

MANAGEMENT IN HEALTH CARE PRACTICE A Handbook for Teachers, Researchers and Health Professionals	
Title	ALTERNATIVE MEDICINE DURING MILLENNIAL TRANSITION
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Keywords	Alternative medicine, holographic paradigm
Learning objectives	After completing this module students and public health professionals should have accepted pluralism in health care approaches.
Abstract	Alternative medicine is becoming the important factor in health care in most countries of developed world. Generally, that development was enabled by spreading of postmodern comprehension within the Western <i>Weltanschauung</i> . Postmodern comprehension both, enabled deconstruction of dominant health paradigm, and stimulated acceptance of pluralistic attitudes in matters of health care. So, alternative medicine is travelling now on a rather fast track through medical institutions and even through most solemn medical campuses of developed world. Of course, there is no doubt who is holding the reins there. So, in order to cut through power plays of powers that be it is crucial to be aware of distinctions between alternative and official medicine. The <i>differentia specifica</i> of alternative medicine could be understood by dropping out of Cartesian paradigm and by turning to the basic postulates of holographic paradigm.
Teaching methods	After introductory lectures students will participate in discussion. It might be helpful to put an emphasis on personal experiences and/or personal engagement of students.
Specific recommendations for teacher	It might be advisable to stick to the concept of integrative/integrated medicine (Rees L., Weil A., Integrated medicine, British Medical Journal, 2001; 322: 119-120 (20 January))
Assessment of Students	Personal and group contribution, through written and oral presentations

ALTERNATIVE MEDICINE DURING MILLENNIAL TRANSITION

Vuk Stambolović

THEORETICAL BACKGROUND

Introduction

Alternative medicine is the common name for an array of therapeutic systems and technologies that have originated from the tradition of vitalism, i.e., from the tradition based on the assumption that the man, nature and the Universe are all permeated with the life force - *vis vitalis*¹.

Due to that origin, in the countries of the First world, during the former millennial transition (between XIX and XX century), alternative medical systems and technologies were pushed into the background (1). The mechanistic medicine took over and, established as a science, practiced monopolistic control for almost one century.

However, the ongoing millennial transition brought a significant change in the status of alternative medicine. Alternative medicine (sometimes under the name complementary medicine) started to acquire a significant role in developed countries, especially in Western Europe and in Northern America, where until recently it was not only marginalized but ostracized as well.

Regarding that “surge” of alternative medicine within the developed world indicative is the example of United Kingdom. In 1986, British Medical Association published the report in which alternative medicine was discarded as something that was “not in accordance with natural laws” (2). Seven years later though, in the new report, British Medical Association informs that more and more physicians are looking for the information about “nonconventional” therapies and recommends both teaching of “nonconventional” therapies at medical school, and establishment of postgraduate programs in order to inform physicians with techniques used by alternative practitioners and with possible benefits for patients (3).

One of the reasons for this turn-about was probably the decision of the Department of Health that, in 1991, acknowledged consumer demand for National Health Service access to alternative medicine and gave the go-ahead for family doctors to employ alternative practitioners as ancillary staff. At that time quite a few general practitioners were already funding alternative treatments through their health promotion clinics and, according to one survey, 25% of general practitioners expressed their wish to provide alternative medicine through their practice (4). More recent surveys suggest as many as 60% of general practitioners either practice alternative therapies themselves, employ nurses who provide them or delegate treatment to alternative therapists working in the practice elsewhere (5). According to the more recent study of primary care workers (general practitioners, nurses and other primary care team members), 83% respondents had previously referred (or influenced referral) for CAM treatments, the main reasons cited were: patients request (68%), and conventional treatments failed (58%) (6).

¹ *Vis vitalis* is known in many cultures. In China and Japan, it is known as *chi*, in Tibet as *srog-dzin*, in India as *prana*, in old Iran as *ga-llama*, among Dakota Indians as *wakam*, among Sioux as *oren*. Alchemists called it *vital fluid* and Paracelsus - *munia*. Stambolović V., *Medicina - nadležnost i alternative* (Medicine - Responsibility and Alternatives), Prosveta, Beograd, 1986.

The number of alternative therapists in UK is also growing rapidly, from 1981 to 1997 the number of registered practitioners trebled from about 13.500 to about 40.000. New data indicate that this number amounts to 90.000 (7). And a BBC poll of 1200 people in August 1999 estimated that 20% of the public are using alternative therapies each year which contrasts with a figure of 11% in a similar survey six years earlier (8). In addition, it was estimated that 46% of the UK population can be expected to use one or more CAM therapies in their lifetime (9).

