

Chapter 1

An Overview of Complementary and Alternative Medicine

Annalisa Casarin

The NIHR Research Design Service East of England, UK

Mayuree Tangkiatkumjai

Srinakharinwirot University, Thailand

Dawn-Marie Walker

University of Southampton, UK

ABSTRACT

A treatment that is not recognised as conventional medicine is frequently referred to as part of complementary and alternative medicine (CAM) methods. This Chapter will provide an overview of the several CAM definitions currently proposed and the types of CAM methods. The prevalence of CAM use and the characteristics and attitudes of CAM users will be also explored with a focus on patients with kidney diseases. The reasons for CAM use and the literature on the placebo effects as a debated hypothesis of CAM mechanism of action is presented.

INTRODUCTION

Complementary and alternative medicine (CAM) has existed in Asian cultures for centuries, recently it has become prominent in the western world. A study published in 2008 showed that 38% of adults and 12% of children used CAM in the United States in 2007 (Barnes, et al. 2008). Most recently, a survey conducted under the cross European CAMbrella project, showed that in Europe one in two surveyed people had used CAM between 2010 and 2012 (EuroCAM, 2014), and it is evident that ancient therapies have been re discovered by patients in order to find solutions to their increasing numbers of health issues. Writing an overview of CAM is difficult. While the definition of orthodox medicine is well established, CAM techniques are so widely spread across the world and embedded in different cultures that giving CAM a single definition is a challenge. Not only do different organisations define CAM in various ways, but also they include or exclude techniques within this term according to the organisation's beliefs and

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culture. For example, some people may identify dietary advice, exercise or prayer as CAM, but Asian people do not think that prayer is an alternative medicine as it is a part of their religion.

The interest in CAM may possibly be due to the rising number of concerns that patients have towards orthodox, western medicine. This in turn has led to a call for regulation and proof of efficacy. International establishments like the World Health Organization (WHO), recognize that it is essential to guide this process by suggesting the development of country specific policies (WHO, 2013). The goal of WHO, and CAM practitioner associations, is to analyse the value and safety of CAM interventions with scientific methods in order to best advise patients.

This chapter aims to: explain the difficulties in collating different understanding of CAM practices by Western organisations; discuss the prevalence of CAM use; explore the penchant for CAM seen in patients with renal conditions; and discuss the placebo effect, an important part of all healing processes. Suggestions of future research directions will be presented at the end of this and the following chapters.

DEFINITION OF COMPLEMENTARY AND ALTERNATIVE MEDICINE

A complementary technique is considered as one which falls beyond the scope of orthodox medicine, but which may be used alongside it (www.OxfordDictionaries.com [last accessed 17/03/17]), while an alternative method may be used instead of conventional medicine. Whether a healing method is considered as a CAM depends on the context, or culture in which is used. For example, herbal medicine is considered as traditional and integrative in China, and complementary or alternative in Europe. In regards to context, herbs can be used as a complementary therapy for infertility whilst they can be used as an alternative treatment to medications for urological conditions. In cases of incurable conditions, like end stage kidney failure where only conventional treatment will save the patient, CAM can be offered in order to relieve symptoms associated with the technique or the disease (Barnes et al., 2008). In this case the techniques may be considered complementary because they cannot be offered as alternative to dialysis. Another term frequently used and recently adopted to indicate a combination of CAM techniques and conventional medicine is integrative. In this case, Asian countries led the way in adopting the integration between systems. As Bodeker stated (2001), the Asian experience should be used by western countries when developing policies for integrating two health systems. Chapter 10 will explore the integration concept in depth.

Each CAM may also have differential definitions. Acupuncture, for example, has many different definitions according to context. The Chinese Medicine acupuncture practitioner looks at the symptoms in order to detect energy blocks, and healing ability depends upon emotions that the patient experiences during the appointment. Whilst in the western world, medical acupuncture practitioners evaluate symptoms and deliver treatments thinking of neuromodulating endogenous systems (International Council of Medical Acupuncture and Related Techniques, 2015). Therefore, the definition of a single technique may have different meanings. This makes defining CAM even more difficult.

Several Western health organisations have endeavoured to define CAM, and CAM research leaders of a number of countries, have aimed to develop a general, open, pan European definition (Table 1) that includes all systems able to maintain and improve health (Falkenberg et al., 2012). One shared understanding of CAM may be useful to overcome barriers to research and the development of international policies and regulations. But a worldwide definition of CAM looks like far from being realistic. The first obstacle is the different views between East and West. In East Asian countries, like China, Korea and

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