

Complementary Medicine in Chronic Pain Treatment



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KEYWORDS

- Complementary and alternative medicine • Chronic pain • Therapies
- Evidence-based medicine

KEY POINTS

- Complementary therapies are widely used among chronic pain populations.
- Physicians and clinicians who treat chronic pain should inquire about and respect the use of complementary therapies.
- To enhance an effective therapeutic relationship, clinicians should be able to discuss complementary medicine use nonjudgmentally and in light of the scientific evidence regarding effectiveness and potential for complications.
- There is evidence that supports the effectiveness of many complementary therapies.

INTRODUCTION

This article discusses several issues related to therapies that are considered “complementary” or “alternative” to conventional medicine (CM). A definition of “complementary and alternative medicine” (CAM) is considered in the context of the evolving health care field of complementary medicine. A rationale for pain physicians and clinicians to understand these treatments of chronic pain is presented. The challenges of an evidence-based approach to incorporating CAM therapies are explored. Finally, a brief survey of the evidence that supports several widely available and commonly used complementary therapies for chronic pain is provided.

EMERGENCE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE

Book One of Paul Starr’s 1982 seminal work, *The Social Transformation of American Medicine*, documents the rise of organized medicine to a position of dominance and hegemony over health care.¹ Although this transformation depended on increased emphasis on education, science, and research, it also fostered an explicit proscription of traditions, histories, and practices of many competing health care disciplines.

At the turn of the twentieth century, American medical practice had just emerged from traditions of heroic medicine that had long coexisted with more moderate, less

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Phys Med Rehabil Clin N Am 26 (2015) 321–347

<http://dx.doi.org/10.1016/j.pmr.2014.12.005>

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invasive therapies promoted by William Buchan (domestic medicine), Samuel Hahnemann (homeopathy), Samuel Thompson (naturopathic medicine), and Daniel D. Palmer (chiropractic).

Seeing a challenge to medical dominance, organized medicine, through the agency of the American Medical Association (AMA), began a purge of homeopaths in their ranks, disparaged herbalists, midwives, chiropractors, and other nonmedical professionals. For example, AMA opposition to chiropractic care persisted well into the twentieth century until the final resolution of *Wilk v. American Medical Association* in 1990 that led to the disbanding of the AMA Committee on Quackery, which had the explicit purpose to “contain and eliminate” the chiropractic profession.

Despite ongoing efforts to marginalize these alternate and competitive healing traditions, many of them persisted and even flourished. For the most part, these streams of nonmedical practice went unnoticed by mainstream medicine until the Eisenberg² 1993 article in *New England Journal of Medicine*. In that survey study, Eisenberg observed that 34% of survey respondents reported using one or more “unconventional” therapies, and about one-third of those saw a provider of the therapy. He went on to extrapolate from the survey data to estimate that Americans made 425 million visits to unconventional medicine providers in 1990, a number that exceeded visits to all US primary care physicians at that time. Further estimates were of \$13.7 billion spent on unconventional care. Eisenberg’s “discovery” of the magnitude of health care occurring outside of the medical mainstream of physician offices, clinics, and hospitals caught the attention of many.

TERMINOLOGY: WHAT IS “COMPLEMENTARY AND ALTERNATIVE MEDICINE”?

Despite its prevalence, cost, and patterns of use, a definition of “complementary and alternative medicine” has been problematic. The Eisenberg² study used the term “unconventional medicine,” which they defined as “medical interventions not taught widely at U.S. medical schools or generally available at U.S. hospitals. Examples include acupuncture, chiropractic, and massage therapy.”

Although Eisenberg’s definition was perhaps accurate in 1993, by 2003, 98 US medical schools included CAM-related curricula.³ In the second decade of the 2000s, acupuncture, chiropractic therapy, and massage therapy can be found in hospitals across the United States. A 2010 survey of US hospitals found that 42% of respondents offered one or more CAM services, most commonly massage therapy and acupuncture. Chiropractic care is provided at 47 major Veterans Affairs (VA) facilities across the United States.⁴ Chiropractic therapy is available in many US hospitals.

“Complementary” medicine and “alternative” medicine have different meanings. In addition to Eisenberg’s “unconventional medicine,” other terms are often applied to the field as well to integrative medicine, holistic medicine, and others. The National Center for Complementary and Alternative Medicine (NCCAM) is a center in the National Institutes of Health (NIH) that was created by Congress in 1998. The mission of the Center “is to define through rigorous scientific investigation, the usefulness and safety of complementary and alternative medicine interventions and their roles in improving health and health care.”⁵ NCCAM acknowledges the ambiguity surrounding the definitions of these diverse health care practices and offers a summary of the various terms presented in [Table 1](#). NCCAM now endorses the use of “complementary health approaches” to define the field. All of these terms are contrasted with “conventional,” “biomedical,” “allopathic,” and “mainstream” medicine as practiced by medical (MD)/osteopathic (DO) physicians and their allied professionals, such as nurses and physical therapists. This article uses the term “complementary medicine”

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