Volume : 2 | Issue : 11 | Nov 2013 • ISSN No 2277 - 8160

Research Paper | Medical Science

Complementary and Alternative Medicine Versus Modern Medicine - Are There Some Meeting Points ? A Brief Commentary

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KEYWORDS :

Introduction

The definition of Complementary and Alternative Medicine (CAM) has been the subject of a much heated debate. There have been many authors that have described the term. It has been defined as any therapeutic practice that do not satisfy the majority of the orthodox medical community, that are not taught in the medical schools, that are not available in most of the general hospitals but yet provide relief to patients in some way or the other [1]. The diversity of the various complementary therapies makes them difficult to classify as a group. The National Center for Complementary and Alternative Medicine (NCCAM) in the United States defines CAM as a group of diverse medical and health care systems that are not presently considered to be a part of conventional medicine as defined by our medical peers but yet complements conventional medicine to a large extent and provides what the conventional medical systems may fail to provide [2]. Further clarification defines these systems as complementary when the therapy is used together with conventional medicine, alternative when used in place of conventional medicine and integrative medicine which involves combining mainstream medical therapies and complementary and alternative therapies.

Irrespective of whatever way the medical fraternity views complementary medicine, the fact remains that many patients use CAM. For many CAM treatments though the boundaries remain blurred, results are seen.

CAM and conventional medicine – challenges

CAM and conventional medicine have been traditionally provided in entirely separate settings. Recently however there has been integration between the two with both being now provided at the same site. Around 40% of general practices in the UK provide access to complementary medicine [3]. Chiropractic and osteopathy are the two most commonly used treatments in back ache [4]. Some clinics offer relaxation therapies and yoga to improve vitality and well being [5,6]. These treatments are generally aimed at patients with mild anxiety and depression where chronic physical complaints are seen and further treatment options are limited. CAM is being offered in many hospices across the UK due to its relieving effects. Acupuncture is today being provided in more and more pain and rheumatology clinics an indication of its benefits in the management of chronic pain [7,8]. One of the factors for the integration today includes increase in research evidence in the favor of CAM. The other factors that determine the use of CAM in conventional medicine settings are complex. They are public pressure, economics and the attitudes of key personnel in the hospital [9].

There have been long inconsistencies in the training and education of practitioners that use CAM. Patients earlier had no guarantees of the competencies of the CAM doctor. Training in CAM is today being provided in special colleges and also being included as a pert of the regular medical curriculum. Courses on CAM are being provided to traditional medical specialists as well as medical students. This is being done with an aim to supplement their medical knowledge and with an idea of enabling them to provide holistic health care to their patients. CAM and conventional medicine have never coexisted easily. Each has attacked the other. Conventional medical practitioners have even used legal sanctions to harass and even at times jail practitioners of CAM [10]. However recently there has been a sea of change in the attitude of conventional medicine towards CAM. An article in the BMJ has described CAM as a new dawn for conventional medicine. It states that CAM is not unproved and shows effectiveness in the treatment of some conditions. A key element in this change has been the rise of evidence based medicine which uses empirical data over theory. What matters today for medical science is whether a treatment does more good than harm rather than how it is categorized [11].

Given the increasing evidence in the favor of CAM, today research is shifting from trials to pragmatic studies. Today as it is evident that some CAM practices work, it becomes important to raise the question – how do they work. The popularity of CAM and its effectiveness has been described to be due to the therapeutic relationship. Another growing area of CAM research is botanical medicines – more so medicines shunned by conventional medical practitioners. The effectiveness of St. John's Wort in depression raises the question of efficacy. Is the drug effective because of one single ingredient or is it effective due to a synergism between multiple ingredients in the plant. It is also important to ponder and think whether modern medicine shall be able to come out with a better preparation of the drug in synthetic form than the currently available raw botanical form. We must ask ourselves how much evidence in CAM is enough evidence. Is it possible that in future with increasing evidence a CAM intervention may become the first line intervention in a major disorder. St. John's Wort has been shown to be better than placebo in many studies, to have fewer side effects than tricyclic antidepressants and to be on par with fluoxetine as far as efficacy is concerned [12]. Yet a drug like that has not been licensed for use in many countries. Will it ever be ?

