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Alternative Medicine

Alternative medicine is often defined in terms of what it is *not:* not approved by the medical mainstream, not widely taught in medical schools, not generally available in most hospitals. In more positive terms, alternative medicine can be distinguished by its adherence to the ancient Hippocratic dictum that above all, the physician should do no harm. While some alternative treatments have turned out to have unwanted side effects, most are utilized precisely because they do *not* have the adverse effects that can be associated with many conventional treatments.

"Alternative therapies" are not easily defined, in part because they do not constitute a single entity; rather, such treatments encompass a wide range of ideas, theories, and practices. Some treatments derive from old medical systems that have been largely ignored or neglected in the course of medical progress, such as homeopathy, chiropractic, and traditional Chinese and Indian Ayurvedic systems based on herbs and other natural products. Some are based on remedies discovered by indigenous peoples in the local flora—*e.g.,* the wee-dee plant, a member of the nutmeg family found in South American rain forests (for fungal infections), and echinacea, or purple cone flower, a popular Native American treatment (for colds and flu). Still others rely on synthetic chemicals that have not undergone formal routes of testing to establish their safety and efficacy but have been adopted by the alternative medicine community because they are thought to have important therapeutic effects—*e.g.,* hydrazine sulfate (for cachexia, or wasting associated with chronic illness); DMSO, or dimethyl sulfoxide (for muscle injuries); and EDTA (ethylenediaminetetraacetic acid) chelation (for atherosclerosis). Alternative therapies also include some practices, such as radionics or psychic surgery, whose rationale eludes even staunch defenders of the unconventional.

There is hardly a medical condition—from dire illnesses such as AIDS and cancer to the common cold—that has not been approached through the use of alternative therapies. The field is large and growing, and its practitioners include thousands of chiropractors, naturopaths, homeopaths, herbalists, acupuncturists, doctors of osteopathy, and even M.D.'s who have had traditional medical education and training. In the United States there is hardly a town that does not have an alternative practitioner or a "health food" emporium doing a brisk business in natural foods, nutritional supplements, vitamins, minerals, herbs, and a variety of other remedies—this despite perennial raids by the Food and Drug Administration (FDA), condemnation by orthodox medical authorities, confrontations with state licensing authorities, and malpractice lawsuits.

The struggle between orthodox and alternative medicine exists in many countries but is fiercest in the United States. In many other countries traditional folk forms of medicine have remained viable and have been integrated into the mainstream. In China, for instance, acupuncture, moxibustion, herbal medicines, body manipulation, and other approaches are practiced alongside Western scientific medicine, sometimes in the same clinic or hospital. In Japan there is widespread interest in so-called Kampo treatments (complex herbal recipes), and scientists there are vigorously pursuing the healing potential of substances such as polysaccharides found in many traditional Asian foods (*e.g.,* mushrooms, seaweed, and green tea). In India thousands of practitioners today continue to practice the ancient medical art of Ayurveda. In fact, the World Health Organization has adopted resolutions calling on its member states to give "adequate importance to the utilization of their traditional systems of medicine."

In Germany, Austria, and Switzerland *Naturheilkunde* ("natural healing") is increasingly popular. In 1992 the German government established a center, based at the Berlin-Steglitz university clinic, to document at least 250 such therapies. In the early 1980s the Dutch government was among the first in Europe to establish a commission to promote tolerance of alternative practices. In England "complementary" medicine, including homeopathy, acupuncture, iridology, reflexology, and yoga, among others, has a growing list of adherents. A survey in the United Kingdom in 1989 found that 74% of adults wished to see some form of

complementary medicine introduced into the National Health Service. Interest in alternatives is also quite high among British general practitioners. In 1992 the University of Exeter was the first in Britain to establish both a Centre for Complementary Health Studies and an endowed chair in complementary medicine.

