

Issue 37

COHEN, Chapman University School of Law, Anaheim, California 92660 USA writes that European providers of complementary medicine may be surprised by the formal strictures faced by their American counterparts.

Discussion: One major hurdle to the practice of holistic medicine in the USA is the statutory prohibition against the unlicensed practice of medicine. Because state statutes define "medicine" very broadly, this creates a legal risk for unlicensed providers of holistic health care, as well as for licensed providers whose services may be deemed to exceed their legislatively authorised scope of practice, or who cross into the diagnosis and treatment of disease.

Results: This review focuses upon the legal status of non-licensed (or "unenfranchised") providers rather than the scope of practice. For such providers the seeking of occupational licensure could provide a measure of protection against medical practice acts, as well as elevating their professional competence and prestige. Many holistic providers, however, prefer to remain outside regulatory schemes, and thus mandatory licensure, title licensure and registration offer some means of upgrading professional status and the achievement of state sanction for professional practice.

Cohen MH. Complementary medicine: legal status of the non-licensed provider in the USA. *Complement Ther Nurs Midwifery*. 3(4): 100-2. Aug 1997.

RANKIN-BOX, De Montfort University, Cheshire UK writes that due to increased interest among the general public and health professionals, there appears to be an assumption that the use within the health care setting of complementary therapies such as massage, homoeopathy, aromatherapy, reflexology and acupuncture is widespread. To date, however there have been no national research studies conducted to validate this assumption. The author conducted an informal survey to assess nurses' use of complementary therapies.

Methods: The study attempted to identify the range of practices and the extent of their use by nurses who are members of the Royal College of Nursing Complementary Therapy Forum (RCNCTF) in the UK. A convenience sample was used and a semi-structured questionnaire was inserted into the group's bi-annual newsletter sent to all members of the RCNCTF (n = 1662). Only 178 nurses completed and returned the questionnaire, merely a 9.3% response rate, which was partially expected, given the informal nature of the survey and that it was in the form of an insert into a newsletter.

Results: The majority of respondents were aged between 41-50 years, contrary to expectation. The 6 main therapies practised were, in order of use): massage, aromatherapy, reflexology, relaxation, visualisation and acupuncture. The 3 most common practice areas, including both the NHS and the private sector, were: in the community, palliative care and oncology.

Complementary therapies were more commonly practised in the private sector as part of formal working practices, in contrast to nurses working in the NHS, where complementary therapies formed less than 20% of their formal nursing care, and where, when used, was often in addition to their daily nursing care.

Conclusions: These results indicate that nurses are practising complementary therapies less than generally assumed. The therapies commonly practised are a broader range than those generally presented as the primary complementary therapies, namely homoeopathy, acupuncture, herbal medicine, chiropractic and osteopathy. Because this survey was from a convenience sample focussing upon a self-selected group who were members of the RCNCTF, the findings cannot be generalised. However there is a need to identify the national use of complementary therapies within the health care setting.

Rankin-Box D. Therapies in practice: a survey assessing nurses' use of complementary therapies. *Complement Ther Nurs Midwifery* 3(4): 97-9. Aug 1997.

WEST, Warwick Hospital UK writes that the availability of acupuncture in midwifery within the National Health Service (NHS) has yet to become widespread and that Warwick was one of the first hospitals in the UK to offer acupuncture when this service it was set up in September 1993. Methods: Acupuncture is offered to patients, alongside conventional treatment, from 6 weeks into their pregnancy until 6 weeks following birth. Patients are referred by midwives, GPs or consultants, and all professionals work as a team of which the acupuncturist is a complementary part. A range of pregnancy-related conditions may be treated and is ideal for patients reluctant to take drugs during pregnancy. Diagnosis and treatment are based upon holistic principles rather than on symptoms. Because of the risks involved, extreme care is taken when treating during pregnancy and certain acupuncture points are prohibited.

Discussion: The author writes that the immediate and continued success of the acupuncture provides the hope that pregnancy and post-natal women elsewhere in the UK may have access one day to this ancient holistic treatment without having to pay for it privately.

West Z. Acupuncture within the National Health Service: a personal perspective. *Complement Ther Nurs Midwifery* 3(3): 83-6. June 1997.

BAKER, Aromatherapy Organisations Council, Leicester UK writes that although aromatherapy is used more and more alongside conventional medicine in hospitals and via GP referrals, doctors and other health professionals are concerned regarding training standards, codes of conduct and standards of practice. These concerns led to the establishment of a Working Party in 1990 whose aim is was to promote a single body for aromatherapy practice.

Discussion: The range of training courses on offer may appear to be confusing, which is compounded by aromatherapy massage courses taught by many further education colleges under the health and beauty umbrella, which claim to offer recognised qualifications in aromatherapy. This has given rise to the questions: What is a qualified aromatherapy?; What are recognised training standards for the profession? Which professional associations are recognised? Is there a self-regulating and governing body for aromatherapy and, if so, what is its remit? What is the situation with regard to Europe?

Conclusions: The author describes the role and remit of the Aromatherapy Organisations Council (AOC), who are committed to the identification of unified training standards and the maintenance of a register of training establishments.

Baker S. Formation and development of the Aromatherapy Organisations Council. *Complement Ther Nurs Midwifery* 3(3): 77-80. June 1997.

VICKERS, Research Council for Complementary Medicine, London UK writes in this review (20 references) that while there is evidence that massage and aromatherapy may have benefits, practitioners make a great number of claims regarding the clinical effects of their treatments.

Discussion: The author claims that these claims are often presented in the literature as simple statements of fact, often with no attempt to explain the basis upon which the claim is made. Even when authors do occasionally refer to the scientific literature, this is often done inadequately; in some cases the papers cited do not support the claims made. Some authors have given personal experience as the source of their knowledge; however it is difficult to generalise statements from individual experience. These many inconsistencies found in the massage and aromatherapy literature, including different properties conferred upon the same oil, further substantiate the allegation that the knowledge basis of these therapies is unreliable.

Conclusions: Practitioners must develop a critical discourse by which they can evaluate knowledge claims.

Vickers A. Yes, but how do we know it's true? Knowledge claims in massage and aromatherapy. *Complement Ther Nurs Midwifery* 3(3): 63-5. June 1997.

COMMENTS: It would appear that individuals from all sides of the complementary divide agree that there are misconceptions regarding the availability, use and efficacy of complementary therapies. Particularly crucial appears to be the need to increase the standards of training and the requirement to base claims upon actual research.

BOTTING, School of Nursing and Midwifery, University of Glamorgan, Wales UK writes that public interest regarding complementary therapies continues to grow, and that many nurses and midwives incorporate reflexology, aromatherapy and massage into their clinical practice.

Methods: There are concerns that the effectiveness of these therapies has not been fully demonstrated and the author reviews the literature (45 references) regarding the efficacy of reflexology.

Results: Anecdotal evidence is presented and concerns regarding the prevalence of personal beliefs and experiences within the literature are voiced and the requirement for research evidence advocated. Additionally, there is a critical review of published research studies, focussing upon issues relating to methodology, including the use of randomised controlled trials, to determine the efficacy of therapies such as reflexology.

Botting D. Review of literature on the effectiveness of reflexology. *Complement Ther Nurs Midwifery* 3(5): 123-30. Oct 1997.

STYLES, Paediatric Unit, St Mary's Hospital, London UK writes that aromatherapy is a valuable means of maintaining optimum health, especially when the health problem is stress-related.

Methods: Hospitalisation is a potentially stressful experience as documented by research. The author reviews (28 references) how massage and aromatherapy may be of benefit to hospitalised children, especially those infected with Human Immunodeficiency Virus (HIV).

Discussion: Nurses should encourage self-healing by "putting the patient in the best condition for nature to act". The author states that aromatherapy massage has the potential to achieve this through inducing relaxation and reducing the stress of hospitalisation and proposes the application of this skill as an extension of the nursing role.

Styles JL. The use of aromatherapy in hospitalized children with HIV disease. *Complement Ther Nurs Midwifery* 3(1): 16-20 Feb 1997.

KACPEREK, University of Central Lancashire, Preston, UK conducted a survey to determine the views of patients regarding the potential value of aromatherapy massage as an out-patient service.

Methods: A structured questionnaire was distributed to 240 patients. 71% (n = 170) of the patients responded.

Results: The majority of respondents replied that they would use an aromatherapy massage out-patient service, subject to various factors which could affect their decision. These considerations included: having a trained practitioner, reputable premises, the gender of the practitioner, cost of treatment and confidence with aromatherapy massage. Additionally the medical profession appeared to be influential, with many respondents preferring to be referred by a GP or consultant. These concerns appeared to be due to lack of knowledge and awareness of aromatherapy massage and complementary therapies in general. Also, there appeared to exist a reliance upon the medical profession to be responsible for taking health care decisions.

Kacperek L. Patients' views on the factors which would influence the use of an aromatherapy massage out-patient service. *Complement Ther Nurs Midwifery* 3(2): 51-7. Apr 1997.

COMMENTS: This is a very interesting result indeed, in particular the willingness of patients to have aromatherapy massage if referred by a GP or consultant. It isn't clear whether being referred by a GP meant that treatment would be paid for by the NHS, in which case cost could well be a factor. Probably if GPs or consultants advised aromatherapy massage, this type of treatment would be taken more seriously as a legitimate therapeutic option. Certainly there is a huge potential benefit in the incorporation of such therapies into mainstream medical treatment.

KATZ, Royal London Homoeopathic Hospital, London UK writes that although nurses and midwives may not be involved directly in the treatment of menopausal patients, they are uniquely positioned to support and advise patients regarding the menopause.

Discussion: Many women want to become informed about how to deal with symptoms and fears related to going through the menopause. The author states that homoeopathic treatment, which deals with both physical symptoms and emotional responses can be used during the menopause, either as an alternative to or alongside hormone replacement therapy (HRT).

Conclusions: In addition to exploring homoeopathic approaches to the treatment of menopausal symptoms, the author questions the current trend of promoting HRT.

Katz T. Homoeopathic treatment during the menopause. *Complement Ther Nurs Midwifery* 3(2): 46-50. Apr 1997.

COMMENTS: A reminder to Positive Health readers that full transcripts of the Complementary Therapies for the Menopause Symposium, held 25 April 1998 are available. These publish the many talks and questions and answer sessions, which included types of HRT and Oestrogens, Natural Progesterone, Herbal, Homoeopathic and Nutritional and Lifestyle approaches to the Menopause. The price including postage (in the UK) is £7.75.

MACKERETH, Biodynamic Massage, Reflexology and Therapeutic, Burnage, Manchester UK writes that he has received supervision following the completion of his biodynamic massage therapy training, in compliance with the requirement of the Code of Conduct for the Association of Holistic Biodynamic Massage Therapists.

Discussion: The author writes of the difficulties associated with arranging supervision since most of the supervisors were based in London or Cambridge and not in the North West of England.

Various types of supervision were attempted, including one-to-one supervision over the telephone, supported by 3-monthly meetings with a London-based supervisor. The author was able to obtain monthly one-to-one supervision locally four years ago and is now a member of a small supervision group who meet for 3 hours monthly. He more recently became a supervisor working with nurses working in complementary therapies and/or developing clinical supervision.

Conclusions: The author explores the concept of supervision with the intent of sharing his experiences and promoting discussion within the therapeutic nursing profession.

Mackereth P. Clinical supervision for 'potent' practice. *Complement Ther Nurs Midwifery*. 3(2): 38-41. Apr 1997.

WHITMARSH, Glasgow Homoeopathic Hospital, Scotland reported a case of migraine without aura, which was unresponsive to 5 years of conventional medical treatment.

Methods and Results: Consultation with a homoeopathic physician with extensive experience in the diagnosis and treatment of headaches, resulted in the prescription of a single homoeopathic remedy which was absolutely effective for this case.

Discussion: This report is offered as an open and retrospective study, comparing the best conventional migraine therapy with appropriate homoeopathic therapy in the same patient.

Whitmarsh TE. When conventional treatment is not enough: a case of migraine without aura responding to homeopathy. *J Altern Complement Med* 3(2): 159-62. Summer 1997.

