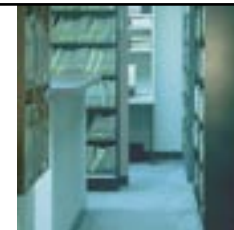




Complementary and alternative medicine

Part 1 – what does it all mean?

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This is the first of a two part series exploring issues around the use of complementary and alternative medicine in the Australian general practice context. Part 1 discusses the definitions of 'complementary and alternative medicine' and their use in the community. Part 2 will give an overview of the available evidence for the benefits and risks of complementary and alternative medicine and an approach to accessing that evidence.

The definition of complementary and alternative medicine (CAM) has been the subject of great debate. There are many terms used to describe CAM, but it appears that the term 'complementary medicine' is the most widely accepted in Australia. Easthope et al,¹ define complementary medicine as 'any therapeutic practices that do not satisfy the standards of the majority of the orthodox medical community in Australia, that are not taught widely at Australian medical schools and that are not generally available at Australian hospitals'. This definition varies cross culturally with more medical schools – both in Australia and overseas – offering courses in complementary medicine.

The diversity of these therapies makes them difficult to categorise as a group, yet they are often collectively referred to as 'complementary', 'alternative', 'integrative', 'unorthodox', 'unconventional', 'unproven', 'natural', 'traditional' and 'holistic' medicine, and are contrasted with 'conventional', 'mainstream', 'allopathic', 'orthodox', 'conventional' and 'scientific' medicine.

Easthope et al¹ provide a good Australian historical account of how the term 'alternative medicine' was replaced with 'complementary medicine' as 'doctors saw nonorthodox therapists as complementing their work' like allied health professionals. Complementary

therapists embraced the term as it gave them a greater partnership role. Since the 1990s, the term 'integrative medicine' has gained increasing popularity and acceptance by doctors aligned with the importance of evidence based medicine and the demonstration of increasing nonorthodox therapies having a scientific basis.

In the United States, the National Center for Complementary and Alternative Medicine (NCCAM), defines CAM as a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine, as defined by our medical peers.² To help clarify some of these terms, the NCCAM describes them as:

- complementary medicine or therapy used together with conventional medicine
- the term 'alternative medicine' used in place of conventional medicine
- integrative medicine combines mainstream medical therapies and complementary and alternative therapies. When these therapies demonstrate high quality scientific evidence of safety and effectiveness, then the integration process is more likely to happen.

Other terms

Natural medicine or therapies

Substances or therapies that work with the natural processes of the body by restoring or correcting organic functions; or modifying

organic functions in a manner that maintains or promotes health. They generally support the body's healing mechanisms rather than taking over the body's processes.

Examples of pharmaceutical medication originally derived from natural medicine include digitalis from the herb foxglove (*Digitalis purpurea*), and salicylate from willowbark (*Salix alba*), which contains the active ingredient salicin.

Traditional medicine or therapies

These are well documented or otherwise established medicine or therapies according to the accumulated experience of many traditional health care practitioners over an extended period of time.³ The Therapeutic Goods Administration (TGA) specifically defines traditional medicines as 'those for which there is 'documentary evidence that a substance has been used over three or more generations of recorded use for a specific health related or medicinal purpose'. Traditional therapies include traditional Chinese medicine, traditional Ayurvedic medicine, western herbal medicine, homoeopathic medicine, and indigenous herbs.

Holistic medicine and/or therapies

These combine complementary and conventional approaches that support the physical, social, psychological, emotional and

spiritual wellbeing to help achieve optimal health. The holistic or health model looks at maximising or supporting all aspects of a person's health that may lead to the disease being healed by the body. Health promoting and lifestyle advice, such as advice in dietary changes, stress management, exercise, and the environment, are integral to holistic medicine.

The holistic model is traced back to the Hippocratic school of medicine (circa 400 BC).⁴ They viewed disease as an effect, and looked for its cause in such natural phenomena as air, water, and food. They first used the term '*vis medicatrix naturae*', meaning the healing power of nature, to denote the body's ability and drive to heal itself. The power of healing is a well recognised phenomena in mainstream medicine. Today, an accepted term to identify the effects and interaction of the mind with the body's cellular level is 'biopsychosocial' or 'psychoneuroimmunology' with the subject being widely taught in Australia.

Orthodox or conventional medicine

Orthodox or conventional medicine generally describes medical interventions taught at medical schools, generally provided at hospitals, and meeting the requirement of peer accepted mainstream medicine and standards of care.¹

Again this is difficult to define as to what point we start to classify a complementary medicine or therapy from the alternative to the orthodox. For example, acupuncture is often defined as complementary, yet it has some solid scientific research available on Cochrane reviews, is now offered as a course at medical universities, and has gained widespread acceptance by Australian general practitioners. According to recent Health Insurance Commission statistics for the period July 1993 to June 1994, acupuncture item numbers contribute to a total of 598 870 services in Australia.⁵

Examples of unorthodox or unconventional medicine include aromatherapy, intravenous chelation, and ozone therapy.