Deep-seated opposition to the unconventional

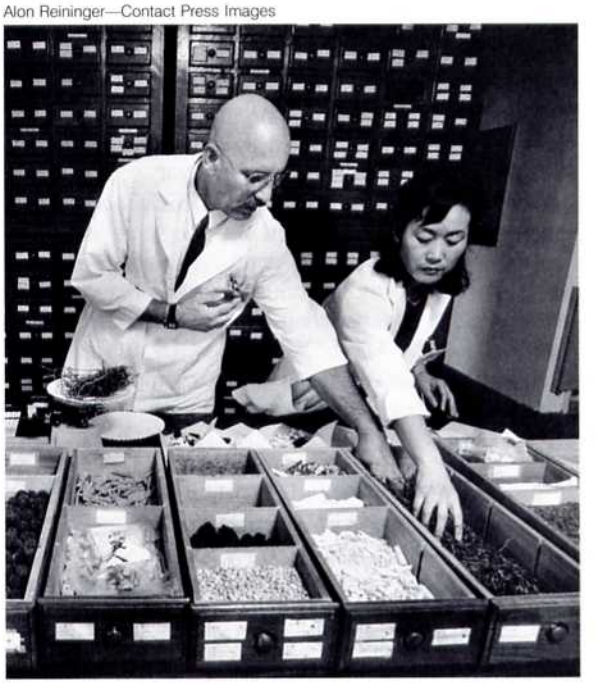
In the U.S., however, scientific medicine has long been entrenched. In part this is because folk and other unconventional practices have often been associated with socially disadvantaged groups (Native Americans, black slaves, women, and immigrants). Moreover, many valid folk traditions have fallen into sharp disfavor because *some* degenerated into the dubious "snake oil" treatments of the frontier "medicine show."

It is noteworthy that almost from the start American medicine defined itself in opposition to the unconventional. One of the earliest attempts to legally license the medical profession (in Connecticut in 1763) was justified by a need "to Distinguish between the Honest and Ingenious Physician and the Quack or Empirical Pretender." When the American Medical Association (AMA) was founded in 1847, it refused to allow its members to make referrals to "irregular" practitioners, such as homeopaths, whose treatments were based on minute doses of drugs. The motive is said to have been economic. According to the contemporary medical historian Paul Starr, "Monopoly was doubtless the intent of the AMA's program."

In evaluating current controversies it is important to bear in mind that many now-orthodox procedures were themselves once regarded as quackery. The 19th-century Hungarian obstetrician Ignaz Semmelweis, a pioneer of antisepsis, went mad trying to get fellow doctors simply to wash their hands before examining patients. Ether anesthesia emerged as a carnival attraction. Hypnosis was a drawing-room sensation. Even radiation and cancer chemotherapy were regarded as unwarranted departures from "sound" medicine early in this century.

This does not mean, of course, that every unconventional idea is correct. Some indeed have proved to be erroneous or even mad delusions. Nonetheless, orthodoxy has a habit of forgetting its unconventional roots. Throughout the 20th century the battle between mainstream and "fringe" medicine has been both bitter and destructive. For years the AMA maintained a Committee on Quackery until it was successfully challenged in federal courts by the chiropractic profession. In November 1990 the U.S. Supreme Court ruled that the AMA had maintained "a lengthy, systematic, unsuccessful, and unlawful boycott" of chiropractors. This decision supported an appeals court decision in February of that year that had ruled that the AMA's House of Delegates, by branding chiropractic an "unscientific cult" in 1965, had attempted to "destroy a competitor." The American Cancer Society continues to maintain an aggressive committee on "questionable" or "unproven" treatments, and orthodoxy has won most of its battles against unorthodox cancer therapies (*e.g.*, krebiozen and laetrile). Although such evaluations may aim at protecting patients from worthless or harmful therapies, these attacks may also have had the effect of alienating a good many patients from the medical establishment as a whole.

Alon Reininger—Contact Press Images



An herbal "pharmacy" in California attracts a growing clientele seeking alternatives to drugs that often have unwanted side effects. Proponents claim that herbal remedies are as effective as Western drugs but less likely to do harm.

Growing momentum for alternatives

Despite—or possibly because of—the passionate opposition of orthodox medicine, alternative medicine continues to grow. A report in the Jan. 28, 1993, issue of the *New England Journal of Medicine* looked at the prevalence, costs, and patterns of use of unconventional therapies in the U.S. A survey conducted in 1990 revealed that one in three Americans had used such therapies in the previous year. The treatments were most often used by patients with cancer, AIDS, arthritis, chronic back pain, gastrointestinal problems, chronic renal failure, and eating disorders. They spent a total of $13.7 billion on 425 million office visits to unconventional practitioners, a number that "exceeds the number of visits to all U.S. primary care physicians," including general and family practitioners, pediatricians, and specialists in internal medicine. A 1991 *Time* magazine/CNN poll revealed that the satisfaction level of patients who seek unconventional

treatments is very high; 84% said they would go to an alternative doctor again or recommend such treatment approaches to others.

