

PERSPECTIVES ON ALTERNATIVE MEDICINE

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MANY HEALTHCARE PROVIDERS often dismiss the concept of alternative medicine without a full understanding of its practices and the scope of its use by the public. As the public's interest in alternative medicine increases and more information is made available to them through various media, there is a greater need for healthcare providers to be informed of the scope and limitations of alternative medicine. The objective of this commentary is to discuss the growing pattern of alternative medicine use in the general public and research initiatives that are being undertaken in this field. We also address some of the concerns and responsibilities that face us as healthcare providers.

The term alternative medicine describes a number of very diverse therapeutic options. Well-known alternative therapies, some of which have become mainstream, include acupuncture, chiropractic therapy, homeopathy, hypnosis, relaxation techniques, herbal remedies, and nutritional therapy.¹ Less-familiar therapies include color therapy, music therapy, biofeedback, organotherapy, and therapeutic touch. Unfortunately, as a single term, "alternative" clouds distinctions among various treatments, some accepted as beneficial and others as relatively useless.²

Regardless of the therapy to which the term alternative medicine is referring, it often carries a negative connotation among healthcare providers. In conventional medical literature, alternative medicine has often been considered unorthodox medicine, quackery, unconventional medicine, or unproved medicine. It has typically been portrayed as a

therapeutic alternative to replace conventional medical therapy. However, this is not completely true. Alternative medicine is not routinely used in urgent or emergent life-threatening situations. Most often it is used by patients with chronic conditions, where conventional medicine may not have satisfactorily fulfilled their needs or expectations. A number of countries recognize this, and the preferred term is complementary medicine, suggesting such therapies do not replace western medicine, but rather complement existing therapies.²

Despite the negative feelings of many conventional healthcare practitioners, the use of alternative therapies continues to grow in a number of countries. A telephone survey³ of 1539 randomly selected (English-speaking) adults in the US found that 34% had used at least 1 of 16 forms of alternative medicine within 1 year preceding the survey. Extrapolation of these results to the general public estimated roughly 425 million visits to alternative medicine practitioners. Surprisingly, this exceeded the number of visits to primary care physicians. These visits resulted in an estimated cost of \$11.7 billion in provider services and an additional \$2 billion in supplemental products (e.g., megavitamins, nutritional supplements, diet supplements). Costs were paid primarily by the patient, with 55% of the visits reported as unreimbursed and 31% only partially reimbursed.

In Great Britain, a survey⁴ of alternative medicine practitioners found that nearly 70 600 patients were seen each week, and about 4 million consultations on alternative medicine were sought in 1987. Survey results reflecting the use of alternative medicine in other countries are presented in Figure 1.^{3,5,6} Regardless of the impression of these therapies by the healthcare provider, a large proportion of the population is electing to use therapies outside the scope of conventional medicine.

The use of alternative medicine may be particularly high in patients with chronic diseases. In a survey of patients with HIV,⁷ 48% had taken medicinal herbs for greater than 90 days. Several reports⁸⁻¹² regarding patients with cancer suggest that 10–40% have used an alternative medicine. At a gastroenterology clinic, 18% of the patients reported

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the use of alternative medicine, and one-half of them were being treated by the gastroenterology specialist for the same condition.¹³ Forty-eight percent of patients with epilepsy,¹⁴ 40% of individuals with bone and joint disorders,^{15,16} and 55% of caregivers of patients with Alzheimer disease¹⁷ also reported the use of alternative medicine therapies.

The use may be high in populations largely composed of immigrants from countries where the use of such medicines is prevalent (e.g., herbal medicine in China). A survey¹⁸ of Chinese-Americans in the emergency department of a hospital near New York City's Chinatown found 43% of the respondents had used Chinese therapy within 1 week of their visit.

