



A Networking Distant Neighbours keynote paper on....

Complementary therapies

Reaching the parts other treatments don't?

February 2003

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funded by the Community Fund.*

Complementary Therapies: reaching the parts other treatments don't?

A paper to promote discussion by Sean Murphy

GP 'swung a crystal to treat sick baby'

A family doctor treated a baby's stomach infection by swinging a crystal pendant over a book of herbal remedies, the General Medical Council was told yesterday...Dr Langdon produced her dowsing chain and a book and started to swing the pendant while running her fingers over the manual, Jeremy Donne, for the GMC, said: "The doctor's fingers stopped and (she) said she would prescribe phosphorous because the young girl had a red glint in her hair and was clearly a phosphorous child"...Dr Langdon allegedly failed to conduct a proper examination or to take a proper history. She also failed to rule out meningitis as a possible diagnosis, it is alleged. The Times 14/2/03

The above news story indicates the confusion and difficulty around the use and purpose of Complementary Medicines in the western world. Are they a complement to or a replacement for modern scientific methods based on empirical research? Should they be limited to the treatment of long term conditions like chronic backache and asthma or do they step up and take their place alongside Western diagnostic systems? If the latter, then should research and training be of comparable rigour in both fields? The practitioner in the item reported above seems to place them on an equal footing, with crystal therapy proving preferable in this case. If health professionals are unsure about what works then the nature of the debate for the alcohol services needs consideration.

Nowadays many drug and alcohol services offer at least one kind of complementary therapy and some offer up to five different ones. Indeed it seems that the service that offers none is in the minority and, furthermore, those not offering any would do so if resources and practitioners were available.

Strangely, however, though alternative therapies are usually very popular with clients and frontline staff, they are seldom well funded, often overlooked and generally the first victims of any cutbacks in service provision. They are seen as add-ons or luxury extras, occupying a lower place in the treatment hierarchy than group work and key working. Yet, for a vast number of clients they are the chief point of contact with their alcohol service and the treatment component they often hold in the most unequivocal regard.

In this Keynote this paradox will be explored as well as looking at the

effectiveness (and otherwise) of several complementary therapies in alcohol addiction treatment. Because of the nature of this article, I have not attempted to explain how the therapies claim to work except where relevant to the discussion of their utility. There is a rich and growing literature in this field and I would direct anyone wishing to investigate further to the respective websites of the societies and organisations concerned.

How widespread is the acceptance of complementary and alternative therapies?

In a large Which? Study a few years ago of almost 9,000 people, one third said they had used complementary medicine and an astonishing three quarters said their 'condition' had improved as a result of treatment. **83 % said that their general sense of well-being had improved.**

In Brief

What are complementary and alternative medicines?

The range of ideas, practices, beliefs and traditions loosely bound under the heading of alternative or complementary therapy is bewildering. These therapies include osteopathy (which has now become incorporated into 'mainstream' medical practice), to subjects that defy credibility . A browse around the internet reveals that even the most obscure therapies have their own fanbase and no set of ideas, it seems, is too far fetched to exclude interest in it and promotion for it. See Irridology, radionics and crystal therapy.

Both the terms complementary and alternative seem to be used interchangeably but a possible difference is that complementary therapies can act in tandem with mainstream clinical practice whereas alternative disciplines purport to provide a separate diagnostic system. These systems tend to focus on balance, harmony and the flow of energy.

In a survey of of 180 medical students over **69% believed complementary treatments were effective.** One fifth said they had visited a practitioner themselves. Given the non-scientific base of many therapies this enthusiasm in the profession may seem surprising. However, in a two year study conducted by the University of Sheffield it appeared that although **40% of doctors recommended complementary treatment**, two of those therapies were chiropractic and osteopathy which have now been regulated and are now widely considered to be part of mainstream practice. Interestingly, hardly any of the doctors in this piece of research referred patients on to independent practitioners; they carried out the therapy themselves.

It appears that for the **58% of nurses in another survey who employed alternative medicine** in treatment the four most used were massage 40% , aromatherapy 34%, reflexology 10.5% and Therapeutic Touch 8%. These preferences compare

to the 1999 BBC telephone study to the general public in which the four most used therapies were Herbal medicine (34%), aromatherapy (21%), homeopathy (17%) and acupuncture/acupressure (14%). In the same survey, one in five had used a complementary therapy in the last year.

