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The ‘Medicine’ Continuum: Fifty Shades of Grey for Dietary Supplements

Let’s get past the labels and divisions that dismiss therapies that don’t fit into the rigid treatment model.

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Few things in life are black and white. They are usually a continuum of nuance and variation. And the practice of medicine is no exception.

Critics of dietary supplements insist upon setting up the false dichotomy of “alternative medicine” vs. “traditional medicine.” Dietary supplements get labeled as “alternative,” as if they aren’t real medicine, and supplement users denigrated for their faith in “unproven” therapies. The narrative is calculated to marginalize and dismiss supplement users as kooks, faith healers or suckers.

I don't take my handful of dietary supplements every day based on blind faith; I take them based on my understanding of good nutrition and the substantial evidence base that their use promotes better health. Our detractors say there is no alternative medicine; if it's proven to work, then it's just medicine. I couldn't agree more—I just disagree with their version of what constitutes proof.

And I'm not alone. Well over 150 million Americans—68% of the adult population—use dietary supplements. CRN's 2013 consumer survey revealed that more Americans are increasing the number of supplements they use too. It's not just a multivitamin every day, but also omega-3s, calcium, even probiotics. Dietary supplement use is a mainstream practice for staying healthy.

But that doesn't mean supplement users are eschewing other healthy behaviors of traditional allopathic medicine. CRN's consumer research also indicated supplement users are more likely than non-users to visit their doctors regularly, to exercise, to try and eat right, to not smoke and to engage in other healthy behaviors. Supplement use is just one part of their healthy lifestyle, not a substitute for advice from their healthcare practitioners.

Misconceptions

So why do detractors continue to call dietary supplements "alternative"? One reason may be the persistent misconception that supplements aren't regulated. Well-respected media outlets will declare that DSHEA de-regulated the industry, that there are no entry barriers, that FDA has no tools to rein in bad actors and that marketers don't need to support their claims or disclose safety problems.

Really? Tell that to the 700 dietary supplement facilities that FDA has inspected in the past four years pursuant to GMP regulations, which are far more stringent than the requirements for food; or to the many firms that submit serious adverse events to FDA pursuant to a federal law mandating these reports; or to the companies that submit structure/function claims to the agency because DSHEA requires it; or to the law firms and consultants who stay employed reviewing new dietary ingredient notices, dietary supplement labeling and advertising claims to ensure their compliance with various provisions of DSHEA. The truth is that the industry is far more regulated today than it was before 1994.

Perhaps we are considered "alternative" because our critics operate under the mistaken impression that there's no research to support products. That's incorrect too; but perhaps our critics feel the need to discourage supplements because too many marketers violate the law by making outrageous, illegal, disease claims for their products. That's unconscionable for consumers.

So while our critics are wrong about the law, they are not necessarily off the mark that we need to do more to drive companies that make false and illegal claims out of the industry. Voluntary industry efforts, like the National Advertising Division review program help, but more government enforcement is needed. That's why CRN applauds the recent enforcement by the FTC against outrageous weight-loss advertising.

Shades of Grey

Our critics also insist supplements meet the requirements of "evidence based medicine," demanding randomized clinical trials (RTCs) as the only acceptable evidence of their benefit. They miss that it can be impractical, unethical and cost-prohibitive—if not impossible—to

conduct the kind of RCTs they envision to demonstrate prevention (as opposed to treatment) in a large enough healthy population for a long enough duration that controls for all the variables, creates a true control group and produces statistically significant results.

"Evidence based nutrition" accounts for these factors and permits robust observational data to serve as evidence along with RCTs. Even here, evidence based medicine and nutrition are not alternatives, but similar, equally valid stars in a constellation of what constitutes "proof."

It strikes me that our detractors are quick to appropriate an observational study that hints of a potential harm, yet become indignant if observational research is used to suggest benefit. It's shades of grey: where RCTs can be cost-effective and reasonably accomplished, they can bolster the case for supplements, but the absence of an RCT does not mean the claim is unsubstantiated.

The alternative medicine dichotomy is convenient for dismissing dietary supplements, but like the plot of a dime-store novel, it won't hold up. When pushed a little, most of our critics admit they take a multivitamin "just in case." Then they acknowledge that folic acid is a good idea for anyone who could become pregnant. Some will concede that most people don't get enough vitamin D from other sources, and others suggest that B vitamins really are a good idea for the elderly. And many will even accept the wealth of evidence for omega-3 benefits.

All of these supplements are supported by a wealth of evidence, including both RCTs and observational research. And soon the "alternative" label is just for the products they don't know enough about or haven't investigated.

My point is that we need to recognize the new paradigm for health includes at least 50 shades of grey, not the stark black-and-whites of yesteryear. Let's get past the labels and the divisions that allow us to dismiss therapies that don't fit into the rigid treatment model.

The industry can do its part by recognizing this healthy skepticism and committing to conduct even more research that could potentially demonstrate the health benefits of supplements. We can refuse to be marginalized as "fringe" and must comply with the laws and regulations that govern the industry and give us credibility with consumers along the way. Then our detractors might become more accepting that there are lots of ways to "do it" (stay healthy, I mean), and dietary supplements will be best sellers—like a certain novel that explores other "alternative" activities.