Complementary and Alternative Medicine: The Other Kind of Medicine

(Audience: Those uneducated or opposed to complementary and alternative medicines and their benefits)

Breakthroughs in modern medicine have curtailed the outbreak of diseases and cured others previously thought incurable. These advances have created a medical community that believes all medical conditions can be improved or cured with the same approach. However, these prescription medicines are sometimes inadequate during patient treatment and can lead to over medication, painful side effects, or even patient addiction. Doctors often employ a “trial and error” approach to treatment, prescribing pill after pill until the wonder drug is found. Meanwhile, the patient’s overall health suffers. Many people who are dissatisfied with their traditional health care turn to complementary or alternative medicines such as chiropractic medicines, herbal supplements, and aroma therapy for results. Most health care plans do not cover such treatments and patients incur the cost out of pocket. “In 2007, adults in the United States spent 33.9 billion out of pocket on visits to CAM practitioners and purchases of CAM products, classes, and materials” (Nahin 1). The responsible integration of CAM into health care plans would vary patient treatment options, improve patient overall health, and result in a reduction of cost to both the patient and healthcare provider.

For the responsible integration of CAM into health care plans to be both pragmatic and plausible, it has to be just that: responsible. A yogurt enema will not rid a patient of a brain tumor any more than a Big Mac diet can aid in weight loss. As in all medical conditions, an early and accurate diagnosis is of paramount importance; equally essential are the available treatment options for the patient. For certain uncommon ailments mainstream medical treatments can be limited, and it is in these circumstances that CAM can prove resourceful. Through responsible
integration, CAM would aid in creating a healthcare plan for the individual. For a more controlled and pointed discussion, I will focus the implementation of CAM as it relates to a patient with Idiopathic Intracranial Hypertension (IIH). IIH is a medical condition in which one experiences an increase of cerebral pressure due to an overproduction of cerebral spinal fluid. IIH effects 1 out of every 100,000 people, predominantly women between the age of 20 and 45 (Mayo Clinic Staff 2). The most common symptoms include severe headaches, nausea, vomiting, dizziness, and even hearing and vision loss.

Many patients seeking medical attention for IIH are often presented with a limited variety of treatment options. Management and medical care of a patient with IIH can be approached in one of two ways: a physician can drain cerebral spinal fluid via surgical placement of a shunt, prescribed diuretics, or regulated spinal taps; or attempt to bring down swelling and brain inflammation through the use of steroids. In severe cases both are often employed at the same time. Many of these treatments are often painful, ineffective, and costly to the patient both financially and physically. Surgical placement of a shunt often leads to revision surgery due to infection, tube obstruction or tube fracture. Spinal taps and steroids cause more harm than good if used as a long term solution, and prescription diuretics often cause the patient to experience a wide variety of side effects. Herbal remedies and natural diuretics can aim at the management of IIH in a similar manner. Spices such as ginger root and curcumin, derived from turmeric root, have been scientifically proven to have “far superior anti-inflammatory and pain-relieving activity than most drugs”; and certain herbs and natural supplements like green tea, parsley, garlic, dandelion, and juniper have been recognized to have diuretic properties that can aid in the displacement of cerebral spinal fluid (Kilham 1). Rare and uncommon ailments for which there
is no specific cure have limited viable options. With CAM treatment plans available to the patient, he or she has a much greater variety of treatment options to aid in recovery.

Beyond directly treating the symptoms of IIH, CAM can improve patient’s overall health. Conventional medicine often becomes consumed with “the disease or ailing parts of the body”, but disregards the person as a whole and ignores “patients’ spiritual, psychological and emotional well-being” (Baker 754). Many of the medications prescribed to patients by conventional physicians often lead to secondary symptoms the patient suffers. The commonly prescribed diuretic Topamax has commonly experienced side effects such as anxiety, panic attacks, sleep and memory loss, depression, aggression, loss of feeling and even numbing of the extremities. These symptoms often lead a patient into a cycle of taking additional prescribed medications in order to combat the side effects of initial medication. In addition, Topamax and others alike can have more dire resultant effects such as kidney strain, kidney stones, and even total renal failure. Because IIH is a medical condition that has no cure, it requires treatment that can be used long term without creating regression in the patients overall health. A low sodium diet, for example, could make a big difference in the amount of water the body retains. Herbal supplements and remedies can limit the amount of side effects the patient experiences. Chiropractic adjustments can often aid the patient in relieving tension associated with pressure headaches. CAM can not only replace the positive effects of conventional medicine but also limit negative side effects and prevent additional ailments.

