

# **The medicalisation of happiness: a history of St. John's wort**

Submitted by Leah Songhurst, to the University of Exeter as a thesis for the degree of Doctor of Philosophy in History, September 2010.

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## Abstract

This thesis explores the histories of mild to moderate depression and the use of over the counter (OTC) St. John's wort (St. John's wort) during the 1990s. In doing so it not only investigates the diagnosis and definition of mental illnesses, it also raises questions about the interface between conventional and alternative medicine. Using a variety of printed sources, including popular media articles, scientific and medical journal publications, and St. John's wort self-help books, a number of historical themes are explored.

This thesis takes issue with existing medical historical studies of depression. Firstly it is argued that they have presented progressive depression histories. Secondly, it is suggested that they have retrospectively diagnosed depression on the basis of similar symptoms. It is therefore argued that illness is specific to the time in which it exists and should be understood within its own historical timeframe.

During the 1990s standardised St. John's wort was promoted as a natural and safe remedy. Adverts and media reports also highlighted the fact that it had a long medical history. Although this thesis establishes that the plant has been traditionally used to treat physical illnesses, it seems that a growing distrust of conventional antidepressants, combined with an established interest in alternative medicine, encouraged some lay people to use the remedy to treat mild mood disorders.

It is further argued that lay people have a history of self-treating minor mental illnesses using preparatory and OTC remedies such as preparatory nerve tonics. Not only did lay people desire autonomous treatments, it also seems that standardised St. John's wort provided a functional role as an OTC remedy. By the 1990s the concepts of responsible self-care and self-treatment were being actively encouraged by medical authorities. Therefore this thesis reclassifies the passive mild to moderately depressed patient as an active consumer.

Following an analysis of the popular media it is suggested that the 1990s coverage of depression and its treatments was confusing. Indeed, depression and its treatment with conventional medicines and St. John's wort were sometimes presented as part of a wider life style choice. Finally, it is argued that by the 1990s standardised St. John's wort received the same scientific and medical scrutiny as conventional medicines. It is therefore suggested that the remedy represents a situation in which the boundaries between conventional and alternative medicines have become increasingly indistinguishable.

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### Abbreviations

<b>ABC</b>	– American Botanical Council
<b>BMJ</b>	– British Medical Journal
<b>CAM</b>	– Complementary and Alternative Medicine
<b>DSM</b>	– American Diagnostic Statistical Manual
<b>FDA</b>	– Food and Drug Administration
<b>GUMG</b>	– Glasgow University Media Group
<b>GP</b>	– General Practitioner
<b>ICD</b>	– International Statistical Classification of Diseases (World Health Organisation)
<b>JGPN</b>	– Journal of Geriatric Psychiatry and Neurology
<b>MCA</b>	– Medicines Control Agency
<b>ME</b>	– Myalgic Encephalopathy
<b>MOAI</b>	– Monoamine Oxidase Inhibitor
<b>NAMH</b>	– National Association of Mental Health
<b>NHS</b>	– National Health Service
<b>NIMH</b>	– National Institute of Medical Herbalism
<b>OCD</b>	– Obsessive Compulsive Disorder
<b>OTC</b>	– Over the Counter
<b>RWJF</b>	– Robert Wood Johnson Foundation
<b>SAD</b>	– Seasonal Affective Disorder
<b>SSRI</b>	– Selective Serotonin Reuptake Inhibitor
<b>USA</b>	– United States of America
<b>WHO</b>	– World Health Organization

# Chapter 1

## Introduction

### 1.1. Introduction

This study explores the recent British and American use of over the counter (OTC) St. John's wort. This plant based remedy, was recommended and consumed as a popular treatment for 'mild to moderately severe depressive disorders'.<sup>1</sup> So great was the British interest in St. John's wort for example, that the journalist Simon Garfield declared in 2002 that 'the nation is now under the spell of St. John's wort',<sup>2</sup> and the first British Professor of Complementary Medicine, Edzard Ernst, claimed in 2003 that St. John's wort was one of the 'best-selling herbal medicines in the world'.<sup>3</sup>

During the 1990s the remedy received widespread praise particularly in the popular media and throughout this decade it was consistently promoted as a safe alternative to conventional medical treatments, such as selective serotonin reuptake inhibitors (SSRIs). By this decade conventional antidepressants such as SSRIs had been found to have serious side effects including suicide. However, despite being promoted as alternative to conventional medical drug treatments, OTC preparations of St. John's wort were produced in laboratories after scientific trials conducted in the 1980s proved that various extracts from the plant had been shown to be effective antidepressants. Following these findings tablets containing standardised amounts of isolated active plant ingredients were produced.

Eventually the German medical regulating body 'Commission E' authorised the use of certain St. John's wort products as prescription antidepressants.<sup>4</sup> However, despite the German acceptance of the remedy, standardised St. John's wort products

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<sup>1</sup> Klaus Linde et.al, 'St. John's Wort For Depression--An Overview And Meta-Analysis Of Randomised Clinical Trials', *BMJ*, 313 (1996), p.253.

<sup>2</sup> 'Mellow Yellow', *The Observer*, 13<sup>th</sup> January 2002, p.21.

<sup>3</sup> Edzard Ernst, *Hypericum: The Genus Hypericum*, (CRC Press, 2003).

<sup>4</sup> M. Blumenthal, *The Complete German Commission E Monographs: Therapeutic Guide To Herbal Medicines*, (American Botanical Council, 1998).



have only ever been licensed as OTC remedies in Britain, Ireland and America (see image one). This thesis uses 1990s OTC St. John's wort as a 'case study' in order to investigate two main questions. Firstly, how were 'mild to moderately severe depressive disorders' understood in the 1990s within British, Irish, American and German culture? Secondly, what does standardised OTC St. John's wort reveal about the interface between conventional and alternative medicine during this decade?



### **1. Packaging for Kira, a popular brand of OTC St. John's wort sold in Britain (C.1990s).**

In the 1990s depressive disorders were predominantly explained on the basis of the conventional medical theory that they were caused by a chemical imbalance in the brain. Drawing on the work of David Healy, Allan Horwitz and Jerome Wakefield in particular,<sup>5</sup> this thesis argues that mild to moderate forms of depression, for which standardised St. John's wort was prescribed in Germany, were in effect classifications of what were previously considered to be normal emotions such as sadness. It is therefore suggested that a medicalisation of emotions resulted from a number of medical, political and social changes that took place by the 1980s. Indeed it is also possible that standardised St. John's wort and some conventional antidepressants

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<sup>5</sup> David Healy, *The Antidepressant Era*, (Harvard University Press, 1997)., Allan Horwitz and Jerome Wakefield, *The Loss of Sadness, How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, (Oxford University Press, 2007).

were used by the 1990s to treat symptoms that would have possibly disappeared on their own, given time.

During the 1990s standardised St. John's wort was largely considered to be an alternative treatment, because it was recommended and consumed as a substitute to conventional antidepressants. This thesis agrees with claims made by Ursula Sharma and Roberta Bivins, who suggest that alternative medicine had become popular by the 1990s partly as a response to consumer demand. It seems that growing concerns among lay people over the safety and efficacy of conventional medicines prompted them to search for other options.<sup>6</sup> Furthermore, Bivins concluded in her analysis of acupuncture that it has been partially accepted by conventional Western medicine, on the basis that it could prove useful as a complementary therapy to conventional treatment.<sup>7</sup> However, this thesis establishes that unlike acupuncture, standardised St. John's wort was tolerated rather than accepted by British and American health authorities. It is argued that this situation developed to some extent because standardised St. John's wort allowed the state to relinquish some of its responsibility for treating depression.

This thesis criticises some of the methodological approaches to the way in which the history of depression has been written. It argues for example that historians have had a tendency to find retrospective evidence of depression on the basis of apparent similarities between symptoms. However, by taking a Foucauldian perspective it is argued that classifications of mental illness are specific to the time and culture in which they were felt to exist. Furthermore, this thesis agrees with the premise that the concept of moderate depression was classified towards the middle of the twentieth century. Consequently illnesses from previous times should be understood within their own historical context.

It is also argued that traditionally historians have presented the mental health patient as passive agents in their health care. However, while this may be the case for

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<sup>6</sup> Roberta Bivins, *Alternative Medicine? A History*, (Oxford University Press, 2007); Ursula Sharma, *Complementary Medicine Today Practitioners and Patients*, (Routledge, 1995).

<sup>7</sup> Roberta Bivins, *Acupuncture, Expertise and Cross-Cultural Medicine*, (Palgrave, 2000).

the severely ill, it seems that those with milder conditions have been able to play an active part in their treatment through self-care. By drawing parallels between OTC St. John's wort and nerve tonics, which were popular preparatory remedies during the late nineteenth and early twentieth century, it is suggested that lay people have a long history of using preparatory products to self-treat mild mood disorders. Traditionally when historians have studied the 'medical market-place' they have concluded that many of the remedies that were available were medically ineffective. Consequently it seems that preparatory and OTC remedies are an under explored area of interest in medical history, especially with regards to their use in self-treating mood disorders.

Both standardised St. John's wort and nerve tonics claimed to work on the basis of the conventional medical wisdom of the day. It is apparent that lay people made informed decisions to purchase and consume these products, partly because these products adhered to conventional medical theories. However, having become disillusioned with conventional treatments, because of side effects for example, they chose to explore other options. Likewise, it appears that some lay people feared the repercussions of conventional medical support, as mental illness has been continuously stigmatised. Thus preparatory and OTC remedies meant that lay people could self-treat autonomously.

It is also possible that by the 1990s British and American lay people were indirectly encouraged to take OTC St. John's wort because of wider moves that were taking place in public health policy. By this decade a culture of self-treating minor illnesses such as headaches with OTC painkillers was common. In fact, responsible self-treatment with OTC remedies was encouraged by conventional medicine. By this decade there was also a move towards 'patient-centred care'. This innovative approach to illness included taking into account 'the social and emotional context of a disease'.<sup>8</sup> Consequently patients were encouraged to have 'greater independence in making decisions about management of minor illnesses' and while advocates of this approach

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<sup>8</sup> J. Crellin, *A Social History of Medicines in the Twentieth Century*, (Routledge, 2004), p.193.

claimed that it resulted in patient 'empowerment',<sup>9</sup> it is also likely that moves towards self-help, self-care and self-treatment, particularly in the case of mild mental health disorders, were motivated by increasing economic constraints on health authorities.

This thesis also argues that during the 1990s the popular media proved to be an accessible and influential source of information on mental illness. With regards to depression in particular, it seems that it presented mixed messages about the potential seriousness of the condition. It also appears that when the media reported information about standardised St. John's wort and conventional antidepressants, its reports were often contradictory. Although part of the tendency to sensationalise can be explained because the media is motivated by sales, it is also possible that the ever changing medical and scientific advice on depression caused confusion. Finally, it is suggested that the popular media presented depression and certain remedies such as St. John's wort as part of a wider life style choice.

By the 1990s scientific trials of standardised St. John's wort had proved that it was effective. This thesis demonstrates that authors of St. John's wort self-help literature and the popular media in particular used the results of scientific trials to justify the use of the remedy. It is therefore argued that standardised St. John's wort upholds a suggestion made by Roberta Bivins, that there is a 'continuing cultural authority of science', which is employed to justify the use of alternative medicine.<sup>10</sup> It appears that by the 1990s lay people wanted reassurance that the remedies that they were buying and consuming were safe and effective and it seems therefore that 'patients played active roles in the reception and integration of medical knowledge'.<sup>11</sup>

It is also argued that OTC St. John's wort became popular in Britain and America following two major developments. Firstly, the remedy was acknowledged only once major English speaking scientific and conventional medical journals published positive findings. Secondly, it seems that trials conducted in Europe were not

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<sup>9</sup> C.M. Hughes, 'Benefits and Risks of Self Medication', *Drug Safety: An International Journal of Medical Toxicology and Drug Experience*, 24 (2001), pp.1027-1037.

<sup>10</sup> Roberta Bivins, 'Acupuncture and innovation: 'New age' medicine in the NHS', in Jennifer Stanton (ed), *Innovations in Health and Medicine*, (Routledge, 2002), p.92.

<sup>11</sup> Roberta Bivins, *Alternative Medicine? A History*, p.3.

considered adequate and following retrials in America, doubts were raised about St. John's wort's abilities. Roberta Bivins calls this ethnocentric view of medical treatments 'medical mercantilism' and suggests that the 'medical expertise of other cultures – and even Western popular culture – is treated as raw material to be refined, developed, and made marketable through “sound science”'.<sup>12</sup>

Finally, this thesis argues that the 1990s standardised St. John's wort situation in Britain, Ireland, America and Germany demonstrates that, by this decade, the concepts of happiness and sadness had been medicalised. While it is accepted that the medical condition of depression exists, it is suggested that by this decade lay people and professional medical practitioners had become accustomed to the idea that taking preparatory or OTC remedies could make you happy. It is therefore argued that if Allan Horwitz and Jerome Wakefield are correct and the classification of mild to moderate depression is nothing more than a medicalisation of normal emotions, then the science behind conventional antidepressants and standardised St. John's wort is flawed.<sup>13</sup> In effect lay people were being encouraged to take medicines and alternative remedies for misguided reasons.

## **1.2. Overview of the historiography of the period**

In the 1990s OTC St. John's wort became a popular remedy for mild to moderate forms of depression. Depression is considered to be a mental illness and the histories of such illnesses have been widely explored by numerous historians. For example, Edward Shorter, G. Berrios and Roy Porter have produced chronological accounts of the medical developments which have shaped our understanding of such conditions.<sup>14</sup> More specifically these authors have examined the growth of the specialist medical discipline of psychiatry which became largely responsible for

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<sup>12</sup> Roberta Bivins, 'Acupuncture and innovation', p.92.

<sup>13</sup> Horwitz and Wakefield, *The Loss of Sadness*.

<sup>14</sup> Edward Shorter, *From Paralysis to Fatigue A History of Psychosomatic Illness in the Modern Era*, (The Free Press, 1992); Edward Shorter, *A History of Psychiatry*, (John Wiley and Sons, 1997); German Berrios and Roy Porter (eds.), *A History of Clinical Psychiatry*, (Athlone Press, 1995); Roy Porter, *Madness; A Brief History*, (Oxford University, 2002).

managing illnesses of the mind. All three historians have produced positive histories in which they established that the understanding of mental illness has evolved, and as a result of greater knowledge, treatment options became more sophisticated. Meanwhile, Keith Thomas suggests that up until the late seventeenth century, when Thomas Willis 'formulated the theory of the cerebral origin of hysteria and pioneered the science of neurology', generic 'madness' was explained and governed by religion and magic and while 'raving psychotics' were kept separate from society, those who were considered to be less seriously ill were diagnosed as having either 'melancholy' and treated by 'purging and blood letting', or 'hysteria' which was deemed to result from problems associated with the uterus.<sup>15</sup>

Following concerns that the 'human voice' of the patient was absent from the history of mental illness, some historians produced social histories of mental illness. For example, Roy Porter and Dale Peterson used literature produced by people diagnosed as 'mad' alongside other medical sources, such as practitioner case notes, as a way of gaining insight into the lived experiences of mental illness.<sup>16</sup> However, like the positive histories that they aimed to mitigate, these histories also tend to take a viewpoint that favours science and biomedicine. Likewise traditional histories of mental illness are inclined towards an ethnocentric viewpoint; in so much as they uphold a notion that Western medicine *discovered* mental illnesses.

In the early 1960s Michel Foucault and Thomas Szasz argued that mental illnesses are culturally constructed concepts which are historically specific. Both claim that definitions of mental illness have more to do with social control than illness. Foucault suggested that behaviour deemed socially and culturally unreasonable had always been sanctioned by societies but by the seventeenth century the French approach to such behaviour involved segregating those considered to be abnormal in a move he called the 'Great Confinement'. He further suggested that by the nineteenth century the understanding of strange behaviour was medicalised and understood as

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<sup>15</sup> Keith Thomas, *Religion and the Decline of Magic*, (Penguin Books, 1991), p.15.

<sup>16</sup> Roy Porter, *A Social History of Madness*, (Weidenfield and Nicolson, 1987); Dale Peterson, *A Mad People's History of Madness*, (University of Pittsburgh Press, 1981).

illness.<sup>17</sup> Meanwhile Thomas Szasz argued that societies label people as mad or mentally ill because they are unwilling to manage behaviour that does not correspond to contemporary norms and values.<sup>18</sup>

These views heavily influenced later theorists such as Mary Boyle, who controversially suggests that schizophrenia is actually a 'scientific delusion',<sup>19</sup> and Elaine Showalter who argues that definitions of mental illness are political constructs that result from patriarchal prejudice rather than medical fact.<sup>20</sup> However, Foucault's analysis of madness in particular has been heavily criticised by Andrew Scull, for example, who argues that Foucault created historical untruths after he exaggerated the number of people confined in institutions during the 'Great confinement'.<sup>21</sup> Likewise, Colin Jones and Roy Porter have suggested that Foucault invented 'a fantasy past, a reversed image of Whig history' in order to fit a preconceived premise that by the nineteenth century medicine had become a powerful agent of social control.<sup>22</sup> Despite criticisms of Foucault's polemic, most historians agree with Foucault that at the beginning of the nineteenth century 'psychiatry gained a public face' and it was at this time that this specific medical discipline became responsible for the management of illnesses deemed to originate from the brain and nerves.<sup>23</sup>

Foucauldian theories also influenced the way in which specific depression histories have been produced in the 1990s and 2000s. By these decades historians had established that it was important to consider the histories of individual mental illnesses. However, in 2000 George Rousseau argued that the history of depression 'remains unwritten'. He went to argue that historians 'harbour plentiful assumptions about' depressions 'pre-1800 past', and he suggests that there is a tradition of retrospectively diagnosing depression by re-interpreting symptoms. He therefore warns that historians' 'views are necessarily coloured, even shaped, by modern views on

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<sup>17</sup> Michel Foucault, *Folie et Deraison* (Mass Market Paperback, 1961).

<sup>18</sup> Thomas Szasz, *The Myth of Mental Illness*, (Harper and Row, 1961).

<sup>19</sup> Mary Boyle, *Schizophrenia: a Scientific Delusion?*, (Routledge, 2002).

<sup>20</sup> Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980*, (Virago, 1987).

<sup>21</sup> Andrew Scull, 'Michel Foucault's history of madness', *History of the Human Sciences*, 3 (1990), pp.57-67.

<sup>22</sup> Colin Jones and Roy Porter, *Reassessing Foucault: Power, Medicine and the Body*, (Routledge, 1998), p.3.

<sup>23</sup> Roy Porter, *Madness a Brief History*, p.153.

depression formed after its nineteenth-century medicalisation'.<sup>24</sup> This tendency can be seen in the historical approach of Ahmed Okasha and Tarek Okasha for example. During their analysis of ancient Egyptian stories, these authors suggest that 'depression was described in many' of the 'tales'. In particular they describe one man as being huddled 'up in his clothes' and 'not knowing where he was'. They go on to reveal that when the man's wife places her hand on his chest, she declares there is 'no fever in your chest and the limbs, but sadness of the heart'.<sup>25</sup>

This description of the sad man is interpreted by Okasha and Okasha as evidence that the man is depressed. However, the majority of depression histories written during the 1990s and 2000s were designed primarily in order to determine when, how and why medicine identified the specific condition of depression. Consequently Darian Leader argues that 'historians of psychiatry and psychoanalysis' have by and large accepted 'that depression was created as a clinical category by a variety of factors in the second half of the twentieth century'.<sup>26</sup> Likewise, David Healy establishes that the definitions of closely related conditions such as mania, neurosis, psychosis and melancholia have changed over time and that the 'diagnosis of depression did not exist before 1900'.<sup>27</sup> In effect, up until the second half of the twentieth century the symptoms eventually classified as the condition 'depression' were known as other conditions. Okasha and Okasha's assumption that the sad man's symptoms are evidence of depression is based on their contemporary understanding of depression. However, although it is clear that the man is despondent, this is not enough evidence that he is 'depressed' in a clinical sense because a diagnosis of depression depends on the patient fulfilling a series of diagnostic criteria, including determining how long the symptoms have been present.

Therefore historians interested in depression largely accept that the classification of a condition known as depression took place in the twentieth century.

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<sup>24</sup> George Rousseau, 'Depression's forgotten genealogy: notes towards a history of depression', *History of Psychiatry*, xi (2000), p.71.

<sup>25</sup> Ahmed Okasha and Tarek Okasha, 'Notes on Mental Disorders in Pharonic Egypt', *History of Psychiatry*, xi (2000), p.420.

<sup>26</sup> Darian Leader, *The New Black, Mourning, Melancholia and Depression*, (Penguin Books, 2009), p.13.

<sup>27</sup> David Healy, *The Antidepressant Era*, (Harvard University Press, 1997), p.29.



Laura D. Hirshbein suggests that the understanding of depression has been directly influenced by the 'the first (1952) and the third (1980) editions of psychiatry's *Diagnostic and Statistical Manual of Mental Disorders*' (DSM) and she goes on to argue that it was only after symptoms were classified in this book that 'depression emerged as a specific disease category with concrete criteria'.<sup>28</sup> The American DSM resulted from calls within psychiatry for a standardised list of psychiatric disorders and diagnostic criteria. Meanwhile, David Healy,<sup>29</sup> Allan Horwitz and Jerome Wakefield,<sup>30</sup> all agree that the DSM played a significant part in the contemporary understanding of depression, because as a well respected diagnostic manual it continuously re-classified mental illnesses with each new issue and was used cross-culturally. They go on to argue that the most important factor in the history of depression was the discovery (or rather the creation) of antidepressant pharmaceuticals.

They therefore suggest that only after drugs were found, sometimes accidentally, to treat depressive symptoms, did psychiatry classify certain emotional symptoms as a mental illness. Healy in particular emphasises the impact of developments in psychopharmacology and stresses the importance of the conventional medical adherence to the notion that depression results from a chemical imbalance in the brain. He goes on to suggest that once this theory was determined in the 1950s, with the 'discovery' of the first antidepressant, all subsequent treatment models for depression revolved around this dominant theory. However, Healy establishes that there has never been any conclusive evidence to uphold this hypothesis; yet despite this anomaly the conventional medical and therefore the dominant model of depression treatment revolves around correcting chemical imbalances.<sup>31</sup> Likewise, the consultant psychiatrist and writer Joanna Moncrieff agrees with Healy's analysis and suggests that effective treatment with antidepressants is based on a myth.

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<sup>28</sup> Laura D. Hirshbein, 'Science, Gender, and the Emergence of Depression in American Psychiatry, 1952-1980', *Journal of the History of Medicine and Allied Sciences*, 61 (2006), pp. 187-216.

<sup>29</sup> Healy, *The Antidepressant Era*.

<sup>30</sup> Horwitz and Wakefield, *The Loss of Sadness*.

<sup>31</sup> Healy, *The Antidepressant Era*.

Moncrieff like Healy, argues that ‘there is little justification’ to endorse the notion that taking pills to treat depression is the rightful approach. She also suggests that views about psychiatric drugs changed ‘over the course of the 1950s and 1960s’ and they ‘gradually came to be seen as being specific treatments for specific diseases, or “magic bullets”’. However despite their widespread use, Moncrieff argues that there has never been ‘any compelling evidence’ to support this treatment approach. She therefore argues that consumers of antidepressants have been deceived on the basis of a theory that sounds plausible. However, in reality they are taking medicines with modes of action that no one really understands.<sup>32</sup>

The impact of psychiatric classifications and the role of pharmaceutical treatments are also investigated by Christopher M Callahan and German E Berrios. They agree that ‘despite the consensus agreement that we do not understand the genetic and neurobiological mechanisms of depression’ it seems that ‘mental health leaders and advocates have continued to espouse a biological model of depression that focuses on neurotransmitters’.<sup>33</sup> However, they go on to demonstrate that the 1990s understanding of depression was partly determined through the way in which it was managed and treated.

Callahan and Berrios criticise existing historical studies of depression, because of their focus ‘on developments in psychiatry and psychopharmacology’. By doing so it seems that these studies have failed to ‘recognise the importance of primary care’,<sup>34</sup> even though by 1993 ‘the management and treatment of depressive illness’ was ‘predominantly provided in primary care using antidepressant drugs’.<sup>35</sup> By the 1990s while serious forms of depression received the attention of psychiatrists in Britain and America, responsibility for treating the milder forms of the illness fell on primary care

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<sup>32</sup> Joanna Moncrieff, ‘The myth of the chemical cure’, *BBC*, 15<sup>th</sup> July 2009, <http://news.bbc.co.uk/1/hi/health/8138893.stm> (downloaded 23rd April 2010); Joanna Moncrieff, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment*, (Palgrave Macmillan, 2007).

<sup>33</sup> Christopher Callahan and German E. Berrios, *Reinventing Depression A History of the Treatment of Depression in Primary Care 1940-2004*, (Oxford University Press, 2005), p.7.

<sup>34</sup> *Ibid*, p.ix.

<sup>35</sup> O.C. Morgan et.al. ‘Fatal Toxicity of Antidepressants in England and Wales, 1993–2002’, *Health Statistics Quarterly*, 23 (2004), p.18.

physicians and the symptoms of the illness were mainly managed in a community setting using antidepressant medicines.<sup>36</sup>

Although most depression histories have considered the most serious forms of depression and their treatments,<sup>37</sup> only a few have considered the milder forms of the condition and when they have they have tended to focus on the impact of antidepressants.<sup>38</sup> However, Allan Horwitz and Jerome Wakefield argue in *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, that the classification of mild to moderate depression is actually a medicalisation of normal emotion.<sup>39</sup> Charles Barber agrees with this premise and suggests that as a result of psychiatry's acceptance of certain medicines, the classification and diagnosis of conditions such as depression are determined on the basis of the way in which patients respond to certain medicines.<sup>40</sup> In effect, before antidepressant medicines were invented, milder forms of depressive illness did not exist, because the associated symptoms were thought to be natural.

When standardised St. John's wort became available in Britain and America it was advertised and consumed on the basis that it was an effective treatment for mild to moderate depression. However by the 1990s tests on extracts from the plant St. John's wort proved that it worked in the same way as conventional antidepressants, in that it corrected a chemical imbalance in the brain. However, as an OTC remedy standardised St. John's wort was an alternative to the prescribed medicines offered by conventional medicine at this time. Like the history of mental illness, the interface between alternative and conventional medicine is another area that has received extensive attention from medical historians.

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<sup>36</sup> Callahan and Berrios, *Reinventing Depression*.

<sup>37</sup> David Healy and Edward Shorter, *Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness*, (Rutgers University Press, 2007). David Healy, *Mania: A Short History of Bipolar Disorder*, (John Hopkins University Press, 2008).

<sup>38</sup> David Healy, *Let Them Eat Prozac*. (New York University Press, 2004).

<sup>39</sup> Horwitz and Wakefield, *The Loss of Sadness*.

<sup>40</sup> Charles Barber, *Comfortably Numb: How Psychiatry is Medicating a Nation*, (Pantheon, 2008).

The ambiguity between medical systems has been demonstrated by Robert Jütte, who points out that there are numerous terms to describe medical systems (see Table One).<sup>41</sup>

**Table one: examples of opposing terminology used to describe conventional and alternative medicine.**<sup>42</sup>

Regular Medicine	Fringe Medicine
Orthodox Medicine	Unorthodox medicine
Regular Medicine	Irregular medicine
Orthodox Medicine	Heterodox Medicine
Conventional Medicine	Unconventional Medicine
Scientific Medicine	Naturopathic Medicine
Biomedicine	Holistic Medicine

During the 1990s standardised St. John's wort was described as originating from several alternative medical backgrounds. For example, the St. John's wort self-help authors (discussed fully in Chapter Four) and the popular media (described fully in Chapter Five) at points described St. John's wort as a folk remedy and at other times describe it as an herbal therapy. William Cockersham and Ferris Ritchey suggest that folk medicine consists of 'home remedies, rituals, procedures, ideas and forms of treatment used by laypersons to care for their own illness'.<sup>43</sup> They also suggest that folk medicine is a 'diverse set of ideas and treatments including home remedies passed down through generations, over-the-counter drugs, and nutritional supplements, whose uses are influenced by marketing practices'.<sup>44</sup> Simon Williams argues that there are clear distinctions between 'over-the-counter remedies and self-medications', and

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<sup>41</sup> Robert Jütte, 'Alternative Medicine and Medico-Historical Semantics' in Jütte et.al. (ed.) *Historical Aspects of Unconventional Medicine Approaches, Concepts, Case Studies*, (European Association for the History of Medicine and Health Publications, 2001), p.11.

<sup>42</sup> *Ibid.*

<sup>43</sup> William Cockersham and Ferris Ritchey, *Dictionary of Medical Sociology*, (Greenwood Publishing Group, 1997), p.43.

<sup>44</sup> *Ibid.*

'alternative therapies, such as hypnosis, biofeedback, acupuncture, herb and flower remedies'.<sup>45</sup>

OTC remedies have proved to be particularly popular in America, because conventional health care is expensive. Clair Brown further argues that by 1988 Americans from poor families, 'often had to treat some of their problems with remedies purchased at the drugstore',<sup>46</sup> and Carol Aneshensel and Jo Phelan found that lay people 'resorted to vitamins, over-the-counter medications, home remedies, prayer, exercise and folk practices' because it allowed them to deal 'with illness on their own'.<sup>47</sup> In the case of St. John's wort's OTC status, concerns about side effects prompted calls to regulate its use by the late 1990s. For example, the medical doctor and journalist Ben Goldacre warned that St. John's wort's OTC status resulted in confusion over its safety, because lay people equate OTC remedies with safety. By the end of the 1990s it had been established that St. John's wort had unwanted side effects.<sup>48</sup>

Defining OTC remedies as alternative also proves problematic. Roy Porter states that an alternative medicine is defined on the basis that it upholds distinct medical theories from conventional medicine. He further suggests that 'over the centuries, alternative medicine and holistic theories have tended to reject materialist, ordinary (allopathic), or mechanical theories of disease, and to espouse the belief that health and sickness involve the whole person'.<sup>49</sup> However, standardised St. John's wort was promoted and consumed during the 1990s specifically because it was believed to be a safer alternative to conventional antidepressants. It was also used because it was believed to work in the same way as conventional antidepressants, in that it corrected the levels of brain neurotransmitters.

Medical historians have been criticised for writing the history of alternative medicine as a 'them and us story'. Roger Cooter points out, for example, that differentiating between conventional and alternative medicine runs the risk of ignoring

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<sup>45</sup> Simon Johnston Williams, *Sleep and Society: Sociological Ventures into the (Un)known*, (Routledge, 2005), p.151.

<sup>46</sup> Clair Brown, *American Standards of Living, 1918-1988*, (HarperCollins, 1994), p.423.

<sup>47</sup> Carol Aneshensel and Jo Phelan, *Handbook of the Sociology of Mental Health*, (Springer, 2006), p.451.

<sup>48</sup> 'Bad Science', *The Guardian*, 20<sup>th</sup> May 2004, p.3.

<sup>49</sup> Roy Porter, *The Cambridge Illustrated History of Medicine*, (Cambridge University Press, 2001), p.113.

the fact that treatments considered alternative today were often considered perfectly normal in the past.<sup>50</sup> Likewise Bynum and Porter call for the study of ‘regular and irregular medicine’ to be written together, as neither type of medicine has ever existed without the other.<sup>51</sup> There has also been a tendency to consider all ‘alternative’ therapies together on the basis that alternative medicine falls outside the conventional remit of scientific medicine.<sup>52</sup>

Philip Tovey has also suggested that ‘professional medicine has long been concerned with regulating, largely unsuccessfully, self-medication and folk-medicine’.<sup>53</sup> Tovey suggests that while certain remedies have come in and out of fashion throughout history, what has remained constant is the way in which our understanding of illness and medicine has been shaped by those deemed as experts.<sup>54</sup> Therefore the history of alternative medicine has largely been written as a history of an emerging power struggle between increasingly dominant conventional medicine and the gradual powerlessness of alternatives.

This study of OTC St. John’s wort upholds this notion and in doing so draws on the work of the philosopher Ivan Illich, who argued that Western medicine had by the twentieth century powerfully ‘medicalised’ all aspects of life and consequently lay people were subordinate to medically trained doctors.<sup>55</sup> In the case of OTC St. John’s wort, by the 1990s it had been proven to be both safe and effective (see Chapter Six) and yet despite this fact, the British and American health authorities did not choose to dispense it themselves; rather they condoned its OTC use by issuing safety advice. Thus, following Illich’s theory, Western conventional medicine made an authoritative judgement that OTC St. John’s wort was less effective than conventional medicines, despite scientific evidence to the contrary.

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<sup>50</sup> Roger Cooter, ‘Alternative Medicine, Alternative Cosmology’ in Cooter (ed.), *Studies in the History of Alternative Medicine*, (MacMillan Press, 1988), p.64.

<sup>51</sup> W.F. Bynum and Roy Porter, *Medical Fringe and Medical Orthodoxy 1750-1850*, (Croom Helm Ltd, 1987), p.1.

<sup>52</sup> Roger Cooter, *Studies in the History of Alternative Medicine*, (The Macmillan Press Ltd., 1988).

<sup>53</sup> Philip Tovey, *The Mainstreaming of Complementary and Alternative Medicine*, (Routledge, 2004), p.xv.

<sup>54</sup> *Ibid*, pxiii.

<sup>55</sup> Ivan Illich, *Medical Nemesis: The Expropriation of Health (ideas in progress)*, (Calder and Boyars, 1975); Ivan Illich, *Limits to Medicine: Medical Nemesis – The Expropriation of Health*, (M Boyars, 1976).

A major theme in the history of alternative medicine surrounds the question of why lay people turn to alternatives. Ursula Sharma argues, for example, that unorthodox medical treatments offer an alternative for medical conditions that 'orthodox medicine cannot cure but only "manage".<sup>56</sup> Meanwhile, Rosalind Coward suggests that by the middle of the twentieth century 'people's expectations of health had changed',<sup>57</sup> and she went on to demonstrate that changing attitudes to 'nature, natural energies, the possibility and desirability of the whole person, and the importance of attending to the inner 'ecology' of the body, primarily through the medium of food', led to a widening of interest in alternatives that had hitherto been considered radical.<sup>58</sup> Coward goes on to suggest that the growing interest in alternative medicine which she had noted by the twentieth century 'was symptomatic of what happened in many areas of society' and because people by this point 'blamed everything that was wrong on materialism', they looked for alternatives against the establishment and this included finding alternatives to mainstream medicine.<sup>59</sup>

By the 1990s antidepressant treatments for depression were subsidised through the British NHS, while in America insurance companies only paid for conventional antidepressant medicines. Despite the availability of conventional antidepressants some people chose not to rely on conventional treatment options and instead sought out alternatives. In their analysis of Canadian attitudes to alternative medicine, Crellin et.al. suggest that choosing alternative medicines is very much related to the social class of the consumer and more specifically they suggest that 'disquiet among those that are relatively highly educated' prompted people to try new approaches. This along with the desire to have more control over treatment options effectively prompted certain types of lay people towards an exploration of 'new' approaches to health care.<sup>60</sup>

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<sup>56</sup> Ursula Sharma, *Complementary Medicine Today: Practitioners and Patients*, (Routledge, 1995), p.201.

<sup>57</sup> Rosalind Coward, *The Whole Truth The Myth of Alternative Health*, (Faber and Faber Limited, 1990), p.3.

<sup>58</sup> *Ibid.* p.197.

<sup>59</sup> *Ibid.*

<sup>60</sup> J.K. Crellin et.al. *Alternative Health Care in Canada* (Canadian Scholars Press, 1997), p.19.

Likewise, Gijswijt-Hofstra et.al. conclude that this 'disenchantment' has resulted because lay people have lost faith in certain conventional approaches to illness.<sup>61</sup> Furthermore, Roger Cooter and John Pickstone suggest in their analysis of twentieth-century medicine that by the 1990s there was a 'growing emphasis on self-help and consumer rights' which they go on to associate 'with the late twentieth-century expansion of alternative medicine'.<sup>62</sup> Thus all of these authors suggest that lay people turn to alternative medicine because they have become increasingly dissatisfied with conventional treatments. It also seems that traditionally medical history has considered the medical-market place prior to the twentieth century.<sup>63</sup> However, OTC St. John's wort is not strictly a fad or a quack remedy, because by the 1990s it had been scientifically proven to work.

The sociologist Anthony Giddens goes further and suggests that lay people had, by the twentieth century lost trust in conventional medicine as a whole, because of the emergence of non-curable illnesses such as AIDS.<sup>64</sup> Conventional medicine has not always been able to cure certain types of cancer, for example, despite dominating the way that Western medicine approaches cancer treatment. As a result lay people seek out alternatives because they had lost faith in conventional treatments. Furthermore, the Finnish sociologist Raimo Tuomainen argues that by the 1990s lay people were also dissatisfied with the process of seeing a conventional doctor. In a process he calls 'paramedicalization', he suggests that lay people turn to alternative practitioners, because this group of professionals understand their patients better and they tend to respect the patient's views.<sup>65</sup>

However, by the 1990s St. John's wort had been scientifically proven to have antidepressant qualities. Edzard Ernst points out that despite the fact that herbal medicines (and in the case of OTC St. John's wort products containing herb extracts)

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<sup>61</sup> Marikje Gijswijt-Hofstra (ed.), *Illness and Healing in Alternatives in Western Europe*, (Routledge, 1997), p.1.

<sup>62</sup> Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century*, (Harwood Academic Publishers, 2000), p.119.

<sup>63</sup> Roy Porter, *Health for Sale; Quackery in England, 1660-1850*, (Manchester University Press, 1989).

<sup>64</sup> Anthony Giddens, *The Consequence of Modernity*, (Stanford University Press, 1990).

<sup>65</sup> Raimo Tuomainen, 'Paramedikalisaatio-terveyystyötä lääketieteen katveessa', *Sosiaalilääketieteellinen aikakauslehti*, 3 (1995), pp.217-223.



are used extensively across the world, it was only possible for them to become popular in the West during the twentieth century, once their 'active constituents and their modes of action are known'.<sup>66</sup> Thus by the 1990s consumers of alternative medicines demanded scientific proof of their efficacy. It follows therefore that the 1990s British and American consumer of OTC St. John's wort was taking an active role in their treatment of depression, as the obligation to obtain and purchase this remedy fell on them and not a medical authority. Thus the final part of this study uses OTC St. John's wort to test the conventional theory that self-medication is always harmful.

Drawing on the ideas suggested by Bethany Phoenix Kasten, for example, who established that people with serious mental illness often self-medicate with harmful substances such as alcohol,<sup>67</sup> this study argues that OTC St. John's wort represents an example of responsible self-medication and consumption habits, which by the 1990s had, according to C. Hughes et. al., been advocated and actively encouraged by British and American health authorities.<sup>68</sup>

### 1.3. Themes and structure

During the 1990s, British and American standardised OTC St. John's wort was recommended and consumed as a treatment for 'mild to moderately severe depressive disorders'.<sup>69</sup> Chapter Two begins by outlining how depression was understood in the 1990s. It becomes apparent that by this decade the understanding of depression was influenced by three major factors. Firstly, it was widely accepted that depression is caused by a chemical imbalance in the brain. Secondly, following calls made by American psychiatrists for an international system of psychiatric classification, the symptoms of depression were classified according to their severity as mild, moderate and severe. This criteria was laid out in the American psychiatric diagnostic manual the

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<sup>66</sup> Edzard Ernst, *Hypericum*, (CRC Press, 2003), p.211.

<sup>67</sup> See for example, Bethany Phoenix Kasten, 'Self-Medication with Alcohol and Drugs by Persons with Severe Mental Illness', *Journal of the American Psychiatric Nurses Association*, 5 (1999), pp. 80-87.

<sup>68</sup> C. M. Hughes, 'Benefits and Risks of Self Medication', *Drug Safety: an international journal of medical toxicology and drug experience*, 24 (2001), pp.1027-1037.

<sup>69</sup> Linde, et.al., 'St. John's wort for Depression', p.253.

DSM. Finally, by the 1990s the treatment and management of mild to moderate depression increasingly relied on the use of medicines known collectively as antidepressants.

The second part of Chapter Two begins with a discussion of the way in which medical history has approached the history of depression. Having discussed a warning made by the historian George Rousseau that historians have had a tendency to retrospectively diagnose depression on the basis of a similarity of symptoms,<sup>70</sup> it is then argued that parallels can be drawn between the consumption of standardised St. John's wort and the use of nerve tonics in the late nineteenth and early twentieth century. It appears that these tonics, like OTC St. John's wort, were popular preparatory remedies. Although largely ignored by medical historians, because of an assumption that they were ineffective; like 1990s OTC St. John's wort they provide an inexpensive treatment option.

It is argued that nerve tonics and 1990s OTC St. John's wort were based on the current scientific and medical theories of the day. Therefore, although lay people adhered to these theories, their fear of conventional treatment options and in particular the toxic side effects that were caused by some treatments, encouraged them to explore other treatment options. It is therefore suggested that the use of nerve tonics and OTC St. John's wort indicates that lay people have taken an active role in the treatment of mild mood disorders from at least the late nineteenth century.

Chapter Three moves away from the history of depression and looks specifically at the pre-history of the plant St. John's wort. During the 1990s OTC versions of St. John's wort were advertised and consumed on the basis that the plant has a long history of being used to treat mental illness. However, it becomes clear from written sources dating from at least the seventeenth century that St. John's wort has been recommended as a treatment for a range of physical rather than mental illnesses. Drawing on herbals written by the famous seventeenth-century English herbalist

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<sup>70</sup> Rousseau, 'Depression's Forgotten Genealogy', p.71.

Nicholas Culpeper, for example, this chapter reveals that Culpeper described using the plant to treat several illnesses.

He suggested that among other things, it was good for preventing 'vomiting and spitting of blood' and that by drinking 'two drachms of the seed of St. John's wort' mixed 'in a little broth' it helped to 'gently expel choler or congealed blood in the stomach'.<sup>71</sup> Very few printed sources reveal that St. John's wort was recommended for treating mood disorders. Consequently this thesis agrees with a statement made by Vikas Kumar, P.N. Singh and S.K. Bhattacharya in their analysis of Indian uses of St. John's wort, that there is in fact little evidence to support the theory that it was used historically to treat mood disorders.<sup>72</sup>

The second part of Chapter Three demonstrates that the history of St. John's wort presented in the 1990s, was in fact sanitised and selective. Although St. John's wort was celebrated during the 1990s for its medical potential, the plant has not always been viewed favourably. It transpires that in previous centuries it was both feared and hated. For example, in 1824 it was reported that 'in the past' St. John's wort had been attributed with magical powers and that although it could be hung in doorways in order to hinder 'mischievous acts and puts to flight evil spirits',<sup>73</sup> it also provoked a sense of respectful trepidation.

Furthermore, although St. John's wort's flowers have been used in previous centuries to make a 'yellow matter' used to dye 'various materials',<sup>74</sup> they have also caused concern because ingestion of the plant is poisonous to grazing livestock. So great in fact was St. John's wort's impact on Australian agriculture that in 1925 it was referred to in a government report as a 'menace',<sup>75</sup> and Australian governments embarked on expensive programmes aimed at controlling it throughout the twentieth

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<sup>71</sup> Nicholas Culpeper, *Culpeper's Complete Herbal*, (Kessinger Publishing, 2003), p.163.

<sup>72</sup> Vikas Kumar, P.N. Singh and S.K. Bhattacharya, 'Neurosycho-pharmacological Studies on Indian *Hypericum Perforatum*' cited in Edzard Ernst, *Hypericum*, pp.179-227.

<sup>73</sup> P Buchan, *Witchcraft Detected and Prevented, Or the School of Black Art Newly Opened*, (P.Buchan, 1824), p.85.

<sup>74</sup> William Nicholson, *A Dictionary of Practical and Theoretical Chemistry*, (Richard Phillips, 1808).

<sup>75</sup> A.H. Chesterman, *The Menace of St. John's wort*, (Alfred James Kent, Government Printer, 1925).

century.<sup>76</sup> Indeed farmers in both Britain and America have bemoaned the fact that St. John's wort grows proficiently and during the nineteenth century it earned itself the accolade of being a 'troublesome weed'.<sup>77</sup> Chapter Three ends by suggesting that St. John's wort's ability to grow proficiently meant that it was inexpensive to cultivate, which made it an ideal ingredient in medicines.

Chapter Four argues that although OTC St. John's wort became popular in Britain and America during the 1990s, very little information on how to consume the remedy existed. However, by the end of the decade a number of self-help books had been published on the use of the remedy. Printed mainly in America, these books aimed specifically to educate lay people. They not only provided practical tips on taking St. John's wort medicinally, they also provided glowing testimonies as to why the plant based remedy is superior to conventional medicines. In particular, the self-help authors emphasised the fact that standardised St. John's wort is natural, safe and free from side effects. However they also placed great importance on the science. Not only did they argue that depression is caused by a chemical imbalance in the brain, they also highlighted the scientific evidence that proved standardised St. John's wort was effective and they emphasised their own qualifications as evidence of their authority.

The second part of Chapter Four argues that standardised St. John's wort became popular in the 1990s partly because of a general move towards alternative medicine, but also because of a growing distrust of conventional medicine. It is therefore suggested that St. John's wort became popular at a time when a growing distrust of conventional antidepressants persuaded many lay people to seek out alternatives. In particular self-help authors stressed that the 'Prozac backlash' was evidence that alternatives such as St. John's wort were needed and this chapter agrees that by the 1990s concerns about conventional antidepressants and their side

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<sup>76</sup> R.M. Moore, *The Control of St. John's wort (Hypericum perforatum L. var. angustifolium D.C.) By Competing Pasture Plants*, (Council for Scientific and Industrial Research, Melbourne, 1942); Frank Wilson, *The Entomological Control of St. John's wort (Hypericum perforatum L.) : With Particular Reference to the Insect Enemies of the Weed in Southern France*, (Council for Scientific and Industrial Research, Melbourne, 1943).

<sup>77</sup> John Skinner, 'Hypericum Perforatum', cited in *The American Farmer, Containing Original Essays and Selections on Agriculture, Horticulture, Rural and Domestic Economy and Internal Improvements*, (1827), p.12.

effects were likely to have prompted some lay people to choose to take OTC St. John's wort.

The final part of Chapter Four explores the wider implications of self-help. Having discussed the claims made by Steve Salerno and others that self-help is harmful,<sup>78</sup> it is suggested that OTC St. John's wort was perfect for people who were wishing to have a greater say in their treatment option. By the 1990s a growing patients' rights movement in both Britain and America had resulted in calls for greater input into health care decisions. In particular patients diagnosed with mental health conditions were demanding to have a say in how their conditions were diagnosed and managed. It is also argued that OTC St. John's wort challenges a popular theory in psychiatry which claims that mentally ill lay people only self-medicate with harmful substances such as alcohol and recreational drugs.<sup>79</sup>

Therefore, in the case of mild to moderate depression it seems that some at least chose to purchase and consume OTC St. John's wort as part of a responsible self-treatment programme. It is also suggested that OTC St. John's wort was tolerated in Britain and America because of a wider shift in health policy which encouraged 'patients towards greater independence in making decisions about management of minor illnesses'.<sup>80</sup> However, while some have argued that this empowered lay people, this chapter ends by suggesting that moves towards self-care and self-treatment were also motivated by economic constraints on health authorities.

Chapter Five draws on 1990s popular media articles in order to explore how depression and its treatments were portrayed at this time. Having explored the way in which the popular media's representation of depression has been discussed by sociologists in particular, it is argued that the popular media present a confusing situation for understanding depression. Diana Chan and Lester Sireling have argued recently that lay people increasingly choose to emulate celebrity culture and in doing

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<sup>78</sup> Steve Salerno, *SHAM: How the Gurus of the Self-Help Movement Make Us Helpless*, (Nicholas Brealey Publishing, 2005).

<sup>79</sup> Kasten, 'Self-Medication with Alcohol and Drugs', pp. 80-87.

<sup>80</sup> Hughes, 'Benefits and Risks of Self Medication', pp.1027-1037.

so, some deliberately request a diagnosis of psychiatric illness as a way of copying their icons.<sup>81</sup> It seems that by the 1990s depression and its treatments were increasingly presented as life style choices.

The second part of Chapter Five argues that other than the St. John's wort self-help books, it is likely that the media provided one of the only other accessible sources of information for lay people. It appears that initially the British media presented standardised St. John's wort as a wonder cure after numerous reports revealed that scientists had discovered it had antidepressant qualities. However, it is established that the media's remit is not to offer the general public sensible information on viable treatment options; rather in the case of newspapers, the aim is to make money from sales. The popular media's initial celebration of OTC St. John's wort proved short-lived and it quickly began printing conflicting reports highlighting concerns about St. John's wort's safety. As a result information on the remedy became increasingly confused.

The final part of Chapter Five looks at the coverage devoted to the moves towards regulating standardised St. John's wort in Britain. In doing so it appears that potential side effects caused concern among conventional professionals in particular. While it is suggested that the confusing and conflicting St. John's wort coverage may have resulted from the fact that the media is driven by a need to sell stories, it is possible that the coverage reflected the bewildering situation for St. John's wort in terms of its OTC status.

Having established that the use of OTC St. John's wort was in effect advertised through a range of self-help books and the British and American popular media, Chapter Six determines conclusively that standardised St. John's wort is a synthetic product that was developed and manufactured in laboratories. Through an analysis of St. John's wort articles published in scientific and medical journals it becomes apparent that standardised St. John's wort was produced by pharmaceutical companies using the same research and testing methods as were employed for the development of

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<sup>81</sup> Diana Chan and Lester Sireling, ' "I Want to be Bipolar"...A New Phenomenon', *The Psychiatrist*, 34 (2010), pp.103-105.

conventional antidepressants. After providing a brief history of the development of evidence based medicine and the need for tight regulation of medicines in order to ensure safety and efficacy, Chapter Six looks in detail at the ways in which St. John's wort's potential as an antidepressant was tested.

In doing so it reveals that testing of St. John's wort meant that the safety and efficacy of its extracts had been proven and following the publication of Lind et al's influential article in the *British Medical Journal*, interest in St. John's wort as an antidepressant grew.<sup>82</sup> The second part of Chapter Six explores why Germany officially sanctioned the use of St. John's wort after making it a prescription medicine in the late 1980s, while British and American regulatory bodies sanctioned its use OTC. In doing so it explores the notion put forward by some self-help authors who suggested that Germany resisted the use of conventional antidepressants such as Prozac, because of a political objection to Americanisation. It is then suggested that by the 1990s the established need for evidence based medicine demanded by conventional medicine was applied to alternative medicine

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<sup>82</sup> Linde et.al, 'St. John's wort for Depression'.

## Chapter 2

### Depression and the use of OTC remedies

"Good morning, Eeyore," said Pooh.  
"Good morning, Pooh Bear," said Eeyore gloomily.  
"If it is a good morning, which I doubt," said he.  
"Why, what's the matter?"  
"Nothing, Pooh Bear, nothing. We can't all, and some  
of us don't. That's all there is to it."  
"Can't all what?" said Pooh, rubbing his nose.  
"Gaiety. Song-and-dance. Here we go round the mulberry bush".<sup>1</sup>

#### 2.1. Introduction

In the 1990s standardised OTC St. John's wort became available in Britain and America and it proved to be a popular remedy for treating mild to moderate depression. This chapter establishes how 'depression' was understood in the 1990s in order to provide a context for the discussion of St. John's wort. Therefore the first part of this chapter describes the situation for depression in the 1990s and, drawing extensively on the work of medical historians such as David Healy, it establishes how the classification, diagnosis and management of depression were dominated by the conventional medical model of a chemical imbalance.

Having outlined the 1990s depression situation, this chapter moves on to discuss how the history of depression has been written thus far and by comparing 1990s OTC St. John's wort with earlier preparatory remedies known as nerve tonics, it suggests that lay people have an established tradition of buying and consuming OTC remedies in order to treat mild mood disorders. Furthermore it is suggested that thus far the history of depression has presented the sufferer as a passive agent in their medical treatment. However, the fact that lay people purchased remedies such as

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<sup>1</sup> A.A.Milne, *Winnie the Pooh: The Complete Collection of Stories and Poems*, (Methuen Children's Books, 1994) p.60.



nerve tonics and standardised St. John's wort indicates that lay people sought out alternative treatment options. Thus rather than dismissing such remedies on the basis that they had dubious medical benefits, it is suggested that they in fact played an important part in the depression story, because they provided a treatment option that was inexpensive and private.

## **2.2. Depression in the 1990s**

By the end of the year 2000 depression was felt to be such a common occurrence among lay people that it earned itself the accolade of being the 'common cold of mental health'.<sup>2</sup> In the 1990s the condition known as 'major depressive illness' was sub-classified into 'mild', 'moderate' or 'severe' depression on the basis of the perceived severity of symptoms. While milder forms of the illness were believed to resolve with changes to life-style, with the support of antidepressants and counselling,<sup>3</sup> more severe forms of the illness, in which the sufferer experienced 'delusions and hallucinations', were considered to be 'life threatening' and sufferers were encouraged to 'see a doctor as soon as possible'.<sup>4</sup>

During the 1990s the conventional medical treatment for depression relied heavily on a range of medicines known as antidepressants. However, there were a range of treatments available at this time and while some, such as talking therapies and aromatherapy, were considered to be complementary to conventional treatments, others such as OTC herbal remedies were not sanctioned by conventional medical authorities because their efficacy had not been conclusively proven. Fundamentally, therefore, despite the fact that an assortment of depression remedies existed in the 1990s, the way in which depression was understood was dictated by conventional medicine on the basis of a distinct diagnostic system.

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<sup>2</sup> See Professor Tanya Byron's article 'Dear Tanya Byron: I'm Scared My Depression Will Stop Me Becoming a Doctor', *The Times*, 20<sup>th</sup> October, 2009.  
[http://www.timesonline.co.uk/tol/life\\_and\\_style/health/expert\\_advice/article6881090.ece](http://www.timesonline.co.uk/tol/life_and_style/health/expert_advice/article6881090.ece) (downloaded 16th Aug 2010)

<sup>3</sup> The British Medical Association, *Understanding Depression*, (Family Doctor Publications Limited, 1998), p.24.

<sup>4</sup> *Ibid.*

**Table two: Symptoms of depression <sup>5</sup>**

<b>Psychological</b>	<b>Physical</b>
Low Mood	Sleep problems- difficulty getting to sleep, waking up early or sleeping too much
Loss of interest in things you used to enjoy	Mental or physical slowness
Anxiety	Increase or decrease in appetite
Emotional numbness	Increase or decrease in weight
Depressive thinking	Loss of interest in sex
Concentration and memory problems	Tiredness
Delusions	Constipation
Hallucinations	Period irregularities
Suicidal impulses	

**Table three: ‘Mild’ and ‘Moderate’ depression <sup>6</sup>**

<b>Mild depression</b>	<b>Moderate depression</b>
Low mood may come and go	Low mood is persistent and person has physical symptoms too
Illness often starts after a specific stressful event	Changes in lifestyle unlikely to help and medical help should be sought
Person may feel anxious as well as low	
Lifestyle changes are often all that are needed to lift this type of depression	

According to Foucault, the definition of mental illnesses is specific to the time and place in which it is diagnosed.<sup>7</sup> However, by the 1990s Western medicine dictated that depression had psychological and physical symptoms and these resulted from a chemical imbalance in the brain. The diagnosis of depression during this decade was

<sup>5</sup>*Ibid*, p.5.

<sup>6</sup>*Ibid*.

<sup>7</sup> Michel Foucault, *Folie et deraison*, (Mass Market Paperback, 1961).

based on criteria laid down by Western psychiatry. The psychoanalyst Darian Leader argues that 'historians of psychiatry and psychoanalysis' have by and large accepted 'that depression was created as a clinical category by a variety of factors in the second half of the twentieth century'.<sup>8</sup> Prior to the depression histories written towards the end of the 1990s, in which it is established that psychiatry categorised depression as mild, moderate and severe on the basis of a variety of medical and social factors in the 1980s, the accepted wisdom was that depression has always existed and is 'as old as the human race'.<sup>9</sup> In the past, however, depression was simply known by different names and as medicine, psychiatry and neurology evolved, so the understanding of depression and its causes increased.

During the middle decades of the twentieth century, the American Psychiatric Association (APA) had increasingly called for a nationalised system of psychiatric classification after a plethora of newly identified conditions in the 1940s had made the situation for psychiatric diagnosis chaotic. By the 1940s no unified diagnostic criteria existed and the APA began work in 1948 to devise a new system for naming mental health conditions with the overall aim of creating a 'single national system for classification'.<sup>10</sup> Thus in 1952 after numerous consultations the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I) was published and it was followed in 1968 by the updated DSM-II. However as guides to diagnosis these two books only provided brief descriptions and a psychiatrist would consequently find 'little to help them' if trying to distinguish 'schizophrenia from mania' for example.<sup>11</sup>

The impact of the DSM has been heralded as a turning point for the subsequent perception of depression, as it was here that depression was categorised as a condition, rather than as a symptom. Thus the medical historian Laura D. Hirshbein suggests that the impact of the APA's DSM on the universal understanding of depression can not be underestimated. Not only did this new classification system

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<sup>8</sup> Darian Leader, *The New Black, Mourning, Melancholia and Depression*, (Penguin Books), p.13.

<sup>9</sup> Dorothy Rowe, *Depression: The Way Out of Your Prison*, (Routledge & K. Paul, 1983), p.vii.

<sup>10</sup> Edward Shorter, *A History of Psychiatry*, (John Wiley and Sons, 1997), p.298.

<sup>11</sup> *Ibid*, p.300.

allow psychiatrists to convey a universal meaning between themselves,<sup>12</sup> but it also set a precedent for the diagnosis of depression in other pseudo-medical disciplines such as psychology.

Thus 'the first (1952) and the third (1980) editions' of psychiatry's *Diagnostic and Statistical Manual of Mental Disorders* laid down the definitions of depression as a specific psychiatric condition and the APA dictated to psychiatrists across the world how mental illnesses should be classified. Although countries identified conditions that were specific to their populations, by and large the DSM criteria were adopted by psychiatrists worldwide. Hirshbein goes on to argue that as each edition of the DSM was published it re-classified symptoms of depression and eventually by the 1980s depression had become 'a specific disease category with concrete criteria' as opposed to a symptom of another associated condition.<sup>13</sup> The DSM reflected the dominant thinking of the day and so the DSM-II (1968) was influenced heavily by the increasing dominance of psychoanalysis which 'consolidated its hold over American psychiatry' during the 1950s and early 1960s.<sup>14</sup>

It seems therefore that the 1990s depression situation was influenced by the diagnostic criteria laid out in the DSM and while historians such as David Healy,<sup>15</sup> Allan Horwitz and Jerome Wakefield,<sup>16</sup> all agree that this book had a major impact on the categorisation and understanding of depression, they suggest that the concept of mild, moderate and severe depression only came about following the discovery (or rather the creation) of antidepressant pharmaceuticals. In 1951 Irving Selikoff and Edward Robitzek accidentally found that two drugs they had been testing had potential as antidepressants. These two new drugs, isoniazid and iproniazid, were being trialled on patients who were in moderate or far-advanced stages of tuberculosis and unexpectedly they were found to increase patients' energy. So great was the surprising

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<sup>12</sup> Dan German Blazer, *The Age of Melancholy: "Major Depression" and its Social Origins*, (Routledge, 2005), p.5.

<sup>13</sup> Laura D. Hirshbein, 'Science, Gender, and the Emergence of Depression in American Psychiatry, 1952-1980', *Journal of the History of Medicine and Allied Sciences*, 61 (2006), pp. 187-216.

<sup>14</sup> Shorter, *A History of Psychiatry*, p.299.

<sup>15</sup> David Healy, *Antidepressant Era*, (Harvard University Press, 1997).

<sup>16</sup> Allan Horwitz and Jerome Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, (Oxford University Press, 2007).

side effect that some patients were described as exhibiting 'renewed vigor', so much so in fact that 'this occasionally served to introduce disciplinary problems'.<sup>17</sup>

Selikoff and Robitzek shared their discovery in *Life* magazine and as a result other American psychiatrists were alerted to the potential of these new drugs. Consequently they conducted their own small scale experiments and in effect they began to prescribe isoniazid for 'mental health purposes, given the effects of these drugs to boost appetite, cause weight gain, increase vitality and improve sleep'.<sup>18</sup> Despite Selikoff and Robitzek's discovery, officially the first antidepressants were discovered a few years later after tricyclic antidepressants (TCAs) were developed,<sup>19</sup> and more specifically still, the first antidepressant medication was discovered by Roland Kuhn in 1956 after he found that imipramine eased depressive symptoms.<sup>20</sup> However, by the late 1950s it was widely accepted that depression could be cured by medicines and as the 1960s progressed it was increasingly established that all mood disorders resulted to a large extent from chemical anomalies in the brain.

In 1965 the psychiatrist Joseph Schildkraut published the paper 'The Catecholamine Hypothesis of Affective Disorders' in which he put forward the theory that depression was specifically caused by certain brain chemicals.<sup>21</sup> Schildkraut's theory related in particular to levels of the brain chemical norepinephrine, which reportedly dropped during periods of depression and he effectively stated 'that some, if not all, depressions may be associated with a relative deficiency of norepinephrine at functionally important adrenergic receptor sites in the brain'.<sup>22</sup> Following Schildkraut's hypothesis the chemical imbalance theory of depression dominated and shaped the subsequent bio-medical and lay understanding of depression,<sup>23</sup> not least because it

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<sup>17</sup> Irving Selnikoff and Edward Robitzek, 'Tuberculosis Chemotherapy with Hydrazine Derivatives of Isonicotinic Acid', *Dis Chest*, 21 (1952), pp.385-438.

<sup>18</sup> David Healy, 'The Antidepressant Drama', in Myrna M. Weissman, *Treatment of Depression: Bridging the 21<sup>st</sup> Century*, (American Psychiatric Publication, 2001), p.10.

<sup>19</sup> *Ibid.*

<sup>20</sup> *Ibid.*, p.4.

<sup>21</sup> J.J.Schildkraut, 'The Catecholamine Hypothesis of Affective Disorders: A Review of Supporting Evidence', *American Journal of Psychiatry*, 519, (1965), p. 22.

