

Integrative Health Care

Dr. Christine V. Little, Senior Lecturer
Bournemouth University, U.K.
April 2011

Intended learning outcomes:

- To understand the concept and significance of integrative healthcare
- To gain insight into potential uses of complementary therapies
- To experience selected complementary therapy practices



Bournemouth
University

Biomedical Health Care

Emerged early 20th century:

- “clinical medicine based on the principles of physiology and biochemistry”

(1923, cited Kroker 2008)

- Involves a pathogenic process with a specific therapeutic intervention

(Wallach 2001)

‘conventional health care’ (CHC)

Prior to biomedical health care, different cultures depended on their own 'traditional' health care:

- Traditional Chinese medicine
- Ayurvedic medicine
- Naturopathy
- Herbalism

- In recent years, many of these traditional practices have gained renewed popularity in western societies
- These practices are collectively termed:
Complementary and Alternative Medicine
(CAM)
- The therapies used in CAM are known as:
Complementary Therapies (CTs)

- CAM includes all types of health care that is not normally available through mainstream health care:
 - **Complementary** therapies are used **alongside** conventional health care
 - **Alternative** therapies are used **instead of** conventional health care

“... CAM is a broad domain of healing resources ... other than those intrinsic to the politically dominant health system of a particular society ...”

(Panel on Definition and Description 1997, p.50)

- In western societies, CAM generally includes those therapies that:
 - ***cannot be explained*** in biomedical terms
 - Are ***not normally taught or provided*** through conventional health care

Examples of CAM 1: SYSTEMS

- Traditional Chinese medicine
- Ayurvedic medicine
- Naturopathy



Examples of CAM 2: THERAPIES

- Aromatherapy
- Therapeutic Touch
- Reflexology
- Meditation
- Shiatsu
- Bach flower remedies
- Massage
- Reiki
- Nutritional Therapy



The major CAM therapies in the U.K.

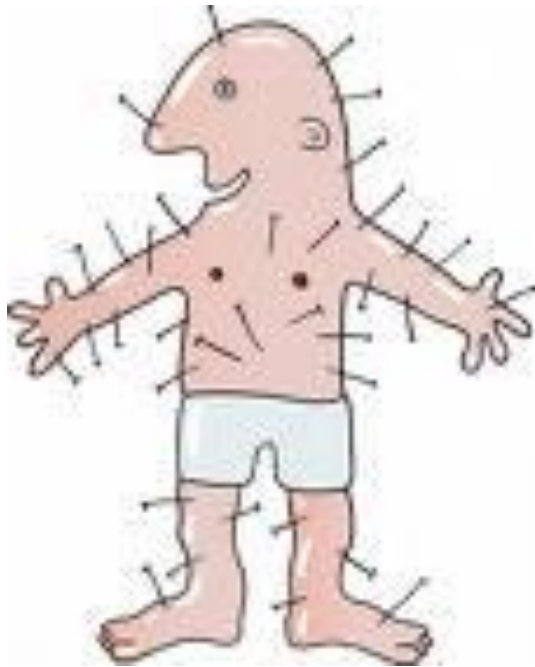
- Osteopathy
- Chiropractic
- Herbalism
- Acupuncture
- Homeopathy















Bournemouth
University

Integrative Health Care (IHC)

The ideal:

- Interdisciplinary – non-hierarchical – ***blends*** CAM and CHC
- Collaborative – consensus building – true patient/practitioner partnership

(Boon et al 2004)

In practice:

- The use of some form of CAM in CHC

(Pelletier et al. 2009, cited Coulter et al. 2010)

‘Proper’ IHC:

- Is truly patient-centred and individualised and has an emphasis on ***wellness***

Patient perspective on IHC:

- To improve both health and ***wellbeing***

(Little 2007, 2009)



- CAM is increasingly ***popular*** with the public
- The ***reasons*** for CAM use reflect patient satisfaction with CHC
- Examples of CAM ***use in CHC*** are more evident

1. *Popularity*

- Worldwide, CAM use can be as high as 50% (Tiralongo & Wallis 2008)

2. *Reasons* for CAM use:

- CAM perceived as more patient-centred, more holistic, more consistent with patient values and is claimed to ‘fill gaps’ in CHC
(Grace & Higgs 2010, Little 2009, Barrett et al. 2003)

- Pain relief
- Midwifery
- Mental health
- Dentistry
- Mobility
- Palliative care
- Surgery
- Women's health

(multiple examples in literature)

- Acute care: massage following CABG
(Hattan et al. 2002)
- Chronic: acupuncture, MBSR, yoga for back pain
(Hsu et al. 2010)
- Primary care: herbalism for multiple conditions
(Little 2009)



Bournemouth
University

WELLBEING:

- Palliative care: wellbeing enhanced through interaction with therapists
(Nelson 2006)
- Relatives: massage promoted peace of mind
(Cronfalk et al. 2009)

Important note:

Wellbeing is often NOT captured by
commonly used outcome measures

(Hsu et al. 2010)

- IHC is already appearing in medical and nursing curricula
- Best advanced through interprofessional education (Willison 2008)
- IHC centres are appearing
- Evaluative studies beginning to emerge (outcome measures?)

IHC: Possibilities for 'integrating' CAM and CHC

- CAM as an add-on
- Co-existence as competing paradigm

Biomedical dominance

- 'Happy' co-existence

Medical pluralism

- Melting pot

Integrative health care

Your challenge:

Consider the possibilities for CAM:

- In your own professional field
- In a multidisciplinary context



Bournemouth
University





**Bournemouth
University**

References

- Barrett B, Marchand L, Scheder J et al. 2003. Themes of holism, empowerment, access and legitimacy define complementary, alternative and integrative medicine in relation to conventional biomedicine. *The Journal of Alternative and Complementary Medicine*, 9 (6), 937-947.
- Boon H, Verhoef M, O'Hara D et al. 2004. Integrative healthcare: arriving at a working definition. *Alternative Therapies in Health & Medicine*, 10, 48-56.
- Coulter ID, Khorsan R, Crawford et al. 2010. Integrative health care under review: an emerging field. *Journal of Manipulative and Physiological Therapies*, 33 (9), 690-710.
- Cronfalk BS, Strang P, Ternstedt B-M 2009. Inner power, physical strength and existential well-being in daily life: relatives' experiences of receiving soft tissue massage in palliative home care. *Journal of Clinical Nursing*, 18, 2225-2233.

- Grace S, Higgs, J 2010. Integrative Medicine: enhancing quality in primary health care. *The Journal of Alternative and Complementary Medicine*, 16 (9), 945-950.
- Hattan J, King L, Griffiths P 2002. the impact of foot massage and guided relaxation following cardiac surgery: a randomized controlled trial. *Journal of Advanced Nursing*, 37, 199-207.
- Hsu C, BlueSpruce J, Sherman K et al. 2010. Unanticipated benefits of CAM therapies for back pain: an exploration of patient experiences. *The Journal of Alternative and Complementary Medicine*, 16 (2), 157-163.
- Kroker K 2008. Historical keyword. Biomedicine. *The Lancet*, 371, 2077.



**Bournemouth
University**

Little CV 2007. *Searching for effective health care: a hermeneutic study of traditional herbalism in contemporary British health care*. Unpublished Thesis (PhD). University of Southampton, United Kingdom.

Little CV 2009. Simply because it works better: Exploring motives for the use of medical herbalism in contemporary U.K. health care. *Complementary Therapies in Medicine*, 17, 300-308.

Nelson JP 2006. Being in tune with life. Complementary therapy use and well-being in residential hospice residents. *Journal of Holistic Nursing*, 24 (3), 152-161.

Panel on Definition and Description 1997. Defining and describing complementary and alternative medicine. *Alternative Therapies*, 3 (2), 49-57.



**Bournemouth
University**

Tiralongo E, Wallis M 2008. Integrating complementary and alternative medicine into the pharmacy curriculum. *American Journal of Pharmaceutical Education* 72, 1-9.

Wallach H 2001. The efficacy paradox in randomized controlled trials of CAM and elsewhere: beware of the placebo trap. *Journal of Alternative and Complementary Medicine*, 7, 213-218.

Willison KD 2008. Advancing integrative medicine through interprofessional education. *Health sociology Review*, 17 (4), 342-352.