These trends notwithstanding, most observers were unprepared for the dramatic way alternative medicine burst onto the American scene in 1992–93. In quick succession, numerous articles and radio and television programs indicated that U.S. patients were, in the words of the *New York Times,* "rushing to alternatives." Among the most popular media presentations was the Public Broadcasting System's five-part series "Healing and the Mind," moderated by Bill Moyers, which explored alternative healing methods ranging from ancient Chinese practices to the emerging new field of psychoneuroimmunology.

Gaining respectability: government office opened

The "coming of age" of alternative medicine in the U.S. can be said to have actually begun on Nov. 22, 1991, when a bill establishing an Office of Alternative Medicine (OAM) within the office of the director of the National Institutes of Health (NIH) was passed by the U.S. Congress. This was a major step because, as the *New York Times* put it, the NIH is not just the "country's pocketbook for biomedical research" but "a stern protector of the most rigorous brand of science."

The OAM was largely the brainchild of Berkley Bedell, a six-term Democratic representative from Iowa, who convinced his fellow Iowan U.S. Sen. Tom Harkin of the need for such an agency. Bedell himself had developed prostate cancer after retiring from Congress in 1986 and had been treated both conventionally and with an unconventional medicine called 714-X. Bedell attributed his continuing good health to this nitrogen-and-camphor treatment and impressed upon Harkin the need to seriously consider such controversial treatments. Bedell teamed up with Frank Wiewel of the Otho, Iowa-based organization People Against Cancer. Wiewel was the relative of a patient who received treatment at the Immunology Researching Center of Lawrence Burton in Freeport, The Bahamas. The center specializes in immunoaugmentative therapy (IAT), based on the use of products obtained from pooled human blood that are injected into patients with cancer. In July 1985, Bahamian authorities, at the behest of the U.S. government, had padlocked the facility because sera used in the treatment of patients were alleged to be contaminated by bacteria, hepatitis B, and the human immunodeficiency virus (HIV), the virus that causes AIDS. As president of the IAT patients association, Wiewel led a protest in Washington, D.C. There cancer patients found many government representatives who not only feared cancer themselves but were impatient with the slow progress of the official "war on cancer." Through congressional efforts, the Freeport clinic was reopened in 1986. (No patients had been found to have developed AIDS or any other of the alleged infections.)

That same year, at the urging of pro-IAT patients, Rep. Guy V. Molinari (Rep., N.Y.), Rep. John Dingell (Dem., Mich.), and 41 other members of Congress asked the Office of Technology Assessment (OTA) for a study of this and other unconventional cancer treatments. For the next four years, the OTA investigation was the focus of a fierce struggle between the medical establishment and the alternative cancer therapy movement. "Sides are closely drawn, and the rhetoric is often bitter," the OTA complained. Nonetheless, in 1990 it recommended a demonstration project "for evaluating unconventional cancer treatments," funded by either the National Cancer Institute (NCI) or another office. The NCI drew up some guidelines but, in effect, nothing happened. According to Harkin, the congressional committee was "not satisfied that the conventional medical community as symbolized by NIH [had] fully explored the potential that exists in unconventional medical practices." In 1991 the senator, as chairman of the appropriations subcommittee that finances health research, acted on Bedell's proposal to allocate $2 million for a new office, which would "fully investigate and validate these practices" and "convene and establish an advisory panel to screen and select the procedures for investigation."

Reluctantly at first, the NIH began to organize a rapprochement between the alternative and conventional

Seeking unconventional treatments

therapy	used by U.S. adults (percentage)
relaxation techniques	13
chiropractic	10
massage	7
imagery	4
spiritual healing	4
commercial weight-loss programs	4
lifestyle diets (*e.g.,* macrobiotics)	4
herbal medicine	3
megavitamin therapy	2
self-help groups	2
energy healing	1
biofeedback	1
hypnosis	1
homeopathy	1
acupuncture	<1
folk remedies	<1
exercise	26
prayer	25

Adapted from David M. Eisenberg, M.D., *et al.,* "Unconventional Medicine in the United States," *New England Journal of Medicine,* vol. 328, no. 4 (Jan. 28, 1993), pp. 246–252