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What is complementary and alternative medicine

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Chapter 1

What is complementary and alternative medicine?

Introduction

This chapter provides a definition of CAM and OM and deals with the fundamental criteria at the basis of the CAM healing philosophy. The current usage of CAM and its philosophy sets the scene for the conflicts with OM discussed in later chapters.

Definition of Western Medicine

For the purpose of the analysis in this thesis CAM needs to be defined. This task requires an understanding of the parameters of OM. As OM is so dominant in most western countries CAM is often, and arguably inappropriately, defined by its relationship to OM. OM, sometimes called western modern medicine, has been defined as ‘medical interventions which are widely taught in modern western medical schools or are generally available at U.S. hospitals, and that which is used by the majority of medical physicians in modern western industrialized countries.’

Its critics sometimes characterize OM as ‘allopathy.’ Allopathy is a system of healing that counteracts disease by using remedies that produce opposite results from those produced by

the disease.4 ‘Allopathic medicine by definition combats, counteracts, and aggressively opposes specified disease entities.’5 This is a term deemed derisory by OM as it does not reflect the modern complexity and sophistication of OM6 and it is claimed may demonstrate bias by those that use this term.7 The emphasis upon the role of allopathy as the fundamental approach of orthodox medicine is less prominent in modern times.

Orthodox medicine today designates itself as ‘scientific medicine’ to differentiate itself from CAM as well as justifying its predominance in society and in state medicine. At the beginning of the twentieth century the allopathic philosophy was the fundamental differentiation to homoeopathy, the most influential of CAM modalities in that period. Homeopathy relies on the opposed doctrine of similars that suggests that a healing response will occur if minute doses of a remedy are given containing a substance that will produce the same symptoms as the disease.8

**CAM - Definition**

There are many terms used to describe the practice of medicine outside of the scope of western or orthodox medicine. Terms used to describe these modalities include ‘complementary and alternative medicine’, ‘holistic medicine,’ ‘complementary medicine,’ ‘natural medicine,’ ‘traditional medicine,’ ‘holistic medicine,’ ‘natural therapies’ and ‘unorthodox medicine.’ It is difficult to categorize the varied practices and modalities of CAM under any particular term as they vary greatly in emphasis, philosophy, origin and

5 Ibid 136.
8 Encyclopedia, above n 4, 136.
therapeutic outlook. OM by comparison is much more homogeneous in outlook and underlying principles though OM exhibits differences in emphasis in sub-disciplines such as psychiatry and surgery. This homogeneity derives from its emphasis on the scientific practice of medicine. What is alternative or complementary from an OM perspective may be ‘traditional’ or ‘mainstream’ for some ethno-cultural groups such as the use of traditional Chinese medicine by the Chinese community. A therapy may be complementary in one context, for example the use of acupuncture to deal with pain in conjunction with analgesic, and alternative in another, where acupuncture is used instead of physiotherapy for muscular pain.

In this thesis the term ‘complementary and alternative medicine’ (CAM) will be used. This is used as a general term for discussion and analysis. The term CAM is used in an attempt to incorporate the widest possible scope for the various modalities although it is acknowledged it perpetuates the tendency to define these therapies or models of healing from the perspective of orthodox medicine. Rather than positively identifying this group of therapies they are defined negatively as against their integration or otherwise with the dominant force in the health sector.

12 Canadian Overview, above n 10, 13.
CAM has been defined as therapies not taught in US medical schools.\footnote{Marc S Micozzi, ‘Characteristics of Complementary and Alternative Medicine’ in Marc S Micozzi (ed), Fundamentals of Complementary and Alternative Medicine (1996) 5; David M Eisenberg, ‘Advising Patients Who Seek Alternative Medical Therapies’ (1997) 127 Annals of Internal Medicine 61, 61.} The British Medical Association defined non-conventional therapies as ‘those forms of treatment which are not widely used by orthodox health-care professions, and the skills of which are not taught as part of the undergraduate curriculum of orthodox and paramedical health-care courses.’\footnote{British Medical Association, above n 9, 7-8; WB Jonas, ‘Alternative Medicine-Learning from the Past, Examining the Present, Advancing to the Future’ (1998) 280 Journal of the American Medical Association 1616, 1616; Kleyhans, above n 3, 98-101.} This definition is potentially very problematic for OM practitioners who might seek to integrate CAM into their practice. This type of definition could suggest that this practice is a deviation from conventional standards of care, making them potentially liable for negligence or professional disciplinary action.\footnote{Michael H Cohen, Beyond Complementary Medicine: Legal and Ethical Perspectives on Health Care and Human Evolution (2000) 25.}