<sup>22</sup> Joseph Schildkraut and Seymour Kety, 'Biogenic Amines and Emotion', *Science*, 156 (1967), p.21.

<sup>23</sup> *Ibid.*

paved the way for the discovery and development of further pharmaceuticals which were designed to cure the chemical imbalances.

Thus by the 1990s understanding of 'major depressive disorder' and its sub classifications of mild, moderate and severe depression developed after certain medicines were found to treat the symptoms associated with each depression variant. Therefore, during the second half of the twentieth century psychiatrists increasingly emphasised the biological aspects of mental illness and while the APA focussed its attention on producing a definitive classification system, elsewhere drug companies were creating and testing drugs specifically for their use in treating depression.

During the 1950s and 1960s various drugs were found to have antidepressant qualities, but their potential seems to have been ignored by drug manufacturers. David Healy suggests that their dismissal resulted from the fact that in a market driven economy, depression was not considered to be a profitable condition. Instead during these decades the manufacturers of pharmaceuticals focussed on conditions that were considered lucrative and they therefore upheld and to a certain extent created the demand for major and minor tranquilizers.<sup>24</sup> During these decades depression was considered to be a symptom of other wider conditions, and when a person developed what was considered to be 'clinically significant depression' their symptoms were described as reactive or endogenous.<sup>25</sup> However, by the 1980s it was increasingly accepted that depression was a condition in its own right and this new way of considering depression coincided with the development of a new range of antidepressant medicines known as SSRIs.

The 1980s heralded a time of optimism in the depression story and this confidence was reflected in the way that the history of depression was written at this time. For example Stanley Jackson's comprehensive and well received *Melancholia and depression: From Hippocratic times to modern times* (1986) was written at a time

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<sup>24</sup> David Healy, 'The Three Faces of the Antidepressants: A Critical Commentary on the Clinical-Economic Context of Diagnosis', *The Journal of Nervous and Mental Disease*, 187 (1999), pp.174–80.

<sup>25</sup> Blazer, *The Age of Melancholy*, p.5.

when SSRIs were being praised as the ultimate treatment for depression.<sup>26</sup>

Consequently Jackson presented a positive analysis of the progress which had been made in battling depression. Up until 1988 the most commonly prescribed antidepressants in Britain were tricyclic antidepressants (TCA).<sup>27</sup> However, these medicines were found to have unwanted side effects. Consequently SSRIs were developed, prescribed and consumed on the basis that they had fewer side effects than their predecessors and they therefore quickly replaced the TCAs as the most popular antidepressants to be prescribed.<sup>28</sup>

The arrival of SSRIs in the late 1980s marked a significant change in the treatment of milder forms of depression. Before they became available, the treatment of milder forms of depression with medicines that caused side effects was thought to be counterproductive. Furthermore, by the end of the 1980s treatments such as talking therapies and psychoanalysis, which had been the main treatment options before SSRIs, had 'been severely compromised and marginalized by rising health care costs'.<sup>29</sup> Thus these new types of antidepressants provided a treatment option that was safe, cost effective, and effective after only two weeks. By the 1990s SSRIs were widely prescribed. However, despite the glowing testimonies that accompanied their launch, the depression situation of the 1990s was far from straightforward.

During the 1990s questions were raised about the way in which depression was diagnosed. It was increasingly felt for example that depression was being managed and diagnosed on the basis of the way that patients responded to certain antidepressants. A similar claim has been made about the way that the illness schizophrenia has been diagnosed. Since the discovery of chlorpromazine in 1950, it has been suggested that some psychiatrists were using this antipsychotic drug as a way of determining if a person had schizophrenia. This condition is notoriously difficult

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<sup>26</sup> Stanley Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times*, (Yale University Press, 1986).

<sup>27</sup> N. Middleton, et.al., 'Secular Trends in Antidepressant Prescribing in the UK, 1975–1998', *Journal of Public Health Medicine*, 23 (2001), pp.262–267.

<sup>28</sup> T. Diab and A. N. Singh, 'The New Generation of Antidepressants', *Hospital Medicine*, 64 (2003), pp.12–15.

<sup>29</sup> John Simmons, *Doctors and Discoveries: Lives That Created Today's Medicine*, (Houghton Mifflin Harcourt, 2002), p.177.

to diagnose and it seemed that some psychiatrists waited to see if a person responded to chlorpromazine before diagnosing the condition. By the 1990s it was felt that the same method of diagnosis was being used to determine if a person had mild or severe depression.<sup>30</sup>

It is not surprising therefore that David Healy and others have suggested that the concept of mild, moderate and severe depression only came about after medicines were developed to treat the associated symptoms. However Healy argues in *Let Them Eat Prozac* (2004) that the 'chemical imbalance' theory of depression, on which the use of antidepressants is based, is a hypothesis that was promoted by pharmaceutical companies and medical professionals as a medical fact. This theory legitimated the sale and consumption of antidepressants such as Prozac. However, Healy goes on to argue that there has never been any conclusive evidence to uphold the chemical imbalance hypothesis of depression. Thus the conventional medical (and therefore the dominant model of depression treatment) revolved around correcting a mythical chemical imbalance.<sup>31</sup>

Another critic of this prevailing theory, the consultant psychiatrist and writer Joanna Moncrieff, agrees with Healy's analysis and suggests that treatment with antidepressants is ineffective. Moncrieff like Healy, argues that 'there is little justification' to endorse the notion that taking pills to treat depression is an appropriate approach. She also suggests that views about psychiatric drugs changed 'over the course of the 1950s and 1960s' because they 'gradually came to be seen as being specific treatments for specific diseases, or "magic bullets" '. However despite their widespread use, Moncrieff argues that their use was never based 'on any compelling evidence', and she suggests that consumers of antidepressants have therefore been

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<sup>30</sup> Barber, *Comfortably Numb*.

<sup>31</sup> *Ibid.*



duped by a theory that sounds plausible, but in reality they are taking medicines with modes of action that no one really understands.<sup>32</sup>

By the 1990s depression was mainly understood on the basis that it was caused by a lack of the neurotransmitter serotonin. However Healy provides a convincing argument that ‘no abnormality of serotonin in depression has ever been demonstrated’;<sup>33</sup> and he and Moncrieff both suggest that this notion was dreamt up by pharmaceutical companies in particular in order to justify the sales of a new range of drugs. It seems however that by the 1990s conventional practitioners and lay people had readily accepted the ‘serotonin imbalance theory of depression’. By the 1990s it seems that Freudian ideas about depression had lost their popularity and ‘pidgin’ versions of psychoanalytical theories, which had been readily debated at ‘dinner parties’ were replaced with watered-down discussions of antidepressants and depression. In effect by the 1990s ‘psychobabble’ was replaced by ‘biobabble’,<sup>34</sup> and more specifically by the 1990s lay people were enthusiastically discussing the ‘serotonin hypothesis of depression’.<sup>35</sup>

The way in which mild forms of depression were diagnosed by the 1990s proved controversial. The popular psychologist Dorothy Rowe published her first depression self-help book in the 1980s and she argued against the use of antidepressants.<sup>36</sup> Having reassured her readers that ‘depression is as old as the human race’ Rowe explained that during the twentieth century it has ‘been called an illness and treated with pills and electroconvulsive therapy’.<sup>37</sup> Fundamentally however she argued against the prevailing theory that depression resulted from a chemical imbalance and instead suggested that depression is a defence against pain and fear. She therefore described it as a ‘prison which we build for ourselves’.<sup>38</sup> In the preface to

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<sup>32</sup> Joanna Moncrieff, ‘The Myth of the Chemical Cure’, *BBC*, 15<sup>th</sup> July 2009, <http://news.bbc.co.uk/1/hi/health/8138893.stm> (downloaded 23rd April 2010); Joanna Moncrieff, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment*, (Palgrave Macmillan, 2007).

<sup>33</sup> Healy, *Let Them Eat Prozac*, p.12.

<sup>34</sup> *Ibid.*, p.264.

<sup>35</sup> *Ibid.*, p.112.

<sup>36</sup> Rowe, *Depression: The Way Out of Your Prison*.

<sup>37</sup> *Ibid.*, p.vii.

<sup>38</sup> *Ibid.*

the second edition of her book published in 1996, Rowe explains that by the mid-1990s depression was as 'common as ever' and she states conclusively that its cure is not 'pills but wisdom' and that, although medicine adheres to the notion that depression is caused by a chemical imbalance, the real reason depression exists is because 'we fail to understand ourselves'.<sup>39</sup>

It has also been suggested that antidepressants allowed 'unhappiness' to 'be categorized as a disease' that 'should be treated with drugs'.<sup>40</sup> Allan Horwitz and Jerome Wakefield argue in *The Loss of Sadness, How Psychiatry Transformed Normal Sorrow into Depressive Disorder* (2007), for example, that prior to the DSM's classification of mild to moderate depression in the 1980s, only the most severe forms of depression received medical intervention.<sup>41</sup> Furthermore they suggest that for mild symptoms people were encouraged to make life-style changes. However, following the creation of the DSM and the availability of new types of antidepressants, professionals were being encouraged to diagnose mild illness, which would hitherto have been explained as normal emotional reactions to life events. Furthermore the American writer Charles Barber argues in *Comfortably Numb: How Psychiatry Is Medicating a Nation* (2008), that ordinary Americans have been unnecessarily diagnosed with mental illnesses and prescribed antidepressants to treat 'everyday life problems'.<sup>42</sup>

Since the 1990s there has also been an increased academic interest in happiness rather than depression and theorists such as the American psychologist Martin Seligman, who was appointed the president of the APA in 1998, called for his colleagues to move away from concentrating on curing patients of mental illness and instead to focus on understanding what makes people happy. He went on to suggest that there are three main reasons why people are now supposedly unhappier than past generations. Firstly he suggests that the balance between the 'I and the We are badly

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<sup>39</sup> Rowe, *Depression: The Way Out of Your Prison*, p.vii.

<sup>40</sup> Healy, *The Antidepressant Era*, p.1.

<sup>41</sup> Horwitz and Wakefield, *The Loss of Sadness*.

<sup>42</sup> Barber, *Comfortably Numb*.

askew'. Secondly, he claims that we are becoming increasingly impatient and desire 'immediacy', and finally he suggests that there is an 'ideology of victimology'.<sup>43</sup>

Positive psychology called for an analysis of mental wellness as opposed to mental illness and as the decade progressed into the 2000s Martin Seligman and his colleague Christopher Peterson gained greater respect. Thus in 2004 they issued a counterattack to what they considered to be the negative and unhelpful psychiatric classifications listed in the dominant DSM and in doing so they created *Character Strengths and Virtues*,<sup>44</sup> which was designed to act as the positive psychologist's equivalent to the DSM.

Meanwhile in Britain the psychologist Oliver James published *Britain on the Couch - Why We're Unhappier Compared with 1950 Despite Being Richer* (1998),<sup>45</sup> which he claimed was the first book to 'flag up the bizarreness of the fact that, despite being far richer compared with 1950, we are much more liable to be mentally ill'.<sup>46</sup> James's book worked on a notion that had been identified by others, which held that incidences of clinical depression had increased 'tenfold since the Second World War'.<sup>47</sup> The cross-disciplinary question of why people should be getting more unhappy, despite an ever growing standard of living, prompted several possible reasons.

The psychologist Dorothy Rowe declared in an article published in *The Observer*, for example, that people have always looked for happiness, but in the past they tended to look 'for their rewards for their decency and suffering in heaven'. However 'in our irreligious times many people expect their reward for their decency and suffering to be happiness here and now' and with transformed life 'goalposts' people become disappointed that they are not happy during their lifetime.<sup>48</sup> She went onto

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<sup>43</sup> Martin Seligman, 'Positive Psychology', in Martin Seligman and Jane Gillham, *The Science of Optimism and Hope*, (Templeton Foundation Press, 2000), p.415.

<sup>44</sup> Christopher Peterson and Martin Seligman, *Character Strengths and Virtues: A Handbook and Classification*, (Oxford University Press, 2004).

<sup>45</sup> Oliver James, *Britain on the Couch - Why We're Unhappier Compared with 1950 Despite Being Richer*, (Arrow Books, 1998).

<sup>46</sup> Oliver James, 'Wealth Warning', *The Observer*, 5<sup>th</sup> June 2005.

<http://www.guardian.co.uk/society/2005/jun/05/mentalhealth.observermagazine#history-link-box> (downloaded 16<sup>th</sup> Aug 2010).

<sup>47</sup> Clive Hamilton, *Growth Fetish*, (Allen & Unwin, 2003), p.40.

<sup>48</sup> Dorothy Rowe, 'Happiness', *The Observer*, 10<sup>th</sup> December 2000.

[http://www.dorothyrowe.com.au/index.php?u=happiness\\_observer.htm](http://www.dorothyrowe.com.au/index.php?u=happiness_observer.htm) (downloaded 16<sup>th</sup> Aug 2010).

explain that depression was ‘once a state of mind of which to be ashamed’ but by the 2000s it had become ‘less stigmatised’ and it was being ‘discussed endlessly and described as a vast epidemic sweeping the planet, while the words “depressed” and “depression” are applied to any dysphoric feeling such as unhappiness, disappointment, lack of enthusiasm, even irritability’.<sup>49</sup>

Despite the fact that depression was widely believed to be on the increase during the 1990s, not everyone agreed that depression existed. By the 2000s even conventional medical doctors were beginning to question its existence and more specifically the way that it was diagnosed. For example, *The Lancet* published a doctor’s personal reflection on the worrying situation for the poor diagnoses of depression by GPs,<sup>50</sup> and *The Times* newspaper published several articles on depression in Britain, with one suggesting that by the 2000s ‘more and more doctors’ believe that antidepressants are ‘mere placebos’.<sup>51</sup> Nevertheless despite the fact that the classification of depression proved problematical, by 1993 ‘the management and treatment of depressive illness’ was ‘predominantly provided in primary care using antidepressant drugs’.<sup>52</sup>

In their study of the history of depression, Callahan and Berrios looked specifically at the British situation for depression:

‘despite the consensus agreement that we do not understand the genetic and neurobiological mechanisms of depression, mental health leaders and advocates have continued to espouse a biological model of depression that focuses on neurotransmitters’.<sup>53</sup>

Furthermore these authors suggested that gradually between 1940 and the early 2000s depression became categorised in terms of its severity and the milder forms became the remit of the British general practitioner. Callahan and Berrios criticised pre-existing historical studies on depression because of their tendency to ‘focus only on

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<sup>49</sup> *Ibid.*

<sup>50</sup> Dr. Alex Mitchell et.al. ‘Clinical Diagnosis of Depression in Primary Care: A Meta-Analysis’, and Peter Tyer, ‘Are General Practitioners Really Unable to Diagnose Depression?’, *The Lancet*, 374 (2009), pp.609-619 and pp.589-590.

<sup>51</sup> ‘Keep taking the pills: How we became a Prozac nation’, *The Times*, 19<sup>th</sup> June 2010, p.4.

<sup>52</sup> O.Morgan et.al., ‘Fatal Toxicity of Antidepressants in England and Wales, 1993–2002’, p.18.

<sup>53</sup> Callahan and Berrios, *Reinventing Depression*, p.7.

developments in psychiatry and psychopharmacology' and their subsequent failure to 'recognise the importance of primary care',<sup>54</sup> and they go on to demonstrate that by the 1990s psychiatry had effectively dictated to primary care practitioners and policy makers not only what depression was, but also how it should be treated.<sup>55</sup>

Despite the fact that treatment for 1990s depression was 'predominantly provided in primary care using antidepressant drugs',<sup>56</sup> by this decade, it had been established that there were problems with antidepressants. Although clinical trials had demonstrated that antidepressants had high success rates, in clinical practice it had been found that for a number of reasons these medicines were failing to work effectively. Reasons offered for this failure included inadequate dosing rates by GPs and too short a length of treatment, but it was found that the main reason antidepressants were not working successfully was because patients stopped taking them because of unwanted side effects.<sup>57</sup>

Although criticism existed during the 1980s and 1990s the chemical imbalance theory of depression dictated the way in which depression was understood and antidepressants allowed milder forms of depression to be managed at primary care level. However during the 1990s serious concerns began to surface over the safety of certain SSRIs and in particular it was established that some medicines caused patients to become violent and suicidal. Furthermore, despite the fact that SSRIs had been launched with the promise that they would eradicate depression, it transpired that not everyone who took them responded to them. In fact between January and March 1999, over sixteen thousand 'administrations of Electro-Convulsive Therapy' (ECT) were performed in Britain and two thousand eight hundred patients received ECT.<sup>58</sup>

Since the 1950s when various chemicals were identified as responsible for causing depression and such discoveries instigated the development of new

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<sup>54</sup> *Ibid*, p.ix.

<sup>55</sup> *Ibid*.

<sup>56</sup> O. Morgan et al., 'Fatal Toxicity of Antidepressants in England and Wales, 1993–2002'.

<sup>57</sup> J. Donoghue and T. Hylan, 'Antidepressant Use in Clinical Practice: Efficacy v. Effectiveness', *British Journal of Psychiatry*, 179 (2001), pp.9-17.

<sup>58</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalhealthcare/DH\\_401623](http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalhealthcare/DH_401623) 3eived ECT treatment (downloaded 16th Feb, 2009).

medicines, it was believed that a 'wonder drug' had been found to fix the depression problem and this concept was readily upheld by pharmaceutical companies, the medical profession and to a certain extent lay people.<sup>59</sup> Thus, 'in the early nineties, the world acquired a new concept – antidepressant wonder drug' Prozac,<sup>60</sup> but as the decade proceeded and public concerns about safety appeared lay people and professionals began to explore the possibility of alternative remedies. It was not an accident that at this time a little known herbal remedy, which had become popular in Germany, was launched in Britain and America. Heralded as having 'few if any harmful side-effects',<sup>61</sup> standardised St. John's wort was described, in the media in particular, as being the safe and efficient answer to treating mild forms of depression. It seems therefore that by the 1990s the world 'acquired another concept – antidepressant wonder supplement - and St. John's wort (St. John's wort) is its name'.<sup>62</sup>

### **2.3. Minor mental illnesses and the use of preparatory medicines**

By the 1990s depression was considered to be a specific form of mental illness for which conventional antidepressants were available. By this decade a wide range of alternative medical treatments were also available to treat the symptoms of depression, including a number of OTC remedies. It appears however that OTC medicines and remedies have an established place in the Western medical management of illnesses including mild mood disorders. By the 1990s depression was being treated with OTC remedies such as standardised St. John's wort. Although treating mood disorders in this way proved popular from at least the beginning of the twentieth century, the practice of self-treating with OTC remedies has been largely ignored in the historical analysis of depression. In fact at the beginning of 2000 the American cultural historian

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<sup>59</sup> *Ibid*, p.282.

<sup>60</sup> Syd Baumel, *Natural Antidepressants*, (McGaw-Hill Professional, 1998), p.9.

<sup>61</sup> Larry Katzenstein, *Secrets of St. John's wort: Treat Depression Naturally With St. John's wort!*, (St. Martins Paperback, 1998), p.121.

<sup>62</sup> *Ibid*.

George Rousseau argued that the history of depression, as opposed to mental illness or psychiatry as a whole, 'remains unwritten'.<sup>63</sup>

Rousseau's observation seems to discount influential studies such as Edward Shorter's *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (1992), Shorter's *A History of Psychiatry* (1997) and German Berrios and Roy Porter's, *A History of Clinical Psychiatry* (1995),<sup>64</sup> because they took a generic approach to mental illness. Likewise Rousseau also failed to acknowledge the work of the American psychiatrist Peter Breggin whose *Toxic Psychiatry* (1991) and *Talking Back to Prozac* (1994) charted the development of depression while arguing against the shift towards biological psychiatry and the growing reliance on psychopharmacology.<sup>65</sup> Rousseau also ignored the British psychiatrist David Healy's *The Antidepressant Era* (1997) which argued that the 'pharmaceutical industry' effectively created depression through its production and aggressive sale of antidepressants.<sup>66</sup>

Since George Rousseau's observation on a lack of a specific depression history, a number of significant studies have been written. For example, Ronald Dworkin warned at the beginning of 2001 that psychoactive medicines were being used to treat 'everyday unhappiness' and, having suggested that people can actually learn from disappointment, he went on to recommend that medical science should 'confine itself to the treatment of clinical depression'.<sup>67</sup> David Healy re-examined his earlier work on antidepressants,<sup>68</sup> and in a new analysis of the history of mania and manic depression established that the late twentieth-century condition of 'bipolar disorder' had

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<sup>63</sup> Rousseau, 'Depression's Forgotten Genealogy', p.71.

<sup>64</sup> Shorter, *From Paralysis to Fatigue*; Shorter, *A History of Psychiatry*; Berrios and Porter (ed.), *A History of Clinical Psychiatry*.

<sup>65</sup> P. R. Breggin and G.R. Breggin, *Talking Back To Prozac: What Doctors Aren't Telling You About Today's Most Controversial Drug.* (St. Martin's Press, 1994); P.R. Breggin, *Toxic Psychiatry: Why Therapy, Empathy and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the "New Psychiatry"*, (St. Martin's Press, 1991).

<sup>66</sup> Healy, *The Antidepressant Era*.

<sup>67</sup> Ronald Dworkin, *The Medicalization of Unhappiness*, (Hudson Institute, 2001).

[http://www.hudson.org/index.cfm?fuseaction=publication\\_details&id=911&pubType=HI\\_Articles](http://www.hudson.org/index.cfm?fuseaction=publication_details&id=911&pubType=HI_Articles) (Downloaded, 25<sup>th</sup> June 2010).

<sup>68</sup> Healy, *Let Them Eat Prozac*.

also evolved as a result of the impact of psychopharmacology.<sup>69</sup> Healy also collaborated with the psychiatrist and medical historian Edward Shorter to produce a study looking at the changing uses of the controversial Electroconvulsive Treatment (ECT).<sup>70</sup> Meanwhile Christopher Callahan and German Berrios looked specifically at the British situation for depression and in *Reinventing Depression* (2005) they argue that by the 1990s GPs were responsible for the medical management of milder forms of depression which they did through the use of antidepressants.

Furthermore, the sociologist Allan Horwitz and the professor of social work Jerome Wakefield convincingly argued in 2007 that medicine, and more specifically psychiatry, re-classified sadness as depression and they criticised the way in which medicine's system of diagnosis labelled apparent mental illnesses.<sup>71</sup> Likewise Peter Breggin suggested that antidepressants such as SSRI's may actually be the cause of depression in *Your Drug May Be your Problem* (2007) and professor Irving Kirsch attacked the overuse of SSRI's in the treatment of depression and controversially concluded that antidepressants are nothing more than placebos.<sup>72</sup> The Freudian psychoanalyst Darian Leader takes a similar approach to the 'overuse' of antidepressants and in his historical approach to the treatment of grief he demonstrates that medicine has dismissed the need to grieve appropriately by using antidepressants to mute normal feelings.<sup>73</sup> Finally in 2010 calls were being made by Deborah Flynn to include more patient narratives in historical and sociological discussions of depression.<sup>74</sup>

It is fair to conclude, however, that the majority of depression histories prior to George Rousseau's twenty-first century complaint about methodology followed an established pattern which had been laid down by wider medical history. Thus it was widely held that the late twentieth-century understanding of depression had evolved

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<sup>69</sup> Healy, *Mania: A Short History of Bipolar Disorder*.

<sup>70</sup> Healy and Shorter, *Shock Therapy*.

<sup>71</sup> Horwitz and Wakefield, *The Loss of Sadness*.

<sup>72</sup> Irving Kirsch, *The Emperor's New Drugs: Exploding the Antidepressant Myth*, (The Bodley Head, 2009); Irving Kirsch, 'Antidepressants and the Placebo Response', *Epidemiologia e Psichiatria Sociale*, 18 (2009), pp.318-322.

<sup>73</sup> Darian Leader, *The New Black, Mourning, Melancholia and Depression*, (Penguin Books, 2009).

<sup>74</sup> Deborah Flynn, 'Narratives of Melancholy: A Humanities Approach to Depression', <http://mh.bmj.com/content/early/2010/05/11/jmh.2009.002022.full> (downloaded 25th June 2010).



from a series of related conditions and medical historians tried to demonstrate that depression was simply a new name for pre-existing conditions. The American psychiatrist, medical historian and psychoanalyst, Stanley Jackson, took this approach in his comprehensive and well received analysis *Melancholia and depression: From Hippocratic times to modern times* (1986).<sup>75</sup> Likewise the historian John Chynoweth Burnham states that 'Melancholia, a humoral imbalance, in medieval times became acedia – sinful sloth and surliness - and later changed into pathological depression',<sup>76</sup> and the historian Janet Oppenheim suggested that 'Victorians' made sense of depression by explaining it as 'shattered nerves' because they had limited psychological knowledge.<sup>77</sup> It also seems that historians have had a tendency to make value judgements about previous medical knowledge and diagnoses. For example, Keith Thomas states in *Religion and The Decline Of Magic* (1971) that in the seventeenth century 'less dramatic forms of mental illness were regarded either as cases of melancholy to be treated by purging and blood letting, or wrongly diagnosed as 'hysteria', stemming from a condition of the uterus'.<sup>78</sup>

Thomas's use of 'wrongly diagnosed' results from his 1970s viewpoint on mental illness, but seventeenth-century medical theories were legitimate for their time. Likewise Janet Oppenheim's suggestion that depression was previously 'shattered nerves' ignores the fact that each nervous complaint had its own separate diagnostic criteria, management techniques and social and cultural implications.<sup>79</sup> In fact, Rousseau warned that historical 'views are necessarily coloured, even shaped, by modern views on depression formed after its nineteenth-century medicalisation'.<sup>80</sup> Thus, although some similarities exist between the symptoms associated with early modern melancholy, the nineteenth-century and early twentieth-century nervous complaints and late twentieth-century depressive disorders (and indeed these

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<sup>75</sup> Stanley Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times*, (Yale University Press, 1986).

<sup>76</sup> John Chynoweth Burnham, *What is Medical History?*, (Polity, 2005), p.75.

<sup>77</sup> Janet Oppenheim, *Shattered Nerves: Doctors, Patients, and Depression in Victorian England* (Open University Press, 1991).

<sup>78</sup> Thomas, *Religion and the Decline of Magic*, pp.15-16.

<sup>79</sup> Oppenheim, *Shattered Nerves*.

<sup>80</sup> *Ibid.*

conditions may have been the forerunners to what would eventually become known as mild to moderate depression), finding retrospective examples of depression and re-diagnosing from a contemporary viewpoint devalues the significance of the diagnoses made at the time.

Taking note of George Rousseau's warning against retrospectively diagnosing depression, and his claim that 'historians harbour plentiful assumptions about its pre-1800 past' which have been 'coloured' and 'even shaped, by modern views on depression formed after its nineteenth-century medicalisation'.<sup>81</sup> The remainder of this chapter refers to medical conditions from previous centuries as a way of establishing that lay people consumed OTC remedies in order to manage their symptoms, rather than suggesting that these conditions were the forerunners of depression.

By the end of the nineteenth century and into the early twentieth century there were a range of what the medical historian Edward Shorter calls 'minor' mental illnesses, and these included conditions known as neurasthenia and 'Brain Fag'.<sup>82</sup> Both of these were recognised conventional medical conditions and, like 1990s depression, there were a vast array of orthodox and unorthodox treatment options available. The thriving medical market place of the late nineteenth century enabled lay people to actively seek out alternative treatment options to those being offered by conventional doctors. So, like the 1990's depressive, past sufferers of minor mental illnesses were also free to make consumer choices about their treatment. Like the 1990s, when concerns over the safety of conventional antidepressants encouraged patients to seek out alternatives, lay people in previous centuries also appear to have become disillusioned with conventional treatment options and as a result they too turned to preparatory medicines and in particular they found solace in a group of remedies known generically as nerve tonics. Thus it is possible to suggest that 1990's OTC St. John's wort in effect filled a gap left by the passing of the discredited nerve tonic.

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<sup>81</sup> George Rousseau, 'Depression's Forgotten Genealogy', p.71.

<sup>82</sup> In his history of psychiatry Edward Shorter makes a distinction between major and minor mental illness. See, *A History of Psychiatry*, p.22.

By the late 1800s a link between nerves and illness was well established and it was widely believed that some minor mental illnesses resulted from degeneration of the nerves. Edward Shorter suggests that this link between nerves and illness proved popular to both physicians and patients as it allowed doctors to 'escape the asylum for lucrative private practice', while 'patients found the notion of suffering from a physical disorder of the nerves far more reassuring than learning that their problem was insanity'.<sup>83</sup> Thus rather like Roy Porter's suggestion that doctors tactfully diagnosed hysteria in order to satisfy their patients' prejudices and social standing, because 'too psychiatric a diagnosis could suggest psychosis, or down right lunacy' while an 'overly physicalist term' might suggest a terminal 'tubercular condition' or stigmatised syphilis,<sup>84</sup> later nervous conditions became a socially acceptable diagnoses. In practice, subtle differences between the late 1800s nervous illness and a mental illness resulted in the sufferer of nerves escaping the indignity of being treated in a stigmatised asylum. Thus the medical historian Ben Shephard concludes that by the mid twentieth century there was effectively a 'culture of nerves'.<sup>85</sup>

Among the numerous conditions that were accredited to problems with the nerves, one, 'neurasthenia', was considered to result specifically from exhaustion of the central nervous system. Identified by the so-called 'father of neurasthenia', the American neurologist and electrotherapist George Miller Beard in 1869,<sup>86</sup> the medical historian Marijke Gijswijt-Hofstra states that neurasthenia had its 'heyday in America and Europe' during the 'first decade of the twentieth century'.<sup>87</sup> Symptoms associated with this condition included 'anxiety, despair, phobias and insomnia to inattention, extreme fatigue, palpitations, migraine, indigestion and impotence',<sup>88</sup> and popular treatments included the American Silas Weir Mitchell's 'rest cure' in which people were kept secluded in bed and were treated with electrical treatments, a special diet and

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<sup>83</sup> Shorter, *A History of Psychiatry*, p.113.

<sup>84</sup> Porter, 'The Body and the Mind', p.228.

<sup>85</sup> Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, (Harvard University Press, 2001), p.14.

<sup>86</sup> Marijke Gijswijt-Hofstra, 'Introduction: Cultures of Neurasthenia from Beard to the First World War', in Marijke Gijswijt-Hofstra and Roy Porter's, *Cultures of Neurasthenia from Beard to the First World War*, (Rodopi, 2001), p.1.

<sup>87</sup> *Ibid*, p.2.

<sup>88</sup> *Ibid*, p.2.

massages.<sup>89</sup> Gijswijt-Hofstra argues that by the First World War the diagnosis of neurasthenia had 'gradually become outdated', and instead its associated symptoms were re-classified as 'chronic fatigue syndrome' for example.<sup>90</sup>

Beard argued that neurasthenia directly resulted from stress associated with increased urbanization and industrialisation,<sup>91</sup> and he presented his condition as a disorder of modernity and as a 'truly American disease' which resulted as an 'acceptable by-product of American civilisation'.<sup>92</sup> By the end of the nineteenth century concerns over the increasing pressure caused by industrialisation and modern life were felt to have caused other medical complaints such as 'Brain Fag', described by the nineteenth-century physician James Tunstall as a 'chronic disease of functional' origin that particularly affected 'those who make great use of the pen, and at the same time, take but little exercise – overworking their mental faculties without sufficient bodily fatigue'.<sup>93</sup> 'Brain Fag' was considered to manifest itself in three stages.

Firstly 'severe thought and sedentary occupation' initially led to a range of minor but irritating symptoms, such as digestive complaints, like 'dyspepsia' and 'loss of appetite'. These were often accompanied by 'watchfulness, irritability to the slightest external impression' and 'ill-defined headache'.<sup>94</sup> In the second stages of the condition the afflicted tended to suffer extreme mobility problems as the 'the muscles of the legs and thighs waste' from a lack of use and after 'cerebral mischief sets in, the patient is compelled to abandon all employment'.<sup>95</sup> By the third stage Tunstall describes his patient's symptoms as 'alarming' because they were left 'paralytic'.<sup>96</sup>

Thus with Brain Fag 'normal fatigue' was eclipsed when 'much more serious disturbances take place',<sup>97</sup> and like other conditions such as 'brain exhaustion' it was believed to develop because brain 'cells are no longer able to store up the necessary

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<sup>89</sup> *Ibid.* p.2.

<sup>90</sup> *Ibid.* p.1.

<sup>91</sup> George Beard, 'Neurasthenia, or Nervous Exhaustion', *The Boston Medical and Surgical Journal*, (1869), pp.217–221.

<sup>92</sup> Gijswijt-Hofstra, 'Introduction: Cultures of Neurasthenia', p.1.

<sup>93</sup> James Tunstall, *The Bath Waters: Their Uses and Effects in the Cure of Chronic Diseases*, (publisher unknown, 1864), p.98.

<sup>94</sup> *Ibid.* p.98-99.

<sup>95</sup> *Ibid.* p.99.

<sup>96</sup> *Ibid.* p.100.

<sup>97</sup> *The Pedagogical Seminary (Volume 2)*, (J.H.Orpha, 1892), p.105.

amount of energy'.<sup>98</sup> James Tunstall's book is clearly an advertisement for the 'Bath Mineral Water Hospital' as he continuously celebrates the waters of Bath in the treatment regime for a whole host of illnesses.<sup>99</sup> However he issued a warning which could equally be applied to those who suffered with neurasthenia, that sufferers of these conditions were 'ready victims of every quackery: by turns they apply to mesmerisers, homoeopaths, and hydropaths'.<sup>100</sup>

Ben Shephard points out in his study *A War of Nerves* (2001) that treatment for nervous complaints rested fundamentally on the social class of the sufferer, and while the 'well-to-do took their nerves to their doctors' because they could afford to pay for treatment, 'nerves were vectored into the working class by an alliance between patent medicine and the New Journalism'.<sup>101</sup> In other words, by the end of the nineteenth century all sections of society were being diagnosed or were self-diagnosing themselves to be suffering with nervous complaints and many people turned to inexpensive patent or OTC preparatory remedies in the hope that they might cure their symptoms. Ben Shephard establishes that by the start of the 1900s 'a large proportion of the press advertising was medical' and many of the products being advertised in this way were said to cure 'nerve complaints'.<sup>102</sup>

By the end of the nineteenth century numerous patent or preparatory remedies were readily available to treat the symptoms associated with conditions such as neurasthenia and 'Brain Fag'. One group, known collectively as nerve tonics, were sold and consumed on the basis that they restored the nerves. It is worth noting at this point however, that preparatory nerve tonics were not the same as prescribed orthodox medical nerve tonics. The historian Janet Oppenheim describes the use of orthodox nerve tonics in *Shattered Nerves: Doctors, Patients, and Depression in Victorian England* (1991) when Victorian doctors used various drugs deemed to be

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<sup>98</sup> *Ibid.*

<sup>99</sup> *Ibid.*, p.1.

<sup>100</sup> *Ibid.*, p.102.

<sup>101</sup> Shephard, *A War of Nerves*, p.14.

<sup>102</sup> *Ibid.*, p.15.

'strengtheners or tonics' to treat nervous illnesses, because they were held to 'restore firmness to the patient's collapsed nerves'.<sup>103</sup>

By the late 1900s orthodox medicine had identified numerous medical elements that were considered to work directly by stimulating or depressing the nerves and these were generically known as nerve tonics. During the eighteenth and nineteenth centuries, quinine, strychnine and arsenic had all been described by orthodox medicine as nerve tonics.<sup>104</sup> Likewise, a nerve tonic could refer to any action that was considered to have an effect on the nerves and this included treatment with 'frictional electricity', which was described by one female attendant in a sanatorium as 'a general nerve-tonic'.<sup>105</sup> Likewise while a 'hot saline bath acted chiefly as a nerve sedative' a 'tepid bath' acted as a 'nerve tonic',<sup>106</sup> and 'fresh air' was described as the best nerve tonic by one paediatrician in 1923.<sup>107</sup> Furthermore, the term nerve tonic could also apply to the manner in which a professional interacted with a patient. In an early twentieth-century medical article describing how nurses could provide beneficial psychoanalysis to their patients, the author describes cultivating a 'cheerful temperament' because 'gentle cheerfulness is a never failing source of influence. It is a nerve tonic and stimulant'.<sup>108</sup>

The use of nerve tonics seems to have been extremely prevalent, as indicated by their infiltration into popular culture. For example, the American novelist Edith Wharton, author of the Pulitzer Prize winning novel *The Age of Innocence* (1920), described one of her female character's in an earlier story as sending for a doctor because 'she was sure she needed a nerve tonic'.<sup>109</sup> Likewise their use appears in the poems of A. A. Milne when in *The Dormouse and the Doctor* (1924) the unhappy dormouse is prescribed 'Nourishment, Tonics and Rest' by the interfering doctor who

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<sup>103</sup> Oppenheim, *Shattered Nerves*, p.111.

<sup>104</sup> For a description of the use of quinine as a nerve tonic see 'The Surgeon to The Mineral Hospital Bath', John Kent's article, 'On the Action of Medicines: Old and New', *BMJ*, 2 (1875), p.101; For a description of strychnine as a nerve tonic see, C.A. McBride's 'The Treatment of Inebriety by Atrophine', *BMJ*, 1 (1904), p.1008 and G.H. Melville Dunlop's, 'Some Considerations Regarding Pneumonia in Children', *BMJ*, 2 (1908), p.372; For arsenic see Dr. P.S. Abraham's description of it benefiting a patient 'as a nerve tonic in cases which have neurotic complications', in 'An Address on Psoriasis and its Treatment', *BMJ*, 1 (1906), p.844.

<sup>105</sup> Alice Lucas, 'Electricity as a Remedial Agent in Nervous Diseases', *The American Journal of Nursing*, 5 (1905), p.506.

<sup>106</sup> A Pearce Gould et.al., 'Reports of Societies', *BMJ*, 1 (1900), p.845.

<sup>107</sup> Hector Charles Cameron, 'Discussion on the Nervous Child. Opening Paper', *BMJ*, 2 (1923), p.968.

<sup>108</sup> Walter Morrill, 'Psychotherapy and the Trained Nurse', *AJN*, 9 (1909), p.650.

<sup>109</sup> Edith Wharton, *The Early Short Fiction of Edith Wharton, Volume 2*, (BiblioBazaar, 2008), p.111.

had made him miserable in the first place.<sup>110</sup> Indeed the popularity of nerve tonics even outlasted changes in medical thinking and while medicine had long surpassed the theories of treating nerves, it seems that people were still aware of the benefit of nerve tonics into the 1940s and 1950s. For example, in a journal article on nursing practice it is suggested that sufficient supervision of inexperienced nurses dispels ‘concern, worry, and unhappiness’ and is therefore the best nerve tonic,<sup>111</sup> and in the late 1950s George Baker described his speaking tours in America as ‘a nerve tonic and form of mental exercise’.<sup>112</sup>

By the late nineteenth century numerous preparatory nerve tonics were available OTC, and they reportedly worked on the basis that, like the orthodox nerve tonics, they too stimulated nerves. These products came in a variety of liquid, pill and powdered forms, with the powdered varieties being added to water or milk to make a tonic drink.<sup>113</sup> Traditionally when medical historians have considered nineteenth and early twentieth-century OTC preparatory products, they have taken the view that they were medically ineffective and therefore irrelevant. For example, Thomas Richards states that these remedies were made, advertised and sold by quacks, whose sole aim was to dupe gullible consumers, so that they could make money.<sup>114</sup> Likewise the historian Christopher E. Forth recounted humorous claims made in some French tonic advertising, regarding their ability to restore masculinity and he summed up the remedies as ‘questionable’.<sup>115</sup>

Taking a negative stance towards these preparatory tonics, because they had no true medicinal value in today’s terms, devalues their position in the medical-market place. Those available in Britain were developed and sold by a variety of reputable

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<sup>110</sup> A.A. Milne, *When We Were Very Young*, (Methuen & Co, 1924).

<sup>111</sup> Anna M. Taylor, ‘Principles of Supervising in Nursing’, *AJN*, 40 (1940), p.811.

<sup>112</sup> George Baker, ‘America Discovers Africa’, *African Affairs*, 57 (1958), p.112.

<sup>113</sup> Leah Songhurst, *A Case Study of Sanatgoen Nerve-Tonic: Milk, Nerves and the Laypersons Perception of the Apparent Correlation Between Nutrition and Mental Health, 1900 – 1940*, unpublished MA thesis (2004), p.13.

<sup>114</sup> Thomas Richards, *The Commodity of Victorian England*, (Stanford University Press, 1997), p.187.

<sup>115</sup> Christopher E. Forth, ‘Neurasthenia and Manhood in Fin-de-Siecle France’ in Marijke Gijswijt-Hofstra and Roy Porter’s, *Cultures of Neurasthenia from Beard to the First World War*, *ibid*, p.350.

companies,<sup>116</sup> and by the early 1900s it seems that everyone that was anyone seemed to be producing them. For example when the production of *Sanatogen* was taken over by a British company, the company's first chairman was the wealthy coal mining industrialist Lord Rhondda,<sup>117</sup> and the tonic *Amorette* was created and sold by the notorious British murderer Dr. Hawley Harvey Crippen.<sup>118</sup>

Another indication of nerve tonics' importance can be determined by the extent of their advertising. Campaigns spanned decades, demonstrating that they were extremely popular. In the late 1800s and well into the 1900s adverts for preparatory nerve tonics can be found in a wide range of newspapers and magazines. As well as extolling the individual product's qualities they also made claims that prominent public figures such as writers, actors and MPs used their products,<sup>119</sup> and some tonics were even described as being of national importance, especially during times of war and political upheaval.<sup>120</sup> Furthermore, individual companies produced pamphlets and booklets to accompany their products and these provided extra details about the product's ingredients and merits.<sup>121</sup>

Preparatory tonics were also advertised directly to orthodox medical professionals in journals such as the *BMJ*,<sup>122</sup> and many of the adverts printed in newspapers carried the apparent endorsement of medical experts. One for example claimed that it had the support of '12,000 Doctors',<sup>123</sup> and even doctors responsible for the health of members of various European royal families reported that they took certain tonics themselves and that they were also happy to prescribe these preparatory

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<sup>116</sup> Sanatogen nerve tonic for example was originally developed in Germany and was sold by its German producers in Britain until the 1915 bill on 'enemy trade' prevented the sale of German made products in Britain. For a further discussion of Sanatogen nerve tonic see Leah Songhurst, *A Case Study of Sanatogen Nerve-Tonic*.

<sup>117</sup> *Ibid.*, p.12.

<sup>118</sup> Judith English Early, 'Technological, Modernity, and 'The Little Man': Crippen's Capture by Wireless', *Victorian Studies*, 39 (1996), p.322.

<sup>119</sup> See Sanatogen's advert 'How Great Men Recoup Their Energy', *The Times*, Jan 7<sup>th</sup> 1909, p.4. Here Sir Gilbert Parker M.P. who is described as a popular novelist, is quoted as recommending Sanatogen because it gives 'fresh vigour to the over-worked mind'. Likewise in the same advert the author Madame Sarah Grand and 'the well known actor' Sir John Hare were both quoted as saying that they used Sanatogen.

<sup>120</sup> 'New Owners of Sanatogen', *The Times*, 9<sup>th</sup> November 1916, p.5.

<sup>121</sup> For example, Sanatogen nerve tonic was advertised to new mothers on the back of a card designed to record the weight of their new baby, 'Sanatogen Weight Card', (193\*). Wellcome Library London Archive: EPH 190 Food Supplements = 12; In another example Sanatogen was advertised directly to consumers in the book, 'Anaemia and Poverty of the Blood by a London Physician', (Genatosan Ltd., 1925).

<sup>122</sup> See the advert for *Valentine's Meat-Juice*, 'Back Matter', *BMJ*, 2 (1912), p.20.

<sup>123</sup> 'The Supreme Revitalizer', *The Times*, 12<sup>th</sup> February 1910, p.4.



products to their royal charges.<sup>124</sup> Finally it appears that at least one brand of tonic was reportedly awarded a 'Grand Prix' at the 'International Medical Congress',<sup>125</sup> suggesting that it at least was regarded favourably by doctors.

THE BRITISH MEDICAL JOURNAL. [Dec. 25, 1912.]

## Valentine's Meat-Juice

In Debility, Nervous Exhaustion and Anæmia, where Digestion is Impaired and it is Essential to Conserve the Weakened Vital Forces, Valentine's Meat-Juice demonstrates its Ease of Assimilation and Power to Restore and Strengthen.

Employed in many Hospitals and Sanatoriums and recommended by many leading Physicians and Surgeons throughout the world.

Physicians are invited to send for Clinical Reports.

For sale by European and American Chemists and Druggists.

**VALENTINE'S MEAT-JUICE COMPANY,**  
Richmond, Virginia, U. S. A.



MIST. DAMIANÆ CO. (HEWLETT'S).



MIST. DAMIANÆ CO. (Hewlett's) will be found to possess all the properties of *Damiana, vis.*— Its alternative effects on the alimentary canal and tonic action upon the brain and nervous system generally, is a well-known fact that exhaustion of the organs and tissues, nervousness, and premature decay, are far more prevalent at the present day than ever before. The causes are numerous and complex, but, perhaps, the principal reason is that multitudes have to toil harder with their brains than any previous race. The resulting cerebral anæmia is, therefore, one of the most general complaints in modern life. Not only is it found amongst the professional literary men, but busy merchants and overworked scholars are equally the subjects of embittered nerve power and deficient vitality.

In all those various forms of loss of nerve power *MIST. DAMIANÆ CO.* (Hewlett's) is a powerful remedy, relieving the exhaustion and conferring renewed capacity for mental and physical endurance.

As a nerve tonic and brain stimulant it is unequalled, and its fortifying properties will be found invaluable in many diseases where there is great depression and exhaustion. In paraplegia, hemiplegia, and partial paralysis, it is particularly indicated, and may be suitably and satisfactorily employed wherever a powerful nerve stimulant and restorative are required.

Dose.—One or Two Drachms in Water.

**MEDICAL OPINIONS.**

\*I have tried your *Mist. Damianæ Co.* consistently in the treatment of numerous phthases, and can very strongly recommend its use in these cases. It soothes the stomach wonderfully, and enables the patient to take more food whilst acting as a powerful stimulant in relieving exhaustion. (London Medical Review, N. Y., U. S. A.)

**THE MEDICAL ANNUAL.**—*Damiana* is not used so frequently in this country as in America, where its value as a tonic for Nervous and Debility is well known. Hewlett & Son put up a very desirable preparation of this drug combined with San. Vitæ and simple aromatic and saline, which is valuable for dispensing, and yields very satisfactory results in treatment.—1905.

Dr. M. ... B.M. writes:—  
"I have frequently prescribed your *Mist. Damianæ Co.*, and proved it efficient in treating *Dysmenstruæ*."  
—Farnham (Hants), Sept. 1905.

**PRICE, 1/- per lb. Packed in 10-oz., 22-oz., 40-oz. and 90-oz. Bottles.**

Introduced and Prepared only by—  
**C. J. HEWLETT & SON, Ltd., 35 to 42, Charlotte St., LONDON, E.C.**

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## 2. Advertisement for Valentine's Meat Juice (1912).

Each preparatory product had a unique selling point. For example, *Sanatogen* nerve tonic was primarily made of dried milk.<sup>127</sup> Some of its adverts claimed that its 'fresh cow's milk' contained ninety-five percent 'albumin of milk' and the remaining five percent was described as 'phosphorus' and 'glycerophosphate'.<sup>128</sup> The inclusion of milk was important, as the tonic appeared at a time when concerns about adulterated milk and its overall safety, especially its link to tuberculosis, were prevalent. These concerns eventually led to the introduction of safety legislation.<sup>129</sup> *Sanatogen* not only provided a safe way to consume milk, but by the end of the nineteenth century milk had also been

<sup>124</sup> 'How Kings Maintain Their Health', *The Times*, 21<sup>st</sup> February 1911, p.3.

<sup>125</sup> 'The Grand Prix', *The Times*, 15<sup>th</sup> August 1913, p.8.

<sup>126</sup> 'Back Matter', *BMJ*, 2 (1912), p.20.

<sup>127</sup> Described by historian Mark Simonson as "primarily a milk product" in 'Business Boom Hit Area Before WW1', *The Daily Star Online*, 24<sup>th</sup> January 2004, <http://www.thedailystar.com/opinion/columns/simonson/2004/01/simonson0124.html>, (downloaded 16<sup>th</sup> June 2004).

<sup>128</sup> 'The Way to Vigour and Steady Health', *The Times*, 5<sup>th</sup> February 1914, p.5. It is worth noting that using adverts to ascertain what a nerve tonic actually contained should be approached with caution as they often emblazoned their product in order to boost sales. However it certainly appears that *Sanatogen*'s main ingredient was milk.

<sup>129</sup> For a full discussion of milk safety see Michael French and Jim Phillips, *Cheated not Poisoned Food Regulations in The United Kingdom, 1875-1938*, (Manchester University Press, 2000), p.33; Deborah Dwork, *War Is Good For Babies and Other Young Children: A History of Infant and Child Welfare Movement in England 1898-1918*, (Tavistock Publications, 1987).

found to contain phosphorus, which was widely held to be important for treating deficiencies of the nerves.<sup>130</sup> Another tonic *Phospherine*, described in its advertising as the 'greatest of all tonics' and sold as a remedy for among other things, 'Brain Fag', 'Nervous Debility' and 'Nervous Exhaustion', also relied on the theory that phosphorus fed and revived the nerves.<sup>131</sup>

Other tonics such as *Antidipso* were made of vegetable extracts and in this particular case the tonic was sold primarily as a cure for alcoholism. Described as 'entirely of a vegetable nature' with 'nothing mineral whatsoever in its composition', its advertising stated that it caused a 'repugnance to the taste and odour of liquor'.<sup>132</sup> Meanwhile, *Liebig's Extract of Meat* was a different type of tonic in that it was a thick meat based gravy made from pulped, steamed and evaporated beef, initially sourced from Fray Bentos in South America.<sup>133</sup> The preparation was primarily marketed as a substitute for fresh beef at a time when the health benefits of meat were being overshadowed by concerns over its safety. Consequently the extract was sold on the basis that it was a healthy and safe way to benefit from meat and many of its early adverts claimed that it carried the endorsement of medical professionals. Promoted as an ideal restorative food for invalids, this claim was eventually investigated and following scientific testing of the products ingredients, it was publicly announced that the product had no medical benefit.<sup>134</sup> Consequently, its manufacturers re-classified it as a nerve tonic and it seems that the definition of a nerve tonic was sufficiently vague enough to allow for such a rebrand. In the case of *Liebig's Extract of Meat* this lack of clear definition even allowed products that had been discredited to continue being sold.<sup>135</sup>

While each tonic differed in its individual selling point, all claimed to be able to relieve the symptoms of nervous conditions and their adverts often made reference to

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<sup>130</sup> See Dr. Kirby's thesis on the link between nerves and phosphorus, E.Kirby, *On the Remedial Value of Phosphorus in the Treatment of Loss of Nerve Power and Some Manifestations of Nervous Disorder*, (London, 1884).

<sup>131</sup> *Ibid.*

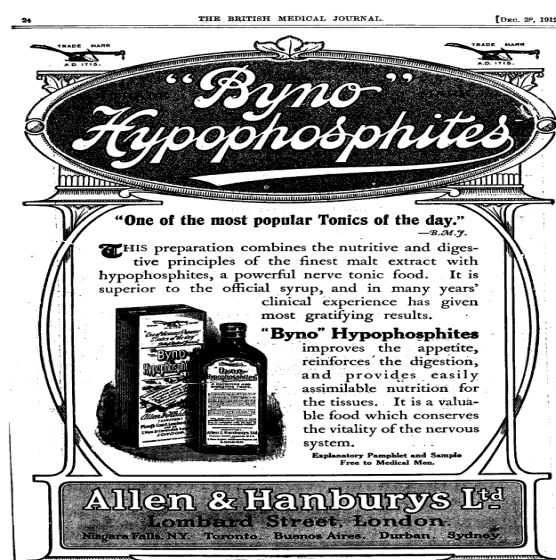
<sup>132</sup> 'Cures for Alcoholism', *BMJ*, 1 (1904), p.316.

<sup>133</sup> Mark. R. Finlay, 'Marketing of the Theory of Nutrition: The Science and Culture of Liebig's Extract of Meat, in H.Kamminga and A. Cunningham's, *The Science and Culture of Nutrition, 840-1940*, (Rodopi, 1995), pp.48-75.

<sup>134</sup> *Ibid*, p.60.

<sup>135</sup> *Ibid.*

the fact that modern life was busy and therefore detrimental to health. In the case of *Colman's Nervettes*, an advertising booklet dating from 1909 states that 'the busy brainy man has nothing to guide him as to his powers of endurance; he works at high pressure, regardless of the consequences, until overwork and anxiety produce the inevitable – nervous exhaustion'.<sup>136</sup> The booklet goes on to explain that a man or woman who is suffering with 'Brain Fag, Nervous Debility, Want of Stamina, Physical Weakness, Nervous Despondency, Sleeplessness, has in Coleman's Nervettes a most powerful restorative and Nerve Tonic which will prevent wear and tear of the nerves, will invigorate the brain, build, brace and buoy you up'.<sup>137</sup>



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### 3. Advertisement for 'Byno' Hypophosphites (1912).

Although nerve tonics continued to be widely available and popular throughout the first decades of the twentieth century, they became increasingly criticised by orthodox medical authorities, who began to refer to them disparagingly as 'secret remedies'.<sup>139</sup> Concerns about the safety of preparatory medicines were raised by the

<sup>136</sup> 'The Composition of Certain Secret Remedies', *BMJ*, 1 (1909), p.32.

<sup>137</sup> *Ibid.*

<sup>138</sup> 'Back Matter', *BMJ*, 2 (1912), p.24.

<sup>139</sup> 'Cures for Alcoholism', *BMJ*, 1 (1904), p.316.

British Medical Association in the late 1880s,<sup>140</sup> and by 1904 the Association turned their attention to the ineffectiveness of preparatory nerve tonics in particular. It issued a warning in the *BMJ* that the lay public should ‘think twice, even three times, before they spend their hard earned savings on a remedy’ such as those described as a ‘nerve tonic’.<sup>141</sup> Officially the Association was spurred on by a desire to eradicate deaths from poisoning, particularly among children,<sup>142</sup> and the BMA therefore sponsored a number of scientific tests of popular preparatory products, eventually publishing their findings in a book, *Secret Remedies: What They Cost and What They Contain* (1909).<sup>143</sup> Over the next few years more tests were carried out and the results were published in the *BMJ*.<sup>144</sup> A second book was published in 1912, and in this edition an entire chapter was devoted to a discussion of the benefits and mainly the disadvantages of nerve tonics.<sup>145</sup>

The BMA claimed that tonics such as *Phospherine*, which was described in its advertising as the ‘greatest of all tonics’, contained little else apart from ‘alcohol, quinine, phosphoric acid, and a little sulphuric acid’.<sup>146</sup> By the time that the BMA had discredited *Phospherine*, scientific and medical thinking on nerves and phosphorus had changed. In 1910 the scientist J.M. Fortescue-Brickdale published findings from his research and concluded that ‘at present there is no evidence that the central nervous system is ever in a condition of phosphorus starvation’. He went on to condemn the claims made by some nerve tonics that phosphorus was a ‘brain food’.<sup>147</sup> In the case of *Colman’s Nervettes* the BMA reported that once the pills had their covering of talc removed, the tablets contained nothing more than ‘phosphorous, quinine sulphate, a

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<sup>140</sup> E.J.Hall, *The Sale and Manufacture of Proprietary Medicines and the Campaign by the BMA Against Secret Remedies*, unpublished BSc. dissertation, Wellcome Institute for the History of Medicine, 1995, pp.77-99.

<sup>141</sup> ‘Proprietary Medicines’, *BMJ*, 1 (1904), p.562.

<sup>142</sup> Hall, *The Sale and Manufacture of Proprietary Medicines*, p.12.

<sup>143</sup> *Secret Remedies: What They Cost And What They Contain/ Based on Analysis Carried Out For the British Medical Association*, (BMA, London, 1909).

<sup>144</sup> ‘The Composition of Certain Secret Remedies’, *BMJ*, 1 (1911), p.26.

<sup>145</sup> *More Secret Remedies: What They Cost and What They Contain/ Based On Analysis Carried Out For The British Medical Association*, (BMA, London, 1912).

<sup>146</sup> *Ibid.*

<sup>147</sup> J.M. Fortescue-Brickdale, ‘Comparative Therapeutic Value of the Organic and Inorganic Compounds of Certain Elementary Bodies’, *BMJ*, 2 (1910), p.1598.

little powdered liquorice, and about 20 per cent of a powdered vegetable tissue, which could not be identified'<sup>148</sup> and they therefore concluded that the pills were ineffective.

Following the BMA's concerns about the safety of the preparatory medicine ingredients, calls were made to regulate and curtail the advertising of preparatory products, with one doctor arguing that claims should not be made unless the product 'is capable of fulfilling the claims and representation made for it'.<sup>149</sup> Furthermore it appears that the orthodox medical profession were not just concerned about ingredients as it appears that some doctors were also worried by the cultural and social implications of these nerve tonics. Thus in 1926 a disgusted Dr. G. F. Gubbin argued that preparatory tonics were being consumed as a means of contraception along with 'withdrawal' and he went on to complain that limiting family size was an action that was 'contrary to nature' and therefore 'dangerous to health', claiming that only having one or two children for 'women of child-bearing age' led them in particular to suffer with nervous complaints and in particular 'neurasthenia'.<sup>150</sup> It also seems that allies of the psychoanalyst Sigmund Freud were equally dismissive of the use of nerve tonics, as indicated by a comment made in a letter to Freud by A. Maeder, in which Maeder describes a patient as unhelpfully 'craving Sanatogen'.<sup>151</sup>

Although the BMA raised concerns about the ingredients of 'secret remedies', the Association's journal continued to publish adverts for nerve tonics throughout the first half of the twentieth century and it also appears that medical doctors continued to prescribe favoured nerve tonics to their patients.<sup>152</sup> As late as 1954 the *BMJ* advertised the tonic Sanatogen as a treatment for 'psychosomatic disorders'.<sup>153</sup> Furthermore it appears that some medical professionals continued to prescribe nerve tonics well into the twentieth century as in 1964 a doctor was denied his 'remuneration' after he was

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<sup>148</sup> 'The Composition of Certain Secret Remedies', *BMJ*, 1 (1909), p.32.

<sup>149</sup> 'Proprietary Medicines in the United States', *BMJ*, 1 (1915), pp.24-25.

<sup>150</sup> Dr. G.F.Gubbin, 'Letters, Notes, and Answers', *BMJ*, 2 (1926), p.620.

<sup>151</sup> A. Maeder, 'Letter from Alphonse Maeder to Freud, April 18, 1910', *The Sigmund Freud-Ludwig Binswanger Correspondence 1908-1938*, pp. 33-34. <http://www.pep-web.org/document.php?id=zbk.050.0033a> (downloaded 15<sup>th</sup> July 2010).

<sup>152</sup> See the advert for Sanaphos (the newly developed replacement for the German product Sanatogen) which included a plea to doctors who had 'formerly prescribed "Sanatogen"', we ask you now to test Sanaphos', 'Font Matter', *BMJ*, 1 (1916), p.16.

<sup>153</sup> 'Front Matter', *BMJ*, 2 (1954), p.15; 'Front Matter', *BMJ*, 1 (1955), p.21.

accused of professional misconduct because he refused to conduct a medical examination, instead choosing to give out prescriptions for 'tablets, medicine, a nerve tonic, and linctus'.<sup>154</sup> What is more, it appears that the consumption of preparatory nerve tonics by lay people lasted well into the second half of the twentieth century as in 1974 the *BMJ* reported that a preparatory nerve tonic was responsible for a poisoning which led one unfortunate lady to develop 'Organic Psychosis'.<sup>155</sup>

Far from being medically impotent, it is possible therefore that the preparatory nerve tonics that did not contain poisons were effective as placebos. Unfortunately, however, as the writer Ben Goldacre points out in *Bad Science* (2008), 'much like quackery, placebos became unfashionable in medicine once the biomedical model started to produce tangible results'.<sup>156</sup> Nerve tonics certainly offered patients or rather consumers, as we cannot be sure that those taking OTC nerve tonics were medically diagnosed, the option of purchasing inexpensive equivalents to fashionable treatments. Janet Oppenheim pointed out in her analysis of treatments for Victorian nervous disorders that many of the treatments recommended for patients by doctors, such as meat rich diets and trips abroad, were expensive and therefore unattainable for the poor.<sup>157</sup> Interestingly Oppenheim ignores the fact that preparatory nerve tonics were widely available by the end of the Victorian period and their low cost meant that they offered those with limited incomes another treatment possibility.

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<sup>154</sup> 'Minister Increases Penalty', *BMJ*, 1 (1964), p.146.

<sup>155</sup> Richard Williams, 'Organic Psychosis', *BMJ*, 3 (1974), p.629.

<sup>156</sup> Ben Goldacre, *Bad Science*, (Harper Perennial, 2009), p.63.

<sup>157</sup> Oppenheim, *Shattered Nerves*, p.138.

## How Sanatogen can help in the treatment of Psychosomatic Disorders

Edward Jenner, when a boy in Gloucestershire, heard that dairy maids who had contracted cowpox did not take smallpox. Later, when studying under John Hunter in London, he told the great man of his idea of vaccination. Hunter replied: "Don't think—try. Be patient. Be accurate." (Yet it is difficult to be patient with all the cases of psychosomatic disorders that flood the surgery!)

### WHAT CAN THE BUSY GENERAL PRACTITIONER DO?

Psychosomatic disorders are increasing every year, so the surveys show. The symptoms are diverse—rheumatism, headache, insomnia, dyspepsia, diarrhoea, effort syndrome, etc.—and each patient must be heard, fully examined, and reassured. What then? Is reassurance enough? Here surely is a case where the use of Sanatogen protein nerve tonic is always useful.

