

Medical Territoriality and Complementary/ Alternative Therapies: Historical Issues and current alternatives

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Abstract

Each of us may experience diverse health problems that may be caused by physical problems, plus a spectrum of psychological, social and spiritual problems from many causes. Each of us may experience these problems through some or all of our wholistic awarenesses, including our body, emotions, mind, relationships (with other people or the environment), and/or spirit. Allopathic (conventional) medical doctors primarily address those parts of our problems restricted to the physical body. In most cases, this is all they been trained to understand and to do. The majority of allopathic doctors assume they are addressing the most essential aspects of people's problems, but have no scientific evidence to support their restricted choices in assessments and interventions. They are often dismissive and disparaging of parts of the wholistic spectrum other than their own areas of expertise. Worse yet, they have gone so far as to get public health authorities to restrict the permitted caregiving modalities within heir local geographic jurisdictions to permit their own modes of allopathic medical practice and to make it illegal for therapists of other modalities to practice within their jurisdiction. In many cases this is a tremendous disservice to people who could otherwise avail themselves of therapies that are beneficial – for many problems that are unresponsive to allopathic medical treatments. This discussion focuses on the examples of homeopathy and chiropractic, which demonstrate several aspects of these issues. Coming from the opposite direction, various complementary/ alternative therapies offer enormous benefits that can help people deal with many of their health issues with great benefits, and in many case with lower risks than those of conventional medicine, as well. Modern communications, particularly the internet, are increasingly making it possible for the public to identify those wholistic healing modalities that suit them best.

Key words: therapeutic territoriality, caregiving, complementary/ alternative therapies, wholistic healing.

Introduction

Each of us travels through this world from birth to death on our unique, individual path. We experience diverse problems, which may be caused by congenital, infectious, metabolic, toxic, allergic, neoplastic, degenerative, and traumatic physical problems. These have been extensively studied by conventional allopathic medicine. Detailed diagnostic categories for problems have been established,

and local standards for recommended therapies are maintained by the local Medical Association. (It is of note that such standards may vary from one state to another, but that legally the local standards are applied within each jurisdiction.)

A broad spectrum of psychological and social problems have been identified and are addressed by conventional allopathic psychiatry and conventional psychotherapy. The governing bodies of these organizations label psychological issues as psychopathology. Psychiatrists have established legal criteria for diagnoses of psychopathological conditions.

In these specialties, jurisdiction is claimed over the assessment and treatment of the problems that are identified and treated by members of these professions. This jurisdiction been mandated as law in each of the states in the US.

These are excellent ways to justify and enforce claims over identified diagnostic and therapeutic territory as belonging under the exclusive professional jurisdiction of various caregiving practitioners. Historically, we can trace this in the US to the Flexner Report of 1910. This report suggested that allopathic medicine was scientifically proven, whereas other systems of care were no more than worthless folk remedies. Flexner suggested that in any case, there were far too many schools of medicine in the US and that healthcare would be better served by closing a lot of them.

Based largely on the Flexner Report, the American Medical Association (AMA) mounted a fierce campaign to discredit various caregiving practitioners, most notably homeopathy. Within a few decades it had successfully eliminated all the homeopathic medical schools and subsequently was equally successful in having homeopathy outlawed in every US state. (See the Motley Fool Blog for a user-friendly discussion on the Flexner Report; Stahnisch & Verhoef, 2012 for a referenced discussion).

Homeopathy

...Hahnemann stumbled upon a phenomenon that is barely beginning to be understood by modern physics, a dynamic that might be likened to spirit, information or meaning in matter...

– Edward Whitmont (1993, p. 7)

Samuel Hahnemann (1755-1843), a physician of German origin, developed a system for treatment that somewhat resembles the immunization process. He discovered that the body could learn to deal with symptoms of an illness if it was given minute quantities of substances that produce similar symptoms in a healthy person.

Hahnemann developed this approach after noticing that when he ingested quinine in order to observe its effects on a healthy person, he developed intermittent bouts of fevers, chills and weakness. These symptoms are very similar to those of malaria, for which quinine is a remedy.

Homeopathic evaluation begins with a detailed listing of symptoms. These are organized into personality types and diagnostic categories that make little sense in terms of the frameworks of allopathic medicine. Homeopathic remedies are prescribed for *syndromes* rather than for individual symptoms. These include the presenting illness, personality factors in the patient, past traumas of a physical and/ or emotional nature, relationships with others (particularly parents), likes and dislikes, and much more. The syndromes are then organized into *remedy symptom clusters*.

The patient is not placed in a diagnostic box defined by the patho-physiological or psychological causalities that are presumed to produce the illness according to conventional Western conventional

concepts of disease. For instance, symptoms such as inertia or lack of will are viewed in allopathic medicine as defects of character or motivation. In homeopathy, these symptoms are approached as further aspects of disharmony, in addition to other empirically derived symptom clusters for which specific remedies have been found to be effective treatments.

The remedies prescribed are minute doses of substances that would cause similar symptoms to those presented by the patient if these remedies were given to healthy people. Under the stimulus of these very dilute substances, the body can learn to handle the symptoms competently instead of being overwhelmed by them as it had been previously. Oddly, this method is successful even when a person is currently suffering from the very same symptoms that are being treated. A clear example is found in the treatment of laboratory rats poisoned with lead. When given homeopathic micro-doses of lead, the rats excreted greater amounts of lead in their urine than did untreated rats (Fisher & Capel, 1982). Similarly, homeopathic arsenic provides protection against arsenic poisoning (Mallick, Mallick, Guha & Khuda-Bukhah, 2003).