40% respondents in a large recent random study reported using CAM in the past 1 year [13]. Today more than 30 insurance companies offer CAM coverage compared to just 4 companies in 1993 [14]. 80% of first time homeopathy patients planned to continue homeopathy treatment after the first 5 months of therapy [15]. From 575 patients surveyed at a Chinese medicine clinic it was seen that presenting complaints disappeared or improved in around 91.5% cases [16]. According to an FDA report around 500 million US $ a year is spent on acupuncture treatments, Americans make 9-12 million visits a year to acupuncture practitioners and more than 1 million Americans use acupuncture on a yearly basis [17]. Yet in many nations CAM is private medicine and not reimbursed by the health care system. Research funds for CAM are generally scarce thereby reducing the number of large long term data and efficacy studies on the same. CAM is holistic and hence the benefits are often mental, psychological, social and spiritual. They thus are less tangible and not often measurable as in conventional medicine.

There is a growing need that present and future primary care physicians educate themselves about CAM. New evidence for or against certain treatments appears daily. Doctors need to read all studies on CAM with an open and non critical mind. Medical doctors must know about the CAM therapies that their patients are using and must fully explore the benefits of CAM such that it augments and even at times hastens the effects of conventional medicine. Our objective as doctors is to help patients live longer and enjoy the best quality of life. We must not jump from the frying pan into the fire. Primary care physicians and their patients must sit with CAM practitioners and share the responsibility or making wise CAM choices and decisions. There may be lacunae about the effectiveness of CAM at times but the medical community cannot wait now. We need to know what our patients are using and if it is effective. More and more doctors are opening clinics with CAM practitioners. Integrated medical centers shall provide the best tool to blend conventional medicine and CAM in an efficient and effective way [18].

The progress of CAM

CAM has made unprecedented inroads in mainstream medicine, in-

cluding medical schools, academic medical research centers, peer-reviewed medical literature, insurance companies, managed care and the federal government. Many institutions across the world now have alternative medicine research centers.

The National Library of Medicine (NLM) recently expanded and improved access to articles about alternative medicine. The NLM collection now contains more than 60,000 citations on alternative and complementary therapies. More and more medical schools and hospitals in India now have programs or departments for the study of alternative therapies. Virtually all NIH institutes have funded and still fund research in alternative and complementary medicine.

At least five journals of alternative medicine intended for physicians and other health professionals, but read also by patients are available. These include the *Journal of Alternative and Complementary Medicine*, *Alternative and Complementary Therapies*, *Alternative Therapies in Health and Medicine*, *Mental Medicine Update* and the *Alternative Medicine Journal* along with two other journals *Complementary Medicine in Clinical Practice* and *Complementary Therapies in Practice* which emphasizes in its promotional material the importance of determining what types of alternative therapies are working and doing good for the patients.

The Concept of Holistic Medicine – our understanding

The holistic approach to health is fundamentally natural and all perceiving as it embraces all influences upon our being, both internal and external. Unlike reductionism, holism does not seek to fragment, or impose artificial limitations upon, human knowledge and learning. Rather than dissect the body into numerous separate and independent functional areas it recognizes the interdependence of our various bodily systems. Whereas in orthodox medicine the patient becomes a battleground where the doctor conducts open warfare, holistic health care on the other hand, is essentially supportive, caring, and non-invasive. It is fundamentally vitalistic in nature. Holistic medicine accepts the importance of vital energy and the inherent healing ability of the body. It strives to restore bodily harmony by supporting the production of vital energy and supporting normal body processes such as elimination, adaptation and nutrition.

It is the aim of holistic medicine to bring about a condition of optimum health not just the absence of symptoms of disease, as is the case with orthodox medicine. It is this focus upon health rather than disease which is largely responsible for the cause based nature of holistic medicine and its effectiveness for disease prevention, early diagnosis, and the treatment of sub-clinical disorders. Whereas orthodox medicine must wait until a predefined disease becomes established before a diagnosis can be made, holistic medicine focuses upon deviations from normality or optimum health, thereby enabling diagnosis at a much earlier stage.