It should also be recognized that such therapies are not only used by adult patients who can weigh their risks and benefits, but they are also used in pediatric patients. Of nearly 2000 completed surveys for children at an outpatient clinic in a Canadian university hospital, 11% reported the children had previously received one or more forms of alternative medicine.¹⁹ In an Australian study, 8 of 34 (24%) survey respondents below 16 years of age reported receiving herbal medicines.²⁰ In Great Britain, 1575 alternative medicine practitioners estimated treating about 1300 children under the age of 16 years each week.⁴

Persistent use of alternative medicine by the public, and a lack of substantial efficacy of some conventional medicines, have generated pressure on the US government to support research on alternative medicine. In 1992, the Office of Alternative Medicine (OAM) was created at the National Institutes of Health (NIH) by a congressional mandate with the goal of conducting research.²¹ Although the funding available for the OAM is only 0.05% of the NIH's total appropriation, eight research centers and over 40 independent studies have been funded.²²⁻²⁴ Examples of

specific projects funded are included in Table 1.²⁵ The results of these studies are not yet available.

This follows a similar trend seen in Europe. The National Health Service in Britain has integrated alternative medicine into its services. Dutch and German governments are currently funding research on alternative medicine. Similarly, Switzerland has proposed Cost Project B4, a European initiative for an extensive research program in alternative medicine to evaluate the significance and limitations of alternative medicine. Nine other governments, including Denmark, Finland, Germany, Hungary, Italy, Norway, Slovenia, Spain, and the United Kingdom, have joined Switzerland in the initiative.⁵

The OAM and the European organizations are careful to state that their support of research in the area of alternative medicine does not imply an endorsement of any of the investigational therapies. Their general goal is not to advocate the use of alternative medicine, but to promote the evaluation of alternative therapies in a scientific manner and encourage discussion. Well-designed alternative medicine research, meeting the challenges and rigorous standards of conventional medicine research, should define the possibilities, limitations, and significance of unconventional medicine.

The need for scientific data on alternative medicine is unequivocal. Such data will determine whether alternative medical practices will receive wide acceptance and be integrated within the system of conventional medicine. Until these data become available, we should promote education among patients and providers. Patients obtain information on alternative therapies through news, magazines, and computer Internet services. It is of concern that these might be the only sources of information for the public. As the international public becomes increasingly aware of

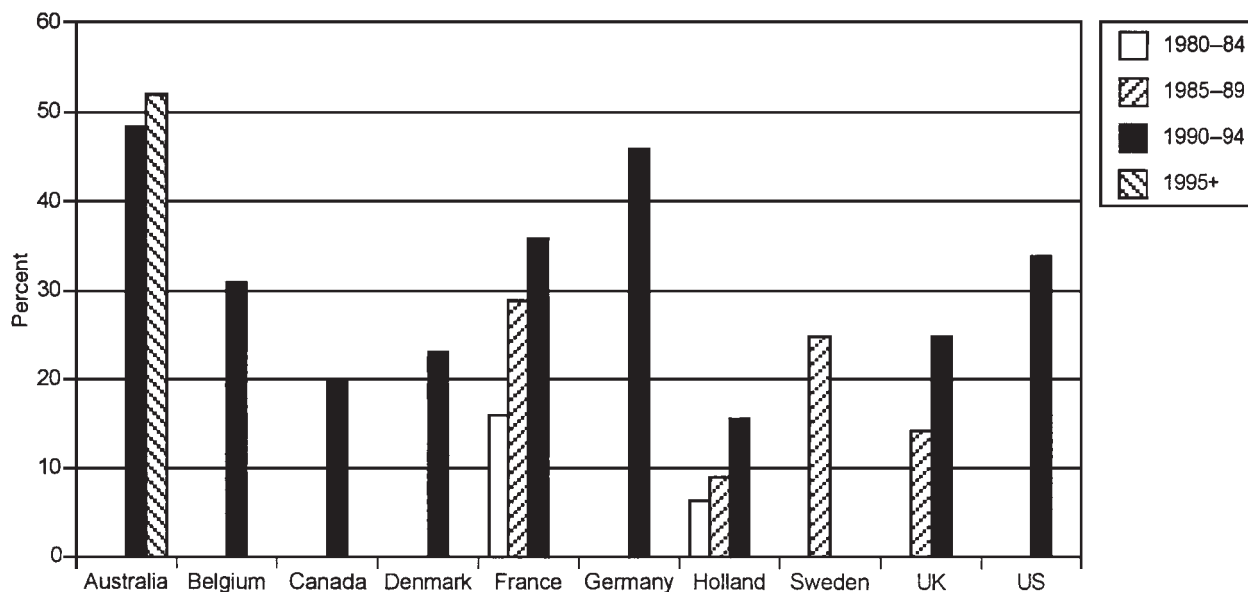


Figure 1. The percent of the public reporting the use of any form of alternative medicine. Note: studies represent surveys in noncomparable populations and of different alternative therapies; therefore, numbers are not comparable between countries.