Homeopathic remedies are developed in two ways. In *conventional homeopathy*, substances that might be therapeutic are given to healthy people in order to study their clinical effects (Allen, 1982). This is termed *proving*. The symptoms produced in this way have been found to be treatable in ill people by giving them diluted solutions of these substances. *Intuitive homeopathy* relies on the perceptions of highly sensitive individuals who are able to intuitively assess the therapeutic properties of the substances. They may also be able to intuit the substances that will be best for treatment of ill patients. While such intuitive perceptions may sound like unreliable grounds for developing a therapy, there is substantial research evidence to confirm that this is possible (Benor, 2002). The clinical effectiveness of intuitive remedies have been widely reported by homeopaths, but research to substantiate their efficacy is in its early stages as yet (van der Zee, 2009; Johannes & van der Zee, 2010).

The practice of homeopathy originally spread rapidly in Europe, the US, Asia, and South America. It was very popular and widely used in the US at the end of the 19th century. It was credited with more than halving the mortality rate from cholera in London in 1854, and from yellow fever during a US epidemic in 1878. There were 22 homeopathic medical schools and over 100 homeopathic hospitals in the US prior to the publication of the Flexner Report in 1910. This report, which was promoted through lobbying by medical doctors, established guidelines for funding allopathic medical schools and led to a rapid decline in the practice of homeopathy, almost to the point of its disappearance in the US. (Naturopathic medical treatment met the same fate, for the same reasons, at that time.) In Great Britain, the practice of homeopathy was also much reduced but not eliminated. Several homeopathic hospitals remain in the UK, and the Royal Family's support of homeopathy has helped to encourage its use.

Homeopathy research

Clinical research on homeopathy is complicated by the fact that the remedies are prescribed on an individualized basis for each person. Although two patients may have the same medical diagnosis, such as a streptococcal throat infection, each might expect to receive a different homeopathic remedy, depending upon their symptoms, personalities, life experiences and other factors. A homeopath will usually spend 1-2 hours in taking a careful history in order to identify the clusters of symptoms and other relevant information that can be clustered into syndromes that can respond to various remedies. In contrast, allopathic medicine usually prescribes the same medication for all patients with a given diagnostic physical or psychological problem. So allopathic medical doctors have insisted that in order to demonstrate efficacy to their satisfaction, homeopathy research must conform to allopathic medical research protocols.

This requirement is patently ridiculous. A typical homeopathic doctor will spend between one and two hours exploring the details of the life of the person being treated in order to put together the clearest possible combination of factors that point to one or more homeopathic remedies which match the clusters of symptoms and multitudes of other factors presented by the person needing help. Prescribing standardized remedies for the primary presenting problem is not really a test of homeopathy. Just because this is the way allopathic medicine functions is no reason to require that homeopathy be practiced in this manner for purposes of research. Despite these difficulties, a substantial number of homeopathic studies have managed to conform to the requirements of randomized controlled studies and still demonstrate significant effects.

The majority of comparative reviews of series of controlled trials conclude that significant clinical efficacy for homeopathic remedies has been demonstrated (Boissel, et al., 1996; Feder et al. 2002; Jonas & Jacobs, 1996; Kollerstrom, 1982; Scofield, 1984; Taylor-Reilly, 1988.).

The study that is generally acknowledged to be the most carefully designed and executed study of homeopathy is that of David Taylor-Reilly et al. (1986), which shows a 50% reduction in the need for antihistamine medication in the treatment of hay fever. Other studies have shown significant effects of homeopathy in treating arthritis, asthma, Attention Deficit Hyperactivity Disorder (ADHD), fibrositis, influenza, and childhood diarrhea. Other studies confirm that homeopathy can prevent infectious diseases.

Several reviewers conclude that there is insufficient convincing evidence of homeopathic efficacy. Linde et al. (1994) review 89 out of 119 studies that contained adequate information for their meta-analysis, applying the most stringent criteria of any survey. They graded 26 of these as good studies. They conclude that homeopathy cannot be considered a placebo, but they could not find sufficient evidence that it is beneficial for any specific clinical condition. See also earlier critical reviews by Hill/Doyon (1990) and Kleijnen, et al. (1991).

Research on treatment using minute doses of homeopathic medications has shown that they do produce observable effects. Within the context of Western scientific practice, it has been hard to accept that serial dilutions of substances can possibly have any medicinal effects, particularly since dilutions beyond C30 (serial dilution of 1/10, 30 times) cannot contain even a single molecule of the original substance. Skeptics propose that even in double-blind controlled studies there must have been hidden suggestive effects to produce such results. It is therefore reassuring to find studies of homeopathic remedies on cells in laboratory cultures, bacteria, yeasts, plants and animals that also show significant effects.

The principles of homeopathy may also be relevant to other areas of medicine. A rigorous meta-analysis was made of 135 studies on the protection of organisms from poisoning by environmental toxins, using dilutions of C30 or greater (Linde, et al. 1994). This meta-analysis included studies of animals (70%), plants (22%), isolated organs (5%), and cell and embryo cultures (3%). Of the 26 studies that met the reviewers' stringent criteria for design and reporting, 70% showed positive effects.