This negative definition of CAM is increasingly less valid as many medical schools in Australia and overseas now incorporate CAM into their curriculum. This integration is easily overstated as CAM is most often not addressed as a separate compulsory subject but as a topic within a compulsory subject or in an elective.\footnote{Canadian Overview, above n 10, 12; Australian Medical Council, AMC Discussion Paper: Undergraduate Medical Education and Unorthodox Medical Practice attachment 1.} In one survey sixty four percent of USA medical schools surveyed offered 1 or more courses in CAM or these topics were covered in required courses. Twenty-eight of the medical schools surveyed (37\%) offered 2 or more courses.\footnote{M.S.Wetzel, D.M Eisenberg and TJ Kaptchuk, ‘Courses Involving Complementary and Alternative Medicine at U.S. Medical Schools’ (1998) 280 Journal of the American Medical Association 784,787; Boozang, above n 9, 572-573.} A Working Party of the Australian Medical Council Accreditation Committee in 1998 ascertained that all twelve medical schools in Australia and New Zealand provide at least some training in CAM as part of their degree. One medical school sought advice of an
alternative medicine organization and one half planned to increase course offerings in this area.\textsuperscript{18}

The level of medical education in CAM is generally perfunctory and below the standard of many lay practitioners of CAM. This education is primarily aimed at a general understanding of CAM to assist students to appreciate what patients might be receiving from CAM practitioners, the indications and contraindications for these therapies, and how they might interact with OM.\textsuperscript{19} Despite the limited sophistication of OM education in CAM the increased interest in CAM by medical doctors is reflected in the expansion of publications and online resources on the scientific basis for CAM.\textsuperscript{20}

CAM is often called ‘alternative medicine’. This may aptly describe the clinical approach of some practitioners of modalities such as traditional Chinese medicine or homoeopathy. These modalities seek to provide an alternative to orthodox medicine as complete systems of healing not limited to a part of the body or a limited set of treatment options.\textsuperscript{21} The term ‘alternative medicine’ may appear to marginalize CAM as necessarily existing outside the mainstream health care sector.\textsuperscript{22} This term may also concern some regulators who might consider this term promotes the rejection of OM as an appropriate adjunct or treatment option for some maladies. Some registered modalities such as chiropractic, that is supported by substantial scientific evidence, may object to the label ‘alternative medicine’ or

\textsuperscript{18} Australian Medical Council, above n 16 attachment 2.
\textsuperscript{21} British Medical Association, above n 9, 7
‘complementary medicine’. These practitioners may perceive their profession as part of orthodox medicine.\textsuperscript{23}

In the current political and social context the use of the term ‘alternative medicine’ does not reflect the views or approaches of all modalities or practitioners. Many practitioners would both accept the significant role of OM and acknowledge its dominance of the health sector. There is evidence to suggest that most people use CAM alongside OM.\textsuperscript{24} Alternative medicine may also not be an entirely satisfactory description as it merely describes a modality that is not orthodox medicine. In that sense that term does not perform a function.\textsuperscript{25}

The title given to CAM remains a political issue from the perspective of orthodox medicine as is demonstrated by the comments in the Australian Medical Council Discussion Paper on Undergraduate Medical Education and Unorthodox Medical Practice.\textsuperscript{26} In a footnote to the paper after defining orthodox, conventional or scientific medicine the paper states it intends to use the term ‘unorthodox medicine’ because the more commonly used collective terms ‘alternative’ and ‘complementary’ are unsatisfactory.

Their plain meanings are irreconcilable with one another since a therapy cannot both be complementary and alternative at the same time. Moreover, these terms can be construed as endorsing such practices as equivalent (alternative) to scientific medicine or compatible (complementary) to it.\textsuperscript{27}

\begin{itemize}
  \item[26] Above n 15.
  \item[27] Ibid footnote 1.
\end{itemize}
The term ‘complementary medicine’ suggests a modality may work in conjunction with or alongside orthodox medicine. This term would be apposite especially for modalities such as therapeutic massage that could readily be applied in conjunction with orthodox medical treatment. Some would view this label as inappropriate for homeopathy as its therapeutic philosophy is radically opposed to the allopathic approach to medicine and thereby in no way complementary. In recent years fears that medically qualified homoeopaths may limit the practice of homoeopathy for non-medically trained persons has led in the U.K. to a softening of this view and an acceptance of a complementary role for homoeopaths.

