Preface

Complementary and Alternative Medicine

Defining complementary and alternative medicine (CAM) is controversial. What was conventional or traditional medicine at some time in the past or in current practice in various countries around the world but lying outside of conventional Western medicine is now called CAM. CAM approaches and treatments are based on clinical observations and theories developed often over thousands of years of experience. In the 1990s, many positive changes regarding CAM occurred. More recently, CAM has garnered the interest of major researchers and federal funding. The National Institutes of Health now funds a center for the study of CAM. Its website (http://nccam.nih.gov) is an important resource for health care practitioners and consumers. The explosion in the use of dietary supplements, botanicals, and nutriceuticals has made it difficult to understand the implications in standard medical practice, especially drug interactions and side effects. The National Institutes of Health website provides information and alerts regarding herbal medications and supplements. In addition, because of the lack of rigorous regulation on product quality and purity, many supplements purported to have a certain quantity of an ingredient often have none [1]. Another World Wide Web resource, http://www.consumerlab.com, provides information from an independent laboratory regarding actual composition of a product.

It is often difficult for primarily Western trained physicians to embrace CAM treatments given the common lack of scientific evidence or understanding of CAM treatment effects on physiology. Some CAM treatments seem outlandish, such as healing a person without even being in the same room. Responders to national surveys on CAM use indicate, however, that
more than 25% of CAM treatments are based on prayer or spiritual or personal growth psychology [2,3]. Often traditional Western medicine approaches a patient with a separation of mind and body. CAM offers an alternative approach that may integrate the spiritual, cultural, and psychological philosophy of the patient. It is reassuring that patients often use CAM treatments in conjunction with traditional Western medicine [2]. It behooves practitioners to keep an open mind and allow a nonjudgmental discussion of CAM treatments with patients to allow better integration of their care. It is our hope that this issue will help practitioners to understand better CAM treatments and the current scientific evidence available to support their use. Many CAM treatments are extremely difficult to study with standard scientific methods, however.

A national study found patients with more chronic conditions were more likely to use alternative medicine [2]. In physical medicine and rehabilitation practice, clinicians see patients with chronic disabling conditions and various painful conditions. There has been an increase in awareness of the public and medical professionals regarding pain control since pain has been included as one of the vital signs. It is useful for physical medicine clinicians to have as many therapeutic options as possible available in their armamentarium to serve patients better. Physical medicine traditionally has used many other modalities besides medications. As a natural extension, it is not surprising that physical medicine clinicians embrace the opportunity to use CAM techniques.

Dr. Shankar’s previous work focused on therapeutic physical modalities. This issue is a step further to move into the CAM arena. Dr. Ugalde has worked with Dr. Shankar on previous projects.

This issue begins with a review of CAM approaches to health that are widely used in different parts of the world that are pertinent to the practicing physiatrist. The issue contains articles relating to mind-body medicine, biopsychology of pain, behavior modification, and biofeedback. Several movement therapies, such as yoga, Rolfing, tai chi, Alexander technique, and Feldenkrais technique, are emphasized. The topic of CAM medications is too broad, so the focus here is on issues related to medical marijuana. Hippotherapy and art and music therapy are included as complementary to treating medical conditions. Because of space limitations, it was not possible to include all possible CAM techniques and herbal medications.

The issue concludes with general topics of economics and educational aspects of CAM. Physicians and insurers now accept CAM more than a decade ago, but greater education, understanding, and acceptance are needed from the provider’s and the user’s perspective. CAM approaches should be added to the curriculum not only in medical school, but also in residency training. With the renewed interest in CAM, it would be interesting to collaborate at a global level with organizations such as the World Health Organization and international societies of various medical specialties. Dr. Shankar contacted the Indian Society of Physical Medicine Physicians.
and discovered that at present there is no integration of CAM in physical medicine training programs.

After decades of practicing Western medicine, Dr. Shankar is enjoying the experience of revisiting many Eastern medicine principles. Dr. Shankar grew up in a society where *vata-pitta* (ayurvedic term) was a household term, and herbs and gems routinely were advised for ailments. She also completed training in acupuncture and was able to understand the Traditional Chinese Medicine philosophy easily. Dr. Ugalde developed an interest in herbal medications from her exposure to Native Americans in Nevada as a child. This interest led to botany courses and a class in medically important plants in college and a continuing interest in her physiatry practice. Drs. Shankar and Ugalde thank the contributing authors, Liz for her editorial assistance, and George Kraft for his interest in keeping this project alive.

Kamala Shankar, MD

*Department of Physical Medicine and Rehabilitation—117 Veterans Affairs Palo Alto Health Care System
3801 Miranda Avenue, Palo Alto, CA 94404, USA
Functional Restoration Department
Stanford University Medical Center
Stanford, CA, USA

*Department of Physical Medicine and Rehabilitation
University of California, Davis, School of Medicine
Davis, CA USA

Vivian Ugalde, MD

*PO Box 33802
Reno, NV 89533

E-mail address: pondersosasportsrehab@hotmailcom

References