In other Western European countries 10 to 25% of the adult population report using one or another form of alternative health care during the year (10), and regarding surveys of the use in general, i.e. some time or other during the course of several years, percent of use reaches 70% (in Germany) (11).

In Israel, in 2000, in a survey of adult population, 10.2% stated that they had used the service of an alternative health care provider (12). In Australia, the government estimates are that each year 57% of Australians use alternative medicine (13) (Editorial, 1999). In 1999, 24% Canadians reported consulting one or more alternative health practitioner in the past six months (14).

In USA, the use of alternatives to official medicine has steadily increased over the past decade with reported use from 34% in 1990 (15), to 42% in 1997. (16). Regarding position of alternative medicine, a turn-about similar to one in United Kingdom happened as well. Namely, in 1993, American Medical Association guidebook for consumers called alternative methods “unproven, disproven, controversial, fraudulent, quack and/or otherwise questionable approaches to solving health problems” (17). Also, as recently as in 1998, The New England Journal of Medicine published a number of articles, case reports and letters about specific alternative treatments. All were found useless and/or harmful. The editors defined alternative medicine as medicine “that has not been scientifically tested and (whose) advocates largely deny the need for such testing” (18). However, in 1995, American Medical Association stopped to refer to alternative medicine as “quackery” and has an official position calling its members to learn more about it (19). In addition, in 1997, the editors of the Journal of the American Medical Association ranked alternative medicine as the third most important topic out of 86 for the Journal to cover. Their readership survey found alternative medicine ranked seventh most important on a list of 73 topics the journal should be addressing (20). According to the recent California study, sixty-one percent of physicians do not feel sufficiently knowledgeable about CAM safety or efficacy, and 81% would like to receive more education on CAM modalities (21).

Along with these data regarding use of alternative medicine, the most significant indicator of its growing acceptance is its transformation from a marginal entrepreneurial activity into a part of the corporate economy. Simply stated, alternative medicine is becoming big business. In United Kingdom, for example, the figure for private spending on alternative therapies is in the region of a billion pounds, compared with the overall National Health System expenditure of 40 billion pounds (22). In Australia, in 1996, the total expenditure on alternative therapies or remedies by private individuals was over a billion Australian dollars (23). In 2000, the expenditure on alternative therapies rose to 2.3 billion (24). In Canada, it is estimated that in 1996/97 a total of \$3.8 billion was spent on complementary and alternative health care: \$1.8 billion on alternative therapies, \$937 million on herbs and vitamins, \$104 million on special diet programs, and more than \$998 million on books (14). In USA, the total expenditure on alternative therapies or remedies by private individuals doubled between 1990 and 1997 from 14 to 28 billion dollars (16).

Market has become so large that both, major drug companies and media conglomerates found that alternative medicine is a highly sought after and profitable

commodity. That example of the alternative medicine's acceptability to corporate world is both, a reflection of its acceptance in the larger community and a harbinger of still-greater acceptance to come as the forces of corporate advertising, marketing and distribution are brought into play.

Why?

In the developed countries during millennial transition the alternative medicine has begun to take on the quality of a distinct entity with its own institutions and recognized by governments, media and the public (25).

There were several reasons for this public, political and economic acceptance. The first reason was the simultaneous existence of high prevalence of chronic diseases on one side, and an obsessive preoccupation with health on the other side, leading to the paradox of a healthy but sicker society. That paradox leads to the ever-higher expectations of health care and to the development of the awareness that spectacular high-tech rescue is not enough (26).

Along with that, the transition from industrial to post-industrial society, with the shift from manufacturing to service industries, offered those in advantaged positions greater opportunities to build rewarding employment and careers, and to develop lifestyles which promote health (27). So, a specific population developed: highly educated, identifying with the values of feminism, environmentalism, holistic philosophy and spiritual or personal growth, and with increased interest in lifestyle change. They were the first to embrace alternative medicine, i.e. its offers of health promotion and low-technology treatments (28).

The second large group of faithful alternative medicine users was coming from three specific patient groups. In the first were patients with long-time treated chronic conditions. In the second were patients with aversion to the reliance of conventional medicine on highly invasive or high risk treatments. And in the third one were patients with mild to moderate, long term, functional and stress related, undifferentiated conditions (29,30,31,32,33).

The number of users further increased due to the belief of alternative medicine users that alternative medicine is more efficient than conventional one (30,34).