One of the fundamental differences between holistic medicine and orthodox medicine is the importance of, and interpretation of symptoms. Orthodox medicine symptoms are viewed as unequivocally bad and must be suppressed at any cost. To the holistic practitioner who strives to understand and respect the natural restorative processes of the body, the mechanism of symptom causation is all important, many symptoms being regarded as desirable expressions of the body's attempts to restore normality. Although holistic medicine practitioners have traditionally displayed a considerable degree of openness regarding the underlying philosophy of holism upon which their profession is based, the same cannot be said for practitioners of orthodox medicine. In fact, it is probably true to say that most members of the general public are completely unaware of the opposing philosophy of reductionism which forms the fundamental basis of orthodox medicine.

The Reductionism Perspective of Orthodox Medicine

Reductionism has been defined as "the exploring of details, and the details of details, until all the smallest parts of the mechanism are exposed to scrutiny. instead of reaching for the whole truth, the scientist examines small, defined, and clearly separable phenomena.". It seems from this revealing description, that the successful doctor or scientist will be one who deliberately avoids looking for the whole truth. This is the fundamental difference between reductionism and holism.

Put another way, reductionism may be defined as the practice of attempting to understand and simplify an observable phenomena or a biological process by deliberately excluding more and more relevant data until the eventual explanation which is arrived at is so mutually exclusive that it is maximally disconnected from reality. Or, in other words, reductionism is the process of learning more and more about less and less until eventually one knows everything about nothing.

Opponents of reductionism also point out that this philosophy is based on the false premise that the sum of all the separate parts is equal to the whole. Increasing interest in holism and systems theory however, reveals that various systemic qualities are not revealed by examining the individual components. When it comes to the human body, the whole will always be greater than the sum of all the separate parts. These facts further underline the superiority of holism and the irrelevance of reductionism, something which has been pointed out more than three decades ago.

Reductionism is characterized by a number of important features. Firstly, reductionist orthodox medicine is intrinsically interventionist, that is, the medical practitioner prefers to actively intervene in the patient's illness in an attempt to be seen as having fixed the problem. This is the opposite of holism where the practitioner's role is one of caring and support. The reductionist interventionist nature of orthodox medicine also results in a disease oriented symptomatic approach to patient care. Because reductionism is essentially symptom based it is largely irrelevant for prevention or the treatment of sub-clinical or chronic illness. Reductionism has created a medical system which is predominantly suited to the treatment of acute or life threatening illnesses or trauma. It is a system of emergency medicine. Although most chronic illnesses undoubtedly start as mild sub-clinical disorders, the reductionist practitioner is generally disinterested in such disorders until they become more serious. In spite of the reductionist nature of orthodox medicine, even within the medical profession claims are sometimes made that medicine is "holistic". Such claims are inaccurate and misleading and merely serve to indicate a lack of understanding of the nature of both holism and reductionism.

The completely irrelevant nature of reductionism when it comes to disease prevention is amply demonstrated by the fact that currently accepted recommendations for disease prevention usually involve the adoption of traditional holistic advice. For instance, suggestions that diseases like heart disease or cancer may be prevented by lifestyle factors such as diet and nutrition merely reflect an acceptance of traditional holistic views, and an admission that the principles of reductionism are totally irrelevant when it comes to disease prevention.

The reductionist model however, is not just fundamental to modern medicine and pharmacology, it increasingly forms the basis of Western herbalism. The holistic roots of herbal medicine are frequently displaced by an obsession with a purely symptomatic approach and the use of highly purified herbs.

The chances of suffering adverse reactions to alternative medical treatments are negligible when compared to the risks of being harmed by a traditional physician dispensing powerful drugs and performing risky surgeries. This is because of the natural and non-interventionist nature of alternative therapies. The various forms of alternative medicine have a safety record which must surely be the envy of orthodox medicine.

Unlike holistic medicine, the risk of being permanently harmed or even killed, by orthodox medicine is very real. In fact, the rise of reductionist medicine has brought with it a brand new group of diseases termed iatrogenic or doctor caused diseases.

