words were; well-meaning, misguided, institutionally delusional and non-scientific. Having now finished the course I can find no reason to change any of them really. I have to give CAM practitioners the benefit of the doubt and assume that most are well-meaning and do what they do in an effort to help their patients. Many such practitioners have limited scientific training however so, to them, if a patient says they feel better then that is all the evidence they need. On the other hand many CAM proponents are qualified doctors, veterinary surgeons and scientists who know very well the importance of scientific rigour and how meaningless the phrase 'it got better so it works' is. This group knows about the lack of rigorous evidence behind much of CAM, it knows that CAM practitioners are given to denigrating real medicine and turning patients away from treatments which could really help and it knows all the reasons why many medical conditions appear to improve following an ineffective treatment and, furthermore, why some relapse fatally later if left untreated. It is this group - people who should know better - that I have trouble with. As long as people with a scientific grounding, such as the K221 authors, continue to perpetuate the myth that there is 'something out there', magical forces we cannot detect but at the same time are able to manipulate, and continue to promote populist, consumer driven medicine then others will follow.

I have to agree with David Colquhoun (2007) that a reader who knew little about CAM coming to this course would risk coming away with the false impression that CAM was a fully functional, effective healthcare system that was deeper, broader and more patient centred than orthodox medicine and the only reason it isn't mainstream today is because of establishment bias. This impression is conveyed by first failing to address the real controversies around CAM, namely lack of effectiveness, excessive claims, and the denigration of real medicine and second, by insisting on a spurious 'balance' throughout the texts; treating CAM as if it were the equal of science-based medicine; discussing 'Chi' or the 'vital force' as if they were as real as the blood stream or lymphatic system.

This account is my own, it is inevitably subjective and imperfect; everyone will get different things from this course. I took some comfort from a couple of fellow students who were relatively pro-CAM prior to starting but, by the end, were much more questioning of it. One student found the material biased and patronising, much as I did; another said that after completing the course she wouldn't trust CAM to treat any serious conditions. My tutor on the other hand, a very pleasant acupuncturist who did a first class job of staying calm in the face of my scepticism, felt the course material was strongly biased against CAM. So there is a lot to this course, it is deeply flawed in the ways mentioned above (and others that time hasn't permitted me to mention) but it has got me thinking, and that is always a good thing. It has 'demystified' certain aspects of CAM for me and helped put a personal face on it by meeting fellow students. It has helped me understand some of the real benefits some patients derive from CAM and has cast a light on the faulty reasoning and perspectives of many of those who claim to be experts in the subject. So, all in all, I am glad I have done the course, for all its imperfections; I have learned a lot and seen things from other points of view. On balance I would recommend it to anyone with an interest in the subject but make sure your critical skills are turned to high!

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## Course books

Throughout the essay I have referred extensively to the course books for K221. These books can be seen at Amazon - Book One: [Perspectives on Complementary and Alternative Medicine](#); Book Two: [Complementary and Alternative Medicine: Structures and Safeguards](#); and [Perspectives on Complementary and Alternative Medicine: A Reader](#). The [first](#) and [second](#) books are also available in preview form from Google books.

## Author's note

I am a member of the spoof British Veterinary Voodoo Society founded as an antidote to the (unfortunately non-spoof) British Association of Homeopathic Veterinary Surgeons. I correspond regularly on the subject of CAM in the veterinary press and am happy to report that I have become one of a select band of veterinary surgeons who have become hate figures for veterinary homeopaths, one of my proudest moments being when the president of the BAHVS announced that she was "disappointed to see my name in print again" - result! I am happy to be contacted by email ([niall@ovg.co.uk](mailto:niall@ovg.co.uk)) if anyone wants any more details.

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## REINCARNATION FRAUD EXPOSED IN INDIA

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### Babu Gogineni

*Babu Gogineni is a Hyderabad-based secular humanist and rationalist and former Executive Director of the International Humanist and Ethical Union.*



**Sambhavi, the Child ‘Goddess’**

Humanists, rationalists and human rights activists in India and Nepal have been fighting an elaborate reincarnation fraud in South India, enacted with connivance and encouragement from the Nobel Peace Laureate Dalai Lama. I am writing to report success but maybe I should first give the background to a complex story where Buddhist and Hindu superstition about rebirth, criminal intentions of parents to exploit their child for business, as well real estate business and spiritual fraud and an international conspiracy to exploit a child for political and religious purposes are involved.