KELNER and WELLMAN, Institute for Human Development, Life Course and Aging, University of Toronto, Ontario compared the social and health characteristics of patients from five groups of practitioners: 1) family physicians (used as baseline group); 2) chiropractors; 3) acupuncturist/traditional Chinese medicine doctors; 4) naturopaths; and 5) Reiki practitioners.

Methods: Data were gathered in a large Canadian city during 1994-1995. Face-to-face interviews were carried out with 300 patients (60 patients from each treatment group).

Results: The most evident social and health differences occurred between patients of family physicians and those of alternative practitioners. There were also significant differences between the various groups of alternative patients. Reiki patients had a higher level of education and were more likely to be employed in managerial or professional positions than patients from alternative groups.

Conclusions: The profiles presented indicate that users of alternative therapies ought not to be regarded as a homogeneous population, and that almost all patients of alternative practitioners also consult family physicians. The emerging pattern is one of multiple uses: patients choose the type of practitioner they believe can best help their particular health problem.

Kelner M and Wellman B. Who seeks alternative health care? A profile of the users of five modes of treatment. *J Altern Complement Med* 3(2): 127-40. Summer 1997.

Issue 35

KENNER, Department of Parent-Child Health Nursing, College of Nursing and Health University of Cincinnati, Ohio USA review (17 references) writes that fibromyalgia syndrome (FMS) and chronic fatigue syndrome (CFS) are not new conditions, but are the focus of more attention from research conducted in these fields. The author writes that FMS and CFS are primarily women's health problems and that in some instances there may be a genetic predisposition to these

conditions, which may have emotionally and physically devastating impacts upon sufferers' lives. The treatment plan should be holistic, interdisciplinary and include alternative therapies to enable the client and family to be truly supported and assisted to cope with such chronic conditions. Kenner C. Fibromyalgia and chronic fatigue: the holistic perspective. *Holistic Nurs Pract* 12(3): 55-63. April 1998.

FIELD T and colleagues, Touch Research Institute, University of Miami School of Medicine, Florida 33101, USA studied the therapeutic benefits of massage therapy or relaxation therapy for children with asthma.

Methods: 32 children (16 x 4-8 years old and 16 x 9-14 years old) suffering from asthma were randomly assigned to either the massage or relaxation group. The parents of the children were taught to give one therapy or the other for 20 minutes prior to bedtime every night for 30 days. Results: The younger children receiving massage demonstrated an immediate decrease in behavioural anxiety and cortisol levels following the massage. Additionally, there was an improvement over the course of the study regarding their attitude toward asthma and peak air flow and other pulmonary functions. The older children receiving massage reported lower anxiety following the massage. Their attitude toward asthma also improved over the course of the study, but there was improvement of only one measure of pulmonary function – forced expiratory flow: 25% to 75% improvement. The reason for the diminished therapeutic benefit in the older children is unknown.

Conclusions: Daily massage improves airway calibre and control of asthma in children.

Field T et al. Children with asthma have improved pulmonary functions after massage therapy. *J Pediatr*. 132(5): 854-8. May 1998.

VICKERS and colleagues, Research Council for Complementary Medicine, London UK investigated potential research bias by analysing the results of clinical trials originating in various countries.

Methods: Sources were abstracts from Medline, January 1966-June 1995. Two separate studies were conducted. The first comparing clinical outcome of subjects receiving acupuncture compared to groups receiving placebo, no treatment to a nonacupuncture intervention. The second study compared the results of randomised or controlled trials of interventions apart from acupuncture published in China, Japan, Russia/USSR or Taiwan with those published in England. Determination of inclusion, outcome and classification of trial by country of origin were performed by blinded reviewers.

Results: 252 of 1085 abstracts of acupuncture trials met the inclusion criteria. All trials which originated in China, Japan, Hong Kong and Taiwan were positive as were 10 of 11 studies published in Russia/USSR. In the nonacupuncture intervention studies, 405 of 1100 abstracts met the inclusion criteria. Compared to China (99%), Japan (89%), Russia/USSR (97%) and Taiwan (95%), where the results of the test treatment were superior to controls, only 75% of trials published in England gave the test treatment as superior to control. No trial published in China or Russia/USSR found a test treatment to be ineffective.

Conclusions: Certain countries publish an unusually high proportion of positive results, which could be the result of publication bias. Researchers undertaking systematic reviews need to consider how to manage research data from these countries.

Vickers A et al. Do certain countries produce only positive results? A systematic review of controlled trials. *Control Clin Trials* 19(2):159-66 April 1998.

HILSDEN and colleagues, Department of Community Health Sciences, University of Calgary, Alberta, Canada studied the use of complementary therapies by patients suffering from inflammatory bowel disease (IBD).

Methods: The authors conducted a cross-sectional survey of 134 patients with IBD (98 Crohn's disease; 34 ulcerative colitis and 2 indeterminate) by means of a mailed structured questionnaire. The response rate was 70%. The use of complementary medicine by the respondents was examined using logistic regression. The second phase of the study explored the beliefs and perceptions of 14 users of complementary medicine, who were interviewed.

Results: 51% of patients had used complementary therapies during the previous 2 years. 33% of patients were using complementary therapies currently, and one-half of these patients were using complementary therapies to manage their IBD. The most commonly reported therapies were the use of vitamins and herbal products. Two independent predictors of complementary medicine use

were duration of disease greater than 10 years and history of hospitalisation. The most commonly cited reasons for seeking complementary medicine were side effects and lack of effectiveness of conventional treatment. 62% of these patients told their physicians about using complementary therapies.

Conclusions: Use of complementary medicine is common in patients suffering from IBD, particularly among patients with a longer duration of disease or history of hospitalisation. Hilsden RJ et al. Complementary medicine use by patients with inflammatory bowel disease. *Am J Gastroenterol* 93(5):697-701. May 1998.

VERHOEF and PAGE, Department of Community Health Sciences, Faculty of Medicine, University of Calgary. investigated the knowledge, opinions and referral behaviour of family physicians regarding massage therapy.

Methods: The authors conducted a random, cross-sectional mailed survey of Alberta family practice physicians (n = 300). The survey was composed of questions regarding sociodemographic and practice characteristics, perceived knowledge of massage therapy, opinions regarding its usefulness, government regulations of massage therapy and referral behaviour.

Results: 161 physicians (54%) completed the questionnaire. 68% of respondents stated they had minimal or no knowledge of massage therapy; however, despite this low level of knowledge, 83% believed that massage therapy was a useful adjunct to their own practice. In fact, 71% had referred patients to massage therapists and 72% perceived an increasing demand from their patients for massage therapy. About ½ of the physicians surveyed supported government regulation of massage therapy.

Conclusions: Physicians showed a discrepancy between their knowledge of massage therapy and their opinions of, and referrals to, massage therapists. Those physicians who referred patients to massage therapists generally held more positive opinions and had greater knowledge of the discipline.

Verhoef MJ and Page SA. Physicians' perspectives on massage therapy, *Can Fam Physician* 44: 1018-20. May 1998.

WONG and colleagues, Queen's University, Kingston, Ontario, Canada studied how Chinese patients consulting family physicians in Vancouver, Canada used traditional Chinese medicine (TCM), in particular Chinese herbal medicine and acupuncture.

Methods: The authors conducted a bilingual (English and Chinese) survey among 4 family practices (932 patients or family members) with predominantly Chinese patients in Vancouver. The main outcome measures were demographic characteristics, frequency and reasons for visiting a family physician, Chinese herbalist or acupuncturist and their choice of practitioner if affected by one of 16 common conditions.

Results: The study population was mainly Chinese and immigrants to Canada. 28% of respondents used Chinese herbal medicine, with more than one visit during the last year; another 18% were past users of Chinese herbal medicine. 7% of respondents currently used acupuncture; another 8% had used acupuncture in the past. The use of Chinese herbal medicine varied significantly according to age, sex, immigrant status and ethnicity. Acupuncture use varied significantly only by age. The main reasons for consulting Chinese herbalists were infection (41%), respiratory problems (11%) and rheumatologic problems (10%), whereas acupuncturists were consulted almost exclusively for rheumatologic problems (80%).

Conclusions: The use of TCM along with consulting family physicians was very popular among this predominantly Chinese study population. Patients with acute health problems, such as influenza, consulted both their family physicians and Chinese herbalists, often in quick succession. However, those patients suffering more chronic conditions, including rheumatologic diseases, were more likely to start using TCM following repeat visits to their family physicians.

Wong LK et al. Chinese herbal medicine and acupuncture. How do patients who consult family physicians use these therapies? *Can Fam Physician* 44: 1009-15. May 1998.

ANDREWS and colleagues, Faculty of Medicine, University of Adelaide, South Australia, Australia studied the nature and prevalence of alternative therapies used by children with asthma. Methods: A questionnaire describing the use of alternative therapies was completed by the parents of 51 children with asthma aged 1-6 years in South Australia.

Results: About 55% of children used alternative therapies for asthma management. The therapies

which were most commonly used were massage, relaxation, diet and vitamin therapy. The authors did not find any significant difference in age, asthma severity, length of time since diagnosis or presence of another illness amongst children who did or did not use alternative therapies.

Conclusions: A substantial proportion of children with asthma attending paediatric clinics use alternative therapies. Paediatricians need to be aware of this and be prepared to discuss alternative therapies with parents, which may facilitate a more open doctor-patient relationship and provide better management of the children's asthma.

Andrews L et al. The use of alternative therapies by children with asthma: a brief report. *J Paediatr Child Health* 34(2): 131-4 April 1998.

Comments: It is abundantly clear from the breadth of the above reported studies, that people of all ages, from all over the world, suffering from a variety of health problems, are using a variety of alternative therapies, usually in conjunction with conventional allopathic treatment. The study by Vickers et al makes for worrying reading, in that it seems to be far too good to be true that virtually all research from China, Hong Kong, Japan, Taiwan and Russia report positive results, whereas research from the UK reports positive results in just 75% of the cases.

Issue 34

VALLANCE, Medical School Registry, Royal Free Hospital School of Medicine, London, UK reviews (149 references) the evidence for the efficacy of homeopathy. He writes that 40% of GPs in the Netherlands practise homeopathy, and that with over 100 homeopathic medical schools, homeopathy is practised in India, and that in the UK, 42% of GPs refer patients to homeopaths.

Results: Two recent meta-analyses indicated that homeopathy has added effects over those of placebo. However, despite this evidence there is a backdrop of considerable scientific scepticism, mainly due to the ultra-high dilution (UHD) of homeopathic remedies, such that there are no molecules of the original substance present in the final remedy. The author suggests how the scientific community could respond to this challenge and writes that evidence has been conducted upon a diverse range of homeopathic assays, including immunological, physiological, behavioural, biochemical and clinical. UHD effects has attracted the attention of physicists who have speculated upon their physical mechanisms. The author includes a critique of several experiments which formed the Benveniste affair, sparked off by the Nature article suggesting the existence of UHD effects of IgE upon human basophils. The author states that this is a paradigm example of how a controversial phenomenon can divide the scientific community and argues that there is as yet insufficient evidence to drive rational scientists to a consensus view regarding UHD effects, even if they possessed knowledge of all the evidence. Difficulty in publishing high-quality UHD research in mainstream conventional journals precludes a fair assessment of UHD effects. However, given that the existence of UHD effects could revolutionise science and medicine, the author argues that possible UHD effects warrant serious investigation by conventional scientists and serious attention by scientific journals.

Vallance AK. Can biological activity be maintained at ultra-high dilution? An overview of homeopathy, evidence, and Bayesian philosophy. *J Altern Complement Med* 4(1): 49-76 Spring 1998.

