When Which? sent researchers to investigate the quality of advice from nutritional therapists, some was so bad that patients’ health was put at risk.

Our nutritional therapist advised against surgery and radiotherapy to treat cancer, while another ‘diagnosed’ a problem with adrenal glands without any blood-test results. Some also used unproven testing, such as iridology or mineral testing, to identify problems or diagnose conditions.

Our panel of medical experts rated six of our 15 consultations as ‘dangerous fails’ – potentially endangering the health of our researchers – with a further eight rated as ‘fails’. Only one consultation of the 15 was deemed a borderline pass by our experts (see ‘How did they do?’, p60).

DANGEROUS ADVICE
We sent five undercover researchers to visit three nutritional therapists each. Every researcher was equipped with a specific health-related scenario:
- Helen (46) and Sarah (46), recently diagnosed with Ductal Carcinoma In Situ (DCIS), the most common type of non-invasive breast cancer.
- Mark (56) and Linda (52), suffering with serious fatigue for the past three months; and
- Emily (31), trying unsuccessfully to conceive for more than a year.

Sarah, posing as a patient diagnosed with DCIS, visited a nutritional therapist who advised her to delay treatment recommended by her oncologist (a lumpectomy and a course of radiotherapy). The therapist suggested that Sarah follow a no-sugar diet for three to six months and told her, ‘cancer lives off sugar; if you feed it sugar it’s going to thrive. If we starve the cancer of sugar then you have a better opportunity of the cancer going away’.

When Sarah asked whether the cancer could progress during this time the therapist said it was a ‘gamble’.

Dr Margaret McCartney, from our panel of experts, says: ‘If cancer treatment were as simplistic as cutting out sugar, surely we would have discovered a cure. This advice is highly irresponsible’. Our experts rated this consultation as a ‘dangerous fail’.

Four of the six consultations for researchers Mark and Linda, who were posing as sufferers of severe tiredness, were also rated ‘dangerous fails’. The therapists didn’t recognise that the lifestyle factors, tiredness and other symptoms our researchers described, such as unexplained weight loss, could signal something more serious: in this case, iron-deficiency anaemia.

Our expert panel expected the therapists, during the consultations, to delve further to establish a proper medical history, and to recommend visiting a GP for further investigation. But most failed to do so. One therapist told researcher Mark that if he started to feel unwell on the treatment plan it showed the treatment was working, and that he shouldn’t contact his GP as they wouldn’t understand what was happening.

Meaningless Diagnosis
Emily, who told the therapist she had been trying for a year to conceive, was advised that she might have an infection. Through iridology (see “Quack’ analysis, below) the therapist diagnosed ‘a bit of bowel toxicity’ and a ‘leathery bowel’ – both meaningless terms.

Emily was told to stop trying to conceive for four months while she detoxed and to follow a non-dairy, non-wheat diet, as these ‘are not nutritious’. The therapist went on to say to her, ‘if you feel worse, then that’s great’, as the body goes through a ‘healing crisis’. This, again, is meaningless.

‘Quack’ Analysis
Several of the nutritional therapists our researchers visited used non-evidence-based testing to diagnose symptoms. Iridology, where therapists examine iris patterns, colour and other characteristics, was used to diagnose ‘a leathery bowel’. Hair testing to diagnose symptoms was also used.

Our undercover investigation finds evidence of nutritional therapists giving out advice that could seriously harm patients’ health.

**Meaningless advice**

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HOW DID THEY DO?

1/15
BORDERLINE PASS
general non-specific dietary advice; information on exercise; recommendation to make GP aware of the consultation

8/15
FAIL
used mineral taste tests; said incorrectly that Flora margarine contains lots of trans fat and that weight has nothing to do with diabetes; poor understanding of how the body works

6/15
DANGEROUS FAIL
failed to address smoking, weight loss or alcohol intake; didn’t pick up on red-flag symptoms; told researcher not to contact GP if he started to feel unwell; told researcher not to pursue radiotherapy treatment for cancer

SEVERAL THERAPISTS USED NON-EVIDENCE-BASED TESTING TO DIAGNOSE SYMPTOMS

avoiding margarine, as it’s ‘two chemical bonds away from pure plastic’.

Most therapists over-simplified symptoms and failed to recognise important ‘red flag’ symptoms requiring proper medical attention.

Their medical explanations, understanding of how the body works and their knowledge of vitamins and minerals was also poor.

One therapist told Mark that weight had nothing to do with type 2 diabetes and another told Helen that alcohol is not a risk-factor for breast cancer.

Another therapist, when advising against the use of non-organic cosmetics, said: ‘I wouldn’t put anything on my skin that I wouldn’t put into my mouth.’

FOOD EXCLUSIONS

The main foods our researchers were told to eliminate were predictably wheat, dairy and sugar. However, unless you have a wheat or dairy intolerance, and very few of us do, there is no benefit in removing them from your diet and it could actually be harmful in the long-term, leading to vitamin or mineral deficiencies.

Mark was instructed to exclude all wheat and dairy from his diet, despite being told by the therapist that he didn’t have any symptoms of intolerance to either; the therapist went on to say how it’s ridiculous that we drink milk from a ‘very stupid mammal’.

Which? investigated nutritional therapists in April 2000 and our findings then were cause for concern. Our most recent investigation is even more alarming.

Very few of the therapists addressed issues that would have had a positive impact on our researchers’ health; such as weight loss, smoking cessation or reducing alcohol intake. Instead, they focused on recommending limiting diets that were hard to follow and prescribed expensive supplements. Our panel was very concerned that many of the therapists diagnosed conditions and created treatment plans, including those registered with the British Association for Applied Nutrition & Nutritional Therapy (BANT), even though the BANT Code of Practice says its members won’t diagnose.

We contacted BANT, the professional body for nutritional therapy, about our findings and they declined to comment at this stage. We’re hoping to meet with them in early 2012.

Dr Margaret McCartney says: ‘This investigation appears to show that high street nutritional therapists are a waste of money. If you have symptoms please see your GP; not someone who can’t diagnose accurately.’ If you’re looking for tailored dietary advice, visit a registered dietitian.

For more information on healthy eating, visit www.nhs.uk/goodfood.