As you may know, Buddhism has three major divisions: Hinayana, Mahayana and Vajrayana. The Tantra, magic and ritual-based Vajrayana has four further factions and the Dalai Lama is head of one of these four - the Gelugpa sect. The Dalai Lama does not represent all Buddhists and is merely head of some 6 million Tibetan Vajrayana Buddhists, whereas there are over 300 million Buddhists the world over. The present Dalai Lama was identified as the reborn 13th Dalai Lama at the age of two, and at a young age fled Tibet after a failed rebellion against China. Most Tibetans lived the lives of serfs whereas he lived in the 1000-room Potala Palace. After fleeing Tibet he started a lifelong mission to liberate his people from brutal Chinese oppression and has succeeded in obtaining the world’s sympathy and attention to the just cause of Tibetan self-determination.

However, the Lama’s Vajrayana Buddhism also needs babies so that they can be identified as reincarnation of dead Buddhist Lamas. It is a terrible tradition, like that of sacrificing little children to monasteries or sending toddlers to Taliban-run schools, or of the Kumari cult of Nepal where young girls are declared goddesses and abandoned when they enter their teens. Most such children end up being thoroughly damaged. Osel Torres, a baby from Spain, was identified by the Dalai Lama many years ago, but Osel fled the confines of the monastery to declare in 2009 that he was not a Lama and that his life was a lie!

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**Videos were taken by the Hindu parents of the child and they circulated these widely in an attempt to portray the child as having supernatural powers and powers of prophecy.**

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Now in 2009, Sambhavi, a 6-year-old girl, was identified by the Dalai Lama as the reincarnation of another dead monk and he participated in religious rituals along with the child in his Indian headquarters of Dharamshala. Videos were taken by the Hindu parents of the child and they circulated these widely in an attempt to portray the child as having supernatural powers and powers of prophecy. The media were heavily involved in this circus when claims were made that the child travelled to Tibet in a trance, that she communicated with the Dalai Lama by telepathy; and that she spoke Telugu and Tamil automatically - languages that she was never earlier exposed to. She was installed as a goddess in a temple, she received devotees who prostrated before her, and she foretold the future. For good measure, Sambhavi was also made to say that when Veera Bhoga Vasanta Rayalu comes in 2012, as predicted by Veerabrahmendra Swami 400 years ago, he will tear out the hearts and eyes of the atheists. Some bigwigs bought land around the proposed ashram because of the real estate gains to be made. A helipad was constructed and new roads were beginning to be laid to Surya Nandi. Meanwhile, the girl’s parents illegally occupied some temple premises nearby and air-conditioned

the cottage they built there. French and Russian documentary makers entered the scene to record the life of this extraordinary genius and goddess who, in her previous life, played with the Dalai Lama and met with Acharya Nagarjuna, dead for over 2000 years. Sambhavi said that she was born for the cause of Tibet's freedom and declared that Tibet would be free by 2012, that China would become democratic in 2016, and that she prayed for the Dalai Lama's health and healed him.

A joint ritual and discourse was planned and announced for 22<sup>nd</sup> December 2009 for the 75-year-old Dalai Lama and the 6-year-old child. It was widely expected and suggested that the Dalai Lama came as far as Hyderabad to take things further, but had to retreat in the face of the campaign against this obvious fraud.

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**The campaign slogan 'Should she be in a temple or in a school?' was a question every one took up, the media as well as the Human Rights Commission.**

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We also filed a petition at the Human Rights Commission against the child's guardians and others for gross, public and unrestrained abuse of the child Sambhavi, seeking urgent intervention to save her from further mental abuse as well as to stop the religious and political exploitation of a vulnerable child. The campaign slogan 'Should she be in a temple or in a school?' was a question every one took up, the media as well as the Human Rights Commission. We also asked for an investigation into the complicity of the Dalai Lama in this disgraceful affair.