The above-mentioned research clearly just begins to scratch the surface of the mystery of homeopathy in particular, and biological energy healing in general, that could transform our understanding of the world when we further clarify how these methods work.

Homeopathic training and practice

Five naturopathic medical schools in the US have well-rated programs in homeopathy. In order to get into them, you must have at least two years of chemistry, a year of biology, and other pre-medical coursework. These schools offer a four-year program (Dana Ullman).

Homeopathic remedies are available without prescription at many pharmacies. Many people self-medicate with some of the more common ones. For instance, arnica is a remedy widely used for stress and trauma, both physical and psychological. It can be taken as pills following a trauma, and arnica creams are available for topical application.

In recent years, increasing personal validations of efficacy of homeopathic remedies, and publication of homeopathy research has helped bring about a resurgence in its use in the US, Europe, Asia and Latin America. Several American states now include licensing for MDs and DOs to practice homeopath, including Arizona, Nevada, and Connecticut. Several US states license naturopathic physicians (NDs) to diagnose and treat illness using many methods of natural therapies that include homeopathy. Visit the Association of Accredited Naturopathic Medical Colleges for a list of accredited schools (www.aanmc.org).

Several US states have also adopted legislation that allows unlicensed complementary and alternative health practitioners the freedom to practice as long as they give full disclosure of their training and background, including Minnesota, California, Rhode Island, Louisiana, Oklahoma, Idaho and New Mexico. Each of these states has its own regulations and guidelines, which you will need to obtain from the state directly (Homeopathy Center, Web reference).

Illustration of a homeopathic treatment

A case example will help to illustrate how homeopathy is prescribed for a specific problem in a particular person (Steele, 2003).

'Patricia' was an intense, loquacious, passionate person who was very jealous and frequently angry and sarcastic with her lover. She had a history of migraines, pharyngitis, tonsillitis, and colitis. She hated having anything tight around her throat. She frequently woke with a feeling of being suffocated at night, especially when she was falling asleep. She came for help because her PMS symptoms (irritability, jealousy, depression, headaches, hot flushes) had become a major problem for her, and they were threatening her relationship. She also mentioned in passing that she always had diarrhea before her menses.

Patricia's homeopath recognized that this pattern of symptoms points to the remedy Lachesis (a snake venom remedy), which has among its profile of indications the following items that appeared to fit Patricia's profile:

Mental – Passionate, intense people; Jealousy; Loquacity, Anger Sarcasm.

Head – Migraine headaches.

Throat – Pharyngitis; tonsillitis; Intolerance to tight collars, turtlenecks, necklaces.

Gastrointestinal – Colitis; Diarrhea before menses.

Urogenital – Premenstrual syndrome, including irritable, jealous, depressed, headache, hot flushes.

Chest – Wakes with suffocating feeling at night, especially on falling asleep.

Patricia was given one dose of 200C strength Lachesis. When she came back for her next appointment in a month, she reported that her PMS symptoms just didn't happen that month, and that oddly she also did not have diarrhea before her menses. Upon inquiry, she also noted that she was waking much less rarely with the old feeling of suffocation, and that she wasn't feeling as jealous anymore.)

Clearly, the assessments, prescriptions and therapeutic interventions such as the above differ substantially from those of conventional, allopathic medicine. This makes it difficult for medical practitioners to understand how such treatments could possibly be helpful.

In summary – re homeopathy

The efficacy of homeopathy in treating a broad spectrum of problems and its very limited side effects, which do not include fatalities, make homeopathy a therapy that is growing in use and popularity.

Detrimental territoriality of allopathic doctors

The manipulations of the American Medical Association to limit and then to totally restrict the practice of homeopathy in the US in the early 20th century, and continuing even today, is a clear example of detrimental territoriality. The public was (and in many parts of the US still is) restricted in legal access homeopathic treatments.

Why would the AMA do this? It is pretty clear that several factors contribute to these ongoing actions.

Greater investments in research by conventional medicine paid off in greater credibility for its treatments. This continues to be a factor in the AMA arguments against homeopathy and other complementary/ alternative treatments. However, the claimed scientific gathering of evidence for efficacy of allopathic Medicine has been shown to be based in many cases on flawed and deliberately falsified research in one third to one half of the published studies (Smith, 2005).

(Medical) journals have devolved into information laundering operations for the pharmaceutical industry... We know that the system of peer review is biased, unjust, unaccountable, incomplete, easily fixed, often insulting, usually ignorant, occasionally foolish, and frequently wrong.

– Richard Horton, MD,
Editor-in-chief of the Lancet

Competition to have more customers for physician services, more research funding, higher hospital occupancy, more use of hospital diagnostic and treatment services, and ever greater drug sales all provide very strong motivations for elimination of competing healthcare options.

Insurance companies have supported conventional medical services to the exclusion of complementary/ alternative treatments. For many decades, insurance coverage for anything but medical services was impossible or, at best, difficult to find. Even today such coverage remains very limited in most places.