Through the inclusion of CAM into healthcare plans, many patients and health care providers would experience an overall reduction in cost. The first action for an IIH patient whose treatment plan is aimed at reducing or eliminating excess cerebral spinal fluid is a spinal tap. In severe cases a patient may receive several spinal taps in a given month. The hospital charge for
one spinal tap ranges from $3000 to $5000. However, through the use of CAM, a patient would pay an average of $3.99 per pound for the diuretic properties of ginger root. On a similar note, the first action for an IIH patient whose treatment plan is geared towards reducing swelling and inflammation is the use of steroids, such as Dexamethasone. The average cost of Dexamethasone can range between $50 and $99 per dosage. In contrast, fees per chiropractic session can range from $34 to $106 per visit. From these examples, it is easy to see how the compounding growth of conventional medicine can spiral out of control and can leave patients and their families laden with debt. However, as shown above, such financial burden can be mitigated through the inclusion of CAM treatments.

Many opponents of CAM maintain the argument that CAM does not have sufficient evidence to back its legitimacy. Dr. Craig Lobb, retired professor of microbiology at the University of Mississippi Medical Center, asserts, “[CAM] is not regulated properly and does not have sufficient scientific proof of any effectiveness”; therefore, it should not be implemented into healthcare plans (Lobb). Dr. Lobb is of the view that time and money spent by the NIH would result in a lapse of progress in the medical field (Lobb). He asks, “Who should the NIH fund, a doctor who is close to discovering the cure for a certain form of cancer or another who is researching the medical benefits of a certain herbal tea?” (Lobb) While it is hard to argue with Dr. Lobb on the view that CAM lacks research, I can agree that the progress of medicine is at risk. Just as conventional medicine goes through trial and error to find the miracle drug, so must CAM to find therapies, natural remedies and herbal supplements that can improve and expand healthcare.

I was diagnosed with Idiopathic Intracranial Hypertension in July 2011. Following my initial diagnosis I was successively referred to five neurologists, one neurosurgeon, and two
ophthalmologists. Each specialist implemented his own aggressive “trial and error” treatment plan of medications and medical procedures that painfully deteriorated my overall health. Pill after pill took its toll on me mentally; medications decelerated my brain activity and function. My ability to remember everyday tasks, have complete thoughts, or even carry a simple conversation became nonexistent; my body became the subject of experimental and otherwise unproven medical procedures in attempt to find the fix. Anesthesia injections inserted into posterior nerves of the brain only caused me more pain, and spinal taps resulted in tears, scar tissue and back pain. After two and a half years of having my body assailed with unsuccessful medical techniques, my focus turned to CAM. In educating myself I learned that IIH is a sickness that has no cure and may never go away, but many of its associated symptoms could be managed. Complementary and alternative medicines have stopped the decline in my overall health and allowed me to live as close to a normal life without all the extra side effects.

There is no topic as personal as that of health care. Patient care can and must include a personalized approach that reassures the patient that his or her individual needs are being met. CAM affords the patient a greater variety of treatment options and encourages a healthier lifestyle free of the daily cornucopia of pills, all while reducing cost to the patient and to insurers. Personal experience has taught me that what works for one human being with a sickness or ailment doesn't necessarily work for another. CAM truly is health care in a system often adversely labeled as “sick care”, and paves the way for a healthier tomorrow.

Works Cited

Lobb, Craig. Personal interview. 10 Nov. 2013.

