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Complementary and alternative medicine

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WHAT IS COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)?

Practices which fall under the general description of CAM comprise a wide diversity of interventions, from the officially regulated to the totally unsubstantiated, and it is almost impossible to gauge how many different CAM therapies are currently practised in the UK, although an early estimate by the BMA (1993) was a conservative 160.

The latest classification is the one proposed by the House of Lords Select Committee on Science and Technology (2000).

- *Group 1* Professionally organised alternative therapies, including acupuncture, chiropractic, herbal medicine, homeopathy and osteopathy.
- *Group 2* Complementary therapies, i.e. Alexander technique, aromatherapy, Bach flower remedies, massage, hypnotherapy, meditation, reflexology, shiatsu, nutritional medicine and yoga.
- *Group 3a* Alternative disciplines, including long established and traditional systems of health care, such as Anthroposophical medicine, Ayurvedic medicine, Chinese herbal medicine, Traditional Chinese Medicine and naturopathy.
- *Group 3b* Other alternative disciplines, including crystal therapy, dowsing, iridology, kinesiology and radionics.

In addition, a number of therapies are now available as over-the-counter (OTC) remedies, having migrated from their original home in health-food shops to the

high street chemist chains and supermarkets where they are available as own-brand therapy products. Sales of books on CAM have also proliferated over the years.

WHO USES CAM?

A number of attempts have been made to determine the extent to which members of the public are using complementary and alternative medicine as part of their healthcare system. Recent surveys have indicated that the rise in the use of CAM continues amongst all social classes, though classes one and two predominate. Simpson and Roman (2001) noted that whilst CAM use was not related to income, cost was an issue.

In their survey Boutin et al (2000) reported that it was only a lack of information about CAM that precluded a greater use not only by the general public, but also by doctors. They also highlighted the issue of availability, reporting that even more patients would use CAM therapies if they were more readily available.

In a review of the literature on the use of CAM by the public, Harris and Rees (2000) identified the difficulty of getting an accurate picture of the phenomenon because of the diversity of the therapies, the lack of differentiation between visiting a practitioner and using an over-the-counter remedy, and the fact that many practitioners use more than one therapy to address the presenting problem.

In the main, users of complementary therapies are sufferers of long-term chronic or painful conditions for which orthodox medicine has little to offer, such as musculoskeletal conditions, asthma, eczema, hypertension, fatigue, sleep disorders and stress-related conditions. Grenfell et al (1998) noted the differences in CAM use between different ethnic groups. In a survey of CAM users attending outpatient clinics at a London hospital, 68% had used some form of CAM intervention in the previous year. Of these, the figures were highest for black people at 78%, and Asians at 77%. For Caucasians, acupuncture was the most popular treatment, at 38%, whilst for black people and Asian patients herbal remedies were preferred, at 65% and 44% respectively. Of the last two groups, half obtained their remedies from their country of origin.

Although to many people CAM therapies represent a new way of tackling disease, to many millions of people worldwide they represent mainstream medical care and, far from being new, many have been used successfully for thousands of years. What we now refer to as CAM stretches back to the dawn of medicine when the use of oils and herbs and taking the waters were the main sources of medical aid. Sometimes these practices were promoted, whilst at other times they were undermined by suspicion and prejudice. Within all medical systems there have always been alternatives to the mainstream medical provision, usually stemming from an economic imperative, often informal and involving folk remedies or other nursing or medical interventions.

The pervasiveness of injury, disease and general ill health has meant that, from earliest times, every human society has developed ways to heal, mend and maintain health. Before the advent of antibiotics, people relied on their own natural ability to throw off illness or injury. In spite of the high death rate, some patients did survive, relying on what a naturopath would prescribe today: diet, sunlight, fresh air and herbal medicines. The advent of biomedicine, the introduction of more sophisticated surgical techniques (vouchsafed by better and safer anaesthetics), and