

Educating Professionals on Complementary and Alternative Options for Care as part of a Total Wellness Protocol

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Not long ago, modalities such as acupuncture, various forms of massage therapy, chiropractic care, and even psychotherapy were considered “alternative,” or “New Age” treatments, certainly not mainstream medicine. Today there has been an increasing trend towards the use of complementary and alternative therapies (CAM). Because many of the theories behind these practices are dated far before the birth of modern medical technology, they have often been viewed as outside of the scope of modern science and may still be by many. In spite of this, more and more people are turning to alternative practitioners for relief from illness with the desire to avoid both prescription medications and invasive procedures.

Eisenberg’s Harvard Medical School study reported in 1993 that 1/3 of the US population were using some form of alternative and complementary therapy and a higher percentage of use was occurring among people in certain subgroups, such as cancer survivors.¹ A later study by Ni and colleagues estimated 28.9% of US adults used a single CAM modality in the year prior to the National Health Interview Survey in 1999.²

Hart’s report noted that up to 55% of those who use CAM do so because they believe, used in conjunction with conventional medicine, this leads to a better outcome.³ This rise in utilization brings with it an added responsibility on the part of practitioners of CAM to become better educated, and more familiar with modalities other than those which they practice in order to be able to respond to the growing request for these modalities. CAM represents an extensive set of treatment modalities, belief systems and lifestyle approaches that are used for prevention and treatment of disease, and yet, are not taught widely in medical schools or generally available in hospitals.

The National Center for Complementary and Alternative Medicine is the leading agency for scientific research on CAM and states its mission as “...dedicated to exploring CAM healing

practices in the context of rigorous science, training CAM researchers and disseminating authoritative information to the public and professional communities.”⁴ Scanning the literature, we can see that positive results of CAM modality research have been observed in many areas, including the treatment of cancer, diabetes, pain management, palliative care, before and after childbirth, and many more.^{5, 6, 7}

In 2000, acknowledging the public’s strong interest and utilization of CAM, former President Clinton formed the White House Commission on Complementary and Alternative Medicine Policy. His intention was to increase access to families, augment research on CAM practices, provide regulation for CAM practitioners and make sure that reliable information was available to the public and to health care providers.

Today, choices have grown, as many individuals have become disillusioned by what the medical field has to offer and the quality of care they have received. As hospital stays become shorter and medical care more impersonal, the fear of medical errors becomes a looming reality. People today seek out alternative and complementary therapies after hearing from their medical professionals that “nothing else can be done,” and after finding, not only symptomatic relief, but a greater sense of hope and personal power through alternative therapies.⁸

Conditions ranging from chronic pain, migraine headaches, digestive problems, depression, anxiety, and addictions are often relieved without the use of medication. Often when a physician does prescribe medications, the patient is also referred to a massage therapist or counselor for additional support and alleviation of symptoms. The biomedical social approach which recognizes the connection between emotions, social environment and even our spirituality is becoming recognized as *the* emerging philosophy that drives patient care.

Practices such as yoga, Reiki energy healing, mindfulness practices, Chi Kung, aromatherapy, meditation, and massage therapy are being successfully integrated into clinic and hospital programs, with an increasing acknowledgment of the rewards that patients report receiving, and the statistics that have come out of research studies recently conducted throughout the United States.^{8, 9, 10}

With the increase in patient requests for referrals to alternative and complementary practitioners, it is important that health care professionals are knowledgeable about safety,

effectiveness and possible interactions with medications. Assisting patients to interpret the results of scientific articles regarding treatment modalities can improve the patients understanding of the benefits and assist in choosing appropriate treatments. Providing written information regarding treatment options may also provide additional assistance, as well as, increased access to professional organizations that provide referrals to practitioners, familiarity with other local practitioners, and knowledge of the medical issues that can be treated by the different modalities can also be helpful. This preparation will provide the practitioner with an increased ability to successfully refer their patients, as will awareness of and access to web sites that patients may find helpful.

In addition, to fully serve their patients/clients and to be able to work within an integrated system, practitioners must be able to answer pertinent questions their patients might raise. Some of these questions might be:

- *What benefits can be expected from this therapy?
- *What are the risks associated with this therapy?
- *Do the known benefits outweigh the risks?
- *What side effects can be expected?
- *Will the therapy interfere with conventional treatment?
- *Is the therapy part of a clinical trial? If so, who is sponsoring the trial?
- * Will the therapy be covered by health insurance?

Practitioners of complementary medicine can benefit from both the knowledge and experience of other available alternative practices and techniques, and improve issues related to patient self-care and personal growth. In addition, in order to fully serve patients, clients and work within an integrated system, practitioners must be aware of the

diversity of these modalities and be able to skillfully refer their patients to the appropriate one.

Over the past decade, throughout the country and the world, many formerly “alternative” or “complementary” modalities are now accepted as an integral part of total wellness. To treat the total person and work towards a preventative protocol, the healthcare system must not only respond to the call of the people, but must address the ever expanding, evolving complexity of the individual, group and social system in which we live.

With the rise in utilization of CAM comes an increased responsibility for both traditional and alternative and complementary practitioners to educate themselves and to become aware of the benefits and uses of other modalities. Opportunities to interface in an educational setting can be an invaluable opportunity to learn and become aware of the ways that practitioners can work towards a program that best serves their patients. It is clear that CAM is here to stay and that in order to offer a comprehensive wellness protocol to patients, practitioners must gain information and experience to be able to effectively refer and address the growing needs and requests of their patients.

References:

1. Eisenberg, D. M., Davis R. B. , Ettner S.L., Appel S., Wilkey S., Van Rompay M. and Kessler R.C. (1998) Trends in Alternative Medicine use in the United States. 1990-1997: results of a follow up survey. *JAMA* 280(18) 1569-1575.
2. Ni, H., Simile, C. and Hardy, A.M. (2002) Utilization of Complementary and Alternative Medicine by United States adults. Results from the 1999 National Health Interview Survey. *Medical Care* 40 (4) 353-358.
3. Hart, J. (2009) CAM and Medical Education. *Alternative and Complementary Therapies*. 15. Doi: 10.1089/act.2009.15602
4. National Center for Complementary and Alternative Medicine. (2005) Expanding Horizons of Health Care: Strategic Plan 2005-2009. N.I.H. Publication no. 04-5568. Washington, DC: US Government Printing Office.
5. National Institutes of Health. Acupuncture: NIH Consensus Statement. National Institutes of Health Office of Disease Prevention Web site. Accessed at http://odp.od.nih.gov/consensus/cons/107/107_statement.htm on August 30, 2005.

6. Egede, L.E. (2004) Complementary and Alternative Medicine Use With Diabetes. Geriatric Times retrieved from <http://www.cmellc.com/geriatrictimes/g040608.html> on March 3, 2010.
7. Hart, J. (2008) Complementary Therapies for Chronic Pain Management. Alternative and Complementary Therapies. 64-68.
8. ArcMesa Educators. Complementary and Alternative Medicine (CAM)-An Introduction. Retrieved from <http://nursinglink.monster.com/training/articles/230-complementary-and-alternative-medicine-cam---an-introduction>. On March 3, 2010.
9. Reiki in Hospitals. Center for Reiki Research. Retrieved from www.centerforreikiresearch.org/
10. Vanderbilt, S. (2003) Complementary Nursing Care. Pursuing Alternatives in the Medical Field. Retrieved from http://www.massagetherapy.com/articles/index.php/article_id/404/Complementary-Nursing-Care-