A huge number of individuals and organisations joined hands: amongst the petitioners are the President of the Federation of Indian Rationalist Associations, Prof. Nayak, Jana Vignana Vedika, and child rights groups as well as the International Humanist and Ethical Union Member Organisations, Manava Vikasa Vedika, the Indian Radical Humanist Association, the Hyderabad Rationalist Forum, and the Indian Radical Humanist Association. The Judge ordered an investigation into the child's antecedents and a number of lies came out, including those told about who the identity of her parents - the real mother was posing as a guardian, saying the child's mother had died and thus obscuring the child's origins so that she could be portrayed as a goddess. The mother, it appeared, was also a second wife of the child's father (bigamy is disallowed in India amongst non-Muslims).

At the last hearing on December 30<sup>th</sup>, after I finished the arguments, Judge Subhashan Reddy noted that the child's mother had lied and he observed that the child was being exploited. On June 14<sup>th</sup> he delivered his orders: in summary the child had to go to a recognised school; she cannot be presented as a goddess and should not be made

to believe she has divine powers. He also disallowed the plea that the parents could provide the child private tuition and rejected the claim that the child does not like to go to school. Here are extracts:

'... it is not open to (the mother) Ms. Usha Rani to assume something supernatural about child-Sambhavi and then deprive her of her usual, normal and inherent childhood rights ... She cannot induce any hallucinations into the tender mind of child-Sambhavi that she is a supernatural person with divine powers, isolate her from her natural surroundings and cause her to behave like a saint confined to a place attracting devotees. This Commission makes it clear that Ms. Usha Rani, her husband and their child-Sambhavi are entitled to practise any religion of their choice, but they cannot assume or make others believe that child-Sambhavi is herself a Goddess or possesses supernatural powers... The natural parents Ms. Usha Rani and Mr. Soumya Acharya are directed to desist from interfering with the child rights of Ms. Sambhavi.'

'It was stated by Ms. Usha Rani that she wants to educate her daughter, Ms. Sambhavi, by keeping her in Ashram and even giving special coaching by Vedic teachers. But the law does not permit Ms. Usha Rani to have such a course of action'. (This is in accordance with The Right of Children to Free and Compulsory Education Act, 2009; the right to education is provided under Article 21A read with above Act of 2009 and is inalienable; neither the child can abandon the said rights nor the parents.)

*(Orders of Andhra Pradesh Human Rights Commission, dated 14 June 2010 (on Petition No. 7777 of 2009 filed by IHEU Member Organisations, Associates and Intellectuals). Words in brackets provided for clarity.)*

This is a victory for Sambhavi's rights, which the judge said cannot be violated even by her parents. It is a triumph for all those who support children's rights. This is the first order issued after the introduction of the Free and Compulsory Education Act, and with these landmark orders that were obtained based on our complaint along with IHEU MOs, the Indian flag today flies higher and the enlightened Indian Constitution gains an enhanced meaning and relevance to the frighteningly large number of children in the country not yet in school. We had asked that the child be given psychological counselling to bring her back to reality as regards her supernatural powers, but the Human Rights Commission orders are silent on this request.

After retreating from Hyderabad the Dalai Lama has been absolutely tight-lipped about the Sambhavi affair. How sad he abandoned a child who in her previous birth was his playmate! People who dislike China automatically like the cuddly Dalai Lama; here is a chance to rethink about him and his dangerous stupidities. If he is not stopped he will strike again and find another child victim.

I have to mention that the activism of the last 10 months have resulted in several threats, phone calls and open warnings to the petitioners. There is also an attempt to portray this as an attack by rationalists against religion in TV channels during discussions, but these dishonest arguments are being countered or are not being heeded to - going by the general swell of good will for the Human Rights Commission orders. It has been repeated endless times us that the case was filed as fellow humans; it was pointed out that what we have uncovered was criminal activity, and that we never objected to Sambhavi's freedom of religion; it is her parents' outrageous attempt to turn her into goddess and install her in a temple which we have opposed. We also pointed out that they recruited fundamentalist groups to oppose us when we went to depose at the inquiry ordered by the government.

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**We are all happy for Sambhavi whom the Judge ordered should be enrolled in a school within a week...**

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Prof. Santa Sinha, one of India's leading human rights activists and currently Chair of the National Commission for the Rights of the Child hailed it as a landmark and progressive judgement.