Other terms such as ‘natural medicine’ or ‘natural therapies’ may be appropriate terms in some contexts but some therapies such as herbal medicine involve the ingestion of herbs which may not be considered entirely natural. The term ‘natural therapies’ is commonly used by medical doctors with emphasis on the word ‘therapies’ to avoid any implications these modalities offer any broad based approach to medicine. This tendency is particularly marked when nurses discuss the use of CAM and confirms the subjugation of this profession to OM only now being addressed. The term ‘unorthodox medicine’ is a term that ignores the extent to which CAM is incorporated into orthodox medicine.

For modalities that originated many centuries ago such as Ayurvedic medicine, acupuncture and TCM the term ‘traditional medicine’ may be apt. This will not apply to most modalities.

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28 Haigh, above n 22, 142.
These traditional medicine modalities can comfortably fit within the term CAM in the modern context.

The term ‘holistic medicine’ has been used to describe CAM. This description identifies the attempts by these modalities to deal with the healing process beyond the physical level. Most CAM practitioners will deal with spiritual, emotional and lifestyle issues in their dealings with a client. The term may not be apt to describe all modalities that may rely at least in part upon a biomedical approach and a ‘body as machine’ model.32

It should be understood that the definition of CAM is fluid as society, legal structures and orthodox medicine develops and good quality scientific evidence of efficacy becomes available. This may lead to CAM becoming more integrated into the health sector whether as part of the therapies offered by medical doctors or by non-medically trained practitioners. What was alternative, complementary or unacceptable practice at one time may fit into another category at a later date.33 In recent times the medical profession has, from an evidence based perspective, stated that it disagrees with the designations OM and CAM as there are in fact only 2 forms of medicine – proven and unproven.34 If CAM is backed by good scientific evidence it is proven and acceptable practice for a medical doctor. As scientific evidence for CAM develops this statement may reflect reality, but currently the history of suspicion between CAM and OM makes it difficult for this approach to apply in practice.

O’Connor suggests that it is difficult to properly categorize CAM as the category chosen tends to go beyond identification to suggest the validity or quality of the category compared

to orthodox or western medicine. This jaundiced view of categories of CAM creates an environment that does not permit a value free evaluation of CAM. This militates against successful integration and negotiation between OM and CAM.

**Categorization of CAM**

Although the general term CAM is being employed it would be an error to suggest that CAM is a homogeneous whole. Modalities incorporate very different approaches to healing. The term CAM defines the therapies by their position outside of OM rather than by common philosophy. There are frequent attempts to categorize CAM using various criteria. This is a worthwhile exercise to illuminate both the connectedness and disparity of approaches by different CAM modalities.

Cant and Sharma have identified five categories of CAM delineated by the historical periods during which they developed.

- Modalities that developed prior to or at same time as modern biomedicine such as homoeopathy or western herbal medicine.
- Modalities that originated in the period of medical individualism in the late nineteenth century such as osteopathy and chiropractic.

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33 Spencer, above n 23, 5.
34 Australian Medical Council, above n 16, 3.
36 Ibid 4.
37 Ibid.
- Modalities derived from the health movements of central Europe in the nineteenth century such as naturopathy.
- Modalities imported or introduced to the West primarily in the early 1970’s such as acupuncture or traditional Chinese Medicine.
- Modalities that entered the West with immigrant groups such as Ayurveda medicine.

The introduction of these modalities at different periods of history impacted on how OM responded to them. Each CAM modality challenged OM in different ways and at different stages of its development.

There are many modalities that could claim the description of CAM. One source identified 60 modalities under this designation.\textsuperscript{41} One author proposed seven categories of CAM therapies based on their fundamental style of therapy:\textsuperscript{42}

- therapies that are spiritually or philosophically grounded (this could include acupuncture; ayurvedic medicine; TCM; homoeopathy and naturopathy.) Most of these modalities could arguably be considered part of the next or other categories. Practitioners would likely argue that the healing effect of these therapies are more than spiritually or philosophically based but based upon a direct impact on the physical body.
- Dietary and herbal remedies. This category incorporates dietary supplements; herbal medicine; Bach flower remedies; macrobiotics; aspects of naturopathy; TCM and ayurvedic medicine.
- Mind body control such as biofeedback; hypnosis and meditation.

\textsuperscript{41} Ibid 52.
- Alternative biological treatments including chelation therapy; colon detoxification therapies and oxygen therapies.

- Bodywork or manual manipulation including acupressure; Alexander technique; chiropractic; osteopathy; therapeutic massage including Swedish massage; Kahuna massage; Chinese massage; reflexology; rolfing; Tai Chi and yoga.

- Enhancing well being through the senses. Examples of these therapies are aromatherapy; dance therapy; music therapy and sound therapy.

