Placebos, psychotherapy and product perception – all in the mind?

‘It is a misjudgement to underestimate the power of the imagination as a therapeutic effect.’

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It is a sobering fact that in clinical trials the control patients given a placebo will often show a significant response, sometimes as much as a 30% improvement. There is no consistent pattern as to who is most likely to respond and the effect probably depends mainly on the circumstances of the trial and any accompanying positive verbal support. However, in all cases, faith and optimism on the part of the patient is essential.

Couéism

A pharmacist who exploited this to the full and became a household name in the early 20th century was Emile Coué. Born in 1857 in Troyes, France, Coué was a brilliant student, particularly in chemistry. However, unable to follow his studies because of financial problems, Coué took up pharmacy, gaining his diploma from Paris in 1882. Returning to Troyes, Coué noticed that, when prescribed patent medicines he knew to be worthless, his patients’ conditions improved, and if he was optimistic about the treatment, the response was even better. In 1901, Coué registered with the Faculty of Medicine in Nancy, studying under Liebeault and Bernheim, two leading experts of hypnotism. It was here that Coué became convinced of the power of the imagination and became a psychotherapist. In 1910 he set up a free clinic in Nancy promoting the technique of auto-suggestion characterized by the repetition, both morning and evening, of the words ‘everyday in everyway, I am becoming better and better’. Books on the method followed, as did highly successful tours of Europe and the USA. Despite great opposition from the medical establishment, the method became world famous as Couésism – the new way; even a limerick was composed[1]:

> There was an old Doctor called Coué,
> Who said to his patients, ‘J’ai voué,
> To cure all your ills
> Without any pills –
> You just think yourself better – that’s the new way.’

Coué died from pneumonia in 1926 and, despite a negative report from the French Academy of Medicine on the grounds that ‘the therapeutic effects of auto-suggestion often deterred too confident patients from resorting to scientific and rational treatment’, Couéism still continues to be practised today and new editions of Coué’s books are printed regularly.

It has been argued, by the author and journalist Brian Inglis[2], that Coué’s basic premise was correct. His idea was that the patient’s imagination was stimulated by the prospect of the wonderful effects promised by the medicine and it was a jolt to the imagination, not the medicine or the hypnotist, that brought about the cure. The stimulus to the imagination was the part that mattered, not the ‘conscious’ will. An often-quoted analogy is that people cannot will their saliva to flow but if they conjure up a mental picture of a delicious meal then their mouths will begin to water. It is interesting to note that this premise is used extensively in many areas of alternative medicine.

Product development

The question arises as to how we, as scientists in modern drug discovery and development, should react to this. Because of our backgrounds and education, I would have no hesitation in believing that the vast majority would hold the view that disease and medicine are mechanistic in principle and allopathic in practice, and would support the stance taken by the French Academy of Medicine. However, it would be a misjudgement to underestimate the power of the imagination as a therapeutic force and not exploit it. In fact, we drug development researchers can and do exploit it in our formulation of the dosage form, its colour, taste and appearance. It is well known, for instance, that the choice of colour of a tablet or capsule can enhance the pharmacological effect of the preparation and this

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effect has been exploited in anxiolytic, antidepressant, antihypertensive and analgesic products. Taste and appearance are important organoleptic properties in exploiting the patients' beneficial perception of the product.

Some would argue that even the brand name is important in this respect. A good example of this is in the creation of the brand name for ondansetron, an antiemic intended to help patients tolerate chemotherapy. The name Zofran was chosen, a word with a soft sound to create a soft and reassuring image[3]. David Wood, chairman of David Wood Associates, a US company specializing in global brand consulting, believes that in the increasingly competitive marketplace in which pharmaceutical companies now have to work anything that can be done to protect a product by increasing patient perception should be exploited. He has suggested[4] that: 'By supporting a differential brand name with positioning which is singular, product features such as shape, size and colour which are unlike the competition, and advertising and promotion which is inventive, original and complementary, a company will have a combination of features which assist both the product itself and its target audience in both identification and recall.' He has also pointed out that the industry ignores, at its peril, the golden rule of marketing: 'that perception precedes reality, that what the product is thought to be like carries more weight initially than what the product is really like.'

He even argues that these concepts are equally applicable whether or not the product has patent protected exclusivity! All in the mind or a sensible strategy?

References

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4 Wood, D. (1996) Branding – it's all a question of perception. *Script Magazine* April, 10–11

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