Further interest for alternative therapies was raised by patients who were satisfied with provider conduct, i.e. with alternative therapist/patient relations, characterized by more holistic, open and partnership based approach, comparing to the communication difficulties and perceived lack of concern for their well-being perceived in relations with practitioners of official medicine (35,36,37).

The popularity of alternative medicine has been attributed to consumerism, as well (38). It seemed that people extrapolated to medicine a "pick and mix" approach and felt free to use the ideas and treatments they found relevant to their own particular needs.

Due to several reasons alternative medicine was increasingly accepted by physicians and other practitioners of official medicine. At first their patients were asking for alternatives. A major factor was also a shared dissatisfaction with consumers about the biomedical model and mainstream health care system. Some practitioners were looking for modalities that might help when they did not see their patients getting better with official approaches. Some were interested in continuing education and some in economic opportunity and a lucrative market (39).

In the time of rationing of health care the important reason for increased acceptance of alternative medicine was possibility to use alternative therapies to reduce costs. In the Glastonbury study between 1994 and 1997 around 600 patients were referred to specially

establish alternative medicine service. Following their initial alternative medical treatment there was, for most, a marked reduction in the use of other health services for the problem referred, the largest reduction occurring in those who had been the heaviest users of other services prior to referral. Visits to general practitioners dropped by around a third. The reduction in the number of prescriptions was even more marked, and again it was the high-user group that the largest reduction took place. A similar reduction was seen in the numbers of further referrals, tests and other treatments required for the group for the condition referred. Analysis also revealed that 85% of patients have reported some or much improvement in their condition after treatment (22). Similar results were reported when alternative medicine was included in treatment of separate nosological entities like cardiovascular diseases (40), lower back pain (41), pain relief (42) and rheumatoid arthritis (43).

The position of alternative medicine was further promoted by its institutionalization, i e. by development of the same kind of institutions that were developed by conventional medicine. International peer-reviewed specialist journals in alternative medicine are emerging, studies of alternative medical practice already appear in established conventional publications, quite a few universities have developed degree programs in alternative therapies while quite a few of medical schools have begun to include material dealing with these approaches in the undergraduate curriculum (in United Kingdom, for example, in 1997, more than 40% medical schools were offering courses on alternative medicine as part of the curriculum) (8).

Of course, alternative medicine would never have this kind of acceptance without “informational highway”. The Internet and the World Wide Web have become important sources for information about alternative medicine, with sites providing abundant information and hundreds of relevant links.

What?

During many years of confrontation between alternative and official medicine, a relational identity was permanently imposed on alternative medicine. Namely, the permanent condition was to define alternative medicine by measures regulations, and patterns of official medicine.

At first, that relational identity was promoted by alternative practitioners themselves (supported sometimes by friendly official therapists), out of wish to secure legitimacy to their therapeutic engagement.

Later, relational identity was being permanently imposed by physicians and medical officials who were treating alternative medicine from the position of power and control.

Both of these orientations were, in fact, putting alternative medicine on the Procrustean bed. Namely, the result of both orientations (of aspiration to become accepted and of practicing of power), was either mutilation of alternative medicine, or construction of nonexistent extrapolations. Alternative medicine just could not be decoded in that way because of its immersion into a different narrative, narrative emanating from holographic paradigm².

² The concept of paradigm was introduced by Thomas Kuhn. Kuhn defined paradigm as “constellation of beliefs, values, techniques and so on, shared by the members of a given community”. As an expression of the specific *Weltanschauung* paradigm plays an important normative function. So much so that it governs its followers. Namely, paradigm is supplying the conceptual “box” which is restricting all followers. Scientists working within the frame of a certain paradigm behave like they have been programmed. Paradigm provides them the criterion for selecting the problems to be solved, it provides an assurance that those problems have the solution, it sets out the rules by which those solutions are to be sought, and often it provides a prediction of what those solutions will be. Phenomena that will not fit the conceptual

Holographic paradigm could be defined by four postulates (44). According to the first postulate, there is no entity that could be defined as pure matter, or pure energy. "Every aspect of the Universe exists as a kind of vibrational expression". By that postulate, the Cartesian split into material and non-material is overcome. All aspects of universe are characterized as "interference patterns" whose identity, nature, style or consistency depend on "external" and "internal" context. According to the second postulate, "every aspect of the Universe is itself a whole, a comprehensive system containing within it a complete store of information about itself". As this information must not necessarily be coded in a specialized system like central nervous system, by that postulate the split into living and non-living is transcended. It is actually implied that every aspect of the Universe is in some fundamental way alive because, besides vibrational expressing, it contains some kind of knowledge about itself. According to the third postulate, "every aspect of the Universe seems to be part of some larger whole, some more comprehensive system" and each of these larger wholes is "an expression of the dynamic of its parts". As various systems, or entities, are intertwined through their common subsystems, this postulate indicates the indivisible wholeness of the Universe. The second important implication is that each constitutive element, even the smallest one, participates in expressing of larger systems of which it is a part.

