

ALTERNATIVE MEDICINE

– Implications for Clinical Practice

Introduction

Economic, social and cultural factors have accounted for the upsurge of interest in health by people all over the World. Hence each system of medicine arose in societies where the level of cultural, social and economic development was ancient or feudal. Some such systems have gradually advanced rather haphazardly by their practitioners, often aided by contemporary scientific medical findings but most of activity of healing developed stage by stage.

This process of development was intricately connected with the culture as well as objective disease pattern. Today, numerous systems of medicine continue to coexist with Western medicine. And this has been true of homoeopathy, naturopathy, osteopathy, chiropractic, yoga, ayurveda, shudha, ‘mantra’, ‘tantra’, spiritual medicine, etc. Holistic medicine is an informal collection of attitudes and practice and not a defined system of treatment.

The Problem Situation

“Health is an adaptation to the environment, a ‘modus vivendi’ enabling imperfect men to achieve a rewarding and not so painful existence while they cope with an imperfect world”

—*Rene Budos*

“ $\frac{1}{4}$ of the sickness is caused by our inordinate life. $\frac{1}{4}$ by religious men through fear and fundamentalism induced on people, $\frac{1}{4}$ is caused by

psychologists who see the world only in terms of abnormality and ¼ by others”.

—*Dr. Shaw, et al., 1992,*
Concept of stress in the Indian Tradition

Problems of Modern Scientific System

The development of more sophisticated techniques has shifted emphasis in clinical practice from the patient to the laboratory. Something which could not be stained histologically, demonstrated electrically or chemically could not be accepted as responsible or important. The concept of patient as a whole person, has been more honoured in the breach than in its observation.

Concept of Alternative Medicine

Concept of Alternative Medicine stems from a broader concept of health beyond the biological conditions (Makingslay John B., 1984). In fact, recent advances in immunology, molecular biology, cytochemistry, genetics etc. have begun to unravel the hitherto mysterious process within the ambit of art of medicine as biological process. A process which is scientifically verifiable, quantifiable and reproducible. Much of these constitute psycho-neuro-immunology.

Goal of Medicine vs. Needs of Patients

Healing process begins with the assumption that the individual to be treated is ill or damaged in some way or other and the body is the obvious target in modern medicine. But many a time the belief of the patient are more decisive than physiological responses and on occasions can critically control the body’s powers of rejuvenation. A great deal of research is now underway on the biology of mind. Given the complexities of human biology and social life. Various alternative systems of medicine have a decisive and useful role to play in the art of healing and relief of pain. There is a wide range of interventions proposed by advocates of various alternative systems of medicine.

Some Alternative Systems of Medicine

Homoeopathy: A brain child of Samuel Hahnemann, a German

Physician ‘Law of Similar’ employs a variety of herbs, drugs and chemicals in minute quantities. Hahneman’s theory is based on that if a substance can produce illness in a healthy person, a tiny quantity of it can cure the same illness in the sick person. Homoeopaths claim that this type of treatment can do no harm.

Acupuncture : It has a wide therapeutic application for both body and mind. Its strength lies in the area of functional disorders although it can be used to treat both acute and chronic diseases.

Chiropractice : This therapy is both a science and an art. Chiropractors specialise in treating muscle and joint disorders by manipulation or adjustment of spine and joints.

Osteopathy : Means ‘bone disease’ and is based on a detailed and dedicated study of human anatomy, physiology; and believes that the coordinator of all body activity is neuro-endocrine system.

Indian System of Medicine—Yoga, Ayurveda, Siddha, etc. : The Indian tradition is characterised by holistic approach rather than a molecular piecemeal. Physical and mental aberrations are treated in terms of individual’s body and mind together.

Herbal Medicine : The flora in the world is vast and wide and each one is a medicine for one or the other sickness. For all the sickness in the world there are herbal medicines too. Herbal medicine is based on a whole person approach.

Holistic Concept: Health implies a sound mind, in a sound body, in a sound family, in sound environment. Holistic healing means treating the whole person; helping the person to bring the mental, emotional, physical, social and spiritual dimensions into greater harmony by fostering the self-regenerative and self reparative process of natural healing.