All of the above might in some eyes be seen as nothing more than legitimate competitive business practices. But there's a little-publicized and generally overlooked piece to this that shines a very different light on allopathic medical practice. It is an openly acknowledged, though little publicized fact that allopathic medical practice is the third leading cause of death in the US. Only heart disease and cancer cause more deaths per year than allopathic medicine (Kohn, Corrigan & Donaldson, 1999; Landrigan, Parry, Bones, Hackbarth, et al., 2010). The specific causes are negative effects of drug treatments (Bates, Culle, Laird, Petersen, et al., 1995; Lazarou, Pomeranz, Corey, 1998; Moore, Cohen, et al., 2007) and medical errors (Brennan, Leape, Laird, et al., 1991). In 2007, almost a decade after the initial publications that brought to light this medical carnage, a follow-up study demonstrated that there had been no significant progress in reducing these deaths in the US (Moore, Cohen, et al. 2007).

In contrast, there are virtually no life-threatening effects of complementary/ alternative therapies in general, and from homeopathy in particular. Clearly, the legislated exclusivity of allopathic medicine in this case is detrimental to overall healthcare of the public.

Chiropractic

D. D. Palmer, a “magnetic healer” who practiced at the turn of the 19th century, developed a system of chiropractic therapy based on the thesis that the nervous system controls the body, and therefore that any malfunction in health must be due to blockage of the nerves involved in that part of the body. Treatments are based on spinal adjustments, with the presumption that misalignments of the vertebral column (subluxations) cause pinching of the nerves and thus block their control of the body. Diagnosis is accomplished with manual palpation of the body, and exploration of musculoskeletal movement, and with x-rays of the spine. Manipulations are described as *high-velocity, short-amplitude* manual interventions. Chiropractic has split into many and varied schools, some following a *straight* focus upon spinal manipulation and others adopting a mixed program that may include kinesiology, nutritional counseling, and other such techniques (Gillet/ Liekens; Schaefer/ Fay). An estimated twelve million Americans receive spinal manipulative therapy annually.

Chiropractic theory

Release of the pressure on the nerves pinched in a misaligned spinal cord is presumed to restore normal functioning to the body. The potential applications of chiropractic for the treatment of musculoskeletal disorders are obvious. Conventional medicine treats pinched nerves with surgery. This is different from the subluxations treated by chiropractors, as nerves can also be pinched by “slipped” disks, due to cartilage that protrudes from between the vertebral joints and impinges on the spinal cord or nerve roots.

Many chiropractors also claim to be able to treat various body organ diseases through spinal manipulations, but few have demonstrated causal connections between their interventions and the claimed results. The new and promising specialty of chiropractic neurology may begin to fill in some of these gaps. There is speculation that chronic irritation of peripheral nerves can produce changes in the biochemistry of the peripheral nerves, the spinal cord, and the brain, which in turn send abnormal messages to the body, thereby causing disease processes.

Bruce Lipton suggests that the true theories of D. D. Palmer were altered in order to conform to prevailing medical and cultural paradigms, and that the original conceptualization of D. D. Palmer was one that focuses on spirit and body consciousness:

A principal source of dissension between practitioners of allopathic medicine and chiropractic is evident when one examines how each practice perceives the flow of information in living systems. The schema for allopathic medicine is as follows: Genes represent the internalized source of control; gene-mediated cell expression of peripheral tissues and organs is relayed internally to the spinal cord, that information is then sent up the cord to the brain. Essentially this path can be described as Outside>Inside>(from)Down>(to)Above (O-I-D-A).

In contrast, the basic philosophy of Chiropractic, as defined by D. D. Palmer (before its modification by B. J. Palmer), perceives the flow of information from an externalized source, Universal Intelligence. An eternal “metamerized” portion of that intelligence, referred to as Innate, is needed by each individualized being (pages 494 and 496, *The Science, Art and Philosophy of Chiropractic*). Although Innate is not localized, its seat of control is the brain. From the brain, Innate’s intelligence travels down the spinal cord, and from the spinal cord outward to the periphery, a pathway referred to as Above>Down>Inside>Out (A-D-I-O).

Bruce Lipton (Web ref.)

Research in chiropractic

Replicated controlled studies confirm efficacy for:

- Acute back pain (Metz, Nelson, LaBrot & Pelletier, 2004); Better in back pain than a placebo for pain, though no better than physiotherapy for decreasing disability or duration of disorders (Parker et al);
- Headaches (Boline, Kassak, Bronfort, Nelson, et al., 1995); Nilsson, Christensen & Hartvigsen (1997); Parker, et al. (1978); negative findings (Bove & Nilsson, 1998);
- Muscle soreness following exercise (Molea et al., 1987);
- Infant colic (Klougart et al., 1989);
- Dysmenorrhea (Kokjohn et al., 1992);
- Hypertension (Yates et al., 1988)

Reviews of series of studies (meta-analyses) produced mixed impressions.

- One meta-analysis of 44 studies of chiropractic spinal manipulative therapy (SMT) for back pain showed positive results in 38 of the studies (R. Anderson et al., 1992). However, it was difficult to compare one study with another due to omissions of details such as the length of time after treatments when assessments were made, and specific measures used to assess results.
- A review of 21 randomized studies spanning 20 years (Abenhaim & Bergeron, 1992) showed modest evidence of short-term benefits but no clear long-term benefits. A major problem was the lack of precision in diagnoses, which made it impossible to assess the results.
- In another review (Assendelft et al. 1992), 4 out of 5 studies reported favorable results, but methodological weaknesses were again cited.
- A review of chiropractic manipulations for neck pain (Hurwitz, Aker, Adam, Meeker, et al., 1996) suggests some efficacy. Pain that does not involve neurological impairment appears to be the most responsive (Coulter et al.).