### THE ROLE OF SANATOGEN

Although Sanatogen is not prescribable owing to its high food value, it has been recommended by the profession for more than 50 years for "nerves" and psychosomatic disorders. It is 95% casein chemically combined with 5% sodium glycerophosphate. Three teaspoonfuls of Sanatogen t.d.s. (the normal dosage) provide the patient with 24 grams of first-class protein free from fat and cholesterol, at a cost of less than a shilling a day; whilst by reason of its glycerophosphate content it has a specific tonic effect on body and nerve tissue. Of course, it is not suggested that Sanatogen is the complete answer to psychosomatic disorders, but the general practitioner will find that it is a most powerful aid. Now we do not ask you to believe this without trial. We ask you to follow John Hunter's advice: "Try it."



# Sanatogen

THE HIGH PROTEIN TONIC

The word 'Sanatogen' is a registered trade mark of Gemtossan Ltd., Loughborough, Leics.



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#### 4. Advertisement for Sanatogen (1954).

By the 1990s depression was conventionally treated with antidepressants, despite the fact that the action of these medicines was far from clear. In fact by the 2000s it was increasingly being suggested that antidepressants corrected depression because of a placebo rather than a medical effect and the opinions of Professor Irving Kirsch's on antidepressant placebos were reported in the British media.<sup>159</sup> However nerve tonics and 1990s OTC St. John's wort not only offered consumers an alternative to conventional treatments, they also represent many similarities in terms of their advertisement and sales pitch.

For example, OTC St. John's wort was advocated by 1990s self-help authors on the basis that it could help with depression caused by 'our hectic world',<sup>160</sup> and it was even described in an American religious magazine as helping to cure the 'stresses of modern life' such as 'anxiety and depression'.<sup>161</sup> During the 1990s women in particular were said to be at risk from 'modern life' because it was 'fraught with all sorts of frustrations and threats to which the only acceptable response is internalized

<sup>158</sup> 'Back Matter', *BMJ*, 2 (1954), p.15.

<sup>159</sup> 'Keep Taking the Pills: How We Became a Prozac Nation', *The Times*, 19<sup>th</sup> June 2010, p.4.

<sup>160</sup> Alan H. Pressman and Nancy Burke, *St. John's wort: The Miracle Medicine*, (Dell Publications, 1998), p.13.

<sup>161</sup> 'The Right Nutrition For You', *Charisma and Christian Life*, 23 (1998), p.104.

misery'.<sup>162</sup> In comparison *Sanatogen* nerve tonic was advertised in a 1917 edition of an American magazine as a cure for 'stress' caused 'by overwork and worry',<sup>163</sup> and in the 1930s it was advertised to British women who were struggling with the 'strain of modern life'.<sup>164</sup> By the 1950s the same tonic was being advertised to those suffering with 'after work exhaustion',<sup>165</sup> and in the same decade the *BMJ* published an advert showing a businessman and a link to the increasing rates of psychosomatic disorders.<sup>166</sup>

Fears about modernity and mental health have continued well into the 2000s and even launched the American 'holistic physician' doctor Frank Lipman's career after he devised a seven-step programme to cultivate and 'naturally strengthen the body's resilience',<sup>167</sup> and a way to cure America of its 'epidemic of chronic fatigue',<sup>168</sup> after he realised that 'our bodies are not designed to cope with today's stressful overloaded lifestyles'.<sup>169</sup> Similarities between OTC St. John's wort and nerve tonics did not only rest on concerns about modernity; both products also appealed to consumers who had become increasingly disgruntled with the harmful medicines prescribed by conventional doctors.

Thus in 1937 *Bilsons Nerve Food* was advertised with the statement 'don't drug your nerves, feed them',<sup>170</sup> and another tonic *Dr Hartmann's Antineurasthin* was 'advertised as a brain and nerve food' which had 'none of the depressing reaction that follows the administration of artificial drug stimulants'.<sup>171</sup> In fact one advertising booklet for *Sanatogen* went to great lengths to establish that the tonic was a food rather than a

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<sup>162</sup> Karen J. Carlson and Stephanie A. Eisenstat, *The Women's Concise Guide to Emotional Well-Being*, (Harvard University Press, 1997), p.149.

<sup>163</sup> 'Weary Nerves That Beg For Help', *Popular Science Monthly Vol. 91*, (Bonnier Corporation, 1917), p.122.

<sup>164</sup> *How to Restore and Maintain Health*, (Genatosan Ltd., 193\*), p.17.

<sup>165</sup> *Lacking Vitality?*(1952), <http://www.gracesguide.co.uk/wiki/Image:Im19521129Pic-Sanatogen.jpg> (downloaded 15<sup>th</sup> July 2010).

<sup>166</sup> 'Back Matter', *BMJ*, 2 (1954), p.15.

<sup>167</sup> Frank Lipman and Stephanie Gunning, *Total Renewal*, (Jeremy P. Tachner/Putnam, 2005).

<sup>168</sup> Frank Lipman, *Spent*, (Hay House, 2009).

<sup>169</sup> 'Constantly Exhausted? Feeling Old Before Your Time? Get Your Bounce Back With the Energy Guru to the Stars...' *The Daily Mail*, <http://www.dailymail.co.uk/femail/article-1290120/Constantly-exhausted-Feeling-old-time-Get-bounce-energy-guru-stars-.html> (downloaded 30th June 2010).

<sup>170</sup> *Longman's Herbal Doctor*, (1937), back cover.

<sup>171</sup> Shephard, *A War of Nerves*, p.15.



medicine.<sup>172</sup> In comparison conventional nerve tonics which were prescribed by physicians to treat nervous conditions in the latter decades of the nineteenth century included substances such as mercury and lay people would have known that these substances had side effects even if conventional medicine continued to use them. Thus preparatory nerve tonics were often advertised as ‘medicinal nutriments’<sup>173</sup> as opposed to OTC medicines and were in effect forerunners to dietary supplements because although they predated preparatory versions of vitamins, they appealed to the established notion that diet was important for health; only nerve tonics fed weakened nerves.

**LACKING VITALITY?  
BAD NERVES?  
RUN  
DOWN?**

**How a course of  
SANATOGEN brings back your vitality,  
strength and good health**

**YOUR AFTER-WORK EXHAUSTION** and jumpy nerves may well be due to mild "cell starving". For a few pence a day Sanatogen restores strength by feeding those "starved" cells with life-giving protein, plus organic phosphates to tone up your nerves. Only Sanatogen gives you this unique double-**tonic** action.

Start Sanatogen today. Day by day energy increases, vitality grows, nerves get steadier—until you're well and strong, sound as a bell again. Start your husband on it, too. From 7/3.

**Unique double-**tonic** action  
— protein plus organic  
phosphates!**

**Sanatogen** **THE PROTEIN  
NERVE TONIC**

The word 'Sanatogen' is a registered trade mark of Genatosan Ltd., Loughborough, Leics.

*Endorsed by 1000s of doctors*

*R* Thousands of doctors all over the world have endorsed Sanatogen over the past 50 years, and thankful letters from all over the country prove Sanatogen's value. Mr. J. A. Breeze, 70 Orford Street, Porthill, Stoke-on-Trent, writes:—

*"My wife has suffered many years with a nervous complaint. Six weeks ago she decided to give Sanatogen a trial. She is now able to do her housework and goes to business 4 days a week."*

**Is your complaint here?**

**Physical Exhaustion, Nervous Strain, Mental Fatigue, Lack of Energy, Nervousness, Lack of Concentration, Sleeplessness, Convalescent Weakness.**

Sanatogen is invaluable, too, for expectant and nursing mothers; the aged; and for nervous and sickly children. Start a course of Sanatogen today and recover your full health and strength.

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## 5. Advertisement for Sanatogen (1952).

The medical historian Roy Porter remarked in his analysis of eighteenth and nineteenth-century patent or 'irregular medicine' that preparatory products had

<sup>172</sup> *Sanatogen Gives New Health and Vitality*, (Genatosan Ltd. 192\*), pp.15-16.

<sup>173</sup> 'How Has Sanatogen Achieved More Success Than All Other Medicinal Nutriments?', *The Times*, 29<sup>th</sup> November 1904, p.12.

<sup>174</sup> *Lacking Vitality?*(1952), <http://www.gracesguide.co.uk/wiki/Image:Im19521129Pic-Sanatogen.jpg> (downloaded 15<sup>th</sup> July 2010).

'attractive packaging, seductive names, free gifts, special offers, money-back-if-not-satisfied guarantees', and that these products appealed to the 'self-diagnosing, self-help medical traditions deeply ingrained amongst the laity, while pandering to new "consumerist" desires for miracle cures'.<sup>175</sup> Thus preparatory nerve tonics were being widely advertised at the end of the nineteenth century and into the twentieth century, and by the time British and American OTC St. John's wort became available in the 1990s, a pattern of OTC consumption was well established.

Furthermore Porter argues that while these products were available without the unconditional sanction of orthodox medicine they did 'not necessarily amount to alternative medicine' because they were often not 'radically at odds with orthodoxy'.<sup>176</sup> Nerve tonics treated nerves, which were the established medical explanation for certain illnesses. Likewise OTC St. John's wort treated depression by boosting inadequate levels of brain chemicals which had been medically recognised to cause depression.

## 2.4. Conclusion

By the 1990s milder forms of depression were being treated with antidepressants. Following concerns about the safety of conventional medicines alternative OTC remedies such as standardised St. John's wort became available with the promise that they had fewer side effects. However, the suggestion that the chemical theory of depression was mythical along with the theory that mild forms of depression were effectively medicalised interpretations of normal emotions, raised the possibility that mild depression had been invented in order to justify the sale of certain medicines. The comparison between OTC St. John's wort and the use of nerve tonics suggests that lay people have an established habit of turning to preparatory medicines to treat mood disorders. Despite the fact that products such as nerve tonics have been

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<sup>175</sup> Roy Porter, *Disease, Medicine and Society in England, 1550-1860*, (Cambridge University Press, 1995), p.42.

<sup>176</sup> *Ibid.*

dismissed by contemporary theorists on the basis that they had no medical benefit, it is possible that they in fact provided a useful role as placebos.

## Chapter 3

### A history of St. John's wort: the reinvention of a troublesome weed

'The aerial flowering parts of St. John's wort have been used in traditional European medicine for centuries to treat neuralgia, anxiety, neurosis, and depression'.<sup>1</sup>

'A drug to treat depression successfully would have the same appeal as aspirin'.<sup>2</sup>

#### 3.1. Introduction

In Chapter One it was established that OTC versions of standardised St. John's wort became popular in Britain and America during the 1990s. Recommended and consumed as a treatment for 'mild to moderately severe depressive disorders',<sup>3</sup> these remedies were celebrated as safe alternatives to conventional antidepressant treatments. During the 1990s the medical history of the plant St. John's wort was emphasised in a variety of ways particularly for example in adverts and media articles. However these 1990s sources were technically celebrating preparatory versions of standardised OTC St. John's wort.

This chapter begins with an exploration of the confusion that was perpetuated in Britain and America with regards to claims that standardised St. John's wort is a natural product. In doing so it becomes apparent that many of the 1990s adverts and media articles (see Chapter Five) include details of the plant St. John's wort's history and fail to make a distinction between standardised preparatory versions of St. John's wort that were developed in the 1980s and the plant St. John's wort. Thus the standardised versions of the remedy were promoted to consumers in the 1990s on the basis that

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<sup>1</sup> P.Rasmussen, 'St. John's wort: A Review Of Its Use In Depression', *Australian Journal Medical Herbalism*, 10 (1998), p.813.

<sup>2</sup> E. Shorter, *A History of Psychiatry*, (John Wiley and Sons, 1997) p.258.

<sup>3</sup> Linde et.al, 'St. John's wort for Depression--An Overview and Meta-Analysis of Randomised Clinical Trials', *BMJ*, 313 (1996), p.253.

they have a long history; yet in reality it was the plant St. John's wort that had the long medicinal history.

Having established that during the 1990s there appeared to be some confusion over the history of standardised OTC St. John's wort and the plant St. John's wort, the second part of this chapter assesses whether or not St. John's wort has a medical history. Drawing on printed primary sources dating from as far back as the seventeenth century, it is established that the plant St. John's wort has been recommended therapeutically for a wide variety of physical illnesses. Likewise it is also apparent from primary sources that St. John's wort was only occasionally recommended for treating 'mood disorders'.

The final part of this chapter argues that despite St. John's wort earning itself the 1990s accolade of being an 'antidepressant wonder supplement',<sup>4</sup> it has had a number of uses in the past. It seems in fact that the plant St. John's wort has not always been looked upon favourably, but often as a 'troublesome weed'.<sup>5</sup> Thus this chapter suggests that the 1990s re-interest in St. John's wort as a medical remedy constitutes an example of the use of a selective history being used to market new uses for emerging OTC products. This chapter argues that by including historical references in advertising and pseudo-advertising such as the popular media, lay consumers are encouraged to buy products on the basis that the 'the safety and efficacy of traditional herbal medicinal products' are 'substantiated by the long history of medicinal use'.<sup>6</sup>

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<sup>4</sup> Syd Baumel, *Natural Antidepressants*, (McGaw-Hill Professional, 1998), p.9.

<sup>5</sup> John Skinner, 'Hypericum Perforatum', cited in *The American Farmer, Containing Original Essays and Selections on Agriculture, Horticulture, Rural and Domestic Economy and Internal Improvements*, (Unknown publisher, 1827) p.12.

<sup>6</sup> P.A. Hooyenga, R.F. Witkamp and K. Groen, 'Herbal Products: Marketing Strategies and Legislation', *International Journal Green Pharmacy*, 3 (2009), pp. 270-6.  
<http://www.greenpharmacy.info/text.asp?2009/3/4/270/59730>

### 3.2. The dissemination of St. John's wort's medical history: confusion surrounding 1990s standardised St. John's wort and the plant St. John's wort

By the 1990s, British and American interest in standardised St. John's wort had grown rapidly so much so that in 1994 it was described as a 'popular herbal remedy for depression'.<sup>7</sup> Commended as a safe and natural alternative to conventional antidepressant drug treatments, numerous 1990s adverts and media articles give the impression that St. John's wort has a therapeutic past. A typical advert from an American magazine promoting Flora's St. John's Oil Extract, declares that the 'extraordinary healing properties of this kind of St. John's wort oil have been valued and praised since antiquity'.<sup>8</sup>

In another example, Yerba Prima Standardised St. John's wort is celebrated with the statement that 'for hundreds of years, St. John's wort has been revered throughout Europe as one of the most popular and reliable herbs for good health'.<sup>9</sup> Although both of these adverts appear in a magazine devoted to healthy living, the same kind of attention to St. John's wort's history is also found in adverts from low-brow American publications, whose primary interest is not necessarily health. Thus, in a 1998 edition of *Weekly World News*, Puritan's Pride St. John's wort is advertised with an assertion that St. John's wort has been 'used in traditional herbalism for centuries'.<sup>10</sup>

St. John's wort's medical history was also disseminated through news reports published in the American and British popular media. These newspaper articles, which are explored fully in Chapter Five, typically include information on St. John's wort's medical history. For example, in 1996 the *Daily Mail* reported that St. John's wort was known to the 'Ancient Greeks' and that it had been recommended 'for a variety of ailments, including melancholy'.<sup>11</sup> Likewise according to *The Times* St. John's wort 'has

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<sup>7</sup> Tyler, *Herbs of Choice: The Therapeutic Use of Phytomedicinals*, (Pharmaceutical Products Press, 1994), p.122.

<sup>8</sup> *Vegetarian Times*, January 2000, No. 269, p.35; *Vegetarian Times*, February 2000, No. 270, p.30.

<sup>9</sup> *Vegetarian Times*, December 1989, p.60.

<sup>10</sup> *Weekly World News*, 30<sup>th</sup> June 1998, p.30.

<sup>11</sup> 'Does St. John's wort work?', *The Daily Mail*, 2<sup>nd</sup> December 1996, p.40.

been used for centuries by herbalists to treat mental problems',<sup>12</sup> and in a later article from *The Times* it is claimed that St. John's wort's medical properties were discovered by John the Baptist; the article then goes on to suggest that it has been used 'as a folk remedy to ease melancholy since the Middle Ages'.<sup>13</sup> In the same year the *BBC* reported on their news website that St. John's wort 'has been used for many years in folk medicine to treat disorders such as burns, wounds and depression',<sup>14</sup> and newspapers continued to highlight St. John's wort's history throughout the early 2000s with, for example, *The Guardian* declaring that St. John's wort has been 'used since classical times for various ailments'.<sup>15</sup>

While adverts and newspapers are not renowned for their trustworthiness, St. John's wort's medical history was also publicised by self-proclaimed experts on St. John's wort. During the 1990s numerous mainly American self-help books were published with the aim of instructing lay people on how to take OTC St. John's wort. This literature, which is explored fully in Chapter Four, stresses the importance of St. John's wort's medical history. It is claimed, for example, that St. John's wort was popular in ancient Greece, throughout pagan Europe and during the Middle Ages.<sup>16</sup> Another author suggests that the St. John's wort's flowers were 'ground up and used in herbal healing for more than 2,500 years',<sup>17</sup> and that 'in Germany St. John's wort has been used therapeutically for centuries'.<sup>18</sup>

This literature, which was partly written in order to convince its readers that St. John's wort is a literal alternative to conventional antidepressants, also makes the claim that St. John's wort has been used in previous decades to treat mood disorders. For example, one author claims that 'literature from the early nineteenth century suggested the use of St. John's wort for mood disorders',<sup>19</sup> and another suggests that

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<sup>12</sup> 'Wonders of the Wort', *The Times*, 7<sup>th</sup> March 1998, p.153.

<sup>13</sup> 'Herb Better for Mild Depression', *The Times*, 10<sup>th</sup> December 1999, p.5.

<sup>14</sup> <http://www.news.bbc.co.uk/1/hi/health/557625.stm> (Downloaded 29th April 2010).

<sup>15</sup> 'Health: What Works?', *The Guardian*, 6<sup>th</sup> Sept 2001, p.16.

<sup>16</sup> Jill Rosemary Davies, (*In a Nutshell*) *St. John's wort*, (Element Books Limited, 1999), p.10.

<sup>17</sup> Katzenstein, *Secrets of St. John's wort*, p.16.

<sup>18</sup> Ran Knishinsky, *The Prozac Alternative: Natural Relief From Depression With St. John's wort, Kava, Ginkgo, 5-HTP, Homeopathy, and Other Alternative Therapies*, (Inner Traditions/Bear&Company, 1998), p.1.

<sup>19</sup> Steven Bratman, *St. John's wort and Depression*, (Prima Publishing, 1999), p.6.

St. John's wort was used historically by Germans to 'calm frazzled nerves and revive depressed spirits' and that Americans were using St. John's wort to treat neurological conditions such as multiple sclerosis, by the early twentieth century.<sup>20</sup>

During the 1990s the number of St. John's wort adverts and relevant media articles, as will be referred to later in Chapter Five, increased as the decade progressed. Consequently, as OTC St. John's wort became better known in the public domain, Complementary Alternative Medical (CAM) and conventional medical organisations were forced to offer public responses to, among other things, the safety and usefulness of the remedy. Contained within their subsequent public statements are numerous references to St. John's wort's medical history. For example, the American alternative medicine organisation the National Centre for Complementary and Alternative Medicine (NCCAM), a leading authority on CAM practices, claimed not only that St. John's wort 'has been used for centuries to treat mental disorders and nerve pain', but it also claimed that 'in ancient times herbalists wrote about its use as a sedative and a treatment for malaria, as well as a balm for wounds, burns, and insect bites'.<sup>21</sup>

Likewise the British Cochrane Collaboration, founded in 1999 as 'a not-for-profit and independent' organisation 'dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide',<sup>22</sup> reported that 'extracts of the plant *Hypericum perforatum* L.' popularly known as St. John's wort, 'have been used in folk medicine for a long time for a range of indications, including depressive disorders'.<sup>23</sup> References to St. John's wort's medical history were also included in articles published in medical journals such as the *BMJ*. In one article, for example, it is suggested that St. John's wort has been 'used in folk medicine for a long time for a range of indications including depressive disorders'.<sup>24</sup> Finally, mental health charities also reported St. John's wort's medical history. For example, MIND declared that St.

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<sup>20</sup> *Ibid.*

<sup>21</sup> <http://nccam.nih.gov/health/stjohnswort/> (Downloaded 29<sup>th</sup> April 2010).

<sup>22</sup> <http://www.cochrane.org/docs/descrip.htm> (Downloaded 29<sup>th</sup> April 2010).

<sup>23</sup> <http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000448/frame.html> (Downloaded 29<sup>th</sup> April 2010).

<sup>24</sup> Linde et. al. 'St. John's wort For Depression', pp.253-258.



John's wort 'has been used as a folk medicine for many hundreds of years, particularly for healing wounds'. It also claims that 'in 'medieval times St. John's wort was used for 'driving out the inner devil' and that 'Paracelsus (c1525) recommended it for hallucinations and "dragons", as well as for healing wounds'.<sup>25</sup>

St. John's wort's history was highlighted in a variety of ways during the 1990s and early 2000s and although each example differs in the historical claim that is made, the supposition is the same; namely that St. John's wort has a long medical history. However, interest in St. John's wort at this time revolved around preparatory versions of standardised OTC St. John's wort and not the plant St. John's wort. Standardised preparations of St. John's wort were developed in Germany following the identification of St. John's wort's supposed active ingredients in 1987.<sup>26</sup> Following this a team of scientists from Germany gave a specific antidepressant St. John's wort extract the name 'LI 160' at the start of the 1990s and standardised products were developed by the German manufacturer Litchwer Pharma.<sup>27</sup> Standardised St. John's wort is a relatively new product therefore, and the claims about its history are therefore slightly misleading, as it is the plant St. John's wort that has the long medical history. Thus late twentieth-century versions of standardised St. John's wort were being promoted and consumed on the basis that their plant ingredient's lengthy medical history legitimised its modern use.

### **3.3. St. John's wort's history and a discussion of primary sources**

It has been established so far that St. John's wort's medical history was celebrated in a variety of ways throughout the 1990s and early 2000s and it has been suggested that the inclusion of this history was misleading in so much as a clear distinction between the plant St. John's wort and the synthesised OTC versions of

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<sup>25</sup> <http://www.mind.org.uk/Information/Factsheets/Treatments+and+drugs/St+Johns+Wort++Hypericum+perforatum.htm> (Downloaded 29<sup>th</sup> April 2010).

<sup>26</sup> S.N. Okpanyi and M.L. Weischer, 'Animal experiments on the psychotropic action of a Hypericum extract', *Arzneimittelforschung*, 37 (Jan, 1987), pp. 10-13.

<sup>27</sup> H. Sommer and G. Harrer, 'Placebo-Controlled Double-Blind Study Examining the Effectiveness of an Hypericum Preparation in 105 Mildly Depressed Patients', *Journal of Geriatric Psychiatry and Neurology*, 7 (1994), pp.9-11.

standardised St. John's wort was rarely made. However during the course of this part of Chapter Three it will become apparent that the claims made about the medical use of the plant St. John's wort can be partially justified by printed sources dating from at least the seventeenth century.

Establishing that a plant has been recommended medicinally in the past can only be determined from a source of evidence and fortunately, as established by the historian Carey Balaban, 'since the fifteenth century, natural healing has featured in a genre of printed self-help medical texts which combine principles for preventative medicine and recipes for natural remedies'.<sup>28</sup> Known collectively as herbals or 'self-help medical recipe books',<sup>29</sup> this type of literature was designed primarily to instruct lay people on how to make and use homemade medical remedies. The historian Roy Porter states that 'herbals or accounts of plants and their culinary and medicinal properties, were popular sources of remedies throughout medieval Europe' and they were gradually faded out 'as medicine became more scientific', by which point they were 'supplemented and superseded by pharmacopoeias'.<sup>30</sup>

By the seventeenth century, medical books were regularly being published and it was during this century that the herbalist Nicholas Culpeper wrote his popular medical books. Born in 1616, Culpeper 'began his writing career in the mid-1640s' while he 'convalesced from his Civil War wounds'.<sup>31</sup> Well-known as 'an astrologer and healer' during his lifetime,<sup>32</sup> Culpeper lists St. John's wort among his medicinal plants on several occasions. For example, in *The English Physitian* (1652) he presents lists of plants alongside a description of their most popular medical use and in describing St. John's wort he states that it prevents:

'vomiting and spiting of blood; it is good for bites or stings of venomous creatures and for retention of water. Two drachms of the seed of St. John's wort made into a powder, and drunk in a little broth, doth gently expel choler or congealed blood in the stomach. The decoction of the leaves and seed drunk somewhat warm before the fits of argues,

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<sup>28</sup> Carey Balaban et.al., *The Skilful Physician*, (CRC Press, 1997), p.vii.

<sup>29</sup> *Ibid*, p.x.

<sup>30</sup> Roy Porter, *The Cambridge Illustrated History of Medicine*, p.253.

<sup>31</sup> Mary Elizabeth Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England*, (Oxford University Press, 2004), p.136.

<sup>32</sup> *Ibid*.

alter the fits, and by often using, prevents them. The seed is much commended being drunk for forty days together for sciatica, falling sickness, and palsy'.<sup>33</sup>

However, St. John's wort is presented as 'a singular wound herb' and having been 'boiled in wine and drunk' Culpeper suggests that it can heal 'inward hurts'.

He also suggests that St. John's wort could be used as an ingredient in topical ointments as it was said to open 'obstructions, dissolves swellings, and closes up the lips of wounds'.<sup>34</sup> Culpeper describes in *The Complete Herbal* (1653) how to make 'Oleum Hyperici compositum' or 'Oil of St. John's wort compound', which he states is an 'excellent remedy for old bruises, aches and sprains'.<sup>35</sup> He also provides a recipe for 'Venice Treacle', which among other illnesses, was said to be useful for resisting 'poison and the bitings of venomous beasts',<sup>36</sup> and he includes St. John's wort in a recipe for 'Syrup of Mugwort' which is said to be good for, among other things, correcting the blood and provoking 'the menses'.<sup>37</sup> Finally, he uses St. John's wort in a recipe for 'Blessed Oil', which is said to 'cleanse and consolidate wounds, especially in the head'.<sup>38</sup>

Twentieth century historians have established that by the time that Culpeper was writing his herbals, a new trend was developing in which 'learned medicine' was distancing itself from medical practices that were considered alternative.<sup>39</sup> Andrew Wear has suggested that the early modern period had 'an unregulated open market place in which the layperson and the patient had much more choice in relation to medical practitioners', which in turn meant that there was a prevalence of 'lay and of self-treatment'.<sup>40</sup> However by the end of the sixteenth century it appears that orthodox medical practitioners were attempting to eradicate self-treatment and 'learned

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<sup>33</sup> Nicholas Culpeper, *Culpeper's Complete Herbal*, (Kessinger Publishing, 2003), p.163.

<sup>34</sup> *Ibid.*, p.162.

<sup>35</sup> Nicholas Culpeper, *Culpeper's Complete Herbal: A Book of Natural Remedies For Ancient Ills*, (Wordsworth Editions, 1995), pp.552-553.

<sup>36</sup> *Ibid.*, p.478.

<sup>37</sup> *Ibid.*, pp.422-423.

<sup>38</sup> *Ibid.*, p.520.

<sup>39</sup> Andrew Wear, 'The Popularization of Medicine in Early Modern England' in Roy Porter's, *The Popularization of Medicine, 1650-1850*, (Routledge, 1992), p.20.

<sup>40</sup> *Ibid.*, p.17.

physicians' who had been 'trained in universities in the classical works of Hippocrates and Galen' were beginning to replace other types of practitioner.<sup>41</sup>

Despite this trend, medical books continued to be popular and although Paul Slack points out that these were 'one small specialized part of a medical world in which there were several alternative sources of knowledge and advice', nevertheless they 'existed, found a market and grew in volume'.<sup>42</sup> Slack goes on to point out that the readership of these books would have been small, as there were extremely high levels of illiteracy during this period.<sup>43</sup> Andrew Wear agrees with Slack that being able to read popular medical books meant 'that one belonged to a special section of society',<sup>44</sup> and both historians suggest therefore that medical information was 'digested' by those that could read and in turn it filtered down to those that were illiterate.<sup>45</sup>

It is likely therefore that Culpeper's information on St. John's wort, if it reached the average lay-person did so through word of mouth rather than through lay people reading it. However, it seems that Culpeper was attempting to reach a wide range of interested parties, including the underprivileged because a contemporary biographer of Culpeper declared that he deliberately included easily available plants as opposed to the expensive foreign products which had become fashionable with easier overseas travel, because he was aiming his medical knowledge at the poor.<sup>46</sup>

Andrew Wear concludes therefore that Culpeper's 'motives for publishing and making available medical knowledge to a wide public were both political and religious'.<sup>47</sup> It seems that Culpeper was not the only person to write medical recipes aimed at the unfortunate. For example, Paul Slack cites the introduction to Thomas Moulton's sixteenth-century book *Mirror or Glass of Health* (1530) as an example of this. Here Moulton states that he wrote his book because of the 'compassion that I

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<sup>41</sup> *Ibid.*

<sup>42</sup> Paul Slack, 'Mirrors of Health and Treasures of Poor Men: The Use of Vernacular Medical Literature in Tudor England', in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century*, (Cambridge, 1979), pp. 237-73.

<sup>43</sup> *Ibid.*, p.237.

<sup>44</sup> Andrew Weir, 'The Popularization of Medicine in Early Modern England' in Roy Porter's, *The Popularization of Medicine, 1650-1850*, (Routledge, 1992), p.18.

<sup>45</sup> *Ibid.*, p.19.

<sup>46</sup> Anonymous, 'The Life of the Admired Physician and Astrologer of Our Times, Mr. Nicholas Culpeper' in Nicholas Culpeper's, *Culpeper's School of Physick*, (London, 1659).

<sup>47</sup> Weir, 'The Popularization of Medicine in Early Modern England', p.31.

have felt for poor people'.<sup>48</sup> Louise Curth establishes therefore that during the seventeenth century people relied on 'kitchen physick' to self-treat their illnesses.<sup>49</sup> However Curth goes on to suggest that by the eighteenth century although 'the medical marketplace both broadened and deepened' as more and more preparatory medicines became available with the professionalisation of the medical market-place, 'traditional methods' of self-treatment did not disappear.<sup>50</sup>

Thus, during the eighteenth century numerous medical self-help books were published and St. John's wort appears among the ingredients listed for certain cures, for example in Mary Kettlby's, *A Collection of Above Three Hundred Receipts in Cookery, Physick, and Surgery: For the Use of All Good Wives, Tender Mothers, and Careful Nurses* (1734). Here St. John's wort is included in a number of topical remedies. It is recommended for bruises and wounds;<sup>51</sup> as an ingredient in an 'ointment for the Evil, or Rickets';<sup>52</sup> it was included in a drink to cure consumption;<sup>53</sup> and it appeared in a recipe known as 'The Famous French Method for the Bite of a Mad Dog'.<sup>54</sup> In other examples from this century it is included as an ingredient in a recipe for 'Plague Water'<sup>55</sup> and in 'a balsam to ease Pains'.<sup>56</sup>

By the nineteenth century Hillary Marland has suggested that, despite the best efforts of orthodox medical practitioners who were gaining increasing regulatory power over medical treatments, traditional practitioners such as 'folk healers, wise-women, herbalists, midwives and bone-setters' practised alongside the new alternative therapies of 'homeopathy, mesmerism, hydropathy and medical botany'.<sup>57</sup> While

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<sup>48</sup> Paul Slack, 'Mirrors of Health and Treasures of Poor Men', p.237.

<sup>49</sup> Louise Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing*, (Ashgate Publishing Ltd., 2006), p.4.

<sup>50</sup> *Ibid.*, p.6.

<sup>51</sup> Mary Kettlby, *A Collection of Above Three Hundred Receipts in Cookery, Physick, and Surgery: For the Use of All Good Wives, Tender Mothers, and Careful Nurses*, (Printed by the executrix of Mary Kettlby, 1734), p.106.

<sup>52</sup> *Ibid.* p.110.

<sup>53</sup> *Ibid.* p.156.

<sup>54</sup> *Ibid.* p.178.

<sup>55</sup> R. Briggs, *The English Art of Cookery, According to the Present Practice: Being a Complete Guide to All Housekeepers, on a Plan Entirely New; Consisting of Thirty-eight Chapters*, (G. G. J. and J. Robinson, 1788), p.624.

<sup>56</sup> William Samson, *Rational Physic: Or, the Art of Healing: Founded and Explained on Principles of Reason and Experience. To which is Added, a Family Dispensatory*, (Sherborne, Untied Kingdom, 1765), p.40.

<sup>57</sup> Hilary Marland, 'The "Doctors Shop": The Rise of the Chemist and Druggist in Nineteenth-Century Manufacturing Districts', in Louise Curth (ed.), *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing*, pp.79-80.

orthodox medical facilities were expanding in Britain during this century ‘through the foundation and expansion of dispensaries and infirmaries’ lay people ‘continued to resort to a variety of alternative sources of medical assistance’.<sup>58</sup>

It seems that during this century some medical writers reacted against the increasing authority of orthodox medicine and produced books containing medical information aimed specifically at the lay reader. For example, Priscilla Homespun’s *The Universal Receipt Book* (1818) mainly focuses on cookery recipes and she gives ‘instructions for boiling beef steaks’.<sup>59</sup> However at the end of the book Homespun includes a list of medical recipes and ‘the flowers of St. John’s wort’ are described as an ingredient in ‘Genuine Turlington’s Balsam’, which along with St. John’s wort included ‘Peruvian balsam’ and ‘the best aloes, myrrh, frankincense, angelica roots’.<sup>60</sup>

Likewise in another cookery book, Christian Isobel Johnstone’s *The Cook and housewife’s manual* (1828), Johnstone describes an old recipe for ‘Friar’s Chicken’ which she explains includes a substance called ‘Friar’s Balsam’ and St. John’s wort is listed among the ingredients for ‘Friar’s Balsam’. Johnstone claims that this preparation was ‘once highly esteemed in Scotland’ because it was valued as ‘an antiquarian curiosity’ and she goes on to describe how to make the remedy by mixing up the ingredients, sealing them in a ‘wide-mouthed bottle or glazed jar’ and then burying the mixture in a ‘hot dunghill of a stable yard for a month’.<sup>61</sup>

It seems that these female writers were writing for other women. However nineteenth-century self-help medical books were not only written clandestinely as cookery books, they were also being written by medical men. Confirming the findings of Jennifer Connor who analysed nineteenth-century Canadian self-help medical literature, it appears that self-help books were also published by orthodox practitioners

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<sup>58</sup> *Ibid*, p.80.

<sup>59</sup> Priscilla Homespun, *The Universal Receipt Book: Being a Compendious Repository of Practical Information in Cookery, Preserving, Pickling, Distilling, and All the Branches of Domestic Economy. To which is Added, Some Advice to Farmers*, (Isaac Riley, 1818), p.5.

<sup>60</sup> *Ibid*, p.88.

<sup>61</sup> C. Johnstone, *The Cook and Housewife’s Manual: Containing the Most Approved Modern Receipts for Making Soups, Gravies, Sauces, Ragouts, and All Made-dishes; and for Pies, Puddings, Pickles, and Preserves; Also, for Baking, Brewing, Making Home-made Wines, Cordials, &c.*, (Oliver and Boyd, Edinburgh, 1828), p.359.

and that they were written in a similar way to medical textbooks of the same period.<sup>62</sup> For example, the nineteenth-century medical doctor John Hill published *The Family Herbal* in 1812.

In the introduction Hill states that his book is 'intended for the use of families' and describes that what follows are clear directions 'for the gathering and preserving roots, herbs, flowers, and seeds' so that they can 'conveniently be prepared in families, and general admonitions and cautions in their respective uses'.<sup>63</sup> Hill goes on to suggest that he has designed his book to be used by 'those that live in the country' where plants 'grow wild about them' and where 'apothecaries are not at hand'. Likewise he states that self-treatment with 'common herbs' means that people can get better without the 'expense of medicines'.<sup>64</sup> He also suggests that the medical recipes contained in his book could be used by 'charitable ladies who may be desirous of giving this great relief to the afflicted poor in their neighbourhood'.<sup>65</sup>

Hill includes St. John's wort in a recipe for St. John's wort oil, which he declares as 'the most regarded' among all other oils and he instructs that you 'pick clean a quarter of a pound of the flowers of St. John's wort. Pour upon them a quart of olive oil, and let them stand together till the oil is of a reddish colour'.<sup>66</sup> In a subsequent chapter, Hill suggests that a 'decoction' of St. John's wort flowers can be used 'against gravel, and ulcerations of the ureters' and that 'the tops fresh gathered and bruised are good for wounds and bruises; they stop bleeding, and serve as a balsam for one, and take off the blackness in the other'.<sup>67</sup>

The popularity of the seventeenth-century herbalist Nicholas Culpeper is evident from the numerous reprints of his works throughout the seventeenth, eighteenth and nineteenth centuries, but in the nineteenth century Culpeper's recipes were re-interpreted by J. Ingles in his *Pocket companion to Culpeper's Herbal, or*

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<sup>62</sup> Jennifer Connor, 'Self-Help Medical Literature in 19th-Century Canada and the Rhetorical Convention of Plain Language', *Journal of Technical Writing and Communication*, 24 (1994), pp.265-283.

<sup>63</sup> John Hill, *The Family Herbal*, (C. Brightly and T. Kinnersley, 1812), p.i.

<sup>64</sup> *Ibid*, p.i.

<sup>65</sup> *Ibid*, p.ii.

<sup>66</sup> *Ibid*. p.xxxiii – p.xxxiv.

<sup>67</sup> *Ibid*,p.183.

*English physician; being an application of the virtues of herbs to the cure of all disorders* (1820). Ingles suggests, like his predecessor Culpeper, that St. John's wort had many medicinal uses, both as a topical and oral preparation. Thus it was listed as an ingredient in balms used to cure the bite or stings of 'venemous beasts';<sup>68</sup> to help heal 'Burns';<sup>69</sup> and it was included in an external 'ointment' against obstructions in the chest.<sup>70</sup> Aside from its topical uses it was also said to help cure 'vomiting of Blood';<sup>71</sup> to help with 'Spitting of Blood';<sup>72</sup> and it could be used to 'expel Congealed Blood from the Stomach'<sup>73</sup> and to heal 'Inward Bruises'.<sup>74</sup>

It is therefore evident from self-help literature dating from the seventeenth century onwards that St. John's wort was included in recipes designed to be made and used within the home. The historian Roger Cooter has pointed out that medical boundaries between home remedies and those dispensed by medically trained professionals have never been truly distinct,<sup>75</sup> and it appears that St. John's wort was also recommended in medical literature. For example, St. John's wort appears in books aimed at early modern physicians, and it is listed in a recipe for making 'Saint Johns Oyle' for example. It was described as being 'very good for any greene Wound or any bruise in any part of a mans body' and it was also said to be 'good for any ache'.<sup>76</sup> In another case, this time in a book aimed at early modern midwives, St. John's wort is listed as a cure for 'sore nipples' following labour.<sup>77</sup>

The trend of including St. John's wort in medical literature continued into the eighteenth century and in Nicholas Andry's *Orthopedia: or the Art of Correcting and Preventing Deformities in Children* (1743) it is recommended that the 'leaves of' St. John's wort could be used to cure 'stones in the nose' should Andry's preferred method

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<sup>68</sup> *Ibid.*, p.12.

<sup>69</sup> *Ibid.*, p.36.

<sup>70</sup> *Ibid.*, p.147.

<sup>71</sup> *Ibid.*, p.252.

<sup>72</sup> *Ibid.*, p.19.

<sup>73</sup> *Ibid.*, p.22.

<sup>74</sup> *Ibid.*, p.35.

<sup>75</sup> Roger Cooter, 'Alternative Medicine, Alternative Cosmology' in Cooter (ed.), *Studies in the History of Alternative Medicine*, (MacMillan Press, 1988), p.64.

<sup>76</sup> D.D., *The Skilful Physician*, (London, 1656), p.108.

<sup>77</sup> Cited in Michael O'Dowd, *The History of Medications For Women: Material Medica Women*, (Informa Health Care, 2001), p.184.



of tickling 'the stones' with a feather to 'shake' them free fail.<sup>78</sup> Likewise, Jean Astruc's *General and Compleat Treatise on All the Diseases Incident to Children: From Their Birth to the Age of Fifteen* (1746) states that St. John's wort is useful as a cure for a 'prolapsus ani', which is described as an 'exposure of the intestine'.<sup>79</sup> Furthermore, St. John's wort is recommended in a memoir on Parisian surgical techniques as a suitable topical agent in the treatment of wounds incurred during sword fights,<sup>80</sup> and in Thomas Sydenham's accounts of his years practising medicine, published in 1788, he suggests using St. John's wort as an external application to cure rickets and fevers; and he also lists it as an ingredient in a 'digestive powder' aimed at curing gout.<sup>81</sup>

St. John's wort continued to be recommended in medical texts dating from the nineteenth century. For example, in *The Quarterly Journal of Foreign and British Medicine* (1823) Morgagni apparently 'cured pulmonary consumption by the use of milk, animal jellies, steel, ground-ivy, and St. John's wort'.<sup>82</sup> Furthermore, Dr. A. L. Richter's article in *The North American Medical and Surgical Journal* (1831) reviewed the available treatments for 'Gangrene of the Mouths of Children' and he mentions the topical treatment *Ungentum Egypticum*, which was said to include St. John's wort as an ingredient.<sup>83</sup> It appears, however, that St. John's wort was perhaps declining in popularity by the nineteenth century as Robert Hooper and John Quincy's *A New Medical Dictionary* (1817) suggests that while *Hypericum* had been greatly esteemed 'by the ancients [*sic.*] in a variety of diseases, and externally as an anodyne and discutient', it is 'now very rarely used'.<sup>84</sup>

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<sup>78</sup> N. Andry, *Orthopedia: or the Art of Correcting and Preventing Deformities in Children: By Such Means, as May Easily Be Put in Practice by Parents Themselves, and All Such as Are Employed in Educating Children*, (A Millar, 1743), p.110-111.

<sup>79</sup> Jean Astruc, *General and Complete Treatise on All the Diseases Incident to Children: From Their Birth to the Age of Fifteen*, (J. Nourse, 1746), p.180.

<sup>80</sup> Académie royale de chirurgie, *Memoirs of the Royal Academy of Surgery at Paris*, (Paris, 1750), p.93.

<sup>81</sup> Thomas Sydenham, *The Works of Thomas Sydenham, M. D., on Acute and Chronic Diseases: Wherein Their Histories and Modes of Cure, as Recited by Him, are Delivered with Accuracy and Perspicuity. To which are Subjoined Notes, Corrective and Explanatory, from the Most Eminent Medical Writers*, (London, England, 1788), p.135 and p.418.

<sup>82</sup> *The Quarterly Journal of Foreign and British Medicine and Surgery*, (John Anderson, 1823), p.627.

<sup>83</sup> *The North American Medical and Surgical Journal*, 11 (1831), p.388.

<sup>84</sup> Robert Hooper and John Quincy, *A New Medical Dictionary: Containing an Explanation of the Terms in Anatomy, Physiology ... and the Various Branches of Natural Philosophy Connected with Medicine*, (M.Carey & Son, Benjamin Warner and Edward Parker, 1817), p.395.

So it seems that St. John's wort was recommended for a variety of mainly physical illnesses in both self-help and professional books dating from as far back as the seventeenth century. However, many of the 1990s claims about St. John's wort's history suggest that its use pre-dates these times, to as far back as ancient times. For example, in an American magazine *Vegetarian Times* it was suggested that St. John's wort has been 'valued and praised since antiquity'.<sup>85</sup> It does appear that St. John's wort, otherwise known as Hypericum, appears in a list of ingredients which made up a famous ancient preparatory remedy known as Mithridatium. According to the twentieth-century historian J. P. Griffin, this remedy was known in its original formulation between the second century BC up until the mid eighteenth century, when its use went out of fashion, and its main use was as a preventative and curative medicine to treat poisoning.<sup>86</sup>

Griffin's claims are substantiated by the Roman author Aulus Cornelius Celsus who included St. John's wort in medical recipes contained in his encyclopaedia *De Medicina*. Originally dating from the first century, this book was republished throughout the eighteenth and nineteenth centuries and several recipes contain St. John's wort. For example, in John William Underwood's translation of Celsus's encyclopaedia, the recipe known as, 'Autem nobilissimum est Mithridatis' or 'the most noble is Mithridates', which contained 'hyperici' among a long list of ingredients, was taken daily by the king in order to render his 'body safe against the dangers of poisons'.<sup>87</sup> It also seems that 'hyperici' is included by Celsus in a remedy for curing urinary tract infections.<sup>88</sup>

St. John's wort also appears in an eighteenth-century list of ingredients for the remedy Mithridate. Described by an unknown author in an edition of the Society of Gentlemen's, *A new and complete dictionary of arts and sciences*, (1764), as a 'compound medicine', this preparation was reportedly considered to be one of the

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<sup>85</sup> *Vegetarian Times*, Jan 2000, No. 269, p.35., and seen again, *Vegetarian Times*, Feb 2000, No. 270, p.30.

<sup>86</sup> J. P. Griffin, 'Venetian Treacle and the Foundation of Medicines Regulation', *British Journal of Clinical Pharmacology*, 58 (2004), pp.317–325.

<sup>87</sup> Aulus Cornelius Celsus and John William Underwood, *The Eight Books on Medicine of Aurelius Cornelius Celsus, With a Literal and Interlineal Translation on the Principles of the Hamiltonian System: Adapted for Students of Medicine, Volume Two*, (Printed for the author, 1833), p.53.

<sup>88</sup> Aulus Cornelius Celsus, Leonardo Targa and Giovanni Lodovico Bianconi, *De Medicina*, (Societas Bipontina, 1806), p.244.

'capital medicines in the apothecaries shops' and was reportedly used, like it had been in previous centuries, 'either as a remedy or preservative against poisons', or as a sedative or opiate. Significantly, the ingredients in this remedy appear to have been regulated and the ingredients were said to have been combined in accordance with the 'directions of the college'.<sup>89</sup> Although this source is unclear about which college it is referring to, it does suggest however that the use of St. John's wort had been sanctioned by a regulating body.

It is possible that the use of St. John's wort may in fact date from as far back as 'ancient times'. However, the 1990s interest in St. John's wort revolved around the notion that this plant has antidepressant properties and many of the 1990s media articles suggest that it was used historically to treat mental illnesses. For example, the *Daily Mail* reported that St. John's wort was recommended 'for a variety of ailments, including melancholy';<sup>90</sup> *The Times* claimed that St. John's wort 'has been used for centuries by herbalists to treat mental problems';<sup>91</sup> *The Times* also claimed that St. John's wort has been used 'as a folk remedy to ease melancholy since the Middle Ages';<sup>92</sup> and the *BBC's* news website reported that St. John's wort 'has been used for many years in folk medicine to treat disorders such as burns, wounds and depression'.<sup>93</sup> The twentieth-century historian Judith Sumner has even suggested that the plant St. John's wort was introduced from Europe to 'seventeenth century New England' in America in order to treat 'ulcers, burns, sciatica, worms, melancholy and madness'.<sup>94</sup>

The use of St. John's wort for mood disorders does appear occasionally in historical printed sources. For example, it is mentioned in a letter dating from 1643 which was sent to an American Governor John Winthrop by an English physician Dr. Stafford. It appears that the American Governor, despite having no formal training in

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<sup>89</sup> Society of Gentlemen, *A New and Complete Dictionary of Arts and Sciences, Volume 3*, (London, 1764), pp.2471 - 2473.

<sup>90</sup> 'Does St. John's wort Work?', *The Daily Mail*, 2<sup>nd</sup> December 1996, p.40.

<sup>91</sup> 'Wonders of the Wort', *The Times*, 7<sup>th</sup> March 1998, p.153.

<sup>92</sup> 'Herb Better for Mild Depression', *The Times*, 10<sup>th</sup> December 1999, p.5.

<sup>93</sup> <http://www.news.bbc.co.uk/1/hi/health/557625.stm> (Downloaded 29th April 2010).

<sup>94</sup> Judith Sumner, *The Natural History of Medicinal plants*, (Timber Press, 2000), p.73.

medicine, had a specific interest in medicine. In this letter Dr. Stafford suggests to his American friend that 'for madness take Hypericon'. He then goes on to suggest that you can make a drink using St. John's wort which was supposed to cure the afflicted in five days.<sup>95</sup> During the seventeenth century St. John's wort was also reputedly blessed and wrapped up in paper and was then carried 'to be smelled at against the invasions of the devil'.<sup>96</sup> St. John's wort also appears in the 1770s in a book by the herbalist Joseph Miller *Botanicum Officinale* (1772). In this instance Miller recommends that 'a tincture of the Flowers in Sprit of Wine, is commended against Melancholy and Madness'.<sup>97</sup> St. John's wort is also listed among a range of ingredients in a 1764 cure for 'madness', whose symptoms were described as redness of the eyes and flickering eyelids and:

'a change of disposition and behaviour, supercilious looks, a haughty carriage, disdainful expressions, a grinding of the teeth, and unaccountable malice to particular persons: also little sleep, a violent head ach, quickness of hearing, incredible strength, insensibility of cold'

In the case of women they were also supposed to demonstrate 'an accumulation of blood in the breasts'.<sup>98</sup>

St. John's wort also appeared in 1808 as an ingredient in a treatment listed in the *Medical and Physical Journal* and it was reported that 'the ancients' used St. John's wort to treat 'hysteria, hypocondriasis and mania'.<sup>99</sup> Likewise in Samuel Henry and Daniel Lewis's *A New and Complete American Family Herbal* (1814) it is established that St. John's wort has 'medical virtues' and they recommend that it is 'beneficial in promoting urine, curing of ulcers, immoderate flowings of the menses and diarrhoea'. They go on to suggest that St. John's wort could also be used to remove 'lowness of spirits' and they claim it was useful for helping in 'hysterical, hypocondriac, and

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<sup>95</sup> 'Letter from Edward Stafford to Gov. John Winthrop, Jr., 1643', *Proceedings of the Massachusetts Historical Society*, 5 (1862), pp. 379-80.

<sup>96</sup> Albert Deutsch, *The Mentally Ill in America – A History of Their Care and Treatment From Colonial Times*, (Read Books, 2007), p.30.

<sup>97</sup> Joseph Miller, *Botanicum Officinale*, (London, 1722), p.238.

<sup>98</sup> *A New and Complete Dictionary of Arts and Sciences Volume 3*, (1764), p.1992.

<sup>99</sup> *The Medical and Physical Journal*, 19 (1808), p.164.

maniacal disorders'.<sup>100</sup> Similarly, *The Dispensatory of the United States of America* (1851) describes St. John's wort as a remedy that was used by 'the ancients and the earlier modern physicians' to treat 'hysteria and mania',<sup>101</sup> and in Asa Strong's book on American plants, which is closely based on the 1851 Dispensatory, it states that St. John's wort was previously used to treat 'hysteria, mania, intermittent fever, dysentery, gravel, hemorrhages, pectoral complaints, worms and jaundice'.<sup>102</sup>

St. John's wort is also mentioned in a book devoted to women's daily life. Here it is stated that St. John's wort's 'juices were supposed to cure madness',<sup>103</sup> and that the plants 'potent petals' had 'juices' which were previously used because they 'were supposed to cure madness'.<sup>104</sup> It also suggested that in previous centuries St. John's wort was considered to be so powerful that it earned itself the reputation of having 'sovereign power o'er all the sullen fits and churlish fancies that besiege the mind'.<sup>105</sup> Finally, in a nineteenth-century medical dictionary it is revealed that the seventeenth-century physician Angelus Sala recommended St. John's wort for 'melancholy and madness',<sup>106</sup> and in Richard Brook's encyclopaedia of plants and herbs published in 1868, he states that St. John's wort 'has not been tried in modern practice, except in hysteria'.<sup>107</sup>

It seems that St. John's wort was used to treat a variety of illnesses from at least the seventeenth century, including those considered to be mental illnesses. However, it was argued in Chapter Two, that the classification of depression only emerged in the twentieth century. Michel Foucault, David Healy and George Rousseau among others have established that definitions of mental illnesses are historically

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<sup>100</sup> Samuel Henry and Daniel Lewis, *A New and Complete American Medical Family Herbal, Wherein is Displayed the True Properties and Medical Virtues of the Plants, Indigenous to the United States of America*, (Samuel Henry, 1814), p.848.

<sup>101</sup> George Bacon Wood and Franklin Bache, *The Dispensatory of the United States of America*, (Lippincott, 1858), p.1427.

<sup>102</sup> Asa Strong, *The American Flora, or History of Plants and Wild Flowers, Volume 1*, (Green and Spencer, 1851), p.99.

<sup>103</sup> *The Ladies Companion*, (Bradbury and Evans, 1854), p.191.

<sup>104</sup> Eliza Cook, *Eliza Cook's Journal, Volume 1*, (John Owen Clarke, 1849), p.391.

<sup>105</sup> Robert Vaughan and Henry Allon, *The British Quarterly Review Volume 34*, (Hodder and Stoughton, 1861), p.103.

<sup>106</sup> Benjamin Smith Barton, *Philadelphia Medical and Physical Journal, Volume 1*, (J. Conrad & Co, 1804), p.59.

<sup>107</sup> Richard Brooks, *New Cyclopaedia of Botany and Complete Book of Herbs*, (Frederick Farrah, 1868), p.453.

specific.<sup>108</sup> Consequently although symptoms of depression will have existed at the time that Culpeper was writing his herbals, depression as a medical condition 'did not exist before 1900'.<sup>109</sup> So although St. John's wort has been recommended as a cure for specific conditions such as melancholy, this condition had its own set of diagnostic criteria. It is however careless to suggest that this means St. John's wort was used in previous centuries to treat depression. Even more perplexing is the fact that far from being considered a medical marvel prior to the 1990s, it also appears that the plant St. John's wort was widely believed to be a nuisance.

### 3.4. Magic marketing and the re-branding of a 'troublesome weed'

Primary sources suggest that there is evidence to substantiate historical claims made about St. John's wort medical use. However, the plant St. John's wort has not only been used historically as a remedy against illness. For example, St. John's wort's flowers have been used in Britain to make a 'yellow matter' that could then be used to dye 'various materials'.<sup>110</sup> St. John's wort has also been used historically to treat animals and in 1749, for example, it was described as a treatment for horses and dogs suffering from the 'Bite of a Mad Dog' and the flowers of the plant were mixed with 'Virginia' and 'Snake-root' in order to make a 'very fine powder' which was then to be given 'before the 9<sup>th</sup> day after the bite'.<sup>111</sup> Another example of an animal remedy was Ungentum Egyptiacum, which was said to contain St. John's wort. John Mills suggests in his *A Treatise on Cattle* (1776) that the remedy could be used to treat skin tumours in cattle and sheep. He goes on to explain that once the 'rotten parts' of the animal have been 'cast off', 'the wound may be dressed with the common digestive, made of turpentine dissolved in the yolk of an egg, oil of St. John's-wort, and brandy'.<sup>112</sup>

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<sup>108</sup> Healy, *The Antidepressant Era*; Rousseau, 'Depression's Forgotten Genealogy'

<sup>109</sup> Healy, *The Antidepressant Era*, p.29.

<sup>110</sup> William Nicholson, *A Dictionary of Practical and Theoretical Chemistry*, (Richard Phillips, 1808).

<sup>111</sup> John Lowthorp, *The Philosophical Transactions and Collections to the End of the Year MDCC, Abridged, and Disposed Under General Heads By Royal Society*, (Great Britain, Royal Society, 1749), p.280.

<sup>112</sup> John Mills, *A Treatise on Cattle: Shewing the Most Approved Methods of Breeding, Rearing, and Fitting for Use, Horses, Asses, Mules, Horned Cattle, Sheep, Goats, and Swine ; with Directions for the Proper Treatment of Them in*

Louise Curth has established that human and animal medicine were very similar in past centuries, so it is perhaps not surprising that St. John's wort was used in this way during previous centuries.<sup>113</sup> However it is also apparent that the plant St. John's wort has a long historical association with magic. For example, William Stukeley mentions the use of St. John's wort in *Palæographia Sacra: Or discourses on sacred subject* (1736). Stukeley's main interest was the archaeology of the stone circles of Wiltshire and in his research of Stonehenge and Avebury he states that he came across the beliefs of religious Druid's who are closely associated with these Neolithic sites. Consequently Stuckley suggests that St. John's wort or Hypericon was 'called 'fuga demonum' and 'was reckoned among sacred magical plants, on account of the Druids using them'.<sup>114</sup>

Another account of St. John's wort's magical powers is described by David Booth who claimed in 1835 that 'St. John's wort, the *Hypericum perforatum*, was famous among our ancestors for the cure of mental disorders' and he goes on to state that St. John's wort was also used for 'what was the same thing the dispossession of Demoniacs'.<sup>115</sup> Likewise, P. Buchan's *Witchcraft Detected and Prevented, Or the School of Black Art Newly Opened* (1824) suggests that in previous (unspecified) centuries St. John's wort if 'hung in a house hinders mischievous acts and puts to flight evil spirits'.<sup>116</sup> This idea is reiterated by T. Browne in 1835 who suggests that St. John's wort had powers as a 'Fuga Dæmonis' and in a reference to ridding the house of the devil, St. John's wort is said to 'purifie the air from his uncleanness'.<sup>117</sup>

In another example from the nineteenth century, a seventeenth-century tale is told in which St. John's wort is used to cure 'demoniac possession' during a catholic

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*Their Several Disorders ; to which is Added, a Dissertation on Their Contagious Diseases*, (W. Whitestone, 1776), p.444.

<sup>113</sup> Louise Curth, 'English Almanacs and Animal Health Care in the Seventeenth Century', *Society and Animals*, 8 (2000), pp. 71 - 86.

<sup>114</sup> William Stukeley, *Palæographia Sacra. Or Discourses on Sacred Subjects*, (William Innys and Richard Manby, London, 1736), p.16.

<sup>115</sup> David Booth, *An Analytical Dictionary of the English Language: In Which the Words are Explained in the Order of Their Natural Affinity, Independent of Alphabetical Arrangement ; and the Signification of Each is Traced from Its Etymology*, (James Cochrane and co, London, 1835), p.75.

<sup>116</sup> P. Buchan, *Witchcraft Detected and Prevented, Or the School of Black Art Newly Opened*, (P. Buchan, 1824), p.85.

<sup>117</sup> T. Browne, *Sir Thomas Browne's Works: Including His Life and Correspondence*, (William Pickering, 1835), p.254.

exorcism. After the priest had failed to eliminate the devil using 'holy-water, incense, sulphur' and 'rue' he called for the:

'herb of grace, and especially St. John's wort, which, therefore, they call devil's flight, for so Pope Alexander the first promised and commanded Priests to use it for the sanctifying and pacifying the people, and driving away snares of the devil'.<sup>118</sup>

St. John's wort's magical powers also appear to transcend geographical boundaries and in a story from Danish mythology it is reported that if a cow grazes where an elf has spat or 'done much worse' it will be 'attacked by a grievous disease' and the only way to cure it is let it eat a 'handful of St. John's wort, which had been pulled at twelve o'clock on St. John's night'.<sup>119</sup> Likewise in Poland, 'sprays' of St. John's wort were hung 'above doors of houses and churches' so that 'those said to be possessed or insane could rid themselves of their madness'.<sup>120</sup>

By the 1990s however St. John's wort's use as a dye, in animal medicines and its magical powers were largely forgotten and instead its advocates concentrated on its use as an antidepressant. What also seems to have been forgotten is the fact that the plant St. John's wort has not always been held in such high esteem as in the 1990s. Since at least the seventeenth century, printed sources reveal that the plant St. John's wort was often considered to be a nuisance as its natural habitat includes open land and its resilience means that it grows easily in a variety of poor soils and severe climates.<sup>121</sup>

Thus, in an article entitled 'Hypericum' from John Skinner's book *The American Farmer* (1827), St. John's wort is described as a 'troublesome weed'.<sup>122</sup> Likewise in Charles Whitlaw's 1834 account of travelling across the United States of America, he

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<sup>118</sup> James Heaton and John Evens, *The Extraordinary Affliction and Gracious Relief of a Little Boy, Supposed To Be The Effects Of Spiritual Agency*, (Williams, 1822), p.iv and p.25.

<sup>119</sup> Thomas Keightley, *The Fairy Mythology: Illustrative of the Romance and Superstition of Various Countries*, (Whittaker, Treacher and co., 1833), p.141.

<sup>120</sup> Sophie Hodorowicz Knab, *Polish Customs, and Folklore*, (Hippocrene Books, 1993), p.136.

<sup>121</sup> See Dr. Andrew Peacock's leaflet outlining dangers of St. John's wort, 'St. John's wort Poisoning in Livestock: Animal Production Factsheet', Government of Newfoundland and Labrador, Department of Natural Resources, published June 27<sup>th</sup> 2004

<sup>122</sup> John Skinner, 'Hypericum Perforatum', cited in *The American Farmer, Containing Original Essays and Selections on Agriculture, Horticulture, Rural and Domestic Economy and Internal Improvements*, (publisher unknown, 1827), p.12.



declares that he 'paid great attention to the medical and agricultural policy' of the day and he went on to state that while he felt things had improved greatly in medicine, he was dismayed to find that the agricultural situation 'was in a most deplorable state'.<sup>123</sup> It transpires that Whitlaw was distressed by his discovery that 'large tracts of land' were 'worn out, and covered with St. John's wort, and other useless and poisonous weeds'.<sup>124</sup>

In another article from an 1827 edition of the magazine *American Farmer* it is revealed that St. John's wort upset American farmers. One such farmer describes the plant as a 'vile, troublesome weed in our pastures, introduced from Europe'.<sup>125</sup> This farmer continues his lament by explaining that St. John's wort creates problems for livestock because it causes 'scabby sores on horses and horned cattle'. He goes on to describe how dew collecting 'on the plant' over night 'appears to be poisonous' to the cattle and horses after they transfer it onto their backs with their tails and their skin becomes sore and infected. If ingested, St. John's wort is toxic to cattle, sheep and horses because the active ingredient hypericin is photosensitizing.<sup>126</sup> If enough St. John's wort is eaten by livestock the hypericin is absorbed 'from the intestines and migrates to the skin' and it is then altered by sunlight, which in turn damages the animals skin cells and this 'hypersensitivity eventually causes death of areas of white skin'.<sup>127</sup>

A second form of poisoning in livestock can happen when St. John's wort 'chemicals interact with oxygen and damage red blood cells' which is known as 'photosensitive hemolysis'.<sup>128</sup> Death as a result of St. John's wort poisoning is slow and unpleasant, often resulting from starvation after the skin around the animal's mouth becomes infected making eating intolerable. Animals can also go blind and 'in rare

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<sup>123</sup> Charles Whitlaw, *The Scriptural Code of Health: With Observations on the Mosaic Prohibitions, and on the Principles and Benefits of the Medicated Vapour Bath*, (Whitlaw, 1835), p.95.

