

Alternative Medicine in the Future

Purpose

Millions of Americans not only use alternative medical treatments, but the fact that they are willing to pay for it out of their own pockets attests to the value they ascribe to alternative methods of healing. This paper examines the recent growth and future direction in alternative and complementary medicine. “Alternative medicine” is used instead of conventional treatments; “complementary medicine” is used in addition to conventional treatments. “Integrative medicine”, or CAM, is complementary and alternative medicine. “Conventional treatments” are those that are widely accepted and practiced in mainstream allopathic medicine.

Review of Literature

Examples of alternative or complementary medicine are:

<u>Alternative treatment</u>	<u>Modality</u>
• Acupuncture	needles, reflex points, Chi (energy)
• Homeopathy	“like cures like”
• Naturopathy	natural remedies
• Ayurveda	balance of body, mind, spirit
• Yoga	physical postures/breathing
• Chiropractic	spine manipulation
• Herbal Therapy	herbs, botanicals
• Massage Therapy	muscle manipulation
• Aroma Therapy	olfactory stimulation
• Bio-energetics	vibrational medicine
• Spiritual guidance	prayer, meditation

Practitioners of these alternatives reject a reliance on mainstream drugs to suppress symptoms and seek rather the use of natural paths to better health by channeling healing energies to treat the whole body by removing the cause of disease.

Researchers from Harvard Medical School examined trends involving complementary and alternative therapies over the past 50 years and concluded that alternative medicine is here to stay. Their findings dispel the idea that alternative medicine is a passing fad or is limited to a small segment of society (Birchard, 2001). The choice to use alternative medicine was found to be independent of gender, ethnicity, geographic region, and level of education. These researchers conducted interviews with 831 people who had family doctors and had used at least one CAM in the previous year. Nearly 80% of the interviewees felt the combination of conventional medicine and CAM offered superior care. Nearly 72% of the respondents did not disclose their use of at least one type of CAM therapy to their doctor, however. Reasons given for nondisclosure were:

- Not important for doctor to know 61%
- Doctor never asked 60%
- None of doctor's business 31%
- Doctor would not understand 20%
- Doctor would discourage use of CAM 14%
- Doctor would not continue his service if he knew 2%

The people surveyed considered CAM therapies to be more helpful than conventional care in treating chronic headache and neck and back conditions (Birchard, 2001).

A landmark study by Eisenberg and colleagues, completed in 1998 and published in the Journal of the American Medical Association, determined that CAM use increased from 34% in 1990 (60 million people) to 42% in 1997 (83 million people). Primary care visits remained stable while visits to alternative practitioners increased by 47%. People were visiting CAM practitioners primarily for chronic conditions such as back problems, fatigue, allergy, and arthritis. Americans spent \$14.6 billion in 1990 and \$21.2 billion in 1997 on visits to alternative medicine practitioners, and 58.3% paid out of pocket (Eisenberg, 1998). This study was a wake-up call for conventional medical

practitioners. Even though CAM is not yet endorsed by Western medicine, there is a growing interest among the traditional medical establishment due to the exponential trends recently noted.

The efficacy of most alternative treatments has not been scientifically established, yet their use has exploded. Complementary medicine is also popular in Europe, Canada, and other industrialized countries. Even though most of these countries provide universal access to medical care, a significant number of people seek alternative treatments. Research conducted by the BBC in the United Kingdom showed that alternative medicines are becoming increasingly popular. Their effectiveness, though, has yet to be proven to the majority of medical practitioners in the UK and there are concerns over safety as many of the treatments remain untested. Some degree of integration is imminent in the U.S., Canada, Europe, and Australia. In Washington state, health insurance coverage for CAM therapies has already been mandated. (Liebert, 2003).

In 1993, Congress established the Office of Alternative Medicine (CAM) with an initial budget allocation of \$2 million. In 1998, CAM was renamed the National Center for Complementary and Alternative Medicine (NCCAM). By 2002, the NCCAM budget allocation was increased to \$104.6 million. NCCAM's objectives are to

1. Explore complementary and alternative healing practices in the context of rigorous science.
2. Train complementary and alternative medicine researchers.
3. Disseminate authoritative information to the public and professionals.

The White House Commission Report on Complementary and Alternative Medicine was released on March 22, 2002. In this report, NCCAM proposed steps to ensure that public policy maximizes the potential benefits of CAM to all citizens. Creating a healthier America would be accomplished by integrating CAM into the nation's health care system. This 20-member Commission, including mainstream and alternative medicine practitioners, recommended:

- Treating the whole citizen
- Expanding Insurance coverage
- Maximizing research
- Sharing knowledge
- Providing information and access

The report stated that substantially more funding for research is needed. Given more information, the public can make informed, intelligent decisions about their own health. The Commission endorsed a wholeness orientation in health care, evidence for safety and efficacy, and respect for an individual's right to choose treatments. It also emphasized the importance of prevention, self-care, the integration of conventional and alternative medicine, and public involvement in policymaking (White House, 2002).