- External energy forces such as faith healing; prayer; spirituality; shamanism; crystal healing.

Pietroni has identified 5 categories of CAM based on their therapeutic function and completeness.\(^\text{43}\)

- complete systems of healing such as TCM; osteopathy; chiropractic; homoeopathy and naturopathy. These modalities exhibit features such as a coherent explanation of disease and have diagnostic, investigative and therapeutic understanding which show some similarities with orthodox medicine.\(^\text{44}\) The British Medical Association has some problems with this characterization preferring to designate them as discrete clinical disciplines. The BMA acknowledges that these modalities may have more established foundations of training; criteria of competence and professional standards while exhibiting the greatest potential for harm.\(^\text{45}\) This may have important implications for regulatory issues relevant to these modalities. This category will be one primary focus of this thesis.

- diagnostic methods such as iridology; kinesiology and aura diagnosis. Practitioners of complete systems of healing often use these techniques. Naturopaths commonly use

iridology while some chiropractors use kinesiology to detect disease or imbalance in the body.

- therapeutic methods such as therapeutic massage; reflexology and aromatherapy. The primary focus of these methods is upon the therapeutic benefits of the practice with little emphasis on diagnosis of disease or pathology. Although not creating great risk to a client these methods require an clear understanding of contraindications and the necessity for referral to a medical practitioner or other professional in appropriate cases.

- self-help measures such as relaxation; yoga and tai chi.

**CAM – Common Features**

Although these modalities are defined here as CAM they exhibit very different approaches to healing. Some argue categorizing the common features of CAM may caricature both OM and CAM while obscuring the extraordinary diversity of these approaches. OM sources sometimes consider CAM therapies exhibit no common principle. There are a number of features that could broadly be considered common to most CAM modalities. These features provide a basis of comparison with orthodox medicine.

*A belief in the interconnectedness of the mind and body*  
The cartesian view of the human body at the basis of OM by contrast supports a disconnection between the body mind and spirit. A CAM practitioner is more likely to pay

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44 Ibid.  
45 British Medical Association above n 9, 62.  
46 Canadian Overview, above n 10, 4.  
47 British Medical Association, above n 9, 7.  
48 Canadian overview, above n 10, 14; Fulder, above n 19, 5.
attention to emotional; attitudinal and lifestyle issues in treating a patient in a way not
common for OM. Attention to emotional; psychological and behavioural issues is
fundamental to diagnosis in particular for homoeopathy and TCM.

**Individuality**

For CAM the patient being treated is not viewed simply as an organism with a defined illness
or disease but as a person with a special set of circumstances and factors at play. For
example, if five patients complain of asthma a CAM practitioner may discern varying causes
for this manifestation in that client. This may result in five different treatments for what may
appear to be the same complaint. Based upon a purely biomedical diagnosis a medical
doctor might suggest very similar treatment for those clients. This tendency will vary with the
modality under consideration. In western herbal medicine the individual constitution may
matter less while it might be a major factor in homoeopathy or TCM.

**A partnership or self-healing model**

Orthodox medicine has a decidedly authoritarian expert/ layperson therapeutic model. Thus
the medical practitioner ‘does something to’ the client who is more or less an inert participant
in the process. Patient autonomy is not the primary focus in the therapeutic relationship. Most
CAM practitioners emphasize an active role for the patient in the therapeutic relationship.
CAM practitioners will often use the term ‘client’ rather than ‘patient’ to indicate the more
egalitarian therapeutic relationship that is encouraged. This tendency is especially marked in

49 Stone and Matthews, above n 32, 7; A Mitchell and M Cormack, *The Therapeutic Relationship in
50 Stone and Matthews, ibid 13.
51 Ibid.
52 Ibid 13.
53 Canadian Overview, above n 10, 15
the modalities that rely upon exercise regimes, changes in lifestyle and dietary requirements such as naturopathy, Feldenkrais or the Alexander Technique. For these modalities ‘respect for autonomy is not merely an abstract principle, but a therapeutic prerequisite.’\textsuperscript{55} CAM practitioners perceive that they are ‘facilitators of patient self healing in contrast with conventional medicine’s strongly physician-centered sense of responsibility, for both therapeutic success and failure.’\textsuperscript{56} This can engender a sense of self-control in the client and can mean that the patient not the practitioner will be assigned some blame if there is not a positive outcome from CAM treatment.