<sup>124</sup> *Ibid.*

<sup>125</sup> 'Hypericum Perforatum. *American Farmer*, Rural Economy, Internal Improvements, Prices Current'. Cited in, John Skinner (ed.), *The American Farmer, Containing Original Essays and Selections on Agriculture, Horticulture, Rural and Domestic Economy and Internal Improvements*, (United States, 1827), p.12.

<sup>126</sup> O.M. Radostitis, C.C. Gay, D.C. Blood, J.H. Arundel, Kenneth W Hinchcliff, *Veterinary Medicine: A Textbook of the Diseases of Cattle, Sheep, Pigs, Goats and Horses*, (Elsevier Health Sciences, 2000).

<sup>127</sup> Peacock, 'St. John's wort Poisoning in Livestock', pp.1-2.

<sup>128</sup> *Ibid.* p.2.

cases even have convulsions'.<sup>129</sup> The American farmer interviewed in 1827 states that St. John's wort should therefore be controlled, but he warns that it takes 'much persevering attention to keep this plant in subjection' and he goes on to recommend that 'cutting with a sythe, or pulling up by the roots whilst in blossom, will probably be found the most effective mode of subduing it'.<sup>130</sup>

It appears therefore that St. John's wort was considered to be an agricultural nuisance because it took over vast areas of land and was a danger to livestock because it caused skin irritation. It also transpires that the plant St. John's wort is actually poisonous to livestock if ingested in its original state, because it causes them to become photosensitive and in turn this reduces productivity by making the animal less able to thrive.<sup>131</sup> This problem was particularly relevant in sunny Australia and in 1925 A. H. Chesterman points out in a report commissioned by the Australian government that 'as early as 1917, St. John's wort was recognised as a weed of national importance, and the Federal Government was asked to investigate control methods'.<sup>132</sup>

So great in fact was the Australian problem with St. John's wort that the government's Council for Scientific and Industrial Research continue to regularly issue reports relating to controlling the plant between 1932 and 1943.<sup>133</sup> Furthermore in 1935 the *Journal of Department of Agriculture of Western Australia* published an article calling for the total eradication of St. John's wort,<sup>134</sup> and during the 1930s a number of innovative control methods were investigated, including the introduction of five species

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<sup>129</sup> *Ibid.*

<sup>130</sup> *Ibid.*

<sup>131</sup> See for example O.M. Radostitis, C.C. Gay, D.C. Blood, J.H. Arundel, Kenneth W Hinchcliff, *Veterinary Medicine: A Textbook of the Diseases of Cattle, Sheep, Pigs, Goats and Horses*, (Elsevier Health Sciences, 2000), p.1257, for a list of clinical signs associated with St. John's wort poisoning in horses (which incidentally is considered rare).

<sup>132</sup> A.H. Chesterman, *The Menace of St. John's wort*, (Alfred James Kent, Government Printer, Sydney, 1925).

<sup>133</sup> G.A. Currie and S Garthside, *The Possibility of the Entomological Control of St. John's wort in Australia: Progress Report*, (Council for Scientific and Industrial Research, Melbourne, 1932); R.M. Moore, *The Control of St. John's wort (Hypericum perforatum L. var. angustifolium D.C.) by Competing Pasture Plants*, (Council for Scientific and Industrial Research, Melbourne, 1942); Frank Wilson, *The Entomological Control of St. John's wort (Hypericum perforatum L.) : With Particular Reference to the Insect Enemies of the Weed in Southern France*, (Council for Scientific and Industrial Research, Melbourne, 1943).

<sup>134</sup> C.A. Gardner, 'A New Noxious Weed, St. John's wort', *Journal of Department of Agriculture of Western Australia*, 12 (1935), pp.167-169.

of insect which fed on St. John's wort. However, this control method proved to be a failure, after four of the insect species were unable to tolerate the Australian climate.<sup>135</sup>

By the 1990s it seems that St. John's wort's reputation as a 'menace' and a 'troublesome weed' had largely been forgotten,<sup>136</sup> and instead it was being championed as an alternative OTC remedy for depression. It appears therefore that St. John's wort's history was selectively edited in order to fit the purposes of the 1990s avocation of standardised St. John's wort; so much so in fact, some advertisers appear to have invented a medical history. For example, an advert for A.Vogel's St. John's wort's product claims that the seventeenth-century herbalist Nicholas Culpeper used St. John's wort to treat melancholy.<sup>137</sup> Likewise the British newspaper the *Daily Mail* claims that Nicholas Culpeper recommended St. John's wort 'for a variety of ailments, including melancholy'.<sup>138</sup> The link between Culpeper and melancholy is also made by Edzard Ernst, who is celebrated as the first professor of CAM in Britain, when in his book on St. John's wort he states that 'Culpeper recorded its use against melancholy and madness'.<sup>139</sup>

It was established earlier that Nicholas Culpeper recommended St. John's wort for a variety of illnesses. However, he clearly states that St. John's wort is 'a singular wound herb'.<sup>140</sup> Culpeper mentions melancholy on numerous occasions and in doing so he provides a number of appropriate remedies. For example, he suggests that a drink containing Archangel can be used to 'make the head merry' and he goes on to explain that it 'drives away melancholy' and 'quicken the spirits'.<sup>141</sup> Likewise he described the plant Senna as helping 'melancholy and madness'.<sup>142</sup> Furthermore Culpeper clearly states that the plant 'Melancholy Thistle' is 'the best remedy against

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<sup>135</sup> *Ibid.*

<sup>136</sup> John Skinner, 'Hypericum Perforatum', cited in *The American Farmer, Containing Original Essays and Selections on Agriculture, Horticulture, Rural and Domestic Economy and Internal Improvements*, (publisher unknown, 1827), p.12; A.H. Chesterman, *The Menace of St. John's wort*, (Alfred James Kent, Government Printer, 1925).

<sup>137</sup> [http://www.mehndiskinart.com/St\\_Johns\\_Wort.htm](http://www.mehndiskinart.com/St_Johns_Wort.htm)

<sup>138</sup> 'Does St. John's wort Work?', *The Daily Mail*, 2<sup>nd</sup> December 1996, p.40.

<sup>139</sup> Edzard Ernst, *Herbal Medicine: A Concise Overview for Professionals*, (Elsevier Health Sciences, 2000), p.11.

<sup>140</sup> *Ibid.*

<sup>141</sup> *Ibid.* p.16.

<sup>142</sup> *Ibid.* p.345.

all melancholy diseases that grows; they that please may use it'.<sup>143</sup> He does not however, recommend using St. John's wort for this purpose.

It is possible that the confusion about Culpeper's use of St. John's wort and the treatment of melancholy comes from a misquotation of Culpeper's use of the plant 'Motherwort'. In describing this plant he states that there is 'no better herb to take melancholy vapours from the heart, to strengthen it, and make a merry, cheerful, blithe soul than this herb'.<sup>144</sup> It is also possible that the association is based on a claim made by a historian William Keezer in 1963. Keezer states that Culpeper felt that St. John's wort 'was of great use when a tincture was made of the flowers in wine spirits, and best used for melancholy and madness'.<sup>145</sup> However, he fails to provide a reference for his claim. However, he infers that he is referring to Culpeper's book *Culpeper's Complete Herbal* (1653). However, as established earlier in this chapter, St. John's wort was mainly recommended as a treatment for wounds in this book.

It is also possible that the link between Culpeper, St. John's wort and melancholy, came from a 1980s source. The advert for A.Vogel's St. John's wort product provides a reference that made link.<sup>146</sup> In a book written by the twentieth-century herbalist D. Potterton, *Culpeper's Color Herbal* (1983),<sup>147</sup> Potterton describes the plant St. John's wort and includes the statement that 'a tincture of the flowers in spirit of wine, is commended against the melancholy and madness'.<sup>148</sup> However, despite its misleading title, this twentieth-century book on herbs is not a direct reprint of any of Culpeper's original herbals. Rather it is a book on the modern uses of herbs and plants. Potterton therefore includes snippets of Culpeper's original text in order to provide, in Potterton's own words, 'the essence of Culpeper's work on herbal medicine'.<sup>149</sup> It seems that Potterton's book uses Culpeper's herbal recipes as a starting point from which to explore twentieth-century ideas about herbalism and

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<sup>143</sup> *Ibid.*, p.180.

<sup>144</sup> Nicholas Culpeper, *Culpeper's Complete Herbal*, (Richard Evans, 1816), p.121.

<sup>145</sup> William Keezer, 'Botanical Sources of Early Medicines', *Beta Beta Beta Biological Society*, 34 (1963), p.188.

<sup>146</sup> [http://www.mehndiskinart.com/St\\_Johns\\_Wort.htm](http://www.mehndiskinart.com/St_Johns_Wort.htm)

<sup>147</sup> D. Potterton, (Ed.), *Culpeper's Color Herbal*, (W. Foulsham & Company Ltd, 1983).

<sup>148</sup> *Ibid.*, p.163.

<sup>149</sup> *Ibid.*, p.8.

Potterton explains that he includes Culpeper's recipes alongside 'present-day uses of herbs in the light of modern practice'.<sup>150</sup>

The misquotation or misrepresentation of a seventeenth-century herbalist may not seem directly relevant to a debate about a 1990s OTC product. However, Culpeper's endorsement of St. John's wort was included in advertising and media articles because it provided extra credence to a new use for a plant based product. What is more, in a letter to the British newspaper, *The Independent*, in 1996, Mr. John Etherington states that there is a link between 'Culpeper, St. John's wort and madness',<sup>151</sup> and this letter therefore reveals that mistruths about OTC St. John's wort's history influenced the perceptions of lay people during the 1990s. Fundamentally the plant St. John's wort's medical history was included in adverts and newspaper articles as a way of persuading potential consumers that OTC St. John's wort was safe.

This trend among OTC advertising has been noted by three Dutch nutritionists in 2009. During their analysis of the potential impact of changing European regulations of OTC products which were happening during this year, they establish that 'products with a long history of use' have often been the 'subject of scientific investigation'. However, they go on to suggest that a herbal product's history is often used to justify its modern marketing and consumption, particularly when it has yet to undergo safety and efficacy checks, or during the time that these checks were taking place. They also reveal that prior to changes in European law in 2009, it was possible for herbal products to be sold OTC on the basis that as 'traditional herbal' products they did not need to pass the rigours associated with testing conventional medicines. Thus the OTC use of certain herbal products was based solely on the fact that they had a 'long standing use'.<sup>152</sup>

In the case of standardised St. John's wort numerous scientific studies had been conducted in Germany prior to its appearance on the British and American high

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<sup>150</sup> *Ibid.*, p.8.

<sup>151</sup> 'Letter: Healing Power of Plants', *The Independent*, 7<sup>th</sup> August 1996, <http://www.independent.co.uk/opinion/letterhealing-power-of-plants-1308597.html>

<sup>152</sup> P.A. Hooyenga, R.F. Witkamp and K. Groen, 'Herbal Products: Marketing Strategies and Legislation', *International Journal Green Pharmacy*, 3 (2009), pp. 270-6. <http://www.greenpharmacy.info/text.asp?2009/3/4/270/59730>

street. The inclusion of the medical history of St. John's wort merely added extra weight to claims being made by scientists at this time. Thus, by the 1990s St. John's wort appears to have gone through a process of re-invention and a newly sanitised and selective history was presented. Consequently the 'troublesome weed' was presented as a safe and effective antidepressant.

However, St. John's wort is not the only plant to have been used in previous centuries to treat mood disorders. Earlier in this chapter it was established that Samuel Henry and Daniel Lewis recommended St. John's wort as a cure for 'hysterical, hypochondriac, and maniacal disorders'.<sup>153</sup> But it transpires that St. John's wort was not their favoured treatment. In fact they suggest that Feather-Few (*Matricaria Vulgaris*), which they describe as 'so well known that it needs no description',<sup>154</sup> was not only good for correcting stomach complaints and remedying problems with the menses, but it was also useful for 'destroying worms, and is beneficial in hysterical complaints and lowness of spirits'.<sup>155</sup> These authors go on to make a distinction between mood disorders and while St. John's wort and fever-few (Feather-few) are recommended for 'lowness of spirits', Life-root (*Rad Vitea*) which is commonly known here in Britain as Ragwort, was recommended as a treatment for melancholy.<sup>156</sup>

Furthermore, during the 1960s and 1970s plants other than St. John's wort were being recommended and presumably used for alleviating the symptoms that would later be associated with 'depression'. For example Valerian (*Valeriana Officinalis*) was suggested in 1964 as an 'excellent tranquillizer, particularly valuable against insomnia'; however, potential users are warned that the long term use of this plant can lead to the 'nervous system' becoming 'used to it'. Consequently it is only recommended in the treatment of the sudden onset of acute symptoms, rather than as

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<sup>153</sup> Samuel Henry and Daniel Lewis, *A New and Complete American Medical Family Herbal, Wherein is Displayed the True Properties and Medical Virtues of the Plants, Indigenous to the United States of America*, (Samuel Henry, 1814), p.848.

<sup>154</sup> *Ibid.*, p.116.

<sup>155</sup> *Ibid.*

<sup>156</sup> *Ibid.*, p.177.

a remedy for chronic problems.<sup>157</sup> Likewise Vervain (*Verbena Officinalis*) is suggested as a 'good nerve tonic' and a cure for 'insomnia and nervous exhaustion'.<sup>158</sup>

Furthermore, the twentieth-century herbalist James Duke suggests in his book *The Green Pharmacy* (1997) that 'herbal healing' can be used to treat a variety of 'health conditions', and after claiming that St. John's wort combats depression, he goes on to suggest that depression can also be cured by liquorice. He justifies this claim by stating that 'no plant in my database has more antidepressant compounds than liquorice'.<sup>159</sup> By the 1990s St. John's wort had become the favoured antidepressant plant remedy and Duke suggests that liquorice did not become a popular antidepressant in the 1990s, because 'it does not have St. John's wort folk history of use as an antidepressant'.<sup>160</sup> In direct contrast to Duke's claims, the twentieth-century historians Allen and Hatfield suggest that 'curiously, the property of St. John's wort which has lately won it much publicity, its mild antidepressant action, features very little in the folk records of the British Isles',<sup>161</sup> and they go on to reveal that while they found numerous references to support St. John's wort's folk use as a treatment to 'staunch bleeding from scratches' for example, they could only find two examples of the plant being used to dissipate depressive symptoms.<sup>162</sup>

It seems strange having presented a range of printed evidence earlier in this chapter that Allen and Hatfield should suggest that very few references to St. John's wort should appear in the 'folk records of the British Isles'.<sup>163</sup> It is possible that by the 2000s there was counterattack towards the use of St. John's wort in depression. Certainly when the World Health Organisation (WHO) published a detailed report on St. John's wort in 2004, it failed to mention that the plant had been recommended occasionally in the past to treat mood disorders. Its report was commissioned after

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<sup>157</sup> Claire Loewenfeld, *Herb Gardening*, (Faber and Faber, 1964), p.210.

<sup>158</sup> *Ibid.*, p.215.

<sup>159</sup> James Duke, *The Green Pharmacy*, (Rodale, 1997), p.157.

<sup>160</sup> *Ibid.*

<sup>161</sup> David Allen and Gabrielle Hatfield, *Medicinal Plants in Folk Tradition: An Ethnobotany of Britain and Ireland*, (Timber Press, 2004), p.104.

<sup>162</sup> *Ibid.*

<sup>163</sup> Allen and Hatfield, *Medicinal Plants in Folk Tradition*, p.104.

concerns that ‘many people in developed countries’ had ‘begun to turn to alternative or complementary therapies, including medicinal herbs’.

The WHO was particularly worried about the ‘safety and efficacy’ of such herbs and was alarmed by the apparent lack of regulation of the ‘herbal medicines market’.<sup>164</sup> Thus, in their profile of St. John’s wort the WHO suggests that St. John’s wort was used ‘externally for the treatment of minor cuts, burns and skin ulcers’ and ‘topically for viral infections’.<sup>165</sup> Furthermore, it went on to suggest that St. John’s wort has been previously used as an ‘antiphlogistic agent in the treatment of inflammation of the bronchi and urogenital tract’ and that it was used in the treatment of, ‘biliary disorders, bladder irritation, the common cold, diabetes mellitus, dyspepsia, haemorrhoids, neuralgia, migraine headaches, sciatica and ulcers. It was also said to have been used as a diuretic, an emmenagogue and an antimalarial agent’.<sup>166</sup>

It seems strange that in 2004 the WHO should ignore the 1990s claims about the remedy’s use in mood disorders. It also seems strange that by the 1990s the use of St. John’s wort appears to have been confined to the consumption of OTC remedies. The ethno-botanist and anthropologist Marina Radun suggests in her study of the popular remedies used by herbalists, that the use of St. John’s wort was not overly prevalent. Having conducted twenty interviews with herbalists in 2007, in order to compile a picture of the modern consumption habits of St. John’s wort, Radun found that:

‘The main remedies prepared from *Hypericum perforatum* are herbal mixture tea, which is used against ulcus diseases, asthma and bronchitis and *Hypericum perforatum* oil, which is used for bruises, skin irritations, and varicose veins’.<sup>167</sup>

So, although St. John’s wort was being prescribed by herbalists, it seems that they were not using it to treat mental health complaints.

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<sup>164</sup>WHO Monographs on Selected Medicinal Plants – Volume 1, <http://apps.who.int/medicinedocs/pdf/s2200e/s2200e.pdf>, p.7. (downloaded 12<sup>th</sup> Dec 2009).

<sup>165</sup>WHO Monographs on Selected Medicinal Plants – Volume 2, <http://apps.who.int/medicinedocs/pdf/s4927e/s4927e.pdf> p.153. (downloaded 12<sup>th</sup> Dec 2009).

<sup>166</sup>*Ibid.* p.154.

<sup>167</sup>Marina Radun, *Conservation and Utilization of St. John’s wort (Hypericum perforatum L.) in Herzegovina*, (Masters Thesis, International Master Programme at the Swedish Biodiversity Centre, 2007), p.3.



Likewise in the 1980s a series of interviews were conducted with the American folk healer Tommie Bass.<sup>168</sup> Describing himself as an Appalachian folk healer, Bass explains that he grew and gathered wild herbs himself to make his remedies and, having received no formal medical training, he states that his knowledge was gathered from experience and from other healers.<sup>169</sup> St. John's wort almost certainly grows wild in the area in which Bass collected his herbs, yet throughout his 1980 interviews he does not mention using it. Bass was subsequently interviewed again in the 1990s and his answers were included in Crellin et. al's *Herbal Medicine Past and Present: A reference guide to medicinal plants* (1990).<sup>170</sup> This time these authors specifically questioned Bass about remedies that had become popular in recent times and they mentioned St. John's wort as an example. Bass acknowledged that St. John's wort is 'a real famous medicine, highly recommended' and he says that he has heard that it is a good ingredient in 'salves' and that it can help with a 'run down condition',<sup>171</sup> but goes on to state that 'I never have used it in a medicine'.<sup>172</sup>

It is possible that the folk healers interviewed by Marina Radun had their own preferred methods for treating depression. Certainly Tommie Bass describes making a tea from a plant he calls Bay, which he prescribed to calm 'nerves and help you sleep'.<sup>173</sup> It seems strange, however, that if St. John's wort has such an established folk history that it should have gone out of fashion with folk healers by the twentieth century. It is also possible that alternative practitioners became aware of standardised St. John's wort in the 1990s in much the same way as other practitioners, as particularly Western medical herbalists here in Britain will sometimes prescribe ready-made OTC products that they believe are useful as well as making up their own remedies using plant material from scratch. Thus, Allen and Hatfield suggest that

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<sup>168</sup> D. Patton, *Tommie Bass: Herb Doctor of Shinbone Ridge*, (Back to Nature Publications, 1988).

<sup>169</sup> 'Doctors May Frown, But Hill People Say Herbalist Gives Ease', *Wall Street Journal*, 8<sup>th</sup> July 1985, p. 1.

<sup>170</sup> J.K. Crellin et al., *Herbal Medicine Past and Present: A Reference Guide to Medicinal Plants*, (Duke University Press, 1990 ), p.376.

<sup>171</sup> *Ibid.*

<sup>172</sup> *Ibid.*

<sup>173</sup> *Ibid.*, p.74.

‘despite the major place’ that St. John’s wort has ‘occupied in Germany allegedly as a folk cure, it may be that this particular use is wholly a legacy of learned tradition not truly a folk one at all’.<sup>174</sup> In effect they suggest that St. John’s wort’s use as a remedy for mood disorders was created rather than learned and it is possible that this came about only after standardised versions of the remedy were produced in Germany during the 1980s.

Furthermore, the historians Hoffmann and Manning suggest in *Herbal Medicine and Botanical Fads* (2002) that although St. John’s wort was used historically to treat a variety of illnesses, once conventional medicine began to dominate the way in which illness was understood, ‘the superstitions associated with St.-John’s-Wort led many physicians to dismiss it as a folk medicine’ although ‘eclectic medical practitioners in the United States [...] continued to use it for healing’.<sup>175</sup> Once again Hoffman and Manning establish that St. John’s wort was mostly used topically as an agent to heal ‘nerve damage’. However they go on to suggest that ‘by the early twentieth century it was widely used in Europe for neurosis, general restlessness, insomnia, and mental or emotional disorders caused by intellectual exertion’.<sup>176</sup> Although it is possible to validate the history of medical herbalism through printed sources, such as the herbals mentioned above, knowledge about medicinal folk remedies is notoriously difficult to validate as, by its very nature it is often ‘transmitted orally from generation to generation’ and no written records are kept.<sup>177</sup> It is likely that by the twentieth century, folk remedies such as St. John’s wort had been replaced by remedies sanctioned by conventional medicine.

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<sup>174</sup> *Ibid.* p.105.

<sup>175</sup> Frank Hoffmann and Martin Manning, *Herbal Medicine and Botanical Medical Fads*, (Haworth Press, 2002), p.196.

<sup>176</sup> *Ibid.*

<sup>177</sup> Chellaiah Muthu, ‘Medical Plants Used by Traditional Healers in Kancheepuram District of Tamil Nadu, India’, *Journal of Ethnobiology and Ethnomedicine*, 2 (2006), p.43.

### **3.5. Conclusion**

It transpires from printed sources dating from the seventeenth century that the plant St. John's wort has a history of medical use. However it also seems that the plant has not always been held in the highest esteem. In fact it is possible that the very reason farmers for centuries have complained about St. John's wort created its 1990s potential. St. John's wort grows effortless which in turn means that it is an inexpensive ingredient to cultivate. When standardised versions of the remedy became available in the 1990s, a sanitised and selective version of the plant's history was used to justify its modern use. More specifically it seems that a group of literature that became popular at this time, known as St. John's wort self-help books, cited standardised St. John's wort's re-invented history as evidence that these preparatory versions were both safe and effective.

## Chapter Four

### An examination of 1990s St. John's wort self-help literature

'In the early nineties, the world acquired a new concept – antidepressant wonder drug – and a new name – *Prozac*. As the nineties draw to a close, the world has acquired another concept – antidepressant wonder supplement- and St. John's wort (St. John's wort) is its name'.<sup>1</sup>

#### 4.1. Introduction

Standardised versions of St. John's wort became available in Britain and America in the 1990s. At this time it appears that other than the articles which were published in scientific and medical literature (discussed fully in Chapter Six) very little lay friendly literature existed on preparatory St. John's wort. However, during the 1990s a number of St. John's wort self-help books were published mainly in America and these became arguably the most comprehensive source of OTC St. John's wort information during this decade.<sup>2</sup> The first part of this chapter introduces these self-help books and evaluates how they present OTC St. John's wort to their intended lay readership. Firstly, it is evident that the self-help authors employ a number of strategies in order to establish St. John's wort as an effective alternative to conventional antidepressants. Secondly, it appears that these books provide practical advice on how to take the OTC remedy for mild to moderate depression and despite their

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<sup>1</sup> Baumel, *Natural Antidepressants*, p.9.

<sup>2</sup> Harold Bloomfield et.al., *Hypericum & Depression: Can Depression Be Successfully Treated With a Safe, Inexpensive, Medically Proven Herb Available Without Prescription?*, (Prelude Press, 1996); Steven Bratman, *Everything You Need to Know About St. John's wort and Depression*, (Prima publishing, 1999); Steven Bratman, *Beat Depression With St. John's wort*, (Prima Publishing, 1997); Hyla Cass, *All About St. John's wort*, (Penguin, 1999); Hyla Cass, *St. John's wort: Nature's Blues Buster*, (Penguin Group, 1998); Jill Rosemary Davies, *St. John's wort In a Nutshell: Healing Herbs*, (Element Books, 1999); Larry Katzenstein, *Secrets of St. John's wort*, (St. Martin's Paperbacks, 1998); Ran Knishinsky, *The Prozac Alternative*, (Inner Traditions, 1998); Michael Murray, *Natural Alternatives to Prozac*, (HarperCollins, 1999)., Alan Pressman, *St. John's wort: The Miracle Medicine*, (Dell Publishers, 1998); Norman Rosenthal, *St. John's wort: Your Natural Prozac*, (Thorsons, 1998); Norman Rosenthal, *St. John's wort: The Herbal Way to Feeling Good*, (HarperCollins, 1998); Norman Rosenthal, *St. John's wort: The Miracle Cure For Depression*, (Harper Mass Market Paperbacks, 1999); Michael Thase and Elizabeth Loreda, *St. John's wort the Miracle Herb: Nature's Mood Booster*, (HarperCollins, 1998); Carol Turkington, *The Hypericum Handbook: Nature's Antidepressant*, (M.Evans and Company, Inc., 1998); Jonathan Zuess, *The Natural Prozac Program: How to Use St. John's wort the Antidepressant Herb*, (Three Rivers Press, 1997).

overwhelming support of the remedy, most include some warnings of its potential side effects.

It is apparent that the St. John's wort self-help books promote themselves on the basis that they provide scientifically proven advice. Most of the books devote considerable attention to the scientific studies that had by the 1990s, proved standardised St. John's wort's safety and efficacy. In doing so it seems that the authors are acutely aware that by the 1990s the same standards of 'evidence based medicine' were expected of conventional and alternative medicines. In particular they suggest that the *BMJ's* decision to publish a review of St. John's wort research in 1996 was a turning point in the British and American interest in OTC St. John's wort. Likewise they recommend specific brands of standardised St. John's wort on the basis that these varieties were popular prescription medicines in Germany. They also draw attention to the medical and academic qualifications of the authors, as a way of justifying the advice given.

All of the St. John's wort self-help books promote standardised St. John's wort as a natural and therefore superior treatment option to conventional depression medicines. However, it seems that nearly all of them uphold the chemical imbalance theory of depression. It appears that St. John's wort's lack of side effects mean that the remedy is promoted on the basis that it is a safer alternative to conventional antidepressants. Once again this chapter raises the difficulty presented by defining OTC remedies. It seems that even the self-help authors are unclear about how to define standardised St. John's wort. The second part of this chapter argues that by the 1990s lay people had become disillusioned with conventional depression medicines. This claim is supported by a number of historians, sociologists and some of the St. John's wort self-help books. It seems that this disillusionment had encouraged some lay people to look for alternatives. It is further argued that a backlash to the 'wonder drug' Prozac was partly responsible for OTC St. John's wort's appearance on the British and American medical market place.

The final part of this chapter locates the St. John's wort self-help books within the wider context of self-help literature. It seems that by the 1990s a growing self-help movement had emerged following an ever growing demand for self-help advice.<sup>3</sup> It is argued that by the 1990s the cultural shift towards alternative medicines was accompanied by a number of mental health reforms. By this decade lay people were no longer content to conform to the traditional passive role expected of them in mental health treatment. Thus it is suggested that OTC St. John's wort allowed lay people to self-treat and self-diagnose depression, which in effect avoided the need for conventional medical intervention. As a result lay people were empowered and their status shifted from the submissive and irresponsible mental health patient to the conscientious consumer. In fact responsible self-treatment with OTC medicines was actively encouraged by conventional medical authorities in some circumstances and the use of St. John's wort was therefore tolerated.

#### **4.2. The 1990s St. John's wort self-help books, themes and ideas**

During the 1990s an array of self-help books were published on the subject of St. John's wort. Mainly printed by American publishers specialising in the mass production of inexpensive paperbacks,<sup>4</sup> their aim was dualistic. Firstly, they were designed to convince their readers that OTC St. John's wort is a viable treatment option for mild to moderate depression and secondly they provided accessible information on the practicalities of taking OTC St. John's wort. Throughout these books, the authors employ numerous techniques in order to convince the reader that OTC St. John's wort is a 'miracle herb'<sup>5</sup> and a 'miracle medicine'.<sup>6</sup> By utilising colloquial

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<sup>3</sup> Micki McGee, *Self-Help, Inc: Makeover Culture in American Life*, (Oxford University Press US, 2005).

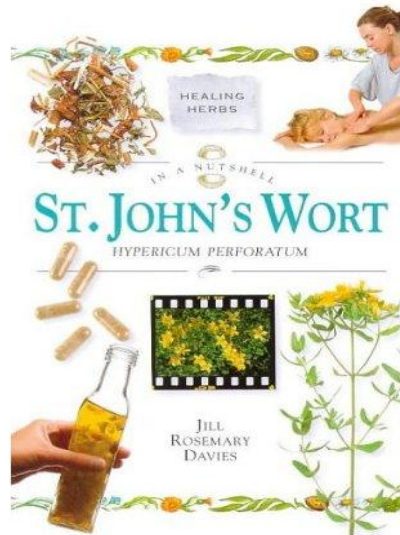
<sup>4</sup> See for example Katzenstein's, *Secrets of St. John's wort*. Published by the American publisher St. Martin's Paperbacks, which is part of the large Macmillan group, <http://us.macmillan.com/splash/about/index.html>

<sup>5</sup> Thase and Loreda, *St. John's wort the Miracle Herb*.

<sup>6</sup> Pressman, *St. John's wort: The Miracle Medicine*.

expressions, such as describing St. John's wort as being able to 'beat depression',<sup>7</sup> their intention is to present their information in a straightforward way.

All of the front covers of these books are optimistically bright, thereby implying that OTC St. John's wort, despite being a treatment for depression, is an agreeable treatment option. For example, Jill Rosemary Davies's (*In a Nutshell*) *St. John's wort* (1999), the shortest of all of the books considered in this chapter, uses a vibrant coloured picture of the plant St. John's wort alongside a woman receiving a massage to suggest not only that OTC St. John's wort is a natural product, but that it can also be consumed as part of a wider, healthy life-style choice (see image six).



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#### 6. Front cover of Jill Rosemary Davies, (*in a nut shell*) *St. John's wort* (1999).

Meanwhile, Larry Katzenstein's *Secret's of St. John's wort* (1998) takes a different approach to Davies (see image seven). His book is an altogether more exhaustive examination of the remedy. In a series of bullet points on the front cover, which in turn prove indicative of the overall tone of his book, he states that that standardised St. John's wort:

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<sup>7</sup> Bratman, *Beat Depression With St. John's wort*.

<sup>8</sup> Davies, *St. John's wort In a Nutshell*.

'Boosts energy, enhances brain power, costs a fraction of the price of prescription antidepressants, eases the symptoms of anxiety, insomnia, and PMS, and has few if any side-effects'.

It appears that all of the St. John's wort self-help books have an overall aim of providing comprehensive but lay friendly evidence of the remedy's efficacy and safety. They also supply detailed information on how to take the OTC remedy effectively and many explain that consumers should choose a brand of St. John's wort that contains standardised extracts of St. John's wort, because this indicates that it is a good quality product. For example, Katzenstein advises that:

'Most solid and liquid extracts of St. John's wort are standardised to contain 0.3 percent of hypericin by weight. So if you have a 300mg capsule of St. John's wort extract that is standardised to 0.3 percent hypericin, that capsule will contain 0.3 percent times 300mg, or 0.9 mg hypericin'.<sup>9</sup>

In fact Katzenstein recommends that people stay away from the, 'crude herb, liquid extracts, tablets, capsules, and teas' and should instead opt 'to buy the herb in the form of an extract, which comes in both liquid and solid forms'.<sup>10</sup> He goes further and states that if you do take the 'crude' versions of St. John's wort orally it 'probably won't do much for you at all'.<sup>11</sup> According to the authors the OTC pills contain a 'distilled down' version of the plant's most active ingredients, which once made into a pill are 'more palatable and easier to swallow'.<sup>12</sup> Katzenstein and the majority of the other authors recommend the German brand *Jarsin 300*, or the equivalent American and British *Kira*, which in the 1990s were made by the same manufacturers.<sup>13</sup>

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<sup>9</sup> Katzenstein, *Secrets of St. John's wort*, p.121.

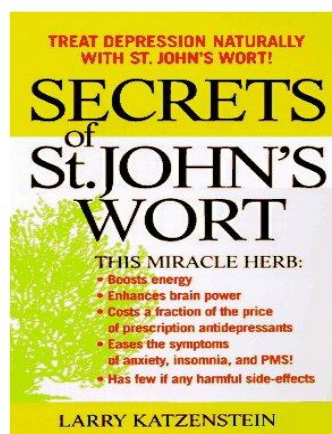
<sup>10</sup> *Ibid.*, p.120.

<sup>11</sup> *Ibid.*, p.128.

<sup>12</sup> *Ibid.*, p.120.

<sup>13</sup> *Ibid.*, p.122.





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## 7. Front cover of Larry Katzenstein's, *Secret of St. John's Wort* (1998).

Many of the books also offer safety advice about the remedy. For example, Stephen Bratman warns in his section on summing up of 'key information' that St. John's wort may interact with 'drugs that are metabolized by cytochrome P-450 CYP 1A1 and 1A2'. Consequently he recommends that his readers should ask their 'physician if you are taking any medications of this type'.<sup>15</sup> He also warns that St. John's wort may interact with other medicines such as those used to treat HIV and the blood thinner warfarin.<sup>16</sup> Meanwhile Larry Katzenstein suggests that consuming St. John's wort alongside certain types of food, may 'blunt the effectiveness of the herb', and in particular he recommends that the consumer refrains from drinking 'a lot of caffeinated coffee' and to 'minimize your use of alcohol'.<sup>17</sup> He also warns that St. John's wort is unsuitable for children, pregnant women and those with fair skin, as it can cause photosensitivity. Likewise he points out that those taking conventional antidepressants should not consume St. John's wort at the same time.<sup>18</sup> Rather confusingly, therefore, the self-help authors promote OTC St. John's wort partly on the basis that it is safer than conventional antidepressants, yet it appears from some, that the remedy may also have side effects.

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<sup>14</sup> Katzenstein, *Secrets of St. John's wort*.

<sup>15</sup> Bratman, *Beat Depression With St. John's wort*, pp.161 and 162.

<sup>16</sup> *Ibid.* p.110.

<sup>17</sup> Katzenstein, *Secrets of St. John's wort*, p.228.

<sup>18</sup> *Ibid.*, p.44-47.

All of the St. John's wort self-help authors place great emphasis on the fact that OTC St. John's wort is natural and on different occasions it is described as 'nature's bluesbuster'<sup>19</sup>, as 'Nature's Mood Booster'<sup>20</sup> and as 'Nature's Antidepressant'.<sup>21</sup> Another author states that 'an extract of St. John's wort [...] is perhaps the most effective natural antidepressant'.<sup>22</sup> Despite the fact that some of the self-help authors point out that 'natural does not always equal safe',<sup>23</sup> all of the books follow the premise that a remedy derived from nature is better than one that is artificially created. Thus they offer the notion that 'for individuals who seek help for symptoms of mild to moderate depression and want a gentler, more natural approach than drugs, St. John's wort could indeed be a splendid option'.<sup>24</sup> In other words, the self-help authors use their books to provide a series of reasons why OTC St. John's wort is a superior treatment option than conventional antidepressants.<sup>25</sup>

Previously in Chapter Two it was established that by the 1990s 'the management and treatment of depressive illness' within Britain was 'predominantly provided in primary care using antidepressant drugs'.<sup>26</sup> Likewise, in America by the 1990s conventional antidepressants were the treatment choice for mild to moderate depression. However, although a range of conventional antidepressants were available by this decade, it had become increasingly recognised that all antidepressants have unwanted side effects. Consequently, while clinical trials proved the effectiveness of antidepressants in treating symptoms of depression, in clinical practice they had poor efficacy rates. A number of reasons were put forward to explain this, such as inadequate dosing rates and patients failing to take the medicines for long enough periods. However, it was widely accepted that the main reason conventional antidepressants were failing in the 1990s was because lay people stopped taking them

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<sup>19</sup> Cass, *St. John's wort: Nature's Blues Buster*.

<sup>20</sup> Thase and Loreda, *St. John's wort the Miracle Herb*.

<sup>21</sup> Turkington, *The Hypericum Handbook*.

<sup>22</sup> Murray, *Natural Alternatives to Prozac*, p.130.

<sup>23</sup> Knishinsky, *The Prozac Alternative*, p.72.

<sup>24</sup> Bratman, *Beat Depression With St. John's wort*, p.xii.

<sup>25</sup> Katzenstein, *Secrets of St. John's wort*.

<sup>26</sup> O. Morgan et.al., 'Fatal Toxicity of Antidepressants in England and Wales, 1993–2002'.

due to their unwanted side effects.<sup>27</sup> All of the St. John's wort self-help authors heavily promoted standardised St. John's wort 'as a safe and effective treatment for mild to moderate depression',<sup>28</sup> on the basis that it 'has few if any harmful side effects'.<sup>29</sup>

So far it has become apparent that the OTC St. John's wort self-help authors celebrate this remedy because it is a natural, safe and tolerable alternative to conventional antidepressants, which by the 1990s had been widely acknowledged to have imperfections. All of the authors present evidence to back-up their claims and Alan Pressman declares, for example, that his book contains 'the latest research' and 'the latest breakthroughs'.<sup>30</sup> Meanwhile Steven Bratman promises to deliver 'Up-To-Date information',<sup>31</sup> and 'Science-Based Natural Health Information You Can Trust'.<sup>32</sup> Every one of the books draws their readers' attention to a greater or lesser degree, to the numerous scientific trials that had, by the 1990s, proved standardised St. John's wort to be safe and effective. Thus, while one states that scientists had initially believed St. John's wort's active ingredient to be Hypericin, by 1999 they had discovered 'a new kid [...] on the block', hyperforin, which 'may be more relevant than hypericin'.<sup>33</sup> Another suggests that in '1984 Japanese researchers believed they had uncovered the answer' as to why and how St. John's wort worked and he went on to explain that these scientists 'reported that hypericin, the main ingredient in St. John's wort, inhibited monoamine oxidase'.<sup>34</sup>

In effect, the authors explain the principle scientific theories on extracts of St. John's wort in lay-friendly terms. Most of these books were published after a key event in the British and American St. John's wort narrative. In 1996 the *BMJ* published several articles on St. John's wort. One in particular, published by Klaus Linde et.al,<sup>35</sup> summarized the findings of twenty three 'randomized double-blind clinical trials of St.

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<sup>27</sup> J. Donoghue and T. Hylan, 'Antidepressant Use in Clinical Practice: Efficacy v. Effectiveness', *British Journal of Psychiatry*, 179 (2001), pp.9-17.

<sup>28</sup> *Ibid*, p.1.

<sup>29</sup> Katzenstein, *Secrets of St. John's wort*.

<sup>30</sup> Pressman, *St. John's wort: The Miracle Medicine*.

<sup>31</sup> Bratman, *Beat Depression With St. John's wort*.

<sup>32</sup> Bratman, *Everything You Need to Know About St. John's wort and Depression*.

<sup>33</sup> Katzenstein, *Secrets of St. John's wort*, p.86.

<sup>34</sup> *Ibid*, p.79.

<sup>35</sup> Linde, et.al., 'St. John's wort For Depression', pp.253-256.

John's wort',<sup>36</sup> and this article in particular is heralded by many of the self-help authors as groundbreaking in that it proves conclusively that St. John's wort is both effective and safe.

However, despite the fact that scientists had identified several chemicals in the plant St. John's wort, the authors explain that there was a widespread opinion that it contained 'a complex mixture of compounds'<sup>37</sup> and that 'no one particular compound' is believed to be 'totally responsible for its medicinal effects'.<sup>38</sup> One author even admits that 'we do not really know how St. John's wort works'.<sup>39</sup> Thus they all work on the assumption that the evidence from scientific trials which had proved the remedy's efficacy and safety outweighed the fact that it was impossible to ascertain why the plant worked as an antidepressant. For anyone still unconvinced by the remedy, the author Rosenthal points out that 'researchers do not know for sure how any antidepressant works', thereby reminding readers that science was equally unclear as to why conventional antidepressants operated.<sup>40</sup>

As well as quoting scientific evidence to uphold their claims, the self-help authors also add further credence to the superiority of conventional science and medicine by publicising their qualifications on the front covers of their books and some even devote a whole page to a discussion of the appropriateness of these qualifications. It transpires that all of the self-help authors are qualified professionals and out of the thirteen books quoted in this chapter, six are written by conventional medical doctors; three are written by alternative practitioners, one of whom is a Western medical herbalist; one a doctor of naturopathy and the final alternative practitioner describes himself as a chiropractor and nutritionist/dietician. Therefore, although the authors are keen to stress the alternativeness of OTC St. John's wort, they are just as quick to cite scientific proof that it works and they draw attention to their qualifications. This suggests that by the 1990s the consumers of alternative medicines

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<sup>36</sup> Bratman, *Beat Depression With St. John's wort*, p.71.

<sup>37</sup> Rosenthal, *St. John's wort: The Herbal Way to Feeling Good*, p.166.

<sup>38</sup> Knishinsky, *The Prozac Alternative*, p.10.

<sup>39</sup> Bratman, *Beat depression With St. John's wort*, p.212.

<sup>40</sup> Rosenthal, *St. John's wort: The Herbal Way to Feeling Good*, p.37.

demanded reassurance and evidence to prove that they were taking appropriate remedies. In effect, by the 1990s the same principles of evidence-based medicine demanded within conventional medicine were being applied to some OTC remedies.

Although some of the self-help authors acknowledge that St. John's wort contains 'a complex mixture of compounds',<sup>41</sup> which in turn means that no one is really sure why it works, they all agree that depression results from a chemical imbalance in the brain. For example, Stephen Bratman states that depression results from 'low levels of certain brain chemicals'.<sup>42</sup> This theory, as discussed fully in Chapter Two, was first proposed in 1965 by Joseph Schildkraut, who discovered that levels of the brain chemical norepinephrine dropped during periods of depression.<sup>43</sup> By the 1990s although numerous types of conventional antidepressant medicines had been developed or discovered, all worked on a similar principle in that they altered levels of brain chemicals, which in turn reduced symptoms of depression.

It seems that the St. John's wort self-help literature relied heavily on lay people's acceptance of three pre-existing ideas. Firstly, that depression results from a chemical imbalance; secondly that such an imbalance can be corrected by the consumption of a pill; and finally the authors exploited the established tendency for celebrating new antidepressants as wonder drugs. In the words of one self-help author, 'in the early nineties, the world acquired a new concept – antidepressant wonder drug'.<sup>44</sup> However, the same author goes on to explain that by the end of the 1990s concerns had begun to surface about the safety of SSRIs and as a result of these concerns 'the world has acquired another concept – antidepressant wonder supplement - and St. John's wort (St. John's wort) is its name.'<sup>45</sup>

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<sup>41</sup> Rosenthal, *St. John's wort: The Herbal Way to Feeling Good*, p.166.

<sup>42</sup> Bratman, *Everything You Need to Know About St. John's wort and Depression*, p.39.

<sup>43</sup> J.J.Schildkraut, 'The Catecholamine Hypothesis of Affective Disorders: A Review of Supporting Evidence', *American Journal of Psychiatry*, 519 (1965), p.22.

<sup>44</sup> Baumel, *Natural Antidepressants*, p.9.

<sup>45</sup> *Ibid.*

The chemical imbalance theory of depression has been criticised by David Healy and Joanna Moncrieff among others (see Chapter Two).<sup>46</sup> Nevertheless by the 1990s the conventional hypothesis for understanding depression revolved around the notion that depression resulted from low levels of certain brain chemicals. Healy points out that by the 1990s it was thought that low levels of 'serotonin' in particular caused depression,<sup>47</sup> and although he demonstrates that 'no abnormality of serotonin in depression has ever been demonstrated',<sup>48</sup> this theory was upheld by the St. John's wort self-help authors. In effect they publicised standardised St. John's wort as a literal alternative pill that could be taken instead of conventional antidepressants, because they worked in exactly the same way. It seems therefore that standardised St. John's wort was being described as an alternative remedy that was suitable for the treatment of a conventional illness.

Standardised St. John's wort was created in a laboratory in much the same way as conventional antidepressants (see Chapter Six). This fact raises the question as to what exactly constitutes an alternative remedy. According to the printed sources analysed in Chapter Three it appears that the plant St. John's wort was mentioned by practitioners specialising in folk and herbal remedies. However it is far from clear where its medical origins lie and this dilemma is expressed by the self-help authors who are equally unsure about how to classify St. John's wort's medical roots. Some authors claim that the use of St. John's wort stems from traditional Western herbal medicine.<sup>49</sup> Others claim that its use has its roots in folk medicine and that St. John's wort is therefore a folk remedy.<sup>50</sup> For example Ran Knishinsky claims that 'true to its folklore' St. John's wort is able to treat mild to moderate depression.<sup>51</sup> It was established earlier in Chapter Three that medicinal folk remedies are notoriously difficult to validate as

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<sup>46</sup> For example, Healy, *The Antidepressant Era*, suggests that pharmaceutical companies effectively created mental health conditions to fit the actions of the drugs they developed and Moncrieff, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment*, argues that the chemical imbalance theory is an unproven myth.

<sup>47</sup> Healy, *The Antidepressant Era*, p.112.

<sup>48</sup> *Ibid.*, p.12.

<sup>49</sup> Davies, *St. John's wort In a Nutshell*.

<sup>50</sup> Murray, *Natural Alternatives to Prozac*, p.130.

<sup>51</sup> Knishinsky, *The Prozac Alternative*, p.1.

information about them is often ‘transmitted orally from generation to generation’,<sup>52</sup> however, many of the self-help authors and media articles (discussed in Chapter Five) simply refer to standardised St. John’s wort as alternative.

By the time that OTC St. John’s wort became available on the British and American market, its use in Germany was well established. In fact in Germany it had become the main treatment prescribed by conventional medical doctors for the treatment of mild to moderate depression. The St. John’s wort self-help authors highlight this fact as yet further evidence that St. John’s wort was a viable option and they state that by the 1990s St. John’s wort was ‘already the favored therapy for depression in Germany’,<sup>53</sup> and that in Germany, ‘where the bulk of the research on St. John’s wort was conducted, the herbal remedy claims more than 50 percent of the antidepressant market’.<sup>54</sup> Some of the authors go further and suggest that alternative medicine had become accepted by some sections of conventional medicine.

For example Ran Knishinsky suggests at the end of the 1990s that ‘herbal remedies and other alternative therapies’ as a whole were becoming customary in ‘conventional medical circles’.<sup>55</sup> He goes onto suggest that there were three main reasons for this emerging trend. Firstly, alternative treatments offer ‘advantages in dealing with ailments that standard medicine may be ineffective in treating’. Secondly, alternative treatments often have a ‘lack of serious side effects’, and thirdly, they ‘tend to support rather than interfere with the body’s normal healing process’.<sup>56</sup> Consequently, he suggests that ‘for these reasons and many more, physicians and patients are frequently combining natural and conventional approaches to create a more successful and individualized program of treatment’.<sup>57</sup>

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<sup>52</sup> Chellaiah Muthu, ‘Medical Plants Used By Traditional Healers in Kancheepuram District of Tamil Nadu, India’, *Journal of Ethnobiology and Ethnomedicine*, 2 (2006), p.43.

<sup>53</sup> Knishinsky, *The Prozac Alternative*, p.1.

<sup>54</sup> *Ibid.*, p.5.

<sup>55</sup> *Ibid.*, p.10.

<sup>56</sup> *Ibid.*

<sup>57</sup> *Ibid.*

### 4.3. St. John's wort self-help books: what prompted the interest in OTC St.

#### John's wort?

The 1990s St. John's wort self-help books were published with two main aims. Firstly they promoted standardised St. John's wort as a viable natural alternative to antidepressants and they emphasised, for example, that it had fewer side effects. Secondly, they provided simplistic advice on how to take the OTC remedy. However they also made the claim that OTC St. John's wort was the perfect answer for people who had become dissatisfied with conventional antidepressant treatment options. It has been established by medical historians and sociologists that a growing shift towards alternative medicine had been taking place in Britain and America prior to the 1990s.

For example, the sociologist Rosalind Coward suggests that by the end of the 1980s, there had been a 'dramatic change in public attitudes to health',<sup>58</sup> and she goes on to establish that 'obviously' lay people look to alternative medicine because they have become dissatisfied with orthodox medicine.<sup>59</sup> Coward's analysis demonstrates that during the 1950s and 1960s bio-medicine was considered to be overwhelmingly successful, as advancements such as a vaccine against polio had resulted in a 'basic optimism in the medical establishment'.<sup>60</sup> It seems that by the 1970s and 1980s interest in alternative remedies resulted from an entirely new way of understanding illness and the body. Up until the 1970s 'health was something dispensed by the doctor',<sup>61</sup> but by the 70s and 80s 'attending to health and well-being' had 'become a major cultural obsession'.<sup>62</sup> In effect by these decades Coward suggests that lay people were being encouraged to lead healthy life-styles and to invest time and money on achieving optimal health and were therefore expected to take responsibility for their health.

OTC St. John's wort appeared at a time when British and American lay people had become increasingly disillusioned with conventional medicine therefore. However,

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<sup>58</sup> Coward, *The Whole Truth*, p.4.

<sup>59</sup> *Ibid*, p.6.

<sup>60</sup> *Ibid*, p.1.

<sup>61</sup> *Ibid*, p.2.

<sup>62</sup> *Ibid*, p.197.



it also appeared at a time when lay people had the freedom to purchase a wide variety of OTC products. In particular OTC St. John's wort offered an inexpensive antidepressant option for lay people, something which the self-help author Larry Katzenstein makes reference to on his front cover when he declares that St. John's wort 'costs far less than prescription antidepressants'.<sup>63</sup> The St. John's wort self-help books were largely written for an American audience, who by the 1990s paid for their prescription drugs, either directly or through health insurance. By the 1990s antidepressants in the UK were prescribed by GPs for either a minimal payment by the patient, or if they were in receipt of social benefits, the patients received them for free.

Standardised OTC St. John's wort partly appealed because, as the self-help authors had suggested, it represented a treatment option that empowered people with depression to become consumers, as opposed to mental health patients. It appears therefore that OTC St. John's wort upholds Coward's suggestion that people were being encouraged to take responsibility for their own health and the St. John's wort self-help author Knishinsky states that his self-help book provides information so that patients can make up their own minds about their treatment.<sup>64</sup>

It also appears that by the 1990s lay people had not only become disappointed with conventional medicine as a whole, but specifically with psychiatry and treatments for mental illness. Allan Leventhal and Christopher Martell suggest that by the early 1980s there was a 'crisis for the field of psychiatry'. They begin by arguing that psychiatry has always been seen as secondary to other branches of medicine and they go on to suggest that by the 1990s major psychiatric theories were being criticised. For example they suggest that initially the chemical imbalance theory of depression had given psychiatry a 'place as a more respected medical profession', because it emphasised 'biological and biochemical treatments'. In effect it proved that psychiatric

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<sup>63</sup> Katzenstein, *Secrets of St. John's wort*.

<sup>64</sup> Knishinsky, *The Prozac Alternative*, p.1.

illness resulted from biological rather than psychological origins. However, Leventhal and Martell argue that by the 1980s psychiatry was struggling to prove this theory.<sup>65</sup>

By the 1990s a new group of antidepressants had been launched. Known collectively as SSRIs, these wonder drugs were launched with the explicit promise that they had fewer side effects than their predecessors. Likewise it was reported that they could treat symptoms of depression without 'seriously diminishing' people's 'ability to function'.<sup>66</sup> However, despite initial optimism accredited to SSRIs, they too proved to have unwanted side effects and the St. John's wort self-help authors were aware of these concerns. Therefore, as well as suggesting that standardised St. John's wort could be used as replacement remedy for most conventional antidepressants, they targeted the troubled SSRIs in particular. More specifically they directed their attention to 'the best known' SSRI, Prozac.<sup>67</sup>

By the 1990s Prozac had become arguably the best selling antidepressant of all time. In fact the widespread use of Prozac during this decade was so well established, that it has been described as a 'symbol for a generation'.<sup>68</sup> Belonging to the group of medicines collectively described as the 'wonder drugs of the 1990s',<sup>69</sup> Fluoxetine, which traded under the name Prozac, was launched by Eli Lilly in America and Canada in 1988 and in the UK in 1989. It very quickly became the best selling SSRI and its manufacturers devoted much of its initial publicity to the fact that it had very few side effects. It was also promoted on the basis that, like other SSRIs, it was available as a single daily dose. These two selling points appealed both to practitioners and lay people,<sup>70</sup> and Prozac was launched alongside declarations that it was a miracle cure.

One American magazine, which is devoted entirely to financial matters, tipped Prozac to make its manufacturers Eli Lilly a substantial return as, 'it not only alleviates depression' but also 'appears to help people lose weight, quit smoking, and stop

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<sup>65</sup> Allan M. Leventhal and Christopher R. Martell, *The Myth of Depression As Disease: Limitations and Alternatives to Drug Treatment*, (Greenwood Publishing Group, 2006), p.28.

<sup>66</sup> *Ibid.*

<sup>67</sup> Healy, *Let Them Eat Prozac*, p.xii.

<sup>68</sup> *Ibid.*

<sup>69</sup> 'Happy Ever After Prozac?', *The Times*, December 11<sup>th</sup>, 2004, p.4.

<sup>70</sup> Healy, *Let Them Eat Prozac*, p.37.

drinking'. As the magazine pointed out these three factors are 'obviously [...] three huge markets if the drug works out'.<sup>71</sup> Although officially launched in 1988 the first hints about Prozac's apparent benefits reached the American media in 1986, when it was reported in the *New York Times* that Eli Lilly were not only hoping to market Prozac as an antidepressant, but that they were also 'conducting trials to evaluate its use to treat obesity'.<sup>72</sup>

It has been suggested that the American public's awareness of the potential benefits of Prozac were mainly shaped by Eli Lilly's prosperous advertising campaign (see image eight). In America, where drug manufacturers are legally allowed to advertise drugs to the public, magazines carried adverts promising that Prozac is 'not a tranquilizer: It won't take away your personality. Depression can do that, but Prozac can't'.<sup>73</sup> If and when these adverts mentioned non-drug treatments such as talking therapies, they were presented as 'a secondary measure for use after a patient had begun to respond to the SSRI, rather than as a genuine alternative'.<sup>74</sup> Prozac was also celebrated in the American popular media. In March 1990 for example, *Newsweek* magazine published a very positive article entitled 'Prozac: A Breakthrough Drug for Depression'.<sup>75</sup> Eli Lilly's advertising strategies, coupled with the impact of positive popular media reports were said to have had a dramatic impact on the American public's perception of Prozac as 'right from the time of its launch in America, patients were lining up asking for Prozac by name'.<sup>76</sup>

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<sup>71</sup> Andrew Serwer and William Hayes, 'Portfolio Talk Still Prescribing Drug Stocks', *CNNFortune*, February 16<sup>th</sup> 1987.

<sup>72</sup> 'The Ever-Fatter Buisiness of Thinness', *The New York Times*, September 7<sup>th</sup>, 1986, p.30.

<sup>73</sup> Example of an advertising pitch cited in Simon Gilbody et.al., 'Direct-to-Consumer Advertising of Psychotropics', *British Journal of Psychiatry*, 185 (2004), p.1.

<sup>74</sup> *Ibid.*

<sup>75</sup> 'Prozac: A Breakthrough Drug for Depression', *Newsweek*, March 26<sup>th</sup> 1990, front page headline.

<sup>76</sup> Healy, *Let Them Eat Prozac*, p.38.



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## 8. Advertisement for Prozac, (c.1996).

However, unlike America, Britain had strict laws in place during the time of Prozac's launch, designed to protect lay people from drug manufacturer's advertising. Thus adverts for Prozac were directed only at medical practitioners through journals and leaflets sent directly to general practitioner's surgeries. However, news of Prozac's apparently extraordinary abilities reached the British public through the medium of popular culture. For example, in the 1990s two best-selling books were published in which Prozac was celebrated.

The American psychiatrist's Peter Kramer's *Listening to Prozac* (1993) declared that following treatment with Prozac he had seen patient after patient become 'better than well'.<sup>78</sup> Crucially Prozac not only impressed practitioners but also patients and Elizabeth Wurtzel's best seller *Prozac Nation: Young and Depressed in America – A Memoir* (1994),<sup>79</sup> follows her harrowing struggle to find a way of coping with depression and the aftermath of self-harming, miscarriage, alcohol and illegal drug abuse and numerous suicide attempts. We learn from her that she felt her progressive team of psychiatrists' decision to put her on the newly developed SSRI Prozac was fortuitous

<sup>77</sup> J.M. Metzler, *Prozac on the Couch*, (Duke University Press, 2003), p.161.

<sup>78</sup> Dr. Peter Kramer, *Listening to Prozac: A Psychiatrist Explores Antidepressant Drugs and the Remaking of the Self*, (Viking Adult, 1993), p.xv.

<sup>79</sup> Elizabeth Wurtzel, *Prozac Nation: Young and Depressed in America – A Memoir*, (Houghton Mifflin Company, 1994).

and Wurtzel gives Prozac the ultimate accolade after crediting it as the 'drug that saved my life and jump-started me out of a full-time state of depression'.<sup>80</sup>

Prozac's wonder drug status did not last long, however. Professional and lay celebration dramatically curtailed after it was noted only three years after its American launch that Prozac was similar to its predecessors in that it also caused unwanted side effects. In 1990, the *American Journal of Psychiatry* (AJoP) published two letters and an article raising concerns from practising clinicians who had been prescribing Prozac. The two letters mentioned side effects, and while the first focussed on the side effects of eye tics and hearing impairments,<sup>81</sup> the second reported that a much higher than expected number of patients were reporting anorgasmia following treatment with Prozac.<sup>82</sup>

However a publication from Martin Teicher and his team at Harvard Medical School, prompted an immediate reaction from the popular media and general public. Teicher and his team had established that six patients that they had treated reported 'intense suicidal preoccupation' following treatment with Prozac.<sup>83</sup> In turn, the St. John's wort self-help authors exploited the growing concerns surrounding Prozac and published their St. John's wort books under titles such as, *The Natural Prozac Program: How to Use St. John's Wort, the Anti-Depressant Herb*;<sup>84</sup> *Natural alternatives to Prozac*;<sup>85</sup> *The Prozac Alternative*;<sup>86</sup> and *St. John's wort: Your Natural Prozac* (see image nine).<sup>87</sup> All of these books make similar claims along the lines that St. John's wort 'provides measurable relief to people with mild and moderate depression with out the side effects of drugs like Prozac'.<sup>88</sup>

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<sup>80</sup> *Ibid.* p.304.

<sup>81</sup> Malcolm Cunningham et.al., 'Eye Tics and Subjective Hearing Impairment During Fluoxetine Therapy', *The American Journal of Psychiatry*, 147 (1990), pp.947-948.

<sup>82</sup> Jeremy S. Musher, 'Anorgasmia With the Use of Fluoxetine', *The American Journal of Psychiatry*, 147 (1990), p.948.

<sup>83</sup> Martin Teicher et.al., 'Emergence of Intense Suicidal Preoccupation During Fluoxetine Treatment', *The American Journal of Psychiatry*, 147 (1990), pp.207-210.

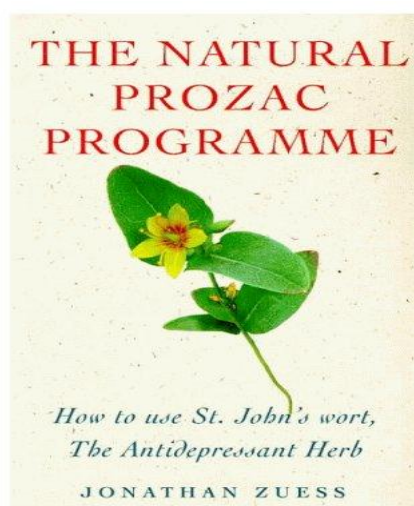
<sup>84</sup> Zuess, *The Natural Prozac Program*.

<sup>85</sup> Murray, *Natural Alternatives to Prozac*.

<sup>86</sup> Knishinsky, *The Prozac Alternative*.

<sup>87</sup> Rosenthal, *St. John's wort: The Herbal Way to Feeling Good*.

<sup>88</sup> Knishinsky, *The Prozac Alternative*, p.1.



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**9. Front cover of Jonathan Zuess's, *The Natural Prozac Programme* (1997).**

Side effects of antidepressant medicines have been well known within the confines of psychiatry. Moreover as primary care practitioners became increasingly responsible for managing milder mental illnesses, patient complaints about side effects were reportedly common. However, conventional practitioners often consider the benefits of psychiatric medications to outweigh the side effects. For patients taking psychiatric medication any unwanted side effect is of great consequence. Despite this, in a recent study conducted in Britain, for example, it was found that 'GPs reported generally very positive attitudes towards antipsychotic drugs. A vast majority (86%) thought that the benefits of antipsychotic drug treatment far outweigh the risk associated with it'.<sup>90</sup> However, while mild side effects of SSRI's like Prozac could be dismissed, in the 1990s other SSRIs had been directly linked to violence and suicide among their users and these extreme side effects could not be overlooked by manufacturers and practitioners.