CARROLL and SEERS, Nuffield Department of Anaesthetics, University of Oxford, The Churchill, UK conducted a systematic review (54 references) of published randomised controlled trials regarding the effectiveness of relaxation techniques in the management of chronic pain. Methods: The authors searched MEDLINE, psychLIT, CINAHL, EMBASE and the Oxford Pain Relief Database. Only randomised controlled trials of relaxation techniques in chronic pain were included in this review. Studies investigating the effects of relaxation in combination with other interventions were not considered. 9 studies involving 414 patients met the predefined inclusion criteria and are critically appraised. Lack of quantitative data in the primary studies precluded meta-analysis. The studies involved patients suffering from a range of chronic pain conditions; the

most common pain outcome used was the McGill Pain Questionnaire.

Results: 4 studies showed a significant difference in pain outcomes in favour of relaxation for the pre- and post-treatment assessments, but there were few statistically significant differences reported in favour of relaxation with between treatment comparisons. 3 studies reported statistically significant differences in favour of relaxation compared to the other treatment groups. For rheumatoid arthritis the McGill Pain Questionnaire scores were significantly lower for patients receiving relaxation compared to those in the control group. For ulcerative colitis there were significant differences reported in 6 out of 7 pain outcome measures in favour of progressive muscle relaxation compared to the waiting list control group. In one of the two cancer pain studies, relaxation produced significantly lower pain sensation scores compared to control patients. Two studies reported significant differences for the experimental control groups rather than for relaxation.

Conclusions: There is insufficient evidence to confirm that relaxation reduces chronic pain. Many studies with both positive and negative results have suffered from methodological inadequacies, and the authors make recommendations for future research regarding the effectiveness of relaxation techniques for chronic pain.

Carroll D and Seers K. Relaxation for the relief of chronic pain: a systematic review. *J Adv Nurs* 27(3): 476-87 Mar 1998.

SEERS and CARROLL, Royal College of Nursing Institute, Radcliffe Infirmary, Oxford, UK reviewed (60 references) the effectiveness of relaxation techniques used alone for management of acute pain following surgery and during procedures.

Methods: The authors conducted a systematic review, searching MEDLINE, psychLITT, CINAHL, EMBASE and the Oxford Pain Relief Database, of randomised controlled trials (RCTs), which yielded 7 studies involving 362 patients. 150 patients received active relaxation as the sole intervention. Outcome measures were pain and psychological factors. A lack of primary data precluded meta-analysis.

Results: 3 of the 7 studies showed significantly less pain sensation and/or pain distress in patients receiving relaxation. 4 studies did not demonstrate any difference. There was weak evidence supporting the use of relaxation for acute pain; however, this evidence was inconclusive, with many of both the positive and negative studies suffering from methodological inadequacies.

Conclusions: The authors state that well designed and executed randomised controlled trials are required before the clinical use of relaxation for acute pain management can be firmly underpinned by high quality research evidence. The authors further recommend that until this evidence is obtained, that the clinical use of relaxation for acute pain settings be carefully evaluated and not used as the main treatment for the management of acute pain.

Carroll D and Seers K. Relaxation techniques for acute pain management: a systematic review. *J Adv Nurs* 27(3): 466-75 Mar 1998.

GOOSSENS and colleagues, Institute for Rehabilitation Research, Hoensbroek, The Netherlands. M.Goossens@IRV.nl. conducted a 3-year cost-effectiveness study and compared the efficacy of several types of rehabilitation programmes for chronic low back pain.

Methods: The authors compared a combined operant programme plus cognitive/relaxation programme with an operant programme plus attention-control. They then compared both programmes with a waiting-list control group and with operant rehabilitation provided by the same rehabilitation centre. 148 patients suffering from chronic low back pain were randomly assigned to the various programmes. Economic endpoints were the costs of the programme and other health care utilisation, costs for the patient, and the indirect costs associated with production losses due to low back pain.

Results: The results of this 3-year study demonstrated that the addition of a cognitive component to an operant treatment did not result in significant cost differences nor improvements to quality of life compared to the operant treatment alone. Compared to the common individual rehabilitation therapy, it was concluded that the same effects can be achieved at the same or lower costs with a shorter, more intense standardised group programme. The operant treatment alone was more effective than providing no treatment in the waiting-list control group.

Goossens ME et al. Health economic assessment of behavioural rehabilitation in chronic low back pain: a randomised clinical trial. *Health Econ* 7(1): 39-51 Feb 1998.

Comments: As the above studies demonstrate, there is a considerable amount of research focussed upon determining the efficacy of complementary therapies in many health problems, with the intent of proving or disproving many commonly-held assumptions such as the use of relaxation for pain relief, and the inclusion of a cognitive component within a back pain treatment programme.

Issue 33

WOOTTON, Richard & Hinda Rosenthal center for Complementary and Alternative Medicine, Columbia University, College of Physicians and Surgeons, New York, USA have compiled the Directory of Databases with significant holdings of primarily bibliographic references to complementary and alternative medicine published research.

Results: The Directory is accessible from the Web site of the Richard & Hinda Rosenthal Center for Complementary and Alternative Medicine at Columbia University's CPMCNet

(<http://cpmcnet.columbia.edu/dept/rosenthal/>). There is a general selection criteria, a brief description of content and access or contact details are provided for each of the 56 databases.

Thirty-six of the databases are available online over the Internet and 17 are publicly available.

Thirteen search services and a further 8 databases are available in a variety of formats.

Wootton JC. Directory of databases for research into alternative and complementary medicine: an update. *J Altern Complement Med* 3(4): 401-3. Winter 1997.

McPARTLAND and SOONS, Vermont Alternative Medicine, Middlebury USA estimated the number of alternative/holistic practitioners in Vermont.

Methods: The authors scanned advertisements in yellow pages, newspapers, magazines and brochures and performed word-of-mouth canvassing.

Results: The authors located 897 Vermonters who derived most of their income as a practitioner of at least one of 97 types of alternative medicine and therapy. The majority of practitioners were female, and most practised more than one type of healing. The most prevalent practitioners were bodyworkers, followed by chiropractors, acupuncturists, herbalists and holistic psychotherapists. On a per-capita basis, there is 1 alternative practitioner per 652 Vermonters or 153 practitioners per 100,000 population. This census almost equals that of Vermont's population of medical doctors (MDs).

Conclusions: Extrapolation of this data from Vermont to a nationwide estimate suggests that there are over 403,000 full-time alternative practitioners practising in the United States.

McPartland JM and Soons KR. Alternative medicine in Vermont – a census of practitioners: prevalence, patterns of use, and national projections. *J Altern Complement Med* 3(4): 337-42. Winter 1997.

Comments: These statistical projections are staggering, particularly since most of the practitioners are practising fairly "conventional" therapies – chiropractic, acupuncture, herbalism – i.e., professions fairly compatible with those of the medical profession.

WIRTH and CRAM, Healing Sciences Research International, Orinda, California, USA analysed three studies regarding complementary healing methods.

Methods: The series of randomised, double-blind, placebo-controlled studies concerned sEMG electrode placement upon specific neuromuscular paraspinal centres (cervical C4, thoracic T6 and lumbar L3), as well as the frontalis region, as these sites correspond to chakra centres as described in Eastern texts. The hypothesis is that the sEMG assessment procedure had the potential to provide objective, quantifiable correlates for healing effects, and assess energy flow through the chakras during the healing treatment.

Results: These were the first randomised, double-blind, placebo-controlled protocols to evaluate neuromuscular paraspinal measures with differing healing interventions. Although measurement protocols were similar between experiments, the results varied and appeared to be linked to

either the meditational experience of the subjects or to the particular healer(s). These results are considered preliminary in nature, but they indicate a potentially objective scientific correlation to healing interventions.

Conclusions: More research is required to establish the sEMG assessment procedure as a reliable correlative measure for healing effects and to determine whether consistent replicative treatment effects can be demonstrated, independent of the specific population or practitioner.

Wirth DP and Cram JR. Multisite surface electromyography and complementary healing intervention: a comparative analysis. *J Altern Complement Med* 3(4): 355-64 Winter 1997.

Issue 32

BLAIS and colleagues, Groupe de recherche interdisciplinaire en santé, Université de Montréal, Quebec Canada. blaisr@ere.umontreal.ca. compared the demographic characteristics, health profile and utilisation of medical services between users and non-users of alternative medicine in the province of Quebec, Canada.

Methods: The authors linked respondents' survey replies with medical service records from the 1987 health survey. Users of alternative medicine practitioners were matched by diagnosis and area of residence with those who visited physician practitioners (non-users).

Results: There were differences in age, activity, education and income between users and non-users of alternative medicine. Following adjustments for age, education and income, both groups had similar health profile however users of alternative medicine had made fewer medical visits in the previous year.

Conclusions: Alternative medicine attracts a particular group of people and more research is required in order to understand the reasons people visit alternative rather than conventional practitioners of medicine.

Blais R et al. How different are users and non-users of alternative medicine? *Can J Public Health* 88(3): 159-62. May-Jun 1997.

Comments: There is a seemingly endless procession of research studies from countries all over the world, all directed at finding out why people wish to use non-drug, more natural treatment approaches, and what distinguishes these people from those who use conventional medicine. It seems to me quite simple and straightforward that the majority of people, given the choice, and being able to afford to pay for treatment, would prefer gentler therapies free from major side effects. Unfortunately, this is not presently an option for the majority of non-affluent people when most complementary treatments are not available on the NHS. However, times are changing, and within the next 5-10 years, therapies such as acupuncture, homoeopathy, massage, aromatherapy, nutritional and herbal therapy and osteopathy will become increasingly available through the NHS.

LANGLEY and BHATTACHARYYA, Center for Pharmaceutical Economics, College of Pharmacy, University of Arizona, Tucson USA discuss the problem of increasing costs (and decreasing returns) in the treatment of patients within health care systems.

Methods: The implications of such a situation are studied for: 1) allocation of patients to alternative drug therapies 2) the proportions of patients treated within the disease area to total patient population as a function of equilibrium conditions for maximised health care outcomes, given alternative assumptions regarding the existence of budget constraints upon resources allocated to the disease area. The authors state that the reason for considering these issues is that such a model and its driving assumptions are in marked contrast to those underlying the traditional approach to cost-effectiveness modelling.

Results: In traditional cost-effectiveness analysis, there is an assumption that costs and outcomes exhibit constant returns to scale and that the process of patient selection and characteristics of the treating population do not need to be taken into account. This analysis shows that once the assumption of constant returns is abandoned, any assessment of the net impact of therapeutic interventions may be made only within an equilibrium, or comparative static,

framework subject to budget constraints in which cost functions which drive patterns of switching between therapies are specified. Under such conditions, the traditional, clinical-trial-based notion of cost-effectiveness loses all meaning.

Langley PC and Bhattacharyya SK. Treatment costs, equilibrium, and the allocation of patients to therapy alternatives. *Clin Ther.* 19(4): 830-6. Jul-Aug 1997.

EDWARDS, University Support Centre, University of Western Australia, Australia.

medwards@cyllene.usa.edu.au. writes that the Zen Buddhist tradition involves a number of meditation and instructional techniques with strong phenomenological and theoretical connections with the experience of loss and the grief process.

Results: The author utilised experiences which occurred during personal encounters with individuals – 3 of whom were disabled – in a grief counselling setting. There were several points of connections identified, including: 1) a heightened awareness of the embodied nature of experience 2) the importance and dialogue and relationship for healing and transformation 3) the focus on process as opposed to outcome 4) the importance of the process of life review 5) a confrontation with the nature of absence and emptiness and 6) being present to what is experienced rather than focusing on the need for change. The authors discuss these findings in terms of Ken Wilber's full-spectrum model of human development and enlarges upon their implications for professional and non-professional support persons for people experiencing grief. Edwards M. Being present: experiential connections between Zen Buddhist practices and the grieving process. *Disabil Rehabil.* 19 (10): 442-51. Oct 1997.

Comments: Positive Health will be publishing an article by Mr Edwards, expanding upon the connection between meditation and grieving, in Issue 35, Dec 1998.

PEREZ and SUAREZ, Catedra de Farmacologia, Facultad de Odontologia, Universidad de Buenos Aires, Argentina had previously reported the antimicrobial activity of plants used in Argentine folk medicine against a variety of micro-organisms.

Methods: The present study reported the screening of 11 of these plants against the pathogenic fungus *Candida albicans*. Aqueous extracts were checked against fungus cultures using agar-well diffusion technique.

