

## Editorial

# Hot Topic: Complementary and Alternative Medicine

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Primary care providers should be able to advise their patients regarding complementary and alternative medicine or CAM. A 2007 study by the National Institute of Health's (NIH) National Center for Complementary and Alternative Medicine (NCCAM) showed that Americans spent \$33.9 billion on CAM, with an estimated 38% of adults and 12% of children reported using some form of alternative medicine. According to a recent article/program on **Frontline**, the recent resurgence of interest in CAM is but the latest of 3 separate cycles of interest within the last 150 years, with the first being in the mid-1800s and the second in the early 1900s.

In order for an alternative medicine to exist, a standard form medicine must be in place. The dominant, established form of medicine for the majority of the last few centuries has been allopathic medicine. Oddly enough, the term allopathy was coined by the creator of homeopathy, Samuel Hahnemann (1755-1843). Webster states the first known use of the word allopathy was in 1830 and gives the following definition: relating to or being a system of medicine that aims to combat disease by using remedies (as drugs or surgery) which produce effects that are different from or incompatible with those of the disease being treated. Homeopaths, as well as other alternative practitioners, use the term to bring attention to the focus of allopathy on disease and disease symptoms as opposed to the whole person and the effects of the disease on the rest of the body. This perceived focus may contribute to the resurgence of interest in other forms of treatment than allopathic medicine.

Several organizations provide educational materials concerning CAM on their websites. In the interest of defining the usefulness and safety of complementary and alternative medicine interventions through rigorous scientific investigation, the NIH has formed the NCCAM. NCCAM is funding research to help delineate the clinical efficacy as well as the process by which the alternative treatment is effective. The NCCAM website contains a compendium of research about the most common herbs, supplements, and mind/body practices within alternative medicine. Another organization, the American Botanical Council, a nonprofit organization whose advisory board consists of medical doctors, scientists, herbalists, nutritionists, naturopaths, as well as natural products business owners, was formed in 1988 and has a stated mission of providing education using science-

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Submitted: 16 December 2013

Accepted: 17 December 2013

Published: 19 December 2013

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based and traditional information to promote responsible use of herbal medicine. Their website, [herbalgram.org](http://herbalgram.org), collates material from science as well as anecdotal information and is very helpful for those who want to learn more about herbal medicine from their reviews of the scientific literature.

The World Health Organization estimates that 75-80% of people in less developed countries rely on plant-based medicines for primary health care. Paradoxically, from the 2007 NIH CAM use study, we learned that Americans with private health insurance were more likely to use CAM than those with public health insurance or uninsured adults. Traditionally, health insurance has not covered most CAM. The Affordable Care Act (ACA), Section 2706, requires that insurance companies "shall not discriminate" against health providers who have a state-recognized license. Senator Tom Harkin, D-Iowa, who penned the anti-discrimination provision in the ACA recently said, "It's time that our health care system takes an integrative approach... whether conventional or alternative. Patients want good outcomes with good value, and complementary and alternative therapies can provide both." The Patient-Centered Outcomes Research Institute (PCORI), formed under the ACA, has a stated mission to help people make informed healthcare decisions and improve healthcare delivery and outcomes. They propose to do this by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community. Of the five research priorities set forth by the PCORI, number one is the assessment of prevention, diagnosis, and treatment options—specifically comparing the effectiveness and safety of alternative prevention, diagnosis, and treatment options to see which ones work best for different people with a particular health problem. The provision, focus, and even mandate raises the possibility that services by alternative providers will be covered by insurance as long as the state where they are practicing recognizes them as licensed health providers. With this caveat, it would seem likely that more will seek out CAM providers, when it would be covered by their insurance. It will become even more important that primary care providers educate themselves on the different aspects of CAM so that they will be able to advise their patients as well as refer to CAM providers as they might benefit.