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Introducing Complementary and Alternative Therapies

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What is Complementary and Alternative Therapy?

Complementary and alternative medicine (CAM) is not a homogenous field. Rather, it is a categorical term that covers a broad range of over 100 healing philosophies, approaches, and therapeutic modalities that allopathic medicine does not commonly study, understand, accept, use, or make available.¹ NIH/NCCAM defines CAM as “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.”² Complementary therapies are provided by a divergent group of professional and lay caregivers, with different educational qualifications, professional credentials and regulatory oversight, that varies by therapy, geographical location and cultural context, including conventionally-trained physicians and RN/NPs. These therapies may be used in combination with conventional or allopathic treatments or in lieu of conventional therapies.

When the various “CAM” therapies are used instead of conventional/allopathic therapies, they are referred to as **alternative**; when used in conjunction with conventional treatment to supplement or augment the therapeutic outcome, they are considered to be **complementary**. Although there is some documented use of these therapies as alternatives, the vast majority of the use is complementary in nature.³⁻⁴ Licensed health care providers who systematically incorporate both conventional and complementary treatment strategies are often referred to delivering **integrative care**. More fully defined, **integrative medicine** emphasizes the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of *all* appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health.⁵

Many would argue that nurses have historically practiced in an integrative fashion; in fact, a look across the nurse theory reveals these same values of holism, relational care and informed practice. However, nursing has identified its practice as **holistic** rather than integrated. Advanced practice nursing, built upon this holistic framework, has a long legacy of offering **integrative/holistic** care to patients and families in order to promote health and healing, prevent and treat illness and alleviate symptoms. Advanced practice nurses have used therapeutic strategies that support biopsychosocial healing for years, including those that are now identified by NIH/NCCAM as “CAM practices”. Nursing research of the 1970s and 80s examined the effects of mind-body therapies (guided imagery, breathing and relaxation techniques) on pain, anxiety and depression). Nursing textbooks from the same era identified energetic (therapeutic/healing touch) and manipulative and body-based therapies (massage) as independent nursing interventions.⁶ Therefore, I would posit that advanced practice nurses were among the first

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primary care clinicians to offer what is now known as **integrative care** and continue to have a vital interest in its clinical investigation, accessibility and safe delivery to the public.

Classifications of CAM Therapies

NIH/NCCAM has identified five domains or types of complementary therapies.

Mind-body therapies

Mind-body medicine honors the intrinsic connections between thoughts and physiological functioning. This approach to healing harnesses the power of thought and emotion to positively influence health and wellbeing. Mind-body therapies (MBTs) include meditation, guided imagery, relaxation, hypnosis, biofeedback, prayer, expressive therapies (dance, art and music) and breathwork. As the evidence for efficacy and effectiveness grows, many MBTs previously classified as CAM are now viewed as mainstream/conventional treatments. Examples include cognitive behavioral therapy and patient support groups.⁷

Biologically-based therapies

NIH/NCCAM defines biologically-based therapies as the use of “substances found in nature”. These CAM interventions are increasingly popular. Literature estimates that more than 95% of the US public has used biologically-based therapies at one point in their lifetime.^{3,8} This CAM domain includes, but is not limited to botanicals, animal-derived extracts, vitamins, minerals, fatty acids, amino acids, proteins, prebiotics and probiotics, whole diets and functional foods.

Manipulative and body-based methods

In 1998, body-based methods represented over 50% of visits made to CAM providers. Therapies include osteopathic manipulation, chiropractic, massage and reflexology. Any therapy that involves movement of one or more parts of the body and focuses on structures and systems of the body, including the bones and joints, the soft tissues, and the circulatory and lymphatic systems is classified within this domain.⁸

Energy Therapies

Energy therapies involve the use or manipulation of energy fields to promote health and healing. Two distinct classifications are described by NIH/NCCAM.

- Biofield therapies: interventions that affect energy fields that surround and penetrate the human body by applying direct or indirect pressure on these fields. Examples includes qi gong, Reiki, Healing Touch[®] and Therapeutic Touch.
- Bioelectromagnetic-based therapies: interventions that employ an unconventional use of electromagnetic fields for the purpose of healing. Therapies include the use of pulsed, magnetic and alternating-current or direct-current fields.⁸

Whole medical systems/Alternative medical systems

Whole systems of complementary and alternative medicine (WSCAM) are defined as “... complete systems of theory and practice that have evolved independently from or parallel to allopathic (conventional) medicine. Many are traditional systems of medicine that are practiced by individual cultures throughout the world.”⁸ Traditional Chinese Medicine (TCM, including acupuncture, Chinese herbs, tui na massage, tai chi, qi gong), Ayurvedic Medicine, classical homeopathy and indigenous healing systems, are among the major WSCAM that have received research attention to date. All of these systems share a perspective that inherited and/or acquired imbalances in the patient's overall constitution, not disease localized in a specific organ isolated

from the rest of the body, is at the root of the manifestations of disease or dysfunction. Their diagnostic and treatment programs are thus patient-centered rather than disease-centered.

Patients access therapies within these five domains in varying degrees and through various means, dependent on cultural, economic and social factors. Providers recommend the use of these strategies dependent on the reported evidence, personal and professional knowledge about the therapies, requests from patients and perceived safety. In the next issue, we will explore incidence/prevalence of use, reimbursement and delivery issues and patient/provider decision-making relative to use of these therapies.

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