
Editorial: Complementary and alternative medicine role in Health preservation

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Abstract

INTRODUCTION

In this issue of "The internet Journal of Health" (IJH) we present an article on Alternative Medicine. [1]

It would be folly to publish an article of that nature without accompanying editorial to give a prospective to IJH readers, because; it does not belong to the current Conventional Medicine. It belongs to Complementary and Alternative Medicine (CAM).

The reason and value of such a decision, since there is no reason to change the successful formula used in publishing IJH, is to expand the circle of topics to have wider forum for authors and readers on topics concerning matters of health. It represents a minor change in the policy of the editorial selection, only done, as it is likely to be beneficial to IJH readership. Main original articles will continue to appear so will contributions which likely to serve material for forum's debate will be encouraged. The change is evolutionary in nature. As for reason for such decision is the changing in World's societies which are opening eyes to the fact that CAM is around already.

Fundamentally, including this issue as related to health widens the interested readership and invites inquiries comments and debates about the merits of CAM in preserving health. The standard of scientific contents would not be tempered with. The same peer review and editorial acceptance policies would be applied. Clinically oriented articles could benefit readers from all around the globe. It opens windows on other parts of the world creating an opportunity to compare notes.

In a recent study on patient satisfaction from health care system; the author concluded that:

"Today's overworked, well-informed consumers demand a

health care system that accommodates their busy schedules, provides them with useful information, and involves them in decision-making. Those health care providers and organizations that understand the implications of consumerism on health care quality will have a clear advantage in the future, and society will reap the benefits of this enlightenment. All facets of the health care system will need to understand the interplay between internal and external consumers and suppliers and change their management practices accordingly to accommodate the needs of the modern health consumer. Care and due diligence however needs to be exercised to ensure that consumer rights are not over emphasized at the expense of health care quality".[2]

Results of a systematic literature search was conducted in 11 electronic databases performed on CAM suggest lower costs for CAM than for conventional patients, but the limited methodological quality lowers the significance of the available data. This study was performed within the framework of the Swiss governmental Program of Evaluation of Complementary Medicine (PEK), was to investigate costs of CAM. All retrieved titles and reference lists were also hand-searched. The results build on 38 publications: 23 on CAM of various definitions (medical and non-medical practitioners, over-the-counter products), 13 on homeopathy, 2 on phytotherapy. Studies investigated different kinds of costs (direct or indirect) and used different methods (prospective or retrospective questionnaires, data analyses, cost-effectiveness models). Most studies report 'out of pocket' costs, because CAM is usually not covered by health insurance. Costs per CAM-treatment / patient / month were AUD 7-66, CAD 250 and GBP 13.62 +/- 1.61. Costs per treatment were EUR 205 (range: 15-1,278), USD 414 +/- 269 and USD 1,127. In two analyses phytotherapy proved to

be cost-effective. One study revealed a reduction of 1.5 days of absenteeism from work in the CAM group compared to conventionally treated patients. Another study, performed by a health insurance company reported a slight increase in direct costs for CAM. Costs for CAM covered by insurance companies amounted to approximately 0.2-0.5% of the total healthcare budget (Switzerland, 2003). Publications had several limitations, e.g. efficacy of therapies was rarely reported. As compared to conventional patients, CAM patients tend to cause lower costs.

The final important recommendation was: "Further well-designed studies and models are required."^[3]

This information would indicate that major cost is paid by the patients to obtain some form of CAM even there is no definite benefit from such regimen.

Similar tendency of using CAM for cancer was documented by another study from Australia This issue should be considered on the light of chronic disease statis and the cost and sometime of failure of Conventional Medicine. It is important that clinicians have a good understanding of the evidence available in this field. It reflected the current evidence pertaining to a range of complementary therapies that are used in a supportive role in the treatment of cancer patients. The reatment methods considered are acupuncture, music therapy, and massage and touch therapies and psychological interventions. ^[4]

Academic attention has tended to focus on either CAM in rich countries or indigenous the use of traditional medicine (TM) in poorer countries. A recent survey of cancer patients was conducted in November 2004 in a public-sector hospital in a major city in Brazil. It showed a global complexities, since both CAM and TM are a potentially significant part of health options. Brazil is just such a country. Brazil is marked by massive socioeconomic inequalities; cancer is its second highest cause of death. To date, there has been little research on CAM/TM in cancer care in Brazil. The purpose of this study was to provide the first exploratory data on the proportion of the use of CAM and/or TM among low-income cancer service users in Brazil. A random sample (n = 92) was generated from a list of all appointments scheduled during that month (n = 570). Eighty-nine of the 92 patients contacted (97%) completed the questionnaire. 62.9% of the patients had used at least one form of CAM or TM. However, this figure is potentially misleading. The data reveal an almost total absence of use of non-indigenous international CAM; it also shows prayer to be a major

contributor to the relatively high use rate. On the basis of this small-scale exploratory study, there is no evidence that those international CAMs are spreading to low-income cancer service users in Brazil (despite anecdotal evidence of its increasing presence in the country generally). Moreover, when excluding prayer, use of indigenous traditional medicine was found to be relatively low. It would be fair to recommend further research is needed to challange these findings on a larger scale and to explore the relative importance of social, cultural, and economic factors behind them. ^[6]

WHAT IS (CAM)?