The use of CAM by dietitians is increasing. A 2000 Practice Audit of dietetics professionals determined that 18% of entry level dietetics professionals and 22% of practitioners beyond entry level are currently performing CAM in their practice. An additional 46% of entry level and 42% beyond entry level plan to add CAM to their practice in the future. In 2002, the American Dietetic Association appointed a taskforce to develop CAM competencies for dietetics practitioners as a strategy to achieve core competencies among ADA members (Touger-Decker, 2003).

Insurance coverage will have an important role in determining the future of CAM. With scientific evidence of the benefits and cost-effectiveness of CAM, barriers to coverage will be removed. Obstacles to cooperation between CAM and conventional students, practitioners, researchers, educators, institutions, and organizations include resistance to change, lack of funding, and crowded educational curricula. The White House Commission also recommended that accurate, easy-to-access information on CAM products, services and practitioners be made widely available. Consumers are confused by conflicting information on ingredients, benefits, appropriate use, and

potential risks. States should develop CAM guidelines and should consider state regulation for accountability and competence among CAM practitioners (White House, 2002).

Practitioners of nontraditional methods of health care recently suggested how they might be integrated into primary care and specialist practice. They offered physicians suggestions on treating obesity safely, halting hyperlipidemia, and reducing hypertension. In reviewing the recommended use of herbals, diet supplements, and the mind-body connection, the physicians concluded, “We know there’s something going on, but we don’t have the scientific studies or regulatory controls to track the effect.” (Torpy, 2002).

An integrative medicine clinic was created within the setting of a medical research and tertiary care hospital in 1997. In response to patient demand for integrative medical care at California Pacific Medical Center, a 1200-bed, not-for-profit community hospital in San Francisco, the Institute for Health and Healing was set up as a multidisciplinary clinic for holistic collaboration between physicians and CAM therapists. Clinic practitioners include board-certified physicians, acupuncturist, massage therapists, guided imagery practitioners, hospital chaplains, nutritionist, psychotherapist, and Feldenkreis (awareness through movement) practitioner. Key findings to date are that an integrative medicine clinic can face current health care financial challenges and thrive within a conventional medical center. This partnership can work: clients report substantial improvement in their symptom intensity and achievement of their health objectives (Scherwitz, 2003).

Pro and Con Issues

The primary drawback to complementary and alternative therapies are that they are, for the most part, not yet supported by rigorous scientific evidence. That is not to say that some of them could not be,

given sufficient resources to perform the peer-reviewed, randomized control trials needed. Both the efficacy and method of action need to be substantiated. Many doctors dismiss alternative medicine as unproven, ineffective, and potentially dangerous. The website QuackWatch.com, sponsored by medical doctors, warns consumers against the potential dangers of alternative therapies and charges that the White House Commission report outlines the agenda for establishing quackery.

A recent Finish study surveyed 234 physicians about their attitudes on complementary medicine use by cancer patients. More than 80% of physicians doubted whether complementary therapies should be used at all because of the lack of solid evidence on their benefits, three fourths referred to unknown risks, and more than half thought complementary therapies should not be used in cancer care at all. Researchers concluded that physicians thought the use of complementary therapies by cancer patients was motivated by hope, determination to try everything, and the perception that this was a last resort (Salmenpera, 2004). Advocates seek evidence that will persuade the scientific community. There is now an intensified quest for scientific evidence. NCCAM has contracted with the RAND group, now called the Southern California Evidence-based Practice Center, to work with cancer alternative practitioners to guide their cancer protocols through the best case review process. Until recently, few best case series submissions have been submitted before the Cancer Advisory Panel on Complementary and Alternative Medicine because of lack of time, inadequate funding, or insufficient expertise on the part of the investigators. Training investigators in how to do scientific inquiry about alternative medicine will be a start toward producing the needed scientific evidence.

One common use of alternative medicine is in the treatment of hot flashes and other menopausal symptoms. A review of 29 randomized, controlled clinical trials of the use of soy or soy products, herbs, and other CAM therapies to treat hot flashes and other menopausal symptoms established the efficacy and short-term safety of these therapies. Black cohosh and foods that contain

phytoestrogens were found to be promising therapies (Kronenberg, 2002). These types of studies will be instrumental in legitimizing alternative therapies.

Several research projects currently underway could help resolve the debate over the value of alternative medicine. The National Center for Complementary and Alternative Medicine, a division of the National Institutes of Health, is now conducting a large-scale clinical trial of EDTA chelation therapy as a treatment for coronary artery disease. Other clinical trials by NCCAM will study the efficacy of alternative medicines in treating minor depression and SARS, severe acute respiratory syndrome (Wojcik, 2003). The accumulation of evidence has begun.