The limited scope of the existing chiropractic research is at first glance surprising, in view of the great popularity of chiropractic over the past century. Clearly, chiropractors are not investing time and resources to confirm the efficacy of their treatments. Because only limited numbers of studies of chiropractic have been published, and because, until recent years, training in chiropractic in some schools was very brief and insubstantial, allopathic medicine has felt justified in dismissing the benefits of this caregiving modality.

Chiropractic training and licensing

The Council on Chiropractic Education (CCE) is the national accrediting Agency for Doctor of Chiropractic Programs within the United States, promoting academic excellence and ensuring the quality of chiropractic education. The CCE accredits 15 Doctor of Chiropractic degree programs at 18 locations within the United States. Postgraduate education is available, with two-year residencies in orthopedics, radiology, neurology, pediatrics, family practice, sports medicine, rehabilitation, meridian/acupuncture, and research (Council on Chiropractic Education, 2013).

Detrimental territoriality of allopathic doctors in Chiropractic practice

It is instructive to consider the efforts of allopathic doctors in the US to limit the licensing and practice of chiropractic. For many years doctors were warned by their medical schools (as in my personal experience) and medical societies, not to associate with or refer patients to chiropractors. The chiropractors chose a different route for dealing with this. A successful lawsuit by chiropractors charging the American Medical Association (AMA) and other medical groups with restraint of trade in 1974 finally brought about a dramatic change after 16 years of litigation (Wilk et al., 1990). Since then, allopathic doctors have abided in fact (if not in general attitude) by this decision. Chiropractors are now working much more freely, and in some cases actually getting referrals from doctors. The benefits of chiropractic, particularly for back, neck, joint and other pains, have led numbers of

allopathic doctors to suggest chiropractic as an initial treatment. There is a growing acknowledgment and concern that medications and surgery may carry serious side effects that make chiropractic a good choice for early interventions with these problems. Not only are there direct dangers of medication side effects, but also problems of habituation and addiction to pain medications, antidepressants and anti-anxiety medications. Chiropractors would add that there are distinct benefits in addressing the presumed causes of these problems rather than just addressing symptoms. Furthermore, chiropractic is often cost effective.

Factors generating and perpetuating territoriality

Financial issues

Financial factors, considered above in broad focus, are almost certainly the most compelling motivators for the destructive territoriality in healthcare. These factors are pervasive and detrimentally influence many aspects of healthcare.

- The pharmaceutical industry has generated enormous revenues. Their average profit margin in 2013 was 42% (Anderson, 2014). They advertise heavily to medical doctors, and are increasingly marketing directly to the public.
- Healthcare is for many practitioners a business; a way of earning money as much as a humanitarian service. This is not to totally disparage the medical profession, as there are many doctors who continue to work from a deeply committed place of caring. But studies are showing that as many as 80-90% accept gifts or perks from pharmaceutical companies, and prescribe more brand name medications than those who do not accept such gifts (Mercola, 2016).
- Healthcare insurance has grabbed hold of the reins of healthcare in the US and is steering it in detrimental directions. Hospitals, other medical institutions, and individual doctors are compensated only for procedures on the insurance company's approved lists. Diagnoses have to be confirmed by lab tests or scans. As much as half of many doctors' work time is commonly spent in documenting medical diagnoses, justifying procedures, and battling payment rejections from the insurance companies. This tedium is extremely tiring, draining and dehumanizing. Doctors are viewed and treated by the insurance companies and by their employers as financial investments.

Doctors are being forced by insurance companies to severely limit the time they spend with patients, as they will only pay for so many minutes of the doctor's time per issue. This is seriously diminishing the quality of care. To have only 10-15 minutes for an assessment of a medical problem is ludicrous, but this is becoming the standard for many insurance companies covering treatments in the offices of family doctors.

In Canada the National Health Service is saying in addition that doctors should focus only on one problem per visit. People who have multiple symptoms don't know which might be related. Heart disease may produce pains in the chest, shoulder, arm, jaw or back. If a doctor doesn't think of the correct diagnosis of heart disease when the major pain is in the shoulder, the system has produced a medical failure.

Factors mitigating the prevalent medical territoriality

The public in many ways is leading the way by choosing complementary/ alternative (CAM) therapists.

- Many people are complaining, "My doctor doesn't listen to me."
- People are waking up to the serious dangers of medications, detailed above.
- People are voting with their feet and their dollars for better care.
- People are finding, learning and practicing varieties of CAM therapies, and learning self-care methods of prevention and healing for maintaining and improving their health.

Naturopathic Doctors (NDs) spend a solidly decent amount of time with people, and prescribe treatments such as herbs, supplements and other remedies that are much safer than medications.

Many NDs have studied homeopathy, reflexology and varieties of other therapies. Seeing a ND is a good first step. The same is true of doctors in the Holistic Medicine community (AIHM, web ref.). You may be recommended to any of the CAM therapies in Table 1 (or to others not mentioned in this list).