Results: 5 of the extracts showed antifungal activity.

Perez C and Suarez C. Antifungal activity of plant extracts against *Candida albicans*. *Am J Chin Med* 25(2): 181-4. 1997.

Issue 31

NORHEIM, Institute of Community Medicine, University of Tromso Norway reviews (29 references) the adverse effects of acupuncture as recorded in papers published in journals on the Medline database during the period 1981-94. METHODS: There were a total of 125 papers which were detected by the keywords acupuncture adverse effects. The author excluded articles without case reports, leaving 78 reports which were reported in the present article. RESULTS: Over 14 years, there were a total of 194 patients reported with adverse effects of acupuncture, with the most common mechanical organ injury attributed to pneumothorax, and hepatitis the main infection. Acupuncture treatment is claimed to be responsible in the death of 3 patients, one from bilateral pneumothorax, a second from complications from endocarditis and the third from severe asthma while under acupuncture treatment. The majority of adverse effects from acupuncture seemed to be due to insufficient basic medical knowledge, low hygienic standards and inadequate acupuncture education. CONCLUSIONS: This paper confirms the adverse effects of acupuncture under certain circumstances. However, serious adverse effects are few and acupuncture can generally be considered a safe treatment.

Norheim AJ. Adverse effects of acupuncture: a study of the literature for the years 1981-1994. *J Altern Complement Med* 2(2): 291-7. Summer 1996.

COMMENTS: In an ideal world, one would hope to find no reports of adverse effects from any

given treatment. However, we all know that we don't live in an ideal world, and that if we consider any one given procedure, say giving injections, or dealing with ingrown toenails, or lancing boils, or even taking antibiotics, we have all heard of horror stories pertaining to reactions, infections or allergic drug reactions to standard medical procedures. These statistics, often representing hundreds or thousands of individuals, are regularly published in medical handbooks and occasionally in popular books or magazine articles regarding iatrogenic illness and they make sobering reading. Seen in this context, the fact that over a 14-year period the author was only able to find 125 papers representing 193 patients from all over the world reported to have experience adverse effects in Medline is quite astonishingly clear proof that acupuncture is indeed safe, provided that the practitioner is properly trained in basic medical knowledge, acupuncture and observe high standards of safety and hygiene.

SUN, Nanjing College for Population Administrators, China studied the anti-obesity effects of acupuncture and influence upon water and salt metabolism. METHODS: The author studied in 75 patients with simple obesity (12 people with oedema, 33 without oedema) the changes in symptoms and signs, obesity indices, blood sodium, blood potassium, and mOsm of plasma and urinary aldosterone prior to and following acupuncture treatment. RESULTS: The total effective rate of anti-obesity treatment for one month was 89.3%. Prior to acupuncture, blood sodium and aldosterone levels of the patients with oedema were significantly higher than in normal individuals or those patients with oedema however blood potassium and mOsm of plasma of the patients with oedema were significantly lower than normal individuals or patients without oedema. Following acupuncture treatment, concentrations of blood sodium and aldosterone decreased considerably and blood potassium and mOsm of plasma increased significantly in the patients with oedema. CONCLUSIONS: This study demonstrated that acupuncture treatment had not only a good anti-obesity effect, but that acupuncture improved water and salt metabolism of obese patients by regulation of nervous system and body fluid.

Sun F. The anti-obesity effect of acupuncture and its influence on water and salt metabolism. Chen Tzu Yen Chiu. 21 (2): 19-24. 1996.

LEVIN, colleagues and JONAS, National Institute for Healthcare Research, Rockville MD, USA summarises the deliberations of the Quantitative Methods Working Group convened by the National Institutes of Health (NIH), in support of the NIH Office of Alternative Medicine (OAM). METHODS: The working group had as its remit to identify methods of study design and data analysis applicable to empirical research regarding complementary and alternative medicine. This remit was wide-ranging and included the evaluation of alternative therapies, investigation of the basic science of the complementary medical systems, studies of health promotion, disease prevention and health services research. RESULTS: The working group produced a summary list of 7 recommended methodological guidelines regarding research on alternative medicine. Their recommendations stressed the robustness of existing research methods and analytic procedures despite the considerable unconventionality of alternative medicine. CONCLUSIONS: In contrast to the statements of researchers and practitioners of alternative medicine, established methodologies – experimental trials, observational epidemiology, social survey research – and procedures for data analysis – analysis of variance, logistic regression, multivariate modelling techniques – are satisfactory for addressing the majority of study issues related to alternative medicine, ranging from clinical research regarding therapeutic efficacy to basic scientific research regarding mechanisms of pathogenesis and recovery.

Levin JS et al and Jonas WB. Quantitative methods in research on complementary and alternative medicine. A methodological manifesto. NIH Office of Alternative Medicine. Med Care. 35 (11): 1079-94. Nov 1997.

mainstream Western medicine, known as complementary or alternative medicine (CAM) is rapidly increasing in the United States. They write that despite evidence of physician interest and willingness to refer to CAM provides, there is presently little information regarding medical education in complementary practices. The authors conducted a survey to assess the frequency and nature of alternative medicine instruction within US medical schools and family practice residency programmes. METHODS: A 16-question survey was mailed to all US medical school family medicine department chairmen and non-university-based family practice residency programme directors regarding current instruction in alternative medicine, planned instruction and programmes being considered. RESULTS: The response rate was 78% about 30% of all respondents currently teaching, 6% starting to teach and 6.3% considering teaching some form of alternative medicine. CAM instruction was most common in the Northeast and Rocky Mountain regions, and is predominantly elective (72.2%), although content and teaching methods vary widely. CONCLUSIONS: Alternative medicine is starting to establish a presence in US medical schools and family practice residency programmes, with subjects varying widely in content and format.

Carlston M et al. Alternative medicine instruction in medical schools and family practice residency programs. *Fam Med* 29(8): 559-62. Sep 1997.

HE and colleagues, Department of Preventive Medicine, University of Oslo, Norway, studied the effects of acupuncture upon smoking reduction and cessation. METHODS: 46 healthy men and women, of mean age of 39 years, smoking 20 +/- 6 cigarettes daily over a period of 23 +/- 8 years and who wished to cease smoking participated in the study. Participants were randomly assigned to two groups as follows: 1) Group I received acupuncture treatment at points used for anti-smoking (test group TG) 2) Group II received acupuncture treatment at points assumed to have no effect for smoking cessation (control group CG). Each participant replied to questionnaires regarding his or her smoking habits and attitudes prior to each treatment and following the last treatment. Concentrations of cotinine, thiocyanate, peroxides and fibrinogen were measured prior to the first and following the last acupuncture treatment. RESULTS: Daily cigarette consumption declined during the treatment period in both groups however the reduction was larger for TG than for CG. 31% of those in TG had ceased smoking compared with none in CG. In TG concentrations of cotinine and thiocyanate were significantly reduced following the treatment period, compared to the no significant reductions in CG group. The taste of tobacco worsened during the treatment period in both groups, but the effect was more pronounced for TG than CG. Desire to smoke fell significantly in both groups following treatment the reduction was larger for TG than CG. There were no significant changes in concentrations of peroxides and fibrinogen during the treatment period for either group. CONCLUSIONS: The results of this study suggests that acupuncture may help to motivate smokers to reduce or quit smoking. Different acupoints appear to have different effects for smoking cessation and reduction.

He D et al. Effects of acupuncture on smoking cessation or reduction for motivated smokers. *Prev Med* 26(2): 208-14. Mar-Apr 1997.

ERNST and PITTER, Department of Complementary Medicine, Postgraduate Medical School, University of Exeter, Exeter UK conducted a systematic review of the literature to assess the effectiveness of acupuncture for dental pain. METHODS: Computerised literature searches were performed of Medline, Embase, CISCOP and Cochrane Library databases additionally, experts were solicited to contribute their own published and unpublished material. All studies were evaluated and rated according to a standardised criteria with particular attention to the methodological quality (Jadad score) of the research performed. RESULTS: 16 trials, mostly using acupuncture in a clinical situation, predominantly for pain relief during dental procedures, were assessed. The majority of these investigations suggested that acupuncture is more effective than control treatment only 4 trials implied the contrary. All the experimental studies were positive. Of the more recent 11 trials which were randomised, only 4 were negative. In 8 randomised trials, in which there was present some degree of blinding, only 1 was negative. In the 7 studies which were sham controlled in addition to being blinded and randomised, all but 1 were positive. In one of the studies with the highest Jadad score, with 40 volunteers receiving ear or sham acupuncture, the real acupuncture group experienced an 18% increase in their pain

threshold to experimental pain. In another study with a high Jadad score, in which electroacupuncture or sham was used while drilling, a remarkable placebo-response of 100% of patients resulted, with no differences between the acupuncture and sham groups.

CONCLUSIONS: These data from these studies suggest that acupuncture is effective for pain relief for dental operations following surgery or during experimentally induced dental pain. The mechanisms for this may relate to the blocking afferent pathways, effects upon endogenous opioids and inhibitory effects upon efferent pathways. The methodological details and heterogeneity across this literature limits the conclusions which can be made. Further research should consider optimal acupuncture technique and acupuncture's relative efficacy compared to conventional pain relief methods.

Ernst E and Pittler MH. The effectiveness of acupuncture in treating acute dental pain: a systematic review. *British Dental Journal* 184(9): 443-7. 9 May 1998.

COMMENTS: It was not very long ago that certain respected authorities were disputing and even ridiculing the notions of acupuncture meridians and the clinical efficacy of acupuncture. Regular readers of this research section will be familiar with the considerable volume of research, mainly emanating from China, regarding the application of acupuncture for many important diseases, including stroke, hypertension, diabetes, emesis and pain relief. The mechanisms for acupuncture's efficacy are being researched in earnest, so that before long, we may be understand why acupuncture works, which may help to convince extreme doubters who can not believe anything unless a rational explanation is advanced.

Issue 29

BERDEN and colleagues, BION, Institute for Bioelectromagnetics and New Biology, Ljubljana, Slovenia studied whether electromagnetic field emission from living beings could modify physical characteristics of water. **METHODS:** The authors followed three types of experiments: 1) Whether and in which way water exposed to growing and dying spruce seedlings through a quartz test tube, and hence with no chemical contact, influences germination of seeds and growth of seedlings of the same species 2) Whether and in which way distilled water equally exposed to growing and dying spruce seedlings and various stages of mealworm beetle can be modified, with this modification later reproduced via a specially developed technique of electrophotography 3) Whether an emission from human hands can modify, non-chemically, the physical characteristics of distilled water. **RESULTS:** Statistical analyses demonstrated two different groups of people: 1) those capable of imprinting some form of highly reproducible radiation into water, and 2) others at most capable of imprinting only some type of highly variable radiation. **CONCLUSIONS:** This line of research could provide a scientifically based testing of actual capabilities of so-called biotherapists performing unconventional healing. These experiments also demonstrate further indirect evidence for a form of electromagnetic emission from living beings and that such emission alters water in an as yet unknown way.

Berden M et al. A possible physical basis for the healing touch (biotherapy) evaluated by high voltage electrophotography. *Acupunct Electrother Res* 22(2): 127-46. 1997.

COMMENTS: The quest to find and prove the existence of electromagnetic emissions from living beings is one of the central tenets (holy grail) of healing and energy-based medicine. The ability of highly dilute substances to imprint or somehow alter water is of course at the centre of the controversy regarding the efficacy of homoeopathy. These questions will not go away soon.

WATSON and WATSON, University of Bradford, review the therapeutic benefits of massage and its relationship and relevant to orthodox therapies. **RESULTS:** The majority of studies regarding the effects of massage upon patients' wellbeing have been conducted by non-nursing researchers. The authors suggest that nurse-based research would make an important contribution to holistic care approach. They write that interest in and use of complementary therapies has grown over recent years and that massage appears to be of particular interest to nurses, as it involves close, intimate, contact in which nurses are often engaged as part of their daily work with patients. The benefits and problems associated with massage are explored.