The National Center for Complementary and Alternative Medicine (NCCAM) defines the term "complementary and alternative medicine" (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; that is, medicine as practiced by holders of 'medical doctor' or 'doctor of osteopathy' degrees and their allied health professionals, such as physical therapists, psychologists, and registered nurses",^[6]

Boundaries, within CAM and between the CAM domain and that of the dominant system, are not always sharp. This is because Complementary medicine (CM) refers to a group of therapeutic and diagnostic practices outside the institutions where conventional health care exists.

In the 1970s and 1980s these disciplines were mainly provided as an alternative to conventional health care and hence became known collectively as "alternative Medicine." The name "complementary medicine" developed as the two systems began to be used alongside (to "complement") each other. Over the years, "complementary" has changed from describing this relation between unconventional healthcare disciplines and conventional care to defining the group of disciplines itself. Some authorities use the term "unconventional medicine" synonymously. ^[7]

Despite vigorous attempts, a large number of alternative definitions are available as there is no consensus over a single definition. ^[8]

However, all descriptions are pointing in the same direction, but with a focus on different aspects. CAM includes practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being. ^[9].

Complementary and Alternative Medicine is based on the

concept of “The will to live”.

- Does “The will to live” have any meaning?
- Can it prolong one's life?
- Can it bolster one's immune system?

Oncologists affirm that “The will to live” does have meaning, it can vastly improve the quality even prolong the life of a cancer survivor.

The will to live is a force within the human being to fight for survival when a disease such as cancer threatens his life. This force is apparently stronger in some people than in others.

CANCER AND WISDOM OF THE BODY

The argument in this non conventional medicine goes like this:

“Modern cancer research provides ample evidence that the disease cancer comprises more than a tumor. Nevertheless, researchers prefer to ignore the difference. We may distinguish in cancer between two components, or processes. Destructive, like tumor, and protective, represented here by the Cancer Yogi metaphor. Their interplay is represented by second metaphor, Wisdom of the Body (WOB). The metaphors provide intuitive insight into the interplay between processes in the organism. This narrative is intended to convince the patient that contrary to general belief, he can resist cancer and become a Cancer Yogi. “

In the present discourse, the two metaphors acquire a broad meaning. WOB is the skill of any live form to control its processes. Yogi, [1]

The trial of presenting CAM article entitled “Experience of a 12-Year Breast Cancer Survivor. Early Detection, Intuition, Relationship and Spiritual Awakening Preserved Her Whole: A case study and structured interview.” is a safe challenge. It does not incite readers to be alerted to the shortcoming and potentials. Having educated choice for such practice and have an intelligent surfing in the internet and may be the locations where such knowledge is fermenting.

References

1. Teo C. K. H., Teo I. E. A., Im-Teo C. B: Experience of a 12-Year Breast Cancer Survivor. Early Detection, Intuition, Relationship and Spiritual Awakening Preserved Her Whole: A case study and structured interview. *The Internet Journal of Health*. Vol. 5 No. 2 2006
2. Wadhwa S. S.: Customer Satisfaction and Health Care Delivery Systems: Commentary with Australian Bias: *The Internet Journal of Nuclear Medicine*. 2002; Volume 1, Number 1.
3. Maxion-Bergemann S., Wolf M., Bornhoft G., Matthiessen P.F., Wolf U.: Complementary and alternative medicine costs - a systematic literature review. *Forsch Komplementarmed*. 2006;13 Suppl 2:42-5. Epub 2006 Jun 26.
4. Joske D. J., Rao A., Kristjanson L. Critical review of complementary therapies in haemato-oncology. *Intern Med J*. 2006 Sep;36(9):579-86.
5. Tovey P., de Barros N.F., Hoehne E.L., Carnevalheira J.B. Use of traditional medicine and globalized complementary and alternative medicine among low-income cancer service users in Brazil. *Integr Cancer Ther*. 2006 Sep;5(3):232-5.
6. . National Center for Complementary and Alternative Medicine (NCCAM). The Use of Complementary and Alternative Medicine in the United States. Available at http://nccam.nih.gov/news/camsurvey_fs1.htm. Accessed September 5th, 2006.
7. Zollman C, Vickers A. What is complementary medicine? *BMJ* 1999;319:693-696.
8. British Medical Association (BMA). Complementary Medicine-New Approaches to Good Practice. Available at <http://www.bma.org.uk/ap.nsf/content/publicpetitioncam>. Accessed September 5th, 2006.
9. Tascilar M., de Jong F. A., Verweij J, Mathijssen R.H.J. Complementary and Alternative Medicine During Cancer Treatment: Beyond Innocence *The Oncologist*, Vol. 11, No. 7, 732-741, 2006

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