Indeed concerns about Prozac were promptly picked up by the American popular media. It seems that newspapers and magazines increasingly reported the growing anxieties of medical practitioners and patients. For example, in July 1990 the

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<sup>89</sup> Zuess, *The Natural Prozac Program*.

<sup>90</sup> Josef Helbling et al., 'Attitudes to Antipsychotic Drugs and Their Side Effects: A Comparison Between General Practitioners and the General Population', *BMC Psychiatry*, 6 (2006). Found at <http://www.biomedcentral.com/147-244X/6/42>

American magazine *Time* published a damning article in which it linked Prozac to suicide and revealed that in parts of America lay people had formed 'suicide "survivor" groups' in order to help each other after they had had 'bad experiences with the drug'.<sup>91</sup> For the American lay person in particular, the message about Prozac was confusing. The year after Wurtzel waxed lyrical about Prozac's abilities, the publication of Peter Breggin's *Talking back to Prozac* (1995) saw Prozac utterly denigrated (see image ten). By 1995 the American public were by now well informed about the risks associated with Prozac,<sup>92</sup> so Eli Lilly launched a 'US\$15–20 million print advertising campaign in major magazines' in 1997 in order to improve Prozac's reputation.<sup>93</sup> By the mid 1990s American families of victims and perpetrators of violence were taking legal action against Eli Lilly on the basis that treatment with Prozac was making people violent.

Meanwhile in the UK the BBC1 Everyman documentary *Welcome to Happy Valley* was aired on the 14<sup>th</sup> August 1994. The programme, in taking a balanced view, went to America to interview Dr. Jim Goodwin, a psychologist whose readiness to prescribe Prozac earned him the title of 'pied piper of Prozac'. The opposite side of the argument was forwarded by Dr. Peter Breggin who warned that Prozac was not the 'quick fix' as promised and along with members of the Prozac Survivors' Support Group the viewer is told about the Prozac's association with violence and suicide. In October 1999 *The Guardian's* health editor, made the British public even more aware of the growing concerns surrounding Prozac after it published an article describing the link between Prozac and suicide and informed the British public about the numerous law suits which were taking place in America. However while fears may well have dissuaded some lay people from taking SSRIs, *The Times* newspaper warned in 2007

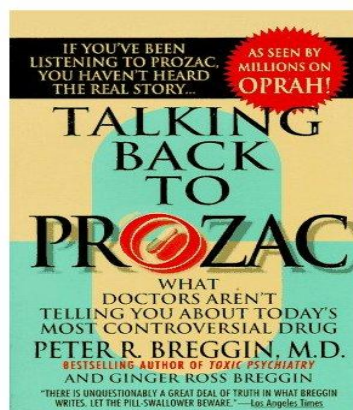
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<sup>91</sup> Andrew Purvis and Anastasia Toufexis, 'Warnings About a Miracle Drug', *Time*, July 30<sup>th</sup> 1990, <http://www.time.com/time/magazine/article/0,9171,970784,00.html><http://www.time.com/time/magazine/article/0,9171,970784,00.html> (downloaded 19<sup>th</sup> August 2010).

<sup>92</sup> Breggin and Breggin, *Talking Back to Prozac*.

<sup>93</sup> Simon Gilbody et.al., 'Direct-to-Consumer Advertising of Psychotropics', *British Journal of Psychiatry*, 185 (2004), p.1.

that 'Britain becomes a Prozac nation',<sup>94</sup> and *The Sun* described the situation for high antidepressant use under the headline 'Sad Brits "hooked" on drugs'.<sup>95</sup>



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#### 10. Front cover of Peter Breggin's *Talking Back to Prozac* (1995).

The St. John's wort self-help authors are mostly in agreement that the backlash to SSRIs such as Prozac during the 1990s influenced lay people's decision to explore other treatment options for depression. Thus it seems that it was not a coincidence that OTC St. John's wort was launched in Britain and America during a time of crisis for conventional antidepressants, as this proved to be an ideal time to promote such a remedy. However, what does appear peculiar is that by the mid 1990s standardised St. John's wort had glowing scientific and medical testimonies regarding its safety and efficacy (see Chapter Six), so much so that it had become the prescribed treatment of choice in Germany.

Although the German government licensed standardised St. John's wort, it refused to licence many of the SSRIs that became available at this time. Officially this was because their regulating body had fears over the safety of SSRIs. Unofficially this refusal formed part of a much wider anti-American sentiment that was being experienced in Germany at the time. However, while it appears that to a certain extent the backlash to conventional antidepressants explained the basis for the British and American interest in OTC St. John's wort, the remainder of this chapter suggests that

<sup>94</sup> 'Britain Becomes a Prozac Nation', *The Times*, May 14<sup>th</sup> 2007, p.1.

<sup>95</sup> 'Sad Brits 'Hooked' On Drugs', *The Sun*, May 14<sup>th</sup> 2007, p.22.

<sup>96</sup> Breggin and Breggin, *Talking Back to Prozac*.



there may be another reason why standardised St. John's wort did not become licensed as a prescription medicine in Britain and America at this time. Aside from the suggestions made by David Healy that powerful manufacturers of conventional medicines effectively dictated health policy by the 1990s, this chapter suggests that OTC St. John's wort may actually have filled a positive function as it encouraged lay people to uphold the growing principles of self-help, self-care and self-treatment that were being increasingly promoted by health authorities.

#### **4.4. St. John's wort self-help and the wider situation for self-help, self-care and self-treatment.**

The British and American interest in standardised St. John's wort took place at a time when concerns about conventional depression treatments had inspired some lay people to seek out alternatives. However, the St. John's wort self-help books formed part of a much wider genre of self-help literature that was available by the 1990s. This type of literature, which is written by experts but is aimed at lay people, offers advice on a range of conditions. Demand for self-help books was high at this time and between 1991 and 1996 the sales of self-help books in America, for example, rose by ninety six percent.<sup>97</sup> Thus the rise in sales figures suggests that by the 1990s lay people were turning to self-help literature as an alternative source of social, medical and psychological support.

Although the topics covered by self-help books are wide ranging and not always related to health, the general premise behind them is the same, namely that the reader can help themselves to overcome whatever difficulties they are facing by following a set of suggestions from the author. Arguably the first self-help book of the modern genre was written by the British writer Samuel Smiles when his book *Self-Help* was published in 1859. Written in order to give young people advice on applying themselves 'to right pursuits' it promised to help 'working- and lower-middle-class men to climb the

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<sup>97</sup> Micki McGee, *Self-Help, Inc: Makeover Culture in American Life*, p.11.

ladder of social and economic success' by providing tips on how to help themselves.<sup>98</sup>

Overall *Self-Help* emphasised Smiles's firm belief that:

'Help from without is often enfeebling in its effects, but help from within invariably invigorates. Whatever is done for men or classes, to a certain extent takes away the stimulus and necessity of doing for themselves; the inevitable tendency is to render them comparatively helpless'.<sup>99</sup>

As a publication it proved enormously popular, with 20,000 copies printed and sold within the first year and by the time of Smiles's death it had sold over 'a quarter of a million copies'.<sup>100</sup> Further evidence of its success is evident from the fact that while Smiles was alive it was translated into several other languages.<sup>101</sup> The historian Peter W Sinnema claimed that over night Smiles became a 'leading pundit and much-consulted guru',<sup>102</sup> and the historian Kate Williams describes Smiles as the 'Grandfather of self-help'.<sup>103</sup> Both Sinnema and Williams claim that Smiles's *Self-Help* inspired the multitude of self-help publications that were published throughout the twentieth century.

Thus the popularity of *Self-Help* suggests that the lay person's interest in self-help literature was established many decades or even centuries prior to the 1990s. Furthermore, while Smiles's idea that wellness can result from discipline and self-reliance pre-dates his book, his belief that people can learn to help themselves reflected a much broader Victorian social movement in which the working classes were encouraged to help themselves.<sup>104</sup> Francis Michael Longstreth Thompson explains that by this era there was a 'thriving independent tradition of working-class self-help in health matters'.<sup>105</sup> Citing the abundance of friendly societies and insurance companies which had emerged during this time, Thomson regards this movement as positive.

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<sup>98</sup> Samuel Smiles, *Self-Help: With Illustrations of Conduct and Perseverance*, (2<sup>nd</sup> Edition, Ticknor and Fields, 1863), p.vi.

<sup>99</sup> *Ibid.*, p.vii.

<sup>100</sup> *Ibid.*

<sup>101</sup> *Ibid.*

<sup>102</sup> *Ibid.*

<sup>103</sup> Kate Williams, 'The Grandfather of Self-Help', broadcast on BBC Radio Four, 2<sup>nd</sup> July 2009, 11:30 GMT.

<sup>104</sup> Francis Michael Longstreth Thompson, *The Cambridge Social History of Britain 1750-1950: Social Agencies and Institutions*, (Cambridge University Press, 1993).

<sup>105</sup> *Ibid.*, p.219.

However, it is possible that lay people were encouraged to help themselves not because of a wider move towards emancipation, but because of pure financial necessity. Friendly societies were formed because working-class people had very little expendable finance and at a time when medical treatment was expensive, funding for treatment was often unobtainable privately; thus, people were encouraged to pay into funding schemes which would pay out in times of need.

It could be argued that by the 1990s lay people were already being encouraged to take some responsibility for their health care. By this decade self-help books relied on the notion that they offered their readers independent and credible information so that they could make informed decisions about their health care options. More specifically the St. John's wort self-help books were published at a time when, despite the fact that the remedy was easily available, very little information on how to take it existed. Consequently the self-help books found a niche selling point in the final years of the 1990s because they offered practical information on dose rates as well as providing a political argument for taking the OTC remedy as opposed to conventional antidepressants. The author Knishinsky suggests that 'it is the responsibility of consumers to inform themselves about the supplements they take' and thereby promotes his book on the basis that it contains correct information.<sup>106</sup> Indeed the lack of information on standardised St. John's wort at this time meant that a rather ludicrous situation emerged in which the St. John's wort self-help authors, who had proclaimed themselves at this point to be the only experts on the remedy, quoted each other for information.

For example, Knishinsky cites Jonathan Zeuss's *The Natural Prozac Program* (1997), for evidence of how to use St. John's wort in children under twelve.<sup>107</sup> Indeed this lack of reliable information was not just confined to St. John's wort at this time. Overall information on 'health supplements' was difficult to find in the UK in particular and as a result the *Health Supplements Information Service* (HSIS) was founded in

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<sup>106</sup> Knishinsky, *The Prozac Alternative*, p.72.

<sup>107</sup> *Ibid.*, p.89.

1999. Set up in order to provide 'up-to-date information about vitamins, minerals and food supplements' this organization provided advice on OTC St. John's wort.<sup>108</sup>

However, the HSIS is 'co-ordinated by the less than independent, *Proprietary Association of Great Britain*',<sup>109</sup> which claims to 'promote responsible consumer health care' while representing the 'manufacturers of over-the-counter medicines and food supplements in the United Kingdom' since 1919.<sup>110</sup>

By the end of the 1990s the British media had been promoting the use of St. John's wort as an OTC remedy for depression. However the conventional medical profession appears to have been slow to respond to the appearance of this product and even more surprisingly the subdivision of the medical establishment responsible for mental health was even slower to respond. Evidence for this can be gleaned from a 2004 article in the *British Psychiatric Bulletin*. Published by the Royal College of Psychiatrists the article 'Surely you take complementary and alternative medicines?',<sup>111</sup> ascertains that 'a substantial proportion of our patients use or consider using' CAM.<sup>112</sup> It warns that psychiatrists should not only 'acknowledge this' but that they should also 'know something about the subject', so that they can keep up-to-date with current 'developments in the field'.<sup>113</sup> Having established this they point out that even for them as articulate and educated professionals, 'required knowledge is not easy to find'.<sup>114</sup> In America and Britain 1990s OTC St. John's wort had a miscellaneous classification. Although the OTC products contained the herb St. John's wort, its synthetic make-up qualified it as a nutritional supplement rather than a herbal remedy in the strictest unprocessed sense. Knishinsky explains that St. John's wort is not a drug either, as herbs are unlike drugs. He explains that drugs are made to an exact replicable formula and often contain only one main active ingredient. In comparison, herbs have many ingredients and it is therefore hard to distinguish which of these is responsible for the

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<sup>108</sup> <http://www.hsis.org/FAQ/faq.html>

<sup>109</sup> *Ibid.*

<sup>110</sup> <http://www.pagb.co.uk/>

<sup>111</sup> Traolach Brugha, et al. 'Surely You Take Complementary and Alternative Medicines?', *Psychiatric Bulletin*, 28 (2004), pp.36-39.

<sup>112</sup> *Ibid.*, p.36.

<sup>113</sup> *Ibid.*

<sup>114</sup> *Ibid.*, p.37.

healing effects.<sup>115</sup> The self-help author Katzenstein bemoans the fact that in America OTC St. John's wort was licensed as a nutritional supplement rather than a medicine in the 1990s, which he claimed had the effect of reducing the product's status.<sup>116</sup> It is possible that there was confusion and ignorance surrounding the availability of OTC St. John's wort at this time and indeed there was certainly the assumption that because products containing the herb were being sold OTC this automatically meant that they were safe.

Thus the dissemination of lay-friendly knowledge and details about correct consumption habits was the forte of the 1990s St. John's wort self-help literature. However, the wider genre of self-help literature has received criticism. For example, Steve Salerno claims that by the 1990s America had become obsessed with self-help and in his critique of this fixation he declares that the majority of self-help literature is written by people who despite, 'holding the thinnest of credentials diagnose in basically normal people symptoms of inflated or invented maladies, so that they may then implement remedies that have never been shown to work'.<sup>117</sup> Salerno's premise that self-help has 'infected health care' works on the basis that the lay public have been duped into believing that they have illnesses when they are in fact healthy and that they need self-help literature in order to overcome these mythical illnesses. Salerno blames the authors and publishers of self-help books for irresponsibly making a profit out of vulnerability and describes self-help as an 'aggressive new wing of alternative medicine that shoos people away from proven mainstream treatments'.<sup>118</sup>

Micki McGee is another outspoken critic of self-help literature. She suggests in her study of the American self-help industry that 'the ideal of self invention has long infused American culture'.<sup>119</sup> In effect, in America success is measured in terms of financial worth and McGee claims that self-help publications appealed because by the middle of the twentieth century Americans were living during a time of financial and

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<sup>115</sup> Knishinsky, *The Prozac Alternative*, p.9.

<sup>116</sup> Katzenstein, *Secrets of St. John's wort*, p.23.

<sup>117</sup> Steve Salerno, *SHAM: How the Gurus of the Self-Help Movement Make Us Helpless*, (Nichola Brearley Publishing, 2005), p.2.

<sup>118</sup> *Ibid.* p.3.

<sup>119</sup> McGee, *Self-Help*, p.11.

social insecurity. Higher rates of unemployment and family breakdowns caused widespread social instability and lay people became anxious. Consequently, during these insecure times, people were encouraged to manage their uncertainty by working 'longer and harder' and by investing in themselves in order to 'continuously improve themselves'. Thus the emerging self-help market became a 'social safety net' and Americans were 'offered row upon row of self-help books to boost their spirits and keep them afloat in uncharted economic and social waters'.<sup>120</sup>

Even the British popular media has issued warnings that relying on self-help books may actually make readers feel worse because they may prevent people from seeking out a proper diagnosis.<sup>121</sup> With specific reference to depression, Pattie Lou Watkins and George Clum warn that this genre of literature works on the premise that the problem it is addressing is indeed the problem that the reader is genuinely suffering from and not a 'physical disorder with a symptom picture similar to depression'.<sup>122</sup> Finally, Wendy Kaminer suggests that these books are harmful because they place emphasis for change on the individuals. As a feminist Kaminer claims that changes need to take place in wider culture and therefore people would be better off joining social movements in order to resolve their problems which she claims result from wider social pressures such as patriarchal prejudice.<sup>123</sup>

Self-help books have been praised however. For example, Dawn M. Wilson and Thomas F. Cash suggest in their analysis of the American consumption habits of self-help literature that lay people 'try self-help books as a cost effective, readily available primary source of relief'.<sup>124</sup> They also found that mental health specialists were regularly recommending popular examples of self-help literature.<sup>125</sup> Furthermore, Jennifer Karp and Forrest Scogin, having looked specifically at self-help therapies for

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<sup>120</sup> *Ibid.*, p.12.

<sup>121</sup> See the unnamed doctors' warning that 'while books can be helpful, people should seek advice if they have health concerns', BBC News article, 'Public Turning to Self-Help Books', Thursday, 13 January, 2005, <http://news.bbc.co.uk/1/hi/health/4171903.stm>

<sup>122</sup> Patti Lou Watkins and George Clum, *Handbook of Self-Help Therapies*, (Routledge, 2008), p.43.

<sup>123</sup> W. Kaminer, *I'm Dysfunctional, You're Dysfunctional: The Recovery Movement and Other Self-Help Fashions*, (Vintage Books, 1993); W. Simonds, *Women and Self-Help Culture: Reading Between the Lines*, (Rutgers University Press, 1992).

<sup>124</sup> Dawn M. Wilson and Thomas F. Cash, 'Who Reads Self-Help Books?: Development and Validation of the Self-Help Reading Attitudes Survey', *Personality and Individual Differences*, 29 (2000), pp.119-129.

<sup>125</sup> *Ibid.*

depression, claimed that by 2007, 'self-administered treatments can be considered a possible first step in mild to moderate cases of depression.'<sup>126</sup> They go even further and suggest that 'the most common self-administered treatments for depression are bibliotherapies, or self-help techniques presented in the written format of a book or tract'.<sup>127</sup> Likewise, R.J Rubin suggests that reading has been used therapeutically in American psychiatric hospitals from the early 1900s and was referred to as bibliotherapy. He suggests that this trend was then picked up by the general population in the 1970s, because it epitomised a wider social trend which encouraged people to do it yourself.<sup>128</sup>

The St. John's wort self-help books are written by professionals, including medical doctors.<sup>129</sup> It is therefore perhaps unfair to suggest that the authors are deliberately misleading their readers. For example, by the 1990s standardised St. John's wort had been scientifically proven to alleviate symptoms of mild to moderate depression. Likewise, by the 1990s lay people actively purchased OTC St. John's wort and self-help books in order to support their treatment of depression and this suggests that far from being hoodwinked into buying useless products, they were empowered by the freedom to choose. The St. John's wort self-help authors contradict McGee and Salerno's suggestions and argue that increased interest in St. John's wort appears to have resulted from concerns over treatment options rather than economics. Thus they claim to be providing clear information in order to assist 'consumers' who were trying to decide for themselves how to treat their depression.<sup>130</sup>

Some of the St. John's wort self-help authors are also self critical and raise concerns about the political implications of the publicity given to standardised St. John's wort. For example, Knishinsky suggests that the American media exaggerated St. John's wort's abilities during the 1990s. He explains that an edition of the American

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<sup>126</sup> Jennifer Karpe and Forrest Scogin, 'Self-Help Therapies for Depression', in P.L. Watkins and G.Clum, *Handbook of Self-Help Therapies*, (Routledge, 2008), p.110.

<sup>127</sup> *Ibid*, p.111.

<sup>128</sup> R.J. Rubin, 'Uses of Bibliotherapy in Response to the 1970's', *Library Trends*, (Fall), pp. 239–252.

<sup>129</sup> Bratman, *Beat Depression With St. John's wort*; Cass, *All About St. John's wort*; Rosenthal, *St. John's wort: Your Natural Prozac*.

<sup>130</sup> Knishinsky, *The Prozac Alternative*, p.1.

news programme *20/20* dedicated to St. John's wort was aired in June 1997, and consequently the American Herb Research Foundation received 4,500 calls enquiring about St. John's wort from the general public. This was an unprecedented amount of interest,<sup>131</sup> and the interest from the American media appears to have not only prompted the American public to ask for St. John's wort by name, but also encouraged a variety of practitioners to begin to unofficially prescribe it and to a certain extent 'over prescribe' it as a treatment option.<sup>132</sup> Knishinsky even suggests that 'unfortunately, many companies in the health food industry have oversold the herb to the lay public in an effort to reap rewards of the latest fad'.<sup>133</sup> However, it is also worth noting that although these books claim to offer impartial advice the majority of the authors have a vested interest in OTC St. John's wort sales. In the case of the American 'health correspondent' Knishinsky, as well as writing on alternative medicines, he also owns his own alternative medicine supply company.<sup>134</sup>

Of course the 1990s St. John's wort self-help literature was only one example of self-help support available to lay people suffering with depression. These books emerged at a time when self-help organisations had become well established and by this decade one of the most well known and respected sources of support was the Samaritans. Founded in 1953 by the vicar Chad Varah, this group's objective was to provide non-judgemental support to people who were feeling suicidal. It developed during a time in which mental illness and suicide were especially stigmatised and by offering support rather than criticism of its users, it directly challenged the fact that suicide and attempting to commit suicide were considered illegal in England and Wales until the Suicide Act of 1961 came into force.<sup>135</sup>

Although the Samaritans arguably targeted the most severely depressed lay people, by the 1970s a number of small localised support groups had formed to specifically support people coping with milder forms of depression who were living in

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<sup>131</sup> Knishinsky, *The Prozac Alternative*, p.71.

<sup>132</sup> *Ibid.*

<sup>133</sup> *Ibid.*, p.72.

<sup>134</sup> See, <http://www.cactusmedicine.com/> (Downloaded 1<sup>st</sup> Feb 2009).

<sup>135</sup> Suicide Act 1961, c60 9 and Eliz 2, 3<sup>rd</sup> Aug 1961



the community. Over the subsequent years these groups expanded. For example, the Fellowship of Depressive Anonymous, founded in 1973,<sup>136</sup> and the self-help group which turned out to be the forerunner of The Depression Alliance (DA) was formed in 1994. Both of these organisations ran community-based support groups hosted by unpaid 'group facilitators' and as the DA grew it provided up to date and accessible information on depression.<sup>137</sup> The London Lesbian & Gay Switchboard, founded in 1974, provided confidential support to 'people coming out', but it found that it was increasingly being asked to support its users through their times of depression.<sup>138</sup>

Finally, The Association for Post-Natal Illness, founded in 1979, was set up in order to support women who were suffering with depression following the birth of a child.<sup>139</sup> By the 1980s even more charities, organisations and self-help groups were formed. MDF the Bipolar Organisation, founded in 1983, was set up to campaign on behalf of people suffering with manic depression.<sup>140</sup> Meanwhile, the Irish voluntary organisation Aware was founded in 1985,<sup>141</sup> and the charity SANE, established in 1986, after a series of articles were published on the plight of homeless people suffering with schizophrenia, aimed to 'improve the quality of life for people affected by mental illness'.<sup>142</sup> Following a growing awareness of the need to provide support based on gender, cultural and sexuality, a further subdivision of self-help support and organisations were formed specifically to help British ethnic minorities,<sup>143</sup> and those struggling to cope with their gender identity.<sup>144</sup>

By the 1990s despite the efforts of the Samaritans, the devastating impact left by suicide was still significant and prompted the development of the self-help

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<sup>136</sup> Now known as the Depression UK after a name change in 2007, see <http://www.depressionuk.org/>

<sup>137</sup> See a brief history on the charities Scottish website at <http://www.dascot.org/about/history.html>

<sup>138</sup> <http://www.llgs.org.uk/aboutus.html>

<sup>139</sup> <http://apni.org/Our-History.html>

<sup>140</sup> MDF Bipolar Organisation was originally known as 'The Manic Depression Fellowship'.

See <http://www.mdf.org.uk/?o=56870> for information on MDF's beginnings.

<sup>141</sup> <http://www.aware.ie/aboutus.htm>

<sup>142</sup> <http://www.sane.org.uk/AboutSANE>

<sup>143</sup> *The Asian Family Counselling Service* was founded in 1985 to support people from Asian backgrounds who were living in the Yorkshire area (although it operated under the affiliation of 'the then National Marriage Guidance Council' between 1983 and 1985). See <http://www.asianfamilycounselling.org.uk/history.htm> Another example is *The Bolton Association and Network of Drop-Ins (For Community Mental Health)* founded in 1995 predominantly to support those coming from the local Asian community (<http://www.band.org.uk/>). Also

<sup>144</sup> <http://www.gendertrust.org.uk/>

organisation Survivors Of Bereavement By Suicide. Founded in 1991 this group offered support to families and friends who were grieving as a result of someone they knew committing suicide.<sup>145</sup> By the end of the decade a growing trend in suicide among young people prompted the formation of POPYRUS, which was founded in 1997 by a group of parents who had 'lost children through suicide',<sup>146</sup> and it provides support specifically for young people and is 'committed to suicide prevention'.<sup>147</sup>

Throughout this time, perhaps the most influential self-help group to emerge was the charity MIND. Originating as the National Association of Mental Health (NAMH) this charity was formed in 1946 after three mental health organisations merged.<sup>148</sup> With its emphasis on 'fostering a wider understanding throughout the community of the importance of mental health' and on spreading 'knowledge of the ways by which mental health may be achieved and maintained',<sup>149</sup> the charity stuck to these values throughout the forthcoming decades. By the 1990s the NAMH which became MIND in 1972 and later Mind in the early 1990s, had 'become a voice for patients'.<sup>150</sup> Along with the wider shift in public policy shaped by the 1983 Mental health Act, which placed a greater emphasis on the need for patients rights and advocacy, Mind had developed into a trusted authority dedicated to advising lay people on strategies for self-help and managing mental illness within the community.

The emergence of community based self-help groups directly resulted from changing mental health policies and shifting attitudes to mental illness. People diagnosed with milder forms of depression have only ever been cared for in a hospital setting as day patients and their depressive symptoms were therefore managed at home through the advice of primary care doctors and increasingly through the use of conventional antidepressants. During these decades a growing public awareness and

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<sup>145</sup> <http://www.uk-sobs.org.uk/> and see the following newspaper article for information about why and when the charity was formed, <http://www.thisishullandestrading.co.uk/news/Author-named-New-Year-s-Honours-List/article-578020-detail/article.html>

<sup>146</sup> <http://www.papyrus-uk.org/background.html>

<sup>147</sup> <http://www.papyrus-uk.org/about-us.html>

<sup>148</sup> The central Association for Mental Welfare (founded in 1913), the National Council for Mental Hygiene (founded in 1922) and the Guild Guidance Council (founded in 1927). See Mind information leaflet, *A History of Mind*, written by Katherine Darton (1999).

<sup>149</sup> *Ibid.*

<sup>150</sup> Mind information leaflet, *A History of Mind*, written by Katherine Darton (1999)

concern over mental health became apparent and *The Times* publication in 1970 of a story highlighting how the media and wider society were inherently prejudiced towards people diagnosed with 'schizophrenia'<sup>151</sup> publicised the wider feeling that the state had failed 'to carry over the best hospital practice into the community'.<sup>152</sup>

The St. John's wort self-help books emphasise the notion that establishing a safe therapeutic regime for treating depression is not only the responsibility of medical doctors. Rather lay people can also play an active role in treatment options. Although these books warn that the lay person should always seek out the support of a professional as 'it is possible to be dangerously depressed without knowing it',<sup>153</sup> ultimately the responsibility for choosing the right kind of OTC product and determining whether a visit to a professional is necessary falls on the lay person. Furthermore, these books introduce the notion that in treating mild to moderate depression passive patients, who may be coerced into taking conventional antidepressants by general practitioners, can instead become informed consumers of St. John's wort and thereby regain power and influence over their treatment regime.

Traditionally it has been argued that medical doctors have prescribed medicines and patients had little influence on the treatment choice. Other than not taking the medicines once home, the patient had no way of influencing their treatment. This trend has been even more pronounced in mental health treatment and organisations such as Mind campaigned passionately throughout the 1980s and 1990s to change the ways in which physicians dealt with mental illness and in particular they called for greater patient input into treatment options. The impact of Mind and other campaign groups, aimed to empower patients on several levels, including allowing them to have a say in the way that these organisations themselves were run. Starting with the way in which patients were described, Mind began to refer to patients as 'service-users'. In fact Mind claims that by the:

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<sup>151</sup> 'A Case of Schizophrenia', *The Times*, May 9<sup>th</sup> 1970, p.9. Incidentally this articles journalist John Pringle eventually went onto found the *National Schizophrenia Fellowship* (NSF) in 1972, an organisation that fought hard to highlight the needs of people with severe mental illness. The NSF became *Rethink* in 2002, see [http://www.rethink.org/about\\_rethink/the\\_early\\_years\\_th.html](http://www.rethink.org/about_rethink/the_early_years_th.html)

<sup>152</sup> *The Early Years*, (National Schizophrenia Fellowship, 2002), p.3.

<sup>153</sup> Bratman, *Everything You Need to Know About St. John's wort and Depression*, p.161.

'1990s, the service user movement has led to widespread involvement of service users in the planning and delivery of mental health services. Such involvement has clearly demonstrated that people with mental distress are able to design and run their own services and to develop alternatives to the medical model in understanding mental distress. Service users have gained social power by speaking and acting collectively. In doing so, users have worked with a range of individuals and agencies, including health services, social services, the voluntary and community sectors, and local and national media. This activity continues to challenge negative attitudes to mental distress'.<sup>154</sup>

Thus by the 1990s people with a mental health diagnosis were beginning to receive and expect a greater participation in their treatment plan and OTC St. John's wort therefore offered an even more desirable option in that it provided a private and inexpensive treatment option. Furthermore, the Royal College of Psychiatrists acknowledged in a report in 1995 that lay people were often reluctant to seek support for symptoms of depression, because they were concerned about repercussions and in particular the report highlighted the fact that a diagnosis of depression often results in prejudice and stigma.<sup>155</sup> Thus St. John's wort offered a viable alternative for lay people seeking a private and confidential way to treat their illness.

Medical historians generally agree that in centuries previous to the 1990s 'sick people had agency and could make consumer choices' about health care.<sup>156</sup> Roy Porter, for example, argues that the vibrant medical market-place of the eighteenth century meant that 'paying patients retained their power to choose their healers' and cures.<sup>157</sup> Furthermore, we learn from Louise Curth's analysis of early modern almanacs, which she describes as 'cheap, annual publications distributed on a national basis', that they contained adverts for proprietary medical products, which were being 'promoted and distributed to national and even international groups of consumers'<sup>158</sup> as

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<sup>154</sup> Mind, 'Public Attitudes to Mental Distress', fact-sheet written by Louise Flory August 1998, updated in July 2007.

<sup>155</sup> Royal College of Psychiatrists, *Attitudes Towards Depression*, (Royal College of Psychiatrists, 1995).

<sup>156</sup> John Chynoweth Burnham, *What is Medical History?*, (Polity, 2005), p.54.

<sup>157</sup> William Bynum and Roy Porter, *Companion Encyclopaedia of the History of Medicine*, (Taylor & Francis, 1997), p.62.

<sup>158</sup> Louise Hill Curth, 'Medical Advertising in the Popular Press: Almanacs and the Growth of Proprietary Medicines' in Louise Hill Curth, *From physic to pharmacology: Five Hundred Years of British Drug Retailing*, (Ashgate Publishing Limited, 2006), p.30.

early as 1580.<sup>159</sup> In the UK with the creation of the National Health Service in 1948 came the pioneering introduction of free health care for all. Patients were no longer required to pay to see general practitioners or receive hospital treatments and during the initial years of the NHS prescriptions were free.

The financial and ethical implications of this generous prescription policy were quickly lamented and in 1949 the then Minister of Health Aneurin Bevan stated during a speech made to the Labour Party that 'I shudder to think of the ceaseless cascade of medicine which is pouring down British throats at the present time'.<sup>160</sup> Bevan was concerned not about the patient's consumption of the medicines but the prescribing habits of the NHS medical staff and it has been suggested that by the 1950s medical officials had concluded that British people 'were heavy consumers' of prescription medicine.<sup>161</sup> Despite the creation of the NHS lay people were still able to purchase ready-made non-prescribed remedies OTC and from alternative practitioners. Furthermore there were also increasing numbers of medically approved remedies that could be purchased OTC. In fact it could be argued that conventional medicine actively encouraged responsible self-medication for common health problems despite the ongoing 'cradle to grave' policies of the NHS, as lay people were encouraged to buy and consume headache remedies such as Aspirin.

With the emergence of the NHS everyday health complaints, such as colds and headaches, were still being treated with OTC remedies. Judy Slinn suggests in her analysis of the early years of the NHS that the introduction of prescription medicines resulted in the patient no longer being able to freely choose what they were taking. Furthermore, Slinn suggests that 'until the 1980s or later, few patients had any detailed knowledge, nor was there much available in the public domain, about prescription drugs'.<sup>162</sup> Slinn was referring to treatments for physical health but since the emergence of the NHS and the increased influence of psychiatry in the classification and

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<sup>159</sup> *Ibid.*, p.46.

<sup>160</sup> P. Hollis, *Jennie Lee: A Life*, (Oxford, 1998), p.164.

<sup>161</sup> Judy Slinn, 'A Cascade of Medicine': The Marketing and Consumption of Prescription Drugs in the UK 1948-2000', in Louise Hill Curth, *From Physic to Pharmacology: Five Hundred Years of British Drug Retailing*, p.143.

<sup>162</sup> Slinn, 'A Cascade of Medicine', p.144.

management of mental health, it is possible to suggest that mentally ill patients were even less free to choose or influence their treatment plans. It also seems that some professionals disapprove of lay people self-treating mental health conditions. For example, Bethany Phoenix Kasten suggests that people with serious mental illness often self-medicate with harmful substances such as alcohol.<sup>163</sup> Yet the consumption of OTC St. John's wort suggests that at least some lay people are able to self-medicate responsibly.

The self-help authors proffered the idea that OTC St. John's wort renewed the potential for consumer choice within a medical marketplace and this product introduced the notion that conventional antidepressants were not the only pills available to treat mild to moderate depression. The appeal of OTC St. John's wort may be best understood in economic terms. Mike Featherstone and Helga Dittmar have suggested that by the 1990s the lay person's desire for well-being and happiness was dictated by a market driven consumer culture.<sup>164</sup> They suggest that:

'if at the end of the 1970s, everyday life had become increasingly medicalised, by the end of the 1980s, health had become increasingly personalised, fragmented and styled in a repoliticisation of health knowledge and practice'.<sup>165</sup>

The 1990s management of mild to moderate depression at primary care level represented, as Robin Bunton et. al. suggest, a wider trend away from 'traditional hospital care' towards 'health promotion' which is deeply imbedded within a 'consumer culture'.<sup>166</sup> It appears that by the 1990s a greater emphasis was being placed on preventative rather than reactive health strategies and as the number of prescription only medicines becoming available OTC increased, the World Health Organisation announced in a 2000 report that, 'self-medication has an important place in the

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<sup>163</sup> See for example, Bethany Phoenix Kasten, 'Self-Medication with Alcohol and Drugs by Persons with Severe Mental Illness', *Journal of the American Psychiatric Nurses Association*, 5 (1999), pp. 80-87.

<sup>164</sup> Helga Dittmar and Emma Halliwell, *Consumer Culture, Identity and Well-Being: The Search for the "Good Life" and the "Body Perfect"*, (Routledge, 2008).

<sup>165</sup> Martin O'Brian, 'Health and Lifestyle: A Critical Mess?' in Robin Bunton et.al., *The Sociology of Health Promotion: Critical Analyses of Consumption, Lifestyle, and Risk*, (Routledge, 1995), p.191.

<sup>166</sup> Robin Bunton, Sarah Nettleton and Roger Burrows, *The Sociology of Health Promotion: Critical Analyses of Consumption*, (Routledge, 1995), p.210.

healthcare system'. It also stated that the 'professional care for minor ailments is often unnecessary'.<sup>167</sup> Indeed it seems that the move towards self-care and self-treatment was broadly welcomed. In 2004, for example, Prince Charles wrote an article for *The Guardian* in which he celebrated alternative medicine, because he felt it gave lay people greater health care choice.<sup>168</sup> Likewise the shift in responsibility was welcomed by manufacturers of OTC remedies and their British representing body suggested that such moves would 'end the culture of GP dependency and equip people to take a much more active role in dealing with their minor ailments urges a new Self Care Movement'.<sup>169</sup>

Prior to the creation of the NHS it is possible that lay people were more self-reliant and had the knowledge to treat minor ailments themselves. However, with the emergence of a health care system that promoted dependency such knowledge was increasingly lost and lay people were encouraged to defer to medical experts. However, once it became clear that the NHS and in particular general practitioners had become over-burdened by minor mental illnesses, even the popular media actively encouraged lay people to manage their health problems themselves.<sup>170</sup> It is possible that while OTC St. John's wort encouraged 'patients towards greater independence in making decisions about management of minor illnesses',<sup>171</sup> the remedy was tolerated rather than promoted by medical authorities in Britain and America, because it removed some of the economic burden for treating depression away from the state.

It is little wonder therefore that the authors of St. John's wort self-help celebrated St. John's wort as a miracle (see image eleven).<sup>172</sup> Not only was the remedy natural, safe, free of side effects and better than Prozac, but it also represented a treatment that empowered its consumers because it offered them freedom to choose.

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<sup>167</sup> World Health Organisation, 'Guidelines for the Regulatory Assessment of Medicinal Products for use in Self-Medication', 2000.

<sup>168</sup> 'We've Become Allergic To Our Modern Way Of Life', *The Guardian*, 28<sup>th</sup> February 2004, <http://www.guardian.co.uk/society/2004/feb/28/publichealth.publicservices> (Downloaded, 10th September 2010).

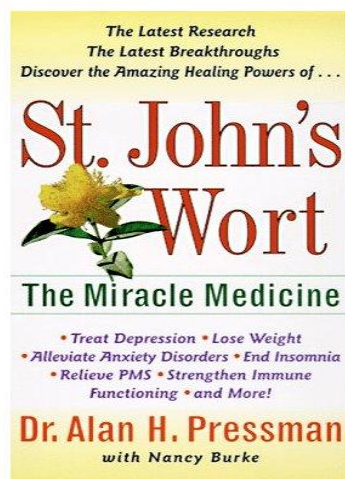
<sup>169</sup> <http://www.pagb.co.uk/selfcare/movementforselfcareinpractice.html>

<sup>170</sup> 'GPs Blame 'Worried Well' For Overloading The NHS', *The Daily Mail*, 17<sup>th</sup> March 2010, p.13.

<sup>171</sup> Hughes, 'Benefits and Risks of Self Medication', pp.1027-1037.

<sup>172</sup> Katzanstein's, *St. John's wort: The Miracle Herb*; Pressman, *St. John's wort: The Miracle Medicine*; Rosenthal, *St. John's wort: The Miracle Cure For Depression*; Thase and Loredó's, *St. John's wort the Miracle Herb: Natures Mood Booster*.

Alan Yoshioka suggests that people label remedies as having ‘miracle status’ and describe them as ‘wonder drugs’, because societies have an underlying adherence to ‘magical thinking’.<sup>173</sup> Whether this is the case or not, the St. John’s wort self-help literature certainly promotes the idea that OTC St. John’s wort represents a trustworthy alternative.



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#### 11. Front cover of Alan Pressman's, *St. John's wort The Miracle Medicine* (1998).

#### 4.5. Conclusion

The St. John's wort self-help literature represents standardised St. John's wort as a natural, safe and empowering remedy, that directly rivals conventional antidepressants. Appearing at a time when a backlash to antidepressants such as Prozac encouraged lay people to seek out alternative depression treatments, it also seems that by this decade a growing move towards self-care and self-treatment was encouraging lay people to take greater responsibility for their mental health. As an accessible source of information on standardised St. John's wort the St. John's wort self-help books provided a convincing medical and political argument in favour of the remedy. However, by this decade these books were not the only channel through

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<sup>173</sup> Alan Yoshioka, 'Streptomycin in Post War Britain: A Cultural History of a Miracle Drug' in Marijke Gijswijt-Hofstra et. al. *Biographies of Remedies, Drugs, Medicines and Contraceptives in Dutch and Anglo-American Healing Cultures*, (Rodopi, 2002), p.203.

<sup>174</sup> Pressman, *St. John's wort: The Miracle Medicine*.



which St. John's wort received praise. The popular media in Britain and America were also advocating the use of St. John's wort.

## Chapter 5

### Media representations of depression and standardised St. John's wort

'As some of the post-war miracle drugs lose their lustre, complementary medicine – once dismissed as mumbo-jumbo – is gaining ground'.<sup>1</sup>

#### 5.1. Introduction

During the 1990s standardised St. John's wort became a popular remedy for treating mild to moderate forms of depression. During this time the British and American media regularly published articles on depression. It is argued in this chapter that during this decade the media and more specifically newspapers had a tendency to discuss depression casually. Consequently it was often presented as a generic condition without subdivisions. It also seems that the media had a tendency to suggest that depression was easily treated and therefore easy to recover from. Recently Diana Chan and Lester Sireling have argued that lay people had become so pre-occupied with emulating celebrity lifestyles by 2000 that they were actively seeking out psychiatric diagnosis of depression and bi-polar disorder, in order to feel more like their celebrity heroes.<sup>2</sup> It is therefore argued that by the 1990s treatments for depression were partly seen as lifestyle choices.

Following the publication of an article in the *BMJ* in 1996, the British popular media's interest in the herbal remedy St. John's wort increased dramatically. Subsequently a pattern emerged within the British media, in which pro-St. John's wort articles were promptly followed by anti-St. John's wort articles and the herbal remedy's scientific and medical accolades were regularly publicised. The second part of this chapter looks in detail at the positive ways in which St. John's wort was described in the British popular media between 1996 when it first became popular as an OTC remedy, and 2001. From this analysis it transpires that St. John's wort was readily

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<sup>1</sup> 'Healing in Harmony: What CM Can Do For You', *The Guardian*, 26<sup>th</sup> February 2000, p.9.

<sup>2</sup> Diana Chan and Lester Sireling, 'I Want To Be Bipolar'...A New Phenomenon', pp.103-105.

recommended by the popular media for a range of medical conditions, but primarily for depression. It also becomes apparent that up until the end of 1999, St. John's wort was favoured across the British media for its apparent lack of side effects and the media infatuation with the remedy quickly recovered despite concerns that St. John's wort may interact with other medicines especially at the beginning of 2000.

The final part of Chapter Five assesses the way in which the British media reflected growing concerns about St. John's wort that emerged during the latter part of the 1990s and early 2000s and so in doing so it draws comparisons with the backlash that was seen towards Prozac (see Chapter Four). It transpires that news reports on St. John's wort were often conflicting and having established that the popular media was potentially the main source for informing lay people about the remedy, this chapter warns that the British press was not a reliable source of public health information on St. John's wort because its motivation to sell stories meant that it continued to recommend St. John's wort at the same time as highlighting possible problems. Thus, as in the case with concerns about SSRI's and more specifically Prozac, it is suggested that the media is driven by the need to find controversial stories, rather than a desire to provide the public with sensible health advice.

## **5.2. Media attitudes to depression**

During the 1990s the British and American media regularly published articles on mental illnesses. Newspapers and television programmes were increasingly accused of perpetuating stereotypes and misconceptions. For example, Otto Wahl's *Media Madness* (2003) suggests that the American media's portrayal of mental illness regularly misused psychiatric labels.<sup>3</sup> Wahl argues that the media's perversion of psychiatric classifications has resulted in certain conditions such as schizophrenia being incorrectly represented to the lay audience and that it is regularly presented as

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<sup>3</sup> Otto F. Wahl, *Media Madness Public Images of Mental Illness*, (Rutgers University Press, 2003).

the altogether different condition of split or multi-personality disorder.<sup>4</sup> He goes on to demonstrate that the media's misrepresentation of psychiatric labels, such as 'psychotic' and 'psychopathic', directly influence laypeople's understanding of mental illness and this in turn caused bigotry and intolerance of people diagnosed as mentally ill.<sup>5</sup>

Wahl's findings are supported by a study conducted by the American philanthropic charity the Robert Wood Johnson Foundation (RWJF). During the 1990s it commissioned research during which members of the public were asked to explain where they obtained information about mental illness from. The majority of respondents stated that they acquired their knowledge from what they had seen and read in the mass media.<sup>6</sup> Consequently both Wahl and the RWJF called for the media to take a more responsible attitude towards its representation of mental illness.

The notion that lay audiences have internalised the popular media's presentation of misinformation and stereotypes has also been established in Britain. For example, sociologists from the Glasgow University Media Group (GUMG) found that, like the American media, the British press also misrepresented psychiatric conditions. As a result they also concluded that this had far reaching consequences for lay perceptions of mental illness.<sup>7</sup> Greg Philo, a member of the GUMG, reveals that lay people explained during interviews that they made a link between serious 'mental illness and violence' based on what they see on television and read in newspapers.<sup>8</sup> The GUMG's findings are mirrored by G. Ward's study, which was conducted on behalf of the British Health Education Authority. Ward identified various derogatory terms that are used, particularly by tabloid newspapers, to describe people with mental health problems and during a review of the British press in 1996 he found that forty percent of

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<sup>4</sup> *Ibid*, p.14-15.

<sup>5</sup> *Ibid*, p.16.

<sup>6</sup> *Ibid*, p.3.

<sup>7</sup> Greg Philo, *Media and Mental Distress*, (Addison Wesley Longman, 1996).

<sup>8</sup> Greg Philo et. al. 'The Impact of the Mass Media on Public Images of Mental Illness: Media Content and Audience Belief', *Health Education Journal*, 53 (1994), pp.271-281.

the media coverage of mental health used negative 'pejorative' terminology and this percentage rose to forty five percent among Sunday tabloids.<sup>9</sup>

Stephen M Lawrie's article in the journal *Psychiatry Bulletin* reiterates the claims made by the GUMG and G. Ward as he too found that the British media presented negative and stereotypical attitudes to mental illness. He goes on to warn mental health professionals that because 'newspaper coverage reflects and drives social concerns' they will 'not be able to alter the largely negative coverage that our speciality and patients receive'.<sup>10</sup> However Anne Karpf's study *Doctoring the Media* (1988) suggests that the popular media has the 'capacity to influence the audience for good'. She cites a campaign launched in Britain which described how to 'look-after-yourself'. However, she concludes that on the whole the media seems unable to influence lay people's health habits such as cutting down on smoking.<sup>11</sup>

During this time, occasional moves were made towards self-regulation of the popular press. Within the British media it seems that on one occasion it acknowledged its own shortcomings in 1998 after *The Guardian* published an article by Jonathan Freedland entitled 'Out of the bin and glad to be mad'. Here Freedland discussed the effect that the tabloid's use of stereotypes and derogatory language had on people suffering with mental illness and he called for the popular media to modify the way it represented mental illnesses in order to help eradicate stigma.<sup>12</sup> However, despite Freedland's plea the British media continued to present mental illness along stereotypical lines.

During the 1990s the popular media covered a range of mental illnesses including depression. J. Metzl and J. Angel have looked specifically at the way in which the American mass media portrayed depression. Through an analysis of 261 articles from 254 magazines and newspapers, between the years 1985 and 2000, these authors concluded that a vast number of articles were published on the topic of

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<sup>9</sup> G. Ward, *Making Headlines, Mental Health and the National Press*, (Health Education Authority, 1997).

<sup>10</sup> Stephen M Lawrie, 'Newspaper Coverage of Psychiatry and Physical Illness', in *Psychiatric Bulletin* 24 (2000), p.105.

<sup>11</sup> Anna Karpf, *Doctoring the Media*, (Routledge, 1988), pp.221-222.

<sup>12</sup> 'Out of the Bin and Glad to be Mad', *The Guardian*, 21<sup>st</sup> Jan 1998, p.17.

depression and that over the years the numbers increased significantly.<sup>13</sup> Attributing the increased interest in depression to the development, popularity and eventual anxiety surrounding the use of SSRIs,<sup>14</sup> Metzl and Angel went on to suggest that the popular media gendered its terminology with regards to depression. They therefore found that, 'women's depressive illness was increasingly described in emotional terms, while men's depressive illness remained medical or psychiatric.

It seems that when articles described women with depression they stated that they needed SSRI drugs because they were 'overwhelmed by sadness, crying, feeling down, or never feeling happy'. In comparison when men were described as being depressed the illness was depicted as having 'biochemical roots' and they were often described as having other disorders such as 'obsessive compulsive disorder'.<sup>15</sup> Metzl and Angel also found that over time the way in which the media represented depression had changed. At the beginning of their study's timeframe depressive symptoms and associated conditions were described using medical and technical terminology. However, towards the end of the study they found that the media tended to refer to depression in lay friendly and generic language. Once again this pattern seemed to be gendered and while there was a 'relative reduction in DSM-based terminology for women' this was not the case for men.<sup>16</sup>

It seems that when depression was represented in the media it was portrayed as a generic condition. Consequently, newspapers very rarely made a clear distinction between types of depression, including mild to moderate classifications. For example, in *The New Statesman* a man who is described as 'unable to find work', is eventually described as 'suffering from clinical depression'. However, the article does not clarify what is meant by clinical depression.<sup>17</sup> Likewise, the British tabloids appear to have had an enthusiastic tendency to declare that people are depressed when responding to reader's letters, as a way of explaining unwanted behaviour. For example, when a

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<sup>13</sup> J. Metzl and J. Angel, 'Assessing the Impact of SSRI Antidepressants On Popular Notions of Women's Depressive Illness', *Social Science and Medicine*, 58 (2004), pp. 577-584.

<sup>14</sup> *Ibid.*, p.580.

<sup>15</sup> *Ibid.*

<sup>16</sup> *Ibid.*

<sup>17</sup> 'The Men's Gloom', *New Statesman*, 8<sup>th</sup> Mar 1996, p. 33.

husband wrote to complain that his wife 'has lost interest in sex', the response from the paper consisted of one sentence in which the resident expert declared that the wife could have a 'physical problem or perhaps she's suffering from depression or anxiety'.<sup>18</sup>

It also appears that less serious forms of depression are confused with more serious conditions such as bipolar disorder, which has depressive symptoms. In an article about the relationship between Rupert Murdoch and Ted Turner, an off hand remark that 'Turner did indeed take lithium for many years to combat depression'<sup>19</sup> neglects to establish that Lithium is used to treat severe forms of the cyclical depression and mania associated with an entirely different disorder to the 'depression' that would be treated with conventional antidepressants. It seems that the British media has been comfortable mentioning medical conditions without further clarification. For example it is revealed that an 'estimated million Britons' suffer from 'Sad- an extreme form of seasonal depression'.<sup>20</sup> Likewise in an article describing the increasing pressure on young people pursuing an academic career, it seems that some can fall 'into deep depression' followed by suicide.<sup>21</sup> However in neither case does the newspaper explain what is meant by the subjective descriptions of 'extreme' or 'deep' depression.

Another way in which the popular press presented information on depression was to report real life celebrity stories. Newspapers regularly cited examples of famous people who have suffered and recovered from depression. For example it has been reported that the British actor Michael Barrymore was 'admitted to a private clinic suffering from depression'.<sup>22</sup> Likewise Jerry Hall and Princess Diana were both said to

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<sup>18</sup> 'Wife Has a Hatred of Loving', *News of the World*, 7<sup>th</sup> Jan 1996, p. 58.

<sup>19</sup> 'Murdoch's Most Wanted Man It's high Noon For Ted and Rupert, Global Media's Two Biggest Shots', *The Observer*, 3<sup>rd</sup> Mar 1996, p.16.

<sup>20</sup> 'The Feel-Sad Factor: The Winter Blues Strike Prematurely', *The Observer* 8<sup>th</sup> Sep 1996, p.1.

<sup>21</sup> 'A Dazzling Life That Began and Ended in Misery The Mother Whose Son Was Found Dead At Winchester College Talks To David Harrison', *The Observer* 21<sup>st</sup> Apr 1996, p.12.

<sup>22</sup> 'Travel: Camp Following No One Actually Believes All Those Celebrities Who Bang On About The Trials And Tribulations Of Doing A Nationwide Tour. So We Asked Comedian Julian Clary To Tell Us The Real Story Of Life On The Road, In A Limo, Looking For Cheap Laughs', *The Guardian* 7<sup>th</sup> Sep 1996, p.64.

have suffered from post-natal depression.<sup>23</sup> All of the stories go on to reveal that the celebrity overcame their depression. However, while this may give some lay people hope that they too can recover, the articles often fail to portray how serious the situation was, or what treatment methods the celebrity used to overcome their illness.

The popular media has, on occasions, appeared to offer careful advice on depression. In an article from *The Guardian* for example, a distinction is made between sadness and depression. While sadness is described as:

'You cry when you watch *Casablanca*. You go to bed for an afternoon mope. You're too lethargic to go clubbing. You phone round your friends asking for three of your good points. It takes a good episode of the *Simpsons* to make you smile. You eat a box of peppermint Matchsticks for comfort and enjoy them. You go off sex, but only because you think no one wants to do it with a misery guts'.

In comparison, depression is described as:

'You cry at nothing, sometimes for ages and afterwards you don't feel any better. You go to bed for a week at a time. You are so lethargic you don't have the energy to see your GP. You feel useless, helpless and hopeless. You find it hard to make simple decisions. You wake up earlier than usual. You have difficulty sleeping. You lose appetite or weight (or do the reverse). You go off sex. You avoid other people. You think of suicide.'<sup>24</sup>

Although the article signposts readers to the websites of the charity Depression Alliance and the *BMJ* for further information, the overall tone of the article is humorous. This suggests that there is a perception that depression is less serious than 'major illnesses such as schizophrenia and manic depression'. Instead it seems that depression is represented as a 'lesser mental illness'.<sup>25</sup>

It is also obvious that the popular media perpetuates established theories about depression and its causes. J. R. Lacasse and J. Leo analysed the popular media between 2006 and 2007 and published their findings in the journal *Society*. Having

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<sup>23</sup> 'Jerry: I Cried Myself Inside Out Over Mick ; SUPERMODEL REVEALS HOW JAGGER'S AFFAIRS BROKE HER HEART', *The Sunday Mirror* 20<sup>th</sup> Oct 1996, p. 2.

<sup>24</sup> <http://www.guardian.co.uk/lifeandstyle/2000/sep/05/healthandwellbeing.health2>

<sup>25</sup> 'Detention Might Continue If Person Was Dangerous', *Irish Times* 7<sup>th</sup> Sep 1996, p. 5.



initially studies the misleading advertising of SSRIs,<sup>26</sup> these authors argue that while ‘the cause of mental disorders such as depression remains unknown’, the media has been used by ‘pharmaceutical companies and the psychiatric profession at large’ as a way of vigorously promoting the idea that depression results from an imbalance in neurotransmitters.<sup>27</sup> They go on to give examples of where this is the case and although they asked relevant journalists for the evidence used to justify the claims made in their articles, none were forthcoming. These authors suggest that this is because no evidence actually exists to support the claims made in the media.<sup>28</sup>

It appears that between 1996 and 2001 the vast majority of British media articles explained that depression resulted from a chemical imbalance. However there have been occasions when the media has presented an alternative stance on the origins of depression. For example from 2000 to 2005,<sup>29</sup> *The Observer* published a weekly alternative medical column by Stephen Russell, who is popularly known as the ‘Barefoot Doctor’.<sup>30</sup> Russell, describing himself as someone who teaches ‘techniques for channelling the life force’,<sup>31</sup> offered advice on how to manage depression using meditation and positive thinking. He claimed that although ‘depression is endemic’ we should move away from the belief that it is a disease and instead accept that it is a ‘natural state’.

Russell went on to suggest that depression results from enormous stress, which in turn results from ‘fast-moving climate changes, pollution, microwaves, viruses, infections, poor diet, possible substance abuse and media overload. All this while dealing with a complex balance of inherent, genetic, constitutional tendencies’.<sup>32</sup> Unlike the chemical imbalance theory of depression which dominated the conventional medical model of depression, Russell goes on to explain that in Oriental medicine

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<sup>26</sup> J. R. Lacasse and J. Leo J (2005) ‘Serotonin and Depression: A Disconnect Between the Advertisements and the Scientific Literature’, *PLoS Med* 2(12): e392. doi:10.1371/journal.pmed.0020392

<sup>27</sup> J. Leo and J. Lacasse, ‘The Media and the Chemical Imbalance Theory of Depression’, *Society*, (2008), p.35.

<sup>28</sup> *Ibid.*

<sup>29</sup> ‘Barefoot Doctor’, <http://www.guardian.co.uk/theobserver/2000/jul/16/life1.lifemagazine5> 16th July 2000; ‘Darkness palpable’, <http://www.guardian.co.uk/lifeandstyle/2005/jan/16/shopping,16><sup>th</sup> January 2005.

<sup>30</sup> ‘Barefoot Doctor’, <http://www.guardian.co.uk/theobserver/2000/aug/27/life1.lifemagazine5> 27th August 2000.

<sup>31</sup> ‘Stephen Russell: The Barefoot Doctor’, [http://www.timesonline.co.uk/tol/life\\_and\\_style/health/article6810425.ece](http://www.timesonline.co.uk/tol/life_and_style/health/article6810425.ece) 30th August 2009.

<sup>32</sup> *Ibid.*

depression is deemed to result from ‘flattened liver energy or depressed liver functions’ and he therefore suggests that in order to alleviate depressive symptoms it is necessary to treat the liver with ‘acupuncture, herbs, massage, diet and various forms of exercise’ and to strive for a balance in life. Finally Russell reminds us that Taoist’s believe that ‘a period of darkness, if left to the natural course of events, will be followed by a period of light’.<sup>33</sup>

However, having offered this advice Russell ends this article with the suggestion that should these techniques fail, you ‘should hit the St. John’s wort’.<sup>34</sup> Presumably the fact that St. John’s wort is non-orthodox makes it acceptable for Russell, despite the fact that it apparently works in the same way as conventional antidepressants. Furthermore the idea that St. John’s wort is an alternative to conventional medical treatments for depression encourages journalists to write favourable articles. After all, during the 1990s the media became fascinated with SSRIs, which it described as the ‘wonder drugs of the 1990s’.<sup>35</sup> By the middle of the decade it had been established that these antidepressants were not as wonderful as their manufacturers had initially claimed. More specifically as has been established in Chapter Four, by the 1990s Prozac, arguably the best known of all SSRIs, described as a ‘symbol for a generation’, had become publicly vilified.<sup>36</sup>

Prozac was initially celebrated by the American popular media as ‘A Breakthrough Drug for Depression’.<sup>37</sup> However, following concerns about the drug’s safety the American popular media began to report the growing anxieties of medical practitioners and patients regarding treatment with Prozac. For example, in July 1990 the American magazine *Time* published a damning article in which it linked Prozac to suicide and revealed that in parts of America lay people had formed ‘suicide “survivor” groups’ in order to help each other after they had had ‘bad experiences with the drug’.<sup>38</sup>

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<sup>33</sup> *Ibid.*

<sup>34</sup> *Ibid.*

<sup>35</sup> ‘Happy Ever After Prozac?’, *The Times*, December 11<sup>th</sup> 2004, p.4.

<sup>36</sup> Healy, *Let Them Eat Prozac*, p.xii.

<sup>37</sup> ‘Prozac: A Breakthrough Drug for Depression’, *Newsweek*, March 26<sup>th</sup> 1990, front page headline.

<sup>38</sup> ‘Warnings About a Miracle Drug’, *Time*, July 30<sup>th</sup> 1990,  
[www.time.com/time/magazine/article/0,9171,970784,00.html](http://www.time.com/time/magazine/article/0,9171,970784,00.html)

Consequently Eli Lilly launched a 'US\$15–20 million print advertising campaign in major magazines' in 1997 in order to improve Prozac's reputation.<sup>39</sup> Meanwhile, in Britain Prozac was also initially celebrated by the popular media and *The Economist* declared in August 1992 that Prozac had proved extremely effective and profitable for its manufacturers Eli Lilly,<sup>40</sup> while *The Times* reported that it was so effective that it would 'replace psychoanalysis by transforming the patient from a pessimist to an optimist'.<sup>41</sup> However by 1993 the British media picked up on the fact that Prozac had side effects. The psychologist Oliver James argued in *The Times* that Prozac changed personalities and stated that 'suicidality exists as a side effect of Prozac'.<sup>42</sup> Likewise *The Guardian* questioned whether Prozac's accolade as a feminist version of valium were true,<sup>43</sup> and it reported that some patients experience 'terrifying' side effects.<sup>44</sup>

Prozac's faults including side effects were outlined in a television programme made for the BBC. The Everyman documentary *Welcome to Happy Valley* was aired on the 14<sup>th</sup> August 1994. In an attempt to present an impartial review of the situation, it interviews the American psychologist Dr Jim Goodwin. His readiness to prescribe Prozac had earned him the title of 'pied piper of Prozac'. The opposite side of the argument was forwarded by Dr. Peter Breggin who warned that Prozac was not the 'quick fix' as promised. Along with members of the Prozac Survivors' Support Group the viewer is told about Prozac's association with violence and suicide. A few years later, lay people were encouraged to write to *The Guardian* newspaper describing if they had suffered from 'severe side effects from taking Prozac'.<sup>45</sup> Despite growing concerns about Prozac, it seems that the medicine continued to be a popular treatment choice. In fact *The Guardian* declared a few days after issuing warnings about the drug

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<sup>39</sup> Simon Gilbody et.al., 'Direct-to-Consumer Advertising of Psychotropics', *British Journal of Psychiatry*, 185 (2004), p.1.

<sup>40</sup> 'The Boom in Depression', *The Economist*, 8<sup>th</sup> Aug 1992, p. 73.

<sup>41</sup> 'A Happy Pill Good Enough to Make Analysts Depressed; Body and Mind', *The Times*, 22<sup>nd</sup> Jun 1993, p.N/A.

<sup>42</sup> 'The Feel-Good Factor; Prozac', *The Sunday Times*, 18<sup>th</sup> Jul 1993, p.N/A.

<sup>43</sup> 'Who Is The Real Ms Prozac? Back In The Sixties, Mother's Little Helper Kept Women In Their Place. Now A Feminist' Anti-Depressant Drug Is Being Prescribed Instead. But Is It Just A Nineties Version Of Valium?', *The Guardian*, 21<sup>st</sup> Sep 1993, p.N/A.

<sup>44</sup> 'MIND & BODY: Escape Capsule Is An Anti-Depressant That Makes You 'Feel Better Than Well' Working A Little Too Efficiently?', *The Guardian*, 7<sup>th</sup> Nov 1993, N/A.