Whereas holistic medicine is inherently supportive and therefore possesses a certain gentleness and friendliness, orthodox medicine on the other hand, is fundamentally interventionist. Orthodox medicine seeks not to support nature and the body's inbuilt healing system, but rather, it seeks to actively intervene in the patient's illness so that it may be perceived to be actively fixing the problem. Doctors it seems emphasize somatic intervention with curative intent, and talking with, comforting, guiding, and educating patients of lesser importance - something to do until the injection is ready. Orthodox medicine seeks to fix or repair, and not to support. It refuses to acknowledge the part played by the patient in healing and resistance to disease in spite of the fact that one of the fundamental truths of healing is that all healing is

performed by the patient. Inability to recognise or accept this simple fact is one of the fundamental flaws of reductionist orthodox medicine.

A doctor can perform surgery, stitch up a wound, kill an infection, or put a broken limb in plaster, but all healing is performed by the patient. If the bone refuses to knit or if the immune system is severely compromised, all the doctors treatments will be useless. Because of this interventionist approach, the doctor may be seen as "a warrior confronting disease" and modern medicine maybe described as conducting "lethal chemical warfare". As a result of this approach, patients are considered to be "passive recipients" who "often find themselves surrounded by a bewildering array of charts, monitors and tubes, being spoken about rather than to, and witnessing their body as the object of debate among strangers, in an incomprehensible scientific language."

The ability of the body to resist disease and heal is said to be due to the body's own innate vitality, vital energy, vital force, or the inherent "wisdom of the body". The existence of this inner vitality, which was noted by Hippocrates more than 2,000 years ago still forms a fundamental part of holistic healing systems throughout the world. In China, it is described as Qi and there is an amazing similarity between Qi and the innate vitality or adaptive energy which was described by Selye.

The merging of alternative and modern medicine – is it possible ?

Will Alternative Healthcare and Modern Medicine merge ? This question implies there is reason to wonder and/or we need to consider it. The consideration of merging Alternative Healthcare and Modern Medicine is analogues to comparing apples to oranges. The only comparison between apples and oranges is that they are both fruit—but the comparison ends there. Alternative healthcare, better known as Holistic, Metaphysical, Energy or Mind, Body, Spirit Healing and Modern Medicine has nothing in common.

In order to understand the ideology of Modern Medicine, you need to examine the language used by doctors and researchers. Their choice of words reveals their belief systems and the models they use to understand the way they think medicine works. When observing the state of Modern Medicine and the unprecedented influence of pharmaceuticals, an interesting paradox arises. The drug companies claim that pharmaceuticals can do wonders for people - lower cholesterol, end clinical depression, reverse osteoporosis, eliminate allergies, cure cancer, MS, calm children and many other similar promises. If prescription drugs are so good for people, where are all the healthy medicated customers? The truth is, there aren't any. There's nobody taking twelve prescriptions with a clean bill of health. In fact, the more prescriptions a person takes, the worse their overall health. And if you approach the healthiest people you can find and ask what prescription drugs they're taking in order to be so healthy, they'll give you a confused look: Healthy people don't take prescription drugs!

This sort of language is not uncommon from researchers in Modern Medicine. They perceive the human body as a battleground on which wars are waged against invaders (viruses, bacterial infections and tumors). Beginning with the Victorian era, Western society has become addicted to quick fixes and results with no effort. Modern Medicine has in some instances provided this result. Modern Medicine theory and doctrines fail to recognize that diseases are not separate from the person. In fact every disease can be more accurately called an expression of the patient's lifestyle, beliefs, and energies. Cancer is not a tumor, for example: it is a systemic disorder that can only truly be cured by helping to support the body, not by attacking it with chemical bombs or knives. The tumor is merely one physical expression of the systemic disorder, and simply removing the tumor does nothing to cure the disease. The body is designed to heal itself—given it has the proper care—nutrition, herbal supplements, spiritual and emotional well-being.

The term "alternative" usually refers to medicines meant to *take the place of* traditional medicine, while "complementary" indicates treatments used *in addition to* conventional medicine. Complementary medicine is also sometimes called "integrative medicine," which is supposed to unite the best of both worlds, marrying scientifically proven chemotherapy, for example, with herbal formulas supported by folk wisdom.

One reason alternative medicines (AM) and complementary medicines (CM) have not been as rigorously tested as traditional medicines may be that they do not attract the funding required for methodical scientific validation because typically they are not patentable. Another possible reason is that it is not in the interest of many AM promoters to undertake scientific studies of these remedies because they make a good deal of money selling them - untested and unregulated - over the counter as food supplements.