\textit{Only nature heals} \textsuperscript{57}

To an extent that varies between modalities CAM relies on the idea that the role of a therapist is to encourage the individual’s self-healing properties and the harmonization of the energy flows in the body to promote healing and health.\textsuperscript{58} This approach is seen in the attempts to harmonize ‘chi’ in TCM and in attempts to stimulate the body’s inherent self-healing capability in naturopathy.\textsuperscript{59} Simon Mills described this approach as seeing illness as more ‘soil than seed’.\textsuperscript{60} Kaptchuk and Eisenberg comment ‘Alternative medical therapies provide patients with the generous rhetorical embrace of a benevolent “nature”.’\textsuperscript{61} This return to nature is at the heart of many modalities and supports the naturopathic emphasis on natural food and the preference for botanical medicine as against its pharmaceutical equivalent. It should be stated that the malevolent effects of natural products such as herbal poisons and bacteria is not emphasised.\textsuperscript{62}

\textsuperscript{55} Matthews and Stone, above n 32, 6
\textsuperscript{56} Davidoff, above n 38, 1068.
\textsuperscript{57} TJ Kaptchuk and DM Eisenberg, ‘The Persuasive Appeal of Alternative Medicine’ (1998) 129 \textit{Annals of Internal Medicine} 1061-1065; Canadian Overview above n 10, 14.
\textsuperscript{58} Mitchell and Cormack, above n 49, 5.
\textsuperscript{59} Matthews and Stone, above n 32, 12.
\textsuperscript{60} Simon Mills, \textit{The Essential Book of Herbal Medicine} (1991) 8.
\textsuperscript{61} Kaptchuk and Eisenberg, above n 57, 1061.
\textsuperscript{62} Ibid 1062.
Brief Description of Modalities

A brief description of the history and fundamental features of the modalities the focus of this thesis will assist in understanding their role in health care.

Chiropractic

This modality originated in the late 18th century and emphasizes manipulation of the human spine to produce health outcomes. A full discussion of the principles at the basis of this modality is found in chapter 3.

Osteopathy

This is a healing system that derives from a similar historical period as chiropractic. Osteopathy has from its beginnings maintained it is a complete system of healing in direct competition with orthodox medicine.63 The founder of osteopathy was Andrew Still (1828-1917) who claimed to have had medical training. He practiced in an orthodox fashion until 1864 when three of his daughters died of spinal meningitis. Drawing from a number of unorthodox medical theories64 that were common in the mid 1800’s such as bone setting; magnetic healing; the health movement and apparently divine revelation; he developed a theory of health that relied on the idea of reestablishing the flow of energy throughout the body. Still considered that displacement of bones and obstruction of blood supply was the cause of disease.65 Restoring health was to be achieved by adjustment of osteopathic

64 Ibid 25.
65 Ibid.
lesions. By manipulating and relieving these lesions proper flow of energy could be restored. Still was not an adherent of the germ theory of disease and maintained that osteopathic lesions were the primary cause of disease.

In Australia osteopaths have registered status in all jurisdictions. Osteopaths have the opportunity to obtain a degree from 5 years of university training through Macquarie University. Osteopathy is a smaller profession than chiropractic in Australia with approximately 300 practitioners. Osteopathy in Australia shares chiropractic’s exclusion from the mainstream health sector. They generally are not employed in hospitals with most in private practice.

In the USA the progress of osteopathy has been markedly different. In response to resistance from the medical profession osteopaths have tended to conform to orthodox medicine’s philosophy in return for acceptance. This has meant a de-emphasis on unorthodox aspects of osteopathic principles and an emphasis on the biomedical approach to health care. This has allowed many doctors trained in osteopathy to be incorporated into the mainstream medical system though at the cost of traditional osteopathic principles.

Naturopathy

This modality is based upon the concept of the ‘nature cure.’ Naturopathy emphasises a holistic approach to treatment that deals with the physical, mental, emotional and spiritual

68 Gevitz, above n 66, 155.
aspects of a person.\textsuperscript{69} The term naturopathy can encompass many different therapies based upon the principle of augmenting and supporting the bodies’ ability to heal itself. This modality developed from the 19th century belief ‘that the body can be maintained in a state of health by wholesome ‘natural’ foods, the extensive use of water, fresh air and sunlight, together with periods of fasting.’\textsuperscript{70} Although the existence of disease states is acknowledged the object of a naturopath is as much to maintain good health and to prevent illness, as it is to treat illness.\textsuperscript{71} A significant aspect of naturopathy is an emphasis on the role of the practitioner as a teacher who assists a client to understand how he or she can contribute to their own health by following naturopathic principles.\textsuperscript{72}

In Australia most naturopaths are sole practitioners in private practice. Naturopaths employ a combination of therapies such as dietary advice, vitamins and mineral supplements, herbs; homoeopathic remedies; therapeutic massage and acupuncture.\textsuperscript{73} One commonly used diagnostic procedure is iridology. Iridology involves an analysis of features of the iris of the eye that is said to permit a diagnosis of disease states in the body. Owing to its eclectic nature some whose primary focus is upon another modality such as chiropractic, osteopathy or acupuncture may practice naturopathy. Currently there is no provision for the statutory registration of naturopathy in Australia. Some states of the USA and British Columbia, Canada have established statutory regulation for naturopathy.