We are all happy for Sambhavi whom the Judge ordered should be enrolled in a school within a week, failing which he would prosecute the District Collector who he has charged with this task!

Currently the mother seems to have had a dispute with the father and they are not in touch with each other, and the mother has disappeared with the child! (*see Note*)

There is enough TV footage about this sordid saga that can be turned into a documentary to show the different factors and forces that come into play in such a campaign.

The High Court is the appellate court but I cannot imagine that these orders will be overruled should they decide to take the matter further. Additionally the parents of Sambavi are likely to be prosecuted for perjury should the District Collector, who is also the District Magistrate, decide to do so.

Many thanks to all those who supported us in the campaign in a terrible context where the elite media are reluctant to expose the Dalai Lama. We will certainly write to the Nobel Peace Prize Committee.

**Note**

Mother and child have now been traced to Dharamshala where the child is enrolled in a school there.

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## OXYGENATED FOOD FOR THE BRAIN?

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This article appeared in the Spring 2010 issue of the New Zealand Skeptic (*No. 97*). It is reprinted here with the kind permission of the Editor and author.

**Alison Campbell**

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I was reading a couple of articles about 'raw foods' today. This is 'raw foods' as in 'foods that you don't heat above 40°C in processing them.' It's also as in a vegetarian diet. (I do rather enjoy vegetarian food and when we had a French exchange student staying with us that was pretty much all we ate because that was what she ate and it must be hard enough being half a world away from home without having to live in a house of voracious carnivores. But I don't think I could eat nothing but, all the time: I like meat too much.) Anyway,

what caught my eye wasn't so much the diet program itself but the misuse of science to promote it. That did rather get my goat-broccoli.

Apparently you should get your kids to eat their greens (along with the rest of the diet) by telling them that plants do this wonderful thing: they turn sunlight into chlorophyll and when you eat it it will give you extra oxygen. Sigh... This concept was repeated in the second article, which told me that raw (but not cooked) foods are 'oxygenated' and thus better for your brain, which needs



to be fully oxygenated to work properly. Well, yes, and so do all your other bits and pieces and they don't get the oxygen from food. As Ben Goldacre (*see Note*) once said, even if chlorophyll were to survive the digestive process and make it through to the intestine, it needs *light* in order to photosynthesise, quite apart from the fact that you don't normally absorb oxygen across the gut wall. And it's kind of dark inside you.

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**Because raw foods are 'alive' then they are full of enzymes. And so we're told that eating them will help you to digest your meals better.**

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The second shaky claim related to digestive enzymes. Because raw foods are 'alive' then they are full of enzymes. And so we're told that eating them will help you to digest your meals better.

Er, no. First, because when said enzymes - being proteins - hit the low pH environment of your stomach they are highly likely to be denatured. This change in shape means that they lose the ability to function as they should, and in fact they'll be chopped up into amino acids like any other protein in your food, before being absorbed and then used by your cells to make their own enzymes.

And second, the raw foods diet is plant-based. Yes, plants and animals are going to have some enzymes in common. I'd expect that those involved in cellular

respiration and DNA replication/protein synthesis would be very similar, for example, because these are crucial processes in any cell's life and any deviations in form and function are likely to be severely punished by natural selection. But we already *have* those enzymes; they're manufactured *in situ* as required. In other words, even if the plant enzymes somehow made it into cells intact and are capable of functioning, they'd be redundant. However, with a very few exceptions, plants aren't in the habit of consuming other organisms so, regarding plant cells being a good source of the digestive enzymes required for the proper functioning of an omnivore's gut - no, I don't think so. No.

You might ask, why on earth do you bother about this stuff? After all, it's not doing any harm. But the thing is - science is so cool, so exciting; it tells us so much about the world. Why do people have to prostitute it in this way? Kids (and others) are fascinated by the way their bodies' organ systems work, and I can't see why there seems to be a need to provide 'simple' - and wrong! - alternative 'explanations' when the real thing is so wonderful.

**Note**

<http://www.badscience.net/2004/08/gillian-mckeith-round-2/>