Table 1. Complementary/ Alternative modalities (CAM)

Acupuncture/ Acupressure (Reflexology/ Shiatsu)
 Anthroposophical Medicine
 Aromatherapy (Essential Oils/ Massage)
 Art Therapy
 Autogenic Training
 Ayurveda
 Biofeedback
 Bioenergetics (Reich, Rolf)
 Breathing (Holotropic/ Rebirthing/ Pranic/ Yoga)
 Chelation
 Chinese (Oriental) Medicine (Acupuncture/ Acupressure/ Herbalism/ Moxibuxion/ Qigong)
 Chiropractic (Regular/ Neurology)
 Coaching (See also: Counseling/ Psychotherapy)
 Colon Hydrotherapy
 Counseling (See also: Coaching/ Psychotherapy)
 Crystals, gems
 Dance/ Movement
 DietN(see Nutrition
 Dowsing (Intuitive Assessments)
 Drumming
 Electrical Therapy (Acupuncture/ Brain Stimulation/ Cancer Treatment/ Peripheral Nerve Stimulation)
 Energy Psychology [EP] (Emotional Freedom Techniques [EFT]/ Thought Field Therapy [TFT]/ Tapas Acupressure Technique [TAT]/ Transformative Wholistic Reintegration [TWR]/ Wholistic Hybrid derived from EMDR and EFT [WHEE])
 Essential Oils/ Aromatherapy
 Family Constellation Therapy
 Family Therapy
 Fitness/ Exercise
 Flotation
 Flower Essences/ Aromatherapy
 Healing (Brennan/ Craniosacral Osteopathy/ Healing Touch/ Medical Intuition/ Polarity/ Prayer/ Qigong/ Radiesthesia/ Reiki/ Shamanism/ Shen Tao/ Spiritual healing/ Therapeutic Touch)
 Herbal Remedies
 Homeopathy (Flower Essences)
 Hydrotherapy
 Hypnotherapy
 Imagery (Visualization)
 Intuitive assessments (Dowsing, Kinesiology/ Medical Intuition/ Radionics)
 Iridology
 Light (Color Therapy; Full Spectrum/ Infra-red [IR]/ Laser [Acupuncture, Kahn]/ Ultra-violet [UV])
 Magnet therapy
 Massage (Aromatherapy/ Lymphatic Drainage/ Myotherapy/ Rolfing/ Swedish Massage/ Trigger Point Massage)
 Meditation (Mindfulness [Kabat-Zinn]/ Prayer/ Transcendental Meditation [TM])
 Mind-Body (alt. Body-Mind) therapies/ Applied Kinesiology [Acupuncture]/ Bioenergetics/

Energy Psychology/ Eye Movement Desensitization and Reprocessing [EMDR]/ Hypnotherapy
 Movement/ Posture/ Alexander Technique/ Dance/ Feldenkreis/ Hellerwork/ T'ai Chi Chuan/ Yoga
 Neurolinguistic Programming (NLP)
 Music (see Sound)
 Native American/ First Nation/ Shamanic Healing/ Chanting/ Drumming/ Herbs/ Rituals/
 Sweat Lodge
 Naturopathy
 Nutrition (Diet)/ Allergy/ Balance/ Calories/ Detoxification/ Juices/ Macrobiotic/ Minerals/
 Supplements/ Therapeutic/ Vegan/ Vegetarian/ Vitamins
 Osteopathy/ Craniosacral Osteopathy
 Pain/ Wholistic Hybrid derived from EMDR and EFT [WHEE]
 Psychoneuroimmunology (PNI) [Relaxation/ Meditation/ Imagery/ Group support]
 Psychotherapy (Coaching/ Counseling)
 Qigong (6,000+ varieties)/ Healing by Qigong Master (*wei qi*)/ Self-healing (Meditation/
 Movement Exercises
 Radiesthesia (ref. Healing)
 Radionics (ref. Intuitive Assessments and treatments)
 Rebirthing (Ref. Breathing)
 Reflexology (Ref. Acupuncture)
 Relaxation
 Sound/ Drumming/ Rhythmic sound/ Entrainment Tapes/ Infrasonic Sound (Ref. Qigong)/
 Monroe Institute – Hemisynch/ Music Therapy (ref. Music)/ Song, chanting/ Tomatis
 Shiatsu (Ref. acupuncture)
 Suggestion/ Hypnotherapy/ Placebo
 Tibetan Medicine
 Wholistic Healing (Addressing: body, emotions, mind, relationships with other people and the
 environment and spirit)/ Wholistic Hybrid derived from EMDR and EFT [WHEE/TWR]
 Yoga (Hatha/ Bikram/ Moksha)

Some of these therapies have been in use for thousands of years. Others have been developed in the past century. Conventional doctors have for the most part shunned these wonderful healthcare options, considering them untested placebos at best, and often implying or stating (out of unmitigated ignorance) that practitioners of these therapies are, at best, unreliable, and at worst are purely charlatans. Some of these therapies have been confirmed in the experiences of countless thousands of people, over countless generations. Research is gradually beginning to confirm the efficacy of many of these (Benor, 2004; 2005; and see Resources, below).

In summary

We have many choices in healthcare today. The internet enables us to identify needed CAM approaches, as well as to find appropriate therapists to provide treatments and/or teach us to use them for ourselves. As with any caregiving modality, the person who is the practitioner contributes enormously to the efficacy of the therapy. Wherever possible, see if you can find personal recommendations for therapists that others have found helpful for the problems you are addressing.

