Complementary and Alternative Medicine

Alternative, unconventional or more accurately, complementary medicine is used by about one-third of all Americans. The estimated value of this industry approaches 27 billion dollars.

In many instances, patients neglect to tell their doctors about their use of other practices or remedies. There is a growing number of physicians who either incorporate complementary medicine techniques into their practices, or who are willing to refer patients to alternative practitioners. Some of these practices include: relaxation and biofeedback techniques, chiropractic, massage, hypnosis, acupuncture, meditation, herbalism, imaging, spiritualism, homeopathy, energy medicine, and vitamin therapy. Today’s medical students are more receptive to complementary medicine than previous generations, and it is anticipated that this trend will continue. MEDLINE has a Medical Subject Heading term for alternative medicine. A MEDLINE search on alternative medicine will yield thousands of citations. There are, appropriately, growing numbers of clinical trials being conducted on various alternative medical therapies. Duke University is in the midst of a scientific study of St. John’s Wort. Recent articles in the New England Journal of Medicine and the Journal of the American Medical Association have addressed the subject in scientific detail.

An Office of Alternative Medicine (OAM) was established by Congress in 1993. OAM is located in the Office of the Director at the National Institutes of Health. The OAM facilitates research and has a toll free phone line as well as a Web site. Funding for OAM has increased steadily, and in 1998 was approximately 12 million dollars. Most of the OAM research is being conducted through alternative medicine centers around the country, which are funded through six NIH institutes. NIH institutes support and conduct research on alternative medicine—some 140 projects in 16 categories totaling 44 million dollars are being supported. Categories include mind/body medicine, behavioral techniques, diet and nutritional supplements, lifestyle modification, and disease prevention. There are certain areas for which there is a paucity of research, for example, alternative treatment of cancer; the National Cancer Institute has allocated a portion of its budget for alternative cancer research. In 1997 there was an NIH sponsored consensus development conference on the issue of biofeedback and relaxation techniques to treat pain and insomnia. The OAM, which has an international liaison section, works with the World Health Organization to develop joint projects. There is a growing number of journals devoted to complementary medicine and there are more than 80 databases devoted to the subject.

Senator Tom Harkin, D-Iowa, was responsible for the 1993 legislative initiative that created the Office of Alternative Medicine. This year, Senator Harkin introduced, and the Senate passed, S. 2420, which elevated the OAM to The National Center for Complementary and Alternative Medicine at NIH. In addition to a budgetary increase, the Center status will be able to coordinate science based clinical trials involving complementary and alternative therapies. This very important step—the performance of scientific trials—will allow the scientific community to determine the efficacy of these various alternative modalities. The information obtained from these trials should be published in a peer reviewed journal thereby allowing physicians to utilize the scientifically proven alternative therapies for the benefit of their patients.

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