Watson S and Watson S. The effect of massage: an holistic approach to care. *Nurs Stand* 11(47) 45-7. Aug 13. 1997.

BUSS and colleagues, Maastricht University, Faculty of Health Sciences, Department of Nursing Science, The Netherlands write that the prevention of pressure sores is a major concern of rehabilitation nurses. **BACKGROUND:** Over the years, a number of methods have been used to prevent pressure sores. One of the most commonly used methods is massage of bony prominences and pressure areas. However, according to the majority of contemporary clinical guidelines, massage is to be avoided. The authors review (30 references) through a search of the literature, the extent to which such guidelines are based upon research findings regarding the effectiveness of massage in preventing pressure sores. **RESULTS:** The results of the studies analysed led the authors to the conclusion that massage as therapy for preventing pressure sores in patients at risk is not recommended.

Buss IC et al. The effectiveness of massage in preventing pressure sores: a literature review. *Rehabil Nurs* 22(5): 229-34. Sep-Oct 1997.

Issue 28

LINDE and colleagues, Munchener Modell, Centre for Complementary Medicine Research, Technische Universitat/Ludwig-Maximilians-Universitat, Munchen, Germany write that homoeopathy appears to be scientifically implausible but is widely used. The authors assessed the clinical effect reported in randomised controlled trials of homoeopathic remedies compared to placebo. **METHODS:** The literature search included studies from computerised bibliographies, contracts with researchers, institutions, manufacturers, individual collectors, conference proceedings and books in all languages, double blind and/or randomised placebo-controlled trials. From 185 trials identified, 119 met the inclusion criteria and 89 had data adequate for meta-analysis. Study quality was assessed by two reviewers with two scales and extracted data for clinical outcome, homoeopathy type, dilution, "remedy" population and outcomes. **RESULTS:** The combined odds ratio for the 89 studies entered into the main meta-analysis was 2.45 in favour of homoeopathy. The odds ratio for the 26 good quality studies was 1.66 and, following correction for publication bias was 1.78. 4 studies regarding the effects of a single remedy upon seasonal allergies had a pooled odds ratio for eye symptoms at 4 weeks of 2.03. **CONCLUSIONS and DISCUSSION:** The results from this meta-analysis are not compatible with the hypothesis that clinical effects of homoeopathy are completely due to placebo. [Editor's note: How is that for a negative way of phrasing essentially a positive result?] However there was insufficient evidence to show that homoeopathy was clearly efficacious for any single clinical condition. Further research regarding homoeopathy is justified provided that it is rigorously and systematically conducted.

Linde K et al. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. *Lancet* 350 (9081): 838-43. Sep 20 1997.

WHITE, RESCH and ERNST, Department of Complementary Medicine, Postgraduate Medical School, University of Exeter UK write that information regarding GPs' use of and attitudes toward Complementary Medicine (CM) is necessary in order to progress the debate about the role of CM within mainstream medicine. Evidence shows that the use of CM is particularly high in the South-West of the UK. **METHODS:** A survey of all primary care physicians working in the health service in Devon and Cornwall was carried out via a questionnaire. **RESULTS:** Of 981 GPs contacted, 461, or 47% replied to the questionnaire. 316 GPs (68%) had been involved with CM in some way during the previous week. At least one form of CM was practised by 74 (16%) of the respondents, the two most common being homoeopathy (5.9%) and acupuncture (4.3%). 115 (25%) had referred at least one patient to a complementary therapist in the previous week and 253 (55%) had endorsed or recommended CM treatment. The three most effective therapies rated by the GPs were chiropractic, acupuncture and osteopathy and a majority of the respondents thought that these three therapies ought to be funded by the health service. 176 (38%) of respondents reported adverse effects, the most common following manipulation.

CONCLUSIONS: More than two-thirds of GPs in Devon and Cornwall, higher than the national average, who replied to this questionnaire had been involved with complementary medicine in some way during the previous week. The majority of GP respondents thought that acupuncture, chiropractic and osteopathy were effective therapies and should be funded by the NHS. White AR, Resch KL and Ernst E. Complementary medicine: use and attitudes among GPs. *Fam Pract* 14(4): 302-6. Aug 1997.

COMMENTS: Without wishing to dampen down these extremely promising figures of GPs embracing complementary medicine, it must be pedantically pointed out that merely 47% of the GPs contacted replied to the questionnaire. If the percentage of use of complementary therapies by GPs is the same for the remaining 53% of GPs who didn't respond, then we have the glowing situation whereby two thirds of GPs support at least the more mainstream therapies of complementary medicine. However, if the worst case scenario exists whereby none of these 520 other GPs endorse or use complementary medicine, then the percentage drops to 316 out of 981, or roughly one third. Probably the real figure is somewhere between one and two thirds, or one half, which is still a milestone achievement.

ALKHAWAJAH, Department of Pharmacology, College of Medicine, King Faisal University, Dammam, Saudi Arabia writes that *Juglans regia* L. bark is used as a toothbrush and a cosmetic lip colourant dye in some countries. **RESULTS:** This bark extract showed a broad spectrum antimicrobial activity in a dose-dependent manner, inhibiting the growth of several pathogenic micro-organisms, including *Staphylococcus aureus* and *Streptococcus mutans*, gram-positive bacteria, and *Escherichia coli* and *Pseudomonas aeruginosa*, gram-negative bacteria and the yeast *Candida albicans*. The bark extract had either synergistic or additive anti-microbial action when used with a wide range of antibacterial drugs. Its action also increased saliva pH. **CONCLUSIONS:** Brushing the teeth with this bark may help to improve oral hygiene, prevent plaque, cavity formation and reduce gingival and periodontal infections. Alkhawajah AM. studies on the antimicrobial activity of *Juglans regia*. *Am J Chin Med* 25(2): 175-80. 1997.

COMMENTS: As the above two studies illustrate, there is a significant research effort internationally devoted to detecting antimicrobial and antifungal activity among herbal and plant materials. In view of the growing problem of antimicrobial resistance to the widespread use of antibiotics, this type of research and these results will gain in importance as time progresses.

HOU and LI, Xinjiang Academy of Forestry Science, China have previously shown that plants exhibit functional characteristics similar to the meridian system in humans and animals, including high potential and low electrical resistance, high temperature and spontaneous sound production. In this paper the authors show the effect of acupuncture on plants. **METHODS:** 2 cultivars of *Phaseolus vulgaris* (pole bean and bush bean) were subjected to acupuncture by the insertion of 2 needles into opposite sides of the stem of the unifoliolate buds. **RESULTS:** Acupuncture strengthened the growth and development of the plants. Two repeated experiments demonstrated that, compared to the control plants under the same growing conditions, the mean net photosynthesis rate of the acupuncture-treated plants increased by about 20.5%, mean transpiration by 27.2%, growth, total internodal length by 22.5%, and total dry weight of shoots from the cotyledon to the apex by 22.9%. Additionally acupuncture-treated plants flowered 3 days earlier and produced 14.4% more fruit than untreated control plants. **CONCLUSIONS:** Acupuncture may become a viable technique for increasing agricultural yield of crop plants. Hou TZ and Li MD. Experimental evidence of a plant meridian system: IV. The effects of acupuncture on growth and metabolism of *Phaseolus vulgaris* L. beans. *Am J Chin Med* 25(2): 135-42. 1997.

COMMENTS: What astonishing research results, which, in addition to adding to the evidence of the existence of acupuncture meridians, also shows that acupuncture increases agricultural productivity in food crops such as beans!

MILLAR, Health Statistics Division, Statistics Canada, Ottawa. millway@statcan.ca. studied the use of alternative health care practitioners by Canadians aged 15 and over. METHODS: Data from 17,626 respondents from the 1994-95 National Population Health Survey were selected. Consultation with an alternative health care practitioner or chiropractor was considered to be an indicator of use of alternative health care. RESULTS: In 1994-95, some 15% of Canadians aged 15 and above (3.3 million people) used some form of alternative health care in the year preceding the survey. The most prevalent users of alternative health care were women, people aged 45-64 and among higher income groups. Use of alternative health care was associated with the number of diagnosed chronic illnesses. In people free of chronic diseases, 9% visited alternative practitioners, compared with 26% who had three or more chronic conditions. CONCLUSIONS: The projected demand for services from alternative practitioners will rise as the population ages and the proportion of people with multiple chronic illness increases. Inclusion of alternative practitioner services under existing health care plans could result in higher health care costs. Millar WJ. Use of alternative health care practitioners by Canadians. *Can J Public Health* 88(3): 154-8. May-Jun 1997.

COMMENTS: The whole idea of much of alternative and complementary therapies is that these therapies, by and large, are much less expensive than many high-tech treatments and may also help to actually treat chronic illnesses which are refractive to conventional medical approaches. For example, treatment of arthritis or back pain with dietary measures or bodywork procedures costs less than expensive cortisone or gold injections or surgery and also less likely to cause serious side effects, if at all. Perhaps these researchers ought to think again at their conclusions above!

MAA and colleagues, School of Nursing, Chang Gung College of Medicine and Technology, Taiwan, Republic of China write that acupressure, a therapy in which gentle pressure is applied with fingers at specific acupoints on the body, has been reported to relieve pain and to have other therapeutic effects. The authors investigated the value of self-administered acupressure as an adjunct to a pulmonary rehabilitation programme (PRP) for the relief of dyspnea and other symptoms associated with chronic obstructive pulmonary disease (COPD). METHODS: 31 new patients beginning a 12-week PRP were randomly assigned to one of two groups in a single-blind pretest-posttest cross-over study. Group 1 patients were taught acupressure and practised acupressure daily at home for 6 weeks, then used sham acupressure for the following 6 weeks. In group 2, the order of acupressure and sham acupressure was reversed. Throughout weeks 1, 6 and 12, patient dyspnea, symptoms associated with COPD, activity tolerance, lung function and functional exercise capacity were assessed. RESULTS: Compared with sham acupressure, real acupressure was more effective in reducing dyspnea and was minimally effective for the relief of dectathesis. Sham acupressure appeared to be more effective for reducing peripheral sensory symptoms, but the presence of these symptoms may also be an indication that the acupressure is affecting the body. CONCLUSIONS: Acupressure appears to be useful to patients with COPD as an adjunct to a PRP in reducing dyspnea. People not familiar with traditional Chinese medicine can learn and will accept self-administered acupressure as part of their self-care.

Maa SH et al. Acupressure as an adjunct to a pulmonary rehabilitation program. *J Cardiopulm Rehabil* 17(4): 268-76. Jul-Aug 1997.

SUDAN reports that extremely low frequencies ranging from 1-1.Hz, imprinted in water (imprinting was performed by successing a glass containing the water) resulted in the total abrogation (disappearance) of a facial seborrhoic dermatitis. This has been proposed as a visible model for the theory of "memory of water". This technique provides a new perspective regarding the enigma of homoeopathy and the treatment of allergic diseases and possibly other inflammatory reactions. Sudan BJ. Total abrogation of facial seborrhoic dermatitis with extremely low-frequency (1-1.1 Hz) "imprinted" water is not allergen or hapten dependent: a new visible model for homoeopathy. *Med Hypotheses* 48(6): 477-9. Jun 1997.

COMMENTS: The debate about homoeopathy rages on. This is certain not to be the last word on the subject.

CAWLEY, Macmillan Practice Development Unit, Institute of Cancer Research, Royal Marsden Hospital, London UK reviews (28 References) 14 research studies which have evaluated massage. The review provides a critique of the methodology used in these studies and of the issues relating to the research design, samples, measurement tools, analysis and the massage intervention, highlighting several key issues regarding the design of the studies and including recommendations for future research studies evaluating massage.

Cawley N. A critique of the methodology of research studies evaluating massage. *Eur J Cancer Care* 6(1): 23-31. Mar 1997.

