

The best of both worlds: combining conventional and alternative therapies

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Helping patients whose problems are not solved with conventional therapies can be very difficult. In this article, Dr Mebl-Madrona presents his rationale for incorporating alternative approaches while striving to practice evidence-based medicine. We welcome comments from readers about the role of alternative and 'integrative' therapies within the context of Australian general practice.

I am trained as a family physician and psychiatrist. I have great faith in conventional biomedical therapies – where they are effective. I would not want to return to a world without antibiotics or emergency medicine. I am impressed anew by the power of our medical treatments each time I see a patient come into the emergency department with congestive heart failure, gasping for air, who is made completely comfortable within half an hour through the efficacy of nitroglycerine paste, diuretics, and a whiff of morphine. The wonder of conventional medicine is its ability to change the patient's condition so dramatically.

But there are problems that conventional medicine cannot solve, and some that it creates. I am not impressed when one of my patients dies from the complications of chemotherapy – even though the cancer is gone. The US Institute of Medicine's recent report on errors in health care estimated that at least 44,000 (and perhaps as many as 98,000) Americans die in hospitals each year due to medical errors.

That is why I have chosen to be an integrative physician. I want to be able to draw from other disciplines and use other tools for areas where conventional medicine falls short. Being a Native American (Cherokee-Lakota), I was naturally drawn to incorporating elements of Native American healing traditions, including guided imagery, ritual and ceremony, herbal medicine, manual or touch therapies, storytelling, and prayer. When I encounter patients whom my training has not given me the tools to help, I seek other therapies such as acupuncture, visceral osteopathy, and hypnosis, attempting to integrate these approaches with more conventional biomedical

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and psychotherapeutic techniques.

The combination of conventional and alternative medicine seems to address patient needs better than either approach alone. Some problems are too complex or time consuming for conventional practitioners to address: we often wish we could diagnose one clear cut illness, administer an isolated chemical and produce a cure, but patients and diseases do not present this way. We must practice with the understanding that diagnosis may be uncertain and illnesses may be complicated by confusing symptoms or comorbidities. We must work with patients (and their families and communities), whose attitudes and thoughts can influence the course of their illnesses. These are the limitations of the conventional approach. Today's drugs, for example, can provide dramatic effects. But what are we to do with patients for whom there are no curative or restorative drugs?

Patients seek alternative medicine when conventional medicine has failed them. Alternative medicine includes various forms of psychotherapy, biofeedback, hypnosis, botanical medicine, nutritional medicine, homeopathy, chiropractic, massage, and indigenous healing systems such as traditional Chinese, Native American, or voodoo medicine. The range is tremendous. Some alternative therapies share many assumptions with conventional medicine; others, few. They are therapies

whose mechanisms of action we may not understand. They are therapies that may rely heavily on the placebo effect – which we know to be strong, and strongest if both patient and practitioner believe. Often, they are therapies that involve spending more time with the patient, taking in more of his or her concerns. And they can be therapies that are effective in alleviating the patient's discomfort and frustration.

The complexities of patient care make the integrative approach the most realistic for me. The case of a patient who suffered from an indefinable gastrointestinal condition can illustrate the benefits of drawing on multiple healing strategies. One set of physicians called her symptoms a somatisation disorder and told her to seek psychiatric help. This only made her angrier than disturbed hornets. I encouraged her to try mind–body healing, even as we tried dicyclomine hydrochloride (a pharmaceutical) to control her spasm, ondansetron (another pharmaceutical) to control her diarrhoea and nausea, and a diet that eliminated foods to which she was allergic. I asked her to try visceral osteopathy, a manipulative technique pioneered by Jean-Pierre Barral. Over two years she slowly improved. Was her healing due to the treatment, my relationship with her, or the passage of time? I cannot say, but I know that giving her my full attention during weekly appointments had a powerful effect – independent of the medicines I prescribed or the behavioural therapies I administered. I know that my perpetual striving to

find treatments that worked, whether herbal or pharmaceutical, mattered. I know that her examination of her emotions, beliefs, and life situations mattered. All factors were important. And perhaps we will never be able to tease apart these multiple effects into a randomised, controlled, double-blind trial.

The term 'integrative' captures this sense of combining conventional and alternative medicine to produce the optimal blend for each patient. Integrative medicine simply holds more therapeutic options than conventional biomedicine. Integrative medicine shines where conventional biomedicine has no more to offer patients who are still suffering.

Are they so different?

Of course, conventional and integrative sometimes overlap. Some conventional psychiatry departments include biofeedback, cognitive behavioural therapy, family therapy and even hypnosis, while alternative medicine can include powerful substances, such as St John's wort, that are naturally occurring drugs.