\textit{Acupuncture}

\textsuperscript{71} Webb report, above n 63, 71.
\textsuperscript{72} Carlo Calabrese, above n 69, 680.
\textsuperscript{73} EH Gort and D Coburn ‘Naturopathy in Canada: Changing Relationships to Medicine, Chiropractic and the State’ (1998) 26 \textit{Social Science and Medicine} 1061, 1061.
Acupuncture has a history probably dating back 2000 years. Acupuncture was known in Europe in the 17th century and early 19th century especially in France. Acupuncture was little used in modern times in the West until the early 1970’s when there was a broadening of contact with China. This allowed its reintroduction to the West. Acupuncture involves stimulation manually or by needles at various significant points in the body to treat disease and alleviate pain. Acupuncture has been extensively researched in China using empirical research methods. This does not provide influential evidence in the West. High quality scientific research into acupuncture is available but further evidence is required.

Acupuncture is based on the belief that the body is pervaded by energy channels or meridians through which vital energy or chi circulates. The dysfunction of the flow of chi is thought to contribute to disease. The insertion of acupuncture needles at appropriate points on the body is designed to regularize the circulation of the chi and thereby to restore health. Acupuncture includes treatment called moxibustion that involves the burning of a herb artemisia vulgaris on the head of a needle or near the surface of the skin. Other forms of acupuncture are acupressure, which involves manual stimulation of acupuncture points and Japanese acupuncture.

76 Downey, above n 74, 45.
78 Wei Ru-Shu, above n 75, 76.
79 Downey, above n 74, 43.
OM usually argues that acupuncture should only be provided by a medical doctor. Acupuncture is used extensively by medical doctors and other allied professionals.\(^{80}\) This OM usage may reflect that this modality can be practiced based upon traditional Chinese principles or theory or in accordance with Western style diagnosis and pathology.\(^ {81}\) Victoria has recently enacted protection of title legislation through the *Chinese Medicine Registration Act 2000* (Vic) for acupuncturists; Chinese medicine practitioners and Chinese herbal dispensers. This is the only state in which registered status is afforded to this modality though New South Wales is considering similar legislation.

*Traditional Chinese Medicine (TCM)*

TCM is a diverse set of modalities including acupuncture that is based upon a complex formulation of concepts that places emphasis on empirical observation and pattern identification. It has been described as ‘a holistic system in which health is understood as the cooperative functioning of parts within a context.’\(^ {82}\) TCM views the patient as a whole and illness as representing an imbalance in the fundamental polarities of Yin and Yang.\(^ {83}\) The Yin is said to reflect the contractive downward flowing influence while the Yang reflects the flowing upward or outward influence.\(^ {84}\) On an energy level TCM relies upon a concept of vital energy or chi that is said to flow through the body. Sub-classifications of the chi are the five phases namely wood; fire; earth; metal and water sometimes referred to as the Five elements.\(^ {85}\) The practitioner’s role is to assist in the process of harmonizing these elements in the body to restore balance using a wide variety of treatments. The basic premise of TCM is

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\(^{81}\) Wei Ru-Shu, above n 75, 76.


\(^{83}\) Bensoussan and Myers above n 77, 20.

\(^{84}\) Chow, above n 82, 116.
that when the Yin-Yang balance is disrupted there is illness and where there is harmony
health is restored. TCM practitioners use a complex system of diagnosis involving attention
to bodily functions and conditions in relation to the tongue; color; odor, temperature and
pulses.

The types of techniques used in TCM include:

- Herbal medicine.
- Acupuncture.
- Chinese massage.
- Dietary advice.
- Moxibustion.
- Breathing exercises; movement and meditation.
- Manipulation and surgery.

TCM is practiced as a traditional form of medicine in South East Asia and within the Chinese
community of Australia but is increasingly resorted to by a broader cross section of the
community.