FRYBACK and REINERT, Indiana University, USA write that people coping with AIDS and cancer have a sense of being out of control in dealing with their illness. Much of this feeling stems from the uncertainty regarding the accepted medical treatment for their disease. **METHODS:** The authors conducted a research study to evaluate attitudes towards dealing with AIDS and cancer. **RESULTS:** Respondents in the naturalistic research study were adamant in their belief that alternative therapies assisted to regain control over their care and therefore, enhanced their health. It is critically important that clinical nurse specialists who often act as consultants to other nurses, understand and support the therapeutic choices of their patients. Additionally, in light of the evidence supporting the benefit of stress reduction upon length of survival, advanced practice nurses can play a major role in helping patients to reduce stress and enhance quality of life and hopefully longevity.

Fryback PB and Reinert BR. Alternative therapies and control for health in cancer and AIDS. *Clin Nurse Spec* 11(2): 64-9. Mar 1997.

CASTOT and colleagues, Centre Regional de Pharmacovigilance Hopital Fernand Widal, Paris, France write that for several years, herbal medicines have been consumed increasingly by patients without prescription. Traditionally herbal medicines are innocuous; however as medicinal products they require drug surveillance in order to identify any risks. A primary concern is to confer upon them legal status, in order to evaluate their efficacy and control their safety. Published research indicates that the risk is usually due either to a contaminant, an added drug or falsification. The Regional Pharmacovigilance Centres have received, since 1985, 341 reports of undesirable effects attributed to herbal medicines. Included were 30 cases of hepatitis associated with germander which has now been withdrawn from the French market. This illustrates the role for the national system and its responsibility for collecting and evaluating adverse drug reactions due to herbal medicines.

Castot A et al. Pharmacovigilance off the beaten track: herbal surveillance or pharmacovigilance of medicinal plants. *Therapie*. 52(2): 97-103. Mar-Apr 1997.

TAUBERT, Praxis für Physikalische und Rehabilitative Medizin, Neubrandenburg, Germany writes that during times of limited funds for health care, it seems sensible to critically evaluate commonly used therapeutic techniques. The author writes that it is frequently demanded within this context to remove massage from the tariff catalogue of health insurances. **METHODS:** Therefore, the author attempted to assess massage on grounds of results to mechanisms of action, indications and contraindications. **CONCLUSIONS:** Despite certain reservations, this successful method, namely massage, should keep its place by using calculated prescription within complex treatment programmes.

Taubert K. Massages – necessary or a luxury? *Z Arztl fortbild Qualitätssich*. 91(2): 139-43. Mar 1997.

ERNST and WHITE, Department of Complementary Medicine, Postgraduate Medical School, University of Exeter UK write that although laboratory studies demonstrate that acupuncture may produce physiological effects, clinical studies of acupuncture are often inconclusive. The authors assert that randomised controlled trials are the best way to test for the specific therapeutic effectiveness of a particular treatment modality. Difficulties in clinical acupuncture research include: diversity of forms of therapy; individualised treatments; blinding; choosing a credible control procedure; selection of suitable endpoints; and traditional diagnosis. Furthermore, enthusiasm of acupuncture proponents may bias the research they are performing.

CONCLUSIONS: The authors state that none of these difficulties is insurmountable. They list examples of rigorous trials and offer suggestions in order to improve acupuncture research.

Ernst E and White AR. A review of problems in clinical acupuncture research. *Am J Chin Med.* 25(1): 3-11. 1997.

COMMENTS: As Complementary therapies become more widespread and accepted as effective and safe means of treatment, so will each therapy – massage, acupuncture, herbal medicine – become subjected to a greater degree to rigorous and critical evaluation. These evaluations and examinations will, in the end, greatly benefit the safe and effective practice of these therapies which will ultimately help patients treated.

Issue 25

SCHENK and colleagues, Department of Family medicine, Wayne State University School of Medicine, Detroit, Michigan USA write that although The Institute of Medicine has recommended basic clinical competence in Environmental Medicine (EM) for all physicians, the amount and content of such instruction in EM currently offered in US medical schools is unknown.

METHODS: The authors conducted a cross-sectional study based upon responses to a questionnaire, mailed in June 1994 concerning the EM curriculum content in US medical schools, in Association of American Medical colleges curriculum survey. RESULTS: 119 out of 126 schools (94%) responded. Of these 29 (24%) reported no required EM curriculum content. Those schools with EM content averaged 7 hours of instruction. 81 schools (68%) had faculty with environmental and occupational medicine expertise, primarily within departments of medicine, preventive, and family medicine. CONCLUSIONS: In order for medical students to acquire the knowledge and skills to prevent, diagnose and treat health problems with an environmental exposure component, there is a need for increased EM instruction within medical school curricula. In those schools with EM content in their curriculum, the required expertise to develop EM curriculum may be available within existing faculty.

Schenk M et al. Environmental medicine content in medical school curricula. *Acad Med* 71(5): 499-501. May 1996.

COMMENTS: I sincerely hope that the Institute of Medicine also decrees in the very near future that physicians ought to acquire clinical competence in Nutritional Medicine, a vitally important subject which is similarly not provided for in medical school curricula in the USA nor in the UK.

XU and colleagues, Office of Research, Ohio University College of Osteopathic Medicine, Athens 45701 USA studied the differences between osteopathic and allopathic physicians regarding factors which influenced their career choice of family practice. METHODS: Surveyed were 256 osteopathic and 717 allopathic family physicians, who had graduated in 1983 and 1984.

Comparisons were made on 19 variables which influenced physicians' decision to enter family practice and on the six factor scores derived these 19 variables. RESULTS: Osteopathic physicians' decisions to choose family practice was more influenced by financial obligations, medical school experiences and family values, whereas allopathic physicians were more influenced by personal social value. Overall, medical school experience and personal social value were the two important factors explaining the largest variances of the 19 predictors influencing physicians' decisions to enter family practice. Allopathic medical schools whose mission emphasises production of generalist physicians may be able to model approaches already in place in osteopathic medical schools. CONCLUSIONS: In light of the large influence of the personal social value factor in medical students' choice to enter family practice medicine, this factor warrants further study.

Xu G et al. A national study of factors influencing the career choice of osteopathic and allopathic family physicians. *J Am Osteopath Assoc.* 96(12): 737-42. Dec 1996.

DOXEY and PHILLIPS, Los Angeles College of Chiropractic, Whittier, California 90609-1166 USA compared US chiropractic college admissions requirements with those of allopathic, osteopathic, optometry, podiatry and dentistry. METHODS: Participants in the survey included 16 chiropractic, 17 allopathic, 16 osteopathic, 16 optometric, 7 podiatric and 15 dental colleges. Data collected from the individual schools included: 1) minimum number of undergraduate semester hours toward a bachelor's degree required on entrance; 2) actual percentage of applicants with a 4-year bachelor's degree on entrance; 3) minimum Grade Point Average (GPA) required on

entrance; and 4) actual average GPA of applicants on entrance. RESULTS: Overall, allopathic averages were highest and chiropractic averages lowest for each of the four outcome measures, with the other disciplines scoring varying points in between. CONCLUSIONS: The successful completion of preprofessional requirements may provide an indicator for success within a rigorous professional curriculum. These results reflect overall differences between health-care professions based upon several entrance criteria. Further study is required to understand the long-term consequences of these differences, as well as any economic and/or political factors which may be contributing to these data.

Doxey TT and Phillips RB. Comparison of entrance requirements for health care professions. *J Manipulative Physiol Ther* 20(2): 86-91. Feb 1997.

COMMENTS: Stripped of any interpretation, these results starkly show that among the 5 professions surveyed – allopathic medicine, osteopathy, optometry, podiatry, dentistry, and chiropractic – those students with the highest education and highest grades chose to enter allopathic medical schools and those with the least education and lowest grades (among the 5 types of colleges) chose chiropractic college. Not having seen the actual data, but only the abstract, we are not informed of the degree of difference separating these professions, nor of the order between highest to lowest. This information is of course absolutely necessary prior to making any further comments; however, common sense alone would advise that factors such as prestige, income potential and professional advancement within the USA would certainly be major factors in the motivation of the finest students to become allopathic physicians.

Issue 23

LAWSON and CALDERON, Institute for Biomedical Engineering and Rehabilitation Services, Touro College, Dix Hills, NY 11746, USA conducted two trials testing the inter examiner reliability of Applied Kinesiology manual testing. METHODS: In the first trial, 3 practitioners, each with more than 10 years' experience using muscle testing, tested 32 healthy people in order to compare their agreement regarding the strength or weakness of right and left piriformis and right and left hamstring muscles. The second study had the same 3 examiners test 53 individuals for strength or weakness of pectoralis and tensor fascia lata muscles bilaterally. RESULTS: In the first trial, although there was significant agreement between examiners for piriformis muscles, little agreement was found with the hamstring muscles. In the second trial, significant agreement occurred with pectoralis muscles, but not with the tensor fascia lata muscles.

Lawson A and Calderon L. Inter examiner agreement for applied kinesiology manual muscle testing. *Percept Mot Skills* 84(2): 539-46. Apr 1997.

COMMENTS: Reproducibility and reliability in muscle testing has always been a subject of vigorous debate and this issue needs to be resolved urgently, in light of the large number of practitioners who use muscle testing as a diagnostic tool.

PARAMORE, Project Hope Center for Health Affairs, Bethesda, Maryland 20814, USA conducted a study to update national estimates regarding the use of alternative therapies, in order to improve the quality of the estimates and to investigate differences between users and nonusers of alternative medicine. METHODS: Data were analysed from the 1994 Robert Wood Johnson Foundation National Access to Care Survey. RESULTS: Almost 10% of the US population, about 25 million people, visited a professional in 1994 for at least one of the following four therapies: chiropractic, relaxation techniques, therapeutic massage or acupuncture. Alternative therapy users made almost twice as many visits to conventional practitioners compared to nonusers, users still reported much higher levels of unmet need for medical care. CONCLUSIONS: The growing emphasis upon market-driven health care and consumer choice suggests that alternative therapies may have a larger role in the health-care system for the future.

Paramore LC. Use of alternative therapies: estimates from the 1994 Robert Wood Johnson Foundation National Access to Care Survey. *J Pain Symptom Manage* 13(2): 83-9. Feb 1997.

SOLLNER and colleagues, Department of Medical Psychology and Psychotherapy, Leopold Franzens University, Innsbruck Austria. wolfgang.soellner@uibk.ac.at. studied melanoma patients' attitude toward alternative therapies, compliance with conventional treatment, social

support received and their coping strategies with their illness. **METHODS:** Out of 236 consecutive patients in a University hospital melanoma clinic serving the Tyrol region, 215 participated in the study. Patients completed questionnaires regarding their interest in alternative therapies, their distress and social support and coping skills. **RESULTS:** 117 patients (54.4%) expressed an interest in nonconventional therapy and 30 patients (14%) actually used such methods, those patients more often suffering from advanced cancer. Compared with the disinterested patients, those patients interested in alternative therapy were younger, showed a more active coping style and tendencies toward religiousness and search for personal meaning in their disease. These patients' confidence in conventional medicine and compliance with suggestions from their physicians were not less than of the uninterested patients, but they believed that they received less emotional support from their physicians and expressed interest in receiving much more support. **CONCLUSIONS:** Melanoma patients consider non-conventional therapies to be supplementary to conventional medical treatment and as a strategy of avoiding passivity and coping with feelings of hopelessness. This does not diminish the need to educate patients regarding the lack of efficacy of unorthodox methods but stresses the importance of offering them adequate emotional support.

Sollner W et al. Attitude toward alternative therapy, compliance with standard treatment, and need for emotional support in patients with melanoma. *Arch Dermatol* 133(3): 316-21. March 1997.

COMMENTS: Excuse me Messrs Sollner et al, but how is it that you already know that unorthodox medical methods lack efficacy in the treatment of melanoma and hence you feel obliged to educate your patients of such a fact? How successful are conventional medical treatments, and were not the conventional medical treatments of today the unconventional or radical experimental treatments of yesterday or last year? There is a considerable published medical literature regarding inhibitory and preventive effects of a number of nutrients upon melanoma, including Vitamins A, C and E, beta-carotene, selenium and omega-3 and -6 fatty acids. These results will eventually lead to "conventional" treatments with these dietary supplements.