<sup>45</sup> 'Women: Sidelines', *The Guardian*, 8<sup>th</sup> Jan 1996, p.6.

that it was 'fashionable' to take Prozac.<sup>46</sup> Likewise the *Irish Times* described Prozac as a 'popular drug of choice'.<sup>47</sup>

By 1996 the British media was presenting a contradictory view on Prozac. On the one hand it suggested that the antidepressant had become a symbol of a cultural shift towards medicating behaviour, and it seems that the media took an almost flippant approach to describing its use. For example, in one article the journalist suggested that holidays are stressful and advised that you should pack your 'passport, tickets' and your 'Prozac'.<sup>48</sup> By the mid 1990s Prozac was being prescribed for symptoms that were considered to be genuine medical illness, so it is worrying that the medicine could be described in such a casual way. Particularly when the media continued to report that Prozac had some unwelcome side effects, such as making people unable to 'sleep or eat' making others feel 'incredibly anxious and extremely fearful almost constantly'.<sup>49</sup> Or in a more extreme case, it was reported that the 'Subway bomber' who attacked the New York subway in December 1994 'pleaded that the anti-depressant drug Prozac, combined with other prescription drugs, drove him insane'.<sup>50</sup>

By the time that standardised St. John's wort became available in Britain and America as a popular OTC remedy, the press had presented a mixed picture of Prozac, in which it praised it and then vilified it. Despite growing fears, *The Times* newspaper declared in 2007 that 'Britain becomes a Prozac nation'.<sup>51</sup> Furthermore, despite concerns throughout the 1990s the British media regularly reported that well known celebrities were taking Prozac. For example, the *News of the World* reported that the Duchess of York reputedly 'weaned herself off Prozac just so she could boost her sex games with lover John Bryan',<sup>52</sup> and *The Daily Mirror* reported that both the Duchess of

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<sup>46</sup> 'Such Devoted Sisters? Imagine A Sibling Who Spends Time And Money On Your Family, Has A Car And A Large Home, Yet Never Invites You To Stay. Last Week, A Woman Asked If She Were Wrong To Feel Hurt', *The Guardian*, 11<sup>th</sup> Jan 1996, p.15.

<sup>47</sup> 'Every Jammy Dublin Poet', *Irish Times*, 16<sup>th</sup> Feb 1996, p.10.

<sup>48</sup> 'Passport, Tickets, Prozac... Holidays Are Stressful, Expensive And Bad For Your Health. Who Needs Them?', *The Observer*, 4<sup>th</sup> Feb 1996, p.8.

<sup>49</sup> 'Letter: The Darker Side Of Prozac', *The Independent on Sunday*, 23<sup>rd</sup> Jun 1996, p.18.

<sup>50</sup> 'Prozac Made Me Do It, Says Subway Bomber', *The Observer*, 11<sup>th</sup> Feb 11 1996, p.24.

<sup>51</sup> 'Britain Becomes A Prozac Nation', *The Times*, May 14<sup>th</sup> 2007, p.1.

<sup>52</sup> 'Fergie Gave Up Happy Pills So She'd Enjoy Making Love', *News of the World*, 25<sup>th</sup> Apr 1996, p.3.

York and Princess Diana were 'Prozac fans, taking the drug to deal with depressions and mood swings'.<sup>53</sup>

More recently psychiatrists have noted that there is a worrying trend among some lay people. Diana Chan and Lester Sireling have argued that many of their patients actively seek out a medical and psychiatric diagnosis based on current trends in the media.<sup>54</sup> It seems that as the media became increasingly interested in celebrity culture and it paid particular attention to way in which celebrities behaved.

Progressively the eccentric behaviour displayed by some famous people, was explained in the media as resulting from psychiatric illness. Chan and Sireling argue that for some lay people who followed celebrity trends, they desired a similar diagnosis of psychiatric illness to explain their own erratic behaviour. Certainly in case of depression the media's revelations that certain celebrities have suffered with depression and taken treatments such as Prozac presents the condition as a life-style choice and this particularly apparent in the way that the media represented the emergence of standardised St. John's wort.

### **5.3. OTC St. John's wort and the popular media**

Prior to the mid 1990s the British and American popular media's interest in St. John's wort was largely confined to issues associated with gardening and land management.<sup>55</sup> However, in December 1995 the British newspaper *The Economist* reported that an American psychiatrist Dr. Jenike, who at this point was the editor of the *Journal of Geriatric Psychiatry and Neurology*, had sanctioned the publication of a journal supplement entirely devoted to a discussion of the popular German remedy St.

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<sup>53</sup> 'Could Fergie's Pills Make YOU Happy? ; Royal Rave Makes Prozac A Buzz Word', *The Daily Mirror* 29<sup>th</sup> Apr 1996, p. 24.

<sup>54</sup> Diana Chan and Lester Sireling, ' "I want to be Bipolar"...A New Phenomenon', *The Psychiatrist*, 34 (2010), pp.103-105.

<sup>55</sup> L.P. Samuels, 'A Country Diary', *The Guardian*, 18<sup>th</sup> August 1992, (page unavailable); W.D. Campbell, 'A Country Diary', *The Guardian*, 30<sup>th</sup> June 1993, (page unavailable); Graham Rose, 'Growing Well Away From Home; Gardening', *The Sunday Times*, 14<sup>th</sup> August 1994, (page unavailable).

John's wort.<sup>56</sup> *The Economist*, which during the early 1990s boasted that its limited readership indicated that it only appealed to a highly educated readership,<sup>57</sup> then went on to reveal that standardised versions of St. John's wort had been found to be effective 'synthetic anti-depressants' in several scientific trials.<sup>58</sup>

In Chapter Four it was revealed that many of the St. John's wort self-help authors credit Linde et. al's 1996 *BMJ* article on St. John's wort,<sup>59</sup> as a turning point for the remedy's British recognition. It has been suggested that article resulted in a much wider cross-section of the British population becoming aware of the remedy, not least because findings from the *BMJ* article were reported widely in the popular media. For example, a summary of the article made the front page of *The Guardian*,<sup>60</sup> and both *The Times* and *The Independent* published lengthy reports on Linde's study. However, *The Times* cautiously added that 'doctors' had declared that the trials on which the St. John's wort studies had been based 'were too small to be statistically certain' and the newspaper called 'for further tests' which would compare St. John's wort directly with antidepressants.<sup>61</sup> A few weeks after the initial interest in the *BMJ* article *The Guardian* published a substantial article on the merits of St. John's wort and herbalism as a whole; and it reported that some herbalists had found that the *BMJ*'s interest in St. John's wort had prompted an increased 'confidence in their trade'. However, it went on to warn that there were some safety concerns to consider with herbal remedies.<sup>62</sup>

Following the initial interest in standardised St. John's wort prompted by the *BMJ* article in August 1996, a second wave of interest appeared in December 1996 when the *Daily Mail* joined the debate. This newspaper looked at St. John's wort during

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<sup>56</sup> *Journal of Geriatric Psychiatry and Neurology*, October 1<sup>st</sup> 1994, Vol. 7, No. 1.

<sup>57</sup> 'Economist Aspires To Influence, And Many Say It Does. British Weekly Boasts Of Limited Readership, Banks On Snob Appeal', *Chicago Tribune*, 26<sup>th</sup> September 1993, [http://nl.newsbank.com/nl-search/we/Archives?p\\_product=DM&p\\_theme=dm&p\\_action=search&p\\_maxdocs=200&p\\_topdoc=1&p\\_text\\_direct-0=0ED3D3B56996BE43&p\\_field\\_direct-0=document\\_id&p\\_perpage= 10&p\\_sort= YMD\\_ date:D&s\\_trackval=GooglePM](http://nl.newsbank.com/nl-search/we/Archives?p_product=DM&p_theme=dm&p_action=search&p_maxdocs=200&p_topdoc=1&p_text_direct-0=0ED3D3B56996BE43&p_field_direct-0=document_id&p_perpage= 10&p_sort= YMD_ date:D&s_trackval=GooglePM)

<sup>58</sup> 'A Sprinkling Of Herbs', *The Economist*, 28<sup>th</sup> January 1995, p. 75.

<sup>59</sup> Linde et. al, 'St. John's wort For Depression', pp.253-258.

<sup>60</sup> 'Down In The Meadow, You Might Cure The bBlues', *The Guardian*, 2<sup>nd</sup> August 1996, p.1.

<sup>61</sup> 'Hedgerow Herb 'Beats Pills For Depression', *The Times*, 2<sup>nd</sup> August 1996, p.5; 'Flower-Power Remedy Proves Equal Of Anti-Depressant Drugs', *The Independent*, 2<sup>nd</sup> August 1996, p. 3.

<sup>62</sup> 'Health: The Power In A Flower More People Are Turning To Herbalism To Find A Cure For Their Ills, But Can It Find A Permanent Place Alongside Mainstream Medicine?', *The Guardian*, 13<sup>th</sup> August 1996, p. 8.

a feature entitled 'Self', which investigated different 'supplements' or 'potions' in order to see whether they work. Referring directly to the *BMJ*'s August study, the paper concluded that 'medical research has confirmed what ordinary people have known for centuries – that St. John's wort actually seems to work'.<sup>63</sup> In the same month the *BMJ* published further information on standardised St. John's wort, but this time it published calls for 'longer term studies' on St. John's wort and depression.<sup>64</sup> Likewise *The Independent* newspaper also reported in December that St. John's wort had been proven to be a viable alternative to conventional antidepressants.<sup>65</sup>

Following the *BMJ*'s publication of Linde's findings the British media presented an overwhelmingly optimistic picture of standardised St. John's wort and this sentiment extended into 1997. The remedy was widely praised and recommended in several broadsheets.<sup>66</sup> For example, *The Independent* commended St. John's wort as a 'gentle treatment for depression',<sup>67</sup> and another of its journalists revealed that having realised 'medieval monks prescribed' St. John's wort 'like we use Prozac' she had become 'a believer in natural products'.<sup>68</sup> The British press was essentially promoting standardised St. John's wort as a direct alternative to conventional antidepressants, which by this point it had begun to report were largely ineffective.<sup>69</sup> Furthermore, British papers continued to report the findings from scientific studies and while *The Independent* reported a study from *The Lancet* in which St. John's wort had been found to be useful in not only depression, but also jet-lag,<sup>70</sup> *The Guardian* revealed that one brand of OTC St. John's wort 'Kira' had been found to help sixty percent of the women tested to 'rediscover their sex drive'.<sup>71</sup>

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<sup>63</sup> 'Does St. John's wort Work?', *The Daily Mail*, 2<sup>nd</sup> December 1996, p.40.

<sup>64</sup> P. de Smet and W. Nolen, 'St. John's wort As An Antidepressant: Longer Term Studies Needed Before It Can Be Recommended In Major Depression. (Editorial)', *BMJ*, 313 (1996), pp.241-242.

<sup>65</sup> 'Health: The Truth About Herbal Medicine', *The Independent*, 3<sup>rd</sup> December 1996, p.11.

<sup>66</sup> 'What's The Alternative?', *The Sunday Times*, 2<sup>nd</sup> February 1997, style supplement, p.1; 'Feeding Prozac To The Black Dog Won't Cure The Problem', *The Independent on Sunday*, 13<sup>th</sup> April 1997, p.23; 'What's The Alternative?', *The Sunday Times*, 4<sup>th</sup> May 1997, style supplement, p.4; 'What's The Alternative?', *The Sunday Times*, 28<sup>th</sup> December 1997, style supplement, p.3.

<sup>67</sup> 'The Truth About: Nature's Prozac?', *The Independent*, 8<sup>th</sup> July 1997, p.9.

<sup>68</sup> 'Is It Worth It? Here's Mud In Your Eye', *The Independent on Sunday*, 14<sup>th</sup> September 1997, p.9.

<sup>69</sup> 'Feeding Prozac To The Black Dog Won't Cure The Problem', *The Independent on Sunday*, 13<sup>th</sup> April 1997, p.23.

<sup>70</sup> 'Melatonin In Herbs Hold Answer To Jet Lag', *The Independent*, 28<sup>th</sup> November 1997, p.14.

<sup>71</sup> 'Claims For 'Lady's Loaf' Rejected By Nutritionists: The 'Cures'', *The Guardian*, 4<sup>th</sup> November 1997, p.7.

The popular press was also printing favourable opinions from dedicated CAM supporters. For example, the journalist Jerome Burne claimed in *The Independent* that herbal 'mind-cures are out-selling Prozac',<sup>72</sup> and a few weeks later in *The Guardian* he asked why British people were not taking St. John's wort when it was so popular in Germany.<sup>73</sup> By the end of 1997 the continued interest by British broadsheets was mirrored by British tabloid papers which also began to report that St. John's wort had significant benefits. Thus *The Daily Mirror* suggested in an article 'Let's beat the blues, petal' that St. John's wort was superior to antidepressants and *The Sunday Mirror* recommended St. John's wort as a natural and safer way to treat symptoms associated with the menopause.<sup>74</sup>

It appears that between 1996 and 1997 the British media were particularly supportive of the use of standardised St. John's wort and this positive attitude continued into 1998. By this time the number of St. John's wort articles being published increased dramatically.<sup>75</sup> Between January and October 1998 numerous encouraging St. John's wort articles were published in all sections of the British and Irish press.<sup>76</sup> Predominantly hailed as a remedy for depression it was also recommended for Seasonal Affective Disorder (SAD).<sup>77</sup> The Scottish paper *The Daily Record* even suggested that standardised St. John's wort was a useful OTC remedy for treating alcoholism,<sup>78</sup> and *The Times* reported that recent revelations emerging from David

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<sup>72</sup> 'The Human Condition: The Wonder Drugs That Grow On Trees', *The Independent on Sunday*, 23<sup>rd</sup> November 1997, p.4.

<sup>73</sup> 'Health: Let's Get Verbal For The Herbal Crew Jerome Burne Discovers That Alternatives To Conventional Drugs Are Big Business In Germany So Why Aren't We Using Them Here?', *The Guardian*, 16<sup>th</sup> December 1997, p.16.

<sup>74</sup> 'Let's Beat The Blues, Petal', *The Daily Mirror*, 4<sup>th</sup> October 1997, p.17; 'THE NATURAL WAY TO BEAT THE MENOPAUSE', *The Sunday Mirror*, 19<sup>th</sup> October 1997, p.28.

<sup>75</sup> In a search of all national and regional British and Irish newspapers using [www.newsuk.co.uk](http://www.newsuk.co.uk) on 15<sup>th</sup> January 2010, during 1997 twenty seven articles containing information on St. John's wort were published, but by 1998 one hundred and fourteen articles were published on St. John's wort.

<sup>76</sup> 'Medical Notes', *The Sun*, 24<sup>th</sup> June 1998, p.6; 'Refreshingly Frank', *The Herald*, 7<sup>th</sup> July 1998, p.15; 'Feeling Under The Weather', *The Times*, 14<sup>th</sup> July 1998, p.14; 'Family Health: Flower Pill Sows The Seeds Of Happiness', *The Daily Mirror*, 17<sup>th</sup> July 1998, p.39; 'There Is More Than One Way To Treat Depression', *News Letter*, 22<sup>nd</sup> August 1998, p.14; 'A Herb Cured My Depression', *Daily Mail*, 7<sup>th</sup> September, 1998, p.40; 'Status Symbols Get Some Medication, As Office Life Can Throw Up A Number Of Ailments', *Evening Standard*, 14<sup>th</sup> September 1998, p.25; 'Lifelines', *Irish Times*, 5<sup>th</sup> October, 1998, p.10.

<sup>77</sup> 'How S.A.D. Can You Get?', *The Sun*, 24<sup>th</sup> July 1998, p.26.

<sup>78</sup> 'Rats Sober Up In Bid To Nip Alcoholism In Bud', *Daily Record*, 24<sup>th</sup> June 1998, p.29.



Healy's forthcoming *The Antidepressant Era* (1999),<sup>79</sup> had prompted a 'craze for St. John's wort - the poor man's Prozac'.<sup>80</sup>

In fact it appears that by 1998 standardised St. John's wort had become an accepted treatment option in the British cultural psyche. So much so that by the end of the year the resident psychic 'Sandra', who wrote for the tabloid newspaper the *Daily Mirror*, began to regularly recommend St. John's wort as a treatment for depression.<sup>81</sup> Effectively, by the end of 1998 the British media, with its regular reporting on findings from scientific journals such as the *BMJ* and *The Lancet*, had become an accessible channel through which the ever-changing scientific and medical information on St. John's wort was disseminated to a wide lay audience.

Furthermore, the British broadsheets developed a pattern of reporting scientific and medical findings alongside interviews with experts (both conventional and alternative) and testimonies from lay people. For example *The Times* serialised Anne Woodham and Dr. David Peters, *Encyclopaedia of Healing Therapies* (1997).<sup>82</sup> Published in three parts, St. John's wort was mentioned as a remedy to help with the stress and depression associated with the menopause.<sup>83</sup> The same paper also published a lengthy article based on Jules Dominguez's investigation of why St. John's wort had supposedly increased in popularity by this decade.<sup>84</sup> After interviewing several experts, including the American psychiatrist and self-help author Harry Bloomfield,<sup>85</sup> Dominguez concluded that lay people were turning to St. John's wort out of disillusionment. After quoting Bloomfield who describes conventional antidepressants as the equivalent of 'using an elephant gun to shoot a fly'; a testimony from a model who claims to have benefited from St. John's wort in her treatment of SAD, the article ends with the expert opinion of Dr. Ann Walker. As a medical herbalist and senior

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<sup>79</sup> Healy, *The Antidepressant Era*.

<sup>80</sup> 'Liberated By Librium', *The Times*, 30<sup>th</sup> October, 1998.

<sup>81</sup> 'Sandra's Psychic Solutions: A Touch Of Candle Magic On Halloween', *The Sunday Mirror*, 1<sup>st</sup> November 1998, p.8.

<sup>82</sup> Anne Woodham and David Peters, *Encyclopaedia of Healing Therapies*, (DK Adult, 1997).

<sup>83</sup> 'An A-Z Guide To Complementary Medicine, M-O; Book Extract', *The Times*, 28<sup>th</sup> February, 1998, p.101.

<sup>84</sup> 'Wonders Of The Wort', *The Times*, 7<sup>th</sup> March, 1998, p.153.

<sup>85</sup> H. Bloomfield, *Hypericum (St. John's wort) and Depression*, (Prelude Press, 1997).

lecturer at the University of Reading, Walker testifies that her husband's chronic condition was alleviated by the use of OTC St. John's wort.

It seems that by 1998 the popular British press was proffering the idea that standardised St. John's wort was better than conventional antidepressant medicines, and while broadsheets utilised science and expert testimonies to endorse their claims, the British tabloids simply proclaimed that St. John's wort was 'nature's Prozac and that you didn't need pills to cheer you up,'<sup>86</sup> and they listed St. John's wort among 'the very best alternatives' that work.<sup>87</sup> More specifically by this decade the media began to emphasise the claim that standardised St. John's wort had few of the 'unpleasant side effects' associated 'with conventional drugs'.<sup>88</sup> Experts such as Professor Ernst from Exeter University were quoted by the media as stating that St. John's wort 'alleviated symptoms of mild-moderate depression and is associated with fewer short-term side effects than conventional drugs'.<sup>89</sup> Occasionally during this time the press printed warnings about the safety of herbal medicines as a whole.<sup>90</sup> Consumers were therefore warned that some herbs had 'toxic' and 'lethal side effects'.<sup>91</sup> However, on the whole the British media reported that St. John's wort was a viable and safe remedy, so much so in fact that the *Belfast News Letter* reported that St. John's wort's tolerability had a direct impact in winning over 'many doctors'.<sup>92</sup>

At the end of 1998 the British media's admiration of St. John's wort appears to have waned. By this time concerns were beginning to emerge in scientific and medical journals regarding the safety of the remedy and in particular it was reported that it had some unwanted side effects. Thus, in October the *Daily Mail* reported that people taking St. John's wort should be aware of the fact that it could cause photosensitivity,<sup>93</sup> and it was reported in the article that an American woman had been treated by

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<sup>86</sup> 'NATURE'S PROZAC ; You Don't Need Pills To Cheer Up', *The Daily Mirror*, 7<sup>th</sup> February, 1998, p.30.

<sup>87</sup> 'The Very Best Alternatives', *The Sun*, 11<sup>th</sup> March, 1998, p.11.

<sup>88</sup> 'THE PROZAC PLANT; FLOWER POWER: STEM WORRIES WITH A NATURAL REMEDY', *Daily Record*, 15<sup>th</sup> April, 1998, p.8.

<sup>89</sup> 'Health: Hidden Truths Behind Healing Hands', *The Independent*, 2<sup>nd</sup> June, 1998, p.19.

<sup>90</sup> 'Health: The Power In A Flower More People Are Turning To Herbalism To Find A Cure For Their Ills, But Can It Find A Permanent Place Alongside Mainstream Medicine?', *The Guardian*, 13<sup>th</sup> August, 1996, p.8.

<sup>91</sup> 'Health: The Truth About Herbal Medicine', *The Independent*, 3<sup>rd</sup> December, 1996, p.11.

<sup>92</sup> 'Negative Side Of Antibiotics BOOKS', *News Letter*, 9<sup>th</sup> May, 1998, p.15.

<sup>93</sup> '“Prozac” Herb Alert', *Daily Mail*, 13<sup>th</sup> October, 1998, p.41.

American doctors because she had taken a 'large dose of the ground herb for four weeks' and suffered 'stinging pain on her face and hands where they had been exposed to the sun'. She was eventually diagnosed with 'acute toxic neuropathy – a form of nerve damage triggered by exposure to poisonous concentrations of the herb' and a reaction with sunlight.<sup>94</sup>

Despite the *Daily Mail's* warning, however, other papers continued to recommend St. John's wort throughout October 1998. For example a regional paper from Birmingham recommended St. John's wort as an antidepressant.<sup>95</sup> Meanwhile the Scottish paper *The Herald* appears to have ignored concerns about St. John's wort and photosensitivity and recommended the remedy specifically as a treatment for SAD.<sup>96</sup> This was despite the fact that this condition is often treated with a high powered light box, which if used in conjunction with St. John's wort, could theoretically induce potential harm. In other sections of the media journalists were beginning to question the popularity of OTC St. John's wort. For example *The Guardian* described the remedy as a fad and warned that lay people were, in effect, being encouraged to 'switch from unhealthy addictions to healthier ones – from Prozac to St. John's wort' for example.<sup>97</sup> A few days later and *The Guardian* once again questioned what the increased interest in St. John's wort actually meant for wider society. In doing so it suggested that people taking OTC remedies such as St. John's wort were deluding themselves, because unlike in Germany where standardised St. John's wort was only available on prescription, in the UK its OTC status meant that it was impossible to ensure it was being taken for the right reasons.<sup>98</sup>

It appears that by the end of 1998 the British media were presenting a confusing picture of OTC St. John's wort. On the one hand it was regularly being praised, on the other it was being linked to side effects and concerns about

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<sup>94</sup> *Ibid.*

<sup>95</sup> 'My New Chap Is So Much Younger', *The Mail*, 20<sup>th</sup> October, 1998, p.14.

<sup>96</sup> 'No Light Matter', *The Herald*, 24<sup>th</sup> October, 1998, p.16.

<sup>97</sup> 'Addicts Anonymous Western Society Encourages Us To Be Dependent, Whether It Be On Alcohol, Sex Or, Especially, On Work. Helen Wilkinson Argues We Have To Fight The Pressures And The Culture That Creates Them', *The Guardian*, 12<sup>th</sup> December, 1998, p.1.

<sup>98</sup> 'Health: Worts And All: Are Fans Of Herbal Medicine Deluding Themselves? Jane Feinmann Reports On A Booming Industry', *The Guardian*, 15<sup>th</sup> December, 1998, p.12.

inappropriate consumption habits. Indeed *The Economist* highlighted the fact that the financial implications of 'malignant sadness' were encouraging. It went on to suggest that major conventional drug companies were unimpressed by St. John's wort's booming financial success and its ever increasing popularity, because they had noted a drop in revenue from conventional depression medicines.<sup>99</sup>

During 1999 the media's interest in St. John's wort became increasingly confusing. Sceptical articles were printed in conjunction with those that endorsed the remedy. The *BBC* reported on its website for example, that a study had found that taking large doses of herbal remedies caused fertility problems.<sup>100</sup> Likewise *The Daily Record* asked if alternative remedies such as St. John's wort actually worked, and it warned that doctors had recommended against taking St. John's wort alongside medicines 'prescribed for depression'.<sup>101</sup> Meanwhile *The Financial Times* raised concerns that OTC St. John's wort was being inappropriately labelled, after a report commissioned by an American magazine found that out of the top ten best selling brands of St. John's wort, 'none had more than half potency listed in the label, four had less than 90 per cent of the designated amount'.<sup>102</sup>

Likewise *The Times* reported that St. John's wort can have serious side effects,<sup>103</sup> and in July the *BBC* publicised the fact that a link had been found between St. John's wort and blindness, after people being treated for SAD with the 'visible and ultraviolet' light from high strength light-boxes, damaged 'proteins in the eye'.<sup>104</sup> Furthermore the *BBC* went on to report that in Germany people taking St. John's wort were told to 'avoid tanning beds'.<sup>105</sup> The following day the *Daily Mail* picked up on the *BBC*'s article and warned that St. John's wort caused photosensitivity and thereby

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<sup>99</sup> 'Depression: Spirit Of The Age', *The Economist*, 19<sup>th</sup> December, 1998, p.113.

<sup>100</sup> 'Herbal Remedies May Reduce Fertility', <http://news.bbc.co.uk/1/hi/health/284666.stm> Tuesday, February 23rd, 1999, 15:14 GMT

<sup>101</sup> 'Do Wonder Pills Keep Promises?; HELP OR HYPE: AN INVESTIGATION INTO FOOD SUPPLEMENTS', *Daily Record*, 24<sup>th</sup> March, 1999, p.7.

<sup>102</sup> 'Powers Of Suggestion Make These Pills Work: Thomas Barlow Explains Why He - Like Many Others - Puts His Faith In Herbal Medicines', *Financial Times*, 22<sup>nd</sup> May, 1999, p.2.

<sup>103</sup> "'Natural' Is Not Necessarily Safe', *The Times*, 26<sup>th</sup> June, 1999, p.2.

<sup>104</sup> 'Anti-Depressant Herb May Harm Sight', <http://news.bbc.co.uk/1/hi/health/400135.stm> Wednesday, July 21st, 1999, 23:31 GMT

<sup>105</sup> *Ibid.*

cautioned users to 'stay out of the sun'.<sup>106</sup> *The Independent* even suggested that young 'clubbers' in Britain, were using the herbal remedy 'as an antidote to the side effects of the drug Ecstasy' and it reported that a major health-food manufacturer had launched an enquiry and that staff at the high-street health store Holland & Barrett had been warned to stay alert to the 'trend among drug takers' who were mistakenly taking St. John's wort as a way of preventing 'brain damage associated with frequent Ecstasy use'.<sup>107</sup>

Newspapers also began to call for greater regulation of OTC products. For example, when St. John's wort was discussed in *The Herald's* 'bad medicine' column it was suggested that 'even if a herb is effective for a particular disorder' it was still imperative that 'structured trials' were conducted.<sup>108</sup> Local papers such as the *Birmingham Mail* also warned that taking vitamins and supplements such as St. John's wort may be harmful if they are taken 'without the knowledge of what they are',<sup>109</sup> and the *Daily Mail*, possibly spurred on by the apparent unease towards St. John's wort, offered an alternative to the OTC herbal remedy, in the form of 'Tribulus terrestris' commonly known as puncturevine, which it said enhanced brain chemicals such as serotonin and dopamine, thereby elevating mood.<sup>110</sup>

However, despite the abundance of doubtful St. John's wort articles, the 1990s media was at other times very enthusiastic. For example, *The Sunday Mirror's* resident psychic Sandra regularly recommended OTC St. John's wort during this decade and the Scottish paper *The Daily Record* promoted St. John's wort as a cure for depression. Likewise, articles in *The Times* and an article from *The Observer* entitled *Health: Blossoming with joy: It's known as nature's Prozac, the herb that puts a Teflon coating on life and relieves depression*, were staunchly in favour of St. John's wort.<sup>111</sup>

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<sup>106</sup> 'Herbal Cure 'Can Harm Your Eyes' 'PROZAC PLANT' USERS RISK CATARACTS IF THEY SUNBATHE, SAY EXPERTS', *Daily Mail*, 22<sup>nd</sup> July, 1999, p.39.

<sup>107</sup> 'Herbal 'Antidote' Leads To Dangerous Ecstasy Boom', *The Independent on Sunday*, 1<sup>st</sup> August, 1999, p.5.

<sup>108</sup> 'Bad Medicine', *The Herald*, 28<sup>th</sup> August, 1999, p.15.

<sup>109</sup> 'Health & Life: Is Pill Popping Ruining Our Diet? RESEARCH HIGHLIGHTS BENEFITS AND DANGERS', *The Mail*, 14<sup>th</sup> September, 1999, p.16.

<sup>110</sup> 'HAVE YOU TRIED?', *Daily Mail*, 20<sup>th</sup> September, 1999, p.42.

<sup>111</sup> 'Sandra's Psychic Solutions Column', *The Sunday Mirror*, 3<sup>rd</sup> January, 1999, p.8; 'YOUR PROBLEMS' *Daily Record*, 13<sup>th</sup> January, 1999, p.10; 'What's The Alternative?', *The Sunday Times*, 31<sup>st</sup> January, 1999, p.42; 'H e a l t h

Likewise in March the London paper the *Evening Standard* suggested that St. John's wort could be used as a remedy to help quit smoking,<sup>112</sup> and the following month *The Independent* defended St. John's wort by declaring it 'the current vogue' and recommending it for depression.<sup>113</sup> The St. John's wort supporter, journalist Jerome Burne, criticised the media's growing demand for safety testing, as he felt this trend had more to do with major conventional drug companies trying to protect their market for conventional drugs, rather than any real public health danger.<sup>114</sup>

In effect the mixed St. John's wort messages presented in British media during 1999 added to the confusing situation, whereby a paper would celebrate the remedy in one edition and then dismiss it as dangerous a few weeks or even days later. For example, the *Irish Times* reported that St. John's wort had side effects including 'fatigue and sensitivity to sun'<sup>115</sup> yet a month later it printed a letter celebrating St. John's wort as 'innocuous and perfectly safe'.<sup>116</sup> Sometimes a paper would warn about potential problems and then follow this with a suggestion on how to make the remedy safer. For example the *Daily Mirror* warned that St. John's wort could cause cataracts in people taking it who were then exposed to the sun, so it suggested St. John's wort consumers should 'wear hats and wraparound sunglasses'.<sup>117</sup> It seems that St. John's wort articles were often published with little or no safety information.<sup>118</sup> In particular Scottish newspapers persistently commended St. John's wort as a good treatment option for SAD, despite the fact that by 1999 a clear risk had been associated with this

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Blossoming With Joy It's Known As Nature's Prozac, The Herb That Puts A Teflon Coating On Life And Relieves Depression', *The Observer*, 21<sup>st</sup> February, 1999, p.28; 'YOUR PROBLEMS', *Daily Record*, 5<sup>th</sup> May, 1999, p.6; 'Alternative Cures: St. John's wort', *The Times*, 8<sup>th</sup> May, 1999, p.18.

<sup>112</sup> 'Quitting It's As Easy As Breathing', *Evening Standard*, 9<sup>th</sup> March, 1999, p.53.

<sup>113</sup> 'Health: The Suddenly Fashionable Wort Hypericum, Or St. John's wort, Is Being Hailed As An Effective Treatment For Depression. No Wonder Long-Time Practitioners Of Folk Medicine Are Feeling Smug', *The Independent*, 6<sup>th</sup> April, 1999, p.11.

<sup>114</sup> 'Health: Plants On Trial. Why Fuss About The Dangers Of Herbal Remedies, Asks Jerome Burne, Instead Of Researching Them Properly?', *The Guardian*, 13<sup>th</sup> April, 1999, p.16.

<sup>115</sup> 'Lifelines', *Irish Times*, 29<sup>th</sup> September, 1999, p.13.

<sup>116</sup> 'Alternative Medicines', *Irish Times*, 22<sup>nd</sup> October, 1999, p.15.

<sup>117</sup> 'Your Problems: Miriam Stoppard's Advice Column', *The Daily Mirror*, 27<sup>th</sup> October, 1999, p.27.

<sup>118</sup> See for example, 'What's The Alternative', *The Sunday Times*, 3<sup>rd</sup> October, 1999, p.40.

condition's regular treatment of light therapy and the use of St. John's wort which can cause photosensitivity.<sup>119</sup>

So it seems that while some newspapers heeded the possibility that St. John's wort had some hidden dangers such as its potential to interact with other medicines and that it may not be as good as conventional antidepressants,<sup>120</sup> others ignored concerns. Likewise although *The Sunday Mirror's* resident psychic at one point revised her usual habit of outright recommendation of St. John's wort, when she suggested that readers should ask 'your doctor about' the remedy,<sup>121</sup> she quickly reverted to her usual routine of advising lay people to self-treat with OTC St. John's wort.<sup>122</sup> Once again while *The Mirror* described St. John's wort as having no 'serious known side effects, other than sometimes making fair-skinned people more sensitive to sunlight',<sup>123</sup> the Scottish paper *The Herald* continued to recommend the remedy without adding any warnings.<sup>124</sup> *The Express* dismissed St. John's wort altogether because scientific trials proved that it was not 'as good as for antidepressants',<sup>125</sup> broadsheets recommended that it was good for post-natal depression.<sup>126</sup>

By the end of 1999 it seems that claims and counter-claims were being made by the popular media and this presented a baffling picture of the remedy. However, it has already been established that during 1990s the media's coverage of the illness depression was equally indistinct and it seems that this inclination also applied to St. John's wort. By the middle of the decade the remedy had been consistently recommended as a good treatment for depression, but in 1999 the *BBC* published a warning from a medical expert which stated that OTC St. John's wort should not be

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<sup>119</sup> 'It's SAD's Law During Winter ; Beat The Seasonal Blues With The Help Of Mother Nature - And The Health Food Industry', *Daily Record*, 9<sup>th</sup> October, 1999, p.18; 'Winter Blues Hit Fifth Of Aberdonians', *Scotsman*, 26<sup>th</sup> October 1999, p.10.

<sup>120</sup> 'Herb Beats The Blues As Well As Drug', *Daily Mail*, 10<sup>th</sup> December, 1999, p.19.

<sup>121</sup> 'Sandra's Psychic Solutions: ARM YOURSELF Psychic Self-Defence', *The Sunday Mirror*, 12<sup>th</sup> December, 1999, p.11.

<sup>122</sup> 'Psychic Sandra: No End To Cash Worries', *The Daily Mirror*, 16<sup>th</sup> December, 1999, p.22.

<sup>123</sup> 'HEALTH ZONE: ALTERNATIVE MEDICINE/EXPERT PANEL - OTHER WAYS TO TREAT DEPRESSION', *The Daily Mirror*, 23<sup>rd</sup> December, 1999, p.28.

<sup>124</sup> 'Love Me, Love My Partridge', *The Herald*, 21<sup>st</sup> December, 1999, p.13.

<sup>125</sup> 'More Than Just The Blues', *The Express*, 28<sup>th</sup> October, 1999, p.N/A.

<sup>126</sup> 'Treatments For Post-Natal Depression', *The Times*, 9<sup>th</sup> November, 1999, p.45.

used to treat 'clinical depression'.<sup>127</sup> However, no explanation of what was meant by clinical depression was offered and this seemed particularly confusing considering the fact that St. John's wort was often recommended as an equivalent to conventional antidepressants.

The popular media's remit is, after all, not one of public health. Rather it sets out to sell stories and by the end of 1999 despite growing concerns about the remedy it seems that St. John's wort was back in favour again after *The Independent* reported that a new study published in the *BMJ* had proved conclusively that St. John's wort was free of serious side effects.<sup>128</sup> However, although the article pointed out that this claim had been disputed in *The Lancet*, which had issued warnings that labelling St. John's wort as natural may dupe consumers into thinking it had no side effects,<sup>129</sup> it failed to establish how serious the side effects from St. John's wort could be.

The motivation behind the British media's interest in St. John's wort can also be established from the way in which the remedy was recommended. Tabloids, for example, emphasised that the remedy could help people who were trying to quit smoking.<sup>130</sup> They also suggested that St. John's wort was a better option than conventional antidepressants because it had no 'sexual side-effects'.<sup>131</sup> *The Mirror's* resident psychic continued to recommend St. John's wort as 'drops or tablets' for depression,<sup>132</sup> and *The Sun* epitomised the tabloids tendency to offer only the briefest safety information by boldly claiming that 'many get help from' St. John's wort.<sup>133</sup>

By the end of 1999 it also appears that St. John's wort, like Prozac in the early 1990s, was being presented as forming part of a life-style choice. For example, *The*

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<sup>127</sup> 'Herb 'Helps Ease Depression'', <http://news.bbc.co.uk/1/hi/health/557652.stm> 10th December, 1999.

<sup>128</sup> Michael Philipp et.al. 'Hypericum Extract Verses Imipramine Or Placebo In Patients With Moderate Depression: Randomised Multicentre Study Of Treatment For Eight Weeks', *BMJ*, 319 (1999), p.1534.

<sup>129</sup> 'Old Herbal Remedy `Better Than Drugs'', *The Independent*, 10<sup>th</sup> December, 1999, p.13.

<sup>130</sup> 'YOUR HEALTH: HOW TO GIVE UP SMOKING, WORTS 'N' ALL', *The Sunday Mirror*, 5<sup>th</sup> December, 1999, p.56; 'Your Health: New Millennium, New Resolution ... And How To Kick The Habit For Good This Time', *The Sunday Mirror*, 26<sup>th</sup> December, 1999, p.56; 'King-Size Quitters ; 3m SMOKERS COULD STOP TO MARK THE MILLENNIUM', *The Daily Mirror*, 28<sup>th</sup> December, 1999, p.6; 'One Smoke Will Age You By Eleven Minutes', *The Express*, 31<sup>st</sup> December, 1999.

<sup>131</sup> 'Are Pills Wrecking; Your Sex Life?; NOT TONIGHT: THERE COULD BE A SOLUTION IF YOU HAVE LOST THE URGE TO MAKE LOVE', *Daily Record*, 17<sup>th</sup> November, 1999, p.8.

<sup>132</sup> 'Sandra's Psychic Solutions: Tune In To Your Aura; Take A Deep Breath And See The World As Psychics See Us', *The Sunday Mirror*, 5<sup>th</sup> December, 1999, p.11.

<sup>133</sup> 'Alternative Health', *The Sun*, 1<sup>st</sup> December, 1999, p.10.



*Sunday Times* recommended St. John's wort for 'post-party anxiety', following the New Year celebrations, thereby implying that the remedy could be used as a tonic as opposed to a medicine to combat illness.<sup>134</sup> By 1999 it seems that St. John's wort's antidepressant abilities had been exploited by manufacturers outside the realm of preparatory medicines and had even been included in foods, indicating that by this year it was widely thought that ingesting the plant in any form could result in increased happiness (see image twelve).



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## 12. BBC article on St. John's wort tortilla chips, 1999.

### 5.4. The popular media's coverage of the regulation of OTC St. John's wort

By the end of the 1990s it seems that not only was depression a favourite topic covered in the popular media, so were treatments including SSRIs and alternatives such as St. John's wort. By this time it also appears that the press was beginning to question why the illness depression was apparently on the increase. For example, *The Guardian* published an article which recounted a harrowing personal account of depression. However, it went on to make a distinction between serious depression and

<sup>134</sup> 'Party Like It's 1999', *The Sunday Times*, 31<sup>st</sup> October, 1999, p.41.

<sup>135</sup> 'Health Happy Crisps Fight Depression', *BBC NEWS*, Thursday, July 15<sup>th</sup>, 1999. website [http://images.google.co.uk/imgres?imgurl=http://news.bbc.co.uk/olmedia/390000/images/\\_394676\\_150happy.jpg&imgrefurl=http://news.bbc.co.uk/2/hi/health/394676.stm&usg=\\_\\_QIP-pRdWJFIDbo-qNtjhqyDFwxI=&h=180&w=150&sz=8&hl=en&start=11&um=1&tbnid=csoTAKjSXcWV3M:&tbnh=101&tbnw=84&prev=/images%3Fq%3Dst%2Bjohn%2527s%2Bwort%2Btortilla%26hl%3Den%26safe%3Doff%26rlz%3D1T4DKUK\\_en-GBGB246GB248%26sa%3DN%26um%3D1](http://images.google.co.uk/imgres?imgurl=http://news.bbc.co.uk/olmedia/390000/images/_394676_150happy.jpg&imgrefurl=http://news.bbc.co.uk/2/hi/health/394676.stm&usg=__QIP-pRdWJFIDbo-qNtjhqyDFwxI=&h=180&w=150&sz=8&hl=en&start=11&um=1&tbnid=csoTAKjSXcWV3M:&tbnh=101&tbnw=84&prev=/images%3Fq%3Dst%2Bjohn%2527s%2Bwort%2Btortilla%26hl%3Den%26safe%3Doff%26rlz%3D1T4DKUK_en-GBGB246GB248%26sa%3DN%26um%3D1) (downloaded 1<sup>st</sup> Feb 2009).

milder forms of the illness and it suggested that general practitioners were misdiagnosing unhappiness as depression. Consequently the journalist recommended that standardised St. John's wort was a better option for mild forms of the illness as opposed to antidepressants.<sup>136</sup>

As well as raising concerns about the diagnosis of depression, the popular media also revealed that by the end of the 1990s moves were being increasingly being made to regulate the sale of OTC herbal remedies. As early as 1997 *The Independent* had warned that the United Nations were looking to regulate the sale of OTC vitamins.<sup>137</sup> By the end of 1999 the possibility that OTC products would be regulated as a result of political pressure in Europe was increasingly reported in British newspapers.<sup>138</sup> For example, the Scottish paper *The Herald* revealed that the British Medicines Control Agency was concerned about safety and labelling on OTC products and St. John's wort was mentioned as one of the remedies under their investigation.<sup>139</sup>

Meanwhile, *The Guardian* reported that there was strong public opposition to these proposed regulations, so much so in fact that protests were held in London.<sup>140</sup> Likewise *The Times* published an interview with 'Michael van Straten, an osteopath, naturopath and acupuncturist' who explained that the impending regulations would affect 'a whole range of products I recommend to my patients which are safe, effective and less expensive than prescription medicines'. He continued by suggesting that 'above anything else, it removes their right to choose'.<sup>141</sup>

By the late 1990s moves to regulate OTC products, including remedies such as St. John's wort, were being made by numerous authorities including the British government. *The Herald* reported that British authorities had been prompted by

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<sup>136</sup> 'Health: A Way Out Of The Darkness Psychiatrists Are Warning That Some Doctors Might Be Confusing Plain Unhappiness With Depression, A Mental Illness. But There's A Big Difference Between Them, Says Suzi Pritchard, Who Has Suffered Years Of Harrowing Episodes', *The Guardian*, 2<sup>nd</sup> November, 1999, p.8.

<sup>137</sup> 'Watch Out - The UN's After Your Vitamins', *The Independent on Sunday*, 6<sup>th</sup> April, 1997, p.21.

<sup>138</sup> 'News: THREAT TO BAN HERBAL CURES', *The Express*, 11<sup>th</sup> March, 1999; 'More Control Sought On Herbal Cures', *The Independent*, 23<sup>rd</sup> March, 1999, p.9; 'Herbalists Fear New Euro Rules Will Cut Jobs And Push Up Prices', *Birmingham Post*, 23<sup>rd</sup> March, 1999, p.9.

<sup>139</sup> 'Law Looks At Herbal Remedies', *The Herald*, 1<sup>st</sup> May, 1999, p.9.

<sup>140</sup> 'Comment And Analysis: Medicine Police Protesters Say New Regulations Will Spell The End For Many Herbal Remedies. The Health Department Says It's Been Misunderstood', *The Guardian*, 3<sup>rd</sup> May, 1999, p.15.

<sup>141</sup> 'Left With No Alternative', *The Times*, 28<sup>th</sup> June, 1999, p.32.

recommendations made by the WHO.<sup>142</sup> While *The Economist* stated 'at the moment, there are few authoritative clinical trials or laboratory tests to assess the claims of such treatments' However this 'is set to change as a number of large clinical trials, co-ordinated by America's National Centre for Complementary and Alternative Medicine, take place in 2000'. The paper concluded that these tests 'will establish whether, say, St. John's wort is better at relieving mild depression than Prozac or if shark's cartilage is any good for lung cancer'.<sup>143</sup> Thus, by 1999 a major overhaul of OTC products was being instigated by the WHO, and British and American licensing authorities and by this year it seems from *The Economist's* report for example, that there was a feeling that American research into St. John's wort was considered to be superior to the mainly German testing which had been carried out prior to this.

Despite the moves to regulate OTC remedies, the British media continued to uphold its established habit of recommending St. John's wort. During January 2000 alone, St. John's wort was recommended several times as a remedy for depression.<sup>144</sup> It was also praised as an aid to help people to lose weight,<sup>145</sup> and *The Daily Record* suggested it could be used for stress incontinence.<sup>146</sup> Likewise a daily horoscope from *The Daily Record* suggested that Pisceans, who were apparently suffering as a result of Saturn being a 'wee bit depressive', were told that they 'might benefit from St. John's wort or from aromatherapy massage'.<sup>147</sup> Meanwhile *The Daily Record's* Dr. Dreena Kelly also stated that as long as the preparation of St. John's wort being taken was a non-standardised version, it was safe to take with other supplements,<sup>148</sup> and another Scottish paper *The Herald* recommended St. John's wort as part of a 'millennium

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<sup>142</sup> 'Pain And Prejudice', *The Herald*, 18<sup>th</sup> September, 1999, p.56.

<sup>143</sup> 'Science: Dr Nature's Surgery', *The Economist*, 31<sup>st</sup> December, 1999, p.110.

<sup>144</sup> 'Sandra's Psychic Solutions', *The Sunday Mirror*, 2<sup>nd</sup> January, 2000, p.11; 'Health: Eight Ways To Get High On Life ; As You Take Down Your Tree And Tinsel Tonight - Yes, It's Twelfth Night - You May Be Feeling Like There's Nothing To Look Forward To. Fear Not, There Are Plenty Of Ways To Get A Positive Charge, Naturally, This New Year', *The Daily Mirror*, 4<sup>th</sup> January, 2000, p.28; 'Health Zone: Medical Notebook', *The Daily Mirror*, 13<sup>th</sup> January, 2000, p.37.

<sup>145</sup> 'The Diet Cure - Part Two: Eat Yourself Well; LAST WEEK WE INTRODUCED YOU TO THE AMAZING NEW DIET CURE AND IDENTIFIED THE BIOCHEMICAL IMBALANCES WHICH MAY BE STOPPING YOU LOSING WEIGHT. NOW HERE'S HOW TO HELP YOURSELF', *The Sunday Mirror*, 16<sup>th</sup> January, 2000, p.15.

<sup>146</sup> 'YOUR PROBLEMS', *Daily Record*, 5<sup>th</sup> January, 2000, p.6.

<sup>147</sup> 'Pisces; Prepare For A Bumpy Ride, But The End Result Will Reap A Prosperous and Welcome Dividend', *Daily Record*, 5<sup>th</sup> January, 2000, p.30.

<sup>148</sup> 'YOUR PROBLEMS; DR DREENA KELLY', *Daily Record*, 19<sup>th</sup> Jan 2000, p.6.

makeover'.<sup>149</sup> Elsewhere *The Edinburgh Evening News* reveals that St. John's wort is a good remedy against flu,<sup>150</sup> and *The Daily Mail* reported that the actor Michael Caine's wife Shakira Caine, was taking supplements including St. John's wort in order to keep her 'system healthy and balanced'.<sup>151</sup> Finally the *Birmingham Post*, followed a few days later by *The Sunday Mirror* reported that 'happy crisps' containing St. John's wort were available,<sup>152</sup> and *The Sun* reported that St. John's wort can help women 'maintain a satisfactory sex life' during the menopause.<sup>153</sup>

By 2000 St. John's wort was being recommended as a medical remedy and as part of a wider life-style approach. However, in a similar way to previous years the media also provided numerous warnings about the remedy. Thus in January alone *The Times* warned that taking St. John's wort at the same time as the birth control pill may stop it from working effectively as a contraceptive. It also reminded its readers that St. John's wort can cause photosensitivity.<sup>154</sup> Despite this warning however, the paper published an advert a month later in which company offered the opportunity to 'buy one get one free' on a range of Scandinavian health supplements, including St. John's wort.<sup>155</sup> Elsewhere *The Guardian* provided guidance on 'what to take and who to see' with regards to complementary medicine and St. John's wort was endorsed 'as good as pharmaceutical anti-depressants for mild depression' without any added warnings.<sup>156</sup>

In comparison *The Times* published a warning against mixing OTC remedies with conventional medicines and specified that St. John's wort should not be taken 'with modern anti-depressants'.<sup>157</sup> By the end of January *The Times* appears to have become disillusioned with St. John's wort altogether and it offered alternative herbal

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<sup>149</sup> 'Give Your System A Millennium Makeover', *The Herald* 20<sup>th</sup> Jan 2000, p. 16.

<sup>150</sup> 'GIBSON: EDNIBURGH'S BEST KNOWN COLUMNIST', *Edinburgh Evening News* 21<sup>st</sup> Jan 2000, p. 12.

<sup>151</sup> 'Shakira Caine, 51, Is One Of The World's Most Beautiful Women, But She Does Not Believe In Expensive Face Creams. So What Are Her Secrets?', *Daily Mail* 6<sup>th</sup> Jan 2000 p.52.

<sup>152</sup> 'Facts To Savour', *Birmingham Post* 10<sup>th</sup> Jan 2000; p. 3; 'COULD THIS SNACK BAR REALLY IMPROVE YOUR BRAIN POWER?', *The Sunday Mirror* 16<sup>th</sup> Jan 2000, p. 30.

<sup>153</sup> 'Medical Notes', *The Sun* 26<sup>th</sup> Jan 2000, p. 11.

<sup>154</sup> 'Healing Power Of Herbs: Stress: The Natural Cures', *The Times*, Jan 15<sup>th</sup>, 2001, p.30.

<sup>155</sup> 'The Finest Scandinavian Health Supplements – Buy One Get One Free!; Reader Offer', *The Times*, February 12<sup>th</sup>, 2000, p.84.

<sup>156</sup> 'Healing In Harmony', *The Guardian*, February 26<sup>th</sup>, 2000, p.9.

<sup>157</sup> 'Beware Mixing Your Remedies', *The Times* 24<sup>th</sup> Jan 2000, p. 7.

remedies to St. John's wort in two separate articles.<sup>158</sup> Although the media reported that wider moves were being made to regulate OTC products, with regards to its coverage of standardised St. John's wort, it appears that it was reflecting the ambiguity created by the remedy's OTC status. However by 2000 St. John's wort's OTC availability was beginning to come under scrutiny. *The Financial Times* reported, for example, that growing concerns about the possibility of St. John's wort regulation in Southern Ireland had prompted people to rush 'into health food shops' in order to stock up on St. John's wort to combat their 'millennial blues'. It also reported that the British Medicines Control Agency (MCA) had 'written to makers of herbal remedies to say it intends to designate the wort as a medicine'.<sup>159</sup> Likewise, *The Daily Mirror* reported on the MCA's moves. However, unlike *The Financial Times*, its stance was altogether more jovial. In a direct reference to the fact that it was likely that herbs would be regulated it joked that 'consumers may soon have to buy their vegetables from the chemist'.<sup>160</sup>

In Southern Ireland concerns about the safety of OTC St. John's wort resulted in a definitive move by the Irish Government to regulate OTC St. John's wort products.<sup>161</sup> These moves were reported by its press. For example, having briefly reported in October 1997 that the EU was working towards regulating herbal remedies in order to improve safety,<sup>162</sup> the Irish press began quoting experts such as Professor Ernst, who praised St. John's wort as working 'without a doubt for depression'.<sup>163</sup> It seems that Southern Ireland had a particularly vested interest in St. John's wort, as two German medical companies had created forty three jobs in Cork, after it opened a plant to process OTC St. John's wort.<sup>164</sup> In October 1999 the *Irish Times* printed a letter from a reader who bemoaned the impending move by the Irish government to make St.

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<sup>158</sup> 'Natural Ways To Beat The Winter Blues', *The Times* 27<sup>th</sup> Jan, 2000, p. 38; 'What's the alternative', *The Sunday Times*, 30<sup>th</sup> Jan 2000, p. 34.

<sup>159</sup> 'Patience Running Out Over Red Tape Pledges', *Financial Times* 5<sup>th</sup> Jan 2000, p.6.

<sup>160</sup> 'Veggies On Prescription', *The Daily Mirror*, Jan 29<sup>th</sup>, 2000, p.19.

<sup>161</sup> 'Drug Safety Newsletter, 9<sup>th</sup> Edition', *Irish Medicines Board*, Feb 2000 – issue No.10

<http://www.imb.ie/images/uploaded/documents/feb%2000.pdf>

<sup>162</sup> 'Tapping The Veins Of Folk Wisdom's', *Irish Times* 18<sup>th</sup> Oct, 1997, p.68.

<sup>163</sup> 'Paying Complements Natural Healing Or Expensive Quackery? Health Correspondent Alison O'Connor Looks At The Phenomenal Growth Of Complementary Medicine', *Irish Times* 24<sup>th</sup> Nov 1997, p. 8.

<sup>164</sup> 'Joint Venture Jobs For Cork', *Irish Times* 6<sup>th</sup> Nov 1997, p. 21.

John's wort prescription only. The letter's author claimed that St. John's wort was 'innocuous and perfectly safe' having been 'used for centuries' with no ill effect.<sup>165</sup> Three days later, another letter was printed in which the author asked for evidence to back-up the claims made by the Irish Medicines Board, which had alleged that St. John's wort interacted with 'certain foods and medicines'.<sup>166</sup>

On 27<sup>th</sup> October, the *Irish Times* reported that St. John's wort would no longer be available in Southern Ireland as an OTC product from 1<sup>st</sup> January 2000, and it went on to advertise a meeting for the lobbying group 'Consumers for Health Choice Ireland' that was taking place that evening.<sup>167</sup> The Irish government introduced legislation which made the sale of St. John's wort OTC illegal on 1<sup>st</sup> January 2000. On the eve of this prohibition 'users' were described as stockpiling 'St. John's wort ahead of ban'.<sup>168</sup> Although legislation of the remedy was not enforced immediately, some health stores volunteered to remove St. John's wort from their shelves.<sup>169</sup> However, not everyone agreed that the remedy was potentially harmful. For example, it was argued that any potential side effects of this OTC remedy were far less serious than those associated with conventional antidepressants. Furthermore, in a letter to the *Irish Times*, a Mr. David S. Kelly asked why St. John's wort had been deemed dangerous when paracetamol 'which has caused deaths is on sale without prescription'.<sup>170</sup> In another letter a 'Medical Herbalist' argued that making St. John's wort prescription only would mean that:

'The situation was as follows: No, you can't buy it from a reputable health food store. No, you can't have it in your prescription from a trained herbalist. Yes, you can buy it on the Internet, or import it from any other EU country. Yes, you can get it on prescription from your GP, who has no training in herbal medicine. Public safety, my foot'.<sup>171</sup>

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<sup>165</sup> 'Alternative Medicines', *Irish Times* 22<sup>nd</sup> Oct 1999, p. 15.

<sup>166</sup> *Ibid.*

<sup>167</sup> 'Lifelines', *Irish Times* 27<sup>th</sup> Oct 1999, p. 13.

<sup>168</sup> 'Users Stockpile St. John's wort Ahead Of Ban', *Irish Times* 31<sup>st</sup> Dec 1999, p. 4.

<sup>169</sup> 'Health Stores Agree To Take St. John's wort Off The Shelves Health Alliance Sees No Sign Of Enforcement Of Regulations', *Irish Times* 12<sup>th</sup> Jan 2000, p. 2.

<sup>170</sup> 'Alternative Medicines', *Irish Times* 10<sup>th</sup> Nov 1999, p. 15.

<sup>171</sup> 'St. John's wort', *Irish Times*, 26<sup>th</sup> Jan 2000, p. 17.

Despite public objection to regulation it was reported in December 1999 by the *Irish Times* that there was a 'prevalent misconception that natural medicines are harmless'. Once again the paper interviewed the expert Professor Ernst, who this time pointed out that St. John's wort could cause 'bleeding and interference with levels of prescription drugs in the blood'. Ernst therefore suggested that patients should be encouraged to discuss any supplements they may be taking with their 'physician' so that negative interactions could be avoided.<sup>172</sup> In reality, however, the move to make St. John's wort prescription only in Southern Ireland proved unworkable, as not only were people still able to purchase St. John's wort using the unregulated internet, but as the author of a letter to the British paper the *News of the World* mocked, people from the South of Ireland could easily 'hop over the border' to the North, in order to buy their St. John's wort OTC as its sale there was still legal.<sup>173</sup>

In early 2000 the sale of St. John's wort OTC had been banned in Southern Ireland. Meanwhile in America, although the popular media had celebrated OTC St. John's wort at points<sup>174</sup> it had also raised concerns about the remedy. For example, *The Los Angeles Times* discussed St. John's wort under the headline 'Remedy's U.S. Sales Zoom, but Quality Control Lags. St. John's wort: Regulatory Vacuum Leaves Doubt About Potency, Effects of Herb Used for Depression' in 1998.<sup>175</sup> In fact, concerns about safety prompted a widespread public warning on February 10<sup>th</sup> 2000. Issued by the American Food and Drug Administration (FDA) it was officially stated that it was dangerous to mix St. John's wort with certain conventional drugs, because the herbal remedy prevented other medicines from working effectively.<sup>176</sup>

The FDA's announcement was followed two days later with the publication of several damaging revelations in the medical journal *The Lancet*. Stephen Piscitelli and

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<sup>172</sup> 'Report Warns On Dangers Of St. John's wort', *Irish Times* 15<sup>th</sup> Dec 1999, p. 9.

<sup>173</sup> 'Your Letters', *News of the World* 13<sup>th</sup> Feb 2000, p. 70.

<sup>174</sup> 'In Germany, Humble Herb Is Rival to Prozac', *New York Times*, 9<sup>th</sup> September 1997, pp. C1 and C7.

<sup>175</sup> 'Remedy's U.S. Sales Zoom, But Quality Control Lags. St. John's wort: Regulatory Vacuum Leaves Doubt About Potency, Effects Of Herb Used For Depression', *Los Angeles Times*, 31<sup>st</sup> August, 1998, Front Page.

<sup>176</sup> 'Risk Of Drug Interactions With St. John's wort And Indinavir And Other Drugs', *FDA Public Health Advisory*, February 10<sup>th</sup> 2000,

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/DrugSafetyInformationforHealthcareProfessionals/PublicHealthAdvisories/ucm052238.htm>

his team revealed that St. John's wort interacted badly with an HIV 'protease inhibitor called indinavir'.<sup>177</sup> Likewise a Swiss research team reported that St. John's wort prevented drugs used by transplant patients from working.<sup>178</sup> The journal also printed a letter by David Wheatley who dismissed the claims that St. John's wort worked in the same way as Monoamine Oxidase Inhibitor (MAOI) antidepressants as mythical,<sup>179</sup> and another letter warning about the dangers of self-medication with St. John's wort.<sup>180</sup> This was not the first time that *The Lancet* had raised concerns about St. John's wort interacting with conventional drugs, as Marilyn Larkin pointed out in October 1999 that surgery patients were at risk because they did not tell their surgeons prior to operations that they were taking supplements.<sup>181</sup> Two months later Professor Ernst raised further concerns,<sup>182</sup> and in January 2000 Dr. Adrian Fugh-Berman's letter in response to Professor Ernst revealed that he too had concerns about St. John's wort and drug interactions.<sup>183</sup>

It has already been established in this chapter that the British press paid significant attention to St. John's wort from 1996 onwards. However despite this apparent fascination, the greater part failed to report on the Southern Irish situation or the American FDA's stance. It seems that the Irish situation was ignored in the UK, except for one article in the *Scotsman*.<sup>184</sup> Likewise the FDA's decision on safety advice was also disregarded and on the few occasions that the British media did report American concerns, it was done so on news websites such as that published by the *BBC*<sup>185</sup> and *The Guardian*.<sup>186</sup> Unsurprisingly, however, given the situation in Ireland, the FDA's public warning was reported in the *Irish Times*.<sup>187</sup> However, the *BBC* did report that there had been some unenthusiastic St. John's wort findings published in

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<sup>177</sup> Stephen C Piscitelli, 'Indinavir Concentrations And St. John's wort', *The Lancet*, 355 (2000), pp. 547 – 548.

<sup>178</sup> Peter AGM De Smet, 'Safety Of St. John's wort', *The Lancet*, 355 (2000), pp.575-576.

<sup>179</sup> David Wheatley, 'Safety Of St. John's wort', *The Lancet*, 355 (2000), p.576.

<sup>180</sup> Qun-Ying Yue et. al, 'Safety Of St. John's wort', *The Lancet*, 355 (2000), pp.576-577.

<sup>181</sup> Marilyn Larkin, 'Surgery Patients At Risk For Herb-Anaesthesia Interactions', *The Lancet*, 354 (1999), p.1362.

<sup>182</sup> E. Ernst, 'Second Thoughts About Safety Of St. John's wort', *The Lancet*, 354 (1999), pp. 2014-2016.

<sup>183</sup> Adrian Fugh-Berman MD, 'Herb-Drug Interactions', *The Lancet*, 355 (2000), pp. 134-138.

<sup>184</sup> 'Why The Natural High Is Being Labelled An Evil Weed', *Scotsman*, 2<sup>nd</sup> Feb 2000, p. 14.

<sup>185</sup> 'Herbal Remedy 'Interferes With Treatments'', <http://newsbbc.co.uk/1/hi/health/637880/stm> Friday, 11th February, 2000, 00:11 GMT.

<sup>186</sup> 'Doctors Warn Of Herb Remedy Risks', <http://www.guardian.co.uk/uk/2000/feb/11/sarahboseley> 11th February 2000, 01:36 GMT.

