modern concepts of allergic disease. The authors then go on to discuss the contentious issues of the differences between allergy and intolerance. The final chapter of this first section discusses ecological and indeed holistic approaches to disease and introduces the concepts of differentiated and undifferentiated disease.

Part II of the book deals with clinical management of allergy and intolerance: clinical conditions in which they may be found, allergy diagnosis by various highly controversial methods, and sensitivities to common chemicals both in foods and in the environment. There is a chapter on vitamins and minerals that discusses both the physiological roles and how they may be used therapeutically in pharmacological or "optimal" doses. The chapter on the management of ecological ill health discusses various methods of desensitisation such as the Miller technique, Homoeopathic Desensitisation and Enzyme Potentiated Desensitisation (EPD). A small error of fact appears at the end of this chapter. EPD is available in the NHS: at the Royal London Homoeopathic Hospital.

The third section of the book deals with the very controversial topics of Electromagnetism and its effects on health, Candidiasis, Intestinal Dysbiosis and Myalgic Encephalomyelitis (ME). A considerable section of the medical profession denies the existence of any of these conditions, whilst a large number of complementary practitioners and physicians regard them as the roots of much of modern man's ills. No doubt the controversies will rage for years to come and eventually a sensible consensus will prevail. Towards the end of this section there is a quite useful chapter on food exclusion diets and food groups.

From a personal point of view the most glaring omissions were a list of references or a bibliography of further reading for the serious reader. There are several bold statements of the "research shows" type that should have been substantiated by references. I sincerely hope that if and when a second edition is forthcoming these omissions will be rectified. Apart from this irritation I found it a very readable, interesting and thought provoking book.

Dr Michael Jenkins

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**Letter to the Editor**

**Pakistan Coin Pain Scale**

Sir,

It is extremely difficult to measure pain objectively. Furthermore the use of language varies so much from person to person that it is almost impossible to compare one individual's description with that of another.

There are many methods devised to measure pain such as: Visual Analogue Scale (VAS); Verbal Rating Scale (VRS); Numerical Rating Scale (NRS); McGill Pain Questionnaire (MPQ), etc. We have translated these scales and questionnaires into our own languages (Urdu, Sindhi, Punjabi, Pashto, Baluchi) which are spoken in different regions of Pakistan. These devices were not sensitive, reproducible, valid, or easy to use for our patients who are 80% uneducated. For the last many years we have followed the "Language of the Patient" with pain syndromes. So for subjective assessment we have devised the "Pakistan Coin Pain Scale" (PCPS).

The patient is asked to describe the pain in colloquial language. They invariably describe the pain intensity on a "Rupee" scale in terms of "Annas" or "Paisas" (the Rupee is the Pakistani currency with subdivision of 100 paisas or 16 annas). For example a patient after treatment says relief was 50 paisas (or 8 annas) and we assume that there is a 50% relief. The patient exactly describes 10 or 25 paisas relief. This indicates 10% or 25% relief respectively. The PCPS is more or less like VAS or NRS, but it is easy and simple for our simple patients. Furthermore if the patients do not show appreciable improvement in pain they use the term "nineteen twenty difference", which means their pain is still as bad as before.

This Pakistani Coin Pain Scale should be very useful in developing countries where 80-90% of the population is in rural areas and the literacy rate is very low.

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Pakistan coin pain scale

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