According to the fourth postulate, "since each aspect of the Universe expresses itself vibrationally, and all vibrational expressions intermingle, every aspect of the Universe contains knowledge about the whole(s) within which it exists and about every other (belonging) aspect". And that means that each aspect of the Universe carries the seal of its context, i.e., some basic knowledge about its "outer" world.

Holographic paradigm and alternative medicine open a possibility of a new health narrative. Namely, Modern narrative is less and less seen as The Final Truth, in medicine as well. Moreover, various deconstructive tendencies are taking place of, up to recently, domineering technological optimism. These tendencies have brought with the new concepts and even the new institutional culture leading toward significant role change of both patients and physicians. Physicians are being deprofessionalized, and instead of former patients, subordinate, compliant, passive, respectful and in awe of physician - (co)creators of personal health are emerging.

At this stage of transition, of course, it is not easy to speak about the new medical narrative. Still, there are patterns that are emerging (45).

The first one is wholeness. It appears that human being, as active and turbulent aggregation of vibrational probabilities is indivisible, that human suffering can not be understood by analysis of isolated organs and symptoms, that the full meaning of local disturbances could become comprehensible only through their inclusion in wholes of which they are a part.

"box" are often not seen at all. That is why, normally, "scientists do not aim to invent new theories and tend to be intolerant of those invented by others. Instead, normal scientific research is directed to the articulation of those phenomena and theories that the paradigm already supplies." It could be concluded that proponents of competing paradigms practice their trades in different worlds. They see different things when they look from the same point in the same direction. Of course, they are looking at the same world and what they look at has not changed. But, in some areas, they see different things, and they see them in a different relations one to the other. That is why "when paradigms change, the world itself changes with them". See: Kuhn TS. *The Structure of Scientific Revolutions*, Second Edition, Enlarged, International Encyclopedia of Unified Science, Vol I and II, Foundations of Unity of Science, Vol II No 2, The University of Chicago Press, Chicago, 1970.

The second pattern is individualized approach. Namely, transformations of human vibrational expressions can not fit into the nosological compartments. Neither could they be successfully confronted by a standardized treatment. The principle of wholeness is directing towards principle of idiography. Treatment develops into some kind of relational art.

The third emerging pattern is self-acting. Namely, the belief in technology is replaced by the belief in human being, i.e. the belief in human self healing capacities. In that way, the goal of therapy ceases to be imposing one's rule over human being. The main therapeutic function becomes stimulation and support of the inherent abilities of the patient as the (co)creator of health.

The fourth emerging pattern is connectedness with physical, cultural and social environment. Namely, the principle of self-acting does not imply isolation. Although independent, human being is not self-sufficient. Being inseparable part of its environment, human being is incomplete. That is why there is no healing of human being without healing of his/her physical, cultural and social environment.

The fifth emerging pattern is personalized relationship. And for developing of that kind of relationship both, deepening of relation between (co)creators of his/her own health and his/her supporter, and the creation of intersubjective space by them are indispensable. That is important for better understanding of human suffering. That is also important in order to evade now frequent situation in which health provider produces disease by his/her professional attitude.

The sixth emerging pattern is non-aggressiveness. The point is that the dominant therapeutic mind is obsessed with control. It has vertical penetrability tending to grab and destroy symptoms. The principle of support is horizontal; it is aiming for the human being as a whole. It is pro-, not anti-biotic. It is acting in accordance with the "wisdom of the body", so it builds, restructures, helps overcoming and integration.

And the seventh emerging pattern is principle of accessible knowledge. That principle primarily means the development of the knowledge of support instead of the knowledge of power. Namely, instead of knowledge seized by specialized professional elites, and confined to closed institutional orbits, principle of accessible knowledge is opening possibility for knowledge enabling self-help and mutual help. That principle also leads toward further deprofessionalization of therapeutic activity, transforming it into a simple and sometimes spontaneous human behaviour.

All seven patterns are operational within alternative medicine. That does not mean that alternative medicine must be the basis of the new medical narrative. It means only that it is up to each of us to decide what each of us is going to support. Because, according to the holographic paradigm, "each system (on all levels and sublevels) is an expression of the dynamic of its parts" (44).

And that means that every one of us is making a difference.

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