Issue 22

RAMPES and colleagues, Royal London Homoeopathic Hospital NHS Trust, London UK surveyed deans of British medical school to assess provision for complementary medicine in the curriculum for undergraduate medical students. The authors also questioned medical students at one medical school regarding their knowledge of and views on instruction in complementary medicine. **RESULTS:** Although there is little education in complementary medicine at British medical schools, this is an area of active curriculum development. Levels of knowledge vary widely between different therapies. The majority of medical students want to learn about acupuncture, hypnosis, homoeopathy and osteopathy. **CONCLUSIONS:** Complementary medicine instruction ought to be included in the medical undergraduate curriculum. This could be achieved without a great increase in the teaching of facts, which could serve as a vehicle to introduce broader issues, as recommended by the General Medical Council.

Rampes H et al. Introducing complementary medicine into the medical curriculum. *J R Soc Med* 90(1): 19-22. Jan 1997.

KAINZ and colleagues, Department of Dermatology, University of Graz, Austria write that despite the wide practical application of homoeopathy, scientifically credible placebo-controlled studies are scarce. The authors evaluated the efficacy of homoeopathy for the treatment of warts on children in a prospective, double-blind randomised trial. **METHODS:** Participating were 60 children aged 6-12 years with common warts on the back of the hands, who were treated either with an individually selected homoeopathic preparation (n=30) of at least a 1:1, 012 dilution or given a pure placebo in the form of saccharose (n=30) under double-blind conditions. The area occupied by the warts was measured prior to and following 8 weeks of treatment. Reduction of the wart area by at least 50% was considered to constitute a response. **RESULTS:** A total of 16 children responded - 9 of 30 children in the homoeopathy group and 7 of 30 children in the

placebo group. A total cure of warts occurred in 5 children in the homoeopathy group and in 1 child in the placebo group. CONCLUSIONS: There was no apparent difference between homoeopathic and placebo treatment in children with common warts in this study.

Kainz JT et al. Homoeopathic versus placebo therapy of children with warts on the hands: a randomized, double-blind clinical trial. *Dermatology* 193(4): 318-20. 1996.

ELDER and colleagues, Department of Family Medicine, Oregon Health Sciences University, Portland USA elderm@OHSU.edu write that in recent years, the use of alternative medicine has become more acknowledged in the United States. Many different therapeutic practices are encompassed by the terms alternative, unorthodox and complementary medicine and their use by the population is now being defined. Also, the number of established family practice patients using alternative medicine is not known. METHODS: The authors conducted a survey of patients from 4 family practices from a large community in the western United States regarding their use of alternative medicine. Participants attended a focus group to discuss more fully their use of alternative medicine. RESULTS: Questionnaires were completed by 113 family practice patients, of whom fifty percent (57/113) had or were using some form of alternative medicine. However, only 53% (30/57) had told their family physician about using alternative medicine. There were no significant attributions to gender, educational level, age, race or clinic attended. The main reason for using alternative medicine was the belief that it would work. Many patients who worked in combination with a family physician mentioned acceptance and control, but those patients who did not work with their physician mentioned traditional medicine's limitations and narrow-mindedness. CONCLUSIONS: Family physicians need to be aware that many of their patients may be using alternative health care. Open and nonjudgmental questioning of patients may help to increase physician knowledge of this use, which may lead to improved patient care and the working together of physicians and patients.

Elder NC et al. Use of alternative health care by family practice patients. *Arch Fam Med* 6(2): 181-4. Mar-Apr 1997.

PRACTICE AND POLICY GUIDELINES PANEL, National Institutes of Health Office of Alternative Medicine (NIHOAM) estimate that 1 out of every 3 Americans uses some form of complementary and alternative medicine (CAM) such as acupuncture, homoeopathy and herbal medicine. The NIHOAM convened in 1995 an expert panel to examine the role of clinical practice guidelines in CAM. RESULTS: The panel concluded that CAM practices are currently unsuitable for the development of evidence-based practice guidelines, partly due to lack of relevant outcomes data from well-designed clinical trials. Moreover there are challenging methodological problems when notions of standardisation and appropriateness are applied to CAM, which uses many different treatment practices and encourages highly individualised care. CAM disciplines have fundamental differences, which are even more striking when compared with those used by Western medicine, in how target conditions are defined, causes of disease, interventions and outcome measures of effectiveness. CONCLUSIONS: The panel made a series of recommendations regarding strategies to strengthen the evidence base for future guideline development in CAM and to better meet the current information needs of clinicians, patients and guideline developers seeking information regarding CAM treatments.

Clinical practice guidelines in complementary and alternative medicine. An analysis of opportunities and obstacles. Practice and Policy Guidelines Panel, National Institutes of Health Office of Alternative Medicine. *Arch Fam Med* 6(2): 149-54. Mar-Apr 1997.

CROCETTI and colleagues, UO Epidemiologia, CSPO USL 10, Firenze, Italy write that complementary medicine (CM) is widely used by cancer patients. The authors conducted a study to evaluate the knowledge of and the attitude towards CM amongst Italian allopathic oncologists. METHODS: 76 oncologists from Genoa, 80 oncologists from Naples and 100 hospital practitioners from the Province of Sondrio replied to a self-administered structured questionnaire regarding CM, including their knowledge and opinion of CM and CM therapists, their sources of information, use of CM for themselves, practice of CM and attitude to refer patients to CM.

RESULTS: 190 oncologists replied; the response from Naples oncologists was significantly lower. Twenty percent of the physicians replied that they had no knowledge of CM. Main sources of information were newspapers and TV. Twenty-five percent of physicians had personally used CM and about twenty-five percent had practised a kind of CM. the percentage of oncologists from Genoa who referred their cancer patients to CM was significantly higher than from the other

groups. The physicians thought that about 84% of their patients used CM. Oncologists from Genoa referred patients to CM at a significantly higher rate. Oncologists who had personally used CM referred patients to CM 3 times more frequently than others. CONCLUSIONS: According to their physicians, a large percentage of cancer patients used CM. The oncologists' level and quality of knowledge of CM was low. Oncologists could hardly be helpful for their patients in dealing with therapies different from conventional medicine.

Crocetti E et al. Complementary medicine and oncologists' attitudes: a survey in Italy. *Tumori* 82(6): 539-42. Nov-Dec 1996.

COMMENTS: It is obvious that the use of complementary medicine among the public has burgeoned. The reaction from the medical profession seems to fall into several categories: 1) Find out why people want to use complementary medicine and make certain that people tell their physicians that they are using complementary medicine; 2) Learn about complementary therapies from the newspapers and TV; 3) Actually study and practise complementary therapies; 4) Refer patients to complementary practitioners. It is appalling that a fifth of the Italian oncologists surveyed above had absolutely no knowledge of complementary medicine, despite their estimate that about 85% of cancer patients use these therapies. The preferred answer must lie in the setting of standards for complementary therapies, and the gradual introduction of these disciplines into the medical school curriculum, so that future generations of physicians are not ignorant of complementary medicine.

Issue 21

MELCHART and colleagues, Projekt Munchener Modell, Technische Universitat, Munich, Germany write that a scientific evaluation of complementary medical practices being used in healthcare is urgently required. They state that although randomised clinical trials are the primary tools used for such evaluation, they need not be the only tool. The authors propose that systematic clinical auditing could: 1) provide information regarding the "epidemiology" of complementary medical practices; 2) make more clearly intelligible the processes used in the daily practice of complementary methods; and 3) provide a preliminary estimation of outcomes. Systematic clinical auditing uses mainly observational studies of large cohorts of patients.

METHODS: The authors conducted a pilot study to study the feasibility of using a systematic clinical audit for traditional Chinese medicine. 1597 patients admitted to the hospital between February 1 1992 and August 31 1993 were included in the study. The patients' characteristics, diagnoses and preventive and therapeutic treatments were recorded and patients rated the intensity of their main complaints upon admission, at discharge and at 2, 6 and 12 months after admission. About two thirds of the patients had chronic pain complaints, the most common diagnosis being migraine (n=224). Most patients received acupuncture and Chinese herbal therapy, 61% received tuina massage and 16% received qigong. The mean intensity of main complaints was 7.0 upon admission, 4.6 at discharge and 5.5, 12 months after admission.

CONCLUSIONS: Systematic clinical auditing is a valuable tool for collecting basic information regarding structural characteristics, processes, and outcomes regarding complementary medicine and for the determination of representative and relevant questions for future randomised clinical trials.

Melchart D et al. Systematic clinical auditing in complementary medicine: rationale, concept, and a pilot study. *Altern Ther Health Med*. 3(1): 33-9. Jan 1997.

DIMMOCK and colleagues, Clinical Pharmacology Unit (Rheumatism Research) University of Leeds, United Kingdom examined the factors influencing the use of complementary therapies in patients suffering with fibromyalgia. METHODS: 90 patients who had attended a rheumatology out-patients clinic in West Yorkshire for their diagnosis or treatment of fibromyalgia were sent a postal questionnaire. RESULTS: 71% of patients with fibromyalgia had used or were using complementary therapies, the most popular therapy being oral supplementation. Those using complementary therapies were from a higher socio-economic group. The duration of treatment with complementary therapies ranged from 3 months to 26 years (median = 3) and the number of therapies used by each patient ranged from 1 to 10. There was an association between the

duration of fibromyalgia and the duration of complementary therapies and the number of therapies used. The most frequent source of advice (40%) for the decision to use complementary therapies was from a magazine. Patients using complementary therapies were less likely to be satisfied with their current hospital treatment and decided to try complementary therapy in order to gain relief from the symptoms of their fibromyalgia. The authors surmised that the relatively high cost and lack of information regarding complementary therapies apparently dissuaded those patients (29%) who did not use them.

Dimmock S et al. Factors predisposing to the resort of complementary therapies in patients with fibromyalgia. *Clin Rheumatol.* 15(5): 478-82. Sep 1996.

COMMENTS: It is fairly obvious from the language used in the title and throughout the article that these researchers frown on people trying to get help by using alternative methods rather than the conventional ones that don't seem to help. Would they prefer that fibromyalgia sufferers just accept the fact that they have fibromyalgia, that nothing can help them and they should suffer silently for the duration? Do the authors consider bodywork therapies such as osteopathy, soft tissue and neuromuscular techniques alternative therapies, since these therapies are frequently used in the treatment of this most distressing condition?

BENDELOW and WILLIAMS, Department of Applied Social Studies, University of Warwick, Coventry UK write that studies regarding the lay evaluation of pain-relief clinics are rare, particularly in the UK. The authors conducted a small-scale qualitative study which followed the vicissitudes of hope and despair of pain-relief attendees in London. The study demonstrates the complex interplay between peoples' pain careers, their styles of adjustment, socio-demographic characteristics, and their evaluations of medical treatment. Unfortunately for many patients, this was the end of the road, their last hope of finding relief. However, the overriding feeling was of medicine having failed these people. The paper discusses these findings and includes discussion for possible future research.

Bendelow GA and Williams SJ. The end of the road? Lay views on a pain-relief clinic. *Soc Sci Med* 43(7): 1127-36. Oct 1996.

SEERS, Royal College of Nursing Institute, Radclife Infirmary, Oxford UK reports the results of a study which investigated the experiences of 75 people with chronic non-malignant pain. The author writes that people with chronic non-malignant pain may find that traditional medical techniques do not alleviate their pain and may have to learn to live with the pain which can affect their lives in many ways. The study collected qualitative data illustrating what it meant to people to experience this chronic pain. It was shown that pain adversely affected many dimensions of sufferers' lives, which effects extended to family and friends. Having others believe that the pain was real was crucial to many patients. Health care professionals can offer these patients a great deal to help them come to terms with the way in which pain has affected both themselves and others in their lives.

Seers K. The patients' experiences of their chronic non-malignant pain. *J Adv Nurs* 24(6): 1160-8. Dec 1996.

COMMENTS: I wholeheartedly recommend to any pain sufferer the excellent book *Full Catastrophe Living: How to cope with stress, pain and illness using mindfulness meditation* by Jon Kabat-Zinn (Piatkus Books, 1996 £14.99). This book details the successful strategy employed by the Stress Reduction Clinic at the University of Massachusetts Medical Center using mindfulness meditation. This book also has about the finest description of meditation and how to use it for pain relief that I have yet to read.

