



Introduction to CAM: An Innovative Healthcare Practice

Andrew Long
Professor, Health Systems Research,
School of Healthcare
<http://www.healthcare.leeds.ac.uk>

To provide insight into:

- The nature and core concepts underlying CAM,
- Its wide popularity, use and modes of access in EU member states
- Its potential as a complementary, innovative healthcare practice

Main Messages

- Diversity *inter alia* in definition, legal status and access
- Highly popularity and use by EU citizens
- Individualised, holistic model with goal of promoting health and healing
- Potential to benefit the public's health, promote good health and enhance critical health literacy, and use to complement biomedicine

What is CAM?



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No agreed, universal definition

One commonly cited definition:

- *'A group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional biomedicine.'* (NCCAM, USA)
- Others differentiate mind-body interventions (yoga, Reiki, meditation), alternative systems of medical practice (TCM, homoeopathy), energy-related (acupuncture, reflexology, shiatsu), body alignment (osteopathy, chiropractic), herbal medicine, dietary-related (including dietary supplements and nutrition) and many others (bio-feedback applications).

And:

- Member state diversity – e.g. [U.K.] policy perception of six core disciplines: Acupuncture, Herbalism, Homoeopathy, Hypnotherapy, Osteopathy and Manipulative Skills such as chiropractic

Core Concepts of CAM: Some Commonalities: I



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Central concepts: *self-healing, holism [a 'whole health' approach to health] and individualised diagnosis and treatment*

Core goal:

To assist the individual in *uncovering their own healing potential* and in opening her/him up to the possibility of change

Underlying rationale:

Illness as a *general imbalance* within the body (e.g. energy, toxins). CAM assists in the recognition of such imbalances, promotes change to address these and helps the individual to become more aware of their own health and ways to sustain health and well-being

Individualised approach:

Focus on the individual within and as part of the socio-economic and cultural context of their life (holism). Treatment centres on the *whole person, body, mind, and spirit, within their own their environment*

Diagnosis and treatment:

The practitioner-client interaction as a *participatory* relationship

Recognition of the individual's role in doing what she/he can to help her/himself (enabling self-healing requires enhanced self-awareness and the individual playing an *active role* in sustaining her/his own health and well-being)

Desired outcomes:

- Resolve initial symptoms
- Raise individual's awareness and understanding of their own body, factors affecting this, in the context of their own life situation (advice giving)
- Supporting and empowering individual in maintaining good health and good health practices

Prevalence of CAM Use across EU member States: I



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No definitive or accepted estimate of use of CAM. Only indicative figures

- More than 100 million EU citizens are 'regular' users of CAM, and predominantly for the treatment of chronic conditions (EICCAM)
- Some *well recognised national surveys* of CAM prevalence. For example, Thomas and Coleman (2004): 10% of the general population of Great Britain had '*received any CAM in the last year*' and 6.5% had used one of five main therapies: acupuncture, homoeopathy, chiropractic, osteopathy or herbal medicine
- A few *systematic reviews* of the published literature. For example, Frass et al (2012): prevalence rates ranging from 5-75% in each of the 16 included studies (including ones from the USA and Canada) ranged from 5-75%. Most commonly reported therapies used: chiropractic manipulation, herbal medicine, massage and homoeopathy.

Prevalence of CAM Use across EU member States: II



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Systematic review undertaken of published studies on the prevalence of CAM within and across EU member states undertaken by *CAMbrella* (source: Eardley et al, in press, special issue of *Forschende Komplementärmedizin (FKM)*, November 2012)

- *‘CAM prevalence across the EU is problematic to estimate because studies are generally poor and heterogeneous. A consistent definition of CAM, a core set of CAMs with country specific variations and a standardised reporting strategy to enhance the accuracy of data pooling would improve reporting quality.’*
- Overall reported prevalence rate of *the use of ‘any type of CAM at any time’* as between 0.3 and 86% (data from 87 studies); but wide prevalence variability in specific countries and for CAM modalities
- Top *five* most commonly reported therapies: herbal medicine, homoeopathy, chiropractic, acupuncture and reflexology. And dietary supplements also commonly used.



Prevalence: Points Arising

Wide and increasing use of CAM by EU citizens

- But, different definitions of ‘use’ (‘ever use’, ‘use in last month’, ‘use in last 24 hours’) -> problematic data quality

Such usage is situated within a context of:

- An *emerging evidence base* of the benefits of particular CAM modalities, their effectiveness and safety
- Recognition of the importance of *patient-reported benefits*, embracing the ‘whole effect’ of the CAM modality and aspects beyond symptom change
- Varying picture of recognition of CAM and its benefits by medical practitioners, hesitancy or avoidance by their patients to ‘tell’ about their CAM use or ask about its possible benefits in treating the illness
- Varied picture of legal status of CAM within EU member states



Provision of CAM

- From either a CAM practitioner, formally trained in the therapy(ies) (e.g. TCM acupuncture) who may also provide more than one therapy
- Or, conventional medical (CM) practitioner (e.g. medical acupuncture, physiotherapist providing acupuncture needling)
- And, 'over the counter' access (herbal or homoeopathic remedies or nutritional supplements, vitamins, etc) and other self-care (diet, lifestyle changes following CAM practitioner advice)
- Predominantly, individual pays her/himself for CAM (but some cover via sickness funds or private insurance)
- Commonly, individual seeks out and access a particular CAM modality and CAM practitioner (rather than from CM recommendation)

Key Point:

- CAM may be provided *to* an individual and/or *pro-actively used* by an individual as a part of her/his own self-care, self-pay and self-access.

CAM, an Innovative, Complementary Healthcare Practice: I



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CAM's potential role in enhancing the public's health has not received substantial attention within the research literature, despite increasing evidence of:

- *Resolving symptoms* (over the short and longer term)
- *Increasing the person's self-awareness and understanding* of the mind-body connection and the effects of the way they live their lives

In sharp contrast, individual CAM practitioners actively promote their particular modality and associated treatments as:

- Addressing/helping with the symptoms of particular conditions
- Trying to get to the root of the problem
- Enabling the individual to gain greater control over their health
- And thus *maintaining and promoting health and well-being*

CAM, an Innovative, Complementary Healthcare Practice : II



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CAM, an innovative practice in enhancing critical health literacy, defined as:

'... The individual's capacity to contextualise health knowledge for his or her own good health, to decide on a certain action after a full appraisal of what that specific action means for them in their own world' (Rubinelli et al 2009)

CAM an innovative practice in that:

- Much more than symptom resolution, onto
 - ❖ Increasing self-awareness about how the individual lives her/his life
 - ❖ (Re-) gaining greater control *and* make active choices to support her/his own health and well-being
- Combination of individualised, holistic care and engagement with client
- Capacity to enable health maintenance and health promotion, illness prevention and enhance critical health literacy
- Use of CAM in conjunction with conventional care, thus, adding to the range of treatment options for a person with an acute or chronic condition