There are of course many doctors and medical staff who would not consider the use of such 'non-scientific' means. They would not depart from western models of health care, and cry 'placebo' in the face of positive treatment outcomes.

However, the initial newspaper item and the statistics already quoted indicate that the use and promotion of non-western medical approaches is widespread throughout the medical profession. I have found no statistics that show its prevalence in alcohol services provision but as I have suggested a majority of services either offer or hope to offer a complementary medicine as part of their healing resources.

In practice, there is a continuum of acceptance from both the medical profession and the general public. Those who go regularly to the osteopath or to their yoga class would not dream of paying money for 'Raw Juice therapy' or 'Bach flower remedies' though all of them come under the uncomfortable umbrella of complementary.

On the Fringe

Think you know all the therapies that are out there? Think again. Here's a list of unusual therapies we found on the net.

Complementary Therapy for Dogs

This includes creating herbal rinses for canine coats and doggie aromatherapy using essential oils & infusions.

Feather Therapy

Feathers are incorporated into healing to clean auras and boost energy levels.

Past-life Therapy

A method of searching for the roots of a person's current psychological problems via an exploration of the activities in previous lives.

"the use of non-western approaches is widespread throughout the medical profession"

Statistics In Brief

The four most commonly used therapies amongst the general public are:

Herbal medicine	34%
Aromatherapy	21%
Homeopathy	17%
Acupuncture/Acupressure	14%

Taken from BBC telephone survey 1999.

Why are we turning to complementary and alternative medicines?

Discussion of conventional medicine is now inseparable from the debate as to the (perceived) decreasing quality of care provided by the NHS. Tales of endless waiting lists, clinical incompetence and substandard treatment are widely reported in the press and on the television. Furthermore, due to the size and nature of the health care network, patients are sometimes merely prescribed medication or passed on to a specialist in a meeting that might last minutes. In a large group practice or hospital, further treatments may be administered by other doctors with the result that a close therapeutic relationship with the patient is not fostered.

Also, many of us are frightened of the medical

world, its smells, its language, its secrets. Those who had to undergo surgical operations as children can probably still remember the terror of entering a busy hospital for the first time. Throw in the perceived difficulties of pharmacology and the danger of adverse side effects and the attractiveness of complementary therapies is readily apparent.

These factors go some way to explaining the enormous growth in alternatives to mainstream clinical care in the last 15 or so years. There is a much greater interest in health generally and an awareness that certain lifechoices regarding nutrition, exercise, leisure and relaxation will have significant impact on the quality and duration of our lives. Nowadays, all bookshops have

shelves laden with titles offering advice and guidance on ways of leading healthier lives and many of these titles are based on ideas which, though peripheral years ago, are widely practised today. Relaxation techniques, herbal medicines, massage, acupuncture, yoga, and meditation in particular.

It has also been suggested that the interest in complementary therapy is part of a larger counter-scientific trend. Certainly, scientific advance is now no longer assumed to be the panacea it was fifty years ago. The atomic age, pollution, climatic change - even the current debates on cloning - have provoked a rejection of scientific practice and theory.

“the interest in complementary therapies is part of a larger counter-scientific trend”

At the same time, after the disintegration of key pillars of belief - organised religion, the concept of duty to country, rigid social hierarchies, to name but some - there is a desire to look elsewhere to find something to believe in. There is clearly an appetite for ways of living that necessitate some kind of system of beliefs. And beliefs, one might add, founded on holistic spiritual dimensions often outside, though not necessarily contrary to, organised religion.

Complementary Medicine and Alcohol

For the purposes of discussing the place of complementary therapies in alcohol services, I will present the two arguments. The first might be called the Sceptical School and seeks to outline some of the main criticisms of complementary therapies in this context. The second, The Benefits School, will discuss some of the chief benefits of these therapies and suggest some ways in which they may be effective to those with alcohol problems.

To discuss, even briefly, how individual complex systems like homeopathy or Chinese medicine 'cure' or 'heal' patients is too complex for a paper of this nature and such a synopsis may not do adequate justice to such systems.

“Even the therapies that offer a rich heritage of anecdotal success can offer little hard proof”

The Sceptical School

Where's the proof?

The further a set of beliefs sits from current scientific opinion the more off the wall and incredible it seems. In some cases, like osteopathy, conventional practice absorbs new and different ideas in a process that seems to involve regulation, a unified body of practitioners and a body of research that offers clear indications of efficacy. However, even the therapies that offer a rich heritage of anecdotal success can offer little hard proof. Research seeking to answer the question: does complementary medicine help people stop or reduce alcohol consumption? is often scanty and equivocal. Many trials are so varied in size, method and analytical criteria as to make interpretation

meaningless. The generic problem of how to measure successful treatment outcomes is particularly acute in complementary therapy research. To quote The British Acupuncture Council's Briefing Paper No 7 on the quality of research for drugs in general:

'Numerous descriptive studies citing the effectiveness of acupuncture...as a detoxification treatment for opiate addiction have appeared...Much of this research has been severely criticised in previous reviews for a variety of methodological reasons...'

'Although acupuncture has been incorporated as a treatment component in various drug addiction programmes for over twenty years, its efficacy has not been demonstrated in large scale controlled trials.'

More specifically about alcohol, the paper concludes:

The methodological inadequacies (of studies to date) make it difficult to interpret the results, which are thought to be inconclusive...'

Acupuncture seems to have had the most positive outcomes in terms of alcohol consumption in a controlled group. Trials by Bullock et al showed promising results though subsequent tests failed to replicate findings. The National Institute on Drug Abuse in 1991 called it safe, effective and inexpensive. Compared to acupuncture the credibility of other disciplines is not reflected in empirical research. A report in the Lancet of 1997 stated that:

“Our study has no major implications for clinical practice because we found

little evidence of effectiveness of any single homeopathic approach on any single clinical condition.”

It's not the therapy

Many clients feel anxious, afraid and stressed. During treatment, they learn to cope with difficult feelings and get support from professionals and peers about a problem that may have been previously unacknowledged: their own drink problem. Consequently,

clients can feel a new optimism and contentment. Because of improvements in nutrition, accommodation etc, health and general wellbeing are enhanced. The client may be using complementary therapies in tandem with other treatments but the former contribute to recovery not cause it.

Talking helps

Is it the therapy that causes well-being or is it just the good quality contact with another? Anxiety, anger and stress feature regularly as presenting problems with clients. A significant percentage of complementary therapy in the alcohol field is about calming, soothing and relaxing the client. A chat and cup of tea might well do the same if the client regards the other as non-judgemental.

Mood improvement or cure

People do feel better after therapy but is that conducive to really coming to terms with a cluster of deeply rooted problems?

A cynical evaluation of recovery might run thus: those with an alcohol problem do not stop having the problem after therapy, they just feel better about having it. Because research outcomes are so equivocal it is difficult to state whether clients drink less or abstain following treatment. How-

ever, many of the problems associated with long term alcohol misuse are social and economic and these underlying 'causes' are not tackled by complementary therapies.

Avoiding the work of recovery

Recovery has its element of fun. It also involves much hard work

“Is it the therapy that causes well-being or is it just the good quality contact with another?”

and some of that work is about building up personal resources and individual coping mechanisms. Therefore, is the client best served by being encouraged to attend regular encounters with practitioners who seek to promote well-being on his/her behalf? Do not acupuncture and meditation classes, say, promote the idea that you need some other person to help you feel better? Do not herbal medicines, homeopathic remedies and 'detox teas' encourage the client to believe that he/she frequently need to take some substance to feel OK or to get by?

The Benefit School

Few Words

At the beginning of recovery in particular, some clients are not willing or able to cope with the rigours of group therapy. Groups can be very demanding even for the verbally adept let alone the tongue-tied. A talking therapy, therefore, be it with one other or fifteen, is not for everyone. Complementary therapies provide an opportunity to access alcohol services in a way that is non-threatening and non judge-

mental. Clients are not told to stop drinking though information about consumption may be required in some disciplines.

Secondly, though research is not strong in terms of outcomes, trials from Bullock et al onwards seem to indicate that drinkers receiving acupuncture therapy seem to stay in general treatment longer than those who do not. When groups, 1:1s, counselling etc are not available or not suitable, complementary therapies may offer a mode of attachment that links the client to the service and encourages regular attendance.

Holism

Historically in alcohol treatment it has been all too easy to fuse the person and the drink problem so that they become one and the same: the person is the problem. The strength of complementary therapies for those that use them is that treatment is based on the way patients experience and manifest their disease, including their psychology and response to

“Complementary therapies may offer a mode of attachment that links the client to the service.”

illness. For example, in an article in *Addiction Counselling World* (Jan/Feb 95) Julie-Anne Gates, a Shiatsu practitioner, begins

‘Alcoholism is a threefold illness: physical, mental and spiritual. The Chinese refer to the organs energetically and see all the conditions as containing physical, mental and spiritual components...the human body cannot be dissected into discrete parts: our body is a field of continually

moving energy.’

She goes on to discuss the interaction of these components and proposes a series of interventions that, by treating the client and his/her behaviour as a complete entity, hope to achieve a total reorganisation of lifestyle and thinking.

Hope

By addressing emotional states, energy levels, coping styles and other aspects that contribute to the quality of life, complementary therapies offer hope to clients who have tried other methods of reducing or eliminating alcohol from their lives.

Touch

Alcohol problems may lead to isolated lifestyles to the extent that physical contact with others is lost. Particularly, those who have suffered sexual or physical abuse may be wary of physical contact. Complementary therapies often involve touching the patient and this contact can facilitate communication, promote trust in the therapeutic relationship and change the patient’s perception of physical contact.

Making sense of the ‘illness’

Both Medical and counselling theory may

be difficult to understand for the layperson. A labelled condition and perhaps some anti-depressant medication may seem like medical tokenism to the client struggling with deep rooted physical, emotional and spiritual difficulties. However, the diagnostic frameworks that support complementary medicine alongside the quasi-poetic language in which they are often couched, provide, for many, a meaningful frame of reference. In an article by Zollman and Vickers (*BMJ* 1999;319:1486-1489 (4 December) a

patient's chronic illness is explained in terms that are resonant for her:

A patient with chronic ear infections consulted a complementary practitioner, who associated his problem with bad dietary habits and longstanding digestive problems:

"She said that, from a holistic point of view, if you cannot eliminate waste in the normal way, where does the residual muck go? It can go into your eyes, your breath, and your ears. And, lo and behold, I realised it. She said I was excreting rubbish through my ears, and this, of course, fitted into place, because it was black and sticky. No one ever told me that; they just said, 'You're producing too much wax'"

Taken from Sharma 1995

Techniques taught to take home

Far from being a treatment imposed by others, some complementary therapies teach techniques to clients that they in turn can take away and apply themselves eg stress counselling, meditation, dietary techniques, yoga to name a few. This transference of knowledge encourages self healing and greater independence especially for those who cannot access drop-ins or who undergo difficulties outside of alcohol service timetables eg Christmas.

The spiritual

Some patients have existential concerns beyond the scope of medical or counselling interventions. For those who follow a Twelve Step Programme the 'Higher power' element directly addresses this spiritual need and is extensively incorporated into the recovery process. For those who do not follow that programme or for those who require a spiritual complement to augment the steps, alternative medicine yields purpose and meaning be-

yond the physical. When years of alcohol misuse have damaged the networks of belief and meaning that have previously supported the client, the adoption of new and healthy ideas is paramount.

Conclusion

In the above two contending categories I have attempted to compare the range of ideas for 'against' and 'for' in terms of the effectiveness and use of complementary therapies in alcohol services. The list is by no means exhaustive; the arguments are varied and extensive and I am sure that four or five more could be added to each side of the debate. Interestingly, however, I have found almost no criticism or negative feedback about complementary therapy from either alcohol providers or users. There seems to be almost universal satisfaction that the little that is on offer in services is generally considered a 'good thing' by all concerned. Often, they are over subscribed and demand exceeds supply for some services on limited budgets.

Without exception clients I have spoken to report feeling more relaxed, soothed and 'together'. Whether this has a knock on effect in terms of reduced drinking levels is not clear. It would seem reasonable that calmer, more composed individuals less swayed by the tides of anxiety or

Conclusion - Continued

anger are less prone to relapse. Equally, experiencing the beneficial effects of complementary therapy could be considered as a useful precursor or corollary to more mainstream counselling or group work in which practical issues like childcare or accommodation are tackled.

Of interest to the author is a firm belief on behalf of some alcohol workers as to the efficacy of the therapies offered at their service alongside an apparently contradictory acceptance of the placebo effect attributed to these therapies' success. Perhaps alcohol professionals place firm but anecdotal reports of effectiveness above a proven understanding of the reasons for this positive outcome. A case of 'if clients like it and it works, it doesn't matter if it's a placebo'. Professional practitioners would probably downplay the placebo effect. Certainly, until there is a body of research sufficiently thorough and standardised, the actual healing process - if there is one - will continue to be much debated in the literature on the subject.

Meanwhile, clients and patients usually feel in some way 'better' than they did and for a whole variety of reasons. This well-being may be enough in and of itself. Many would argue that a sense of well-being in this client group is so rare so as to be cultivated and fostered however it comes about. Others might say that if the positive effects of complementary therapy are not built upon by conventional counselling, groupwork, rehabilitation and so on the long term effects will be negligible.

This last argument begs a further question, namely, with what evidence do we attribute the epithet 'mainstream' to counselling and talking cures (groupwork, 1:1s etc) and 'complementary' to every thing else? Is there solid statistical evidence to confirm that talking about a drink problem leads to the solution of that problem? In terms of therapeutic approach, is what the alcohol field calls mainstream just another variety of complementary? The House of Lords says it is.

In the Government Select Committee's Sixth Report on Science and Technology (www.parliament.the-stationery-office.co.uk/pa) an attempt was made to define the wide range of alternative medicine practiced in the UK. It categorises what it calls the 'Big 5' therapies as chiropractic, osteopathy, homeopathy, acupuncture and herbal medicine. These it places in group one.

In the third group are therapies 'that are indifferent to the scientific principles of conventional medicine' which range from the traditional (Ayurvedic) to the modern (crystal therapy). Importantly, in the middle or second grouping alongside shiatsu, meditation and 'healing' it places 'counselling' and classifies the latter as a an attempt to 'help patient work through their thoughts and reflect on their lives so as to maximise well-being'. This definition seems to the author to embrace much of the treatment delivered in drop-ins and rehabilitation centres (not to mention AA meetings) throughout the UK. Does this mean that all treatment for alcohol

misuse after medical detoxification is in some way complementary? Either way, complementary therapy is largely delivered in an ad hoc fashion often dictated by economic restrictions. Few services can deliver a range of regular therapies and many of those that do finance delivery by imaginative accounting (borrowing from other sources like welfare funds and travel budgets).

Commissioners are reluctant to directly fund alternative medicine and for comprehensible reasons. The general direction of commissioning is towards performance and outcome monitoring led agendas and until complementary therapy research delivers the goods then large scale commissioning is extremely unlikely whatever its popularity among the client group. The NTA Models of Care guidelines acknowledge client satisfaction in terms of treatment retention but confirm the absence of 'strong support' in terms of evidence. If clients feel emotionally stronger, less anxious and more hopeful as a result of their use of these therapies their value as a component of individual recovery must be considered especially by those responsible for their purchase.

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About Networking Distant Neighbours

NDN's mission is to support your work with people affected by problem drinking by creating opportunities for you to:

- **Develop knowledge** - through events
- **Influence** policy - our National Forums give you a voice at national and regional level
- **Change** - your practice, your working environment and policy

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Alcohol Concern is the national agency on alcohol misuse. It works to reduce the level of alcohol misuse and to develop the range and quality of helping services available to problem drinkers and their families. Since beginning work in 1984, Alcohol Concern has built up expertise on a wide range of alcohol-related issues and uses this to influence and support health and social policies, nationally and locally. It is England's primary source of information and comment on a wide range of alcohol-related matters.