References

- Abenhaim, L & Bergeron, AM. (1992). Twenty years of randomized clinical trials of manipulative therapy for back pain: a review, *Clinical and Investigative Medicine - Medicine Clinique et Experimentale*. 15(6), 527-535.
- AIHM – Academy of Integrative Health & Medicine. <https://www.aihm.org>
- Allen, TF. *The Encyclopedia of Pure Materia Medica: A Record of the Positive Effects of Drugs upon Healthy Human Organisms*, New Delhi: B. Jain 1982.
- Anderson, Richard. (6 November 2014). Pharmaceutical industry gets high on fat profits. BBC News <http://www.bbc.com/news/business-28212223>
- Anderson, R et al. (1992). A meta-analysis of clinical trials of spinal manipulation, *J of Manipulative and Physiological Therapeutics*. 15(3) 181-194.
- Assendelft, WJ et al. (1992). The efficacy of chiropractic manipulation for back pain: blinded review of relevant randomized clinical trials, *J of Manipulative and Physiological Therapeutics*, 15(8), 487-494.
- Bates DW, Cullen DJ, Laird N, Petersen LA, et al. (1995). Incidence of adverse drug events and potential adverse drug events. Implications for prevention. ADE Prevention Study Group. *JAMA*. Jul 5;274(1):29-34.
- Benor, Daniel. (2002). Intuition (Editorial), *International J Healing and Caring*. 2(2), 1-17.
- Benor, Daniel. (2004). *Healing Research, V. 2 - Professional edition: Consciousness, Bioenergy and Healing*. Bellmawr, NJ: Wholistic Healing Publications.
- Benor, Daniel. (2005). *Healing Research, V. 2 – Popular edition: How Can I Heal What Hurts?* Bellmawr, NJ: Wholistic Healing Publications
- Boissel, JP et al. (1996). *Critical literature review on the effectiveness of homeopathy: overview of data from homeopathic medicine trials*, Brussels: Homeopathic Medicine Research Group, Report to the European Commission. 195-210.
- Boline PD, Kassak K, Bronfort G, Nelson C, et al. (1995). Spinal manipulation vs. amitriptyline for the treatment of chronic tension-type headaches: a randomized clinical trial. *J Manipulative Physiol Therapy*. 18(3), 148-54.
- Bove, C. & Nilsson, N. (1998). Spinal manipulation in the treatment of episodic tension-type headache. *J. American Medical Association*. 280(18), 1576-79.
- Brennan TA, Leape LL, Laird NM, Hebert L, Localio AR, Lawthers AG, et al. Incidence of adverse events and negligence in hospitalized patients. *N Engl J Med* 1991; 324: 370-376.)
- Council on Chiropractic Education. (2013). CCE Accreditation Standards: Principles, Processes & Requirements for Accreditation. http://www.cce-usa.org/uploads/2013_CCE_ACCREDITATION_STANDARDS.pdf
- Delaware Chiropractic Society. Summary of Studies on Chiropractic Efficacy, Cost-Effectiveness & Patient Satisfaction. <http://www.dechiro.com/costEffectiveness.pdf>
- Feder, Gene et al. (2002). Randomised controlled trials for homeopathy, *Who wants to know the results? British Medical J*. 324, 498-499 www.bmj.com/cgi/content/full/324/7336/498
- Fisher, Peter/ Capel, Ifor. The treatment of experimental lead intoxication in rats by penicillamine and plumbum met, *J of Ultramolecular Medicine* 1982, 1(1), 30-31.
- Hill, C/ Doyon, F. Review of randomised trials in homeopathy, *Review Epidemiol. Sante. Publ*. 1990, 38 138-147.
- Homeopathy Center, <http://www.homeopathycenter.org/practicing-homeopathy>
- Horton, R. (2015). Offline: What is medicine's 5 sigma? *Lancet*. April 11, 385.