Since drugs are not natural to the body, they stress the body's metabolic pathways, often leading to significant side-effects. Complementary therapies are often viewed as more natural and as having fewer side effects than conventional therapies. Enthusiasm for complementary therapies reflects the desire of people to help themselves and their frustration with limitations of conventional medicine. The holistic and patient-centered approach and the sense of empowerment in taking more personal responsibility for health appeals to many people. More time is generally devoted to the consultation in alternative and complementary medicine than in conventional medicine. In addition, complementary practitioners generally are more attuned to people's emotional state, their style of coping with stress and difficult situations. CAM therapists are seen as more empathetic. Because of these basic differences, some people question whether alternative medicine will lose its appeal after it is integrated with conventional medicine and is subject to the bureaucracy of orthodox practice (Coulter, 2003).

Where I stand

I can empathize with most of the following reasons people give for why they seek alternatives to conventional medicine:

- Mainstream medicine didn't work for me
- No harm in trying
- Iatrogenic effects of western medicine
- Cultural diversity
- Appeal of holistic concepts of health
- Explore all options and access to information
- Desperate for a cure; will try anything
- Success with alternatives
- Deal with whole person, not just pathology

I have personally used many alternative and complementary therapies, including homeopathy, naturopathy, yoga, chiropractic, herbal therapy, massage therapy, bio-energetics, and spiritual guidance. My reason for seeking these therapies is that mainstream medicine tends to treat symptoms rather than remove the root cause of an illness. Drugs don't cure anything. When we suppress symptoms, the underlying disease or condition is still present and continues to progress even if we've managed to stifle our symptoms.

My view on conventional versus alternative medicine is summarized in the table below.

	Conventional	Alternative
Strength	Acute care Scientific evidence Licensure Technology Research Funding Insurance coverage	Chronic disease care Prevention Treats Root Cause Holistic/Lifestyle Natural Cures Inexpensive Doctor as Educator Autonomy of patient Individual differences
Weakness	Treats symptoms Doesn't cure Expensive Authoritative	Anecdotal evidence Lack of regulation Less recourse

Each approach has both strengths and weaknesses. The strengths of conventional treatment are in acute care, scientific evidence, licensure laws, technology, research funding, and insurance coverage. Conventional care, in my view however, only treats symptoms and doesn't cure disease. It is expensive and authoritarian, whereas I demand autonomy and reasonable expense in my routine medical treatments. The strengths that I see in alternative care are in the treatment of chronic disease, prevention, and treatment of the root cause of conditions. Alternative medicine is holistic and addresses lifestyle issues. It uses natural cures, is relatively inexpensive, and features the healthcare practitioner in an educator role, preserving the autonomy of the patient and taking into account individual differences. Weaknesses of alternative care, in my view, are the anecdotal nature of most evidence, lack of regulation, and less legal recourse for adverse results of treatment.

If I broke my leg and had a compound fracture, the first person I would want to see is a good surgeon. I would seek nutritional support, and perhaps a massage or stress-relief later, but my immediate need would be trauma care. In an acute care situation, my instincts go to traditional medicine. When my young son had an extensive, aggressive, cholesteotoma in his middle ear pressing against his brain, I didn't seek alternative treatments and I didn't ask the doctor how much it would cost. I said to the surgeon, "You'll have a microscope strapped to your face and my son's life in your hands. How good are you?" In the urgency of the situation, my only thought was finding the very best medical care available for my son. Years later, when my husband developed a multiple chemical sensitivity and traditional medicine was at a loss to identify, much less treat, his condition, we actively sought and found help from alternative and complementary care. In that situation, conventional medicine was of no avail and I was open to other sources of help.

Before choosing a CAM or even a conventional therapy, patients should ask the following:

- What benefits can be expected?
- What are the risks with this therapy?
- Do known benefits outweigh risks?
- What side effects can be expected?
- Will it interfere with other needed treatments?
- Is this therapy part of a clinical trial? If so, who is sponsoring the trial?
- Is this treatment covered by health insurance?

We have several examples of alternative therapies that eventually became accepted in the mainstream. Chiropractic, and even osteopathy were once pariahs in medical practice, not only looked down upon, but actually shunned by conventional medical practitioners. Doctors of Osteopathy now work alongside MDs in medical institutions. Chiropractic is now more widely accepted and valued for healing. Many medical doctors now make referrals to chiropractors to try to avoid back surgery when possible. Mainstream medicine is beginning to show a genuine interest in better understanding alternative treatments.