Naturopathy and Natural Therapy : Natural therapy encourages the use of normal flora of bacteria to protect the hosts against many diseases—probiotic therapy, e.g., Lactobacilli in intestinal flora, urinary and genital tract in women. Introduction of the right kind of bacteria make several pathogens lose their niche in the human host—that is the rationale behind. These and some other ‘natural’ therapies are popular with patients and increasingly supported by research results.

Dietary Therapy : Faith cures, prayer, rituals, religious support, psycho-spiritual therapies (meditation, imagery and visualization) are other forms of alternative medicine.

Application of Alternative Medicine

When the patient says “I have been taking so many pills for years, had that operation or this treatment and my ailment is still not better”, there must be some thing else. Such questions have caused physicians around the world to consider alternative to conventional medicine. Three hundred physicians sought answers to this question at the 3rd World Congress of Medical. Acupuncture and Natural Medicine in Edmonton, Canada last summer (1996). The aim of the Congress was to help build a comprehensive and compassionate approach to health and primary health care and promote integration of complementary treatment within the biomedical context.

In the words of Dr. William Lavelley, a professionally mature and compassionate medical doctor will view with critical open mindedness, the experience of patients for whom conventional therapy has given limited results or has been poorly tolerated and benefited from complementary medical therapy. Complementary treatment may be used in addition to conventional medical therapy; one example would be the use of hypnosis and nicotine patches to help patients stop smoking. Most patients do not tell their physicians when they use complementary treatment offered by non-physicians. If physicians collaborate conventional and complementary therapy it may lead to better use of health care resources.

I. Nontraditional therapy in HIV Infection

The popularity and use of nontraditional therapies among patients with human immuno-deficiency virus (HIV) infection has grown enormously. In a prospective longitudinal cohort study of 56 patients aged 23 to 68 years with HIV infection, Nina Singh et al observed that thirty per cent of patients reported using nontraditional therapy, users reported greater community based acquired immuno deficiency syndrome group support ($P=.06$), greater perceived social support ($P=.08$) and significantly higher recreational of ‘street drugs’ use ($P=.02$). Nontraditional therapy users were significantly more assertive ($P=0.04$) compared to conventional

therapy users. Patients choose therapy because they seek greater control of the outcome of their disease. However, no beneficial effect on disease progression, CD4 cells count, or mortality was observed in these patients. Homosexuals, affluent and educated patients are more likely to seek alternative therapies.

II. Metastatic (Breast) Cancer and Alternative Therapy

Metastatic breast cancer is incurable but effective treatment is possible for most patients. Alternative therapy could be complementary to the input of the oncologist. Interventions such as massage, relaxation, aroma therapy, hypnotherapy, acupuncture and homeopathy have gained widespread acceptance. The use of alternative therapies such as naturopathy, nutritional, immunological or physical treatment are also common. Many patients do not tell their physicians that they are using them in order to avoid a direct path of conflict.

Doctors should recognise the limitations of modern oncological treatment and be prepared to acknowledge the patient's need to explore other avenues. The focus must be on the person rather than the disease. There is more to the management of incurable disease than tumor regression alone. Therapeutic interventions need to be critically assessed on the basis of their impact on palliative end points, quality of life and psychological well being.

III. Phytomedicines

There are several non-antibiotic approaches to the treatment and prevention of infection: Phytomedicine plant based remedies in the form of tea extracts and oils are a multimillion dollar industry worldwide and many are targeted towards infectious diseases.

(1) Probiotic Therapy : Therapy uses a live microbial supplement to beneficially affect the host. Three genera that have been shown to be important components of the intestinal flora and probiotic therapy are lactobacilli, streptococci and bifidobacteria.

(a) Women suffering from recurrences of urinary tract infection have

a urogenital flora depleted of lactobacilli. Treatment with estrogen supplementation can replace lactobacillus biofilm and reduce the incidence of urinary infection. Candida vaginitis overgrowth of anaerobics is associated with a lack of lactobacilli usually induced by antimicrobial therapy and use of contraceptives (nonoxynol). Lactobacilli has been used with varying degree of success in all these cases.

- (b) Diarrhoea associated with clostridium difficile (CAD) have been treated with oral lactobacillus, rectal administration of faecal enemas or culture of a non-toxigenic strain of C. difficile. Lately yeast saccharomyces boulardii for the treatment have been published. S. boulardii survives gastric acid and not inhibited by antibiotics and does not effect the normal flora significantly. It may become an essential component of therapy for CAD for patients using oral vancomycin and emergence of vancomycin resistant enterococci.