- Hurwitz EL, Aker PD, Adam AH, Meeker WC, Shekelle PG. Manipulation and mobilization of the cervical spine: a systematic review of the literature. *Spine* 1996; 21:1746-60.
- Kohn LT, Corrigan JM, Donaldson MS, eds. (1999). *To err is human: building a safer health system*. Washington, DC: National Academies Press.
- Johannes, Christopher K & van der Zee, Harry E. (Eds). (2010). *Homeopathy and Mental Health Care: Integrative Practice, Principles and Research*. Haren, The Netherlands: Homeolinks Publishers.
- Jonas, Wayne & Jacobs, Jennifer. (1996). *Healing with Homeopathy: The Complete Guide*, New York: Warner (outstanding table on medical problems and the researched CAM modalities which may be helpful for that problem).
- Kleijnen, J. et al. (1991). Clinical trials of homeopathy, *British Medical J*, 302, 316-322.
- Klougart, N et al. (1989). Infantile colic treated by chiropractors: a prospective study of 316 cases, *J of Manipulative Physiology and Therapy* 12, 281-288.
- Kokjohn, K et al. (1992). The effect of spinal manipulation on pain and prostaglandin levels in women with primary dysmenorrhea, *J of Manipulative Physiology and Therapy* 15, 279-285.
- Kollerstrom, Jean. (1982). Basic scientific research into the 'low-dose' effect, *British Homeopathic J*. 71(2), 41-47.
- Landrigan CP, Parry GJ, Bones CB, Hackbarth AD, Goldmann DA, Sharek PJ. Temporal trends in rates of patient harm resulting from medical care. *N Engl J Med*. 2010 Dec 23;363(26):2573. <http://www.nejm.org/doi/full/10.1056/NEJMsa1004404>
- Lazarou J, Pomeranz B, Corey P. Incidence of adverse drug reactions in hospitalized patients. *JAMA*. 1998;279:1200-1205.
- Linde, K et al. Critical review and meta-analysis of serial agitated dilutions in experimental toxicology, *Human Experimental Toxicology* 1994, 13, 481-492.
- Lipton, Bruce. The Evolving Science of Chiropractic Philosophy. <https://bruce-lipton.com/resource/article/chiropractic-philosophy-and-the-new-science-emerging-unity>
- Mallick P, Mallick JC, Guha B, Khuda-Bukhsh A. (2003). Ameliorating effect of microdoses of a potentized homeopathic drug, Arsenicum Album, on arsenic-induced toxicity in mice. *BMC Complement Altern Med*. Oct 22; 3:7
- Mercola, J. (2016). How Money From Pharmaceutical Companies Sways Doctors' Prescriptions. <http://articles.mercola.com/sites/articles/archive/2016/04/13/doctors-receiving-pharmaceutical-money.aspx>.
- Metz RD, Nelson CF, LaBrot T, Pelletier KR. (2004). Chiropractic Care: is it Substitution Care or Add-on Care in Corporate Medical Plans? *J Occup Environ Med*. 46(8):847-55. (from Delaware Chiropractic Society, Web ref.)
- Molea, DB. et al. (1987). Evaluation of two manipulative techniques in the treatment of postexercise muscle soreness, *J of the American Osteopathic Association*, 87, 477-483.
- Moore, TJ, Cohen, MR. et al. (2007). Serious adverse drug events reported to the food and drug administration, 1998-2005, *Archives of Internal Medicine*, 167:1752-1759.
- The Motley Fool Blog. The Flexner Report's Stranglehold on Health Care. <http://caps.fool.com/Blogs/the-flexner-reports/296341>
- Nilsson N, Christensen HW, Hartvigsen J. (1997). The effect of spinal manipulation in the treatment of cervicogenic headache. *J Manipulative Physiol Ther*. 20:326-30.
- Parker, GB et al. (1978). A controlled trial of cervical manipulation for migraine, *Australia and New Zealand J of Medicine*, 8, 589-593.

- Scofield, AM. (1984). Experimental research in homeopathy: A critical review, *British Homeopathic J* Part I, 73(3), 160-180; Part II, 73(4), 211-226.
- Smith, Richard. (2005). Medical journals are an extension of the marketing arm of pharmaceutical companies. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020138>
- Stahnisch, Frank W. and Verhoef, Marja. (2012). The Flexner Report of 1910 and Its Impact on Complementary and Alternative Medicine and Psychiatry in North America in the 20th Century. Evidence-Based Complementary and Alternative Medicine. Article ID 647896, <http://www.hindawi.com/journals/ecam/2012/647896/>
- Scofield, AM. (1984). Experimental research in homeopathy: A critical review, *British Homeopathic J* Part I, 73(3), 160-180; Part II, 73(4), 211-226.
- Steele, Judith. (2002). Personal communication.
- Taylor-Reilly, David. (1988). The difficulty with homeopathy: A brief review of principles, methods and research, *Complementary Medical Research* 1988, 3(1), 70-78. (57 refs)
- Ullman, Dana. <http://homeopathic.com>
- Van der Zee, Harry. (2009). Healing Humanity with Homeopathy: Homeopathy for epidemics, collective trauma and endemic diseases. *International J Healing & Caring*. 9(2), 1-27.
- Vernon, H. (1982). Manipulative therapy in the chiropractic treatment of headaches: a retrospective and prospective study, *J of Manipulative Physiology and Therapy*, 5 105-112.
- Whitmont, Edward C. *The Alchemy of Healing: Psyche and Soma*, Berkeley, CA: Homeopathic Education Services and North Atlantic Books 1993
- Wilk, CA et al. vs. AMA et al. Complaint 76C3777 filed October 12 in the United States District Court for the Northern District of Illinois, Eastern Division.
- Yates, RG. Lamping DL. Abram NL. Wright C. (1988). Effects of chiropractic treatment on blood pressure and anxiety: a randomized controlled trial. *J Manipulative Physiol Ther*. 11 (6): 484-8.

Resources

- Children's Hospital of Eastern Ontario <http://www.cheo.on.ca/En/compaltmedicine#resources>
- Directory of Databases: An Alternative and Complementary Medicine Resource Guide (Many European refs) http://www.amfoundation.org/dir_databases.htm
- Giustini, Dean & Read, Kevin. Starting Points for Evidence-Based CAM (Complementary and Alternative Medicine) http://oemmndcbldboiebfnladdacbfmadadm/http://hlwiki.slais.ubc.ca/images/7/7f/Evidence_base_d_cam_2012.pdf
- Mayo Clinic <http://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/alternative-medicine/art-20045267>
- Mercola, J. <http://mercola.com>
- Moss, Richard. Cancer Decisions <http://cancerdecisions.com/>
- Patient. <http://patient.info/doctor/complementary-and-alternative-medicine>
- Remarkable Recoveries <http://remarkablerecoveries.com>
- U. New Mexico Health Sciences Library and Informatics Center <http://libguides.health.unm.edu/c.php?g=238054&p=1582827>
- US National Library of Medicine <https://www.nlm.nih.gov/medlineplus/complementaryandintegrativemedicine.html>

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