*Homoeopathy*

Homoeopathy was developed by a German physician Dr Samuel Hahnemann 1755-1843.
During its peak at the end of the 1800’s and early 1900’s homoeopathy was a major
competitor to OM in many countries with one in seven physicians in the USA being
homoeopaths. The name homoeopathy is derived from the greek words *homoios pathos*

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85 Ibid 117.
86 Ibid 120.
87 Bensoussan above n 77, 19.
88 Encyclopedia of Bioethics, above n 4, 139.
which means ‘similar sickness.’ The fundamental principle of homeopathy is the principle of similars. This principle postulates that to create a healing response it is necessary to introduce into the body a very weak dilution of a substance that will create symptoms similar to the symptoms complained of. A full discussion of this modality is found in chapter 3.

*Therapeutic Massage*

Therapeutic massage is not a complete system of healing but may be used on its own right or in conjunction with another modality such as chiropractic or naturopathy. Massage takes many forms including Swedish massage; kahuna massage; deep tissue massage; Chinese massage; shiatsu and reflexology. Massage can be used for general improvement in circulation, relaxation, for specific therapeutic purposes such as the treatment of injuries; for psychological release through Rolfing or for broader health reasons. Massage may be used by OM or allied therapies such as physiotherapy. The principles of massage involve attention to techniques such as efflurage ie long manual massage strokes; kneading; cupping; mobilization and manipulation using the hands and elbow. Currently in Australia therapeutic massage does not enjoy registered status.

*Herbal Medicine*

Herbal medicine in some form has been used for thousands of years as it involves using the plants, herbs and substances that are readily available. Hippocrates 460-360 BC established a school of healing which incorporated use of herbal remedies. In 1653 the influential text *English Physician ‘A compleat Method or Practice of Physic’* was published by Nicholas

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Culpepper which contained a description of thousands of herbs and their medicinal uses.\textsuperscript{93} Herbal medicine theory considers disease is caused by a weakness in the body. A herbalist attempts to bring the body into balance to allow it to withstand illness.

Herbal medicine has been prominent in important botanical medicine movements over the centuries including Thomsonism in the early 1800’s and the Eclectics in the mid 1800’s.\textsuperscript{94} Many medicines used by orthodox medicine such as aspirin (from willowbark) and quinine derive from herbal medicine sources.\textsuperscript{95} This means that the effect of many herbal substances is well known and accepted by science for treatment of a number of conditions.\textsuperscript{96} Herbalists are not registered health professionals in Australia other than practitioners who might qualify under the TCM legislation in Victoria.

**Level of Use of CAM in Australia**

The high utilization rate for CAM by members of the public supports the urgency to determine the appropriate model for the regulation for CAM. Consumer demand to access CAM has been instrumental in creating pressure for the enhanced availability of CAM and its integration into OM.\textsuperscript{97} Studies in three countries indicate a rapid growth in demand for CAM.\textsuperscript{98} This trend is promoted by concerns about aspects of OM as well as an attraction to


\textsuperscript{94} Ibid 161-171, 231-239.

\textsuperscript{95} Dimond, above n 25, 315.

\textsuperscript{96} Bushby, above n 92, 93; Edzard Ernst, ‘The Risk-Benefit Profile of Commonly Used Herbal Therapies: Gingko, St John’s Wort, Ginseng, Echinacea; Saw Palmetto, and Kava’ (2002) 136 *Annals of Internal Medicine* 42.

\textsuperscript{97} Weeks, above n 20, 4.

features of CAM. Some see the success of CAM as a case of ‘cultural sedimentation. Like a residue of the past, the remedies of learned traditions filter down to the lower classes, where they remain even after the learned have abandoned them.’ This somewhat elitist view does not explain the substantial use of CAM by OM nor the fact that many consumers of CAM are high income well educated people.

There is clear evidence in Australia and overseas that a high percentage of the public use CAM and that many medical doctors are now incorporating these modalities in their practice. Eisenberg’s 1990 study showed nearly 36% of adult persons in the USA had used an alternative therapy in the previous 12 months while 20% had seen an alternative therapist. When a similar study was done in 1997 these figures had increased to 47.6% and 30.1% respectively. This study has been criticized as including therapies, such as exercise, that may be considered mainstream. Consumer spending on CAM in the USA may have increased by 69% since 1989 with the market currently increasing at a rate of 30% annually. One Canadian study suggested that in 1996 20% of Canadians sought the services of a CAM practitioner. There is evidence of widespread use throughout Europe. Similar levels of usage have been found in Great Britain where one survey suggested that one

100 Starr, above n 6, 47.
in 10 people consult a CAM practitioner each year.\textsuperscript{107} To put this substantial use in perspective the OM segment of the health care system in the USA is worth 1 trillion dollars and the CAM market is 1.5\% of the total market for health care.

