Complementary Therapies and the Management of Diabetes and Vascular Disease

A Matter of Balance

Editor

Professor Trish Dunning

St. Vincent’s Hospital, Melbourne, Australia
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Complementary Therapies and the Management of Diabetes and Vascular Disease

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Professor Trish Dunning

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Preface

Medicine, perfume and herbalism co-existed synergistically until the late 1800s. The rise of modern chemistry processes, laboratory techniques, and scientific principles enabled modern medicines to be developed and led to the separation of these modalities. ‘Scientific medicine’ emerged as the dominant system. Health systems usually evolve in societies to meet prevailing health needs, which is reflected in the current move to reconcile complementary and conventional approaches to more effectively meet the current needs of the public. The World Health Organization’s (WHO) *Traditional Medicine Strategy 2002–2005* is a working document reflecting some of these issues, which is being implemented in a number of countries. The WHO Strategy is sensitive to the differences between countries and regions.

Complementary therapies have a strong consumer-driven following. Research indicates that more than 17 per cent of people with diabetes attending ambulatory services in the UK and at least 25 per cent in Canada and Australia use complementary therapies. In the USA, people with diabetes are 1.6 times more likely to use complementary therapies than non-diabetics. People with diabetes commonly use nutritional therapies and supplements, aromatherapy, massage, herbs, meditation, and spiritual counselling to complement conventional diabetes management regimens, to control unpleasant symptoms and to manage diabetes complications and other concomitant diseases such as arthritis, and intercurrent illnesses such as ‘the common cold’. Interestingly, the International Diabetes Federation adopted the Yin Yang as the symbol of World Diabetes Day in 2003.

People often use complementary therapies because they are dissatisfied with the way conventional medicine manages chronic diseases (not holistic) and because they feel disempowered in consultations with conventional practitioners. Complementary therapy use is associated with higher education, poor health and philosophical congruence with complementary therapy philosophy.

Complementary therapies elicit a range of reactions, from uncritical acceptance to extreme scepticism, yet their popularity continues to grow globally. Given the high rate of complementary therapy use, conventional practitioners can no longer afford to ignore or adopt judgemental attitudes towards complementary therapies. Many conventional practitioners now incorporate complementary therapies into their practice and refer to or collaborate with complementary practitioners. New terms such as ‘integrative medicine’, ‘integrated medicine’ and ‘complementary and alternative medicine’ have emerged to reflect the move towards reintegration. However, understanding and working with complementary therapies and their potential to improve health care is a slow process that depends on quality research, policy-makers, individual practitioners and consumers as well as health systems.

‘Complementary therapies’ is a general term that covers a broad range of therapies and is preferable to ‘alternative’, ‘natural’ and ‘non-scientific’ because these terms could also be applied to a great many conventional medicines and
because it suggests complementary therapies can enhance and be used with other therapies, including conventional medicines. However, one must respect the terms used in specific countries, for example, Africa, South East Asia and the Western Pacific use ‘traditional medicine’. Several definitions of complementary therapies exist. Most indicate a focus on prevention, well-being, and supporting the body’s intrinsic capacity for self-healing mentally, physically and spiritually. Some definitions also indicate the boundaries between complementary and conventional practices are not fixed, to reflect the changing nature of health-care delivery.

The speed of change is compelling. Complementary therapists from different backgrounds meet in joint forums and also meet frequently with conventional practitioners. Articles about complementary therapies often appear in reputable peer-reviewed journals, although the focus is often still on adverse events such as drug/herb interactions leading to hypo/hyperglycaemia, trauma and burns to neuropathic feet rather than positive benefits such as symptom management, stress management and improved quality of life, which indirectly affect metabolic parameters. Complementary therapy units are included in conventional health professional education programmes and research centres have been established in major universities and teaching hospitals throughout the world.

Prince Charles (2000) noted in a guest editorial in the *British Medical Journal* that he was encouraged by the British Medical Association’s more tolerant attitude towards complementary therapies. Prince Charles has long been a proponent of complementary therapies. In February 2004, *The Sunday Times* announced that the Queen had appointed a doctor who used alternative therapies, as the new royal physician.

Many conventional practitioners do not have a good understanding of complementary therapies, their potential benefits for people with diabetes or the safety issues involved. Likewise, many complementary therapists have limited understanding about diabetes and the issues that need to be considered when recommending complementary therapies to people with diabetes. The aim of the editor and contributors is to produce an informative evidence-based book that will help health professionals understand the complementary therapies people with diabetes commonly use, their potential benefits, possible adverse events, how they can be safely integrated, and to suggest clinical practice guidelines for the safe combination of complementary and conventional therapies in diabetes management.

The traditional healing practices of many cultures are reflected in the book. Some, such as Chinese medicine, are well known, others such as Australian Aboriginal healing practices are less well known. Migration means cultural diversity is a global phenomenon and one can expect to encounter a diverse range of health-care approaches in almost all countries.

It is hoped that this book will be of interest and practical help to both conventional practitioners and people with diabetes.

**Trish Dunning**

*Melbourne, June 2006*
Diabetes and vascular diseases such as coronary heart disease are both common and serious; about half of us will die because of them. Effective prevention and treatment are, therefore, very important and in the past few decades, we have made considerable progress towards these aims. At the same time, complementary therapies have experienced a surprising comeback. I say comeback because virtually all of them have a long tradition of use, much longer than most conventional approaches. Some enthusiasts believe that this fact alone proves their effectiveness and safety – I am not one of them. History of usage, while interesting and perhaps useful for formulating hypotheses, is a far cry from scientific proof.

The tension between experience and evidence dominates much of complementary medicine today. It is also well reflected in this book. Its authors are keenly aware of the need for evidence but sometimes seem to struggle when trying to summarise it. The problems they encounter are obvious: there are mountains of anecdotes but data from clinical trials are usually scarce and often flawed. Critical assessment, an approach that is standard in mainstream medicine, remains unusual in complementary medicine. All too often, criticism is seen as destructive rather than a constructive precondition of progress.

This book represents an important step in the right direction. Not only is it timely, it also advances complementary medicine in more than one way: it summarises the existing evidence succinctly, and it clearly points out the many areas where the evidence is weak or even non-existent. We should use this knowledge wisely; as patients or clinicians, we ought to exercise caution, as researchers, we must fill the often huge gaps in our current understanding, and, as decision-makers, we should consider investing in the further study of this fascinating area. In all, two things seem painfully obvious: progress can only come from thoughtful but rigorous research, and double standards are a disservice to everyone.

Professor Edzard Ernst
Exeter, UK