<sup>187</sup> 'US Issues Alert Over St. John's wort', *Irish Times* 16<sup>th</sup> Feb, 2000, p. 4.



*The Lancet*. Yet having reported this it then offered a counterattack to the claims in the form of a response from the pro-St. John's wort advocate Dr Ann Walker.<sup>188</sup> Walker, who had testified in *The Times* two years earlier that St. John's wort had been successful in the treatment regime of her husband's Myalgic Encephalopathy (ME),<sup>189</sup> claimed that concerns raised in *The Lancet* involved complicated medical cases such as HIV. Consequently she argued that because these circumstances were not applicable to the vast majority of St. John's wort consumers, the remedy still remained relatively safe.

Thus during early 2000 despite the moves being made by the Irish and American governments, the vast majority of the British press, including *The Mirror's* resident psychic, were still reporting the positive benefits of St. John's wort.<sup>190</sup> During February it seems that the lack of cohesive information on standardised St. John's wort and its safety extended to the even the highest level. Thus the *BBC* reported that Earl Baldwin of Bewdley had asked the House of Lords what steps it was taking 'to draw attention to St. John's wort as a treatment for depression'.<sup>191</sup> Earl Baldwin asked this question despite the American FDA's public warning six days earlier. Furthermore, towards the end of February *The Guardian* published a pro-St. John's wort and pro-CAM article in which it stated that 'St. John's wort is as effective as pharmaceutical anti-depressants'.<sup>192</sup>

*The Observer* did carry a response to the Irish Medicines Board's decision. By pitching two experts against each other, it looked at the reasons for the Irish judgement. Professor Michael Radcliffe Lee argued that move was an overreaction, because St. John's wort has 'a long and distinguished history' and because the real experts on St. John's wort were to be found in Germany and not the USA or the UK.

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<sup>188</sup> 'Herbal Remedy 'Interferes With Treatments'', <http://newsbbc.co.uk/1/hi/health/637880/stm> Friday, 11th February, 2000, 00:11 GMT.

<sup>189</sup> 'Wonders Of The Wort', *The Times*, March 7<sup>th</sup>, 1998, p.153.

<sup>190</sup> 'A Natural Pick-Me-Up When You Are Down', *Daily Mail* 7<sup>th</sup> Feb 2000, p. 45; 'YOUR PROBLEMS', *Daily Record*, 9<sup>th</sup> Feb 2000, p. 6; 'The Finest Scandinavian Health Supplements - Buy One Get One Free!', *The Times*, 12<sup>th</sup> Feb 2000, p. 84; 'On Call', *The Sunday Times* 13<sup>th</sup> Feb 2000, p. 45; 'Sandra's Psychic Solutions', *The Sunday Mirror*, 13<sup>th</sup> Feb 2000, p. 11.

<sup>191</sup> 'House Of Commons', [http://news.bbc.co.uk/1/hi/uk\\_politics/diary/644824.stm](http://news.bbc.co.uk/1/hi/uk_politics/diary/644824.stm) 16th February 2000.

<sup>192</sup> 'What CM Can Do For You', *The Guardian*, <http://www.guardian.co.uk/theguardian/2000/feb/25/weekend7.weekend> Friday 25<sup>th</sup> February, 2000.

Meanwhile Professor Tony Moffat stated that he partly agreed with the Irish decision, because he felt that St. John's wort had been 'too freely available [...] without advice to the general public' and he felt it should be 'sold by trained health-care professionals such as pharmacists'.<sup>193</sup>

Despite issuing warnings about OTC St. John's wort, the British popular media appears to have taken a united and passionate pro-St. John's wort and pro-CAM approach to the possibility of government legislation. Consequently headlines were published such as 'THREAT TO BAN HERBAL CURES',<sup>194</sup> and 'Herbalists fear new euro rules will cut jobs and push up prices'.<sup>195</sup> Likewise *The Guardian* used the headline 'Medicine police: Protesters say new regulations will spell the end for many herbal remedies'.<sup>196</sup> *The Times* discussed the moves under the headline, 'Left with no alternative',<sup>197</sup> and the Scottish paper *The Herald* took a more decisive stance with the use of the headline 'Pain and prejudice'.<sup>198</sup> By early 2000, it was clear that the British media was of the opinion that regulation of St. John's wort equalled unnecessary government interference and *The Evening Standard* yelled 'Hands off our happy herb St. John's wort'. It went on to argue that the regulation of 'nature's Prozac' was an infringement of ordinary people's rights to choose their health care options.<sup>199</sup>

However, following increasing governmental, scientific and medical anxiety about OTC St. John's wort and the potential for its interaction with other drugs, the British government issued a press release on the 1<sup>st</sup> March 2000. Published by the *BBC* and issued through the British Medicines Control Agency (MCA), the *BBC*'s website stated that taking St. John's wort alongside certain conventional medicines might make the conventional medicines fail. In particular women were warned that St. John's wort may prevent the contraceptive pill from working and patients taking

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<sup>193</sup> 'Second Opinion', *The Observer*, <http://www.guardian.co.uk/theobserver/2000/feb/27/life1.lifemagazine1> 27<sup>th</sup> February 2000.

<sup>194</sup> 'THREAT TO BAN HERBAL CURES', *The Express*, 11 March 1999, p. N/A

<sup>195</sup> 'Herbalists Fear New Euro Rules Will Cut Jobs And Push Up Prices', *Birmingham Post* 23<sup>rd</sup> Mar 1999, p. 9.

<sup>196</sup> 'Medicine Police Protesters Say New Regulations Will Spell The end For Many Herbal Remedies. The Health Department Says It's Been Misunderstood', *The Guardian*, 3<sup>rd</sup> May 1999, p. 15.

<sup>197</sup> 'Left With No Alternative', *The Times* 28<sup>th</sup> Jun 1999, p. 32.

<sup>198</sup> 'Pain And Prejudice', *The Herald* 18<sup>th</sup> Sep 1999, p. 56.

<sup>199</sup> 'Hands Off Our Happy Herb St. John's wort, The Popular Herbal Anti-Depressant Known As 'Nature's Prozac', Could Soon Disappear From The Shops', *Evening Standard* 1<sup>st</sup> Feb 2000 p. 58.

treatments for HIV, depression and migraines were told that they were at risk if taking St. John's wort.<sup>200</sup>

The seriousness of these concerns appear to have prompted The *BBC's* decision to publish another article a little over an hour later under the headline 'St. John's wort: the advice', in which it offered specific and comprehensive medical advice to consumers of St. John's wort. In this article a series of medical conditions were listed alongside very specific instructions, such as people taking 'anti-convulsants, theophyllin for asthma, warfarin for blood clots, digoxin for a heart condition, or cyclosporin following a transplant' were told they should not take St. John's wort and if they are already doing so, they are told to stop immediately.<sup>201</sup>

The MCA's warnings were reported a day later by *The Daily Mail*<sup>202</sup> and *The Guardian*.<sup>203</sup> However, despite concerns the British government failed to implement any legislative moves on OTC St. John's wort and the popular media continued to report mixed messages about the remedy. The *BBC* reported that research was being conducted in order to develop a synthetic version of St. John's wort that 'does not affect other treatments'.<sup>204</sup> It seems that this collaborative research was between teams from Cambridge University and Glaxo Wellcome, and their findings were eventually published in *The Newscientist*.<sup>205</sup> It was also reported that St. John's wort had been 'gaining users at a rate of 2000% a year'.<sup>206</sup> Meanwhile the 'Barefoot Doctor' recommended St. John's wort if meditation and positive thinking fail you.<sup>207</sup>

In December 2000 Jane Clarke epitomised the press's short memory by claiming in *The Observer* that St. John's wort had received 'a lot of good press, and rightly too' because it can help people to 'cope with all that life throws at them, without suffering typical side effects of pharmaceutical antidepressants'. She goes onto

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<sup>200</sup> 'St. John's wort Warning', <http://news.bbc.uk/1/hi/health/662147.stm>, Wednesday 1<sup>st</sup> March, 2000, 12:12 GMT.

<sup>201</sup> 'St. John's wort: The Advice', <http://bbc.co.uk/1/hi/health/662481.stm> Wednesday, 1st March 2000, 13:39

<sup>202</sup> 'Herbal Health Scare; 'Natures Prozac' can be harmful if mixed with some drugs warn experts', *The Daily Mail*, March 2<sup>nd</sup>, 2000, p31.

<sup>203</sup> 'Danger Warning on herbal remedy', <http://www.guardian.co.uk/uk/2000/mar/02/jamiewilson> Thursday, 2<sup>nd</sup> March 2000.

<sup>204</sup> 'Scientists tackle herb's side-effects', <http://news.bbc.co.uk/1/hi/health/883323.stm> Thursday, 17th Aug, 2000.

<sup>205</sup> 'Cheer Up', *The New Scientist*, 19<sup>th</sup> Aug 2000, <http://www.newscientist.com/article/mg16722523.400-cheer-up.html>

<sup>206</sup> 'In Brief: St. John's wort research hope', <http://www.guardian.co.uk/uk/2000/aug/17/2> 17th August 2000.

<sup>207</sup> 'Barefoot Doctor', <http://www.guardian.co.uk/theobserver/2000/sep/24/life1.lifemagazine8> 24th September 2000.

recommend St. John's wort as a 'first course of action'.<sup>208</sup> By 2001 St. John's wort was described as being 'well on its way to medical respectability as a cure for depression',<sup>209</sup> and it was reported that sales of the remedy now 'outsells Prozac in some areas of Europe as a treatment for mild to moderate depression'.<sup>210</sup> Furthermore, while critics of St. John's wort declared that they thought treating depression by sharing your concerns with a human being was a better option than 'self-medicating from Boots'.<sup>211</sup> It seems that by 2001 the use of standardised St. John's wort was a well established practice among lay people. For example, *The Guardian* described Manchester United football team's growing trepidation towards an impending match with a German team, with the metaphorical statement that 'the St. John's wort wore off, and the doubts crept in'.<sup>212</sup>

Earlier it was argued that the media's remit is not to provide public health advice, but rather to sell stories. The situation for St. John's wort in Britain and America during from the mid 1990s into the early 2000s was far from clear. As an OTC remedy it received little legislation or official advice on how to consume it effectively. It seems therefore that the media was merely reflecting this confusion. Furthermore, the fact that the media regularly reported the contradictory findings of recent scientific and medical trials, demonstrates that information on OTC remedy's and indeed antidepressants was constantly being updated. In effect the confusion perpetuated by the media may well have resulted from genuine uncertainty about St. John's wort as opposed to an indifference to safety concerns in favour of selling editions.

## 5.5. Conclusion

From an analysis of the popular media, it seems that mental illnesses were regular topics for discussion. However, the media's use of stereotypes has been

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<sup>208</sup> 'In the mood', <http://www.guardian.co.uk/theobserver/2000/dec/03/life1.lifemagazine7> 3rd December 2000.

<sup>209</sup> 'Alternative hero', <http://www.guardian.co.uk/lifeandstyle/2001/jan/23/healthandwellbeing.health> 23rd January 2001.

<sup>210</sup> 'Root of the Problem', <http://www.guardian.co.uk/theguardian/2001/sep/08/weekend7.weekend3> 8th September 2001.

<sup>211</sup> 'Dear Doctor', <http://www.guardian.co.uk/theguardian/2001/oct/04/features11.g27> 4th Oct 2001.

<sup>212</sup> 'Plc, Pep and Pat', <http://www.guardian.co.uk/football/2001/apr/18/thefiver.sport> 18th April 2001.

criticised for perpetuating misconceptions about mental illnesses. This can be seen in the way that depression was represented as a generic condition, with very few examples of a distinction being made between serious and milder forms of the illness. It also seems that depression treatments, such as SSRIs received extensive coverage during the 1990s and early 2000s and it appears that the media continued to relay the notion that depression results from a chemical imbalance in the brain, throughout the 1990s. Furthermore, it has recently been suggested that the popular media has influenced a trend among lay people, in that it has encouraged them to seek a similar psychiatric diagnosis to the celebrities that they emulate. In effect depression and its treatment have become life-style choices.

While the conventional antidepressant Prozac was initially praised as a wonder cure for depression, it was quickly vilified. Similarities between the way in which the rise and fall of Prozac, have been noted in the way that standardised St. John's wort was covered in the press. Positive articles were promptly followed by those that criticised its use. It has therefore been argued that the media's decision to 'cherry pick' stories was motivated by what editors thought their readers wanted to read, rather than an overall obligation to publish public health information. It seems that the media takes the stance that public health advice is the responsibility of the government and it was up to them 'to increase awareness in Britain' of potential St. John's wort side effects rather than expecting the media to police remedies.<sup>213</sup> However, it is also possible that a genuine lack of consensus on St. John's wort prompted the media's conflicting coverage, as opposed to a desire to sell stories at the expense of issuing dangerous information.

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<sup>213</sup> 'St. John's wort can counteract the Pill', *The Times*, February 6<sup>th</sup>, 2002, p.5.

## Chapter Six

### Professional responses to St. John's wort

'Arnica for the nerves'.<sup>1</sup>

'Boots St. John's wort is becoming increasingly popular in helping to relieve some of the symptoms associated with everyday life'.<sup>2</sup>

#### 6.1. Introduction

During the 1990s standardised OTC St. John's wort became popular in Britain and America, as an alternative to conventional antidepressants. This chapter provides an historical overview of the scientific and medical evidence presented in professional scientific and medical journals about St. John's wort. Having introduced how and why a rigorous system of testing of medicines developed throughout the twentieth century, the first part of this chapter provides an overview of the published St. John's wort research that took place up to 1996. In doing so it argues that prior to St. John's wort's 1990s renaissance, the main scientific interest in the plant revolved around its negative implications for agriculture and horticulture,<sup>3</sup> and specifically its harmful impact on farming and livestock.<sup>4</sup> It also becomes apparent that up until the 1980s, when extracts of St. John's wort were first tested as potential antidepressants in Germany, the plant had been investigated for a number of medical and non-medical uses, including as a potential dye for cloth.<sup>5</sup>

By the 1980s the antidepressant effects of St. John's wort began to receive attention in major scientific publications. However, having provided an overview of the

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<sup>1</sup> Reuter, cited in L.D. Lawson and R. Bauer (eds.), *Phytomedicines of Europe Chemistry and Biological Activity*, (American Chemical Society, 1988), p.

<sup>2</sup> [http://www.boots.com/en/Boots-St-Johns-Wort-Tablets-90-Tablets\\_2793/](http://www.boots.com/en/Boots-St-Johns-Wort-Tablets-90-Tablets_2793/)

<sup>3</sup> 'A Country Diary', *The Guardian*, 18<sup>th</sup> August 1992; 'A Country Diary', *The Guardian*, 30<sup>th</sup> June 1993; 'Growing well away from home; Gardening', *The Sunday Times*, 14<sup>th</sup> August 1994.

<sup>4</sup> C.D. Marsh, 'Toxic effect of St. Johnswort (*Hypericum perforatum*) on cattle and sheep', *USDA Technical Bulletin*, 202 (1930).

<sup>5</sup> N. Pace and G. MacKinney, 'Hypericin, the photodynamic pigment from St. John's wort', *Journal of the Am. Chem Soc.*, 63 (1941), pp. 2570-74.

kinds of articles that were published by this time it becomes immediately apparent that the scientific tests on St. John's wort were conducted in much the same way as those used to test conventional antidepressants. It also seems that in some instances the same research teams that investigated conventional antidepressants also conducted trials on St. John's wort. Furthermore, it is also established in the first part of this chapter that the initial publication of an interest in St. John's wort was limited to European journals and more specifically to those published in German. However, by the early 1990s English speaking journals had begun to publish St. John's wort results. It is therefore suggested that the articles published in English initiated a much wider interest in St. John's wort. Certainly, the British and American interest in St. John's wort followed the emergence of the first St. John's wort articles published in English.

The second part of this chapter continues to explore the notion that standardised St. John's wort only became popular in Britain and America after positive articles were published in English. It also introduces the idea that the wider interest in St. John's wort emerged only after findings were publicly legitimised by influential conventional medical journals. Drawing in particular on a study published in the *BMJ* in 1996 it is suggested that Klaus Linde et.al's review article, 'St. John's wort for depression--an overview and meta-analysis of randomised clinical trials', proved to be a significant point in the 1990s interest in standardised OTC. Linde's publication made two important points. Firstly it concluded that 'extracts of hypericum are more effective than placebo for the treatment of mild to moderate depressive disorders'. Secondly it suggested that St. John's wort worked in the same way as conventional SSRIs, because it altered levels of certain brain chemicals.<sup>6</sup> The impact of Linde's article is demonstrated by the number of media articles that followed the publication of his *BMJ* article.

Having established that St. John's wort was thought to work on the same basis as conventional antidepressants in that it corrected a chemical imbalance in the brain,

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<sup>6</sup> Klaus Linde et.al, 'St. John's wort for depression--an overview and meta-analysis of randomised clinical trials', *BMJ*, 313 (1996), p.253.

it is then revealed that by 1998 numerous concerns about St. John's wort were raised by American journals in particular. These included uncertainties about side effects and the suggestion was also made that many of the trials that had proved St. John's wort's antidepressant abilities used a 'lesser' classification of depression as their benchmark for proving its capability. In effect St. John's wort therefore being recommended as a remedy to treat *normal* emotional upset that would perhaps eventually correct without medication if given time to do so. Meanwhile European journals at this time downplayed the significance of side effects. It is also established that by 1998 German medical authorities had adopted standardised St. John's wort as a conventional antidepressant, yet in America and Britain the remedy has only ever been licensed as an OTC remedy.

The final part of this chapter analyses the significance of the OTC status of St. John's wort. Having explored the situation for medical herbalists in Britain and America it is argued that although standardised St. John's wort is a plant based remedy, it is not necessarily a medicine that was authorised by the alternative medical system of herbalism. It provides a discussion of why conventional German medical authorities adopted standardised St. John's wort as a conventional antidepressant. Although it is accepted that this may have been partly due to a German resistance to the Americanisation of medicine, it is suggested that there were other motivations behind the British and American tolerance of St. John's wort as an OTC remedy. For example, in Britain and America the 1990s OTC market was a financially lucrative business and it transpires that standardised St. John's wort was produced and marketed by companies that were making conventional OTC remedies such as the painkiller ibuprofen. Returning to points made in Chapter Four, it is once again suggested that St. John's wort supported wider moves towards self-help and self-care.

## **6.2. The examination of St. John's wort, the development of the pharmaceutical industry and the scientific investigation of St. John's wort**



By the time that 1990s standardised OTC St. John's wort became popular in Britain and America, it was a legal requirement in most countries that potential medicines should be tested in a controlled and systematic way. Consequently new drugs were tested for their efficacy and safety. This practice has not always been the case. Up until the end of the nineteenth century, medicines tended to be 'natural organic or inorganic products, mostly dried, but also fresh, plants or plant parts'.<sup>7</sup> During the nineteenth century however 'medicines were starting to be synthesised in chemical laboratories',<sup>8</sup> and by the twentieth century more and more manufactured medical products appeared on the Western medical market place. Consequently the chemist Heinz Lullmann has suggested that in '1920 pharmacological laboratories sprang up in the pharmaceutical industry, outside established university institutes' and 'after 1960, departments of clinical pharmacology were set up at many universities and in industry.'<sup>9</sup>

The medical historian Judy Slinn argues that the most rapid growth in the pharmaceutical industry happened after 1945.<sup>10</sup> The post-war years were particularly important for the growth of the pharmaceutical industry, because 'new synthetic drug remedies for many previously untreatable diseases were found and launched on the market'.<sup>11</sup> Slinn goes on to suggest that while 'universal remedies in pill form' have been available since the 'early nineteenth century', as the twentieth century progressed more and more companies were formed with the aim of discovering and producing medicinal drugs. She also suggests that the motivation behind these discoveries included a moral obligation to find new remedies that were both effective and safe, but the research was also stimulated by profitability.<sup>12</sup>

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<sup>7</sup> Heinz Lullmann et.al., *Color atlas of pharmacology*, (Thieme, 2000), p.4.

<sup>8</sup> Richard Myers, *The 100 most important chemical compounds*, (Greenwood Publishing Group, 2007), p.10.

<sup>9</sup> Heinz Lullmann, *Color atlas of pharmacology*, p.3.

<sup>10</sup> Judy Slinn, 'The development of the pharmaceutical industry', in Stuart Anderson's, *Making medicines: a brief history of pharmacy and pharmaceuticals*, (Pharmaceutical Press, 2005), p.155.

<sup>11</sup> Richard Peter Treadwell Davenport-Hines and Judy Slinn, *Glaxo: A history to 1962*, (Cambridge University Press, 1992), p.2.

<sup>12</sup> Judy Slinn, 'Research and development in the UK pharmaceutical industry from the nineteenth century to the 1960s' in Roy Porter and Mikuláš Teich, *Drugs and narcotics in history*, (Cambridge University Press, 1996), p.168.

The first controlled clinical trial 'dates back at least to James Lind's controlled test of lemons for scurvy prevention in the British Navy of the 1740s'.<sup>13</sup> By the end of the nineteenth century concerns about safety and efficacy of drugs, medicines and in particular 'patent medicines' which had increasingly been found to be 'usually worthless, and occasionally harmful',<sup>14</sup> encouraged therapeutic reforms. The historian Stuart Anderson suggests that the twentieth century 'witnessed an extensive transformation in the consumption and retailing of medicines'.<sup>15</sup> Prior to the twentieth-century regulations, the British and American retailing of medicines' was a 'largely unregulated activity' and by the time that the Pharmaceutical Society for Great Britain was founded in 1841, 'there was no control of any kind' over the ingredients included in preparatory products 'no matter how lethal' the ingredient could be.<sup>16</sup> This lack of legislation and regulation meant that 'the quality of what was supplied was frequently suspect, either through adulteration, inappropriate storage or defects in preparation',<sup>17</sup> and by the late 1840s concerns about the safety of preparatory medicines and their ability to poison people either deliberately or accidentally aroused public and professional concerns.

The 'unrestricted availability of poisons' prompted the Pharmaceutical Society for Great Britain to compile two reports which were presented to the British government in 1849 and these went on to form the basis of the Arsenic Act 1851,<sup>18</sup> which resulted in the sale of poisons becoming restricted. Attention was then turned to growing concerns about addiction, as by this point many of the patent medicines that were freely available contained unregulated amounts of opiates. These had been found to cause problems with addiction. On the instigation of the American government moves

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<sup>13</sup> Harry M. Marks, *The Progress of Experiment: Science and Therapeutic Reform in the United States 1900 -1990*, (Cambridge University Press, 2000), p.5.

<sup>14</sup> *Ibid.*

<sup>15</sup> Stuart Anderson, 'From 'Bespoke' to 'Off-the-Peg: Community Pharmacists and the Retailing of Medicines in Great Britain 1900-1970', cited in Louis Curth, *From physick to pharmacology: five hundred years of British drug retailing*, (Ashgate Publishing Ltd., 2006), p.105.

<sup>16</sup> Stuart Anderson and Virginia Berridge, 'Drug misuse and the community pharmacist: A historical overview', cited in Janie Sheridan and John Strang (eds), *Drug Misuse and Community Pharmacy*, (London, 2003), pp.17-35.

<sup>17</sup> Stuart Anderson, 'From 'Bespoke' to 'Off-the-Peg: Community Pharmacists and the Retailing of Medicines in Great Britain 1900-1970', cited in Louis Curth, *From physick to pharmacology: five hundred years of British drug retailing*, (Ashgate Publishing, Ltd., 2006), p.108.

<sup>18</sup> *Ibid.*, p.108.

were made in both America and Britain to regulate opiate consumption and the International Opium Convention was signed at The Hague in 1912. This legislation controlled the consumption of substances that were deemed addictive and these in turn were restricted only to 'medical and legitimate uses'.<sup>19</sup> In Britain the convention formed the basis of the Dangerous Drugs Act 1920 and with this Act came the introduction of medical prescriptions. Consequently drugs such as cocaine or heroin, which had been deemed addictive, were now only available with a prescription from an accredited medical practitioner and could only be obtained from a pharmacist 'acting on the doctor's written prescription'.<sup>20</sup>

The impact of this law on both the medical and pharmaceutical industries was significant. After 1920 the responsibility for the sale and consumption of addictive medicines shifted from the pharmaceutical industry to that of the medical doctor. These moves were not wholly supported by the producers of medicines or by the chemists that sold them and throughout the 1920s the Pharmaceutical Society of Great Britain campaigned for chemists to have the 'freedom' to be able to 'sell drugs to persons known to them or introduced by a known person'.<sup>21</sup> However these calls were ignored by governments who continued to tighten regulations. It seems that during this time the demand for preparatory medicines increased. The historian Stuart Anderson has suggested that the discovery of 'the anti-bacterial properties of sulphonamides in the 1930s' led to the 'rapid development and expansion of the modern pharmaceutical industry'.<sup>22</sup>

The demand for medicines took place alongside further government legislation. In Britain, for example, the Food and Drugs Act 1938 made it illegal for drugs to be sold with misleading labelling or with the accreditation of false advertising.<sup>23</sup> The impact of legislative moves seems to have been mixed. Although some pharmaceutical companies and pharmacists felt that their opportunities had been restricted, the

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<sup>19</sup> *Ibid*, p.111.

<sup>20</sup> *Ibid*, p.112.

<sup>21</sup> Simon Anderson and Virginia Berriage, 'Drug misuse and the community pharmacist: A historical overview', *ibid*, p.25.

<sup>22</sup> *Ibid*, p.105.

<sup>23</sup> Holloway, Royal Pharmaceutical Society, p.395.

medical historian J. Crellin suggests that governmental regulation had positive effects. Not only did the instance on testing of potential medicines mean that safety and efficacy were established, but also by the 1950s the 'public was generally optimistic that the chemist's laboratory could offer better medicines than the plant kingdom with its "natural" products'.<sup>24</sup>

Although greater testing and regulation of medicines and drugs continued throughout the twentieth century, a major catastrophe happened in the 1960s. The medical historian Roy Porter explains that the drug thalidomide was initially marketed as a safe sleeping tablet because it had none of the suicide concerns associated with barbiturates.<sup>25</sup> However, by 1958 it was also being sold as a 'new wonder pill to combat morning sickness'<sup>26</sup> and Porter goes on to explain that by 1961, just two years after thalidomide's initial launch, it was noted across Europe, that some 'babies were being born unusually often with a rare deformity – the failure of limbs to develop'.<sup>27</sup> After 'the thalidomide disaster there were widespread demands for "proper" testing of drugs'. Subsequently by the 1960s testing for toxicity was largely carried out on 'animals of various species'. This method proved to have flaws as 'experience showed that these experiments did not necessarily reveal serious ill-effects in humans'.<sup>28</sup> Even though used widely in Europe, thalidomide was 'never licensed in the USA'.<sup>29</sup> However, the legacy left by this drug led to much tighter regulations of medicines across the world.<sup>30</sup>

Concerns about potential future 'thalidomides' meant that after the 1960s even greater emphasis was placed on the testing of medicines and remedies. However, the first scientific trials into the medicinal uses of St. John's wort to be reported in professional journals, took place in the early 1950s. Thus a German journal printed K. Daniels study into the potential use of St. John's wort for a range of twentieth-century 'therapeutic' uses. Daniels concluded that the plant had a positive medical contribution

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<sup>24</sup> J. Crellin, *A social history of medicines in the twentieth century*, (Routledge, 2004), p.143.

<sup>25</sup> Roy Porter, *The Cambridge illustrated history of medicine*, (Cambridge University Press, 2001), p.276.

<sup>26</sup> Kate Rigby, *Thalidomide Kid*, (BeWrite Books, 2007), p.8.

<sup>27</sup> Porter, *The Cambridge illustrated history of medicine*.

<sup>28</sup> *Ibid.*

<sup>29</sup> *Ibid.*

<sup>30</sup> C.A.Heaton. *The Chemical Industry*, (Springer, 1994), p.40.

to make.<sup>31</sup> However, despite the optimistic claims about St. John's wort, the following year another team of scientists, this time researching the impact of various weeds on agricultural productivity, concluded that St. John's wort had a detrimental effect on livestock, because of its predisposition for causing photosensitivity.<sup>32</sup> The scientific interest in the plant continued throughout the 1960s and while Russian scientists looked at the antibiotic uses of St. John's wort<sup>33</sup> French scientists conducted research into the various types of 'monoterpene alcohols' contained within St. John's wort. Their findings, published in French in a 1964 edition of the international journal of plant chemistry *Phytochemistry*,<sup>34</sup> a journal published by Elsevier since October 1961,<sup>35</sup> typified the language barrier that existed on St. John's wort findings at this point.

During the 1950s and 1960s studies on St. John's wort were not published in English because they were only published in minor European journals. Towards the end of the 1960s scientists were also conducting studies into the colour pigmentation of St. John's wort's flowers<sup>36</sup> and the mixed pattern of medical and agricultural scientific interest continued into the 1970s. Thus while Russian scientists continued to look at St. John's wort as an antibacterial and antiviral<sup>37</sup> and the plant's potential as an agent to help heal burns was also considered,<sup>38</sup> elsewhere St. John's wort was criticised because of its dangers to livestock and investigations were launched to find appropriate herbicides for controlling it.<sup>39</sup> Following concerns about St. John's wort's

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<sup>31</sup> K. Daniel, 'Therapeutic use of hypericine', *Klin Wochenschr.* 29, (1951), pp.260-2.

<sup>32</sup> N.T. Clare, *Photosensitization in diseases of domestic animals*, (Commonwealth Bureau of Animal Health, Commonwealth Agricultural Bureaux, Bucks, England, 1952).

<sup>33</sup> B.E. Aizenman, 'Antibiotic preparations from *Hypericum perforatum*', *Mikrobiol. Zh.* 31 (1969), pp.128-33.

<sup>34</sup> C. Mathis and G. Ourisson, 'Etude chimio-taxonomique du genre *Hypericum*-IV' *Phytochemistry*, 3 (1964), pp.377-8; C.Mathis and G. Ourisson, 'Etude Chimio-taxonomique du genre *Hypericum*-V.', *Phytochemistry*, 3 (1964), p. 379; C. Mathis and G. Ourisson, 'Etude Chimio-taxonomique du genre hypericum-III', *Phytochemistry*, 3 (1964), pp.133-141.

<sup>35</sup> Foreward, *Phytochemistry*, 1 (1961), p.i.

<sup>36</sup> C. Costes and T. Chantal, 1967. 'Carotenoid pigments of the petals of the inflorescence of St.-John's- wort (*Hypericum perforatum*)', *Ann. Physiol. Veg.*, 9, (1967), pp.157-77.

<sup>37</sup> K. Shakirova, et al., 1970. 'Antimicrobial properties of some species of St. John's wort cultivated in Uzbekistan', *Mikrobiol. Zh.* 32 (1970), pp.494-7; Derbentseva, et al., 'Effect of tannins from *Hypericum perforatum* on influenza viruses', *Mikrobiol. Zh.* 34 (1972), pp.768-72.

<sup>38</sup> J. Saljic, 1975. 'Ointment for the treatment of burns', *Ger. Offen*, 2 (1965), pp.406 and 452.

<sup>39</sup> L.F. James and A.E. Johnson, 'Some major plant toxicities of the western United States', *Journal of Range Management*, 29 (1976), pp.356-63; M.H. Campbell, et al.. 'Effect of time of application of herbicides on the long-term control of St. John's wort (*Hypericum perforatum* var. *angustifolium*), *Aust. J. Exp. Agric. Anim. Husb.* 101 (1979), pp.746-8.

photosensitizing chemicals one team of scientists even looked at the possibility that St. John's wort could be used as a 'natural sunscreen'.<sup>40</sup>

By the 1980s interest in St. John's wort continued to reflect agricultural and medical concerns. As a result while studies continued to look at the dangers of St. John's wort for livestock,<sup>41</sup> others celebrated its medical benefits as an antifungal,<sup>42</sup> an antibiotic,<sup>43</sup> and an antiviral.<sup>44</sup> A team in Russia even published findings on St. John's wort and 'wild marjoram' and declared that both had the ability to treat 'acute rhinitis'.<sup>45</sup> In the early 1980s A.R. Vickery published '*Traditional uses and folklore of Hypericum in the British Isles*' in the journal *Economic Botany*. In a discussion of the plant's medical folklore uses he does not mention any illnesses that could be re-interpreted as modern depression.<sup>46</sup> However, during the 1980s other professional journals began to publish findings from studies which had looked specifically at the use of St. John's wort as an antidepressant. In 1984 the German journal *Arzneimittel-Forschung* (Drug Research) published the findings of H. Von Muldner and M. Zoller's study in which they demonstrated that extracts of St. John's wort had proved to be effective antidepressants.<sup>47</sup> Likewise another study, which was also published in 1984, but this time conducted by a group of Japanese and German scientists, established that;

'Hypericin from *Hypericum perforatum* was found to inhibit *in vitro* type A and B monoamine oxidase (MAO's) prepared by treating rat brain mitochondria with selective inhibitors. The inhibition of type A MAO by hypericin was higher than

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<sup>40</sup> L.D. Scheel, 1972. 'Photosensitizing agents, *Toxicants Occurring Naturally in Food*', (National Academy of Sciences, 1972); G. Proserpio, 'Natural sunscreens: vegetable derivatives as sunscreens and tanning agents', *Cosmetic Toiletries*, 91 (1976), pp. 39-44.

<sup>41</sup> O.S. Araya, and E.J.H. Ford, 1981. 'An investigation of the type of photosensitization caused by the ingestion of St. John's wort (*Hypericum perforatum*) by calves', *J. Comp. Path.*, 91 (1981), pp. 135-41.

<sup>42</sup> R.L. Khosa and N. Bhatia, 1982. 'Antifungal effect of *Hypericum perforatum*', *J. Sci. Res. Plants Med.*, 3 (1982), pp.49-50.

<sup>43</sup> I. Brondz, et al., 'The absolute configuration of hyperforin, an antibiotic from *Hypericum perforatum* L., based on the crystal structure determination of its p-bromobenzoate ester', *Acta Chem. Scand., Ser* (1983) pp.263-5.

<sup>44</sup> D. Meruelo, G. Lavie & D. Lavie, 1988. 'Therapeutic agents with dramatic antiretroviral activity and little toxicity at effective doses: aromatic polycyclic diones hypericin and pseudohypericin', *Proc. Natl. Acad. Sci.*, 85 (1988), pp.5230-5234.

<sup>45</sup> A.A. Podkolzin, A.P. Petrov, V.I. Didenko, Iu. M. Ovchinnikov, A.V. Antonov, 'Effect of St. John's wort and wild marjoram on the course of experimental acute rhinitis', *Vestn Otorinolaringol.*, 5, (Sept-Oct, 1986), pp. 40-44.

<sup>46</sup> A.R. Vickery, 'Traditional uses and folklore of *Hypericum* in the British Isles', *Economic Botany*, 35 (1981), pp.293-294.

<sup>47</sup> H. Von Muldner and M. Zoller, 'Antidepressive Wirkung eines auf den Wirkstoffkomplex hypericin standardisierten *Hypericum-extraktes*', *Arzneimittel-Forschung*, 34 (1984), p.918.

that of type B MAO. The inhibition was almost irreversible for both MAO types'.<sup>48</sup>

Therefore, during the 1980s scientists published findings that proved St. John's wort was an effective antidepressant. However elsewhere research teams conducted investigations in order to establish exactly why St. John's wort worked in this way.

Thus, by the 1980s, scientists had begun to isolate various St. John's wort extracts and they then tried to determine exactly which of these chemicals had antidepressant qualities.<sup>49</sup> Meanwhile other teams of scientists concentrated on overcoming the problems associated with extracting these chemicals and then standardising them as active ingredients for consumption.<sup>50</sup> Much of this scientific work drew on findings from an earlier scientific investigation conducted in 1971, in which various suggestions had been made regarding the stabilisation of St. John's wort extracts. This research looked at the possibility that St. John's wort could be consumed as a liquid and in dry forms as a tablet.<sup>51</sup> The technique of extracting active ingredients from plants obviously predates the 1970s, with the making of plant tinctures being one of the most rudimentary and ancient ways to obtain therapeutic remedies. The chemist Heinz Lullmann points out, for example, that the first morphine extract was obtained from opium in 1804. Following this development the 'active principles of many other natural products were subsequently isolated in chemically pure form by pharmaceutical laboratories'.<sup>52</sup>

Thus, by the time that S.N. Okpanyi and M.L. Weischer published their 1987 article '*Animal experiments on the psychotropic action of a Hypericum extract*' in the German journal *Arzneimittel-forschung*, the antidepressant ability of St. John's wort had been established and the focus of scientists had shifted towards the identification of

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<sup>48</sup> O.Suzuki, et al.. 'Inhibition of monoamine oxidase by hypericin', *Planta Medica*, 50 (1984), pp.272-4.

<sup>49</sup> S.N Von Okpanyi and M.L. Weischer, 1987. 'Tierexperimentelle Untersuchungen zur psychotropen wirksamkeit eines Hypericum-extraktes', *Arzneimittel.-Forschung*, 37 (1987), pp.10-13.

<sup>50</sup> R.A. Steinbach, 1981, 'Problems in the purification and standardization of plant drugs, for example, Hypericum', *Z. Angew. Phytother*, 2 (1981), pp. 221-4.

<sup>51</sup> R.Adamski, and E. Styp-Rekowska, 1971. 'Stability of hypericin in juice, dry extract, and tablets from Hypericum perforatum plants', *Farm. Pol.* 27 (1971), pp. 237-41.

<sup>52</sup> Heinz Lullmann, *Color atlas of pharmacology*, (Thieme, 2005), p.4

how and why this was the case.<sup>53</sup> Over the subsequent years a number of active ingredients were identified and each time a new extract was isolated it was subjected to the same type of testing that was used to test 'conventional' antidepressants. In the case of Okpanyi and Weischer's study their particular extract was tested for 'psychotropic action' using 'several models generally accepted as screening methods in experimental animal studies for the recognition of psychotropic, and in particular of antidepressant activity'.<sup>54</sup> Consequently these two scientists established that their particular extract of St. John's wort:

'enhanced the exploratory activity of mice in a foreign environment, significantly prolonged the narcotic sleeping time dose-dependently, and within a narrow dose range exhibited reserpine antagonism'.<sup>55</sup>

They also reported that like 'most other antidepressants' their St. John's wort extract 'enhanced significantly the activity of mice in the water wheel test and after a prolonged daily administration decreased aggressiveness in socially isolated male mice'. These facts proved enough evidence for them to conclude 'in addition to the already proven clinical efficacy' of St. John's wort that 'standardised Hypericum extract' was effective 'in the treatment of mild to moderate depression'.<sup>56</sup>

By the late 1980s the St. John's wort extracts that had been identified by scientists to have antidepressant capabilities were subjected to the same types of scientific testing as conventional antidepressants. In the case of Okpanyi and Weischer's study, this included testing the plant extracts on animals.<sup>57</sup> Using animals to test medicines had, by the 1980s, become 'the traditional, more controlled means of discovering both desired neuropharmacological effects and undesired neurotoxicity'.<sup>58</sup> Another interesting aspect of the scientific interest in St. John's wort reveals that

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<sup>53</sup> S.N. Okpanyi and M.L Weischer, 'Animal experiments on the psychotropic action of a Hypericum extract', *Arzneimittelforschung*, 37, (Jan, 1987), pp. 10-13.

<sup>54</sup> *Ibid.*

<sup>55</sup> *Ibid.*

<sup>56</sup> *Ibid.*

<sup>57</sup> S.N. Okpanyi and M.L Weischer, 'Animal experiments on the psychotropic action of a Hypericum extract', *Arzneimittelforschung*, 37, (Jan, 1987), pp. 10-13.

<sup>58</sup> Manfred A. Hollinger, *Introduction to pharmacology*, (CRC Press, 2003), p.182.



research into antidepressants at this time involved research teams working sometimes simultaneously on various antidepressant ingredients.

For example, the Japanese scientist O. Suzuki was part of the Japanese and German team that investigated St. John's wort in 1984,<sup>59</sup> but in the years prior to this he and his team had worked on research into serotonin and monoamine oxidase and they had gone on to develop drugs that affected the levels of these neurotransmitters.<sup>60</sup> By the 1990s standardised St. John's wort was often publicised on the basis that it was a natural alternative to conventional antidepressants. It may be surprising to some consumers therefore that the active ingredients in standardised OTC versions of St. John's wort were initially tested on animals. Likewise the fact that the same scientists worked on identifying conventional antidepressants and antidepressants that were based on plant ingredients may also be surprising, as 1990s St. John's wort was sold on the basis that it had its origins in folk and herbal medicine, as opposed to conventional chemotherapies that had been created in laboratories.

It is apparent so far that since the 1950s a variety of scientific studies have been conducted into the uses of St. John's wort, but by the 1980s the interest in the plant had shifted to identifying the plant extracts responsible for its antidepressant abilities. However, throughout this time the majority of the findings from St. John's wort trials were published in European journals such as the German journals *Arzneimittel.-Forschung* (Drug Research) and *Planta Medica*. This trend continued into the 1990s when European journals continued to publish articles on St. John's wort. For example in 1993 a Russian study proved that St. John's wort was useful in the treatment of 'alcoholics with peptic ulcer and chronic gastritis',<sup>61</sup> and a few months later a major German study found that following a 'placebo-controlled, randomized, double-blind trial', St. John's wort was effective in '66.6 % as compared with only 26.7 % with

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<sup>59</sup> O.Suzuki, et al.. 'Inhibition of type A and type B monoamine oxidases by naturally occurring xanthenes', *Planta Medica* 42 (1981), pp.17-21.

<sup>60</sup> O. Suzuki, et al., 'Inhibition of type A and type B monoamine oxidase by isogentisin and its 3-0- glucoside', *Planta Medica* 39 (1980), pp.19-23.

<sup>61</sup>A.A. Krylov and A.N. Ibatov, 'The use of an infusion of St.-John's-wort in the combined treatment of alcoholics with peptic ulcer and chronic gastritis', *Lik Sprava*. (Feb-Mar, 1993), pp. 146-148.

placebo' in the treatment of 'outpatients with mild to moderately severe depression'.<sup>62</sup>

The study also concluded that St. John's wort was 'well tolerated'.<sup>63</sup>

However in 1993 K.D Hansgen and his team published findings from a trial in which they assessed the effects of St. John's wort on seventy-two participants over a four week period. This study proved to be important for two reasons. Firstly its findings were published in English in the *American Journal of Geriatric Psychiatry and Neurology* (JGPN). Secondly the participants used in the trial had been diagnosed with depression on the basis of the DSM criteria for depression. It was found during the trial that those taking St. John's wort, as opposed to a placebo, 'showed significant improvements'.<sup>64</sup> The following year the JGPN published an entire supplement devoted to standardised St. John's wort and this supplement contained eighteen separate mainly positive St. John's wort articles. A range of topics were covered and it was suggested for example that St. John's wort could help with sleep disorders.<sup>65</sup> It was even suggested that in some cases St. John's wort was more effective than conventional sleep disorder treatments<sup>66</sup> and another study found that the remedy induced and increased 'deep sleep' in twelve 'older, healthy volunteers'.<sup>67</sup> Another study suggested that St. John's wort when combined with light therapy, proved to be 'an efficient therapy in patients with seasonal affective disorder'.<sup>68</sup>

The remainder of the JGPN supplement concentrated on depression and in particular it highlighted the antidepressant benefits of one St. John's wort particular extract known as L1 160. This extract, a 'pseudohypericin derived from St. John's wort', was produced by 'Lichtwer Pharma GmbH Berlin' and was found, despite having 'structural similarities' between it and natural St. John's wort, to have 'substantial

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<sup>62</sup> U. Schmidt and H. Sommer, 'St. John's wort extract in the ambulatory therapy of depression. Attention and reaction ability are preserved', *Fortschritte der Medizin*, 111, (10<sup>th</sup> July, 1993), pp. 339-342.

<sup>63</sup> *Ibid.*

<sup>64</sup> K.D.Hansgen et al., 'Multicentre double-blind study examining the antidepressant effectiveness of the hypericum extract L1 160', *Journal of Geriatric Psychiatry Neurology*, 7 (1994), pp.15-18.

<sup>65</sup> H. Schulz, M. Jobert, 'Effects of hypericum extract on the sleep EEG in older volunteers', *ibid*, pp.39-43

<sup>66</sup> D. Johnson, H. Ksciuk, H. Woelk, E. Sauerwein-Giese and A. Frauendorf, 'Effects of Hypericum Extract LI 160 Compared with Maprotiline on Resting EEG and Evoked Potentials in 24 Volunteers', *ibid*, pp.44-46.

<sup>67</sup> H. Schulz, M. Jobert, 'Effects of hypericum extract on the sleep EEG in older volunteers', *ibid*, pp.39-43

<sup>68</sup> B. Martinez, S. Kasper, S. Ruhrmann, H.J. Möller, 'Hypericum in the treatment of seasonal affective disorders', *Ibid*, pp.29-33.

pharmacokinetic differences between hypericin and pseudohypericin'.<sup>69</sup> Having provided an overview of treatments for depression<sup>70</sup> and a review of twenty five 'controlled therapy studies' on St. John's wort,<sup>71</sup> the supplement systematically demonstrated how and why LI 160 was an effective antidepressant. In doing so it reported that of 105 mildly depressed patients treated with the extract, the majority had been found to respond well.<sup>72</sup> Findings from another study, this time conducted by a team of researchers working on behalf of the German drug company Litchwer Pharma, concluded that treatment with LI 160 resulted in a significant improvement in patients with 'mild depression with somatic symptoms'.<sup>73</sup> Likewise, another study revealed that LI 160 had proved effective in the treatment of 'seventy-two' depressive patients who were treated over a six week period and after four weeks of treatment a 'significant improvement' was noted in comparison to the placebo group and 'no serious side effects were observed'.<sup>74</sup>

As well as providing evidence that St. John's wort was effective the JGPN supplement also published findings which suggested that the St. John's wort extract LI 160 was as effective as certain conventional antidepressants. It is revealed therefore that LI 160 was compared in tests directly with the conventional antidepressants imipramine<sup>75</sup> and of the '135 depressed patients' who were treated with the extract over six weeks it was concluded that there were 'comparable results in both treatment groups' and that St. John's wort had 'fewer and milder side effects' when 'compared to imipramine'.<sup>76</sup> In another test, which compared St. John's wort with the antidepressant maprotiline, it was concluded that there was no significant difference in a group of one

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<sup>69</sup>B. Staffeldt, R. Kerb, J. Brockmüller, M. Ploch, I. Roots, 'Pharmacokinetics of hypericin and pseudohypericin after oral intake of the hypericum perforatum extract LI 160 in healthy volunteers', *ibid*, pp.47-53.

<sup>70</sup> Th. R. Payk, 'Treatment of Depression', *Journal of Geriatric Psychiatry and Neurology*, 7 supplement one, (October, 1994), pp.3-5.

<sup>71</sup> G. Harrer and V. Schulz, 'Clinical investigation of the antidepressant effectiveness of hypericum', *ibid*, pp.6-8.

<sup>72</sup> H. Sommer and G. Harrer, 'Placebo-controlled double-blind study examining the effectiveness of an hypericum preparation in 105 mildly depressed patients', *ibid*, pp.9-11.

<sup>73</sup> W.D. Hübne, S. Lande, H. Podzuweit, 'Hypericum treatment of mild depressions with somatic symptoms'. *Journal of Geriatric Psychiatry and Neurology*, 7 supplement one, (October, 1994), pp. 12-14.

<sup>74</sup> K.D. Hänsgen, J. Vesper and M. Ploch, 'Multicenter double-blind study examining the antidepressant effectiveness of the hypericum extract LI 160', pp. 15-18.

<sup>75</sup> E. U. Vorbach, W. D. Hübner and K.-H. Arnoldt, 'Effectiveness and Tolerance of the Hypericum Extract LI 160 in Comparison with Imipramine: Randomized Double-Blind Study with 135 Outpatients', pp.19-23.

<sup>76</sup> *Ibid*.

hundred and two patients treated with either. However, it was noted that improvements happened faster with the conventional antidepressant, but those taking it reported experiencing 'more cases of tiredness, mouth dryness, and heart complaints'.<sup>77</sup>

The suggestion that St. John's wort extracts had fewer side effects was an important 'selling point' in the 1990s. By this decade side effects accounted for one of the main reasons why patients stopped taking medications and antidepressants proved to be no exceptions. Clinicians have long been aware that certain drugs had unwanted side effects and books detailing adverse reactions to drugs have a long history.<sup>78</sup> By the late 1970s for example Meyler's *Side Effects of Drugs Annual* had become a trustworthy example of one such book.<sup>79</sup> Side effects 'fuelled uncertainties' among consumers, and the historian J. Crellin suggests that the public's 'faith in medicine' was dented by these uncertainties. In particular he highlights problems associated with sulpha medicines in the 1930s, and concerns about 'addiction to amphetamines and barbiturates in the 1940s and 1950s'. He also suggests that the widespread horror invoked by the use of thalidomide in the early 1960s,<sup>80</sup> prompted 'new levels of public awareness' of potential dangers.<sup>81</sup>

Despite the fact that one study printed in the JGPN supplement reported that St. John's wort had caused some side effects, these were considered to be insignificant because out of a sample of 3,250 outpatients, only a few patients reported that they had the unwanted symptoms of 'gastrointestinal irritations, allergic reactions, tiredness and restlessness'.<sup>82</sup> Indeed the supplement painted an overwhelmingly optimistic view of St. John's wort and having established that it worked safely and effectively, the supplement then turned its attention to determining how the St. John's wort extract L1 160 worked. Findings from one study reported that the extract works in

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<sup>77</sup>G. Harrer, W.D. Hübner, H. Podzuweit, 'Effectiveness and tolerance of the hypericum extract LI 160 compared to maprotiline: a multicenter double-blind study', pp.24-28.

<sup>78</sup> See for example, Louis Lewin, *The Untoward effects of drugs: a pharmacological and clinical manual*, (G.S.Davis 1883).

<sup>79</sup> Jeffrey Kenneth Aronson, *Side Effects of Drugs Annual*, (Elsevier, 1977).

<sup>80</sup> J. Crellin, *A social history of medicines in the twentieth century*, (Routledge, 2004), p. 145.

<sup>81</sup> *Ibid*, p.191.

<sup>82</sup> H. Woelk, G. Burkard, J. Grünwald, 'Benefits and risks of the hypericum extract LI 160: drug monitoring study with 3250 patients', pp.34-38.

a similar way to serotonin enhancing antidepressants as 'the neuroblastoma cells showed a clearly reduced expression of the serotonin receptors under treatment with hypericum extract'.<sup>83</sup> Another study concluded that having looked at the 'quality of hypericum extracts', it had found that there are 'at least ten constituents or groups of components that may contribute to the pharmacological effects' of the extract. Consequently this study concluded that it was unable to 'correlate the antidepressive mode of action' for all of these and so it concentrated on 'typical leading substances' especially those belonging to the 'hypericins'.<sup>84</sup>

Fundamentally, the 1994 JGPN supplement reveals that by the mid 1990s scientists had successfully extracted what they considered to be an active antidepressant St. John's wort component. It provided evidence that this extract, having been tested using conventional methods, had been found not only to be as effective as some conventional antidepressants, but also that it had fewer unwanted side effects. However, although the supplement proved to be a St. John's wort breakthrough, in that it was published in English. The JGPN was a specialised journal devoted to the speciality of geriatric psychiatry and its readership was therefore relatively limited. Furthermore, all of the studies referred to in the supplement were conducted by European scientists.

However in 1995 the American J. Cott who was working on behalf of the 'Division of Clinical and Treatment Research, National Institute of Mental Health, Rockville, USA', published a paper in the English speaking journal *Psychopharmacology Bulletin*. Here Cott stated that 'most new drugs marketed for psychotherapeutic indications in recent years have shown only incremental improvements on existing medications'. Having established this he then went on to reveal that there were, however, 'major breakthroughs' that had resulted from investigations into 'natural products' and he included St. John's wort as an example. Having actively advocated the investigation of 'natural products' for psychiatric

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<sup>83</sup> W.E. Müller and R. Rossol , 'Effects of hypericum extract on the expression of serotonin receptors', pp.63-64.

<sup>84</sup>H. Wagner and S. Bladt, 'Pharmaceutical quality of hypericum extracts', pp.65-68.

illnesses, he then summed up his suggestions with the statement that 'recent political and social events suggest that new emphasis will be placed on natural products research in the years to come'.<sup>85</sup>

Cott's publication of a paper in a journal aimed at the pharmaceutical industry suggests that the investigation of 'natural products' was not only motivated by a quest to find effective medicines. It was also influenced by economics. Further evidence that St. John's wort was being considered as much for its marketability as its medical implications can be gathered from another American journal article published shortly after Cott's, in which the author highlights the fact that extracts of St. John's wort such as 'hypocrellins and hypericins' had been found to have 'both anticancer and antiviral applications (especially anti-human immunodeficiency virus)'.<sup>86</sup> In other words, here was a natural product that could potentially earn its producers substantial returns.

### 6.3. The widening British and American awareness of St. John's wort

By 1995 the potential of St. John's wort had been noted by the international scientific and medical community. Although Russian teams continued to celebrate St. John's wort as an antibacterial which could be used as a herbal infusion to flush out bladders following surgery,<sup>87</sup> by the mid 1990s interest in St. John's wort mainly revolved around its use as an antidepressant and the German journal *Fortschritte der Medizin* published two articles emphasising St. John's wort's use in this way. In the first a German research team reported that extracts of St. John's wort had been found to be effective in the treatment of depression.<sup>88</sup> However the second article was written by Professor Ernst, who by 1995 was the chair of the Centre for Complementary Health

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<sup>85</sup> J. Cott, 'NCDEU update. Natural product formulations available in Europe for psychotropic indications', *Psychopharmacology Bulletin*, 31 (1995), pp.745-751.

<sup>86</sup> Z. Diwu, 'Novel therapeutic and diagnostic applications of hypocrellins and hypericins', *Photochemistry and Photobiology*, 61 (June, 1995), pp.529-39.

<sup>87</sup> M.I. Davidov, V.G. Goriunov, P.G. Kubarikov, 'Phytoperfusion of the bladder after adenomectomy', *Urologiia i Nefrologiia*, (September-October, 1995), pp.19-20.

<sup>88</sup> B. Witte, G. Harrer, T. Kaptan, H. Podzuweit, U. Schmidt, 'Treatment of depressive symptoms with a high concentration hypericum preparation. A multicenter placebo-controlled double-blind study', *Fortschritte der Medizin*, 113 (September, 1995), pp.404-408.

Studies at Exeter University. By the mid 1990s, increased British interest in CAM medicines had prompted the creation of an entire university department devoted to investigating such remedies.

Professor Ernst prides himself on the fact that he applies 'science to test the value of alternative therapies' and in his quest to dismiss what he considers quack remedies such as homoeopathy, he has generally been positive about St. John's wort. Having qualified as a physician in Germany in 1978 he received training in acupuncture, autogenic training, 'herbalism, homoeopathy, massage therapy and spinal manipulation'<sup>89</sup> and in 1993 he was appointed to the University of Exeter in a groundbreaking role as a chair of Complementary Medicine. During his time at Exeter, Ernst has published 'about 1000 articles on the safety and efficacy of alternative medicine'<sup>90</sup> and despite criticising other herbal remedies Ernst has continuously defended St. John's wort because 'there is good evidence' for its effectiveness in 'treating mild to moderate depression'.<sup>91</sup> Ernst's 1995 positive St. John's wort journal article reports that the remedy had been used 'since ancient times' and in his expert opinion he concludes that there is a significant amount of evidence to suggest that St. John's wort was an effective antidepressant. Furthermore, Ernst emphasised the fact that St. John's wort had few notable side effects.<sup>92</sup>

Indeed over the next few years Professor Ernst's expert endorsement of St. John's wort played an instrumental part in its growing acceptance as a remedy. Three years after he published his initial report on St. John's wort, Ernst published another equally positive article on St. John's wort and depression.<sup>93</sup> This time his ideas were published in English in a journal devoted to psychiatry. Almost a decade later he further claimed that St. John's wort was the 'only herbal remedy that has been shown beyond reasonable doubt to be effective as a treatment for mild to moderate depression'.<sup>94</sup> This

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<sup>89</sup> <http://sites.pcmd.ac.uk/compmed/ernst.htm>

<sup>90</sup> 'The complementary medicine detective', *The New Scientist*, (26<sup>th</sup> April, 2008).

<sup>91</sup> *Ibid.*

<sup>92</sup> E. Ernst, 'St. John's wort as antidepressive therapy', pp.354-355.

<sup>93</sup> E. Ernst, J.I. Rand and C. Stevinson, 'Complementary therapies for depression: an overview', *Archives of General Psychiatry*, 55 (November, 1998), pp. 1026-1032.

<sup>94</sup> Edzard Ernst, 'Herbal remedies for depression and anxiety', *Advances in Psychiatric treatment*, 13, (2007), p.313.

time, having established that St. John's wort is 'not better than conventional drugs' for treating depression, Ernst suggests that the remedy appeals because 'many patients prefer "natural" treatments' and that on the whole despite St. John's wort having certain risk factors these are far less severe than conventional antidepressant medicines.<sup>95</sup> Although Ernst is tremendously positive about St. John's wort he does however warn that 'extracts' of St. John's wort appear to 'interact with the cytochrome P450 enzyme' which in turn increases the plasma level of 'of a wide range of other drugs'.<sup>96</sup> He therefore explains that St. John's wort is only safe for people who are not taking any other medication and he warned in 2001 that St. John's wort 'can trigger psychoses, particularly in patients who concomitantly take SSRIs'.<sup>97</sup>

By the time that Professor Ernst published his first positive testimony of St. John's wort in 1995, standardised versions of the St. John's wort extract LI160 were being sold by the German company Litchwer Pharma in Germany under the name Jarsin 300. Scientists at this time were increasingly claiming that the plant based remedy worked in the same way as conventional antidepressant medicines because it raised levels of the neurotransmitter serotonin.<sup>98</sup> In effect St. John's wort upheld the conventional chemical imbalance theory of depression that dominated understandings of the condition at this time. Furthermore, by the mid 1990s it seems that a scientific race was taking place to find the most effective antidepressant St. John's wort extract. Research teams continued to receive funding in Germany but by 1995 America had also become interested in the potential of St. John's wort and as a result American teams also began to investigate its aptitude. At the end of 1995 a team from Germany reported in the *European Journal of Medical Research* that it had developed an extract known as 'K'. They declared that K had been found to be 'superior' to all other existing extracts and 'could be used for the indication of depression with predictable success'.<sup>99</sup>

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<sup>95</sup> *Ibid.*

<sup>96</sup> *Ibid.*

<sup>97</sup> *Ibid.*

<sup>98</sup> S. Perovic and W.E. Müller, 'Pharmacological profile of hypericum extract. Effect on serotonin uptake by postsynaptic receptors'. *Arzneimittelforschung*. 45, (November, 1995), pp.1145-1148.

<sup>99</sup> W. Dimpfel and R. Hoffmann, 'Pharmacodynamic effects of St. John's wort on rat intracerebral field potentials', *European Journal of Medical Research*, 1 (December, 1995), pp.157-67.



However, at this stage it is worth pointing out that when OTC St. John's wort became popular in the 1990s, it was not the only plant based remedy to be available OTC. The chemist Manfred Hollinger claims that 'in 1994 half of the top 25 drugs on the market in terms of sales were either natural products or based on natural products, now made synthetically or semi-synthetically'. He further suggests that by the 1990s a 'large proportion' of OTC drugs were also derived from natural sources.<sup>100</sup> A good example of one such remedy is the analgesic, antipyretic and anti-inflammatory medicine aspirin (acetylsalicylic acid). Following a discovery in the 1820s 'that a compound isolated from willow bark named salicin' could be used as a remedy for 'pain relief', the German chemist Charles Gerhardt went on to develop a preparation of the substance which he called salicylic acid in 1837.<sup>101</sup> Several decades later the pharmaceutical company Bayer marketed a drug based on Gerhardt's earlier work 'under the name Aspirin'.<sup>102</sup>

Fifteen years after its quiet launch 'aspirin was one of the most widely used drugs in the world' and following the flu pandemic of 1918 its sales increased dramatically.<sup>103</sup> Consequently the writer and journalist Diarmuid Jeffreys describes aspirin as 'a wonder drug' which has 'few equivalents in the annals of medical science'. He also states that its popularity means that it is one of the most popular 'commercial products of all time'.<sup>104</sup> Jeffreys goes on to point out that aspirin's mode of action was only established by the British pharmacologist John Vane in 1971.<sup>105</sup> So despite the fact that no one really understood why or how the remedy worked, its popularity 'revolutionised' medicine. In part this was due to its eventual availability as an OTC medicine. The medical historian J. Crellin suggests that although prescription medicines dominated treatment options during the second half of the twentieth century,

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<sup>100</sup> Manfred A. Hollinger, *Introduction to pharmacology*, (CRC Prss, 2003), p.9.

<sup>101</sup> Richard Myers, *The 100 most important chemical compounds*, p.10.

<sup>102</sup> *Ibid*, p.12.

<sup>103</sup> Diarmuid Jeffreys, *Aspirin. The Remarkable Story of a Wonder Drug*, (Bloomsbury Publishing Plc., 2005), p.77.

<sup>104</sup> *Ibid*, p.1.

<sup>105</sup> John Robert Vane, 'Inhibition of prostaglandin synthesis as a mechanism of action for aspirin-like drugs'. *Nature - New Biology*, 231 (1971), pp. 232-235.

the use of OTC medicines remained high.<sup>106</sup> Increasingly OTC medicines such as those used to relieve the pain of common headaches were endorsed by conventional Western medicine as part of a responsible system of patient led self-treatment and self-care.

