The Need for Complementary Alternative Medicine Knowledge among Health-Related Majors in Higher Education

Proposal

In many developing countries, approximately 80% of individuals are unable to even afford pharmaceutical treatments for diseases such as gastrointestinal (GI) disorders (Debas, Laxminarayan, & Strauss, 2006). Regardless of the economic status of a country, usage of more conservative treatments such as complementary and alternative medicine (CAM) would be relatively inexpensive and perhaps even safer than many traditional medicines. Although some CAM therapies can help avoid drug-drug and drug-nutrient interactions, medical professionals need to be educated about the ones that can adversely react with medication and nutrient absorption. A comprehensive understanding of CAM by medical professionals would allow for more people to benefit from the ease of access and lower cost of conventional medical treatments.

Complementary and alternative medicine (CAM) is either used in addition to, or in place of, conventional allopathic medications. CAM includes a wide variety of diverse nonconventional methods, including dietary supplements, herbal medications, diet-based therapies, osteopathic/chiropractic manipulations, acupuncture, yoga, massages, deep breathing and meditation. Used by nearly 18% of surveyed Americans, the most commonly used form of CAM treatments are various herbs and non-vitamin, non-mineral dietary supplements (CDC, 2012 (21)). Since time immemorial, societies worldwide have relied upon natural methods of healing, such as herbs and spices, to alleviate copious symptoms of GI disorders such as IBS. Some of the naturally occurring herbs and spices that were and still are used include curcumin, garlic, ginger, neem, and peppermint oil.

Each of these complementary remedies is used in different forms (powder, paste, pill, etc.) and acts through a specific mechanism of action. Although some diseases have no cures, CAM treatment is primarily used for symptom alleviation and management. In recent years, more people have become dissatisfied with the current traditional methods of medical treatment, and as a result, have instead turned their focus to using complementary alternative medicine (CAM) treatment modalities to treat illness. The most current data from The National Health Interview Survey, administered by the Centers for Disease Control, indicated that 38% of individuals in America utilized unconventional treatments to treat their diseases. People with stronger educational backgrounds and higher incomes were more likely to use CAM treatments, possibly due to increased awareness of such available treatments (NIH, 2007). A systematic review of CAM usage in 10 countries (Austria, Switzerland, Germany, Denmark, Italy, Great Britain, Canada, USA, Australia and South Korea) showed an overall increase in number of CAM users from 1990 to 2006. The average prevalence across all the countries studied was approximately 32% (Frass, 2012). In addition, insurances in most nations do not cover alternative treatments, so patients’ willingness to pay these costs out of pocket confirms their positivity towards CAM.
As an increasing number of patients rely upon CAM methods, a growing number of medical students and medical professionals are becoming more receptive to utilizing CAM methods with their patients. American physicians are progressively integrating CAM methods into their mainstream treatment approaches. This could be related to an increased interest in holistic medicine and growing concerns regarding the side effects of pharmacological treatments. Given that more and more patients prefer to utilize CAM methods, it is imperative that healthcare majors be properly educated and trained to make well-informed decisions for their patients. Internationally, a survey among 96 Italian Gastroenterologists showed that 67% had positive perceptions towards CAM and the number of CAM users has doubled within the past decade (Adachi, 1998). Another study on Kuwaiti Medical and Pharmacy students showed an overall positive attitude towards CAM, and approximately half of the students reported usage (Awad, 2012). Similarly, among Malaysian pharmacy students, 58% were using CAM at the time of the study, while 78% reported self-use before (Hasan, et. al., 2011). This can be attributed in part to an increasing interest in holistic medicine and growing concerns regarding the side effects of pharmacological treatment. Due to CAM’s growing popularity among patients, healthcare professionals must be properly trained and educated to make well-informed decisions for their patients.

With the increased interest and demand for alternative therapies, there is an overwhelming need for health professionals to become well-informed about CAM. Since the year 2000, CAM education has become more relevant in American medical schools due to 15 educational programs funded by the NIH’s National Center for Complementary and Alternative Medicine (Gaylord, 2007). Surveyed CAM education leaders agreed that the high cost of medical care could be overcome by shifting the curriculum focus of medical schools to better encompass alternative therapies (Rakel, 2008). Some of the major issues with integrating complementary and alternative initiatives into existing medical curriculum include limited time and an already very full course load for students. Many faculty members may not have extensive knowledge about CAM and it can thus be difficult to sustain any CAM education programs within higher education institutions (Sierpina, 2007). However, with proper leadership/curriculum development and easily accessible CAM references, students can thrive in a cooperative environment. Efforts must be taken to have more professor-student discussions and in turn increase visibility of the CAM programs in place. An increased awareness and strong emphasis on CAM education will enable healthcare majors to receive a more holistic approach to medicine and better serve their community.

References:

