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An Overview of Alternative Medicine: Past, Present, and Future

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ABSTRACT

**AN OVERVIEW OF ALTERNATIVE MEDICINE:
PAST, PRESENT, AND FUTURE**

This thesis will discuss the role of alternative medicine in the United States. It will look at the historical forms of medicine, the evolution of these practices, and their current role in our society. With rising health care costs and the failure of mainstream medicine to cure diseases such as cancer and AIDS, it becomes all the more important to look beyond the traditional system.



Pearl A. Guy, B.S.W.

One of three surveys conducted, reported using at least one form of unconventional medicine is 1989. This is a significant figure. There are very few studies currently available that focus on the use of alternative therapies. In fact, only one study was found to be significant enough to be used in this discussion.

It is obvious that people are experimenting with alternative medicine, yet little is known about some of these therapies, and the extent to which people are using them. More studies are needed, and this has not gone unnoticed by the federal government who recently funded the Office for the Study of Alternative Practices.

This thesis is presented to the Faculty of the Graduate School of Lindenwood College in Partial Fulfillment of the Requirements for the Degree of Master of Health Management.

ABSTRACT

This thesis will discuss the role of alternative medicine in the United States. It will look at the history of various forms of medicine, the evolution of these practices, as well as their current role in our society.

With rising health care costs and the failure of mainstream medicine to cure diseases such as cancer and HIV, it becomes all the more important to look beyond the traditional system.

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This paper will discuss the mainstreaming of alternative medicine in the United States. Will these therapies become mainstream medical practices, remain on the fringe of medicine, or be incorporated into orthodox practices? The obstacles and opportunities will also be

discussed, as well as the shifting paradigm of the overall health care system.

AN OVERVIEW OF ALTERNATIVE MEDICINE:
PAST, PRESENT, AND FUTURE

It would be very difficult to look at all of the alternative therapies currently available so only a handful of them were chosen for this paper. The ones selected are perhaps more accessible and currently popular. They are either close to becoming mainstream medical practices or are growing very quickly and significantly.

Page 8 of 8

A Thesis Presented to the Faculty of the University School of
Lakewood College in Partial Fulfillment of the Requirements
for the Degree of Master of Health Management

1994

**AN OVERVIEW OF ALTERNATIVE MEDICINE:
PAST, PRESENT, AND FUTURE**

COMMITTEE IN CHARGE OF LINDENWOOD

Professor Dr. Betty Lottstein, Chairperson and Advisor

Associate Professor Dr. Mike Kottmeyer

Associate Professor Patrick Hays

Pearl A. Guy, B.S.W.

A Thesis Presented to the Faculty of the Graduate School of
Lindenwood College in Partial Fulfillment of the Requirements
for the Degree of Master of Health Management

1994

TABLE OF CONTENTS

COMMITTEE IN CHARGE OF CANDIDACY:

Professor Dr. Betty Lemasters, Chairperson and Advisor	1
Assistant Professor Dr. Rita Kottmeyer	2
Adjunct Professor Patrick Akers	3
Introduction	4
History	5
Medical	10
Business	15
Management	16
Accounting	20
Engineering	21
Education	27
Humanities	28
Physical Sciences	30
Psychology	31
Sociology	37
Political Science	38
Religious Studies	40
Art and Design	41
Appendix	45
Index	50

TABLE OF CONTENTS

III. Integrative Research and Evaluation of Homeopathy

IV. Conclusions

List of Tables.....	iv
List of Illustrations.....	v
I. Introduction.....	1
Alternative Medicine.....	1
Natural Medicine.....	9
Holistic Medicine.....	10
II. Literature Review.....	15
Homeopathy.....	15
Chiropractic.....	20
Osteopathy.....	27
Acupuncture.....	30
Naturopathy.....	34
Herbal Medicine.....	36
Psychotherapy.....	42
Biofeedback and Hypnotherapy.....	45
Ayurveda.....	48
Yoga.....	52

III. Selective Review and Evaluation of Research.....	57
IV. Results.....	63
V. Discussion.....	77
Summary.....	77
Limitations.....	82
Suggestions for Future Research.....	86
Appendix A.....	88
Works Cited.....	91
Vita Auctoris.....	95

List of Tables

Table 1.	Characteristics of the 1539 Subjects Interviewed.....	64-65
Figure 1.	Use of Unconventional Therapy by Health Status When Saw an M.D. in 1990.....	71
Table 2.	Prevalence and Frequency of Use of Unconventional Therapy among 1539 Adult Respondents in 1990.....	66
Figure 2.	Percentage of Persons Using M.D. or Physician.....	72
Table 3.	Use of Unconventional Therapy for the Most Frequently Reported Principal Medical Conditions.....	68
Table 4.	Payment for Unconventional Therapy in the United States in 1990.....	74
Table 5.	National Projections of Expenditures for Unconventional Therapy in the United States in 1990.....	75

List of Illustrations

Figure 1. Use of Unconventional Therapy by Respondents Who Saw an M.D. in 1990.....71

Alternative Medicine

Figure 2. Percentage of Persons Seeing M.D. or Provider.....72

What is alternative medicine? It may be defined as medical practices that are not in conformity with the beliefs or standards of the dominant group of medical practitioners in our society. It is also referred to as non-traditional, unorthodox or new age. They are not accepted as primary, usual or customary practices of mainstream medical practices.

The New England Journal of Medicine estimates that Americans made 425 million visits to alternative medicine providers in 1993, as compared to 388 million visits to traditional, primary care physicians. Holistic healers collected \$1.7 billion for their services in that same year. It would appear that alternative medicine and therapists are becoming booming industries. Other sources indicate that "New Age" health care is now a \$27 billion a year industry (Frankel 121).

It is also gaining credibility and acceptance in the medical community according to Dean Orson, M.D., and author of Qi, Dean Orson's Program for Reversing Heart Disease. "Western medicine which relies on drugs and surgery, tends to exclude the most essential and spiritual aspects of health care" (old in Frankel 121).

Chapter I

INTRODUCTION

Alternative Medicine

What is alternative medicine? It may be defined as medical practices that are not in conformity with the beliefs or standards, of the dominant group of medical practitioners in our society. It is also referred to as non-traditional, unorthodox or new age. They are not accepted as ordinary, usual or customary practices of mainstream medical practices.

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The alternative therapies, as most of them could hardly be called new, can be divided into three basic categories: manual healing (such as chiropractic and acupuncture); botanical healing (like homeopathy and herbalism); and mind-bending healing (like hypnotherapy and biofeedback). Many of these therapies can be traced back to earlier times and other cultures, such as the Native Americans and Eastern health care practitioners, who have used acupuncture for centuries. Not many of these are new, they have simply evolved from earlier therapies (Frankel 121).

Unconventional medical practices were popular in the United States back in the late 1800's and again during the 1920's. Contrary to what is commonly believed, the current population that is using these healing practices is well educated, well off, and predominantly white (Murray 64). Most are said to be using a combination of traditional and non-traditional methods. Another study indicated that the average age of this group was between 25-49 (Kellerman 1).

Perhaps we are beginning to recognize the importance of treating the "whole" person: body, mind and spirit. We recognize that when a person's emotional well being improves, his/her physical well being tends to improve as well. Actually this concept has also been around a long time, but perhaps has been overlooked due to the specialization of many physicians. The concept of holistic health and medicine will be discussed in greater detail.

The 1980's seemed to be a decade of self-help therapies. There were groups for adult children of alcoholics, co-dependency, eating disorders, sex addicts, emotions, alcohol and drug abusers, and just about every other behavioral/emotional problem imaginable. The acceptance of the self-help groups and psychotherapy may have paved the way for alternative health care. Alcoholics discovered a long time ago that traditional medicine and mental health facilities could not rid them of their disease, mostly because they did not deal with the emotional and spiritual aspects of the disease. The AMA did not even recognize alcoholism as a disease until the 1950's. The common belief was that it was a weakness, that lack of willpower and low moral standards caused the problem.

There are several other factors relating to the increasing interest in alternative medicine. The most prominent factor at this time is cost savings. Alternative therapies also offer preventative measures which make sense both medically and financially. Another factor is the failure of traditional medicine in treating widespread diseases such as cancer and more recently A.I.D.S. The treatments that are available have been a long time coming, and in many cases are too little too late. It may be years before we develop a cure for HIV, or any effective treatments that can help control the acceleration of the virus. A person who is HIV positive does not necessarily have time to wait for a cure.

The HIV virus has touched on our own vulnerability and mortality. The fear of contracting the deadly virus has forced us to look at prevention and beyond traditional medicine for answers and antidotes. This same fear

and frustration has lead cancer patients to experiment with alternative methods. Many have found success and hope in alternative therapies.

According to the literature, physicians now believe that the standard medical protocol is only half right, and that life-style changes such as new ways of eating, increasing exercise, and reducing stress may be just as important in treating certain illnesses. This concept is what "New Age" doctors call holistic medicine (McCarthy 263). The specialty physicians of today focus so intensely on one aspect of the body (heart, bones, lungs, etc.), that they fail to look at the whole body and person, as if each part works as a mutually exclusive organism. The practitioners of alternative medicine look at the body from all perspectives, seeing how one function of the body relates to another. The mind-body connection appears to be very important in its relationship to long term health. (Jones 39)

The 1990's are bringing a return to the basics, to nature and naturalness, family values, spirituality and a sense of community. This is also perking interest in natural medicines, replacing synthetic, chemical cures. Additionally, patients are wanting to take a more active role in their health care. The physician is no longer viewed as such a celestial-like character, although still held in high regard. The consumer has become much more educated and cautious.

The patient may see a traditional doctor initially, who diagnoses a problem and offers a treatment. After the client spends a great deal of money and probably time in a waiting room, he still may not have the results that were expected and thus begins to look elsewhere. They may

have heard that Mr. J. down the street had a really bad back problem, similar to their own, and had great results from chiropractic treatment. This encourages them to try the same treatment. This appears to be happening all over the country and is one of the reasons that chiropractic care is so popular today.

Another driving force behind the discontent of orthodox medicine is women. They are concerned about the medical establishment's treatment of their women's health issues. The rate of heart disease among women is ten times the rate of breast cancer and is grossly underestimated by the AMA, because women are excluded from nearly every major study on coronary research by NIH; this is according to Dr. Marianne Legato, author of The Female Heart. There is an overall lack of funding for women's health issues--less than 18% on a national level (Jones 39).

Our exposure to other cultures through TV, newspapers and motion pictures, no doubt has made an impact on us as well. It is believed that former President Richard Nixon's trip to China in 1972 brought acupuncture to the attention of Western physicians (McCarthy 264). We are being exposed to medical practices around the world and some of our physicians in the United States are interested in, and in fact are seeking out alternative therapies.

In many other countries these "alternative" practices are considered mainstream. In England, 42% of physicians refer to homeopathic practitioners. In the Netherlands, 45% do the same. In France, 32% of doctors use homeopathy and acupuncture, and the Chinese and

Japanese have a long-standing tradition of using both acupuncture and herbs. These "alternative" therapies are very much a part of everyday life in many European countries, Asia and Latin America. Foreign rights specialists are discovering a global marketplace for products such as books and tapes, associated with holistic health (Jones 38). The holistic movement is really a worldwide movement.

The alternative health care movement is a threat to the orthodox physicians of the United States and they have plenty of money and power to offer a great deal of resistance (Shealy 19). As discussed in later chapters, they have done much to thwart attempts of alternative practitioners to gain recognition and acceptance of their work. Many of these physicians demand scientific proof and when that proof is not available in the so-called appropriate form, they immediately dismiss it (Atkins 66).

The government has also taken notice of the rapid growth of alternative medicine and has taken action to study its relevance. The National Institutes of Health (NIH) recently established the Office for the Study of Alternative Medical Practices. The agency was established in 1992 under the direction of physician Joe Jacobs. The agency receives only two million dollars, compared to the overall NIH budget of \$10 billion. This office was created under pressure from Congress, which was alarmed by soaring health care costs (Kaufman 26).

Another measure of the current growth and interest in alternative medicine is through the publishing industry, which now averages an

annual \$3.5 million in sales of titles in the "Wellness" category. Books in these categories average 12% to 30% of all titles sold, according to two major publishing houses (Jones 38). In January 1993, Reader's Digest came out with The Reader's Digest Family Guide to Natural Medicine. This guide was marketed to the regular subscribers of the magazine who are, for the most part, the mainstream of America (Jones 39).

Many people are using unconventional therapies for a variety of health problems, but the extent of the use and the costs are not known. A study was conducted by Beth Israel Hospital and Harvard Medical School in Boston and Chicago College for Osteopathic Medicine in Chicago, in 1991. This study was done to determine the prevalence, costs, and patterns of use of unconventional therapies, such as acupuncture and chiropractic (Eisenberg 246).

One in three people surveyed reported using at least one form of unconventional medicine in 1990. Unconventional medicine was defined as practices not generally taught in medical schools or available in hospitals, and include such therapies as chiropractic, massage and herbal medicine. A telephone survey of 1,539 adults found that overall, 34% used at least one unconventional therapy in 1990, and that non-blacks, aged 25 to 49 years with relatively more education and higher incomes, were the most likely to pursue such treatments (Eisenberg 246).

Most respondents used unconventional therapy to treat chronic conditions such as back pain and headaches. Of those who used these therapies for more serious problems, 83% also went to a medical doctor

for the same condition. However, only 72% told their doctors that they had also tried unconventional therapy. If these findings are extrapolated to the entire U.S. population, more people visit providers of unconventional therapy than visit primary care physicians and about the same amount of money is spent on unconventional therapies as on hospitalizations (Eisenberg 246).

It would be very difficult to explore every alternative therapy currently being practiced. However a handful of therapies are close to becoming mainstream medical practices, and some are growing very quickly. This paper will focus only on those alternative practices which are most likely to fall into one of these categories. This does not mean that they are necessarily any more effective than practices not discussed, but are currently more popular and accessible. The history of some of these therapies is somewhat obscure. Many are very old and written records were not always kept, while others have been handed down by word of mouth and thus their origins are unclear.

This paper will discuss the mainstreaming of alternative medicine in the United States. Will these therapies become mainstream medical practices, remain on the fringe of medicine, or be incorporated into orthodox practices? It will look at the current status of alternative medicine, its past and its future viability. The obstacles and opportunities for growth will also be discussed as well as the shifting paradigm of the overall health care system.

First, it is important to understand the distinctions between alternative medicine, natural medicine and holistic medicine. Although very similar, there are some differences and these terms should not be used interchangeably. Alternative medicine encompasses both natural medicine and holistic medicine. Some of the literature suggests that holistic and alternative medicine are one and the same. For the most part this appears to be true. However there are some alternative practices which would not be considered holistic. In addition, some traditionalists or practitioners of conventional medicine claim to practice holistic medicine. For these reasons, holistic and alternative need to remain two separate terminologies.

Natural Medicine

What is natural medicine? These are medical systems that do not make use of synthetic chemical remedies or surgical techniques. They include such practices as: herbal medicine, homeopathy, osteopathy, chiropractic, faith healing, acupuncture, acupressure, naturopathy, zone therapy and reflexology, hypnotism and massage. This list is certainly not all inclusive. Other treatments such as vitamin regimes, mineral and vapor baths, fasting, purges and hydrotherapy could also be added to the list, as well as yoga and tai chi (Carroll 16).

The principle behind all these therapies, according to Carroll, is that man's natural condition is a state of health. Ill health would be considered

an imbalance or disequilibrium, and real medicine can return a person to this state of balance (Carroll 16). The World Health Organization says that an individual rests in a state of health or illness according to this definition: "Health is a state of full physical, psychological, and social well being, not simply the absence of diseases or incapacity" (Walker xiv).

What does out of balance mean? This can be difficult to describe. It has been defined as the "life force", vital force or the animating energy of all beings (Carroll 18). Natural medicine predicts that when it is improperly channeled, one becomes ill. Homeopathy, massage and other practices simply stimulate the life force back to its natural state. What causes imbalance in the first place? Any number of factors can trigger imbalance such as polluted air and water, contaminated food, smoke, the noise, anxiety, stress, drinking, poor diet, inadequate sleep and exercise (Carroll 18).

Natural medicine would therefore be considered a form of alternative medicine. This does not mean that all types of alternative therapies will be in favor of, or promote natural medicine, although the majority of them do.

Holistic Medicine

Holistic medicine would be considered an alternative practice. The terminology is used a great deal throughout the healthcare literature and appears very popular and widely applied. It refers to the treatment of the

"whole" person, in which both traditional and non-traditional medicine is used. Holistic is not a technique. It is a way of approaching healing through which a person incorporates several different therapies, including traditional medicine.

This approach to healthcare is helping alternative medicine gain acceptance among traditionalists. As health care began viewing the needs of the whole person, the realization that traditional medicine and therapies could not meet all of these needs became apparent. Healers would have to look into other cultures and practices for help and for new methods of treatment. These could then be incorporated into a more traditional focus.

We are now realizing the limitations of technological advances and the unnecessary diagnostic and surgical procedures, over-medication, and impersonal, fragmented care.

The concept of holistic medicine was first popularized by South African statesman Jan Christian Smuts (perhaps better known in his military and political capacity), in his 1926 book, Holism and Evolution (Gordon 20). Holism to Smuts was a way of describing and understanding organisms and systems as entities, that were greater than and different from the sum of their parts. Today holistic is applied to various disciplines including education. It has always been an essential part of health care, at least since Hippocrates, who recognized the importance of emotional and nutritional factors in maintaining wellness (Gordon 21).

During the 1960's and 70's, holistic health was an alternative movement associated with the "counter culture"; during the 1980's it began moving into the mainstream of American life (Bliss xiii). Holistic medicine is now practiced in many healthcare centers, taught in schools and universities, and used in business. Insurance companies also recognize the importance of holistic health; that is, treating the whole person and not just the disease.

Worldwide movements towards individual, social and environmental well-being have also helped perpetuate the holistic approach. People are beginning to see themselves as part of a larger system. In the 1978 edition of the Holistic Health Handbook Edward Bauman observes, "Holistic health is a new name for a very old concept of being. It is a reminder of the unity of all life and the essential oneness of all systems"(Bliss xiii). Bauman maintains that holistic healing, "has been especially effective in the areas of psychosomatic illness, chronic pain and stress, where doctors and drugs have provided only symptomatic relief" (Bliss xiii).

Marilyn Ferguson in her book The Aquarian Conspiracy defines holistic as the following;

Holistic, when that adjective is properly applied to health care, refers to a qualitatively different approach, one that respects the interaction of mind, body and environment. Beyond the allopathic approach of treating the disease and symptoms of disease, it seeks to correct the underlying disharmony causing the problem. (246-248)

A holistic approach, according to Ferguson, may include a variety of diagnostic tools and treatments, some orthodox, some not. She offers a comparison of the two paradigms of health- the old and the new, the new paradigm being a more holistic approach centering on human values (see Appendix A).

Most of the alternative or nonstandard therapies tend to regard individuals in holistic terms. Individuals are seen as singular wholes and as parts of a larger reality. Frohock in his book Healing Powers contends that there is an abundance of evidence and argument to suggest that "individuals are more complex and fragmented than commonly thought" (Frohock 174). He goes on to say that the healthy individual is one who is in a state of harmony achieved by subordinating the self to a larger purpose. Holistic medicine promotes the unity of mental and physical domains. He says that health and the therapy that secures health, is as much a matter of attitude as physical condition. It is the effort to connect the integrated self with reality, however, that most sharply distinguishes nonstandard from more conventional therapy (Frohock 174).

There is yet another term that Dr. Robert Atkins uses in his book Health Revolution to describe a new approach to medical care. He uses the term "complementary," meaning everything together. He proposes that physicians use a combination of orthodox and unorthodox treatments, and prefers to call this approach complementary rather than alternative or holistic (Atkins 8-9).

No matter what you call it, there is a very large movement going on in this country; the movement towards a new model of health care. The changes are occurring sometimes subtly and at other times more overtly. It is not surprising that a patient's own physician may not be aware that their patient has sought out and used an alternative therapy. In a recent survey, only 72% of patients who had tried an unconventional therapy had reported this to their medical doctor (Eisenberg et al. 249).

There will always be skeptics and those who will label the unproven as quackery. There are others however, who believe that Western medicine will evolve from its narrow biochemical model to a biopsychosocial model, that incorporates holistic techniques.

Chapter II

LITERATURE REVIEW

Homeopathy

One of the more popular alternative therapies currently making a comeback is homeopathy. It was said to have originated in the early 1800's, by a German doctor named Samuel Hahnemann. His teachings stated that symptoms should not be repressed, but rather encouraged, as they represent the body's effort to rid itself of illness (Podolsky 77).

At the turn of the century 20-25% of urban physicians in the United States were homeopathic physicians. At this time there were also 22 homeopathic medical schools, over 100 homeopathic hospitals, and more than 1000 pharmacies selling homeopathic medicine. Some of the country's most prominent individuals that were known to use homeopathic remedies, according to Ullman, included: John D. Rockefeller, Harriet Beecher Stowe, Henry Wadsworth Longfellow, Samuel F.B. Morse, Louisa May Alcott, along with many others (Ullman 71).

In 1847 homeopathy had grown to be so popular that "orthodox" medicine, organized in part to stop the growth of homeopathy, formed the American Medical Association, better known as the AMA. Their code of ethics prohibited consultation with homeopaths or other "irregular"

practitioners. This code was rarely enforced except in regards to consultation with homeopaths. Some of the orthodox physicians were expelled because of violation of this code by consulting with a homeopath. This consultation clause was not rescinded until the early 1900's (Ullman 71).

The Carnegie Foundation, which donated large sums of money to medical schools, commissioned Abraham Flexner to do a survey on the quality of medical schools in the United States, both homeopathic and allopathic. At this time, the country was becoming fascinated with technology, modern laboratories, and medical equipment being developed. Most of these were not used in the homeopathic practice. This report recommended that public and private monies be given only to those schools that emphasized the biomedical model; one such school was the John Hopkins School of Medicine. Therefore funding for homeopathic schools disappeared and eventually state licensing boards stopped issuing licenses to homeopathic graduates (Ullman 72).

Another reason, and probably the underlying reason why homeopathy ceased to exist, was because it was no longer profitable for the physician. A busy doctor can see 50-60 patients a day, spending only 6-10 minutes with each one. The rest of the work is done by nursing, para-professionals and support staff. A large variety of medications can be prescribed, to treat a wide variety of illnesses or symptoms. This type of hurried therapy is not possible in homeopathy, where the doctor has to conduct a lengthy examination and then must use all his skill to determine

which of the one thousand-plus, odd remedies, in the homeopathic materia medica, will be precisely the right one (Adams 274).

By 1950 all homeopathic schools were gone and it was not until the 1970's that homeopathy began to revitalize. Today naturopathic colleges are the only schools which teach homeopathy as a part of their curricula. A person who has studied only homeopathy cannot be licensed to practice in the United States, but a variety of health professionals, including medical doctors, naturopathic physicians, osteopaths, physician assistants, nurses, chiropractors and acupuncturists can legally incorporate homeopathy into their practices. The total number of practicing homeopaths in the country is probably fewer than 2,000 (Pizzorno 20).

What is homeopathy? The word itself comes from two Greek words; homoios, which means similar, and pathos which means disease or suffering. Homeopathy is the medical science of using extremely small, non-toxic doses of plant, mineral, animal, or chemical substances, which in overdose, would have a similar effect of causing such a disease in a well person (Ullman 71).

Homeopathy is considered to be a vitalistic healing art whereby the remedies stimulate the body's own healing abilities. Western medicine was founded on a mechanistic viewpoint; that an unhealthy body can be fixed with drugs (Pizzorno 18). According to the homeopathic philosophy an intelligent, dynamic life force within the individual maintains and promotes physical as well as mental health. The force maintains a

balance or homeostasis. For example, this sometimes requires the body to create a defense mechanism such as perspiring to keep the body cool (Pizzorno 19).

Western medicine focuses on the symptoms of an illness and people have a tendency to confuse these symptoms with the illness itself. Traditional medicine gives drugs to rid the body of the symptoms and when these are gone the assumption is made that the person is cured; that the illness which caused the symptoms are gone. For example, when a person has a rash they are given medication to clear the rash, and when the rash disappears, so does the illness. Homeopathy in contrast, believes that the rash is a defense mechanism and that the body is attempting to bring itself back into balance. Therefore the homeopath would treat the imbalance in the body and not the rash. The homeopathic philosophy believes that the extended use of many drugs such as antibiotics, actually suppress rather than cure an illness. They temporarily alleviate a symptom, but do not bring the body back into balance. When a homeopathic remedy is given and succeeds, it is believed that the body has been able to bring about a natural balance and cures the body physically, mentally, and emotionally (Pizzorno 20).

The biggest difference in homeopathy and traditional medicine lies in its methods. Homeopathic treatments are based on the theory that "like cures the like." The substances that cause a disease in a healthy person can also cure the disease in a sick person who has similar symptoms. Hippocrates used this principle, called the law of similars, as did the

sages who developed Ayurvedic medicine in India over 5,000 years ago (Pizzorno 20).

The first chiropractic adjustment was administered in September 1895 in a newspaper store by Daniel David Palmer (1845-1913), a Canadian-born farmer, entrepreneur, optician, and grocery store owner. He had been practicing magnetic healing for a decade. He had learned about the possibility of healing by vertebral manipulation from Dr. J. M. Sargent, who made a living in transportation (Wardwell 197).

The first adjustment was done on a printer who had been deaf for 17 years. He said Palmer told he had lost his hearing while he was working in a newspaper store as a pressman. He had pain screaming in his back and got out and lost his hearing went bad. Upon examination, Palmer found a vertebra out of place and concluded that if he could reposition it to its normal position, the printer's hearing would return. He made the adjustment and the man could hear again (Wardwell 197).

From this experience Palmer believed that perhaps all diseases could result from misalignment of the spinal column, or pressure on the nerves. He stated:

In health there is normal tension, known as tone. The normal activity, strength, and accuracy of the various organs and functions are dependent on a state of health. Diseases and conditions resulting from either an excess or deficiency of toning-up, I created the art of acquiring vertebrae, using the spinal and transverse processes

Chiropractic

The first chiropractic adjustment was administered in September 1895 in Davenport, Iowa by Daniel David Palmer (1845-1913), a Canadian-born former schoolmaster, entrepreneur apiarist, and grocery store owner. He had been practicing magnetic healing for a decade. He had learned about the possibility of healing by vertebral manipulations from Dr. Jim Atkinson, also residing in Davenport (Wardwell 157).

The first adjustment was done on a janitor who had been deaf for 17 years. He told Palmer that he had lost his hearing while he was exerting himself in a cramped, stooped position. He had felt something in his back give out and then his hearing went bad. Upon examination, Palmer found a vertebra out of place and reasoned that if he could replace it to its normal position, the janitors hearing would return. He made the adjustment and the man could hear again (Wardwell 157).

From this experience Palmer believed that perhaps all diseases could result from misalignment of the spinal column, or pressure on the nerves. He stated:

In health there is normal tension, known as tone, the normal activity, strength and excitability of the various organs and functions as observed in a state of health...Diseases are conditions resulting from either an excess or deficiency of functioning... I created the art of adjusting vertebrae, using the spinous and transverse processes

as levers. (Wardwell 158)

The name of this new theory and practice was called "chiropractic", from the greek words cheir (hand) and praxis. In 1896 Palmer, at the insistence of his son, opened the first school to teach magnetic cure and chiropractic. It was first called Palmer's School of Magnetic Cure. It was renamed several times, and in 1902 it became known as the Palmer Infirmary and Chiropractic Institute. In 1907 the school was purchased by Palmer's son B.J., was incorporated and named the Palmer School and Infirmary of Chiropractic (PSC). B.J. became known as the developer of chiropractic, while his father was considered the founder. PSC became one of the largest training institutes for health practitioners in the United States (Altman 65).

By 1920 twenty-four states recognized chiropractic. The dramatic growth of the profession was largely influenced by B.J. Palmer. Many chiropractic colleges started up around the country and two national organizations were formed to represent the profession: the National Chiropractic Association (now the American Chiropractic Association), and the Universal Chiropractors Association (now the International Chiropractors Association). Educational requirements began to increase, bringing the profession closer to serious consideration by established accrediting agencies (Altman 66).

The continuing expansion of the profession into primary health care appeared to be a threat to the American Medical Association. They attempted to isolate chiropractors by discouraging AMA members from

consulting with them or referring patients to them for help. In 1933 they made the following statement: "The physician who maintains professional relations with cult practitioners would seem to exhibit a lack of faith in the correctness and efficacy of scientific medicine and to admit that there is merit to cult practitioners" (Altman 68).

The AMA also used several other tactics including requiring of chiropractic students to take the Basic Science Exam that was required and designed for medical doctors and osteopaths. Between 1927 and 1944, only 28% of chiropractic students were able to pass the exam and many of the schools were forced to close. The chiropractic profession fought back by offering free adjustments to actors, acrobats, singers, and other performers who were helped by the therapy and who then recommended it to others. Palmer also started two radio stations, WHO (With Hands Only) in Des Moines, Iowa and WOC (Wonders of Chiropractic) in Davenport, Iowa. These efforts proved successful in saving the profession and by the 1950's chiropractic was once again enjoying steady growth (Altman 69).

B.J. Palmer died in 1961 and this opened the door to the AMA for another attempt to destroy chiropractic. They wrote a new policy which stated that any doctor who associated with a chiropractor would be branded as unethical. The same was true for radiologists who provided X-ray services to a chiropractor. In 1963 the AMA established a "Committee on Quackery" to eliminate the chiropractic profession. Their goals were: 1) to see to it that Medicare would not cover chiropractors; 2)

to assure that accreditation was not achieved; 3) that the national chiropractic organizations would continue to separate; and 4) to take action in state legislatures where chiropractic was concerned. The goal was obvious; to insure that obtaining a license to practice chiropractic would be so difficult that it would eventually ruin the profession (Altman 70).

The AMA was unsuccessful in their attempts to become a health care monopoly in the United States and in 1974 several events took place that would help insure the existence and acceptance of chiropractic:

- 1) Louisiana became the last of the fifty states to grant a separate board of licensure.
- 2) The Office of Education of the Department of Health, Education, and Welfare authorized the Council of Chiropractic Education to begin accrediting training colleges.
- 3) Congress included chiropractic care in its Medicare program.
- 4) Congress authorized a \$2 million study on the scientific basis of chiropractic, which resulted in the landmark 1975 report titled The Research Status of Spinal Manipulation Therapy. This gave practitioners equal status with other health care professionals (Altman 70).

In 1976 another event took place which impacted the profession to an even greater extent. Dr. Chester Wilk and three other chiropractors initiated an antitrust suit against the AMA and their officials, as well as ten other medical groups. They claimed that these organizations violated the

Sherman Antitrust Act by conspiring to make it difficult for them to practice their profession and provide services to the public. The suit dragged on until 1987 when it was ruled that the AMA and two other groups, had violated U.S. antitrust laws by encouraging a boycott of chiropractic services in an attempt to eliminate the profession. The lawsuit permanently prohibits the AMA from hindering the chiropractic profession in any way (Altman 71).

Today the chiropractic profession enjoys firm growth and nearly every community has access to a practitioner. Chiropractic colleges have steady enrollments and millions of people each year see a doctor of chiropractic. The majority of insurance companies recognize and reimburse for chiropractic services as does Medicare, Medicaid and Workers Compensation. However the status of the profession could still be vulnerable to changes. The medical community has continued its opposition although some physicians, particularly the younger ones, are interested in the benefits of this alternative practice. Chiropractors fear that their profession will be absorbed into the mainstream of traditional medicine and some fear that it will become a limited form of therapy, such as dentistry (Wardwell 158).

The scope of care offered by chiropractors includes; structural adjustment, the correction of subluxated or fixated spinal or pelvic segments which interfere with normal function and health. This refers to the realignment of the spine to alleviate stress on the nerves and muscles. Dietary and nutritional supplements are often recommended by

chiropractors. These help prevent the onset of some types of dysfunctions of the nervous system. Physiotherapy is often used as an adjunctive therapy to enhance the effects of the adjustment. Counseling is often given in regards to diet, mental health, sanitation, safety, posture and other activities that would enhance daily living (Wardwell 157).

The future of chiropractors appears to be bright, with increasing opportunities and continued acceptance. It appears unlikely that it will ever become an ancillary profession, subordinate to physician supervision such as in the case of nursing. However, it is possible that physical therapists will increase their use of manipulative therapy. If they go on to master differential diagnosis and other chiropractic subjects and practice more independently, they may be in direct competition with chiropractors. It is also possible that more physicians will learn and use spinal manipulation techniques. However, most do not have the time or inclination to completely master these techniques, in addition to their current duties.

It also appears unlikely that chiropractors will be folded into the medical mainstream as osteopaths have been. They are too focused on the spine and although most offer nutrition and physiotherapy, they are not comprehensive enough in their treatment and training to become mainstream. The most likely scenario would be that they would stay where they are. They are a little on the fringe to many of the orthodox practitioners, but widely accepted by consumers of their care.

Chiropractors will continue to challenge the status quo in terms of medical care. Their future depends on the chiropractors themselves, their organizations, their leaders and their future goals. They have already won many battles with organized medicine, politics, and the courts, and proven their ability to fight for their future.

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Chiropractic was founded in 1874 by Dr. Andrew Taylor Still (1828-1917) of Missouri. He founded the first school of osteopathy in Kirksville, Mo. which is known today as the Kirksville College of Osteopathic Medicine. One of his students, John Martin Littlejohn, who had earlier studied physiology for three years in Glasgow, Scotland, founded the English School of Osteopathy in 1917 after his return from the United States. (van Straten 83)

Dr. Still believed that the human body was self-healing and that an uninterrupted nerve and blood supply to all the tissues of the body was indispensable to their normal function. Still worked out a system based on this belief, but osteo-chiropractic is designed to realign any structural deviations in

Osteopathy

Osteopathy is a system of healing primarily concerned with the structure and correct alignment of the body and thus the body's function, much like the practice of chiropractic. The bones, joints, ligaments, tendons, muscles and general connective tissue, and most importantly, their interrelationship, comprise the body's musculoskeletal system. The osteopath believes that the body will stay healthy if there are no structural defects, such as a misaligned or displaced vertebrae or bone. These musculoskeletal defects are thought to affect local nerves which are part of the overall nervous system which works as a whole. These defects will then in turn affect the organs of the body (van Straten 82).

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Dr. Still believed that the human body was self-healing and that an uninterrupted nerve and blood supply to all the tissues of the body was indispensable to their normal function. Still worked out a system based on this belief, that used manipulation to realign any structural deviations or

abnormalities. Until this time, spinal manipulations were used only to treat back conditions by the orthodox practitioners (van Straten 82).

The osteopath uses a holistic approach to treatment and may also recommend drug therapies to compliment manipulation. There are some situations in which the osteopath may work closely with an orthopedic surgeon. Before submitting a patient to surgery, these surgeons will many times recommend the use of manipulative therapy. The consideration and use of both approaches would most likely be in the patients best interest (van Straten 83,84).

The osteopath is widely accepted throughout the United States. They are licensed to practice medicine in every state and are registered medical doctors. They have received training at one of many osteopathic medical colleges where they are trained in medicine with an osteopathic emphasis (van Straten 86). They have received much more acceptance and support by the traditional orthodox practitioners than the chiropractic profession, perhaps because the osteopath's schooling is more closely aligned with traditional medicine.

The future of the profession is unclear. Although it is experiencing growth in terms of more osteopathic schools and increasing enrollments, it is facing several other dilemmas. Some of these dilemmas are: the role that osteopathic structural diagnosis and manipulative therapy should play in patient care, the issue of status inconsistency and social invisibility all pose threats to the individuality and separateness of the profession as a

whole. There is also a shortage of qualified instructors due to the lack of planning for the expansion of the profession (Gevitz, *The D.O.'s* 137-138).

The most distinguishing feature between the D.O. (Doctor of Osteopathy) and the M.D. has been osteopathic manipulative therapy (O.M.T.). However a 1974 national ambulatory medical care survey estimated that, of 53.5 million patient visits to D.O. offices during that year, fewer than 9.1 million of those visits included O.M.T.; less than 17%. This is a startling statistic considering that O.M.T. is the main distinction of this profession. One of the current goals of the profession is to raise public awareness of this distinction and to convince them that they are getting everything they would from an M.D., plus a little something extra, which may enhance their health. It is going back to its holistic roots and making sure that students are properly trained in O.M.T. and that they believe in its benefits (Gevitz, *The D.O.'s* 145-147).

The survival of the osteopath therefore depends on the visibility of the profession, its ability to maintain their distinction from M.D.'s, and the public's acceptance of their practice and methods, including O.M.T. The leaders of organized osteopathy believe that the profession is now growing so rapidly and making such significant contributions to health care, that it can no longer be ignored by the media as in the past. If the media coverage is favorable in the near future, these leaders feel that the public will give them proper recognition and growth will continue (Gevitz, *The D.O.'s* 147).

Acupuncture

Acupuncture is a very traditional practice in China, where it has been used for over 2000 years. Its exact history is uncertain as it has been handed down through generations. Its history in the United States can be traced back over 150 years, when many of the Chinese immigrants brought acupuncture needles with them, when they came here in the nineteenth century. The needles were used mostly on family and friends of the immigrants. At the turn of the century Dr. William Osler, of John Hopkins Medical School, recommended it in his textbooks (Wensel 5).

Acupuncture did not receive much attention by the public and was not really brought to widespread attention until the 1970's. It is said that a New York Times journalist, who was on assignment in China in 1971, needed an emergency appendectomy. He reported that acupuncture was used during surgery, in place of anesthesia, to block his pain. In 1972 President Nixon visited China and became fascinated with the procedure, bringing it to the attention of the American public, as well as physicians (Wensel 5).

According to the literature, acupuncture is performed by placing hair-thin needles along chosen "meridian" points in the body, in order to increase, or block the flow of qi (pronounced chee), which is an internal energy. The needles do not cause pain or bleed. The meridian points are said to be connected to various functions of the body. For example, a point near the wrist is associated with respiration (Wallis 70).

There are twenty-one states which license acupuncturists and many insurance companies who will cover the treatments. In twenty-four states only physicians may perform the technique (Wallis 70). There are 6,500 licensed acupuncturists in the United States and 3,000 M.D.'s who only practice the therapy, although not all are licensed to do so (Clark 98). Some acupuncturists will also give various chinese herbal medicines as part of the treatment. T.E.S. (transcutaneous electric stimulation), used at acupuncture points, has been shown to cause the brain and other organs to produce morphine-like biochemicals. Scientists are very interested in these chemicals for relief of depression and mental illness, as well as for pain relief (Wensel 6).

Acupuncture has proven to be very effective in relieving chronic pain, arthritis and headaches. It is also being used in veterinary medicine quite effectively. Since animals are not subject to hypnosis or suggestion, they are very good indicators of the effectiveness of the treatment.

Acupuncture is used in treating alcoholics and cocaine addicts and helping smokers to quit (Wensel 6).

There are some other forms of treatment that utilize this same basic premise. Acupressure, reflexogy, shiatsu and zone therapy all contend that the meridian points correspond to a bodily function. When these points are manipulated in a certain manner, they will react in a healing manner (Wensel 6).

Acupressure uses the gentle but firm pressure of hands, instead of needles. Acupressure is actually older than acupuncture, but was

neglected after the Chinese developed more technological methods for stimulating points with needles and electricity (Gach 3). Acupressure is a very safe and effective method of self-treatment, especially for tension related ailments. There are no side effects from drugs and requires only the use of hands.

Over 5,000 years ago the Chinese discovered that by pressing certain points on the body, they could relieve pain in other areas of the body. It seems natural for us to rub our foreheads if we have a headache; this could be considered a form of acupressure. In early Chinese dynasties, when stones and arrows were used on the battle field, wounds were treated with this method. The soldiers reported that symptoms they had for years would suddenly disappear. The practice really evolved through trial and error (Gach 3).

Reflexology which is another form of acupressure, was used in ancient Egypt, as evidenced by inscriptions found in a physician's tomb in Egypt. The hieroglyphics and painting suggest that the physician practiced reflexology. It shows the practitioner manipulating the feet and hands of others (Byers 3).

Modern reflexology begins with Dr. William H. Fitzgerald, among others. He is labeled the discoverer of zone therapy. Dr. Fitzgerald was a physician at Boston City Hospital as well as a practicing laryngologist at St. Francis Hospital in Hartford, Connecticut. He also had studied in Vienna and other places in Europe. It was in 1902 while on staff at the Central London Ear, Nose and Throat Hospital that he became

acquainted with zone therapy. He worked with the hands by applying pressure to various parts of the fingers in order to relieve pain (Byers 3).

In 1917 Dr. Fitzgerald published a book entitled, Zone Therapy, or Relieving Pain at Home. The beginnings of reflexology were written in this book, in which he describes his success at relieving pain by applying various devices to the hands and fingers. His work was studied by a therapist, Eunice Ingham and a physician, Dr. Joe Shelby Riley with whom Eunice consulted. She believed that if the hands responded to this treatment, than the foot which was even more sensitive, could also respond. Eunice began experimenting with the foot and eventually found success. In 1938 she too wrote a book entitled, Stories the Feet Can Tell. This and other books she wrote, are still being published today (Byers 4).

Acupuncture and the various acupressure therapies continue to grow, as more and more physicians are utilizing them and training becomes more widely available. Acupressure can be done by the individual patient, providing a highly cost-effective method of treatment for common ailments. With soaring health care costs this is attractive to many and interest should continue to grow. In addition there are more natural and holistic forms of healing, which use no synthetic drugs and have no side effects if done properly.

Naturopathy

Naturopathy or naturopathic medicine utilizes a holistic approach consisting of nutritional counseling, oriental and medicinal herbs, homeopathy, physiotherapy and exercise, while stressing prevention. It contains a mixture of folk wisdom, modern science, and its own time-tested therapeutics. Naturopathy bases its belief on the healing power of nature or "vis medicatrix naturae." Nature's elements such as sun, water, air, and earth are preferred techniques of treatment. Many physicians use lab tests and X rays as well (Clark 99, Olsen 208).

As in homeopathy, symptoms are seen as signs that the body is attempting to heal itself. The treatment addresses underlying causes of illness, particularly lifestyle and habits of the patient. There are approximately 700 licensed naturopathic physicians in the United States. The profession is licensed in only seven states and graduates receive four years of post-graduate training at one of only two accredited colleges. In states where naturopathy is legal it is a primary care medicine (Clark 99, Olsen 208).

The term naturopathy was actually derived from the nineteenth-century German homeopath, John J. Scheel, although the practice of using nature-based treatments dates back to the time when people first began using substances in nature to heal, thousands of years ago. The Egyptians and Greeks used herbal remedies, hydrotherapy, exercise and diet to maintain their health. Hippocrates believed in working within the

natural laws that govern homeostasis in the body. The overall philosophy is treatment of the whole person by natural means (Olsen 209).

Naturopathy emerged as a separate profession in 1900 after a group of practitioners, followers of Sebastian Kneipp, met to broaden their practice. It would now include all forms of natural healing methods. Kneipp was a contributor of the nineteenth-century nature cure movement and developed a system of hydrotherapy in Europe. His system included water cures, therapies based on light, fresh air, and herbal teas. These therapies are very popular in Germany today, with about 5,000 practitioners throughout the country (209).

The profession began in the United States when one of Kneipp's practitioners began teaching and practicing naturopathy here. In 1902, he founded The American School of Naturopathy in New York City. The practice quickly spread and numerous schools rapidly emerged and disappeared just as suddenly. Around 1950 the profession peaked and then nearly died out by the 1960's. The powerful arm of the modern medical establishment was creating a poor legal climate for the practice (209).

Naturopathic medicine is the West's version of the many other nature-based and holistic medical systems in the world. Like Ayurveda, Traditional Chinese Medicine, and other natural health systems, naturopathy often relies heavily on diet management and herbal remedies. Each shares similar beliefs in promoting health through the regulation of what we eat and drink and of our lifestyles,

and uses diet and exercise therapeutically. (Olsen 210)

It is likely that naturopathy could be incorporated into other health care practices, since it adheres to no rigid orthodoxy and frequently teams with other healing techniques. Naturopaths study homeopathy, botanical medicine (herbals), Chinese medicine, hydrotherapy, and naturopathic manipulative therapy (Olsen 211). The lack of a strong formal structure and status in the United States does not put it in a current position of promising growth, at least not on its own. However it could gain recognition through the consumers demand for more natural healing methods and remedies.

Herbal Medicine

Herbal Medicine is the use of any plant for the relief of various conditions or illnesses. Any part of a plant may be used including the leaf, seed, stem, flowers, root or bark. Herbs are used for their aromatic qualities in addition to medicinal uses. Fruits and vegetables are included in this group of herbal remedies. Herbal medicine was really the first medicine used in most every culture. It probably began with the cavemen and women who gathered vegetation to use for food and medicine. The curative powers of specific plants have been handed down through the generations (Olsen 153).

Herbs were used in religious ceremonies and healing rituals by shamans, or priest/healers. The ritual of eating horseradish is part of the

Hebrew Passover meal. It was used to symbolized the bitterness of life. Faith healing and magic were sometimes mixed with herbal medicine, in ancient times through the Middle Ages. The burning of midwives as witches has been attributed to their use of herbs for abortion and birth control (Olsen 153).

Modern medicine cites the use of herbs by Hippocrates, the Greek philosopher, and Galen, a second-century Greek physician. A self-taught American doctor Samuel Thomson, patented plant compounds in the early 1800's. He learned of these medicinal compounds through the Indian cultures in America. Thomson recorded most of what we now know about nineteenth-century Native American Indian herbal lore. Many of these drugs were eventually labeled "snake oil" with no curative qualities although some of our modern drugs such as digitalis, curare, cocaine, and quinine are based on native herbal wisdom. In the early 1900's the new synthetic, manufactured drugs began to flourish and the use of herbs and natural substances decreased dramatically (Olsen 153-154).

Herbalism is still very popular in many cultures such as China. The Chinese have very specific methods of preparing and prescribing herbal medicines. Traditional Chinese Medicine is used according to the principles set forth, for the application and ingredients, by this particular philosophy of medicine. Other countries use different methods and applications based on their own beliefs (Foster 11).

Herbal medicines work biochemically, triggering neurochemical responses in the body. If taken in moderate doses over a long enough

period of time, these biochemical responses become automatic, even after discontinuing the herbs. The three basic functions of herbal formulas are:

1. Elimination and detoxification: Herbs are used as diuretics, laxatives, and blood purifiers.
2. Health management and maintenance: Herbs are used to counteract physical symptoms and stimulate the body's own self-healing.
3. Health building: Herbs are used to tone organs and nourish the tissues and blood (Olsen 155).

There are herbs which stimulate the systems in the body such as, circulation, digestion, nervous, and elimination. Healing herbs contain alkaloids which are basic substances from which some modern drugs, such as morphine and quinine, are synthesized. Willow, originally used by Native Americans to cure headaches, is now an active ingredient in aspirin. Digitalis is found in foxglove, an active ingredient in heart medication (Olsen 155).

The alternative health movement is sparking new interest in these herbal remedies and traditional medicines which contain herbs and plants. Homeopathy and naturopathy both utilize herbs and plants in their cures. Aromatherapy incorporates the use of plant essences in their essential oils used for inhaling and in steambaths. There are also a number of other therapies which use plants and herbs for their curative properties (Olsen 156).

Herbalists create herbal formulas for many different types of applications. The form depends on the circumstances, condition treated (internal or external), type or part of the plant, and the person to be treated. While our 'fast-food herbs' (single herbs in capsules available in American stores) are the most convenient, there are many ways to use herbal remedies (Olsen 157).

Ways to use herbal remedies include:

- Ointments, salves, lotions, and oils.
- Tisane, in which parts of plants are brewed into tea.
- Decoctions, in which herbs are boiled into thick concentrates and then strained.
- Infusion, in which delicate herbs are steeped.
- Mastication, in which leaves, bark or roots are chewed.
- Inhalation, in which steamed fluids are inhaled.
- Capsules or Tablets which are taken by mouth.
- Herbal extraction drops, which are held under the tongue and absorbed quickly.
- Douches or enemas, in which herbal extracts wash or are absorbed.
- Rectal or vaginal suppositories, which draw out toxins or treat swelling.
- Herbal baths, in which absorption is through the skin, pores or lungs.
- Tinctures or Liniments, in which herbal essences are infused with alcohol.
- Poultices, in which leaves, juice, and roots are crushed and applied to the skin.

--Syrups, in which the herb's essence is extracted and preserved in glycerides (Olsen 157-158).

Herbs have always been a part of our culture and folk medicine. Using aloe on cuts and burns or eating local honey to inoculate against hayfever are part of our country's traditional folk medicine (Olsen 158). It will most likely remain that way. The growth of interest in natural remedies will keep herbalism alive and well in the future. There has been an increase in herbal remedies available in local pharmacies and drug stores and some very popular books on home remedies have recently been written.

Since most of the remedies have been handed down through the generations, shrouded in secrecy, little is known or recorded about how the remedies actually work or what their active ingredients are. Scientists at Kenya's Medical Research Institute launched a series of clinical studies in 1986, designed to identify the active principal in many herbal concoctions. The program was coordinated by the World Health Organization and could lead to the establishment of an indigenous pharmaceutical industry. This project has enormous potential benefits for Third World countries. Medicinal plants in these countries are abundantly found. If the scientists can distinguish which plants are safe, this would enable poor countries to meet their needs with native resources. The plants could also be exported as a source of income and trade (Land 3).

Herbalism should remain very popular as an alternative to traditional medicine. When traditional medicine fails or the cost is too high, herbal medicines may be a wise alternative.

Psychotherapy

Psychotherapy is a very popular healing technique used today. It is thought of as therapy for the emotional and spiritual wounds. It can also have physical benefits as well, but that is not the reason most people seek out this type of treatment. What happens in a therapy session varies greatly among therapists and the techniques used. A therapy session can be done on an individual basis, with a group or even a family. It involves talking about problems and then actively applying or working out solutions.

Psychotherapy is difficult to describe because of the varying techniques. The therapist generally believes that they can modify their client's feelings and ideas about themselves or others by what takes place in the course of therapy. There are basically three types of psychotherapy listed in ascending order of complexity: supportive psychotherapy, exploratory psychotherapy, and specialized psychotherapy. Most of the therapies that carry a name such as; psychoanalysis and Gestalt therapy, for example, fall into the most complex category (van Straten 93).

Supportive therapy is the kind that most of us participate in on a regular basis, even though we may not be aware of this. It is like the sharing of everyday problems with a friend or neighbor. Hopefully this person is an active listener and can be trusted and refrain from judgement. A professional would only be needed if there was no trusted

friend available. Many people do this with their spouse as well.

Supportive therapy is open-ended and can go on for a lifetime. It should be used as a vital part of all medical consultations to enhance the relationship of the patient and practitioner (van Straten 93).

Exploratory psychotherapy is the next step when relief or resolution does not come from supportive therapy. The client is encouraged by a trained therapist to explore the problem more deeply, rather than just "air out" the problem. The therapist's role is to point out inconsistencies, evasions, and neglected aspects of an issue. Upon doing this, the client may also discover links between his/her emotional health and physical health. This would be especially true for someone who had anxiety attacks which involve physical symptoms (van Straten 94).

Specialist psychotherapies are based on a theory of how the mind and body, emotions and personality, relate to one another. The therapist directly relates this to the client who is expected to accept the theory. The procedures of the therapeutic process are strict and pre-determined. For example, in classic psychoanalysis the client has to lie on a couch five times a week for an hour for at least three years, and is encouraged to discuss their dreams and feelings with the therapist. There is an abundance of this type of therapy available and a great many of them are controversial, expensive, and some are dangerous (van Straten 94).

Here are a few of these therapies and a brief definition:

Psychoanalysis: developed by Sigmund Freud, the Austrian psychiatrist, at the turn of the century. Once very popular-now on the

wane. It is expensive, lengthy and time consuming. It involves the interpretation of dreams and their relationship to one's childhood and parents.

Gestalt Therapy: was introduced by Fritz Perls during the 1950's. It derived its theoretical basis from the Gestalt school of psychology. The basic premise was that the client needed to view their symptoms within the context of the whole person. This is the theoretical basis for the concept of holistic medicine.

Bioenergetics and Rolfing: are adaptations of the ideas of Wilhelm Reich, one of Freud's disciples. He encourages the therapist to become aware of the posture and tone of their patient's bodies as well as the content of their minds. In bioenergetics a person is encouraged to experience their bodies in some type of action, for example slapping or kicking and then relate it to a similar experience of the past. The memory is related to an emotional event, such as anger at another person that has been withheld. The body is thus used to recall and then relive, and finally to neutralize the impact of this event. Rolfing has similar objectives but the treatment takes place in the form of massage.

Behavioral Psychotherapy: developed out of a school of thought popular among academic psychologists prior to World War II. They believed that most neuroses arise because of a conditioned behavior a person learns as a child, and that behavior becomes a hindrance as an adult. The objective then becomes to relearn a new behavior.

This therapy is often used to treat phobias.

Cognitive Therapy: is one of the most recent therapies introduced by American psychologist, Aaron Beck. Cognition is a term used to cover perception, memory, and thinking, and the aim of cognitive therapy is to alter someone's perceptions, memories, and thoughts about themselves (van Straten 94-96).

Biofeedback and Hypnotherapy

Biofeedback training is a technique for learning to monitor and gain control over automatic, reflex-regulated body functions by using information obtained from various types of machines. The visual or auditory response of the machine makes physiological activities perceptible that are otherwise unconscious. (Olsen 110)

Biofeedback was developed in the 1960's by a group of psychologists interested in the ability of some Indian yogis to control their bodies at will. They discovered that accomplished yogis had great control over their bodily functions. They could raise and lower their blood pressure, heartbeat, and temperature, as well as changing the character of their brain waves and increase or decrease blood flow to various areas of the body (Adams 273).

The psychologists discovered that ordinary people could perform the same feats if their inner processes were made outwardly visible to them. This was accomplished by hooking a person up to an electro-

encephalograph. This way the subject was able to identify the inner state that produces the various types of waves, and then is able to switch from one to another at will. The yogis learned this technique through many years of practicing meditation. It can be useful in calming anxiety and assisting epileptics to control their attacks caused by a brain disturbance (273).

Other applications of biofeedback include forestalling migraines and headaches, reducing blood pressure, correcting irregularities in the heartbeat and decreasing the production of stomach acid. Biofeedback is widely available through physician offices, hospitals, medical schools and some psychology departments at universities (273).

Hypnosis is described as the inducement of a hypnotic or trancelike state of heightened suggestibility. It is a state of consciousness somewhere between the waking and sleeping state. The term hypnosis was derived from the Greek word *hypos* meaning sleep, and was coined by a British surgeon in the mid 1800's (Olsen 172).

There are a range of hypnotic states from daydreaming or "spacing out", as when driving a car, to a deep state of relaxation where one is barely aware of physical sensations or surroundings. People who are under a great deal of emotional stress such as extreme anxiety, disorientation, starvation, or illness, may go into a spontaneous, self-protective hypnotic state (Olsen 172).

Psychotherapists are now using hypnosis more frequently in their practices to help clients go deeper into physical and emotional problems.

Hypnotherapy is simply therapy under hypnosis. It allows the client to work on a deeper, more effective level, than without hypnosis and allows them to tap into the subconscious and higher consciousness. Currently in vogue is past life therapy where hypnosis is used to take a person back to former lives. The patient is then able to confront issues from those lives, that may be effecting the current life (Olsen 173).

Hypnotism goes back to the early years of human history where preliterate cultures used drumming, chanting, and dancing to induce altered states. Healing rituals were used to cure sick individuals and the community spirit. The Greeks and Egyptians also made use of hypnotism (Olsen 173).

The American Medical Association's Council on Scientific Affairs has been so impressed with the results obtained by combining hypnosis with traditional therapy, that they are now calling for more research in this area. Estimates say that some 15,000 doctors are using hypnotherapy along with conventional treatment to ease the symptoms of migraines, arthritis, and to heal burns faster. Other reports in mainstream medical journals indicate that hypnotherapy helps patients tap into their bodies' own healing power. For example, ulcer patients can learn to control the influx of stomach acid and sick children can turn on their immune systems (Findlay 71).

Hypnosis does not cure the disease and how it works is really not fully understood. Some researchers believe that hypnotherapy gives patients the ability to release substances in the body at will, that can decrease pain

or reduce inflammation and the like. It may also alter awareness so that the brain does not acknowledge or react to pain. What is known, is that under hypnosis a claustrophobic patient can remain calm and motionless in a coffinlike enclosure for an hour, and that nerve pain that cannot be controlled with medication can disappear for weeks with the aid of hypnosis. Cancer patients can also undergo chemotherapy without the usual nausea if they are first hypnotized (71).

Studies indicate that about 94 percent of patients will get some benefit from hypnosis and it is more likely to succeed on those who are more motivated. In 1956 the A.M.A. labeled hypnosis as legitimate although many doctors still dismiss its benefits (71). Its use and popularity are likely to continue to increase as people are becoming aware of the mind-body connection.

Ayurveda

Ayurveda is a traditional medicine from India which incorporates medicinal, psychological, cultural, religious, and philosophical concepts. Ayur means "knowledge" and veda "of life". Ayurveda is sometimes referred to as the "mother of all healing." It was developed in India over the past 4,000 years and includes eight branches of medicine which are: pediatrics, gynecology, obstetrics, ophthalmology, geriatrics, otorhinolaryngology (ear, nose and throat), surgery and general medicine (Olsen 82).

Ayurveda is based on the wisdom of holy wisemen called rishis, who "divined the principles of this science through religious introspection and meditation" (Olsen 82). Documentation of the uses of ayurvedic medicine is found in the oldest scriptures of India and in the samhitas, which were written over 2,000 years ago. Traditional Chinese Medicine (T.C.M.) and ayurveda share similar concepts such as energy points (used in acupuncture), pulse diagnosis, and herbal remedies. Both cultures developed in close proximity and can trace their origins to a mythological group of seven sages symbolized by the stars of the Big Dipper (Olsen 83).

According to Olsen, "Both Oriental medicines organize food, herbal remedies, and energies into five elements. The Chinese divide the world and its material into yin and yang; the Indians into three bioforces: vata, pitta, and kapha (usually translated as wind, fire, and mucus). Both Ayurveda and T.C.M. use energetic concepts to characterize and explain all life experiences" (Olsen 83).

Ayurveda has continued to grow and flourish in India but was overshadowed by Traditional Chinese Medicine in China. Tibet actually has the best record of Ayurvedic traditions and scholars are turning to this country for the origins and history of the philosophy. Tibetan Medicine divides health into three bioforces, the same ones as in Ayurveda (Olsen 83).

In the 1960's Westerners began to take notice of yoga and meditation which are important adjuncts to Ayurveda. Transcendental meditation

was brought to our attention by The Beatles, who introduced us to Maharishi Mahesh Yogi. The Maharishi is working to bring the full practice of Ayurveda to America and has opened several clinics from Boston to Los Angeles. The clinics or "centers" offer a variety of herbal remedies, massages, and teach stress-reducing and health building techniques based on Ayurvedic principles (Olsen 84).

The Himalayan Institute in Honesdale, Pennsylvania, publishes books and offers health programs and retreats based on Ayurveda. The Institute was established in the 1970's and is codirected by a Harvard trained cardiologist, Dr. John Clark. The books are easy to understand and outline lifestyle, health, and spiritual practices that come from the Ayurvedic practices. A third location for Ayurvedic study in the United States is in Santa Fe, New Mexico, at the Ayurveda Institute and Wellness Center. Run by Dr. Vasant Lad, it offers health management counseling, traditional detoxifying and cleansing treatments, and training for consultants in Ayurvedic medicine (Olsen 84).

According to Dr. Deepak Chopra, M.D. and author, "each of us has a pharmacy inside of us that can make the right drugs--painkillers, tranquilizers, antibiotics, anticancer medicines--at the right time and place. Ayurveda teaches us how to tap into those natural healing mechanisms" (McCarthy 265). In order to practice Ayurveda, a regimen of meditation, dietary restrictions, and herbal remedies must be followed (McCarthy 265).

The future of Ayurveda in the United States is uncertain, although interest in meditation and natural medicine is growing. However, the mystical concepts of the practice are difficult for Westerners and traditional medical practitioners to grasp.

Yoga

Yoga is a meditative discipline which uses relaxation to heal the body and mind (Frankel 124). Yoga tends to be anti-intellectual and anti-religious, although it is frequently studied with comparative religion in the United States. Worthington states:

To be true to itself it must ever stand close to the spontaneous fount of human creativity. It is more intuitive than reasonable, more experimental than formalistic, more other-worldly than of this world, and more akin to art than to science. (Worthington 1)

The goal of yoga is to attain the highest level of physical, mental, and spiritual integration. It involves various moving and static poses as well as stretches, breathing exercises, diet and meditation. These are done in order to tone the body, mind, and soul.

Hindu texts define yoga as a means of deliverance from suffering, pain, and sorrow by mastering that which disturbs one's peace and harmony on the path to perfect union with God or the Universal Spirit.

This union is reached through control of the mind, which must first overcome the distraction of fear, self-centeredness and unhealthy desires of the body and ego. (Olsen 312)

Yoga dates back to about 3000 B.C. In 1922, Sir Mortimer Wheeler found traces of yoga activity during archaeological excavations at Mohenjo Daro in the Indus valley (this area is now known as Pakistan). There was a seal depicting a man in a lotus position. Sitting next to him

were two worshippers with raised and folded hands. Another seal shows a man in the lotus position seated on a pedestal surrounded by various animals (Worthington 9).

The first known text on yoga was compiled by the Indian sage Patanjali around 250 B.C. Yoga is a Sanskrit word from the root yui, meaning to unite or bond. Yogis are people who follow the path or principles of yoga. They develop the ability to master the body, mind and spirit, achieving cosmic union. For example, some yogi's can slow or stop their breathing and heartbeat for long periods of time. Some can also change their body temperature, blood pressure and control pain. This is what intrigued the psychologists who began biofeedback (Olsen 313).

In the early 1900's yoga began to emerge in the West. It was originally practiced as a spiritual discipline, but today it is also used as an exercise as there are aerobic exercises that incorporate yoga moves and poses. Certainly the fitness craze in America has encouraged the growth of yoga. Non-violence and vegetarianism, which are part of the yoga philosophy, have also been widely adopted (Olsen 313).

Yoga focuses on a series of stretching exercises and breathing practices which induce stress reduction. The meditation and moral philosophy allows one to reach a state of peace or union with God. The effects of the yoga discipline help to change poor mental and emotional habits that cause stress in our body. This stress comes from the way we view the world, in other words, our perception and reactions to the world around us. Our inborn fight or flight mechanisms or stress responses,

tend to work overtime in the modern world. In primitive times these mechanisms helped us to get out of danger, to flee from animals or other dangers of primitive life. When we experience negative emotions and physiological reactions when we are angry about a traffic jam or waiting in line, these responses become out of control or over-reactions (Olsen 314).

Our response to stress then creates an adrenaline release, changes respiration, tense muscles, and stimulates us to respond to the so-called threat. Unfortunately this is usually discharged in the fight or flight response. We may yell at other drivers or lay awake all night worrying about financial problems. The hormones are aroused but have nowhere to go. Eventually we can become locked in to a chronically aroused, highly stressful state. This results in shallow breathing, tensed muscles and perhaps deeper emotional and physical problems caused by chronic stress (Olsen 314).

Yoga teaches us how to breath deep breaths from the stomach and how to relieve muscle tension through stretching and movement. Meditation is the component that teaches control over emotional states. We can learn to control the fight and flight response by learning to control the physiological responses (Olsen 314).

Yoga is a well accepted discipline in the United States and has been incorporated into other disciplines and exercise programs such as aerobic exercise. It should continue to grow as Americans continue to be health conscious and include exercise in their daily routines.

All-in-all, these alternative therapies may not be the answer for every medical condition, but they have some real benefits for the intelligent consumer. The revival in interest is understandable when you consider the status of the present health care system in this country. It is not accessible to all, it is not a cure-all system and there are many side effects. In fact in a recent survey of five hundred adult Americans, 62 percent said they would consider visiting an alternative practitioner if conventional medicine failed them, and 84 percent of those who have sought help of this sort said they would do so again (McCarthy 263). Even the NIH is now studying unconventional medical practices to determine the potential viability of such practices.

Dr. Deepak Chopra, author of Perfect Health, says, "Americans are extremely frustrated with the high-cost, high-tech, impersonal medicine that is dished out through either pharmaceutical agents or biotechnical procedures in conventional medical practices" (qtd. in Jones 39). Chopra was a former chief of staff at New England Memorial Hospital. He believes that the conventional model of medicine in this country is "on the verge of collapse." He goes on to say that, "we have to start looking at the human body in more complex ways, ways that other cultures have seen it, the way indigenous cultures of every country in the world have seen it, because it is much more than a mechanical model" (Jones 39).

Dana Ullman, who is considered to be the foremost expert in homeopathy states that:

I see 21st century medicine as a collaborative model. First there

is collaboration between patient and doctor as a kind of health-care team and, second, there is collaboration with other health modalities that complement one another, and with other health practitioners. And only in acute cases do we resort to the high-tech, Western traditions. (Jones 39)

Dr. Atkins states in his book Health Revolution:

The lesson of complimentary medicine was a breakthrough for me. As I found treatments that worked, they took their place alongside the orthodox medical-nutritional combination that was my basic therapy. The more alternative treatments I and my team of doctors had to draw on, the more were the successes of our patients. Not only did the majority of our patients get better, but those with seemingly incurable conditions such as cancer, crippling arthritis, and multiple sclerosis began to get better too. I can never go back to practicing orthodox medicine. I know it is too limited; there are too many areas it cannot enter. There are too many people it cannot help. Orthodox medicine is not to be discarded; it is simply to be added to. Once a physician knows what the additions can do, his ethics will not allow him to withhold them. (Atkins 7)

This seems to be the attitude of many more physicians today who are willing to look beyond the conventional. If this attitude permeates throughout the orthodox medical community many changes will take place. Currently there are no studies available on physician attitudes towards alternative or unconventional medicine. There will undoubtedly

be those doctors who will resist the unconventional. A lot of studies are being conducted on unconventional therapies by the government, and the findings of these studies will no doubt be crucial to the acceptance or rejection of specific alternative therapies. Even if the medical community does not fully endorse or embrace them, the public may continue to seek out and adopt such therapies.

AND EVALUATION OF RESEARCH

Van der Kerkhof's first questionnaire in relation to alternative medicine, in fact, was the survey on alternative therapy practices in the form of this research. This study was carried out in 1980 by a group of medical practitioners including medical doctors from Beth Israel Hospital and Harvard Medical School in Boston, the Institute for Social Research, University of Michigan, New England Deaconess Hospital and Chicago College of Osteopathic Medicine, in Chicago (Ehrenberg 246).

The survey was conducted by telephone for a two month period in 1981. Random digit dialing was used to select physicians. English speaking physicians of all ages of experience, general or family practice or physical medicine, were approached. Only one respondent per household was selected. The research was then followed randomly by a telephone-based interview of nurses and therapists. The first 1000 persons contacted by phone answered and were subsequently offered responses that either said "no" or "yes" to a randomly selected question to verify their response (Ehrenberg 247).

Chapter III

SELECTIVE REVIEW AND EVALUATION OF RESEARCH

Very little research has been done in relation to alternative medicine. In fact, only one study was found that directly pertains to the focus of this research. This study was begun in 1990 by a group of medical practitioners including medical doctors, from Beth Israel Hospital and Harvard Medical School in Boston, the Institute for Social Research, University of Michigan; New England Deaconess Hospital; and Chicago College for Osteopathic Medicine, in Chicago (Eisenberg 246).

The survey was conducted by telephone for a two month period in 1991. Random-digit dialing was used to select participants. English speaking people over the age of eighteen, with no serious cognitive or physical impairments, were eligible to participate. Only one respondent per household was accepted. This person was also selected randomly by a computer, based on the list of household members given by the first person contacted by phone. Persons who gave substantially different responses than other participants, were called back by a supervisor to verify their responses (Eisenberg 247).

The initial sample contained 5158 telephone numbers. Of those, 2295 were eligible respondents. From this number 1539 completed the interview, 653 declined participation and 103 began the interview but stopped before completing all the questions. This corresponds to an overall response rate among eligible participants, of 67%. The questions asked were based primarily on activities occurring in 1990 (Eisenberg 247).

The interview was described to respondents as a survey by Harvard Medical School, designed to assess health care practices of Americans and no mention of unconventional therapies was made while recruiting subjects. The interviews averaged twenty-five minutes in length. Questions were asked about the respondents health, health worries, and days sick in bed at home or in the hospital. They were also asked about indicators of functional impairment caused by health problems. The respondents were asked about their interactions with medical doctors or D.O.'s within the past twelve months (Eisenberg 247).

The next step was to assess the respondents' medical problems. A list of twenty-four medical conditions was read to them by the interviewer, followed by the question, "What other important conditions did you have" (Eisenberg 247)? The problem list included common medical complaints (such as headaches and allergies), as well as specific diagnoses such as high blood pressure and diabetes. These respondents were then asked to identify the three most troublesome or serious problems from their list (Eisenberg 247).

At this time they were asked by the interviewer if they had used some other types of therapies or treatments. A list of sixteen different therapies were read to them and they were asked to identify any they had used in the past twelve months. Since some of the therapies were difficult to classify, the respondent was asked to describe how the therapy was used or provided. For example, massage therapy could mean something different to different people (Eisenberg 247).

When the respondent indicated that they had used an unconventional therapy, they were also asked if a professional was involved. A professional was described to them as "someone who provides care or gives advice and is paid for his or her services." Such persons were then referred to as "providers of unconventional therapy" (Eisenberg 247). Some therapies require a provider (such as a chiropractor) and others do not (such as self-help groups). Additionally, some people may continue to use a therapy but discontinue seeing a provider. The respondents were also asked about their lifetime visits as well as recent visits to unconventional providers, in order to learn more about the variations that occurred. Respondents were asked about the charges for visits to unconventional providers and if insurance paid any of these costs. They were then questioned as to whether or not they discussed their use of unconventional therapies with their own medical doctors. Demographic information was also collected at this time (Eisenberg 247).

Data was weighted to adjust for variations among households in the number of telephones, and number of household members eligible to

participate in the survey. The data was also weighted to match the sample to the distribution of the U.S. population. Tests of significance appropriate for weighted data were carried out by using the SUDAAN software system. Taylor series approximation method for calculating standard errors was also utilized. The 1990 census reports the total U.S. population as 242 million, with 74 percent (approximately 180 million) made up of adults 18 or older living in U.S. households. The extrapolations were based on these figures (Eisenberg 247).

The survey was limited to households with telephones and that would exclude those persons in shelters, homeless or in institutions. Children under eighteen years of age and persons who did not speak english, were not included. Since it may be burdensome to those with physical or mental impairments, they were also not included (Eisenberg 247).

In regards to generalizability, the results were compared with two other pre-existing national surveys. The National Health Interview Survey corresponded with this survey with respect to sociodemographic variables. This suggests that it was representative of the U.S. household population. Results were also compared to the National Health and Nutrition Examination Survey. A comparison to this survey found that fewer people who reported poor health, participated in the survey. This reflects the underrepresentation of persons with physical or mental disabilities. It was found that persons who reported poor health had a greater usage of unconventional therapy, than those who perceived themselves to be in better health (52 percent vs. 33 percent). Therefore,

the study may show an underestimate of the overall use of unconventional therapy (Eisenberg 251).

The sample size was sufficiently large enough to reduce the level of error. Sampling errors were noted at less than five percent which is an acceptable level (Eisenberg 251).

The interviews were done over the phone which is generally preferred over other methods of sampling. This would reduce the effect of the interviewer on the subject and perhaps would elicit more honest answers, than in a face-to-face interview. Random digit dialing was used to ensure that everyone with a telephone would have an opportunity to be selected. Within households, adults were selected randomly by a computer.

A complete list of questions asked in the interview was not available. A few of the questions that were asked were included, and they were well stated. Definitions were given for medical doctor, provider of unconventional therapy, and professional. The respondents were also given clarification on some of the therapies mentioned, such as massage therapy and relaxation therapy. Many of the questions were closed-ended but respondents were given an opportunity to add to the listings if they chose to. A list of medical conditions and a list of therapies was provided to them. Only eight percent of the respondents mentioned other medical conditions and one percent reported having used other unconventional therapies.

The researchers concluded that unconventional therapies are generally used as adjuncts to conventional therapy, rather than as

replacements for it. This is supported by the fact that most people had seen a medical doctor for treatment of a condition, in addition to any other treatment they may have sought. They also concluded that, it is likely that virtually all medical doctors see patients who routinely use unconventional therapies. This is supported by the number of people who saw medical doctors for common conditions listed in the survey; one out of three of these same people are simultaneously using unconventional therapy without telling their doctors (Eisenberg 251).

The researchers also concluded that the use of unconventional therapy is not limited to a person's principle medical conditions. A third of the respondents did not use unconventional therapy for any of their principle medical conditions. From this they inferred that a substantial amount of unconventional therapy is used for nonserious medical conditions, health promotion, or disease prevention, although these were not a focus of the survey (251).

Fewer than three in ten users of unconventional therapy mention this use to their doctor, and half of these people use the therapies without any supervision. The researchers conclude that there is definitely something lacking in the patient-doctor relationship (251).

Chapter IV

RESULTS

The results of the study described in chapter three discuss characteristics of the respondents, generalizability of the sample, patterns of use, and payment for unconventional therapy. The first table shows the sociodemographic characteristics of the survey population. Table 2 summarizes the use of unconventional therapy by the respondents for the twelve month period before the survey. One in three respondents (34 percent) used at least one unconventional therapy in 1990. Almost two-thirds (64 percent) of those who used unconventional therapy did not actually see the provider of that therapy. One third of those respondents who did see a provider, made an average of nineteen visits (Eisenberg 247-248).

The greatest use of unconventional therapy was among persons 25 to 49 years old (38 percent). Use among those who were younger was 33 percent and those older 28 percent. The use was not confined to any narrow segment of the population. Unconventional therapy was used less among blacks (23 percent) than among members of other racial groups (35%; $P < 0.005$). Use among persons with some college education was significantly more common (44 percent) than among those with no college education (27%; $P < 0.005$). Use was also significantly greater among people with incomes above \$35,000 (39 percent) than among those with

lower incomes (31%; $P < 0.005$). Those living in the West used unconventional therapy (44 percent) more than those living in the rest of the country (31%; $P < 0.005$) (Eisenberg 248).

Table 1. Characteristics of the 1539 Subjects Interviewed.

Characteristic	No. (%)
Sex	
Female	732 (48)
Male	807 (52)
Age (yr)	
18-24	247 (16)
25-34	354 (23)
35-49	409 (27)
>50	529 (34)
Race or ethnic group	
White	1264 (82)
Black	140 (9)
Hispanic	95 (6)
Asian	16 (1)
Other	24 (2)
Education	
<High school	370 (24)
High school	543 (35)
College or trade school	345 (22)
Graduate school	281 (18)
Annual Income	
<\$20,000	462 (30)
\$20,000-34,999	517 (34)
\$35,000-49,999	289 (19)
>\$50,000	271 (18)

Size of Community*	
Big city	170 (11)
Small city	433 (28)
Big suburb	124 (8)
Small suburb	186 (12)
Town	274 (18)
Rural area	352 (23)
Region	
East	340 (22)
South	498 (32)
Midwest	401 (26)
West	300 (19)
No. of principal medical conditions reported	
None	261 (17)
1	290 (19)
2	242 (16)
>3	746 (48)
At least 1	1279 (83)

Percentages rounded off.

*Defined in terms of population: big city, >1 million; small city, <1 million; big suburb, suburb of a city with population >1 million; and small suburb, suburb of a city with population <1 million.

SOURCE: Eisenberg et al. "Unconventional Medicine in the U.S.: Prevalence, Costs, and Patterns of Use." The New England Journal of Medicine, 28 Jan. 1993: 246-252.

Table 2. Prevalence and Frequency of Use of Unconventional Therapy among 1539 Adult Respondents in 1990.

Type of Therapy	Used in past 12 Mo. (%)*	Saw a Provider (%) *	Mean No. of Visits per user Past 12 Mo.
Relaxation	13	9	19
Chiropractic	10	70	13
Massage	7	41	15
Imagery	4	15	14
Spiritual healing	4	9	14
Commercial weight loss	4	24	23
Lifestyle diets (e.g., macrobiotics)	4	13	8
Herbal medicine	3	10	8
Megavitamin therapy	2	12	13
Self-Help groups	2	38	21
Energy healing	1	32	8
Biofeedback	1	21	6
Hypnosis	1	52	3
Homeopathy	1	32	6
Acupuncture	<1	91	38
Folk remedies	<1	0	0
>1 Unconventional therapy	34	36	19
95% Confidence interval	31-37	31-41	14-24

*Percentages are of those who used that type of unconventional therapy.

SOURCE: Eisenberg et al. "Unconventional Medicine in the U.S.: Prevalence, Costs, and Patterns of Use." The New England Journal of Medicine, 28 Jan. 1993: 246-252.

The majority of respondents (83 percent) reported one or more principal medical conditions in 1990. Over half (58 percent) of the respondents with at least one principal medical condition saw a medical doctor but not a provider of unconventional therapy in 1990. Three percent of respondents saw only a provider of unconventional therapy and seven percent saw both a medical doctor and a provider of unconventional therapy, while thirty-three percent saw neither.

Table 3 is a summary of the rates of use of unconventional therapy for the 10 most common principal medical conditions. An average of twenty-five percent of respondents (1 out of 4) used unconventional therapy and ten percent (1 out of 10) went to a provider of unconventional therapy for a principal medical condition in 1990. The most frequent use of unconventional therapy was for back problems (36 percent). Following this chief complaint were these medical conditions; anxiety (28 percent), headaches (27 percent), chronic pain (26 percent), and cancer or tumors (24 percent). Relaxation techniques, chiropractic, and massage were the unconventional therapies that were used most frequently during this twelve month period (Eisenberg 249).

None of the respondents saw a provider of unconventional therapy but not a medical doctor, for the treatment of cancer, diabetes, lung problems, skin problems, high blood pressure, urinary tract problems, or dental problems. Only four percent of respondents saw a provider of unconventional therapy without also seeing a medical doctor, for a principal medical condition, excluding those listed above.

Table 3. Use of Unconventional Therapy for the 10 Most Frequently Reported Principal Medical Conditions.

Condition	Percent Reporting Condition	Used Unconventional Therapy in Past 12 Mo.*	Saw Provider in past 12 Mo.*	Therapy Used
Back	20	36	19	Chiropractic, massage
Allergies	16	9	3	Spiritual, lifestyle, diet
Arthritis	16	18	7	Chiropractic, relaxation
Insomnia	14	20	4	Relaxation, imagery
Sprains/strains	13	22	10	Massage, relaxation
Headache	13	27	6	Relaxation, chiropractic
High Blood Pres.	11	11	3	Relaxation, homeopathy
Digestive prblm.	10	13	4	Relaxation, megavitamins
Anxiety	10	28	6	Relaxation, imagery
Depression	8	20	7	Relaxation, self-help grp.
10 most common	73	25	10	Relaxation, chiropractic, massage

*Percentages are of those who reported the condition. "Provider denotes a provider of unconventional therapy.

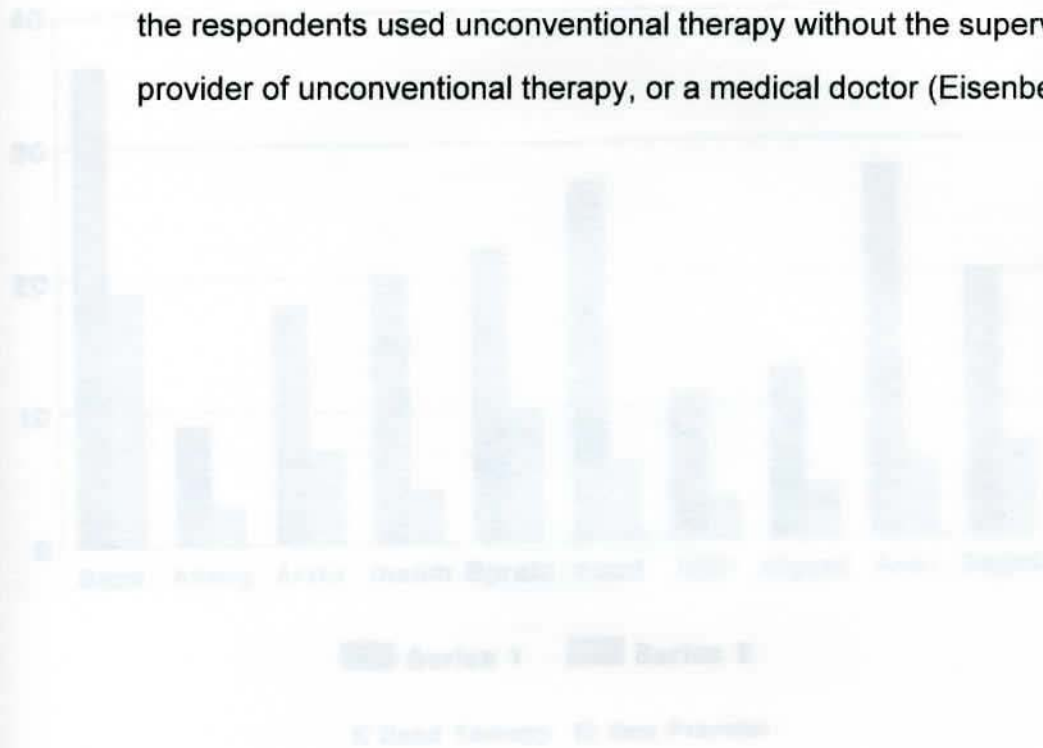
SOURCE: Eisenberg et al. "Unconventional Medicine in the U.S.: Prevalence, Costs, and Patterns of Use." *The New England Journal of Medicine*, 28 Jan. 1993: 246-252.

Two predominant patterns of care for each principal medical condition were further examined. The conventional pattern, where the respondent saw a medical doctor but did not use unconventional therapy, and the unconventional pattern, where the respondent used unconventional therapy with or without seeing a medical doctor. The unconventional pattern was determined to be the most common for these medical conditions: back problems, insomnia, headache, anxiety, and depression (Eisenberg 249).

Figure 1 shows the use of unconventional therapy among respondents who visited a medical doctor. More than one in four or 28 percent, used unconventional therapy in addition to their doctor visit. One in nine actually saw a provider of unconventional therapy during the same twelve months. "The probability that an individual patient who saw a medical doctor also used unconventional therapy in 1990 was higher than one in three for patients with anxiety (45 percent), obesity (41 percent), back problems (36 percent), depression (35 percent), or chronic pain (34 percent)" (Eisenberg 249).

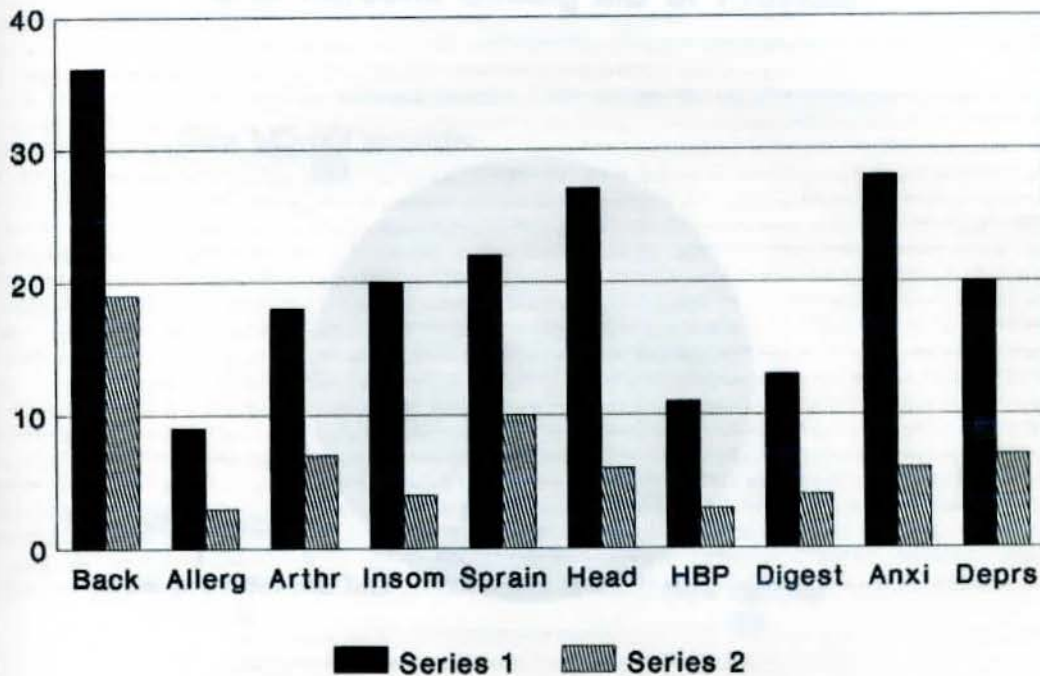
Almost nine out of ten respondents (89 percent) who saw an unconventional provider were not referred by their medical doctor. In over seven out of ten instances (72 percent), those who used unconventional therapy did not inform their medical doctor of their use of the therapy. Medical doctors were most likely to be informed about the use of homeopathy, megavitamin therapy and self-help groups (Eisenberg 250).

According to figure 2, respondents favored seeing a medical doctor for treatment of principal medical conditions. They were also found to favor conventional therapies for these conditions. Nearly half (47 percent) of the respondents used unconventional therapy without the supervision of a provider of unconventional therapy, or a medical doctor (Eisenberg 250).



SOURCE: Eisenberg et al. "Unconventional Medicine in the 1990s: Prevalence, Costs, and Patterns of Use." *Journal of the American Medical Association*, 271 (1994): 1204-10.

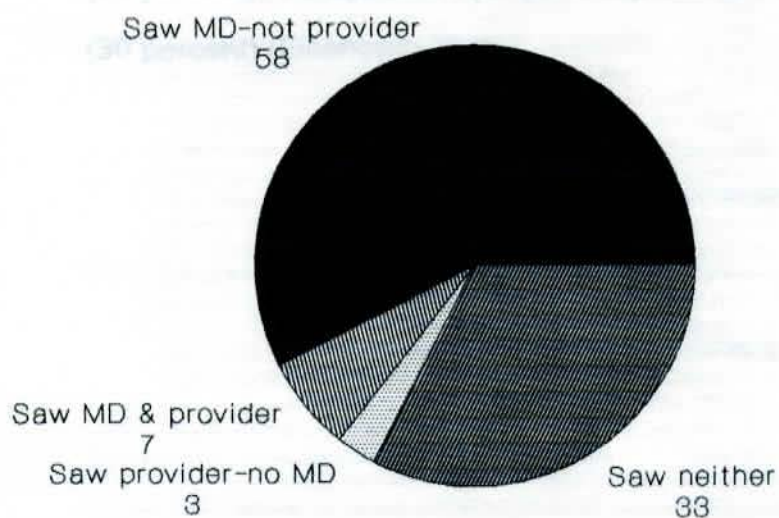
Figure 1. Use of Unconventional Therapy
By Respondents Who Saw M.D. in 1990 (%).



1) Used Therapy 2) Saw Provider

SOURCE: Eisenberg et al. "Unconventional Medicine in the U.S.: Prevalence, Costs, and Patterns of Use." The New England Journal of Medicine, 28 Jan. 1993: 246-252.

Figure 2
% of Persons Seeing MD or Provider



Figures for 1990

SOURCE: Eisenberg et al. "Unconventional Medicine in the U.S.: Prevalence, Costs, and Patterns of Use." The New England Journal of Medicine, 28 Jan. 1993: 246-252.

Table 4 shows the reimbursement for unconventional medical therapy. The majority of respondents (55 percent) had to pay the entire cost out-of-pocket. Third-party reimbursement was most common for services rendered by an herbal therapist, (83 percent), providers of biofeedback (40 percent), chiropractors (39 percent), and providers of megavitamins (30 percent) (Eisenberg 250).

	Percent of Charges *
Pay for out of pocket	55
Reimbursed by third party payer	45
Mean charges per visit (dollars)	25.00
Mean out-of-pocket payment (dollars)	13.75

*Includes only charges for the services of providers of unconventional therapy.

*Charges ranged from \$25 per visit to charges up to \$100. Out-of-pocket charges were \$13.75 per visit, and out-of-pocket charges were \$13.75 per visit.

SOURCE: Eisenberg et al. "Unconventional Medicine in the U.S.: Prevalence, Costs, and Patterns of Use." *The New England Journal of Medicine*, 26 Jan. 1993: 246-252.

Table 4. Payment for Unconventional Therapy in the United States in 1990.

Category	Percent of Services
Unreimbursed by third-party payer	55
Partially reimbursed by third-party payer	31
Totally reimbursed by third-party payer	14
	Percent of Charges *
Paid for out of pocket	70
	Dollars
Mean charge per visit to provider	27.60 **
Mean out-of-pocket payment per visit to provider	19.39

*Includes only charges for the services of providers of unconventional therapy.

**Charges ranged from <\$20 per visit for imagery, self-help, commercial weight-loss programs, spiritual healing, and acupuncture to >\$106 per visit for energy healing.

SOURCE: Eisenberg et al. "Unconventional Medicine in the U.S.: Prevalence, Costs, and Patterns of Use." The New England Journal of Medicine, 28 Jan. 1993: 246-252.

When this information is extrapolated to the total U.S. household population, it suggests that in 1991 approximately 61 million people used at least one of the sixteen unconventional therapies studied. An estimated 22 million people saw providers of unconventional therapy for a principal medical condition. The number of ambulatory visits to providers of unconventional therapy was 425 million (95 percent confidence interval, 302 million to 548 million). This exceeds the number of visits to all primary care physicians, estimated at 388 million. This number includes general and family practitioners, pediatricians, and specialists in internal medicine (Eisenberg 250).

Table 5 summarizes the national projections of expenditures for unconventional therapy in the United States. Assuming that all charges were fully paid, this would mean that Americans spent approximately \$11.7 billion for these services in 1990. This does not include any money spent on medicines, herbs, books, medical equipment and the like (Eisenberg 251).

Respondents were also asked about their use of commercial diet supplements (instant diet formulas, pills and prepackaged meals for example) and over-the-counter megavitamins. The reported usage of these products averaged \$228 per person per year for diet supplements and \$203 per person per year for megavitamins. These figures project to a national average of \$1.2 billion and \$0.8 billion, respectively. When these figures are added to the previous figures for visits to unconventional

providers, it is estimated that total expenditures were \$13.7 billion in 1990 (Eisenberg 250).

Table 5. National Projections of Expenditures for Unconventional Therapy in the United States in 1990.

=====

Category of Expenditure	Billions of Dollars*
Services of providers of unconventional therapy	11.7
Megavitamin supplements	0.8
Commercial diet supplements	1.2
Estimated total	13.7
Out-of-pocket expenditures	
Unconventional therapy	10.3
All hospitalizations	12.8
All physicians' services	23.5

*All amounts are estimates.

SOURCE: Eisenberg et al. "Unconventional Medicine in the U.S.: Prevalance, Costs, and Patterns of Use." The New England Journal of Medicine, 28 Jan. 1993: 246-252.

Chapter V

DISCUSSION

Summary

Based on the study by Eisenberg et. al., several inferences might be suggested. First, there is a serious lack of communication between the physician and the patient. Seventy-two percent of the people who use alternative medicine do not report this to their primary physicians (Eisenberg 249). It is unclear as to why this is occurring, although two conclusions are likely; either the physician is failing to ask the appropriate questions, or the patient is reluctant to tell their physician. It would be easy to understand either of these explanations. Conventional medicine does not always allow for the acceptance of other healing methods, as evidenced by the AMA's effort to rid the country of unorthodox methods. Therefore, medical schools do not ordinarily train their students to seek out this information from their patients, or provide them with adequate knowledge on alternative medicine.

On the other hand, it may be risky for a patient to tell their physician that they were using one of these "quack" treatments. It could be embarrassing to admit to such a thing. If the treatment seems to be working or the patient enjoys it, there may be the fear that the doctor will

insist that they stop using it. If they do not stop, they may feel guilty or fearful about the treatment. So how do you bridge the gap?

Both the physician and the patient need to know enough about alternative medicine to be able to discuss the possible risks and the benefits with each other. Medical schools need to provide courses on this topic, and consumers need to educate themselves as much as possible. It is ultimately the patients responsibility to inform their physician when alternative therapies are being utilized. However the physician should be asking for this information as part of the routine medical history.

Consumers need to push for more studies on alternative medicine, as there is a growing acceptance. The National Institutes of Health Office for the Study of Unconventional Medical Practices should also help promote research and education.

There is a gaining acceptance among many prominent physicians to recognize alternative therapies and to use them in conjunction with conventional medicine. Dr. Deepak Chopra and Dr. Robert Atkins are two of these physicians. Dr. Atkins goes to great lengths in his book Dr. Atkins Health Revolution, to explain the "war" going on between orthodox and alternative medicine. He states that only a handful of those who know about the struggle, fully comprehend just how far reaching it has become (Atkins 9).

Dr. Atkins goes on to say that one of the techniques in this "war" is control of the medical and public awareness. It may only appear as a headline such as "Medical Society Polices Incompetents--War Against

Quackery Deemed Success." "What this signifies is that more often than not, some outstanding physician who was so far ahead of the rest of the profession that they could not understand his accomplishments, has had his license revoked or suspended by the local medical society" (Atkins 9).

Atkins goes on to say that the purpose of this campaign is to destroy alternative medicine, plain and simple. Its intent was never to root out incompetent doctors. Alternative, especially drugless medicine, is a threat to the economic power of the medical establishment which has a history of removing isolated "incompetents" (Atkins 11). This is certainly an interesting and highly controversial point of view and one that should be kept in perspective. The health care system must be looked at from all angles.

Alternative practitioners and many medical doctors believe that their therapies can co-exist, to supplement one another. For this reason, many are referring to this as complimentary medicine, instead of alternative medicine. This approach seems to make the most sense. Little is still known about the effectiveness of alternative medicine, but it can no longer be totally dismissed due to the limitations of conventional medicine and its cost. The most convincing evidence that alternative methods work comes from the users. Scientific proof is hard to establish for several reasons discussed under "Limitations."

Certainly one conclusion that can be made from this study is that Americans are spending a great deal of money on alternative medicine.

The amount spent out of pocket on these therapies was comparable to the amount spent out of pocket by Americans for all hospitalizations. This is over ten billion dollars, which is an astounding figure. The number of visits made to providers of unconventional therapy was greater than the number of visits to all primary care medical doctors nationwide (Eisenberg 251). This is strong evidence that consumers are interested in, and are willing to pay for, alternative therapies. However it appears that little is being done to help consumers make educated decisions regarding these therapies. Perhaps new standards need to be established that include both types of medicine. Proponents of each should be involved in setting the standards. This would allow patients to make better, informed decisions regarding their health care.

Another interesting finding of the study was that a third of the respondents did not seek alternative treatment for their primary medical condition (Eisenberg 248). This suggests that many are using these therapies for nonserious conditions, health promotion or disease prevention. Further study is needed to determine the specific reasons for this.

Most respondents sought alternative treatment for back problems, anxiety, headaches, chronic pain, and cancer or tumors. These are problems which conventional medicine typically treats with drugs. This could imply that patients are unhappy with the current therapy being offered by their physicians, which in many instances is drug therapy. These are also conditions which tend to be chronic and difficult to treat

effectively. Chiropractic treatment and relaxation were the therapies most often used for back problems, anxiety and headaches (Eisenberg 249). This could help explain the growth of the chiropractic profession. Relaxation therapy could be taught by many practitioners so its influence is not quite as clear.

The use of unconventional therapy was not confined to any narrow segment of the population, although a few variations were noted. Use was more common among people between 25 to 49 years of age, those who had some college education and among people with incomes over \$35,000. It was less common among blacks. These appear to be the only significant differences that could be inferred from the study. Overall it suggests that people from every segment of society are trying unconventional therapies.

Finally, very few people who had a serious medical condition reported seeing a provider of unconventional therapy without also seeing a medical doctor. This suggests that people are turning to their primary care physicians first and then seeking out alternatives. These therapies are viewed as adjuncts to conventional therapy rather than replacements for it.

The overall research does support the theory that the use of alternative medicine is growing and that some of the therapies are becoming almost mainstream. The emerging approach to healthcare appears to be one of "complimentary" medicine as more and more physicians use alternative

therapies in conjunction with traditional medicine. This type of approach is already being practiced in several other countries.

One of the major flaws of conventional medicine is that physicians are not taking the time to communicate with their patients. Complimentary medicine advocates a holistic approach to treatment. This would offer the physician an opportunity to spend more time with patients and find out more about their mental and emotional health.

Americans are increasingly concerned about how to stay healthy, prevent disease and gain relief from chronic ailments. Drugs and surgery tend to be "quick fix" treatments, which are expensive and can lead to other health problems. One thing appears certain. There is a very large movement in this country; a movement towards a new model of healthcare.

Limitations

One of the major problems with this study was that the definition of "unconventional" therapies was too broad. It included relatively mainstream approaches such as relaxation techniques, commercial weight loss programs, and self-help groups. Relaxation techniques were the most commonly used unconventional therapy. Commercial weight loss programs were also used quite frequently, and many users saw a provider for this treatment. The researchers also asked about prayer and

exercise but did not include this data in their results. This information would have been too vague and perhaps inappropriate for the study, but interesting information nonetheless.

Another area that was difficult to define was that of lifestyle diets. This category could include anything from limiting meat in the diet to highly specialized diet fads that claim to cure cancer. At one extreme this could simply be a lifestyle choice or common sense approach to eating, while at the other extreme it could be used as a diet which is thought to have specific curative powers.

There were limits to the representativeness of the sample. It was confined to households with telephones, and english speaking persons over the age of eighteen. The data was weighted to adjust for variations among households in the number of telephones and number of household members eligible to participate in the survey. People living on the streets or in shelters would therefore not be included, nor would children and persons speaking a foreign language. The census bureau does not keep statistics on the number of homeless persons or those living in shelters. The frequency and usage of these subgroups is therefore unknown.

There are going to be limitations to any studies done on alternative therapies, as there are limitations on studies done in conventional medicine. Many treatments cannot readily be tested through double-blind placebo-controlled clinical trials, which is typically used in conventional medicine. Another acceptable means of testing may be outcome studies.

In this type of a study the results of a treatment would be studied in a systematic, thorough manner, although not completely controlled.

Additional studies should be done to include other areas of treatment, specifically the thoughts and emotions of patients. Since most alternative therapies advocate treating the "whole person" this will be necessary. These same studies should also be applied to conventional or traditional therapies, to determine their effects on the whole person. This may allow for a more realistic comparison of the two approaches. Hopefully this would lead to a greater awareness, and an effort to insure that patient needs are really being met in all areas affected by health problems.

Another of the reasons that there is not more research available on alternative medicine may be that the practitioners of these therapies lack training in applicable research methods, or they do not have access to funding sources. Again, it is difficult to design studies to measure the effectiveness of many of these treatments. For example, in acupuncture each individual is treated based on all facets of their lives, not their symptoms. Therefore, ten people who complain of migraine headaches may be treated in ten different ways. Their treatment may also change everyday as the individual's condition evolves. Medical research is many times set up to test one treatment at a time and acupuncture is frequently used in conjunction with other therapies.

Undoubtedly, there are many such treatments that will be difficult to research. Although Western medicine has historically been quick to dismiss all such treatments, there are certainly treatments out there which

will be dismissed, and probably should be. However, what about those treatments that appear to be working but about which researchers cannot obtain conclusive evidence? Are these to be dismissed as well? Who will decide whether or not these therapies are valuable and worth pursuing?

Suggestions for Future Research

In future studies of prevalence, costs, and patterns of use, the list of therapies should break down the therapies into categories of therapies that are already quite popular and widely used and those that are less known. Relaxation, massage, chiropractic, commercial weight-loss, and self-help groups are almost mainstream. These could be included but the results shown separately. Lifestyle diets should be broken down into specific diets to determine if these are indeed being used for therapeutic purposes or are simply lifestyle choices.

Physicians attitudes towards alternative therapies need to be determined. This could be done in a separate study. What might be included in this study is the patients perception of the primary physicians' attitude towards alternative therapies. If the patient did not discuss alternative therapies with their physician, although they were using an alternative or intending to, then finding out why they did not report this would be important. It would also be interesting to know the patients perception of the effectiveness of the alternative therapy that they used and how they learned about the therapy.

It would be useful to find out which medical schools are including courses in alternative medicine. Patients who are using alternative therapies or are interested in them, could then seek out physicians who could give them necessary information and advice.

The most important suggestion for future research would be that guidelines be established to evaluate research that is not conclusive. This may prevent a good therapy from being so easily dismissed and allow for the broadening acceptance of therapies that are working, but are difficult to explain why and how they work. When it comes to treating the body, mind, and spirit together, not all things are easily proven. Allowing for the individual's spiritual beliefs and belief in their own ability to heal can be critical and just as important as specific therapeutic interventions. Qualitative information provided by the patient and physician intuition should be key. People need to be informed about possible interventions, but ultimately allowed to make their own choices.

The focus should be on achieving wellness and preventing disease. Conventional medicine is typically designed to diagnose and cure disease with little emphasis on prevention. Changes must be made in all areas to formulate new goals in healthcare. In order for our country to move forward, it is critical that conventional and unconventional medicine begin to work together to establish and achieve new goals.

APPENDIX A

THE EMERGENT PARADIGM OF HEALTH

The new paradigm of health and medicine enlarges the framework of the old, incorporating brilliant technological advances while restoring and validating intuitions about mind and relationships. It explains many heretofore puzzling phenomena. Its coherence and predictive powers are superior to those of the old model. It adds the fire and poetry of inspired science to the prose of workaday science.

Assumptions of the old Paradigm of Medicine

Treatment of symptoms.

Specialized.

Emphasis on efficiency.

Professional should be emotionally neutral.

Pain and disease are wholly negative.

Primary intervention with drugs, surgery.

Assumptions of the new Paradigm of Health

Search for patterns and causes, plus treatment of symptoms.

Integrated, concerned with the whole patient.

Emphasis on human values.

Professional's caring is a component of healing.

Pain and disease are information about conflict, disharmony.

Minimal intervention with "appropriate technology," complemented with full armamentarium of non-invasive techniques (Psychotherapies, diet, exercise).

<p>Body seen as machine in good or bad repair.</p>	<p>Body seen as dynamic system, context, field of energy within other fields.</p>
<p>Disease or disability seen as thing, entity.</p>	<p>Disease or disability seen as process.</p>
<p>Emphasis on eliminating symptoms, disease.</p>	<p>Emphasis on achieving maximum wellness, "meta-health."</p>
<p>Patient is dependent.</p>	<p>Patient is (or should be) autonomous.</p>
<p>Professional is authority.</p>	<p>Professional is therapeutic partner.</p>
<p>Body and mind are separate; psychosomatic illness is mental, may be referred to psychiatrist.</p>	<p>Bodymind perspective; psychosomatic illness is province of all health-care professionals.</p>
<p>Mind is secondary factor in organic illness.</p>	<p>Mind is primary or coequal factor in all illness.</p>
<p>Placebo effect shows the power of suggestion.</p>	<p>Placebo effect shows the mind's role in disease and healing.</p>
<p>Primary reliance on quantitative information (charts, tests, dates).</p>	<p>Primary reliance on qualitative information, including patient's subjective reports and professional's intuition; quantitative data an adjunct.</p>
<p>"Prevention" largely environmental: vitamins, rest, exercise, immunization, not smoking.</p>	<p>"Prevention" synonymous with wholeness: work, relationships, goals, body-mind-spirit.</p>

SOURCE: Ferguson, Marilyn. The Aquarian Conspiracy (Los Angeles: J.P. Tarcher, Inc., 1987) 246-248.

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