As a student of nutrition, I am intrigued by the question, “Is nutrition conventional or is it CAM?” The therapeutic efficacy of nutritional therapy was once scoffed at by physicians. The American Dietetic Association was organized and soon advanced the profession of dietetics by producing and publishing scientific studies with clear evidence of the efficacy of nutrition in disease treatment and prevention. Medical Nutrition Therapy is now an integral part of the treatment and prevention of diseases such as diabetes mellitus, renal disease, and pulmonary disease. Just as in the case of chiropractors and osteopaths, dietitians now work alongside medical doctors on the health care team. They write in the medical record, make recommendations to doctors, and give expert testimony when needed. By modeling the American Dietetic Association after the American Medical Association, the ADA has set a standard of excellence and provided an example of how to “legitimize” an alternative therapy. This model may serve as an example to other alternative therapies seeking to be accepted in the mainstream.

Summary of Future Projections

Patients will continue to have access to therapies that are potentially effective, but unproved. Just as some complex medical regimens cannot be adequately tested for financial, ethical, or methodological reasons, some alternative methods are difficult to test scientifically.

In 1990, one-third of Americans used alternative medicine. By 2010, at least two-thirds of Americans will use alternative medicine. Testifying before the 105th Congress, Norman B. Anderson, Director of the Office of Behavioral and Social Sciences Research at the National Institutes of Health, along with physician witnesses, said that already proven mind-body therapies could eliminate 37% of visits to the doctor per year and save \$54 billion annually. Stress contributes to many medical conditions and between 60-90% of visits to physicians are related to stress (U.S. Congress, 1998).

Most medical schools have moved beyond the question of whether to include topics on complementary and alternative medicine in medical school education and are now addressing when, how, and why (Park, 2002). An increasing number of U.S. medical schools offer some instruction in alternative therapies. It may be only one class, and it may be an elective, but it is on the curricula and that heralds a new era. Exploring alternative medicine topics in medical schools helps to shed light on the complex and uncertain nature of medical practice itself. It sharpens critical thinking skills, increases cultural sensitivity, and provides topics for research (Park, 2002). Developing new models of medical education is critical to medical care. New methods will include journal-based continuing medical education and fellowship programs for practicing physicians in addition to a changed medical curricula for current medical students (Weil, 2001).

Cost-containment is driving an increased interest among insurance companies, Managed Care Organizations, and the government. Although most CAM therapies are now paid for out of pocket, demand is increasing. Integrative medicine is a training ground for the future of healthcare (Carlson, 2002). Most people in the health care industry are cautiously proceeding toward acceptance of some unorthodox treatments.

Natural medicine-based private clinics are emerging across the U.S.

Expectations for the future include customizing and personalizing of health care and integrating several approaches based on the unique needs of each individual. Genomics will identify relevant genes and physical and behavioral characteristics pertinent to an individual's optimal care. CAM approaches already make extensive use of individual differences.

There will be a recognition that many diseases can only be understood and treated by analysis of the whole patient. Full integration of traditional and modern methods will be possible with the electrodermal screening system which is connected to Chinese medical tradition and yet has a scientific foundation, is computerized, and produces data that are quantifiable and reproducible. It combines the best components from holistic and allopathic methodology. Electrodermal screening is based on bioenergy (chi) and meridians which represent the path of flow of this energy (Tsuei, 1995).

Integration of conventional care and CAM is expected to continue and accelerate as conventional medicine and alternative approaches continue to challenge and learn from each other. There will be exponential advances in technology that will aid both conventional and CAM care. Outcome measures will be applied to all health care providers. Report cards will be accessible to consumers

and third party payers by the year 2010 (U.S. Congress, 1998). Our nation's health care system will undergo major modifications. Boundaries of the professions will blur.

With the graying of America, the health care system needs relief that could be provided by effective prevention of disease and disability. Some complementary therapies and natural health products could help meet the challenges of the 21st century, but only if the industry is prepared to meet scientific and regulatory safety and effectiveness tests (Koop, 2002). Funding for alternative therapy research will increase exponentially. Research results will fuel the accelerated integration of conventional and alternative medicine.

Health care will be more effective, prevention-oriented, and customized. Self-managed care will grow out of information tools and widely available knowledge. Consumers will seek prevention and wellness services that go far beyond today's boundaries for "medicine" and "health care." Consumers will regulate the market by economically rewarding performance. The right to continue to practice with a license will be based on demonstrated outcomes (U.S. Congress, 1998).

Hippocrates, the father of Western medicine, wrote: "Leave your drugs in the chemist's pot if you can heal the patient with food." Perhaps physicians should return to prescribing drugs only when nutritional treatments are unsuccessful. Perhaps we should consider medications as alternative or complementary to the practice of medicine through foods (Werbach, 2004).

The way forward is more research, more accountability, a note of caution, and an open mind. According to the White House Commission on Complementary and Alternative Medicine, the future of the nation's health care system will depend on using all approaches and modalities that promote health (White House, 2002).

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