In part to quench the growing popular thirst for acceptance of alternative medicine, in 1998 the National Institutes of Health (NIH) created the National Center for Complementary and Alternative Medicine (NCCAM), which was charged with sorting the wheat from the chaff among the myriad unproven supplements and therapies by rigorous research and testing. To some, this move meant that the scientific standards of medicine would be upheld. But many others, including promoters of alternative medicine and their followers, took it as a legitimization of the whole field.

Many patients never confront their doctors about their use of alternative medicines. About 70 percent of individuals who use alternative medicines do not discuss it with their doctors but self-diagnose and self-treat their illnesses. This lack of communication could compromise patients' safety if the use of unconventional medicines interferes with other health problems or medical treatments.

For the merger of alternative medicine and modern medicine the first need is for many egos to be quelled and many people to open their minds. Both CAM and modern medicine have something to offer – individually and together as a combination. People today are fed up of modern medicine not providing answers to some of the most vexing questions and look for them elsewhere. Seeing a successful merger is the onerous task on the hands of modern physicians. Hopefully we will and all of us shall be here to see it.

REFERENCES

1. Easthope G. (2003). Alternative, complementary or integrative. Complementary Therapies in Medicine, 11 : 2-3. | 2. Micozzi MS. (1996). Fundamentals of complementary and alternative medicine. 1st edition. New York & London. Churchill Livingstone. | 3. Zolman C, Vickers A. (1999). ABC of complementary medicine – complementary medicine in conventional practice. BMJ, 319 : 901-904. . | 4. Koes BW, Bonter LM, Van Mammeren H, Essers AH, Verstegen GM et al. (1992). A randomized controlled trial of manipulative therapy and physiotherapy in the management of back pain and neck complaints. BMJ, 304 : 601-605. | 5. Smith WP, Compton WC, West WB. (1995). Medication as an adjunct to a happiness enhancement program. Journal of Clinical Psychology, 51 : 269-273. | 6. Wood C. (1993). Mood change and the perception of vitality – A comparison of the effects of relaxation, visualization and yoga. Journal of the Royal Society of Medicine, 86 : 254-258. | 7. Christensen BV, Iuhl IU, Vilbek H, Bulow HH, Driejer NC, Rasmussen HE. (1992). Acupuncture treatment of severe knee osteoarthritis – a long term study. Acta Anaesthesiologica Scandanavica, 36 : 519-525. | 8. Deluze C, Bosia I, Zubs A, Chantraine A, Viecher TL. (1992). Electro-acupuncture in the management of fibromyalgia – results of a controlled trial. BMJ, 305 : 1249-1252. | 9. Grossman SA, Benedetti C, Payne R, Syrjala K. (1999). NCCN practice guidelines for cancer pain. Oncology 13 : 33-44. | 10. Inglis B. (1965). Fringe Medicine. London. Faber and Faber. | 11. Chalmers L. (1998). Evidence of the effects of health care. Complementary Therapies in Medicine, 6 : 211-215. | 12. Schrader E. (2000). Equivalence of St. Johns Wort extract and fluoxetine. A randomized controlled study in the treatment of mild to moderate depression. International Clinical Psychopharmacology, 15 : 61-68. | 13. Astin JA. (1998). Why patients use alternative medicine – results of a national study. JAMA, 279 : 1548-1554. | 14. Laino C. (1998). Paying for holistic health. Article in MSNBC 15th July 1998. | 15. Goldstein MS, Gilk D. (1998). Satisfaction with homeopathy in a patient population. Alternative Therapies in Health & Medicine, 2 : 60-65. | 16. Cassidy CM. (1998). Chinese medicine user in the United States – Parts 1 and 2. Utilization, Satisfaction and medical plurality. Journal of Alternative and Complementary Medicine, 4 : 17-27. | 17. FDA. (1998). Chinese acupuncture gets a nod from the west. Harvard Health Letter, 23, 4-12. | 18. Rosenfeld I. (1996). Dr. Rosenfeld's guide to alternative medicine. New York. Random House. |