In Australia in 1996 it was estimated that one in 5 persons used at least one form of CAM while one half of the South Australian population has used alternative medicine.\textsuperscript{108} A 1992-3 study estimated that Australians spent $621 million dollars on alternative medicines and $309 million on services provided by CAM therapists.\textsuperscript{109} In a recent update of that survey it was found that in the year 2000 over fifty percent of people surveyed used at least one non physician prescribed alternative medicine in that year while over a quarter used two alternative medicines.\textsuperscript{110} This survey indicated that in the year 2000 23.3\% of those surveyed had visited a CAM practitioner.\textsuperscript{111} The survey indicated that total Australian expenditure on CM was $1671 million dollars with $616 million dollars spent on CAM practitioners.\textsuperscript{112} Some measure of the size of the market for CAM services and CM is revealed by the fact that in the year ending 31 December 2001 the Commonwealth Government spent $688 million dollars on patient contributions for pharmaceuticals. This is less than half that spent on CM by Australians in the year 2000.\textsuperscript{113} This indicates the very substantial growth in expenditure on CAM during the past decade. These figures indicate that CAM is a large and increasing proportion of the total amount spent on health care in Australia and other western countries.

\textsuperscript{107} British News Item (1996) 311 \textit{British Medical Journal} 131-133.  
\textsuperscript{109} Ibid, MacLennan 150.  
\textsuperscript{111} Ibid 168.  
\textsuperscript{112} Ibid 169.  
\textsuperscript{113} Ibid 170.
Despite ethical doubts about the use of CAM by medical practitioners it appears that many GP’s either refer to CAM practitioners or use it themselves in their practice.\textsuperscript{114} At least 15% of the 800 Victorian GP’s in one survey indicated that they practice acupuncture.\textsuperscript{115} Nearly 20% of GP’s surveyed in Victoria had used acupuncture; meditation or hypnosis and almost one half had considered practicing these therapies. Five percent of the surveyed GP’S had used therapies such as osteopathy, homeopathy, aromatherapy and spiritual healing. Eighty two percent of the doctors surveyed had referred at least a few patients every year to a CAM practitioner.\textsuperscript{116}

There are some commentators who suggest that the use of CAM is a passing fad that will fade in time.\textsuperscript{117} Recent survey evidence from the USA disputes this view as CAM is seen as having strong support across a number of age groups and especially in the post ‘baby boomer’ cohort.\textsuperscript{118} The debate about the appropriate role for CAM in the health sector is on one view a struggle between supporting consumer choice, patient autonomy and science based medicine.\textsuperscript{119} The increasing use of CAM represents a change in behaviour but probably just as significantly a change in the health needs and values of society. This is significant in terms of appropriate model for the regulation of CAM.\textsuperscript{120}

\textbf{Why the increase in use of CAM may continue.}

\begin{footnotesize}
\begin{enumerate}
\item Paul A Komersaroff, above n 106, 180-181.
\item Pirotta, above n 114, 107.
\item Ernst, above n 103, 235.
\item Kessler, above n 98, 266.
\item Boozang, above n 9, 569.
\end{enumerate}
\end{footnotesize}
It seems likely that the popularity of CAM will continue to be a significant factor in the health sector because of the following factors:

- The higher cost of OM may suggest the need to apply less technological means to the provision of health services.
- Projections for the production of CAM practitioners is for a rapid increase in students and practitioners thus providing a large pool of expertise to service and promote CAM therapies.
- Baby boomers will age and need treatment for a wide variety of chronic illnesses, which is CAM’s forte. This group and post baby boomers are currently high users of CAM. The numbers of Asian/Australians is likely to increase thereby increasing demand for CAM therapies derived from eastern traditions.
- The inability of science to provide a cure for all ills may accelerate if changes such as antibiotic resistant germs become commonplace.
- The increasing availability of health insurance coverage for CAM will reduce the relative cost of these services.

Conclusion

The resort to negative definitions of CAM reflects orthodox medicine’s reluctance to place CAM practice within the broad definition of healing services. This difficulty is reflected in the fact that CAM is generally not regulated. The level of usage of CAM and the significant issue of public interest that this use creates suggests the need for a reconsideration of the appropriate place for CAM in the regulatory structure. The differences in therapeutic approach between OM and CAM are fundamental. These differences provide both an

121 Kessler, above n 98, 266.
attraction to those patients that are aligned to the CAM philosophy and an opportunity for OM to argue for the limited recognition of CAM. This thesis argues the public interest is supported by more protection for consumers who choose CAM for their therapeutic needs.

122 Ibid.