(2) *Herbal Therapy* : Folk Medicine : Herbal medicines are age-old remedies. Antimicrobial property of garlic (presence of allin) and turmeric have been known for several centuries to the people in India. Traditional Chinese medicine-Artesunate a ginghaosu derivation is potentially useful agent for malaria. Tea tree oil is currently enjoying popularity as total antimicrobial agent. Cranberry juice which has been a folk remedy for urinary tract infection is widely used in USA and is also available in capsules. Cranberry juice is able to diminish the binding of E. coli eukaryotic cells.

Natural therapies are viewed favourably often correctly by many, chiefly because they are associated with fewer detrimental effects than antibiotics.

Reality of Alternative Medicine

Many of the currently employed agents were originally derived from herbal folk remedies eg. digitalis glycosides. Acupuncture and skeletal manipulation have been employed as therapeutic adjuncts in a number of

clinical settings. Some of today's alternative therapies are likely to become tomorrow's standard scientific practices, while some may be of limited value or non value when examined carefully. Alternate to medical herbal interventions can be even dangerous.

Some herbal medicines are adulterated with known pharmacological agents and such misadventures should not allow clinicians to condemn alternative medical practices. To do so means dogmatic closure of one's mind. A number of highly responsible and prestigious academic health centres intend to introduce specific elements of alternative medical practice into their graduate medical education programme.

Physicians in Europe, New Zealand, Israel, China and other countries perceive alternative medical practice as moderately effective. Young physicians and medical students seem more enthusiastic about these modalities. Patients were the most enthusiastic and visits to alternative medicine practitioner outnumbered the modern scientific medical practitioners in USA. In Denmark 23% patients sought alternative therapies and in France, 49% (Ernst R., 1993).

What do Physicians think of it ?

In a literature search, twelve publications providing evidence on physicians perceptions of the usefulness and / or effectiveness of complementary medicine were studied by Edzand Ernst, *et al.* and they found that majority of these surveys imply that complementary form of therapy are perceived as moderately useful and / or effective by physicians implying a considerable degree of acceptance. This in turn suggests that complementary forms of therapy can be helpful.

Reilly monitored the opinion of trainee general practitioners of whom 80% wished to learn at least one complementary form of therapy. Possibly young and inexperienced physicians take a more optimistic view of complementary medicine (or indeed any medicine). This hypothesis was strengthened recently when medical students showed less knowledge of, but more optimistic attitudes towards complementary medicine compared with general practitioners or hospital physicians.

It would be highly desirable that a few hours of teaching should be set

apart for alternative medicine at the undergraduate/postgraduate level as a step towards such integration. After all, no matter what form of medicine one practices, the doctors basic material is human life and he should apply scientific means to relieve human suffering.

Whether judged by physicians or patients usefulness and/or effectiveness of alternative interventions must not be equated with proven effectiveness. There may be times when doctors must advise their patients of a dangerous or futile treatment or when real harm is caused, as many therapies are completely untested.

Reasonable approach (Joseph S. Alpert):

1. Maintain an open-minded attitude to all interventions commonly referred to as alternative.
2. Encourage carefully performed and appropriate controlled studies of these new therapies.
3. Do not ignore or ridicule the potential of the placebo effect to produce marked therapeutic effect. There is a physiological explanation for such an effect-release of endorphins from the central nervous system.
4. Do not on the other hand accept all new therapies as efficacious on first acquaintance.
5. Avoid arrogant attitudes towards alternative medicinal practices. One might be embarrassed by the subsequent demonstration of their clinical efficacy.

Epilogue:

Empowerment is an important concept to a lot of patients who seek alternative treatment; greater involvement in self care, imparts a sense of dignity, power and control. Hope or optimism is the drive to survive and is a significant way of coping when faced with uncertainty. The use of alternative interventions has been proposed to impart a sense of hope.

Profit can be a major motivation for the proponents of certain forms of alternative therapies. Therefore, an undesirable aspect of alternative therapy use is needless expense incurred by many already financially strained patients. Modern Medicine is fast recognising the need for rigorous scientific research involving complementary health techniques. The need of the hour is an open dialogue about the role and of appropriateness of alternative complementary medicine. In spite of palliative care, many practitioners still require support and advice in this demanding area of care.

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