these types of services, there is a great need for healthcare providers to be able to offer accurate, objective, and unbiased information to patients. With pharmacists being easily accessible to the public, and many pharmacies providing alternative therapies, we have a responsibility to recognize their use and counsel patients.

As many as 75% of patients may not inform their primary caregivers about the use of alternative medicine, perhaps due to perceived negative response from them.³ This may have potentially important consequences. In many cases, alternative therapies are selected due to their perceived efficacy, low toxicity, or low cost. And there is often the misconception that "natural" equates with safe. However, risks of use include the continued use of agents with a lack of proven efficacy, adverse effects, interactions with concomitant medicines, and unnecessary cost. It may also lead to discontinuation of or delay in seeking conventional therapy, and possibly interfere with concurrent medical research.

A few examples include a study reporting that 14.5% of women surveyed had used an herbal remedy during pregnancy,²⁰ and another indicating that 16% of patients with HIV were using medicinal herbs while enrolled in clinical drug trials.²⁶ It is also of great concern that patients are unaware of their alternative medicines (e.g., 1/4 of patients

with HIV taking medicinal herbs were unable to identify them).²⁶

Open and nonjudgmental discussion by a healthcare provider would require the knowledge of alternative therapies. This may improve the communication and reporting of alternative medicine use by patients. A list of some currently available texts is provided in the references.²⁷⁻³³ Numerous additional references can be found easily by searching local library databases.

We should support the publication of high-quality research and review articles addressing alternative medicine in peer-reviewed professional journals. Continuing education programs need to be designed that provide healthcare practitioners with historical and scientific information on the therapies being used in their patient population. Finally, discussion of alternative medicines should be included in pharmacy curricula.

There are practitioners who administer alternative therapies without any understanding of their fundamental pharmacologic principles, and those who emphatically dismiss all alternative medicines with little knowledge or experience. Neither of these appears acceptable. We should be well informed before deciding to accept, reject, or ignore the concept of alternative medicine. Regardless of our ultimate views, we need to appreciate the human appeal of the concepts embraced by alternative medicine such as natural healing and whole body healing in light of concerns about the perceived hazards or poor efficacy of conventional medicine. It is important to encourage open communication and discussion with patients. =

Table 1. Summary of OAM-Funded Investigational Therapies and Conditions Being Evaluated²⁵

INVESTIGATIONAL THERAPY	CONDITIONS
Acupuncture	unipolar depression, osteoarthritis, HIV, postoperative oral surgery pain, attention deficit hyperactivity disorder
Antioxidant vitamins	cancer
Biofeedback/relaxation	diabetes, low back pain, orofacial pain
EEG normalization	head trauma
Electrochemical current	cancer
Energetic therapy	basal cell carcinoma
Dance/movement therapy	cystic fibrosis
Herbal medicine	common warts, hot flashes, Parkinson's disease, HIV, premenstrual syndrome
Homeopathy	health status, mild traumatic brain injury
Hypnosis	chronic low back pain, accelerated bone fracture healing
Imagery/relaxation	immunity control, asthma, cancer
Macrobiotic diet	cancer
Manual palpation	lumbar spine
Massage therapy	bone marrow transplant, HIV, postsurgical outcomes
Music therapy	psychosocial adjustment after brain injury
Pancreatic enzyme therapy	cancer
Prayer	substance abuse
Qi Gong	reflex sympathetic dystrophy
T'ai Chi	mild balance disorders
Therapeutic touch	immune response to stress
Transcranial electrostimulation	chronic pain
Yoga	illicit drug use, obsessive-compulsive disorder

EEG = electroencephalogram; OAM = Office of Alternative Medicine.

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