Allopathic medicine

According to *Webster's New world medical*

dictionary, 'allopathy' is the system of medical practice that treats disease by the use of remedies that produce effects different from those produced by the disease under treatment. The term 'allopathy' was coined in 1842 by CFS Hahnemann to designate the usual practice of medicine (allopathy) as opposed to homeopathy, the system of therapy that he founded based on the concept that disease can be treated with drugs (in minute doses) thought capable of producing the same symptoms in healthy people as the disease itself.

NCCAM classification

According to the NCCAM, CAM can be grouped as:

- alternative medical systems: includes naturopathy, traditional Chinese medicine, Ayurveda, and homoeopathy
- mind-body interventions: includes patient support groups, meditation, prayer, mental healing, and therapies using creative outlets such as art, music, or dance. Cognitive behavioural therapy is included in this group, but it may be argued that as it is now considered mainstream medicine, it does not belong on this list. Its approach fits into the classification of mind-body interventions, and despite its acceptance, is not fully embraced and utilised by many GPs
- biologically based therapies: includes herbs, foods, vitamins, minerals, and dietary supplements
- manipulative and body based methods: includes therapeutic massage, chiropractic, and osteopathy. While musculoskeletal medicine fits into this category, there is widespread acceptance by Australian GPs, with courses available for postgraduate diplomas in manipulative therapy, and inclusion in standard textbooks for general practice
- energy therapies: includes therapeutic touch, reiki, qi gong, and electromagnetic and magnetic fields. Acupuncture fits into this category with several possible modes of action other than 'energy'.

Who uses CAM?

A South Australian survey estimated that 52% of the Australian population used CAM, of whom 57% did not tell their doctor, and 23% consulted practitioners of complementary medicine.⁶ The survey assessed the use of the following 'alternative medicines': vitamins (nonprescribed, ie. excluding folate, iron, calcium), aromatherapy oils, herbal medicines, mineral supplements, evening primrose oil, ginseng, homeopathic medicines, and Chinese medicines. Alternative medicine users were more likely to be female (60%), higher educated, have a higher income, and be employed. The study estimated out-of-pocket spending for complementary medicines in Australia of \$2.3 billion; a 62% increase since 1993 and four times out-of-pocket spending compared with pharmaceutical drugs.

There are many studies exploring why patients use CAM.^{7,8} Some of these include the perceived emphasis on treating the whole person, enabling patients to take a more active part in maintaining their health, when orthodox treatment was not effective for their health problem or caused unpleasant side effects, when doctors spent less time with patients, or when patients experienced difficulty communicating with their doctor.⁹

Australian GPs' attitudes to CAM

A postal survey¹⁰ of Tasmanian GPs found that younger GPs (male and female), those located in small or solo practices, and those with personal experiences or patients who had favourable experiences with CAM, were more likely to have a favourable attitude toward CAM. General practitioners who found the cure rate of CAM as problematic, were sceptical, or had personal knowledge of the harmful effects, had a less favourable attitude. In contrast to these findings, a similar postal survey¹¹ of Victorian GPs, found GPs who practised CAM tended to be male, full time and older, with no other statistical differences in urban versus rural location, solo versus group practice or level of training.

Other suggestions for GPs incorporating CAM into practice include the widespread

cultural shift in our society – ‘postmodernisation’ – with a return to nature, spirituality, tradition and pre-modern, often nonwestern values and practices.^{3,12} Also, issues of consumerism, increasing scientific evidence and competition with nonmedical practitioners were raised.

A study¹³ of 282 Perth GPs found just under half had undertaken studies in at least one form of complementary therapy with over 60% reporting they wanted further training. Close to 70% were in favour of GPs referring to complementary therapists and 56% were opposed to these therapies being rebated in private health insurance. In contrast, a study¹⁴ of 800 Victorian GPs demonstrated 80% referred to practitioners of acupuncture, hypnosis and meditation. General practitioners had trained in various aspects of CAM, notably: meditation (34%), acupuncture (23%), vitamin and mineral therapy (23%), hypnosis (20%), and herbal medicine (12%); with one-third wanting further training.

CAM, AIMA and the RACGP

The Australasian Integrative Medicine Association and The Royal Australian College of General Practitioners (RACGP) have established a joint working party to address issues relating to the use of CAM in the Australian general practice context, and to develop a position paper. The terms of reference of the working party are:

- review the RACGP endorsed AMA ‘Position statement on complementary medicine’ with regard to its implications for GP training, continuing professional development (CPD) and standards for safe ethical practice
- identify educational and training opportunities for GPs on evidence based complementary medicine
- review RACGP guidelines for QA&CPD endorsement of complementary medicine educational activities
- identify possible educational needs of GPs
- outline how complementary medicine can be incorporated into high quality clinical practice
- review mechanisms to monitor the positive and negative impacts of complementary medicine.

Conclusion

Whatever a GP’s opinion of CAM, the fact remains that many of their patients are using CAM. For many CAM treatments, the boundaries remain blurred. When scientific research becomes available that supports these treatments as efficacious and safe – and they become accepted by our peers – they might fit into the classification of ‘accepted mainstream’ medicine.

Conflict of interest: none declared.

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