



Support Group Leader Training – Section 3-Lesson 1

Subject: Complimentary Medicine in Chronic Pain Treatment (part 2)

How is complementary medicine different?

There clearly are differences between health care available in physician offices, clinics, and hospitals and interventions provided by complementary medicine practitioners. There are 3 features of complementary medicine that distinguish it from CM.

- Complementary therapies are individualized to each patient.
- Complementary medicine providers almost universally incorporate a philosophy of health that emphasizes and leverages an innate capacity for healing in every individual.
- Finally, complementary medicine tends to acknowledge the existence of properties of living systems that are resistant to understanding by contemporary reductionist scientific methods of inquiry that inform CM.

These distinguishing features present significant challenges to research and assembling meaningful evidence. They also create opportunities to develop more effective, efficient, and humanizing care for a very difficult population of patients, such as those with chronic pain. A recent observation by Cicerone on evidence-based practice and the limits of rational rehabilitation points out that "...we need to acknowledge the subjective meanings of illness and disability to the patients we serve. Any efforts to build our practice based on the best available systematic evidence are unlikely to succeed unless we include patients' values and beliefs and incorporate this perspective into our rehabilitation research. This aspect of evidence-based rehabilitation raises important questions about our fundamental roles and how we will choose to practice and define our field in the future."

Individualized treatment is a hallmark of most complementary therapies. For example, an acupuncture practitioner may evaluate 2 patients, both with the same CM diagnosis, but develop 2 radically different treatment plans based on the Oriental medicine examination findings and assessment. This approach seems to work well for patients.

Studies of patients who obtain care from complementary medicine practitioners reveal high levels of satisfaction with the practitioners and the outcome of the therapies. These providers spend time with their patients; they are successful in endorsing patients' complaints and in explaining to patients the nature of their health problems. Treatment planning tends to be more of a collaboration between therapist and patient than is often experienced in CM practice. Interventions are developed that are consistent with each patient's expectations, needs, and preferences. Individualized treatments, however, pose significant threats to the validity of typical randomized controlled clinical trial methodology.

Philosophy of care is not something that most CM practitioners ponder extensively. Health care philosophic discourse underlies many CAM therapies. Chiropractic, for example, contains an extensive literature that can loosely be described as “philosophy.” Beginning with the founder, D.D. Palmer, chiropractic thinkers have historically focused not so much on the rational scientific underpinnings of this healing art, but on the art itself. “Innate Intelligence” is posited by Palmer and his successors as a fundamental life force that, when fully expressed without interference, the ultimate expression of health occurs, naturally and without need of intrusion from outside agents.

In this chiropractic philosophic world view, the aim of the chiropractor is to locate and correct interferences with this natural expression of the life force. Exclusive focus on this “philosophy” has largely been abandoned by modern evidence-based chiropractors. Other complementary medicine disciplines also have underlying philosophies of life force. It is identified as “chi” in Oriental medicine, “prana” in yoga, “doshas” in Aruvedic medicine, “vix medica naturae” in naturopathic medicine, and each discipline has elaborated some measure of a conceptual life force that guides and propels healing and health.

Conventional medicine with its intellectual traditions anchored in western scientific thought is understandably sceptical of notions of “innate intelligence,” “chi,” or other conceptualization of a putative life force. Finding no “testable hypotheses” to investigate a possible life force, convention has largely dismissed such philosophic musing. Oschman provides a comprehensive review of this seeming “impenetrable intellectual barrier” between CAM and CM world views.

Who uses complementary medicine...and why?

Surveys conducted by the Centers for Disease Control and Prevention (CDC) have shown that complementary medicine users come from all demographics. Nearly 40% of the adult population reports using some form of complementary medicine, wherein “complementary medicine” includes both practitioner-based therapies, such as massage and acupuncture, and self-administered treatments, such as deep breathing or nutritional supplements.

More than 11% of children have used it as well. Users tend to be more likely female (women generally use more health care services of all types) and have higher levels of education and income. Some studies indicate that complementary medicine appeals to individuals with a heightened sense of self-efficacy and internal focus of control. Complementary medicine use persists into old age. Roughly one-third of adults 70 to 84 years and one-fourth of elders 85 years of age and older use complementary medicine.

Most people use nonmainstream health care along with CM. Dissatisfaction with CM is not usually a motivator for complementary medicine use. Complementary medicine users are likely to report poor health status, that they find symptomatic relief with complementary medicine, and that complementary medicine approaches are consistent with the value they place on the role of nonphysical factors of mind/body connections in health and disease.

Users are also more likely to engage actively in their health care decisions rather than “simply to accept unquestionably the physician’s knowledge and expertise.”

Patients use complementary medicine for a wide variety of clinical conditions. Adults most frequently use complementary medicine to treat disorders of the musculoskeletal system. Findings from the 2007 National Health Interview Survey were reported by Barnes and colleagues, as summarized

Please complete the Knowledge Test – Complementary Medicine Part 2 - Section 3 Quiz 1 - before moving to the next training file

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