GOOD, Case Western Reserve University, Frances Payne Bolton, School of Nursing, Cleveland Ohio USA writes that postoperative patients vary in their response to pain and opioid medication and that it is important that nurses can offer other options as adjuvants to medication. Relaxation and music may reduce pain by interrupting the postoperative cycle of pain, muscle tension and sympathetic activity. The author reviews (51 references), summarises and critiques studies on the effectiveness of relaxation and music used during postoperative pain. RESULTS: Relaxation and music were effective in reducing affective and observed pain in the majority studies, but were less often effective in reducing sensory pain or opioid intake. However, differences between surgical procedures, experimental techniques, activities during testing, measurement of pain and amount of practice make direct comparisons difficult. Also, the validity of the studies' conclusions are further reduced because of problems of inadequate sample size, lack of random assignment, no

assurance of pretest equivalence, delayed post-test administration and no control for opiates at the time of testing. Nevertheless, randomised controlled studies of the types of relaxation and music most helpful to postoperative patients should be explored.

Good M. Effects of relaxation and music on postoperative pain: a review. *J Adv Nurs* 24(5): 905-14. Nov 1996.

Issue 20

HENTSCHEL and colleagues, Klinik Blankenstein, Hattingen, Germany write that complementary medicine is used to varying extent in industrial nations. They write that there are incomplete data regarding the efficacy, safety and costs of such treatment, with little known regarding special features and motivation of individuals choosing complementary medicine. The authors conducted a study to ascertain any sociodemographic, disease-related, psychological and life-style differences between users of complementary and conventional medicine. **METHODS:** 419 patients, recruited from specialist internal or general medical practices were divided into 2 groups: Group 1 – conventional medicine users: 91 women, 106 men, average age 43.2 years; Group 2 – complementary medicine users: 159 women, 63 men, average age 43.2 years. The results from the standardised interview and questionnaire with 168 items was statistically analysed.

RESULTS: Compared to the conventional medicine group, patients treated with complementary medicine clearly differed with respect to sociodemographic, disease-related and psychological and life-style characteristics. The relationship between patient-doctor differed between the groups. Compared to the conventional group, those in the complementary group had a higher educational level and lower risk factors for smoking and alcohol use. Patients from both groups preferred conventional medicine for serious diseases, such as heart attack, tumour and AIDS. **CONCLUSIONS:** Patients choosing complementary medicine had a healthier life-style. As the efficacy risks and costs of complementary medicine have been inadequately investigated, research in this area should be intensified.

Hentschel C et al. Decision to use complementary medicine: fact oriented or irrational? *Dtsch Med Wochenschr* 121(50): 1553-60. Dec 13 1996.

BOURGEAULT, York Centre for Health Studies, York University, North York, Ontario, Canada ivyh@yorku.ca studied the attitudes and reactions of physicians to their patients' use of alternative cancer therapies, factors affecting these reactions and physicians' views of how the use of these therapies affected the physician-patient relationship. **METHODS:** Participants were 18 oncologists and 12 general practitioners (GPs) in Toronto. **RESULTS:** Many physicians were unfamiliar with alternative cancer therapies and indicated that their main information sources were their patients and the lay press. Although most of the physicians thought that the efficacy of alternative therapies was scientifically unproven, they respected their patients' decision to use them and encouraged them to continue with conventional treatment. Factors which influenced physicians' reactions included: the prognosis with standard treatment; exclusivity of the use of alternative therapies; and whether the alternative therapies were harmful. Although most physicians felt that the use of alternative cancer therapies did not affect the physician-patient relationship, several indicated that this caused some tension. **CONCLUSIONS:** Due to the lack of information by physicians regarding alternative cancer therapies and their clinical efficacy, physicians' attitudes toward their use by patients are influenced more by the efficacy or inefficacy of conventional treatment and the invasiveness of the alternative therapy rather than by the efficacy of the alternative therapy used. Bourgeault IL. Physicians' attitudes toward patients' use of alternative cancer therapies. *Can Med Assoc J* 155(12): 1679-85. Dec 15 1996.

PLASEK and ZVAROVA, Biofyzikalni oddeleni, Fyzikalni ustav UK pri MFF UK, Prague, Czech Republic present a critical report regarding the reliability of two clinical trials by Reilly et al (*Lancet*, 1986ii, pp 881-886 and 1994ii, pp 1601-1606), claiming that the effect of homeopathy is significantly different from placebo. The authors also review biophysical hypotheses regarding the mechanism of action of homeopathic remedies.

Plasek J and Zvarova J. Is homeopathic therapy more effective than placebos? *Cas Lek Cesk* 135(18): 575-9. Sep 18 1996.

WALACH and RIGHETTI, Abteilung Rehabilitationspsychologie, Universität Freiburg, Bundesrepublik Deutschland Germany provide a review (91 references) of homeopathy. The topics covered include: 1) the scientific foundations; 2) problems and importance of research; 3) basic and clinical research findings; 4) future strategies of evaluation. RESULTS and CONCLUSIONS: Homeopathy is a medical discipline in its own right and is quite distinct from orthodox medicine regarding basic tenets, research paradigms and practical approach to therapy, even though both methods are empirically founded and share the goal of healing the sick. Difficulties are encountered when homeopathy is pressed into a framework of research paradigm alien to its own approach. Despite these difficulties, some studies with rigorous design have demonstrated that homeopathic remedies are effective. Important research findings are discussed and future evaluation strategies are proposed by the authors.

Walach H and Righetti M. Homeopathy: principles, status of research, research design; comment. *Wien Klin Wochenschr* 108(20): 654 - 63. 1996. Comment on: *Wien Klin Wochenschr* 108(20): 631-3. 1996.

RANKIN-BOX discusses the potential for complementary therapies in Accident and Emergency (A&E) departments. RESULTS and CONCLUSIONS: While a number of therapies may be effective in emergency settings, nurses must consider the broader implications regarding their use in A&E departments. Complementary therapies will probably be used as therapeutic techniques rather than discrete therapeutic entities, due to the organisational context and the nature of acute work in A&E departments, an approach not dissimilar to the use of complementary therapies in other nursing specialities. While the use of complementary therapies as techniques may enhance therapeutic care and be beneficial in the short term, nurses need to reflect and reappraise what they are actually doing and the extent to which they can reconcile two apparently opposite paradigms of health care. There is considerable potential regarding the use of complementary therapy techniques in A&E departments; example of therapies and conditions are described.

Rankin-Box DF. Is there a place for complementary therapies in the accident and emergency department? *Accid Emerg Nurs* 4(3): 160-4 Jul 1996.

MOSER and colleagues, Department of Gastroenterology and Hepatology, University of Vienna, Austria. GABRIELE.MOSER@WIEN.AC.AT. studied the use of unconventional therapies in inflammatory bowel diseases. METHODS: The sample population consisted of 105 patients with inflammatory bowel disease (IBD), 72 with Crohn's disease and 33 with ulcerative colitis, attending a university out-patient clinic. Patients using unconventional therapies were compared with those who did not in respect to: disease-related data, sociodemographic variables, patients' disease-related concerns and their perceived level of information regarding IBD. Concerns were measured with Rating Form of IBD Patient Concerns (RFIPC), activity of inflammatory disease was assessed by physicians using the Crohn's disease activity index (CDAI) and the clinical activity index (CAI). RESULTS: Of the 97 patients (92.4%) who replied to all the questions, 33 (34%) used unconventional therapies in addition to conventional therapy. There was no difference between the groups with respect to level of knowledge regarding IBD and sociodemographic data. There was a significant difference in that the longer the disease duration, the more often patients used unconventional therapies. The most important differences between users and nonusers were: patients using unconventional therapies were more concerned about surgery, being treated as different and feeling out of control. CONCLUSIONS: There exists a relationship between the use of unconventional therapies and certain disease-related concerns, which should be addressed in clinical practice and which may help patients avoid using unproven and expensive alternative therapies.

Moser G et al. Relationship between the use of unconventional therapies and disease-related concerns: a study of patients with inflammatory bowel disease. *J Psychosom Res* 40(5): 503-9. May 1996.

COMMENTS: It is indeed touching that these physicians are so concerned to save IBD patients money for alternative therapies. It is not surprising that the longer patients had IBD, the more they tried other therapies and that they were more concerned about the effects of surgery and their disease taking control of their lives.

BEGBIE and colleagues, Department of Clinical Oncology, Royal North Shore Hospital, Sydney, NSW, Australia assessed and compared the use of alternative versus conventional medicine by cancer patients in a public hospital oncology unit. METHODS: Out of 507 patients who attended the Royal North Shore Hospital and Port Macquarie Base Oncology Outpatient Clinic, 335 (66%) completed a questionnaire survey, of which 319 (62%) were adequate for analysis. The main outcome measures were expectations of and satisfaction with conventional and alternative treatment and patient characteristics associated with this use. RESULTS: Expectations and satisfaction with both conventional and alternative treatment were very high. Alternative treatments - dietary and psychological methods being the most common - were used by 21.9% of patients. The Median annual cost for alternative treatment was \$530 and most patients reported "value for money". Young age and being married were positively associated, and satisfaction with conventional treatment was negatively associated with alternative medicine use. 40% of patients did not discuss alternative medicine with their physician. CONCLUSIONS: A significant proportion of cancer patients use one or more alternative therapies. The authors state that the use of alternative therapy may reflect on deficiencies in the current standard of care.

Begbie SD et al. Patterns of alternative medicine use by cancer patients. *Med J Aust* 165(10): 545-8. Nov 18 1996.

COMMENTS: What a pity that the authors did not conclude that perhaps cancer patients use alternative therapies and are satisfied with the results because these therapies are helpful to them, rather than their more negative appraisal that people use these therapies because of deficiencies in current conventional treatment.

ERNST, Department of Complementary Medicine, Postgraduate Medical School, University of Exeter, UK reviews (22 references) the risks posed by homoeopathy. The author writes that it is often assumed that homoeopathy, even though possibly ineffective, is free of risks. This notion is questioned in this review, where side-effects and complications associated with homoeopathic treatment have been published in the literature. The author further states that the question of whether the homoeopath is risk-free in all cases needs discussion. The attitude of certain homoeopaths towards immunisation is quoted as an example of particular concern. The author states that on the basis of these data the notion of totally risk-free homoeopathy is untenable.

Ernst E. Risk-free homeopathy? *Schweiz Med Wochenschr* 126(40): 1677-9. 5 Oct 1996.

ANDRITZKY, Institut Fur Medizinische Psychologie Der Heinrich Heine Universitat Dusseldorf, Germany investigated the spectrum of therapeutic techniques and methods used in clinics with psychotherapeutic or psychiatric activities, as well as the spectrum of therapists' qualifications. METHODS: Questionnaires were sent to 545 clinics and 314 responded. RESULTS: From the responding clinics, 127 different methods were named, with an average of 4 each. The larger the clinics, the worse the ratio of physicians and psychologists to patients became. In the clinics with less than 50 beds, there was 1 psychologist caring for 7 patients; with 51-300 beds, the number was one psychologist for 48 patients. the 6 most frequently used methods cited were: music therapy (36.9%); imagery (25.2%); dance therapy (23.2%); autogenic training (22.6%); body therapies (21.7%); and psychodrama (18.2%). In addition to physicians and psychologists, there were 38 other professional groups named. Considering the methods used by particular professional groups, an apparent trend towards a professional diversification was noted, eg only 62% of music therapy was performed by music therapists, the remainder by other professional groups. Analysis of special remarks resulted in 4 groups: discussions regarding the term alternative methods; recommendations to use unconventional methods following the clinical phase; conceptual changes of a clinic; and broader theoretical backgrounds integrating various methods, eg the psychoanalytic concept.

Andritzky W. Alternative treatment in psychiatric and psychotherapy facilities in Germany. *Gesundheitswesen*. 58(1): 21-30. Jan 1996.