But there are differences. Compared with allopathic medicine, alternative or integrative medicine emphasises the body's potential to restore or correct itself. Integrative medicine considers healing as something that takes place within a larger, self-balancing system, sometimes independent of our human efforts.

Many alternative treatments have not been proven by the

Consultant's comment

Undergraduate medical students, emerging young doctors and older professionals face increasing pressures to accommodate the views and practices of individuals and groups claiming to have healing and recuperative programmes not based on orthodox (allopathic) health theory and practice. Some of us feel these tensions more than others and our reactions differ. None of us can avoid involvement in these issues, within our private lives, let alone within the practice situation. If we refuse to acknowledge the existence of the spectrum ranging through so-called traditional, fringe, complementary, spiritual and religious-based practices which are being promoted to the public generally, we turn our backs on reality and cut off one area of communication with our patients.

Accordingly, we need to develop a framework for our own interaction that sits comfortably in an intellectual sense with our own traditions and the beliefs that govern our particular approach to people and their problems. Allopathic medicine recognises the placebo effect and its power. Some of us are more effective in our use of that power. What distinguishes us from those not registered as allopathic doctors is a commitment to scientific method. Some of us experiment at the fringe more than others, and that does not

constitute a breach of our primary loyalty to science, provided that we understand and accept exactly what we are doing and continue to monitor the efficacy or otherwise of particular aspects of our practice. We do not understand the full details of many of the things we do, yet they appear to 'work'. The critical point is to be confident that we are genuinely helping people and not fooling them or ourselves, and thus not exploiting the trust which people place in us.

Some of us are further into the experimentation at the margins than others. The above article by Dr Mehl-Madrona describes such an exploration. The author sets out openly the basis for his pattern of practice, and thus takes an honest approach that is compatible with his maintaining a firm basis within scientific medicine itself. Those of us who continue to struggle with this issue need to read articles of this type and to meditate upon the contents by taking counsel with ourselves and sharing our thoughts with colleagues. Such is the logic behind *Medicine Today* publishing this article.

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rules of mainstream science. As a physician, I would of course prefer to administer evidence-based therapies. Nevertheless, this is not always possible, neither for conventional nor for alternative medicine. Today I am struggling with what to tell a 50-year-old man whose surgeon has recommended triple bypass surgery. Does the evidence support this procedure? Similarly, how well proven is the effectiveness of bone marrow transplantation? What do we know about homeopathy? We use unproven therapies all the time in conventional medicine, based on our own experience and intuition, and the need to do something for a patient who is suffering. Think of the many prescriptions written for antibiotics when patients complain of what are clearly viral cold symptoms. My rule of thumb is to present all the evidence (or lack thereof) to the patient and let him or her decide what is reasonable benefit-versus-risk; essentially, I try to follow the doctrine of *primum non nocere* (above all, do no harm). Thus, as one example, I prefer homeopathy to drug therapy for my somatising patients.

Acknowledging what works

Alternative practitioners believe treatments such as reflexology, chiropractic, prayer and ceremony can be effective, although current studies have not separated the intrinsic effect of these techniques from factors inherent in the doctor–patient relationship. Are these techniques biologically helpful through means unknown to conventional medicine, or are they mediated through the mysteries of the caring human encounter?

We do not have to know why something works to acknowledge that it does. We do not yet know how SSRIs work, but we know they effectively treat depression. Integrative physicians look at treatments such as acupuncture or reflexology in the same way. We do not know how they work, but they do.

Results, not dogma

I am impressed with results, not ideology, and I am not troubled by the apparent contradictions in combining a biomedical approach with alternative care. I know a homeopath who struggled for weeks to treat a case of giardiasis. After the patient had lost 30 pounds to the disease, she went to her family doctor and was given metronidazole. She recovered in three days. There are limitations to alternative care, and I would never abandon effective biomedical therapies. Integrative medicine seeks balance.

I want the best of biological therapy combined with the best of mind–body therapy and the most artful manipulation of the placebo effect. In short, I want healing – whenever possible. Integrative medicine provides that combination. I believe that treatments enthusiastically administered by charismatic doctors have a good chance of improving patients' conditions regardless of scientific basis. At the least, integrative medicine can make effective use of that insight. At its best, integrative medicine allows its practitioners to offer biologically effective therapies enthusiastically, within the powerful context of a respectful, caring relationship. Integrative medicine allows me to make the most of every technique that can help my patients.

From antiquity, doctors have used compassion and concern to help heal their patients. Integrative medicine returns us to this ancient method. It is medicine at its best. **MT**

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