By the 1990s the marketing potential of synthesised plant medicines and OTC remedies had been established and their profit potential had been noted across Europe, Britain and America. Hence aside from studies into antidepressant uses for St. John's wort, studies continued to investigate the possibility of other uses. Thus in 1996 alone, a Russian team of scientists looked at St. John's wort's potential to increase and suppress immunity,<sup>107</sup> a Canadian team from the University of British Columbia published results on its antiviral properties<sup>108</sup> and a team of Swiss researchers' isolated 'xanthenes' from St. John's wort roots, which they claimed showed 'antifungal activity'.<sup>109</sup> However the main interest in St. John's wort continued to investigate its promise as an antidepressant and an Austrian team concluded early in 1996 that St. John's wort extracts were effective antidepressants.<sup>110</sup> However despite the fact that by early 1996 ideas about St. John's wort had begun to appear frequently in European journals and occasionally they appeared in English speaking journals, the publications which printed the findings still tended to have a small readership, either caused by a language barrier or the speciality of the specific journal. However in August 1996 the St. John's wort situation changed dramatically with the publication of a review article in the *British Medical Journal*.

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<sup>106</sup> J. Crellin, *A social history of medicines in the twentieth century*, p.145.

<sup>107</sup> T.A. Evstifeeva and S.V. Sibiriak, 'The immunotropic properties of biologically active products obtained from Klamath weed (*Hypericum perforatum* L.)', *Ekspierimental'naia i klinicheskaia farmakologija*, 59 ( January-February, 1996), pp.51-4.

<sup>108</sup> R.S. Taylor, N.P. Manandhar, J.B. Hudson, G.H. Towers, 'Antiviral activities of Nepalese medicinal plants. *Journal of Ethnopharmacology*, 52 ( July, 1996), pp. 157-63.

<sup>109</sup> G. Rath, O. Potterat, S. Mavi, K. Hostettmann, 'Xanthenes from *Hypericum roeperanum*', *Phytochemistry*, 43 (September, 1996), pp. 513-520.

<sup>110</sup> T. Kartnig, I. Göbel, B. Heydel, 'Production of hypericin, pseudohypericin and flavonoids in cell cultures of various *Hypericum* species and their chemotypes', *Planta Medica*. (February, 1996), pp. 51-53.

In 1996 the *BMJ* published two pro-St. John's wort articles. While the first provided a generalised discussion of the St. John's wort situation,<sup>111</sup> the second article, published by K.Linde et al provided a meta-analysis of all of the existing major scientific research on St. John's wort up to this date. In doing so it concluded that all of the numerous controlled trials that had taken place by this point proved that St. John's wort was a useful antidepressant.<sup>112</sup> The impact of the *BMJ's* decision to publish a meta-analysis of the mainly European, and more specifically the German, research into St. John's wort cannot be underestimated. Firstly this journal is one of the world's leading medical journals and its inclusion of two pro-St. John's wort articles meant that information about the remedy's potential reached its widest audience yet. Secondly the publication of Linde's meta-analysis, which brought together the findings of twenty-three studies as a way of presenting an accurate interpretation of the plant's benefits, paraphrased existing St. John's wort data in such a way that would appeal to conventional medics who may otherwise be disbelievers. Indeed, after the *BMJ's* validation of St. John's wort, pro-St. John's wort findings were published in a number of conventional medical journals.

Following the *BMJ's* apparent endorsement, St. John's wort scientists continued to report that the St. John's wort extract LI160 'even in high doses, was well tolerated'.<sup>113</sup> In 1997 four pro-St. John's wort articles appeared in a German journal devoted to psychiatry, psychotherapy and neurology,<sup>114</sup> and a Swiss medical journal reported that scientists were continuing to try and determine exactly how St. John's wort worked as an antidepressant.<sup>115</sup> Another Swiss medical journal article published in

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<sup>111</sup> P.A. De Smet and W.A. Nolen, 'St. John's wort as an antidepressant', *British Medical Journal*, 313 (3<sup>rd</sup> August, 1996), pp. 241-242.

<sup>112</sup> K. Linde, G. Ramirez, C.D. Mulrow, A. Pauls, W. Weidenhammer, D. Melchart, 'St. John's wort for depression--an overview and meta-analysis of randomised clinical trials', *British Medical Journal*, 313 (3<sup>rd</sup> August, 1996), pp. 253-8.

<sup>113</sup> R. Kerb, J. Brockmüller, B. Staffeldt, M. Ploch, I. Roots, 'Single-dose and steady-state pharmacokinetics of hypericin and pseudohypericin', *Antimicrobial Agents and Chemotherapy*, 40 (September, 1996), pp. 2087-2093.

<sup>114</sup> Anon, 'A plant extract with proven antidepressive effect', *Der Nervenarzt*, 68 (February 1997), p. 2; Anon, 'Chemical composition of Hypericum perforatum and its effects', *Der Nervenarzt*, 68 (February 1997), pp.3-4., Anon, 'Antidepressive effectiveness and good tolerance', *Der Nervenarzt*, 68 (February 1997), pp.5-7., S. Kasper, 'Hypericum perforatum in psychiatry practice', p.8.

<sup>115</sup> K.H. Baureithel, K.B. Büter, A. Engesser, W. Burkard, W. Schaffner, 'Inhibition of benzodiazepine binding in vitro by amentoflavone, a constituent of various species of Hypericum', *Pharmaceutica acta Helvetiae*, 72 (June, 1997), pp. 153-157.

*Läkartidningen*, suggested that St. John's wort's lack of side effects meant that it would potentially appeal to patients who had concerns about conventional medicines.<sup>116</sup> It seems therefore that by 1997 information about St. John's wort's medical benefits had seeped out of the realms of plant chemistry and pharmacology and the bulk of the St. John's wort articles presented favourable reviews of its benefits. However, by 1997 German speaking journals began to occasionally raise concerns about St. John's wort. For example, St. John's wort's potential side effect of photosensitivity was explored by a German team which went on to prove however that these side effects were reversible once consumption of St. John's wort was discontinued.<sup>117</sup>

Furthermore towards the end of 1997 the German journal *Pharmacopsychiatry*, which is published in both English and German, published twelve articles on various aspects of St. John's wort. On the whole the articles report positive results for using St. John's wort; however in one article the German psychiatrist H.P Volz voiced concerns. Having acknowledged that St. John's wort was a popular remedy in Germany by this point, he went onto suggest that although St. John's wort had been proven to be effective in twelve recent trials, all of these had methodological flaws. For example he states that those that compared St. John's wort with conventional antidepressants often failed to use the appropriate dose of conventional antidepressants when comparing their effectiveness against St. John's wort. He therefore called for better trials to be conducted.<sup>118</sup>

By the end of 1997 there was a definite growth in professional interest in St. John's wort outside of Europe and Germany. For example, an article was published in a Canadian medical journal aimed specifically at general family physicians.<sup>119</sup> The American journal *The Medical Letter on Drugs and Therapeutics*, also turned its

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<sup>116</sup>M. Nordfors and P. Hartvig, 'St. John's wort against depression in favour again', *Läkartidningen*, 94 ( 18<sup>th</sup> June, 1997), pp. 2365-2367.

<sup>117</sup> S. Golsch, E. Vocks, J. Rakoski, K. Brockow, J. Ring, 'Reversible increase in photosensitivity to UV-B caused by St. John's wort extract', *Der Hautarzt; Zeitschrift für Dermatologie, Venerologie, und verwandte Gebiete*, 48 (April, 1997), pp. 249-252.

<sup>118</sup>H.P.Voltz, 'Controlled clinical trials of hypericum extracts in depressed patients--an overview', *Pharmacopsychiatry*, Supplement 2 (September, 1997), pp.72-76.

<sup>119</sup> M.F. Evans and K. Morgenstern, 'St. John's wort: an herbal remedy for depression?', *Canadian Family Physician*, (October, 1997), pp. 1735-1736.

attention to St. John's wort. This publication claims to offer impartial information on new and older drugs and openly describes how its editorial process results from 'a consensus of experts to develop prescribing recommendations that are completely independent of the pharmaceutical industry'.<sup>120</sup> Therefore, having responded to its readers requests to 'evaluate St. John's wort',<sup>121</sup> this publication, which normally concerns itself with conventional medicines, considered the situation of standardised St. John's wort.

During 1998 the implications for St. John's wort uses were being routinely discussed in a range of American medical journals. Most of the commentary at this time related to a discussion of concerns and in particular journals regularly discussed the remedy's potential side effects. Consequently publications aimed at general practitioners,<sup>122</sup> psychiatrists<sup>123</sup> and nurses,<sup>124</sup> all raised concerns about the popular and largely unregulated use of St. John's wort. At the end of the year the *American Family Physician*, which is aimed specifically at American general practitioners, discussed the pitfalls of self-medicating with OTC products. It warned its readers that patients often equated natural remedies with safety, but it warned that in reality OTC medicines carried the serious possibility of interacting with conventional medicines. It concluded that physicians therefore have a responsibility to 'educate themselves' about OTC preparations so that they could pass on safety information to their patients.<sup>125</sup>

Towards the end of 1998, an American team of researchers published a damning article in the *Annals of Pharmacotherapy* in which they concluded that only a few of the existing studies on St. John's wort looked at how and why the remedy worked. The team hypothesised that it was possible that St. John's wort worked in a similar way to conventional antidepressants but concluded that any of the individual St. John's wort chemicals would be too weak to have a therapeutic effect if taken on their

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<sup>120</sup> <http://medlet-best.securesites.com/html/who.htm#introduction>

<sup>121</sup> Anon, 'St. John's wort', *The Medical Letter on Drugs and Therapeutics*, 1014 (21<sup>st</sup> November, 1997), pp. 107-8.

<sup>122</sup> J.B. Gordon, 'SSRIs and St. John's Wort: possible toxicity?', *American Family Physician*, (1<sup>st</sup> March, 1998), pp. 950-953.

<sup>123</sup> C. Salzman, 'St. John's wort', *Harvard Review of Psychiatry*, 5 (March-April, 1998), pp. 333-5.

<sup>124</sup> J. Myers, 'Can a herb really help depression?', *Advance for Nurse Practitioners*, 6 (March, 1998), pp.33-34.

<sup>125</sup> T. Zink and J. Chaffin, 'Herbal 'health' products: what family physicians need to know', *American Family Physician*, 58 (1<sup>st</sup> October, 1998), pp. 1133-1140.

own.<sup>126</sup> This team therefore dismissed the idea that available St. John's wort products, which on the whole included a standardised quantity of only one St. John's wort extract, could be effective antidepressants. Furthermore, the American Mayo Clinic, which describes itself as the 'world's first and largest, integrated, not-for-profit group medical practice',<sup>127</sup> also presented a sceptical stance on St. John's wort in the form of an article showing pretend questions from concerned patients.<sup>128</sup> In fact, this organisation's concerns about St. John's wort continued into the 2000s when it published another warning in which it stated that St. John's wort 'may alter metabolism and the effects of medications, including chemotherapy, thus reducing the effectiveness of the treatment'.<sup>129</sup>

By 1998 St. John's wort's use as a popular remedy was increasingly being discussed in American regional medical journals such as the *North Carolina Medical Journal*,<sup>130</sup> and *The Journal of the Oklahoma State Medical Association*,<sup>131</sup> which indicates that the remedy was becoming popular on a wider basis. So throughout this decade American journals continued to publish reviews of existing studies on St. John's wort and in doing so they increasingly provided the warning that just because a product claimed to be natural, it did not mean that it was safe or effective.<sup>132</sup> A similar stance was also taken by the British medical journal *The Lancet* when in October 1998 it warned that OTC St. John's wort had the potential to cause photosensitivity.<sup>133</sup> However perhaps the most damning report came from Joseph Deltito and Doris Beyer who published a scathing attack of St. John's wort's use in the *Journal of Affective Disorders*.

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<sup>126</sup> D.A. Bennett Jr, L. Phun, J.F. Polk, S.A. Voglino, V. Zlotnik, R.B. Raffa, 'Neuropharmacology of St. John's wort (Hypericum)', *Annals of Pharmacotherapy*, 32 (November, 1998), pp. 1201-1208.

<sup>127</sup> <http://www.mayoclinic.org/about-web/>

<sup>128</sup> Anon, 'Can you tell me about St. John's wort? I've been depressed and wonder if it would be safe to take', *Mayo Clinic Health Letter*, 16 (May, 1998), p.8.

<sup>129</sup> Brent Bauer (Mayo Foundation for Medical Education and Research), 'Complementary and Alternative Medicine: Friend or Foe?', *Together*, 4 (Fall/winter, 2004), p.2.

<sup>130</sup> R.B. Mack, ' "Goodbye to the life I used to live" St. John's wort', *North Carolina Medical Journal*, 59 (January-February, 1998), pp.27-29.

<sup>131</sup> R.V. McIntyre, 'Herbal Healers', *The Journal of the Oklahoma State Medical Association*, (August, 1998), 91, p.271.

<sup>132</sup> E. Heiligenstein and G. Guenther, 'Over-the-counter psychotropics: a review of melatonin, St. John's wort, valerian, and kava-kava', *Journal of American college health*, 46 (May, 1998), pp.271-276.

<sup>133</sup> G.M. Bove, 'Acute neuropathy after exposure to sun in a patient treated with St. John's wort', *The Lancet*, 352 (3<sup>rd</sup> October, 1998), pp. 1121-1122.

Having described St. John's wort as a herbal product 'that is available in health food stores as an allegedly 'safe' alternative to antidepressants developed by the pharmaceutical industry', the authors go on to explain that their aim is to provide 'something other than a usual scientific review article' by providing an analysis of 'public opinion' which is formed 'by sources valid and less valid'.<sup>134</sup> Their criticism of St. John's wort begins by establishing that the American 'general public is increasingly employing it for a host of complaints' despite the fact that there is little evidence to suggest that the 'mainstream of physicians are embracing' its use.<sup>135</sup> They also state that the American popular media played a significant part in the remedy's popularity because they had publicly declared that it is 'effective and safe' and they suggest that its apparent naturalness appealed to a 'ready made population of individuals' who believe that a herb is natural and therefore safer.<sup>136</sup>

The main crux of Deltito and Beyer's criticism, however, relates to what they consider to be methodological flaws in the scientific St. John's wort trials. Firstly they point out that the response to the placebo used 'was often as high as 50%'. Secondly they argue that most of the scientific studies on St. John's wort used the ICD diagnostic scale rather than using the DSM-IV categories. Consequently they suggest that the majority of St. John's wort studies actually refer to a condition known as 'adjustment disorder with depressed mood or acute stress disorder' as opposed to 'major depression, bipolar (depressed) or dysthymia'.<sup>137</sup> Finally, they point out that there is a significant discrepancy in the classification of depression used in the studies and they suggest therefore that 'the bulk of German studies' considered a medical condition that was 'not a primary affective disorder'.<sup>138</sup>

It seems that German studies on St. John's wort were using different classifications of depression than those used in conventional antidepressant trials. Consequently the St. John's wort trials analysed the usefulness of St. John's wort in

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<sup>134</sup> J. Deltito and D. Beyer, 'The scientific quasi-scientific and popular literature on the use of St. John's wort in the treatment of depression', *Journal Affective Disorders*, 51, (Dec 1998), p.345.

<sup>135</sup> *Ibid*, p.346.

<sup>136</sup> *Ibid*, p.347.

<sup>137</sup> *Ibid*, p.348.

<sup>138</sup> *Ibid*.

the treatment of a condition that 'was likely to fluctuate or resolve on its own within the short period of study'.<sup>139</sup> In other words, scientists were testing St. John's wort for its usefulness in treating normal emotions as opposed to the condition depression which should be medically managed.

Despite the consistent concerns about St. John's wort during 1998 the American and British reaction to the remedy by this point was not solely negative. Throughout the decade numerous articles were also published in which St. John's wort was celebrated. For example, its use was praised in an American journal dedicated to women's health.<sup>140</sup> Likewise, the American Medical Association's journal *Archives of General Psychiatry* published two balanced St. John's wort articles in late 1988. The first claimed that depression had become a popular reason for patients consuming CAM remedies and it called for more research into the efficacy of popular CAM therapies being used to treat the condition.<sup>141</sup> The second article called on physicians to become more aware of the potential of CAM remedies and it reported that there was evidence that St. John's wort worked effectively as a treatment for depression.<sup>142</sup> The AMA also published an article in another of its journals which looked at the safety of St. John's wort during pregnancy.<sup>143</sup>

Furthermore, in direct contrast to the growing American uncertainties of St. John's wort by 1998, European journals continued to print mainly pro-St. John's wort articles. German journals published articles and letters from medical professionals celebrating St. John's wort's virtues.<sup>144</sup> For example, H. Hippicus claimed that St. John's wort's tolerability meant that it was an ideal treatment for outpatients and he suggests that it should be used as a first treatment option in depression. If it should fail to work after 'four to six weeks' then the patient could be treated with conventional

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<sup>139</sup> *Ibid.*

<sup>140</sup> S. Lieberman, 'Nutriceutical review of St. John's wort (*Hypericum perforatum*) for the treatment of depression', *Journal of Womens Health*, 7 (March, 1998), pp. 177-182.

<sup>141</sup> E. Ernst, J.I. Rand and C. Stevinson, 'Complementary therapies for depression: an overview', *Archives of General Psychiatry*, 55 (November, 1998), pp. 1026-1032.

<sup>142</sup> A.H. Wong, M. Smith and H.S. Boon, 'Herbal remedies in psychiatric practice', *Archive of General Psychiatry*, 55 (November, 1998), pp. 1033-1044.

<sup>143</sup> L.R. Grush, A. Nierenberg, B. Keefe, L.S. Cohen, 'St. John's wort during pregnancy', *Journal of the American Medical Association*, 280 (11<sup>th</sup> November, 1998), p. 1566.

<sup>144</sup> Anon, 'Hypericum extract: a superior option for the treatment of mild-to-medium severe depression', *Psychiatrische Praxis*, (January, 1998), pp. 1-4.



antidepressants.<sup>145</sup> Likewise in June another German journal published six articles on St. John's wort, all of which suggested that St. John's wort was a neglected possibility.<sup>146</sup> By the middle of the year the international journal *Advances in Therapy*, which focuses on the 'rapid publication of studies in clinical medicine',<sup>147</sup> published an article claiming that yet another St. John's wort extract had been proven to be effective. HYP811 had been found to be an effective treatment of depressive disorders,<sup>148</sup> and psychovegetative disorders.<sup>149</sup>

Concerns about St. John's wort's safety did surface in European journals at this time; however when they did it seems that they were only published in minor publications. For example, the Dutch *Journal of clinical monitoring and computing*, a journal which mainly focuses on 'monitoring equipment instrumentation and technology, progress in biotechnology, computer and E-learning technologies applied to anaesthesia and critical care medicine',<sup>150</sup> warned that there were potential dangers from St. John's wort.<sup>151</sup> At the end the year Professor Ernst and colleagues from Exeter University published a review of the adverse drug reactions associated with St. John's wort. For example, they highlighted the fact that the remedy could cause 'gastrointestinal symptoms, dizziness/confusion and tiredness/sedation'. They also pointed out that it could cause photosensitivity, but they reassured their readers that this appears to 'occur extremely rarely'. In all they reported that despite side effects the remedy was generally well tolerated but they did call for more studies to be conducted on St. John's wort.<sup>152</sup> On the whole it seems that European journals downplayed side

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<sup>145</sup>H. Hippus, 'St. John's wort (*Hypericum perforatum*)--a herbal antidepressant', *Current Medical Research and Opinion*, 14 (1998), pp.171-84.

<sup>146</sup> S.S. Chatterjee, M. Nöldner, E. Koch, C. Erdelmeier, 'Antidepressant activity of hypericum perforatum and hyperforin: the neglected possibility', *Pharmacopsychiatry*, 31 Supplement (June, 1998), pp. 7-15.

<sup>147</sup> <http://www.advancesintherapy.com/> (downloaded 14<sup>th</sup> August 2010).

<sup>148</sup> B.M. Mueller, 'St. John's wort for depressive disorders: results of an outpatient study with the Hypericum preparation HYP 811', *Advances in Therapy*, 15 (March-April, 1998), pp.109-116.

<sup>149</sup> B.M. Mueller, 'Effects of hypericum extract HYP 811 in patients with psychovegetative disorders', *Advances in Therapy*, 15 (July-August,1998), pp. 255-60.

<sup>150</sup> <http://www.springer.com/medicine/anesthesiology/journal/10877>

<sup>151</sup> R. Ciordia, 'Beware "St. John's wort", potential herbal danger', *Journal Clinical Monitoring and Computing*, 14(April 1998), p.215.

<sup>152</sup> E. Ernst, J.I. Rand, J. Barnes, C. Stevinson, 'Adverse effects profile of the herbal antidepressant St. John's wort (*Hypericum perforatum* L.)', *European Journal of Clinical Pharmacology*, 54 (October, 1998), pp. 589-594.

effects, but one article did raise the notion that information on herbal remedies, including St. John's wort, was often difficult to obtain.<sup>153</sup>

As 1998 progressed a series of concerns about St. John's wort were raised. In particular it was revealed that the remedy could cause unwanted side effects and critics of the way in which trials into St. John's wort were conducted also raised doubts. Despite the growing British and American interest in St. John's wort, the remedy was still only available as an OTC remedy. However in 1998 the German government officially approved St. John's wort use as an antidepressant medication and it consequently became a prescription only medicine.<sup>154</sup> Consequently from this point onwards German medical doctors became responsible for determining not only if a patient was suffering with depression, but they also ascertained whether the depression was the kind that would respond well to St. John's wort.

By 1999 a similar pattern of professional interest in St. John's wort continued. A review article published in the *International Journal of Clinical Pharmacology and Therapeutics* concluded that of the nine 'clinical trials' considered in the article, all 'reported the efficacy' of St. John's wort when compared 'to placebo and to other antidepressant medications'.<sup>155</sup> Furthermore while it acknowledged that St. John's wort had been found to have some minor side effects, the 'profile of *H. perforatum* at this time appears to be superior to any current U.S.-approved antidepressant medication'. The report concluded that from existing literature on St. John's wort it 'appears to be a safe and effective alternative in the treatment of depression' and while 'Tricyclic antidepressants and monoamine oxidase inhibitors can produce serious cardiac side effects, such as tachycardia and postural hypotension, and many unwanted anticholinergic side effects, including dry mouth and constipation', St. John's wort has 'proven to be free of any cardiac, as well as anticholinergic, side effects normally seen with antidepressant medications'. Thus the authors suggest that 'based upon limited

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<sup>153</sup> M. Myerscough, 'Herbal remedies. How much do you know?', *Austrian Family Physician*, 27 (November, 1998), pp. 1037-40.

<sup>154</sup> J. Deltito and D. Beyer, 'The scientific quasi-scientific and popular literature on the use of St. John's wort in the treatment of depression', *Journal Affective Disorders*, 51, (Dec 1998), p.347.

<sup>155</sup> E.S. Josey and R.L. Tackett, 'St. John's wort: a new alternative for depression?', *International Journal of Clinical Pharmacology and Therapeutics*, 37, (3<sup>rd</sup> March 1999), pp. 111-119.

studies, St. John's wort appears to be an acceptable alternative to traditional antidepressant therapy, although trials on a larger scale are warranted in this area' but they warn that 'Hypericum is available to the lay public as an over-the-counter preparation and may be misused if not fully understood'.<sup>156</sup>

By late 1999 a fresh set of St. John's wort concerns had been raised. An American team of researchers revealed that it found a link between St. John's wort and the serious symptom of mania. They argued therefore that although St. John's wort is 'touted as an antidepressant' which has 'few reported side effects', they had witnessed 'two cases of mania temporarily associated with the use of St. John's wort'.<sup>157</sup> The report also concluded that:

'the majority of people who take this popular over-the-counter preparation do so without formal psychiatric evaluations, risk of hypericum-induced mania may be significant. Physicians should screen patients for a history of hypomania or mania before recommending use of St. John's wort for depression'.<sup>158</sup>

Concerns about St. John's wort and psychosis were also raised in a letter published in the *Canadian Medical Association Journal*. Here the authors suggested that St. John's wort could trigger psychosis and it drew specific attention to the case of a woman in 'complete remission' who had 'remained well without medication for 3 years'. It appears that she 'purchased a bag of St. John's wort herbs from a natural food store' and began taking the herb as a tea, five months before being admitted to hospital following a relapse of her mental health. She admitted taking the herbal tea 'once or twice a week', but after a while her consumption of the tea increased and in the two months prior to being admitted to hospital she had been consuming the tea 'daily'.<sup>159</sup> The second case involved a man whose treatment for 'paranoid psychosis' had responded to treatment after six months and who had remained well without medication for a further seven months. However 'two to 3 months before his relapse he had purchased St. John's

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<sup>156</sup> *Ibid.*

<sup>157</sup> A. Nierenberg, T. Burt, J. Mathews and A.P. Weiss, 'Mania associated with St. John's wort', *Biological Psychiatry*, 46, (15<sup>th</sup> December, 1999), pp. 1707-8.

<sup>158</sup> *Ibid.*

<sup>159</sup> Samarthji Lal and Hani Iskandar, 'St. John's wort and schizophrenia', *The Canadian Medical Association Journal*, 163, (8<sup>th</sup> August, 2000), p.262.

wort at a health food store and been taking it daily'.<sup>160</sup> The authors suggest that 'physicians ask their patients whether they take natural products and caution them about potential harmful effects'.<sup>161</sup>

Therefore by the end of 1999 many of the concerns about St. John's wort including its supposed link to psychosis related back to the fact that St. John's wort was licensed in America and Britain as an OTC remedy. The German official acceptance of the remedy by this point meant that it became a prescription only medicine in 1998 and its use was therefore tightly regulated. Doctors authorised its use by providing a prescription, and they only did this if the patient was genuinely ill with the kind of depression that would benefit from using this treatment option. By 1999 the availability of standardised St. John's wort as an OTC remedy meant that in some countries its use was largely unregulated. While some people felt that this situation left lay people vulnerable to potential side effects and improper use of the remedy, others advocated the right to buy and consume OTC products as part of a wider political argument supporting freedom of choice for lay people.

#### **6.4. OTC St. John's wort an alternative medicine?**

Despite the fact that standardised St. John's wort contained plant extracts, this chapter has demonstrated that since the 1980s the conventional scientific and medical interest in the plant was significant. Paradoxically it seems that the development of standardised St. John's wort did not receive the same level of scrutiny from alternative medical practitioners or journals until it had been established by conventional scientists that it worked effectively. For example, when the renowned American herbalist James A. Duke<sup>162</sup> published his *Handbook of Medicinal Herbs* in 1985, he states at the very start of his analysis of St. John's wort that it was 'formally used as a source of the

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<sup>160</sup> *Ibid.*

<sup>161</sup> *Ibid.*

<sup>162</sup> See Dr. James Duke's website <http://www.greenpharmacy.com/> for a biography and further details on his work.

antidepressant, hypericin'.<sup>163</sup> As indicated by the analysis of journal articles above, by the mid 1980s St. John's wort's antidepressant abilities had been suggested in several scientific and medical journals and the idea that it could be used in this way was therefore available to an interested researcher of plant medicines such as Duke.

Testing for efficacy and safety of medicines had been routinely carried out from the beginning of the twentieth century and governmental legislation had consequently been introduced to control medicines. In the UK the Medicines Act 1968 was introduced to regulate the sale and manufacture of medicines and it defined three types of medicines that were available in Britain at this time. Prescription only medicines were available from a pharmacist but needed a prescription from a licensed practitioner. Pharmacy medicines were available from a pharmacist without a prescription, and those on the general sales list could be purchased without a prescription from any stockist. Section 12 of the Act made exemptions 'in respect of herbal remedies' and allowed the 'supply, manufacture or assembly of any herbal remedy in the course of a business' where:

'(a)the remedy is manufactured or assembled on premises of which the person carrying on the business is the occupier and which he is able to close so as to exclude the public, and

(b)the person carrying on the business sells or supplies the remedy for administration to a particular person after being requested by or on behalf of that person and in that person's presence to use his own judgment as to the treatment required'.

Furthermore, the Act meant that:

'(2)Those restrictions also do not apply to the sale, supply, manufacture or assembly of any herbal remedy where the process to which the plant or plants are subjected in producing the remedy consists only of drying, crushing or comminuting, and the remedy is, or is to be, sold or supplied—

(a)under a designation which only specifies the plant or plants and the process and does not apply any other name to the remedy, and

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<sup>163</sup> See James A. Duke, *CRC handbook of medicinal herbs*, (CRC Press, 1985), p.242. However it is interesting to note that Duke uses A. R. Vickery's 1981 article (see above) as evidence for this claim, despite the fact that Vickery does not provide a reference for his claim about St. John's wort's historical use as an antidepressant.

(b)without any written recommendation (whether by means of a labelled container or package or a leaflet or in any other way) as to the use of the remedy'.<sup>164</sup>

Although standardised St. John's wort was not covered by this Act because it was licensed as an OTC product rather than a herbal medicine used by herbalists, it set a legal precedent for advocates of plant based medicine. Effectively this Act emphasised the individual's right to choose how to treat medical symptoms. Consequently if a lay person chose to consult a herbalist as opposed to a conventional doctor, and in turn chose to treat themselves with a recommended herbal remedy, then this was legal because they had made the decision to do so themselves.

Since its emergence standardised St. John's wort was made available in Britain and America OTC. Thus despite being a plant based remedy it was not considered to be a herbal remedy in the strictest sense. In comparison, by the 1990s herbalists in the UK and America could practice with or without qualifications in herbalism, plant based medicines, or indeed any other type of alternative medicine. Traditionally knowledge of herbalist and plant based medicine was passed from generation to generation and herbalists qualified informally after a period of apprenticeship. However, by the 1990s calls had been made by governments and by herbalists themselves to instigate a system of registration and self-regulation, in order to provide reassurance that practicing herbalists were safe and knowledgeable. These calls resulted in the development of accredited training courses, but studying in this way was a voluntary practice rather than a mandatory requirement. Consequently not all herbalists chose to train in this way, or to register with an appropriate governing body, as among other reasons they felt that the moves towards regulation and state interference would destroy the essence of 'Traditional Herbal Medicine' which they regarded as 'the People's Medicine'.<sup>165</sup>

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<sup>164</sup> [http://www.opsi.gov.uk/revisedstatutes/acts/ukpga/1968/cukpga\\_19680067\\_en\\_1](http://www.opsi.gov.uk/revisedstatutes/acts/ukpga/1968/cukpga_19680067_en_1)

<sup>165</sup> See <http://www.saveourherbs.org.uk/AboutUs.html> for a discussion of the implications of regulating herbalism in the UK. (downloaded 24<sup>th</sup> Sept 2010).

Despite the creation of accredited university training programmes in plant based medicine, the largest medical herbal association in Britain the *National Institute of Medical Herbalists* was continuing to lobby its members to write to the new British government about the 'importance of a regulated profession'.<sup>166</sup> During the 1990s standardised St. John's wort was licensed in Britain and America as a food supplement, but by this decade many of the practising herbalists in Britain and America relied on ready-made tinctures that they purchased and then mixed to create individualised remedies, as opposed to growing their own plants. However some herbalists promoted the use of OTC plant based remedies at this time, because it was felt that they were reliable, widely available and less expensive than in previous decades. Technically however, OTC St. John's wort was not a medicine that would be prescribed by herbalists, who instead had their own methods for treating the symptoms of depression. For example, the British herbalist Alan Hopking, who prepares individualised remedies and sends them to his patients via the post, advises that he uses a combination of the herbs 'damiana, kola, guarana, noni, ginseng, pau d'arco, melissa' to treat depression.<sup>167</sup>

Nevertheless, standardised St. John's wort did receive attention from professional journals interested specifically in herbalism and plant medicine. For example, the American Botanical Council (ABC) published a literature review on St. John's wort in 1989 in their peer reviewed journal *HerbalGram*.<sup>168</sup> This journal was founded by Mark Blumenthal in 1988 and states in its mission statement that it aims to 'educate consumers, healthcare professionals, researchers, educators, industry and the media on the safe and effective use of herbs and medicinal plants'.<sup>169</sup> Furthermore, it claims to be an 'independent, non-profit organization supported by thousands of members around the world'.<sup>170</sup> The ABC's 1989 St. John's wort journal article, compiled by the American herbalist Christopher Hobbs, reviewed 141 separate references for St.

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<sup>166</sup> <http://www.nimh.org.uk/news-and-events/news-and-press/newparliament> (downloaded 24th September 2010).

<sup>167</sup> See Alan Hopking's website for information on treating depression, <http://www.godshaer.co.uk/depressionless.php> (downloaded 4th March 2010).

<sup>168</sup> Christopher Hobbs, 'St. John's wort: A Literature Review', *HerbalGram*, 18/19 (1989), pp.24-33.

<sup>169</sup> [http://abc.herbalgram.org/site/PageServer?pagename=About\\_Us](http://abc.herbalgram.org/site/PageServer?pagename=About_Us) (Downloaded 4<sup>th</sup> March 2010).

<sup>170</sup> *Ibid.*

John's wort, the majority of which refer to the scientific trials that had take place by this point. Having concluded that St. John's wort showed promising results, Hobb's quickly followed his *HerbalGram* review with an article on St. John's wort entitled 'St. John's wort – ancient herbal protector'.<sup>171</sup>

By 1998, the year in which St. John's wort was receiving extensive coverage in a number of conventional medical and scientific journals, the *Alternative Medicine Review* published a pro-St. John's wort article in which it concluded that the remedy had been proven to be an effective treatment for depression.<sup>172</sup> Although this publication describes itself as the 'leading peer-reviewed journal designed for sharing information on the practical use of alternative and complementary therapies',<sup>173</sup> it is published by the successful manufacturer Thorne Research Incorporation. This company states on its website that it has been producing 'superior therapeutic supplements' for 'over 25 years',<sup>174</sup> and reports that 'no other dietary supplement manufacturer has earned the trust of experts such as research organizations and leading health-care practitioners, like Thorne Research has'. It also reports that over the years it has 'earned the unwavering trust of thousands of health-care practitioners worldwide' and it even suggests that in 'many cases, a patient's life actually depends on the quality, purity, and integrity of our products'.<sup>175</sup>

Because Thorne Research Incorporation produced its own standardised extract of St. John's wort 'Hyper-Ex' at this time, its impartiality on St. John's wort's ability is perhaps questionable.<sup>176</sup> However, other sources were also celebrating St. John's wort. For example, by 2001 the journal *Complementary and Alternative Medicine* had been founded. As a peer reviewed journal this publication upheld the new wave of thinking on CAM remedies in that from the start its articles were largely written by scientists and it reported on the evidence for and against CAM remedies. Thus, in its first edition it

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<sup>171</sup> Christopher Hobbs, 'St. John's wort – ancient herbal protector', *Pharmacy in History*, 32 (1990), pp. 166-169.

<sup>172</sup> A.L. Miller, 'St. John's wort (*Hypericum perforatum*): clinical effects on depression and other conditions', *Alternative Medical Review*, 3 (February, 1998), pp. 18-26.

<sup>173</sup> [http://www.thorne.com/practitioners/alternative\\_medicine\\_review.jsp](http://www.thorne.com/practitioners/alternative_medicine_review.jsp)

<sup>174</sup> <http://www.thorne.com/company/index.jsp>

<sup>175</sup> [http://www.thorne.com/company/earning\\_experts\\_trust.jsp](http://www.thorne.com/company/earning_experts_trust.jsp)

<sup>176</sup> [http://www.thorne.com/Products/Mood-Sleep-Support/All\\_Mood\\_Sleep\\_Support/prd~SF729.jsp](http://www.thorne.com/Products/Mood-Sleep-Support/All_Mood_Sleep_Support/prd~SF729.jsp)



included a review of herbal medicine and it was reported that to date there had been twenty nine trials involving St. John's wort but while all had similar findings there were considerable differences between the criteria for the trials. Nevertheless the article states that 'there is growing evidence that hypericum is as effective as other antidepressants for mild to moderate depression and causes fewer side effects'.

It seems therefore that alternative practitioners and their journals were as eager to rely on conventional scientific proof as their conventional equivalents. In part this was because they wanted to reassure their customers that their medicines worked, but it also reflected a wider move that had taken place at this point. Increasingly through the 1980s it was expected that alternative medicines should have some kind of proof that they were safe and effective and the creation of Professor Ernst's job at Exeter University reflected this growing trend. Such was the abundance of evidence for St. John's wort's use as an antidepressant that it supposedly prompted the German government's decision to adopt the remedy as a prescription only antidepressant and in turn its popularity among both clinicians and patients meant that it quickly became the most popular antidepressant prescribed at this time.

It has been suggested by some self-help authors that Germany also made a decision to adopt St. John's wort because it was opposed to an Americanisation of medicine. However, while it is certainly true that antidepressants such as Prozac were not licensed in Germany at this time, it is equally possible that the German government made moves to regulate St. John's wort after concerns were raised about safety and side effects. However, as discussed in Chapter Four, it is also possible that the British and American tolerance of St. John's wort as an OTC product rested on an established practice of responsible self-medication. After all, by the 1990s 'Patient-centred care' was aimed directly at giving lay people more of a say in their treatment options,<sup>177</sup> an objective that was upheld passionately by many who were practising plant based medicine at this time.

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<sup>177</sup> Crellin, *A social history of medicines in the twentieth century*, p.193.

Defining a remedy, practitioner or indeed a journal as alternative in the twentieth century increasingly proved problematic, because all increasingly relied on scientific trials to endorse their opinions. Another aspect of the St. John's wort situation that also demonstrates that the boundary between alternative and conventional medicine was largely indiscernible at this point, stems from the fact that standardised St. John's wort was both tested and produced in laboratories. Initially both prescribed and OTC St. John's wort products were made by pharmaceutical companies that specialised in making plant based remedies. For example, one of the best known brands in the 1990s was produced by a small German company Lichtwer Healthcare. Sold as a prescription medicine in Germany under the name Jarsin 300, the same product was sold OTC in Britain as Kira. However in 2006 this pharmaceutical company was bought by the larger German company Klosterfrau<sup>178</sup> and Kira was now being produced by the same company who owned the German rights to manufacture the OTC analgesic Nurofen.<sup>179</sup> Indeed by the 1990s OTC remedies proved to be a lucrative business in Britain after a move made by the British government in 1984, meant that 'only certain medicines' would be prescribed by the NHS. In turn this forced many treatments to become available OTC.<sup>180</sup>

## 6.5. Conclusion

At the end of the twentieth century St. John's wort represented an example of the complexities of the interface between conventional and alternative medicine. As a treatment option it highlighted the fact that by the late twentieth century very few differences existed between the way in which plant based remedies and other

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<sup>178</sup>[http://translate.googleusercontent.com/translate\\_c?hl=en&sl=de&u=http://www.klosterfrau.de/index~uuid~60AD3989946EFE62AAF2E2318A7E3A16.htm&prev=/search%3Fq%3DLichtwer%2BPharma%26hl%3Den%26safe%3Doff%26rlz%3D1T4DKUK\\_en-GBGB246GB248&rurl=translate.google.co.uk&usg=ALkJrhjCFeakRO0Op4bvpshAHcGY\\_TfN1A](http://translate.googleusercontent.com/translate_c?hl=en&sl=de&u=http://www.klosterfrau.de/index~uuid~60AD3989946EFE62AAF2E2318A7E3A16.htm&prev=/search%3Fq%3DLichtwer%2BPharma%26hl%3Den%26safe%3Doff%26rlz%3D1T4DKUK_en-GBGB246GB248&rurl=translate.google.co.uk&usg=ALkJrhjCFeakRO0Op4bvpshAHcGY_TfN1A) (down loaded 24<sup>th</sup> Sept 2010).

<sup>179</sup>[http://translate.googleusercontent.com/translate\\_c?hl=en&sl=de&u=http://www.klosterfrau.de/index~uuid~29D0A0B1A1F1AFF8375E848BD2FFE1F8.htm&prev=/search%3Fq%3Dlichtwer%2Bhealthcare%26hl%3Den%26safe%3Doff%26rlz%3D1T4DKUK\\_en-GBGB246GB248&rurl=translate.google.co.uk&usg=ALkJrhio5D\\_CNqk4f75btk8mNPMQRGu5Jw](http://translate.googleusercontent.com/translate_c?hl=en&sl=de&u=http://www.klosterfrau.de/index~uuid~29D0A0B1A1F1AFF8375E848BD2FFE1F8.htm&prev=/search%3Fq%3Dlichtwer%2Bhealthcare%26hl%3Den%26safe%3Doff%26rlz%3D1T4DKUK_en-GBGB246GB248&rurl=translate.google.co.uk&usg=ALkJrhio5D_CNqk4f75btk8mNPMQRGu5Jw)

<sup>180</sup> Stuart Anderson, *Making medicines: a brief history of pharmacy and pharmaceuticals*, (Pharmaceutical Press, 2005), p.132.

medicines were tested in scientific trials,. The widespread interest in the remedy appears only to have taken place once studies were published in popular English speaking journals, which indicates that by the twentieth century there was a bias towards information published in English speaking journals.

It seems that standardised St. John's wort upheld the chemical imbalance theory of depression in that it was shown to work in the same way as conventional antidepressants. However by 1998 growing concerns about its safety and side effects were increasingly publicised. While American journals in particular emphasised anxieties, European journals downplayed the seriousness of these side effects. The suggestion was also made that the trials which had established St. John's wort to be effective were methodologically flawed because they used a different classification system for determining depression, which equated to normal emotional upset as opposed to a medical illness. Despite these concerns however the German government licensed standardised St. John's wort as a prescription antidepressant in 1988 and it consequently became the most widely prescribed antidepressant there.

The final part of this chapter's discussion of St. John's wort's OTC status raised the notion often quoted by medical herbalists that lay people should have the right to choose how they treat their illnesses. It seems that the German sanction of St. John's wort as a prescription medicine may have taken place because of a political objection to the Americanisation of medicine. However, it is also suggested that German authorities may well have been spurred on by the suggestion that St. John's wort had side effects and thus they wanted to ensure that it was used responsibly. The tolerance of St. John's wort as an OTC remedy in America and Britain is also raised and while it is pointed out that OTC remedies were a lucrative business by the 1990s, it is also argued that the availability of St. John's wort in this way upheld the established Western practice of self-care and self-treatment.

## Chapter Seven

### Conclusion

#### 7.1. Introduction

This study's analysis of 1990s standardised St. John's wort set out to investigate what this remedy revealed about the classification of 'mild to moderately severe depressive disorders'.<sup>1</sup> Using a range of printed primary sources including literature dating from the seventeenth-century, 1990s St. John's wort self-help books, contemporary newspaper reports and professional journal articles, it becomes apparent that the 1990s situation was complicated. As a remedy with plant ingredients, standardised St. John's wort was often promoted and consumed on the basis that it was an equivalent alternative to conventional antidepressants. However, standardised St. John's wort was created in laboratories and had, by the 1980s, been subjected to the same rigorous testing applied to conventional medicines. Furthermore, it appears that despite being licensed as an OTC remedy in Britain and America, the product was thought to work in the same way as some conventional antidepressants, in that it corrected a chemical imbalance in the brain, which in turn cured symptoms of depression.

The history of standardised St. John's wort demonstrates that by the 1990s the medical interface between conventional and alternative medical systems was far from definite. By this decade numerous OTC products with plant based ingredients were available in Britain and America. However, St. John's wort was unusual in that by the early 1980s it had been licensed as a conventional antidepressant in Germany and it quickly became a popular depression remedy among medical practitioners and lay people. Unlike conventional antidepressants, standardised St. John's wort was

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<sup>1</sup> Klaus Linde et.al, 'St. John's wort for depression--an overview and meta-analysis of randomised clinical trials', *BMJ*, 313 (1996), p.253.

specifically consumed on the basis that it was natural, safe and effective. However, this thesis argues that in practice it differed little from conventional antidepressants, except in Britain and America, where it could be considered alternative because it was sold OTC.

During the course of this thesis certain authors have received considerable attention. For example, David Healy, Allan Horwitz and Jerome Wakefield's suggestion that depression only became classified as a medical condition following the creation of psychiatry's DSM and the discovery of antidepressants are ideas that are explored throughout.<sup>2</sup> This thesis agrees with Horwitz and Wakefield's suggestion that a medicalisation of normal emotions took place in the 1980s. Consequently normal indistinct feelings, such as sadness, were increasingly classified as depression. It is therefore suggested that standardised St. John's wort worked in scientific trials partly perhaps because it was being used to treat symptoms that would have disappeared on their own in time.

By the 1990s depression was considered to be a mental illness. Medical histories of this type of illness have been widely explored. For example, Edward Shorter, G. Berrios and Roy Porter have all produced chronological accounts of the medical developments which have shaped our understanding of such conditions.<sup>3</sup> However, this thesis, having taken issue with the tendency of some historians to paint an overly positive picture of the medical understanding of mental illness, relies instead on suggestions made by Michel Foucault and Thomas Szasz. Both of these theorists argued that mental illnesses are culturally constructed concepts, which are historically specific. While Foucault suggests that behaviour deemed socially and culturally unreasonable has always been sanctioned by societies,<sup>4</sup> Szasz argued that societies label people as mad or mentally ill because they are unwilling to manage behaviour

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<sup>2</sup> Allan Horwitz and Jerome Wakefield, *The Loss of Sadness, How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, (Oxford University Press, 2007).

<sup>3</sup> Edward Shorter, *From Paralysis to Fatigue A History of Psychosomatic Illness in the Modern Era*, (The Free Press, 1992); Edward Shorter, *A History of Psychiatry*, (John Wiley and Sons, 1997); German Berrios and Roy Porter (ed.), *A History of Clinical Psychiatry*, (Athlone Press, 1995); Roy Porter, *Madness; A Brief History*, (Oxford University, 2002).

<sup>4</sup> Michel Foucault, *Folie et deraison* (Mass Market Paperback, 1961).

that does not correspond to contemporary norms and values.<sup>5</sup> In 2000 George Rousseau argued that the history of depression 'remains unwritten'. Despite this omission Rousseau argued that historians 'harbour plentiful assumptions about' depressions 'pre-1800 past', and he went on to argue that there is a tradition of retrospectively diagnosing depression by re-interpreting symptoms. He therefore warns that historians' 'views are necessarily coloured, even shaped, by modern views on depression formed after its nineteenth-century medicalisation'.<sup>6</sup>

Standardised St. John's wort was available in Britain and America as an OTC remedy. Although this thesis determines that the plant St. John's wort has an established medical folk history, its definition as an alternative remedy proves problematic. Drawing on the work of Roberta Bivins and Ursula Sharma it is agreed that alternative medicine had become popular by the 1990s, partly as a response to consumer demand, which stemmed from growing concerns among lay people over the safety and efficacy of conventional medicines. Furthermore, having noted that medical historians have come under criticism for writing the history of alternative medicine as a 'them and us story', this thesis adheres to Bynum and Porter's call for the study of 'regular and irregular medicine' to be written together.<sup>7</sup> Thus having presented a history of the developments that shaped the 1990s understanding of depression, this thesis demonstrates that standardised St. John's wort adhered to the dominant conventional theory that depression is caused by a 'chemical imbalance'. It seems therefore that standardised St. John's wort does not uphold Roy Porter's definition of an alternative medicine, which he suggests can be defined on the basis that it rejects 'materialist, ordinary (allopathic), or mechanical theories of disease'.<sup>8</sup>

Ivan Illich argued that Western medicine had by the twentieth century, 'medicalised' many aspects of ordinary life. As a consequence lay people became

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<sup>5</sup> Thomas Szasz, *The Myth of Mental Illness*, (Harper and Row, 1961).

<sup>6</sup> George Rousseau, 'Depression's forgotten genealogy: notes towards a history of depression', *History of Psychiatry*, xi (2000), p.71.

<sup>7</sup> W.F. Bynum and Roy Porter, *Medical Fringe and Medical Orthodoxy 1750-1850*, (Croom Helm Ltd, 1987), p.1.

<sup>8</sup> Roy Porter, *The Cambridge illustrated history of medicine*, (Cambridge University Press, 2002), p.113.

subordinate to medically trained doctors.<sup>9</sup> However, OTC St. John's wort symbolises a situation in which lay people had the option of an autonomous treatment. This thesis suggests that this situation mirrors the situation of late nineteenth and early twentieth-century nerve tonics and it goes on to suggest that British and American consumers of preparatory products have an established history of taking an active role in their treatment of mild mood disorders. Traditional psychiatric theories on self-medication ascertain that lay people choose to use harmful substances such as alcohol.<sup>10</sup> However, this thesis suggests that some lay people have demonstrated that far from being the passive patients usually referred to in medical historical studies of depression, they are in fact active consumers of remedies. It is also suggested that lay people in the 1990s were being encouraged to self-treat with OTC remedies, as part of a wider shift towards the less expensive treatment model of self-care and self-treatment.<sup>11</sup>

## 7.2. Overview of the main findings

While a number of themes are referred to repeatedly throughout this thesis, each chapter has its own specific findings. Starting with Chapter Two's analysis of depression histories, it is established that by the 1990s depression was classified in accordance with the severity of the symptoms. Drawing in particular on the work of David Healy, it is suggested that depression was categorised in this way because of developments in psychiatry, such as the creation of the DSM's diagnostic criteria and the development of antidepressant medicines. It is also established that by the 1990s depression was understood to result from a chemical imbalance in the brain.

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<sup>9</sup> Ivan Illich, *Medical Nemesis: The expropriation of health (ideas in progress)*, (Calder and Boyars, 1975); Ivan Illich, *Limits to Medicine: Medical Nemesis – The Expropriation of Health*, (M Boyars, 1976).

<sup>10</sup> See for example, Bethany Phoenix Kasten, 'Self-Medication with Alcohol and Drugs by Persons with Severe Mental Illness', *Journal of the American Psychiatric Nurses Association*, 5 (1999), pp. 80-87.

<sup>11</sup> C. M. Hughes, 'Benefits and risks of self medication', *Drug Safety: an international journal of medical toxicology and drug experience*, 24 (2001), pp.1027-1037.

Chapter Two also explored a suggestion made by the historian George Rousseau, who argued that the history of depression is a forgotten part of the history of psychiatry.<sup>12</sup> However, having demonstrated that the history of depression has in fact been investigated extensively within medical history, this thesis does agree with Rousseau's notion that some medical historians have had a tendency to retrospectively diagnose depression. It is therefore argued that previous medical conditions such as neurasthenia, which appears to have similar symptoms to 1990's depression, had their own specific diagnostic criteria. It is therefore suggested that finding retrospective evidence that depression existed is counterproductive, because medical conditions from previous centuries should be viewed within their own historical context.

Finally, Chapter Two's analysis of the use of nerve tonics drew parallels with the 1990s use of OTC St. John's wort. These tonics proved to be popular preparatory remedies and despite the fact that they have been largely ignored by contemporary medical historians, presumably because of an assumption that they were largely ineffective, like 1990s OTC St. John's wort they provided inexpensive options which allowed lay people to self-treat for mild mood disorders. Like standardised St. John's wort, most nerve tonics appear to have been based on current scientific opinions and it is therefore suggested that lay people turned to them in part because they had become disillusioned with conventional treatment options, but also because they had accepted the dominant scientific wisdom of the day. Furthermore, it is suggested that the use of nerve tonics and 1990s St. John's wort indicates that far from being passive agents in the treatment of mild mood disorders, lay people have an established history of taking preparatory remedies responsibly as part of a continuing ethos of self-care.

Chapter Three's analysis of the pre-history of the plant St. John's wort, reveals that during the 1990s a great deal of attention was paid to the plant's medical history. Largely this history seems to have been used to justify its 1990s use as an antidepressant. However, it becomes apparent that some of these claims were confusing. While the plant St. John's wort does indeed have a long medical history of

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<sup>12</sup> Rousseau, 'Depression's forgotten genealogy', p.71.



use for physical illnesses in particular, standardised St. John's wort, the product that made the plant famous in the 1990s, was first developed in the 1980s. Furthermore, while it is established that there are numerous examples of St. John's wort being recommended medically in printed sources dating from the seventeenth century onwards, this thesis agrees with a statement made by Vikas Kumar, P.N. Singh and S.K. Bhattacharya in their analysis of the Indian uses of St. John's wort, that there is in fact little evidence to support the theory that St. John's wort was used historically to treat mood disorders.<sup>13</sup>

It is suggested therefore that OTC St. John's wort was advertised on the basis of a historical myth. Furthermore, it is established that while St. John's wort was celebrated in the 1990s for its medical abilities, the St. John's wort plant has not always been viewed favourably. Instead it seems in previous centuries that St. John's wort was feared and hated. In particular these concerns arose from its prolific ability to cover vast areas of farmland. The plant is also poisonous to livestock and can cause serious problems because it causes sensitivity to the sun, which in turn decreases productivity. So great in fact was the hatred of the plant, that it even earned itself the accolade of being a 'troublesome weed'.<sup>14</sup> It is therefore suggested that the very fact that the plant St. John's wort can grow so prolifically may in fact be a major reason for its modern use, because its ability to grow in large amounts means that it is an inexpensive medical ingredient to produce.

The remaining three chapters of this thesis looked specifically at the 1990s situation of standardised St. John's wort. Deliberately set out to reflect the availability of lay friendly information during the 1990s, Chapters Four and Five, look at the way in which St. John's wort was represented in St. John's wort self-help books and the popular media. The final chapter's discussion of the scientific and medical findings on

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<sup>13</sup> Vikas Kumar, P.N. Singh and S.K. Bhattacharya, 'Neurosypharmacological studies on Indian *Hypericum perforatum*' cited in Edzard Ernst, *Hypericum*, pp.179-227.

<sup>14</sup> John Skinner, 'Hypericum Perforatum', cited in *The American Farmer, containing original essays and selections on Agriculture, Horticulture, Rural and Domestic Economy and internal improvements*, (1827), p.12.

St. John's wort is intentionally placed at the end of the thesis, because it is felt that most lay people were not alerted to the potential of St. John's wort from these sources.

Chapter Four's investigation of St. John's wort self-help books reveals that by the 1990s, despite the fact that standardised St. John's wort became increasingly available, very little practical information on how to consume the remedy was available to lay people at this time. Effectively, the St. John's wort self-help books provided one of the only available sources of accessible and comprehensive information. Published with the aim of providing lay people with consumption advice, these books heavily promoted the idea that standardised St. John's wort was a natural and safe alternative to conventional antidepressants. Furthermore the books highlighted the fact that by the 1990s many antidepressants had been found to have serious side effects.

Despite the fact that St. John's wort was promoted as alternative, it is established that the St. John's wort self-help authors placed great significance on the scientific trials that proved the remedy to be safe and effective. Likewise these authors all adhered to the viewpoint that depression is caused by a chemical imbalance in the brain. It is further suggested that by the 1990s conventional antidepressants were experiencing a public 'backlash' which resulted in a wide spread distrust among lay people. As a result some lay people chose to seek out alternatives and it is argued that it was not a coincidence that OTC St. John's wort became available at this time.

Chapter Four's discussion of the wider situation of self-help during the twentieth century examines claims made by authors such as Steve Salerno, who argue that self-help is harmful.<sup>15</sup> However, it is suggested that OTC St. John's wort proved to be a constructive option for lay people wishing to have a greater say in their treatment option. It is also established that by the 1990s a growing patient's rights movement in both Britain and America partly resulted because patients wanted to have a greater input into health care decisions. It seems that 1990s St. John's wort provided lay people who were dissatisfied with conventional treatments a further option. Furthermore, the fact that lay people chose to purchase and consume standardised St.

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<sup>15</sup> Steve Salerno, *How the Gurus of the Self-Help Movement Make Us Helpless*, (Nicholas Brealey Publishing, 2006).

John's wort at this time contradicts a popular psychiatric belief that people with mental health problems only self-medicate with harmful substances such as alcohol and recreational drugs.<sup>16</sup> It is suggested that some 1990s lay people were capable of making informed choices about alternative medical treatments for depression.

Finally Chapter Four introduces the notion that OTC St. John's wort provided a functional role in the management of British and American 'mild to moderate' depression, because it adhered to the emerging concepts of self-care and self-treatment. These practices had become established methods for responsibly treating mild illnesses using OTC medicines such as those used to treat headaches. By the 1990s greater moves towards 'patient-centred care' was justified on the basis that it gave lay people more say in treatment options, and because it took a more rounded look at 'the social and emotional context of a disease'.<sup>17</sup> C. Hughes et. al. suggest that the new way of viewing illnesses encouraged 'patients towards greater independence in making decisions about management of minor illnesses', which in turn resulted in patient 'empowerment'.<sup>18</sup> However, this chapter ends by suggesting that the 1990s moves towards self-care and self-treatment were possibly motivated by economic constraints on health authorities. In effect the use of standardised OTC St. John's wort was tolerated, as opposed to encouraged, by health authorities in Britain and America because it removed some of the burden of treating depression from the state.

During the 1990s lay people were becoming increasingly wary of conventional antidepressants. Meanwhile, standardised St. John's wort was presented as a viable alternative. Following on from the St. John's wort self-help books, Chapter Five discusses another source of accessible information on St. John's wort, namely articles published in the popular media. By the mid 1990s newspapers in particular began to regularly carry reports on the pros and cons of the use of St. John's wort. More specifically the British media's interest in the remedy followed the publication of Linde

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<sup>16</sup> Kasten, 'Self-Medication with Alcohol and Drugs', pp. 80-87.

<sup>17</sup> J. Crellin, *A social history of medicines in the twentieth century*, (Routledge, 2004), p.193.

<sup>18</sup> C.M. Hughes, 'Benefits and risks of self medication', *Drug Safety: an international journal of medical toxicology and drug experience*, 24 (2001), pp.1027-1037.

et al's influential 1996 *BMJ* article.<sup>19</sup> It is established that initially the British media presented standardised St. John's wort as a wonder cure after numerous reports revealed that scientists had discovered that St. John's wort had antidepressant qualities. However, the popular media promptly changed its viewpoint and began to report growing concerns that the remedy could result in potential side effects.

It is argued that the popular media's remit is not to offer the general public reliable health information; rather in the case of newspapers, their aim is to make money from the sale of interesting stories. However, it is also suggested that the popular media's conflicting messages about St. John's wort followed the ever changing scientific and medical advice about St. John's wort that was being issued at this time. Consequently, the confusing media coverage may well have resulted from a genuine uncertainty about St. John's wort as opposed to a deliberate objective to mislead lay people. Chapter Five concludes with a discussion of the way in which the illness depression is covered in the popular media and in doing so it analyses the recent suggestion put forward by psychiatrists Diana Chan and Lester Sireling, who argue that lay people attempt to emulate the celebrity culture which emerged during the 1990s and 2000s. As a result it seems that some lay people desire to have a depressive illness in order to emulate their celebrity icons.<sup>20</sup>

Having established that the use of standardised St. John's wort was in effect advertised through a range of self-help books and the British and American popular media, Chapter Six highlights the fact that standardised St. John's wort is a synthetic product that was developed and manufactured in laboratories. Drawing extensively on the scientific and medical articles that were published from the 1950s onwards, it argues that standardised St. John's wort was produced by pharmaceutical companies using the same research and testing methods as were employed for the development of conventional antidepressants. It also seems that only after findings were published in

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<sup>19</sup> Linde et.al, 'St. John's wort for depression--an overview and meta-analysis of randomised clinical trials'.

<sup>20</sup> Diana Chan and Lester Sireling, ' "I want to be bipolar"....a new phenomenon', *The Psychiatrist*, 34 (2010), pp.103-105.

major English speaking journals did the interest in St. John's wort expand beyond Germany and parts of Europe.

It is therefore suggested that St. John's wort represents an example of the ethnocentric bias towards British and American medicine that appeared to prevail during the 1990s. It is also revealed that while American medical journals were quick to emphasise the possibility that standardised St. John's wort caused side effects, European journals tended to downplay these concerns. What is more, it is suggested that discrepancies in the criteria used to classify depression meant that St. John's wort was actually tested on symptoms that could easily be explained as normal sadness as opposed to medical depression. Therefore it is possible that people would have recovered without the support of St. John's wort. Chapter Six also suggests that the German decision to sanction St. John's wort as a prescription only medicine resulted as much from a desire to withstand the Americanisation of depression treatments, as it did from concerns over potential side effects. Furthermore while the OTC market-place has been celebrated by some because it provided lay people with a choice over treatment options, it is argued that the British and American decision to licence standardised St. John's wort as an OTC product resulted from a wider desire to encourage responsible self-care and self-treatment. Finally it seems that the 1990s OTC market proved to be a financially lucrative business.

### **7.3. Where now?**

This thesis purposely relied on printed sources after a number of pilot qualitative interviews proved ineffectual. These initial investigations did, however, reveal that British lay people chose to take OTC St. John's wort for a number of reasons. Firstly it seems that they had become disillusioned with conventional depression treatments following concerns about side effects. Secondly they desired the autonomy of self-care because they feared the repercussions of stigma associated with a diagnosis of depression. Finally, it appears that the lay people interviewed strongly

adhered to the chemical imbalance theory of depression. However, information from these pilot interviews proved problematic. The lay people who were interviewed struggled to provide information about their consumption habits in the 1990s. Rather they tended to focus on why they were currently taking St. John's wort. Likewise as a self-funded PhD student it proved impossible to conduct more than six interviews effectively. It was therefore decided to develop oral histories as part of a post-doctoral project.

This thesis' use of St. John's wort as a case study from which to assess the 1990s understanding of depression proved to be an interesting methodological approach. Not only did it reveal that 1990s OTC plant based products such as St. John's wort were being promoted on the basis of a selective reinterpretation of their medical history, but it also demonstrated that by the 1990s alternative medicine demanded the same adherence to evidence based medicine as conventional medicine. It also took issue with several medical historical approaches. Firstly, it demonstrated that despite the theory that bio-medicine limited the medical market-place by providing superior medicines; St. John's wort and alternative medicine was in fact an active and well supported part of the medical situation in the 1990s. Consequently for lay people wishing to control their health care and for practitioners who supported the ethos of responsible self-care, it proved to be a welcome alternative to conventional medicine. It is therefore suggested that preparatory products should receive greater medical historical attention.

Secondly, it has proved that even though preparatory products such as nerve tonics have been largely ignored on the basis that they proved to be medically ineffectual, these products, like 1990s OTC St. John's wort, were consumed responsibly by lay people who had actively sought out inexpensive treatment options. Thirdly it has established that retrospectively diagnosing depression on the basis of similar symptoms is ineffectual because illnesses have culturally and historically specific diagnostic criteria. Finally, this thesis reclassifies the mildly depressed lay person as an active consumer, as opposed to the traditional medical historical view

point that they are passive patients. Of course all of these issues and debates require further historical scrutiny.

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